



County of Santa Cruz⁰¹⁷³

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

DATE: January 11, 2002

AGENDA: January 29, 2002

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

SUBJECT: Accept and Appropriate Unanticipated Revenue to the Emergency Medical Services Fund

Dear Members of the Board:

The County of Santa Cruz operates an Emergency Medical Services Fund (EMSF) with revenues generated from surcharges on traffic violations as authorized by state statute. Each year the revenues to the fund are estimated in the County budget for distribution to providers of emergency medical services. The County's contracts with Dominican and Watsonville Hospitals calls for the funds accumulating in the Hospital portion of EMSF to be equally divided between the two hospitals. The distributions are normally made once per year based on the fiscal year end fund balance. For FY 2001-02 the budget anticipated \$99,000 being available when in fact the June 30, 2001 balance was \$147,658.

Revenues to the EMSF had been relatively stable over recent years and the budgeted amounts have closely approximated actual revenues. However, during later part of FY 2000-01 revenues to the fund increased significantly causing a disparity between the budgeted amounts and actual revenue available for distribution to the hospitals. In order to distribute the available additional revenue to the hospitals, it is necessary to adjust the budget by accepting and appropriating the unanticipated revenue to the hospital portion of the EMSF.

By law, funds accumulating in the Hospital portion of EMSF can only be distributed to the hospitals and cannot be used for other purposes. Increases in EMS fund balance available for distribution to the hospitals does not have an impact on net county costs.

Board of Supervisors
Page 2
January 11, 2002

0174

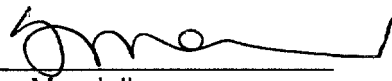
It is, therefore, RECOMMENDED that your Board adopt the attached resolution accepting and appropriating \$48,658 of unanticipated revenue into the HSA Indigent Care Budget for distribution to Dominican Santa Cruz Hospital and Watsonville Community Hospital.

Sincerely,


Rama Khalsa, Ph.D.
Health Services Administrator

Attachment: AUD-60

RECOMMENDED:


Susan Mauriello
County Administrative Officer

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

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

0175

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 the Emergency Medical Services Fund for the Indigent Care Program program; and

WHEREAS, the County is recipient of funds in the amount of \$ 48,658.00 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 \$ 48,658.00 into

Department Health Services Agency

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	365001	1704	SB-612 EMS REVENUE	48,658.00

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	4347		OUTSIDE BOSPITALS (SB612)	48,658.00

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 SP [Signature] Department Head

Date 1/11/2

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

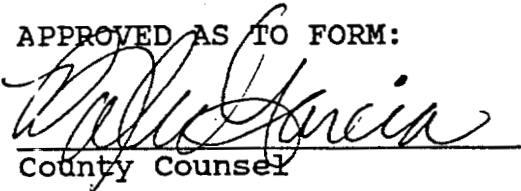
ABSENT: SUPERVISORS

Chairperson of the Board

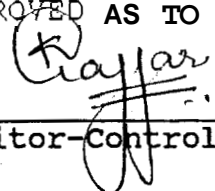
ATTEST:

Clerk of the Board

APPROVED AS TO FORM:


County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

 01/16/02
Auditor-Controller

Distribution:

Auditor-Controller
County Council
County Administrative Officer
Originating Department