## BEFORE THE BOARD OF COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO: 17-11-28-04

IN THE MATTER OF APPROVING THE 2013-2017 COMMUNITY DEVELOPMENTAL DISABILITIES PROGRAM CARRY-OVER FUNDS PLAN, AUTHORIZING SIGNATURES AND DELEGATING AUTHORITY FOR ITS SUBMISSION BY H&HS

WHEREAS, the Board of Commissioners has accepted revenues pursuant to the extension of an Intergovernmental Agreement with the Oregon Department of Human Services (DHS) for the provision of services under the Community Developmental Disabilities Program; and

WHEREAS, this State Agreement allows for the carry-over of unspent funds from prior fiscal years/biennia, if approved for expenditure by the State Department of Human Services upon receipt of a formal request and submission of details concerning the intended uses of the carried-over funding; and

WHEREAS, DHS has requested submission of the attached report for the two prior biennia (2013-2015 and 2015-2017) in order to review and determine the efficacy of permitting Lane County to allocate these unexpended funds in the current State Biennium; and

WHEREAS, DHS requires that the report be submitted under four signatures, including the Chair of the Board of County Commissioners and one other Board Member; and

WHEREAS, the proposed program plan has been reviewed and found to be correct and in good order by the Department of Health & Human Services (H&HS), the Developmental Disabilities Advisory Committee, the Developmental Disabilities Program Manager and, now, the Board of County Commissioners;

NOW, THEREFORE, the Board of Commissioners of Lane County ORDERS as follows:

- 1. The attached 2013-2017 Community Developmental Disabilities Program Carry-Over Funds Plan, proposing a total expenditure of \$418,762.93 during the period July 1, 2017 through June 30, 2019, is approved; and
- 2. Authority is delegated to the Chair, Vice-Chair and to Commissioner Sorenson of the Board of Commissioners, to sign the required State document on behalf of the BCC; and
- **3.** Authority is delegated to the Department of Health & Human Services to submit the fully signed Plan to DHS, prior to November 30, 2017.

ADOPTED this 28th day of November, 2017.

APPROVED AS TO FORM

LANE COUNTY OFFICE OF LEGAL COUNSEL

Pat Farr, Chair

Lane County Board of Commissioners

13-17 Carryover Details Tab

**Total Accrued Carryover**The amount of funds remaining at the end of a Biennium that was not spent for a particular Service Element.

Standard Revenue (DHS Funded) Received The amount of funds paid to a Contractor that are not tied to Local Match Funding.

Local Match Revenue (Federal Portion) Received The amount of funds paid to a Contractor that are the Federal Portion of Local Match Funding.

Other Revenue used to cover unmet funding needs

The funds used by a Contractor not related to Federal Fund or State Funds Standard Revenue or Federal funds for Local Match.

Received Revenue, Example - City or County Tax Revenue.

**Expense for Providing services during the period**The actual amount of revenue from all sources listed above expended for the Service Element.

Carryover Balance This is the funds remaining after Total of Previous Carryover, Standard Revenue, Local Match Revenue (Federal Portion), Other

Revenue (not Federal or State Funds) minus the Actual expenses for the Service Element.

**Requested carryover to be retained beyond**The amount of Carryover Funds a Contractor is requesting to retain for specific purposes for the same Service Element in the next

Biennium.

**Unplanned Carryover Funds**The amount of Carryover Funds subject to recovery due to no request for an approved plan of carryover useage.

**Various Planned Use Tabs** 

Description of Planned Use of Carryover Funds

The Details on how the requested Carryover Funds will be used in the next Biennium. Example - Increased Staffing Payroll or New

technology/Software not previously funded.

**Anticipated Date funds expended**The actual last date expected for the particular item to be funded with the Carryover Funds.

**Amount** The total amount of Carryover Funds expected to be used towards the line item.

**Contact & Signature Page** 

Contract Number 15-19

**Contact Name** 

Contract Number 13-15

Enter your ODDS Contract Numbers for the 13-15 Biennium, you can find this in eXPRS if you no longer recall the number.

Enter your ODDS Contract Numbers for the 15-19 Biennium, you can find this in eXPRS if you no longer recall the number.

