RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully requested that your Board approve the attached budget action form, transferring money within the Behavioral Health budget unit due to an unanticipated increase in Institutions for Mental Disorders (IMD) contract costs.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

See attached

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

See attached

<table>
<thead>
<tr>
<th>Financial Impact? ( ) Yes (X) No</th>
<th>Current FY Cost: $</th>
<th>Annual Recurring Cost: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budgeted in Current FY? (X) Yes ( ) No ( ) Partially Funded</td>
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<td></td>
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<tr>
<td>Amount in Budget: $</td>
<td></td>
<td></td>
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<tr>
<td>Additional Funding Needed: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Transfer</td>
<td></td>
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<tr>
<td>Unanticipated Revenue: ___ 4/5’s vote</td>
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<td></td>
</tr>
<tr>
<td>Transfer Between Funds: ___ 4/5’s vote</td>
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<td></td>
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<tr>
<td>Contingency: ___ 4/5’s vote</td>
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<tr>
<td>( ) General ( ) Other</td>
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CLERK’S USE ONLY:

Res. No.: #47 Ord. No. ___
Vote – Ayes: ___ Noes: ___
Absent: ___
Approved ( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: ___

Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

By: ___
Deputy

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
___ No Opinion

Comments:


CAO: ___

Revised Dec. 2002
January 20, 2006

TO: Members, Board of Supervisor
    Rich Inman, CAO
FROM: Cheryle Rutherford-Kelly
RE: Behavioral Health Budget Action

Recommendation

It is respectfully requested that your Board approve the attached budget action form, transferring money within the Behavioral Health budget unit due to an unanticipated increase in Institutions for Mental Disorders (IMD) contract costs.

Background/Current Situation

The Behavioral Health IMD Contracts line is overdrawn because we have one client who is conserved under a Lanterman Petris Short Doyle (LPS) conservatorship. The client is currently placed in a locked facility. This client’s inpatient fees are currently being billed to Behavioral Health and are costing over $4,000 a month. Staff is working to have this client’s Medicare in place to cover a variety of expenses, including IMD costs. The IMD costs for this client will be billed to Medicare as soon as possible.

Financial

We are spending $4,000 a month on a client for costly IMD placement necessary for treatment purposes. The money will be reimbursed by Medicare. In the interim, we must pay for the client’s placement. A transfer from Professional Services 001-0402-622.04-18 to IMD Contracts 001-0402-622.04-26 in the amount of $24,000 is necessary.
### BUDGET ACTION FORM

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEP/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
<th>INCREASE</th>
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<td>0402</td>
<td>622.0418</td>
<td>Professional Services</td>
<td>MH120</td>
<td>24,000</td>
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<td>0402</td>
<td>622.0426</td>
<td>IMD Contracts</td>
<td>MH120</td>
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<td>24,000</td>
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**TOTALS**

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<thead>
<tr>
<th></th>
<th>24,000</th>
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### TRANSFER BETWEEN FUNDS

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<th>DEBIT</th>
<th>CREDIT</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTALS**

### ACTION REQUESTED:

- (Check all that apply)
  - ( ) Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or transferring appropriation from Contingencies
  - ( ) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;

**JUSTIFICATION** Internal transfer to cover increased costs for IMD services

### DEPT HEAD SIGNATURE

[Signature]

**DATE** 1/20/06

### APPROVED BY RES NO. 06-47

**CLERK** [Signature]

**DATE** 2-7-06

### DEPARTMENT Human Servives/Behavioral Health

[Signature]

**AUDITOR’S USE ONLY**

**BA #**

Budget Revision Form Revised 07/2000