

**FORSYTH COUNTY
BOARD OF COMMISSIONERS****DRAFT**MEETING DATE: AUGUST 8, 2019AGENDA ITEM NUMBER: 8**SUBJECT: AMENDMENT TO THE FY 2019-2020 BUDGET ORDINANCE TO APPROPRIATE REVENUE FROM THE NORTH CAROLINA COMMUNITY CARE NETWORKS, INC., TO TRANSFER BACK TO ORIGINAL GRANTOR****COUNTY MANAGER'S RECOMMENDATION OR COMMENTS:****SUMMARY OF INFORMATION:**

The Forsyth County Department of Public Health has received funding from the North Carolina Community Care Networks, Inc., for the Pregnancy Care Management and Care Coordination for Children programs for several years, which is distributed from the North Carolina Department of Health and Human Services, Division of Health Benefits, on a per member/per month basis. The Department of Public Health is allowed to retain three months of operating cash as reserves but is required to submit an annual spending plan for use of the reserve funds. The Department has submitted spending plans for these reserve funds but they have been rejected which has resulted in the generation of large reserve balances for these programs which the Finance Department accounts for as deferred revenue.

The North Carolina Department of Health and Human Services has requested that the North Carolina Community Care Networks, Inc., exercise its contractual authority to collect excess restricted fund balance from the Local Care Management Entities throughout the State. Excess restricted fund balance is defined as funds exceeding three months of operating reserves, which for Forsyth County totals \$549,463 (\$417,560 for the Pregnancy Care Management program and \$131,903 for the Care Coordination for Children program).

The Pregnancy Care Management program is a population management model focused on improving birth outcomes and reducing costs among pregnant Medicaid beneficiaries by providing care coordination, referrals to community resources, and other supportive interventions to promote optimal health during pregnancy and healthy birth outcomes. The Care Coordination for Children program is a population management model focusing on improving outcomes and reducing costs for Medicaid beneficiaries ages 0-5 targeting the highest risk and highest cost children for care coordination and management using interventions to maximize health outcomes.

This agenda item appropriates the excess revenue in order to comply with NC DHHS requirements and remit the funds back to the North Carolina Community Care Networks, Inc.

ATTACHMENTS: yes no

SIGNATURE: _____

COUNTY MANAGER

DATE: _____

**FORSYTH COUNTY, NORTH CAROLINA
AMENDMENT TO
2019-2020 BUDGET ORDINANCE**

FROM: BUDGET & MANAGEMENT

MEETING DATE: August 8, 2019

EXPLANATION:

The Forsyth County Department of Public Health has received funding from the North Carolina Community Care Networks, Inc., for the Pregnancy Care Management and Care Coordination for Children programs for several years, which is distributed from the North Carolina Department of Health and Human Services, Division of Health Benefits, on a per member/per month basis. The Department of Public Health is allowed to retain three months of operating cash as reserves but is required to submit an annual spending plan for use of the reserve funds. The Department has submitted spending plans for these reserve funds but they have been rejected which has resulted in the generation of large reserve balances for these programs which the Finance Department accounts for as deferred revenue.

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This agenda item appropriates the excess revenue in order to comply with NC DHHS requirements and remit the funds back to the North Carolina Community Care Networks, Inc.

BE IT ORDAINED BY THE FORSYTH COUNTY BOARD OF COMMISSIONERS THAT THE FISCAL YEAR 2019-2020 BUDGET ORDINANCE IS HEREBY AMENDED AS FOLLOWS:

INCREASE:	<u>SECTION 1. REVENUE</u>	
	GENERAL FUND	
	INTERGOVERNMENTAL	<u>\$ 549,463</u>
INCREASE:	<u>SECTION 2. APPROPRIATIONS.</u>	
	GENERAL FUND	
	PUBLIC HEALTH	<u>\$ 549,463</u>

NATURE OF TRANSACTION:	APPROVED BY BOARD OF COUNTY
<input type="checkbox"/> Additional Revenue Available	COMMISSIONERS AND ENTERED ON
<input type="checkbox"/> Transfer within Accounts of	MINUTES DATED _____
Same fund	AGENDA ITEM NUMBER _____
<input checked="" type="checkbox"/> Other: Appropriate Deferred Revenue for Repayment	