

DATE: December 16, 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-101785

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	10,000.00
5-1293-441-00-340-059-0-211	MEDICAID ADMIN-HEALTH INSURANCE	5,000.00
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	5,000.00
5-1293-441-00-340-059-0-320	MEDICAID ADMIN-PROFESSIONAL SRV	10,500.00
5-1293-441-00-340-059-0-350	MEDICAID ADMIN-OTHER SRV	10,960.70
5-1293-441-00-340-059-0-531	MEDICAID ADMIN-TELEPHONE	15,000.00
5-1293-441-00-340-059-0-810	MEDICAID ADMIN-DUES & MEMBERSHIPS	15,000.00
5-1293-441-00-340-059-0-811	MEDICAID ADMIN-LICENSES & PERMITS	15,000.00
5-1293-331-12-340-059-0-000	MEDICAID ADMIN REVENUES	93,960.70
TOTAL BUDGET INCREASE (DE		93,960.70

REASON: Appropriation of MEDICAID ADMIN REVENUES generated during the quarter of January to March 2025.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK