



# Gaston County

Gaston County  
Board of Commissioners  
www.gastongov.com

## DHHS - Social Services Division

### Board Action

File #: 22-038

Commissioner Brown - DHHS (ACCESS Division) - To Accept and Appropriate Additional Medicaid Transportation Funds Over the Amount Budgeted in FY22 (\$175,000)

#### STAFF CONTACT

Angela Karchmer - DHHS Social Services Director - 704-862-7930

#### BUDGET IMPACT

Appropriate Federal and State revenues. No additional County funds.

#### BUDGET ORDINANCE IMPACT

Increase the revenue accounts labeled Medicaid Transportation-Federal and State, which are revenues received for Medicaid Transportation services, within the ACCESS Transportation budget in the amount of \$175,000 and appropriate \$175,000 into the Transportation of Clients account.

#### BACKGROUND

The Community Transportation Program (ACCESS) has experienced an increase in demand for Stretcher services provided by GEMS in FY21-22. In order to cover the additional expenses, we are requesting to appropriate additional funds that are reimbursed at 100% from Federal and State revenues. Therefore, we would like to appropriate \$175,000 for additional transportation services. No additional County funds required.

#### POLICY IMPACT

N/A

#### ATTACHMENTS

Budget Change Request (BCR)

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	CBrown	AFrale	BHovis	KJohnson	TKelgher	JPhilbeck	RWarley	Vote
2022-045	02/22/2022	TP	RW	A	A	A	A	A	A	A	U

#### DISTRIBUTION:

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

## GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 4521 DHHS-Access  
           Dept. #                      Department Name

Angela Karchmer 1/25/2022  
           Department Director's Name                      Date

### TYPE OF REQUEST:

☐ Line Item Transfer Within Department & Fund

☐ Line Item Transfer Between Funds \*

☐ Project Transfer Within Department & Fund

☒ Additional Appropriation of Funds \*

☐ Line Item Transfer Between Departments\*

\* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION  (As it appears in the budget)	ACCOUNT NUMBER	AMOUNT
	Fund - Function - Dept - Division - Object - Project	Whole Dollars Only
	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	(See Note Below)
Medicaid Transportation-Federal	010-01-4521-0000-425005-	(\$117,000)
Medicaid Transportation-State	010-01-4521-0000-425060-	(\$58,000)
Transportation of Clients	010-01-4521-0000-560001-	\$175,000

### JUSTIFICATION FOR REQUEST:

The Community Transportation Program (ACCESS) has experienced an increase in demand for Stretcher services provided by GEMS in FY21-22. In order to cover the additional expenses, we are requesting to appropriate additional funds that are reimbursed at 100% from Federal and State revenues. Therefore, we would like to appropriate \$175,000 for additional transportation services. No additional County funds required.

Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.