

DATE: April 30, 2024

DEPARTMENT HEAD: Dagoberto Soto

2024
Appropriation
AI-95140



DEPARTMENT NAME: Department of Budget & Management for Human Services -LPPF

ACCOUNT NUMBER: 4-1258-XXX-X0-240-00X-0-000

Contact Person: Carolina Herrera Ph#: (956) 292-7025 ext. 5405

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
4-1258-444-00-240-006-3-843	LPPF- Aid to Nongovt	115,220.19
4-1258-355-20-240-001-0-000	LPPF-SPEC ASSESS-COLUMBIA RIO GRANDE	16,005.95
4-1258-355-20-240-003-0-000	LPPF-SPEC ASSESS-DOCTORS HOSPITAL AT REN	48,801.14
4-1258-355-20-240-004-0-000	LPPF-SPEC ASSESS-KNAPP MEDICAL CENTER	5,926.64
4-1258-355-20-240-006-0-000	LPPF-SPEC ASSESS-EDINBURG REGIONAL MED	34,444.89
4-1258-355-20-240-007-0-000	LPPF-SPEC ASSESS-MISSION HOSPITAL	7,407.57
4-1258-355-20-240-008-0-000	LPPF-SPEC ASSESS-SOLERA HOSPITAL MCALLEN	1,988.33
4-1258-355-20-240-009-0-000	LPPF-SPEC ASSESS-WESLACO REHAB HOSPITAL	645.67
TOTAL BUDGET INCREASE (DECREAS		115,220.19

REASON:

Appropriation of funds in relation for approval to draw down funds for Additional GME SFY2019 Non-State Private Retroactive Payment in the amount to be determined by Health & Human Services Commission (HHSC) instructions from the Local Provider Participation Fund (LPPF) with a transfer date of 05/08/2024 and a settlement date of 05/09/2024.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____

DATE

ATTEST COUNTY CLERK