Contractor Name

Enter the actual Contract Name used in eXPRS. Example - Multnomah County or Community Living Case Management Inc

Enter the name of the individual to contact for any questions related to the Carryover Report and authorization of Carryover Plan

Contact Title Enter the Title for the Contact Person. Example - CDDP Director, Program Manager or Member of Advisory Committee

**Contact Email** Enter a valid email address for communication with the Contact Person.

**Contact Phone Number** Enter a valid Phone Number that allows for messages to communicate with the Contact Person.

The required Signee of the Carryover Report/Plan

Chairman, Board of Commissioners Full Signature

**Printed Name (Board of Commissioners)**Require a legible Printed Name

County Commissioner Full Signature

Printed Name (County Committee) Require a legible Printed Name

County Commissioner Full Signature

Printed Name (County Committee) Require a legible Printed Name

CMHP Director/ CDDP Director Full Signature

Printed Name (CMHP Director/ CDDP Director)

Require a legible Printed Name

Chair, Developmental Disabilites Advisory Committee Full Signature

Printed Name (Chair of Advisory Committee) Require a legible Printed Name

13-17 Carryover	Report Contact & Signatur	es Page
Contract Number 13-15:	142134	
Contract Number 15-19:	148071	
Contractor Name:	Lane County	
Contact Name:	Ann Becker	
Contact Title:	Accounting Analyst	
Contact Email:	ann.becker@co.lane.or.us	
Contact Phone Number:	541-682-4277	
This plan for utilizing carryover funds is submitted as part 430.664 (2). The CDDP Board, Board of Commissioners, or it is signing please attach the order authorizing the design Disabilities Advisory Committee signifies by signing this for following provision of advice from the Advisory Committee required to have a Development	ndicated designee further signifies approv nee for the CDDP Board or Board of Comr rm that the plan with respect to Developr	val of this plan by their signatures. If a designee nissioners. The chair of the Developmental nental Disabilities Services has been compiled ommunity needs and priorities (All CDDPs are
Chairman, Board of Commissioners	0 0	
Pat Farr, Chair	0002	11/28/17
Printed Name	Signature	Date
County Commissioner		
Jay Bozievich, Vice-Chair	You Brinns	11/28/17
Printed Name	Signature	/ Date
County Commissioner		
Peter Sorenson, Commissioner	C. 125~	11-28-2017
Printed Name	Signature	Date
CMHP Director/ CDDP Director		
Karen Gaffney, Director, Health & Human Svcs	Haren Later	11/28/17
Printed Name	Signature	Date
Chair, Developmental Disabilites Advisory Committee		
Teresa Kintigh, Chair	Jershantel	11/29/17
Printed Name	Signature	Date

