

DATE: October 28, 2025

DEPARTMENT HEAD: Dairen Sarmiento

DEPARTMENT NAME: Health & Human Services Department

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

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

**2025**  
**Appropriation**  
**AI-101119**

**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	50,000.00
5-1293-441-00-340-059-0-211	MEDICAID ADMIN-HEALTH INSURANCE	25,000.00
5-1293-441-00-340-059-0-212	MEDICAID ADMIN-LIFE INSURANCE	2,500.00
5-1293-441-00-340-059-0-220	MEDICAID ADMIN-FICA	5,000.00
5-1293-441-00-340-059-0-230	MEDICAID ADMIN-RETIREMENT	1,000.00
5-1293-441-00-340-059-0-340	MEDICAID ADMIN-TECHNICAL SRV	25,000.00
5-1293-441-00-340-059-0-430	MEDICAID ADMIN-REPAIR & MAINT SRV	25,000.00
5-1293-441-00-340-059-0-581	MEDICAID ADMIN-TRAVEL IN COUNTY	15,000.00
5-1293-441-00-340-059-0-630	MEDICAID ADMIN-FOOD	25,000.00
5-1293-441-00-340-059-0-660	MEDICAID ADMIN-FURN & EQUIP CNTRLD	24,644.35
5-1293-331-12-340-059-0-000	MEDICAID ADMIN REVENUES	198,144.35
<b>TOTAL BUDGET INCREASE (DE</b>		<b>198,144.35</b>

**REASON:** Appropriation of MEDICAID ADMIN REVENUES generated during the quarter of July to September 2024.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK