

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:
 Res/Ord No.: 19099
 Sponsor(s): Scott Burnett
 Date: March 14, 2016

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: A resolution requesting a transfer within the Medical Examiner's budget to cover contract agreements for Forensic Pathologist services, and forensic consultations due to high volume of cases.</p>																
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$40,000.</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$40,000.</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$0</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM: 002-2001-55010 Health Fund, Medical Examiner, Regular Salaries</td> <td>FROM ACCT \$40,000.</td> </tr> <tr> <td>TO: 002-2001-56060 Health Fund, Medical Examiner, Medical & Dental Services</td> <td>TO ACCT \$40,000.</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required) <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract: Department: Estimated Use: \$</p> <p>Prior Year Budget (if applicable): \$ Prior Year Actual Amount Spent (if applicable): \$</p>	Amount authorized by this legislation this fiscal year:	\$40,000.	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$40,000.	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number; FROM: 002-2001-55010 Health Fund, Medical Examiner, Regular Salaries	FROM ACCT \$40,000.	TO: 002-2001-56060 Health Fund, Medical Examiner, Medical & Dental Services	TO ACCT \$40,000.				
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): Prior resolutions and (date):</p>																
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Diane C. Peterson, MD., Director (816) 881-6600</p>																
<p>REQUEST SUMMARY</p>	<p>Project/Title: A resolution requesting a transfer within the Medical Examiner's budget to cover contract agreements for Forensic Pathologist services, and forensic consultations due to high volume of cases.</p>																
<p>CLEARANCE</p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>																
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<p>REVIEW</p>	<table border="1"> <tr> <td>Department Director:</td> <td><i>Diane Peterson MD</i></td> <td>Date:</td> <td><i>2/29/16</i></td> </tr> <tr> <td>Finance (Budget Approval): If applicable</td> <td><i>Mary Rasmussen</i></td> <td>Date:</td> <td><i>3/3/16</i></td> </tr> <tr> <td>Division Manager:</td> <td><i>Mary Jo Brown</i></td> <td>Date:</td> <td><i>3/9/16</i></td> </tr> <tr> <td>County Counselor's Office:</td> <td></td> <td>Date:</td> <td></td> </tr> </table>	Department Director:	<i>Diane Peterson MD</i>	Date:	<i>2/29/16</i>	Finance (Budget Approval): If applicable	<i>Mary Rasmussen</i>	Date:	<i>3/3/16</i>	Division Manager:	<i>Mary Jo Brown</i>	Date:	<i>3/9/16</i>	County Counselor's Office:		Date:	
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Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the _____ Fund in ____.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance #
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.



Jackson County Medical Examiner's Office
950 East 21st Street
Kansas City, Missouri 64108
(816) 881-6600 fax (816) 881-6641

MEMO

To: Mary Lou Brown, Chief Administrative Officer
Gary Panethiere, Chief Operating Officer

From: Diane C. Peterson, MD., Chief Medical Examiner

Date: January 26, 2016

I am requesting approval to submit an RLA regarding a transfer within the Medical Examiner's budget. Over the next few months, during the process of selecting a new Deputy Medical Examiner, the office must continue to provide this specialty service of Board Certified Forensic Pathologist coverage each day. To avoid a backlog of cases I would like the ability to increase contract amounts with Pathologists to help cover peak times.

This transfer will also help cover contract services of Board Certified Forensic Dentists & Anthropologists, Cardiac Pathologists & Neuropathologists. As our case load increases, so does our need for these specialized services. As a National Association of Medical Examiners (NAME) accredited office, we are required to provide complete, reliable, reputable and credible forensic services. Also, as required by NAME, these services do require certification in select specialty fields.

Over the last few years, our office has exceeded the budgeted amount for these specialty services. However, due to changes in staffing, this money will be covered as a salary savings and should not affect our budget. With your approval, please see attached RLA proposal.

Please contact me if you have any questions. Thank you for your consideration.

Regards,

Diane C. Peterson, MD
Chief Medical Examiner