

DATE: May 21, 2019

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services Department

ACCOUNT NUMBER: 9-1293-441-00-340-059-0-XXX

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

2019
Appropriation
AI-70310
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
9-1293-441-00-340-059-0-610	MEDICAID ADMIN-GENERAL SUPPLIES	14,318.85
9-1293-441-00-340-059-0-320	MEDICAID ADMIN-PROFESSIONAL	10,000.00
9-1293-441-00-340-059-0-339	MEDICAID ADMIN-OTHER PROFESSIONAL SERVICES	50,000.00
9-1293-441-00-340-059-0-340	MEDICAID ADMIN-TECHNICAL	5,000.00
9-1293-441-00-340-059-0-350	MEDICAID ADMIN-OTHER SERVICES	5,000.00
9-1293-441-00-340-059-0-441	MEDICAID ADMIN-RENTAL OF LAND & BUILDINGS	2,000.00
9-1293-441-00-340-059-0-442	MEDICAID ADMIN-RENTAL OF EQUIPMENT & VEHICLES	2,000.00
9-1293-441-00-340-059-0-532	MEDICAID ADMIN-WIRELESS DEVICES	5,000.00
9-1293-441-00-340-059-0-535	MEDICAID ADMIN-POSTAGE	5,000.00
9-1293-441-00-340-059-0-581	MEDICAID ADMIN-IN-COUNTY TRAVEL	2,000.00
9-1293-441-00-340-059-0-583	MEDICAID ADMIN-OUT-OF-COUNTY TRAVEL	3,000.00
9-1293-441-00-340-059-0-584	MEDICAID ADMIN-REGISTRATION FEES	5,000.00
9-1293-441-00-340-059-0-605	MEDICAID ADMIN-CLOTHING & UNIFORMS	2,000.00
9-1293-441-00-340-059-0-780	MEDICAID ADMIN-CAPITAL LEASES	5,000.00
9-1293-441-00-340-059-0-810	MEDICAID ADMIN-DUES & MEMBERSHIPS	5,000.00
9-1293-441-00-340-059-0-811	MEDICAID ADMIN-LICENSES & PERMITS	2,000.00
9-1293-441-00-340-059-0-812	MEDICAID ADMIN-SOFTWARE LICENSE RENEWALS	5,000.00
9-1293-441-00-340-059-0-890	MEDICAID ADMIN-OTHER	5,000.00
9-1293-331-12-340-059-0- 000	MEDICAID ADMIN REVENUES	132,318.85
TOTAL BUDGET INCREASE (DECREASE)		132,318.85

REASON: Appropriation of MAC Funds from revenues received for Quarter April to June 2018.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____
DATE

ATTEST COUNTY CLERK