



HEALTH SERVICES AGENCY  
ADMINISTRATION

# COUNTY OF SANTA CRUZ

## HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE  
SANTA CRUZ, CA 95061  
(408) 454-4066 FAX: (408) 454-4770  
TDD: (408) 454-4123

July 27, 1999

AGENDA: August 10, 1999

### BOARD OF SUPERVISORS

Santa Cruz County  
701 Ocean Street  
Santa Cruz, CA 95061

RE: APPROVE BUDGET REVISIONS FOR MEDI-CAL OUTREACH PROGRAM

Dear Board Members:

This letter requests authorization to transfer \$10,400 within the Medi-Cal Outreach Program budget to purchase grant-funded computer equipment. The related budget transfer document is attached. In addition, the Health Services Agency is requesting that the limited term designation for three State-funded positions in this program be extended through June 30, 2000.

As your Board is aware, the State awarded federal grant funds in 1998-99 to the Health Services Agency to conduct Medi-Cal Outreach activities. These activities are directed toward children and families who are in need of health services available through Medi-Cal, who are potentially eligible for program benefits, but have not participated, or who are no longer receiving benefits. The initial grant award covered the period through September 30, 1999.

Three limited-term positions were created as a result of the Medi-Cal Outreach grant award: a Departmental Administrative Analyst in HSA for countywide program coordination, a Mental Health Client Benefits Representative in Community Mental Health for outreach to designated populations, and an Eligibility Worker III in HRA outstationed in the community to provide client access at various community agencies and clinics. HSA is recommending that these limited term designations be extended through the end of this fiscal year. Notice of grant renewal may not be received until late September or early October, after the start of the federal fiscal year. Extending the limited term designation will allow time for the federal funding situation to clarify and minimize the impact on affected staff. HSA and HRA intend to continue these important outreach activities should federal renewal funding be reduced or eliminated. Other Medi-Cal funds are available to wholly or partially cover personnel costs of the program. In the event, continuation funding is not received, HRA will utilize its Medi-Cal allocation to fund a position and HSA will utilize Medi-Cal Administrative revenue or other Medi-Cal revenue to support its

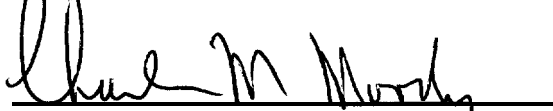
positions. Should federal funding cease, HSA will return to your Board with a status report and further recommendations as appropriate.

The State has authorized the purchase of three computers and a fax machine for this program. One desktop computer will be used by the program coordinator for State required reports and other administrative work related to the grant. Two computers will be used in the field; one by the eligibility worker to facilitate access to the Medi-Cal eligibility system and the other by the Mental Health Client Benefits Representative to support outreach activities including presentations to participating agencies. The fax machine will support communication and information sharing among the three County staff and community agencies and organizations. Funds are available within the program budget for these purchases which are fully funded by the State.

It is therefore RECOMMENDED that your Board:

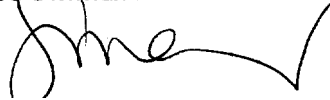
1. Approve the following fixed asset purchases for the Medi-Cal Outreach Program: two portable computers and related software and equipment at an approximate cost of \$3,500 each, one desktop computer and related software and equipment at an approximate cost of \$1,900, and one fax machine at an approximate cost of \$1,500; and
2. Approve the transfer of \$10,400 in appropriations within the Medi-Cal Outreach Program budget (AUD 74 attached).
3. Extend the term of the following limited term positions to June 30, 2000: Departmental Administrative Analyst (position code: US3006AC); Mental Health Client Benefits Representative (position code: NM6004AC); and Eligibility Worker III (position code: SC6-729).

Sincerely,



Charles M. Moody, HSA Administrator

RECOMMENDED:



Susan A. Mauriello  
County Administrative Officer

cc: County Administrative Office  
Auditor-Controller  
County Counsel  
County Purchasing  
County Personnel  
HSA Personnel  
HRA Administration  
HSA Administration  
SEIU

**COUNTY OF SANTA CRUZ**  
REQUEST FOR TRANSFER OR REVISION  
OF BUDGET APPROPRIATIONS AND/OR FUNDS

00105

Department: Health Services Agency

Date: 8/10/99

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, ~~19~~2000

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/R	T/C HASH
BD	2018,000.00	02	043

BATCH #	
DATE	

T/C	INDEX	SUBJECT	PRJ/UCD	AMOUNT	DESCRIPTION
001	3,6,2,8,0,0	8,4,0,4	IIIIII	104,000.00	Equipment
021	IIIIII	III			
002	3,6,2,8,0,0	3,6,6,5	IIII	104,000.00	Professional Services
022	, , , ,				

Explanation:

**Transfer funds for fixed asset purchases for the Medi-Cal outreach program**

Name Charles M. Marsh

Title HSA Administrator

Auditor-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds and in the amounts indicated above.

Auditor-Controller, by Ronell J. Silva, Deputy Date 7/30/99

County Administrative Officer's Action: Recommended to Board || Approved || Not Recommended or Approved

County Administrative Officer D. Phillips Date 8/2/99

State of California } As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for  
ss. transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order  
County of Santa Cruz } duly entered in the minutes of said Board on

\_\_\_\_\_, 19\_\_\_\_ By \_\_\_\_\_, Deputy Clerk

Distribution:

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Green-County Administrative Officer  
Pink-Originating Department

Goldenrod-Departmental Control Copy