



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Public Health Division Board Action

File #: 16-233

Commissioner Price - To Appropriate Funds Received from Medicaid Cost Settlement for the Public Health Facility Clinical Renovation (*100% Medicaid Funds - \$130,000*)

STAFF CONTACT

Chris Dobbins - Director - DHHS - Public Health Division - 704-853-5262

BUDGET IMPACT

Appropriate 100% Medicaid Cost Settlement Fee Revenue.

BUDGET ORDINANCE IMPACT

Appropriate \$ 130,000 into Special Programs Account from Medicaid Cost Settlement fund balance

BACKGROUND

The Gaston County Department of Health and Human Services - Public Health Division received funds for the Medicaid Cost Settlement audit. These funds are required in the NC State Consolidated Agreement and Medicaid guidelines to be utilized in the area in which they were earned. These funds are needed for the Hudson facility clinical and patient area renovation project. The renovation project includes ceiling grid and tile replacement, drywall repair and painting, and carpet and tile replacement for the clinical corridors, patient areas, and entrance lobby. The clinical area earmarked for the renovation is in need of repair and replacement of worn items. Public Works recommends awarding the contract to Custom Building Systems of Gastonia in the amount of \$ 127,005 for the corridor renovations. Two other bids were received from Eagle Wood, Inc. in the amount of \$ 132,758.55 and Pinnix General Contractors in the amount of \$ 147,650. The remaining funds, \$ 2,995 of the total requested appropriation, \$130,000, will be spent on any minor renovation expenses incurred during this project. These are non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

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	Carpenter	Fraley	Kelgher	Philbeck	Price	Williams	Vote
2016-138	05/24/2016	MP	JC	A	A	A	A	AB	A	A	U

DISTRIBUTION:

Laserfiche Users

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:

<input type="checkbox"/> Line Item Transfer Within Department & Fund	<input type="checkbox"/> Line Item Transfer Between Funds *
<input type="checkbox"/> Project Transfer Within Department & Fund	<input checked="" type="checkbox"/> Additional Appropriation of Funds *
<input type="checkbox"/> Line Item Transfer Between Departments*	* Requires resolution by the Board of Commissioners
<input type="text"/> Resolution # <input type="text"/> Date	

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER Fund - Dept - Subdept - Div - Acct - Subacct XX - XXXX - XXXX - XXXX - XXX - XXX	PROJECT SUBPROJECT XXXXX - XXXX	AMOUNT Whole Dollars Only (See Note Below)
Medicaid Max Reserve	11-2900-23		(\$130,000)
Special Programs	11-5100-5111-298-000	16279-0001	\$130,000

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received funds for the Medicaid Cost Settlement audit. These funds are required in the NC State Consolidated Agreement and Medicaid guidelines to be utilized in the area in which they were earned. These funds are needed for the Hudson facility clinical and patient area renovation project. These are non-County funds.

APPROVAL SIGNATURES:

County Manager/Assistant County Manager Date

Interim Financial Services Director Date

Assistant Finance Director 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.