

2019 FUND TRANSFER REQUEST FORM

	AGENCY Human Services Department	ORGANIZATION	Fund 2610	DATE	1/15/2019		
	FTR: 190115-2019 - 01 MEDICAID TREATMENT REVENUE						
TRANSFER AMOUNT(S) FROM			FOR ACCOUNTING USE ONLY				
Amount in Whole \$\$	Account Title	Account Number (ORGN OBJT)		Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$10,000 MA TCM REVENUE	460000	86604				
2							
3							
4							
5							
6							
7							
8	\$10,000 Transfer From Total						
TRANSFER AMOUNT(S) TO			FOR ACCOUNTING USE ONLY				
Amount in Whole \$\$	Account Title	Account Number		Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$10,000 SOAR CASE MANAGEMENT TCM	462331	35604				
2							
3							
4							
5							
6							
7							
8	\$10,000 Transfer To Total						
EXPLANATION: Adding new Medicaid Treatment Case Management (TCM) revenue to the SOAR Case Management TCM program for 2019. This revenue will be paid to SOAR only if earned by billing Medicaid TCM.				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	1/16/2019	<i>L. Green</i>	
				Oversight Committee			
				Controller			
				County Executive			
Finance Committee							
				Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.			