|                                       | REQUEST NO. ATR25-B0705      |                              |                   |  |   |  |
|---------------------------------------|------------------------------|------------------------------|-------------------|--|---|--|
| DEPARTMENT:                           | DATE: 6/13/2025              |                              |                   |  |   |  |
| 1. REQUEST                            | TRANSFER O                   | F APPROPRIA                  | ATION AS LIS      | TED BELOW:                               | <b>-</b>  |  |
|                                       | FUND or ORG                  | CODES  ACCOUNT  JL ORG CODE  |                   | AMOUNT                                   | DESCRIPTION                                     |  |
| FROM                                  | See Supporting Attachment    | See Supporting Attachment    | Measure K only    | 1,167,000                                | See Supporting Attachment                       |  |
| то                                    | See Supporting<br>Attachment | See Supporting<br>Attachment |                   | 1,167,000                                | See Supporting Attachment                       |  |
| Justification (                       | I I I LAD                    | -                            | See memo          |  | DATE 6/13/2025                                  |  |
| 2. Description Board Remarks:         | Action Require               | ed 🖫 F                       | our-Fifths Vot    | e Required                               | ■ Board Action Not Require                      |  |
| COUNTY CON                            | DATE 6/17/2025               |                              |                   |  |   |  |
| 3. Approx Remarks:                    | ve as Requeste               | 11A76FBA8404C2 ed            | Approve as Rev    | vised                                    | ☐ Disapproved                                   |  |
| COUNTY EXE                            |                              | Ho Mandiia                   |                   | ]  | DATE 6/17/2025                                  |  |
| D                                     |                              |                              | S LINE – FOR      | BOARD OF SU                              | PERVISORS USE ONLY                              |  |
|                                       | BOARI                        |                              |                   | SAN MATEO, STA                           | ATE OF CALIFORNIA                               |  |
|                                       |                              |                              |                   |  |   |  |
| RES                                   | OLVED, by the B              | oard of Supervis             | ors of the County | y of San Mateo, th                       | at  |  |
|                                       |                              |                              |                   | e Request for Appo<br>as described in sa | ropriation, Allotment or<br>iid Request; and    |  |
| the County E                          | Executive has rec            | ommended the t               | ransfer of funds  | as set forth hereir                      |   |  |
|                                       |                              |                              |                   | TERMINED that the orth in said Reque     | e recommendations of the County st be effected. |  |
| Reg                                   | ularly passed a              | nd adopted thi               | S                 | _day of                                  | 20  |  |
| AYES and in favor of said resolution: |                              |                              |                   | NOES and against said resolution:        |   |  |
| Supervisors                           | ::                           |                              | Sı                | upervisors:                              |   |  |
|                                       |                              |                              |                   | sent<br>pervisors:                       |   |  |
|                                       |                              |                              |                   |  | , BOARD OF SUPERVISORS                          |  |
| ATTEST:                               | Clerk of                     | Said Board                   |                   | COU                                      | NTY OF SAN MATEO                                |  |

Request No.: ATR25-B0705

# County of San Mateo Appropriation Transfer Request (Supporting Attachment)

## **REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:**

|      | CODES       |          |                |                      |                              |
|------|-------------|----------|----------------|----------------------|------------------------------|
|      | JL ORG CODE |          |                |                      |                              |
|      | FUND or ORG | ACCOUNT  | Measure K only | AMOUNT               | DESCRIPTION                  |
| FROM | 55111       | 2378     |                | 790,000              | Other Reimbursement          |
|      | 55111       | 2539     |                | 300,000              | IFR - SMMC                   |
|      | 55121       | 2378     |                | 77,000               | Other Reimbursement          |
|      |             |          |                |                      |                              |
|      |             |          |                |                      |                              |
|      |             |          |                |                      |                              |
|      |             |          |                |                      |                              |
|      |             |          |                |                      |                              |
|      |             |          |                |                      |                              |
|      |             | Subtotal |                | 4.407.000            |                              |
| ТО   | 55111       | 4111     |                | 1,167,000<br>500,000 | Regular Hours - Perm Positio |
| 10   | 55111       | 5858     |                | 590,000              | Other Prof Contract          |
|      | 55111       | 7545     |                | 77,000               | Operating Transfer Out Debt  |
|      | 33111       | 7545     |                | 11,000               | Operating Transier Out Debt  |
|      |             |          |                |                      |                              |
|      |             |          |                |                      |                              |
|      |             |          |                |                      |                              |
|      |             |          |                |                      |                              |
|      |             |          |                |                      |                              |
|      |             |          |                |                      |                              |
|      | Subtotal    |          |                | 1,167,000            |                              |

Special Notice / Hearing: None Vote Required: Majority

To: Robert Manchia, Chief Financial Officer

From: Colleen Chawla, Chief, San Mateo County Health

Gina Wilson, Chief Financial Officer, County Health

**Subject:** Appropriation Transfer Request – Health Administration (5500B)

## **RECOMMENDATION:**

Approve an Appropriation Transfer Request accepting unanticipated Intergovernmental Revenue (\$867,000) and Interfund Revenue (\$300,000) and increasing Salaries and Benefits (\$500,000) and Service and Supplies (\$590,000) and Other Financing Uses (\$77,000).

### **BACKGROUND/DISCUSSION:**

Salary and Benefits are exceeding the original budget due to the negotiated increases, salary adjustments based on the management equity study and terminal pay for retirees.

Services and Supplies are exceeding budget as we are seeing in increased use of contract interpreter costs as well as increased participation fees for the Medi-Cal Administrative Activities (MAA) claiming program. Fees for the MAA program are based on revenue generated and as we have increased our claiming opportunities, the portion of fees that are needed to pay has also increased. These fees are paid to the hosting County that provides guidance and coordination with the State. Other Financing Uses needs to be increased to cover the allocated rent from SMMC to the LEAP Program. The allocation methodology was not confirmed when the budget was developed.

# **FISCAL IMPACT:**

There is no Net County Cost increase as a result of this ATR. Additional Medi-Cal Administrative Activities revenue will offset these additional expenses. The interpreter expenses will be reimbursed by San Mateo Medical Center; however, the budget needs to be increased to process the payments timely.