

DATE: April 15, 2025

DEPARTMENT HEAD: Dairen S. Rangel

DEPARTMENT NAME: Health & Human Services Department

ACCOUNT NUMBER: 5-1293-441-00-340-059-0-XXX

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

**2025**  
**Appropriation**  
**AI-99027**

**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
5-1293-441-00-340-059-0-113	MEDICAID ADMIN-REG F/T EMPLOYEES	60,000.00
5-1293-441-00-340-059-0-211	MEDICAID ADMIN-HEALTH INSURANCE	21,000.00
5-1293-441-00-340-059-0-212	MEDICAID ADMIN-LIFE INSURANCE	105.00
5-1293-441-00-340-059-0-220	MEDICAID ADMIN-FICA	4,500.00
5-1293-441-00-340-059-0-230	MEDICAID ADMIN-RETIREMENT	8,000.00
5-1293-441-00-340-059-0-250	MEDICAID ADMIN-UNEMPLOYMENT COMP	200.00
5-1293-441-00-340-059-0-339	MEDICAID ADMIN-OTHER PROF SERVICES	50,000.00
5-1293-441-00-340-059-0-581	MEDICAID ADMIN-TRAVEL IN-COUNTY	10,000.00
5-1293-441-00-340-059-0-583	MEDICAID ADMIN-TRAVEL OUT-OF-COUNTY	10,000.00
5-1293-441-00-340-059-0-605	MEDICAID ADMIN-CLOTHING & UNIFORMS	5,000.00
5-1293-441-00-340-059-0-630	MEDICAID ADMIN-FOOD	5,000.00
5-1293-441-00-340-059-0-660	MEDICAID ADMIN-FURN & EQUIP CONTROLLED	5,000.00
5-1293-441-00-340-059-0-751	MEDICAID ADMIN-MACHINERY & EQUIPMENT	5,000.00
5-1293-441-00-340-059-0-752	MEDICAID ADMIN-VEHICLES	80,029.56
5-1293-345-40-340-059-0-000	MAC PROGRAM INCOME	263,834.56
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>263,834.56</b>

**REASON:** Appropriation of MAC Program Income generated from January 1, 2023 through December 31, 2024. (2 years)

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

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DATE

ATTEST COUNTY CLERK