

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.						