DATE: December 15, 2020

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services Department

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

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

2020
Appropriation
AI-78619
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
0-1293-441-00-340-059-0-113	MEDICAID ADMIN-REG F/T EMPLOYEES	25,000.00
0-1293-441-00-340-059-0-211	MEDICAID ADMIN-HEALTH INSURANCE	15,000.00
0-1293-441-00-340-059-0-220	MEDICAID ADMIN-FICA	3,000.00
0-1293-441-00-340-059-0-230	MEDICAID ADMIN-RETIREMENT	5,000.00
0-1293-441-00-340-059-0-250	MEDICAID ADMIN-UNEMLOYMENT	500.00
0-1293-441-00-340-059-0-260	MEDICAID ADMIN-WORKERS COMPENSATION	500.00
0-1293-441-00-340-059-0-336	MEDICAID ADMIN-COMPUTER SERVICES	10,000.00
0-1293-441-00-340-059-0-541	MEDICAID ADMIN-ADVERTISING NON-STATUTORY	10,000.00
0-1293-441-00-340-059-0-550	MEDICAID ADMIN-PRINTING & BINDING	5,000.00
0-1293-441-00-340-059-0-610	MEDICAID ADMIN-GENERAL SUPPLIES	97,273.95
0-1293-441-00-340-059-0-660	MEDICAID ADMIN-FURN & EQUIP CONTROLLED	10,000.00
0-1293-441-00-340-059-0-751	MEDICAID ADMIN-MACHINERY & EQUIPMENT	10,000.00
0-1293-331-12-340-059-0- 000	MEDICAID ADMIN REVENUES	191,273.95
	TOTAL BUDGET INCREASE (DECREASE)	**191,273.95**

REASON: Appropriation of MAC Funds from revenues received for Quarter JANUARY to MARCH 2020.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

____/____/____
DATE

ATTEST COUNTY CLERK