

## 2016 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	8/1/2016	
	FTR:	1600810-2016-25 MACM added at Rethke					
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	\$20,000	MA Case Management Revenue	ACFMHLTH 81430				
2							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$20,000</b>	<b>Transfer From Total</b>					
TRANSFER AMOUNT(S) TO				FOR ACCOUNTING USE ONLY			
	Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$20,000	Heartland Health Outreach - Targeted Case Management Program	ACFCSHHO CCSAAA				
2							
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$20,000</b>	<b>Transfer To Total</b>					
EXPLANATION:  Some residents of Heartland's Rethke Terrace will be eligible for MA Case Management services prior to or instead of enrolling in the MA CCS program. The FTR establishes an MA Case Management contractual account with Heartland. The \$20,000 is not guaranteed to Heartland. The contract language will state that Heartland will be paid only the amount that Medicaid pays to DCDHS for Heartland's case management services.				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	8/10/2016	<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.			