



# Gaston County

Gaston County  
Board of Commissioners  
www.gastongov.com

## DHHS - Social Services Division

### Board Action

File #: 17-123

Commissioner Brown - DHHS (Social Services Division) - To Accept and Appropriate Additional Federal and State Revenues in the Amount of \$85,000 for Medicaid Transportation

#### STAFF CONTACT

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

#### BUDGET IMPACT

Appropriate Federal and State revenues. No additional County funds. (Federal 67%, State 33%, County 0%)

#### BUDGET ORDINANCE IMPACT

Increase Federal and State revenues by \$85,000 and appropriate \$85,000 into the Medicaid Transportation account.

#### BACKGROUND

The Medicaid Transportation program has experienced an increase in demand for services. Last fiscal year, the average monthly cost was approximately \$70,000. This fiscal year, FY16-17, the average monthly cost has increased to \$85,000. The account was not budgeted to cover the increased demand. The expenses are reimbursed by Federal and State revenues at 100%. Therefore, we are requesting to appropriate the additional revenues into the appropriate revenue and expense accounts in order to cover the cost for the remainder of this fiscal year.

#### 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	Fraley	Grant	Hovis	Kelgher	Hallbeck	Worley	Vote
2017-111	04/25/2017	RW	DG	A	A	A	A	A	A	A	U

#### DISTRIBUTION:

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

## GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM: 5400 DHHS- Social Services  
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 - xxxxx	(See Note Below)
Medicaid Transportation-Fed	20-5400-5451-220-508		(57,000)
Medicaid Transportation-State	20-5400-5451-320-508		(28,000)
Medicaid Transportation	20-5400-5451-315-010		85,000

### JUSTIFICATION FOR REQUEST:

The Medicaid Transportation Program has experienced an increase in demand for services in FY16-17. The average monthly cost in FY15-16 was \$70,000. The average monthly cost in FY16-17 has been \$85,000. Due to this increase, we are asking to appropriate additional revenues to cover the additional expenses. We are requesting to appropriate \$85,000 of the Federal and State revenues received over and above the amount that was budgeted, in order to cover the cost for the remainder of this fiscal year. (Federal 67%, State 33%, County 0%)

### 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.