

Maintenance Level

M2-9E Other Fund Adjustments

Agency Recommendation Summary Text

The Health Care Authority (HCA) requests a technical adjustment to move funds between programs. This adjustment allows the HCA to reflect spending authority in the appropriate program. The net impact of this request is zero.

Fiscal Summary

Program 200 – HCA Other

Operating Expenditures	FY 2018	FY 2019	FY 2020	FY 2021
Fund 418-1 PEB Admin	\$(27,000)	\$(31,000)	\$0	\$0
Total Cost	\$(27,000)	\$(31,000)	\$0	\$0
Staffing	FY 2018	FY 2019	FY 2020	FY 2021
FTEs	0.0	0.0	0.0	0.0
Revenue	FY 2018	FY 2019	FY 2020	FY 2021
Fund 418-1 PEB Admin	\$(27,000)	\$(31,000)	\$0	\$0
Total Revenue	\$(27,000)	\$(31,000)	\$0	\$0
Object of Expenditure	FY 2018	FY 2019	FY 2020	FY 2021
Obj. E – Goods & Services	\$(27,000)	\$(31,000)	\$0	\$0

Program 040 – HCA Public Employees Benefits (PEB)

Operating Expenditures	FY 2018	FY 2019	FY 2020	FY 2021
Fund 418-1 PEB Admin	\$27,000	\$31,000	\$0	\$0
Total Cost	\$27,000	\$31,000	\$0	\$0
Staffing	FY 2018	FY 2019	FY 2020	FY 2021
FTEs	0.0	0.0	0.0	0.0

Revenue	FY 2018	FY 2019	FY 2020	FY 2021
Fund 418-1 PEB Admin	\$27,000	\$31,000	\$0	\$0
Total Revenue	\$27,000	\$31,000	\$0	\$0

Object of Expenditure	FY 2018	FY 2019	FY 2020	FY 2021
Obj. E – Goods & Services	\$27,000	\$31,000	\$0	\$0

Package Description

The HCA is requesting a technical adjustment to align funding. The carry forward level (CFL) funding for Program 200 – HCA Other contains spending authority from Fund 418 – PEB Admin. The PEB Admin account is intended to support activities in Program 040 – PEB. This proposal moves existing authority to spend from Fund 418 from Program 200- HCA Other to Program 040 – PEB. The net impact to HCA is zero.

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Decision Package Justification and Impacts

Performance Measure Detail:

Activity Inventory

H001 HCA Administration
H004 HCA Public Employees Benefits

What specific performance outcomes does the agency expect?

The HCA expects to reflect authorized funds in the corresponding agency program.

What alternatives were explored by the agency and why was this option chosen?

The HCA considered leaving the funding in the existing programs. Leaving the funding in the existing programs does not reflect the legal use of the PEB Administrative fund.

What are the consequences of not funding this request?

The HCA will not have funding to support the PEB program in the accurate program.

How has or can the agency address the issue or need in its current appropriation level?

Not applicable

Provide references to any supporting literature or materials:

HCA CFL amounts by program.

Base Budget

If the proposal is an expansion or alteration of a current program or service, provide information on the resources now devoted to the program or service.

This request re-aligns the base HCA budget by program. This request does not expand or alter any existing services.

Expenditure, FTE and Revenue Assumptions, Calculations and Details:

The amount identified is the amount contained in the HCA CFL amount for Program 200 – HCA Other.

Impacts to Communities and Other Agencies

Fully describe and quantify expected impacts on state residents and specific populations served.

None

What are other important connections or impacts related to this proposal?

Does this request have:

Regional/county impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other local government impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Tribal government impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other state agency impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Does this request:

Have any connection to Puget Sound recovery?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Respond to specific task force, report, mandate or executive order?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Contain a compensation change?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Require a change to a collective bargaining agreement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Create facility/workplace needs or impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Contain capital budget impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Require changes to existing statutes, rules or contracts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have any relationship to or result from litigation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If "Yes" to any of the above, please provide a detailed discussion of connections/impacts.

Not applicable.

Information Technology (IT)

Does this request include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

No



Yes

Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)