

**Oklahoma State Department of Health
Board of Health – Financial Brief
June, 2013**

**OKLAHOMA STATE DEPARTMENT OF HEALTH
SFY 2013 BUDGET AND EXPENDITURE FORECAST: AS OF 05/24/2013**

SUMMARY

<u>Division</u>	<u>Current Budget</u>	<u>Expenditures</u>	<u>Encumbrances</u>	<u>Forecasted Expenditures</u>	<u>Surplus/(Deficit)</u>	<u>Performance Rate</u>
Public Health Infrastructure	\$23,506,307	\$14,851,301	\$5,020,995	\$2,583,948	\$1,050,063	95.53%
Protective Health Services	\$64,230,014	\$51,686,006	\$3,405,491	\$8,746,976	\$391,541	99.39%
Prevention & Preparedness Services	\$60,888,127	\$41,040,044	\$12,860,966	\$4,322,374	\$2,664,743	95.62%
Information Technology	\$7,769,071	\$6,678,786	\$1,005,469	\$0	\$84,816	98.91%
Health Improvement Services	\$25,772,548	\$13,525,357	\$6,120,500	\$4,903,618	\$1,223,074	95.25%
Community & Family Health Services	\$238,856,257	\$169,721,109	\$15,167,797	\$53,371,712	\$595,639	99.75%
Totals:	\$421,022,324	\$297,502,604	\$43,581,218	\$73,928,627	\$6,009,875	98.57%



Expenditure Forecast Assumptions

- Payroll forecasted through June 30, 2013 including vacancies likely to fill within the current budget period
- Encumbrances shown are actual as of the report date
- Expenditure forecasts limited to realistic amounts expected to spend out during the current budget period
- Surplus/(Deficit) is projected as of June 30, 2013

Explanation of Dashboard Warning(s)

- Overall the Department is forecasted to spend 98.57% of its budget.
- All areas are forecasted to maintain “Green Light” status through June 30, 2013.
- Budget forecasts do NOT include projections of sequestration or budget reductions in the current year nor have written notifications of budget reductions been made.
- All expenditures will be monitored closely and adjustments in spending will be made as needed to ensure optimal budget performance for the Department.

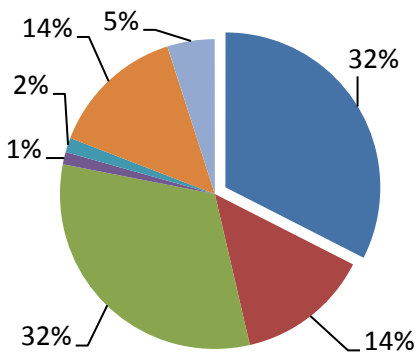
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**Public Health Imperatives
Civil Monetary Penalties (CMP)**

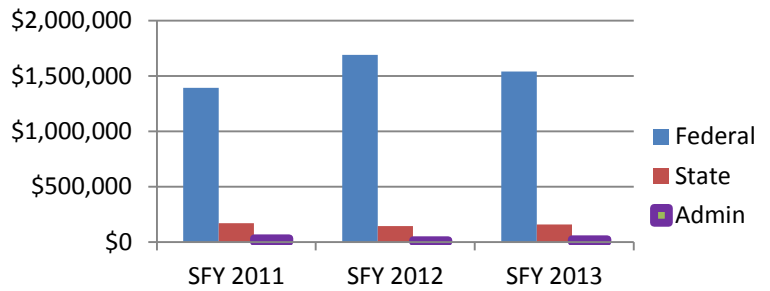
Public Health Imperatives are characterized by services that protect the health and safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health and medical emergency preparedness and response; and offer protection to vulnerable persons against exposure to severe harm. These services are typically mandated and the public health agency is the sole provider. These services include infectious disease control programs, sanitation services, emergency preparedness and response and public protection services. These programs encompass essential public health services number 1, 2, 6 & 9.

**Total Budet by Public Health
Priority**

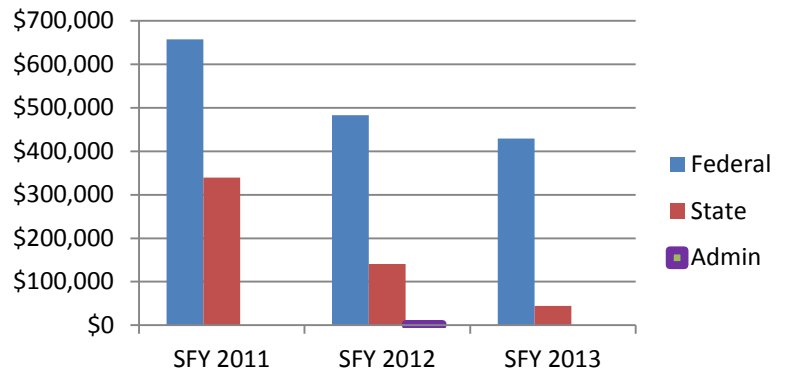
- 1 Public Health Imperatives
- 2 Priority Public Health Services for the Improvement of Health Outcomes
- 3 Prevention Services and Wellness Promotion
- 4 Assure Access to Competent Personal, Consumer, and Healthcare Services
- 5 Science and Research
- 6 Public Health Infrastructure - Program Support and Infomration Technology
- 6 Public Health Infrastructure - Administration



CIVIL MONETARY PENALTIES REVENUES



CIVIL MONETARY PENALTIES EXPENDITURES



- Federal CMP's are penalties assessed by the Center for Medicare/Medicaid Services and paid to the Agency by the Oklahoma Health Care Authority; State CMP's are penalties assessed by the Agency for non-compliance of regulatory standards; Admin CMP's are monies collected as a result of administrative penalties imposed under the Nursing Home Care Act.
- Nursing Facility Administrative Penalties (Admin) are collected from facilities that violated Oklahoma license laws or rules. "Admin" funds must be used for protection of residents or other purposes set in state law.
- Funds are used for the betterment of the residents by conducting provider trainings, contracting with Career Tech to provide advanced Certified Nurse Aide training, moving of residents from homes being closed or damaged, etc.
- Expenditures of CMP funds have been declining due to the restrictions placed on CMP funds by the Center for Medicaid/Medicare Services. Before funds can be expended, CMS requires approval through written proposal for projects.
- OSDH has issued a Request for Information through June 30, 2013, in order to gain insight into the most beneficial use of these resources.
- State Fiscal Years 2011 and 2012 denote actual revenues and expenditures and State Fiscal Year 2013 denotes projected revenue and expenditures for the year ending June 30, 2013.