

DATE: October 29, 2018

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services Department

ACCOUNT NUMBER: 8-1293-441-00-340-059-0-XXX

Contact Person: Mike Escaname Ph#: (956) 383-6221 ext. 7210

2018
Appropriation
AI-67424
MAC



SUBJECT: Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

INCREASE ACCOUNT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
8-1293-441-00-340-059-0- 113	MEDICAID ADMIN REG F/T EMPLOYEES	43,775.00
8-1293-441-00-340-059-0- 211	MEDICAID ADMIN HEALTH INSURANCE	3,696.00
8-1293-441-00-340-059-0- 212	MEDICAID ADMIN LIFE INSURANCE	22.00
8-1293-441-00-340-059-0- 220	MEDICAID ADMIN FICA	3,350.00
8-1293-441-00-340-059-0- 230	MEDICAID ADMIN RETIREMENT	5,166.00
8-1293-441-00-340-059-0- 250	MEDICAID ADMIN UNEMPLOYMENT COMP	438.00
8-1293-441-00-340-059-0- 260	MEDICAID ADMIN WORKERS COMP	438.00
8-1293-441-00-340-059-0- 581	MEDICAID ADMIN IN-COUNTY TRAVEL	1,000.00
8-1293-441-00-340-059-0- 610	MEDICAID ADMIN GENERAL SUPPLIES	13,499.01
8-1293-345-40-340-059-0- 000	MEDICAID ADMIN PROGRAM INCOME REVENUE	71,384.01
TOTAL BUDGET INCREASE (DECREASE)		71,384.01

REASON: Appropriation of MAC program income earned from January 1, 2017 to December 31 2017.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK