



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Public Health Division

Board Action

File #: 17-023

Commissioner Brown - DHHS (Health Division) - To Transfer Medicaid Cost Settlement Project Code Funds Within the Public Health Budget (**No County Funds - \$350,000**)

STAFF CONTACT

Chris Dobbins - Director - Department of Health and Human Services - 704-853-5262

BUDGET IMPACT

Transfer funds in 11-5100-5111 from Project Code # 17063-0001 to # 17242-0001.

BUDGET ORDINANCE IMPACT

N/A

BACKGROUND

Gaston County Public Health appropriated \$350,000 in Medicaid Cost Settlement Funds in the FY 2017 budget. These funds were to be used for renovations at the Highland Health Center. These renovations are no longer required, therefore, the funds earmarked for the renovations are needed for other clinical expenses. The funds will be used for Electronic Health Record system expenses and clinic equipment and supplies. Medicaid Cost Settlement funds are required in the NC State Consolidated Agreement and Medicaid guidelines to be utilized in the area in which they were earned. These are non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

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	Brown	Fraleigh	Grant	Hovis	Kelgher	Phillbeck	Worley	Vote
2017-037	02/14/2017	DG	BH	A	A	A	A	AB	A	A	U

DISTRIBUTION:

Laserfiche Users

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

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM: 5100 DHHS - Public Health
 Dept. # Department Name

 Department Director's Signature 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

Resolution # _____ Date _____

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER	PROJECT	AMOUNT
	Fund - Dept - Subdept - Div - Acct - Subacct	SUBPROJECT	Whole Dollars Only
	xx - xxxx - xxxx - xxxx - xxx - xxx	xxxxx - xxxx	(See Note Below)
Special Programs	11-5100-5111-298-000	17063-0001	(\$350,000)
Special Programs	11-5100-5111-298-000	17242-0001	\$350,000

JUSTIFICATION FOR REQUEST:

Gaston County Public Health appropriated \$350,000 in Medicaid Cost Settlement Funds in the FY 2017 budget. These funds were to be used for renovations at the Highland Health Center. These renovations are no longer required, therefore, the funds earmarked for the renovations are needed for other clinical expenses. The funds will be used for Electronic Health Record system expenses and clinic equipment and supplies. Medicaid Cost Settlement funds are required in the NC State Consolidated Agreement and Medicaid guidelines to be utilized in the area in which they were earned. These are non-County funds.

APPROVAL SIGNATURES:

 County Manager/Interim Assistant County Manager Date

 Financial Operations Manager/Asst. Financial Operations Mgr. Date

 Interim Budget Administrator Date

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.