



0055

County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE, SANTA CRUZ, CA 95061-0962
(831) 454-4011 FAX: (831) 454-4488 TDD: (831) 454-4123

MEDI-CRUZ DIVISION

July 25, 2001

AGENDA: August 14, 2001

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

SUBJECT: ACCEPT AND APPROPRIATE UNANTICIPATED CHIP REVENUE FOR FY 00-01

Dear Members of the Board:

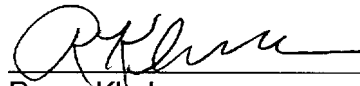
The County of Santa Cruz enters into a standard agreement each year with the state Department of Health Services that provides funding for the California Healthcare for Indigents Program (CHIP). Funds allocated to the County are used to support hospital, physician and Medi-Cruz services to low-income patients. The County's CHIP funding is initially established in allocation tables received from the state in the early part of the fiscal year. The HSA budget is adjusted with Board approval to correspond to the allocation table, as was done on September 26, 2000. Because Proposition 99 tobacco tax revenue is variable and subject to competing state spending priorities, the state reserves the right to adjust the county's allocation.

On July 20, 2001 HSA received formal notice that the County's allocation was being revised. This is the second revision of the allocation since the budget was adjusted in September. The combined effect of the two revisions is reduction of the hospital and physician sub-accounts and increase in the other services account. The net impact of the revisions is an increase of \$20 to the County. The hospital and physician accounts were reduced by \$47,344 and \$7,650 respectively. The other services account was increased by \$55,014. The reductions to the hospital and physician accounts will be offset by the use of interest that has accumulated in the sub-accounts of the CHIP Trust Fund. Consequently, expenditure in these accounts will remain at the budgeted levels without any further action. However, since revenue to the other services account is exceeding the budget level, it is necessary to take formal action to accept and appropriate the unanticipated revenue so the County can take full advantage of available funds. Failure to take this action would result in returning the additional revenue to the state.

It is, therefore, RECOMMENDED, that your Board:

- 1) Adopt the attached resolution revising revenues and expenditures within the Medi-Cruz program as described above.

Sincerely,

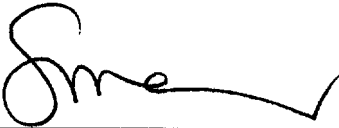


Rama Khalsa
Health Services Administrator

Attachment: Aud 60

RK:RV

RECOMMENDED



Susan Mauriello
County Administrative Officer

cc: County Administrative Officer
Auditor-Controller
County Counsel
HSA Administration
Medi-Cruz Administration

CHIP/REVCHG001

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

0057

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted:

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from Department _____
of Health Services _____ for the California Healthcare for Indigents _____ program; and

WHEREAS, the County is recipient of funds in the amount of \$ 55,014
which are either in excess of those anticipated or are not specifically set
forth in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds
may be made available for specific appropriation by a four-fifths vote of
the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County
Auditor-Controller accept funds in the amount of \$55,014 into

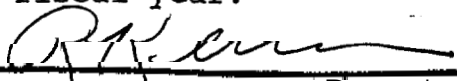
Department Health Services Agency

| T/C | Index Number | Revenue Subobject Number | Account Name | Amount |
|-----|-----------------|--------------------------------|--------------------------|----------|
| 001 | 365001 | 0674 | ST - CHIP OTHER SERVICES | \$55,014 |

and that such funds be and are hereby appropriated as follows:

| T/C | Index Number | Expenditure Subobject Number | PRJ/UCD | Account Name | Amount |
|-----|-----------------|------------------------------------|---------|------------------------|----------|
| 021 | 365001 | 4341 | | CHIP OTHER - PRIOR YR. | \$55,014 |

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been
researched and that the Revenue(s) (has been) (will be) received within the
current fiscal year.

By 
Department Head

Date 7-27-01

COUNTY ADMINISTRATIVE OFFICER

☒ Recommended to Board☐ Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz,
State of California, this _____ day of _____ 19____
by the following vote (requires four-fifths vote for approval):

AYES : SUPERVISORS

NOES : SUPERVISORS

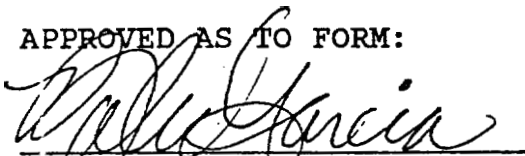
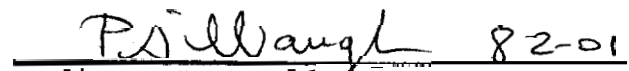
ABSENT: SUPERVISORS

Chairperson of the Board

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:


County Counsel#365001-0674.
APPROVED AS TO ACCOUNTING DETAIL: 82-01
Auditor-Controller

Distribution:

Auditor-Controller
County Council
County Administrative Officer
Originating Department