	Carryover Report 7/1/2013 through 6/30/2017												
SE Number	Service		Total Accrued Carryover as of: 6/30/13		Standard Revenue (DHS Funded) Received: /1/13 to 6/30/15		Local Match Revenue (Federal Portion) Received: 7/1/13 to 6/30/15		Other Revenue used to cover unmet funding needs Received: 7/1/13 to 6/30/15		Expense for Providing services during the period: 7/1/13 to 6/30/15		Carryover Balance as of: 6/30/15
DD 02 DD 48 DD 55 DD 157	Local Administration Case Management Abuse Investigation Regional Crisis & Back Up Services Total	\$ \$ \$	100,175.22 683,164.07 33,408.40 <b>816,747.69</b>	\$ \$ \$ <b>\$</b>	1,472,778.92 5,887,180.98 291,382.17 807,223.85 <b>8,458,565.92</b>	\$	-	\$ \$ \$	93,585.52 16,087.50 2,354.00	\$ \$ \$ <b>\$</b>	1,662,122.26 6,125,579.73 289,311.18 792,637.80 8,869,650.97	\$ \$ \$ \$	4,417.40 460,852.82 2,070.99 50,348.45 517,689.66
SE Number	Service		Total Accrued Carryover as of: 6/30/15		Standard Revenue (DHS Funded) Received: /1/15 to 6/30/17		Local Match Revenue (Federal Portion) Received: 7/1/15 to 6/30/17	Ţ	Other Revenue used to cover unmet funding needs Received: 7/1/15 to 6/30/17	1	Expense for Providing services during the period: 7/1/15 to 6/30/17	¥	Carryover Balance as of: 6/30/17
DD 02 DD 48 DD 55 DD 157	Local Administration Case Management Abuse Investigation Regional Crisis & Back Up Services Total	\$ \$ \$ <b>\$</b>	4,417.40 460,852.82 2,070.99 50,348.45	\$ \$ \$ <b>\$</b>	3,656,237.00 7,403,039.65 379,887.00 812,077.45	\$		\$	42,744.76	\$ \$ \$ <b>\$</b>	3,641,872.19 7,774,852.34 419,441.41 724,777.81	\$ \$ \$ \$	192,074.71 89,040.13 (37,483.42) 137,648.09
SE Number	Service	7	Carryover Balance as of: 6/30/17	ca	Planned expenditure of rryover during the period: /1/17 to 6/30/19		Requested carryover to be retained beyond: 6/30/19	7	42,744.76 Unplanned Carryover Funds	Ÿ	12,560,943.75	7	381,279.51
DD 02 DD 48 DD 55 DD 157	Local Administration Case Management Abuse Investigation Regional Crisis & Back Up Services Total	\$ \$ \$ \$	192,074.71 89,040.13 (37,483.42) 137,648.09 <b>381,279.51</b>	\$	192,074.71 89,040.13 - 137,648.09 418,762.93	\$ \$ \$	- - -	\$ \$ \$ <b>\$</b>	0.00 0.00 (37,483.42) (0.00) (37,483.42)				

Planned Use of Carryover Funds						
Local Administration DD 02						
Description of Planned Use of Carryover Funds	Anticipated Date Funds Expended		Amount			
Office Space Expansion - Detail below		\$	-			
-Added square footage costs for additional offices	6/30/2018	\$	75,000.00			
-Workstations - Laptop/Tablets	6/30/2018	\$	60,000.00			
-Office Furniture	6/30/2018	\$	27,074.71			
Note - this is an estimate and will probably exceed the cost of this estimate						
Abstraction Costs - scanning paper charts/files into Caseworthy software		\$	-			
- 1.0 FTE - permanent OA (portion of duties)	6/30/2019	\$	15,000.00			
- 4 extra help staff alloted up to 520 hours per fiscal year	6/30/2019	\$	15,000.00			
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		\$	-			
	Subtotal	\$	192,074.71			

Planned Use of Carryover Funds						
Case Management DD 48						
Description of Planned Use of Carryover Funds	Anticipated Date Funds Expended		Amount			
Case Worthy EHR upgrade - Phase III-Electronic Health Record - Software cost - Technical Services Continuing Education 20 hours per SC per OARs -40 Services Coordinators - \$250 per year		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- 40,000.00 29,040.13 - 20,000.00 - - - - - - -			
	Subtotal	\$ <b>\$</b>	89,040.13			

Planned Use of Carryover Funds				
Abuse Investigation DD 55				
Description of Planned Use of Carryover Funds	Anticipated Date Funds Expended		Amount	
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	Subtotal	\$ <b>\$</b>	-	

Planned Use of Carryover Funds							
Regional Crisis & Back Up Service DD 157							
Description of Planned Use of Carryover Funds			Amount				
Cover costs for Personnel COLA & MA Retro 7/1/17-9/30/17  The portion requested for personnel is due to the labor contract not being settled until Oct 2017. Staff received retro pay for the wage and market adjustment effective 7/1/17.	9/30/2017	\$	3,000.00				
Cover costs for Admin Allocation 10/1/17-6/30/18	6/30/2018	\$	25,100.09				
Cover costs for Indirect 10/1/17-6/30/18 Cover costs for Indirect 7/1/18-6/30/19	6/30/2018 6/30/2019	\$	64,548.00 45,000.00				
Lane County's Indirect plan is retrospective so DD 157 was not charged the full rate until 2 years after the start	0/30/2019	\$	45,000.00				
of the project. Lane County will continue to receive these charges for the rest of FY 17/18 and FY 18/19 and		ς ς	_				
possibly a portion of FY 19/20.		\$	_				
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	Subtotal	\$	137,648.09				