

COUNTY OF SAN MATEO APPROPRIATION TRANSFER REQUEST				REQUEST NO. ATR25-B0016	
DEPARTMENT: HEALTH - AGING AND ADULT SERVICES				DATE: Nov 14,2024	
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:					
	CODES			AMOUNT	DESCRIPTION
	FUND or ORG	ACCOUNT	JL ORG CODE Measure K only		
FROM	58210 58210	1713 1913		\$ 669,171 \$ 669,170	State - IHSS Federal - IHSS
TO	58210	5611		\$1,338,341	Blanket Insurance Premiums
Justification (Attach Memo if Necessary): FY2024-25, there is a projected 15% increase in health premiums for independent providers to \$1,338,341. (rate will increase from \$521.40 to \$599.61 for 1,300 members, effective 1/1/ 2025.) Federal and state funds for the IHSS Public Authority will cover the costs.					
DEPARTMENT HEAD 				DATE 11/14/2024	
2. <input type="checkbox"/> Board Action Required <input checked="" type="checkbox"/> Four-Fifths Vote Required <input type="checkbox"/> Board Action Not Required Remarks:					
COUNTY CONTROLLER 				DATE 11/14/2024	
3. <input checked="" type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve as Revised <input type="checkbox"/> Disapproved Remarks:					
COUNTY EXECUTIVE 				DATE 11/25/2024	
DO NOT WRITE BELOW THIS LINE – FOR BOARD OF SUPERVISORS USE ONLY					

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA
RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO. _____

RESOLVED, by the Board of Supervisors of the County of San Mateo, that

WHEREAS, the Department hereinabove named in the Request for Appropriation, Allotment or Transfer of Funds has requested the transfer of certain funds as described in said Request; and

WHEREAS, the County Controller has approved said Request as to accounting and available balances, and the County Executive has recommended the transfer of funds as set forth hereinabove:

NOW, THEREFORE, IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Executive be approved and that the transfer of funds as set forth in said Request be effected.

Regularly passed and adopted this _____ day of _____ 20 ____

AYES and in favor of said resolution:

NOES and against said resolution:

Supervisors: _____

Supervisors: _____

 Absent _____
 Supervisors: _____

 PRESIDENT, BOARD OF SUPERVISORS
 COUNTY OF SAN MATEO

ATTEST: _____
 Clerk of Said Board

Health Plan of San Mateo

FY 2024-25	Total	↑ %	FY 2024-25	rate	↑ %	Total	↑ %
July	25,919		July	521.4		647,579	
August	25,997		August	521.4		651,750	
September	26,017		September	521.4		654,357	
October	26,057		October	521.4		668,435	
November	26,195		November	521.4		659,571	
December	26,609		December	521.4		659,571	
January	27,284		January	599.61	15.0%	785,489	
February	27,284		February	599.61		785,489	
March	29,268		March	599.61		785,489	
April	29,268		April	599.61		785,489	
May	29,268		May	599.61		785,489	
June	29,268		June	599.61		785,489	
Total	328,432	8.0%	Total			8,654,197	20.1%

Revenue Appropriation		
58210-1913 (50%)	\$	669,170
58210-1713 (50%)	\$	669,171
Total Appropriation	\$	1,338,341

Current 24-25 Adopted Budget \$ 7,644,288

Projected Healthworx	\$	8,654,197
Projected Benefit Service Center	\$	328,432
Total Expenses	\$	8,982,629

ATR 58210-5611 \$ 1,338,341

Budget Unit - Name		Sub Unit - Name		Account Class - Name		Sub Account - Name		Revenue/Expense		2024-25 Adopt
5800B - IHSS Public Authority		58210 - Services		5000 - Services and Supplies		5611 - Blanket Insurance Premiu		Expenses		7,644,288