

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 5111 DHHS - Public Health

Dept. # Department Name

Steve Eaton 11/09/21

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)
MCS Separate Directed Payments	011-05-5111-0000-410019-22219	(\$1,386,028)
MCS Separate Directed Payments	011-05-5111-0000-560000-22219	\$1,386,028

JUSTIFICATION FOR REQUEST:

Per the NC State Medicaid Plan, local health departments are required to file annual Medicaid cost reports. Based on these cost reports, NC Medicaid issues the Health Departments' providers an annual cost settlement for the Medicaid federal portion for providers' covered services. Under the new NC Medicaid Managed Plan, cost settlements for providers' services are not allowed. Therefore, the Managed Prepaid Health Plans will make quarterly Separate Directed Payments to the Health Departments and includes the federal and state (non-federal) share of Medicaid funds. The quarterly state share of the payments must be sent by the Health Department to the NC Division of Health Benefits (DHB) prior to receiving the Separate Directed Payments from the Prepaid Health Plans. Once the Health Department payment is received by the DHB, the Separate Directed Payment will be sent to the Health Department.

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.