DATE: January 31, 2024

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services Department

ACCOUNT NUMBER: 4-1293-441-00-340-059-0-XXX

Contact Person: Carlos Oliva Ph#: (956) 383-6221 ext. 7241

2024
Appropriation
AI-94120
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
4-1293-441-00-340-059-0-339	MEDICAID ADMIN-OTHER PROF SRV	60,000.00
4-1293-441-00-340-059-0-532	MEDICAID ADMIN-WIRELESS DEVICES	15,000.00
4-1293-441-00-340-059-0-535	MEDICAID ADMIN-POSTAGE	15,000.00
4-1293-441-00-340-059-0-581	MEDICAID ADMIN-TRAVEL IN COUNTY	15,000.00
4-1293-441-00-340-059-0-610	MEDICAID ADMIN-GENERAL SUPPLIES	75,000.00
4-1293-441-00-340-059-0-660	MEDICAID ADMIN-FURN & EQUIP CNTRLD	32,681.25
4-1293-331-12-340-059-0- 000	MEDICAID ADMIN REVENUES	212,681.25
	TOTAL BUDGET INCREASE (DECREASE)	**212,681.25**

REASON: Appropriation of MEDICAID ADMIN REVENUES generated during the quarter of April to June 2023.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

/ /
DATE

ATTEST COUNTY CLERK