

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 5110 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)
CC4C/OBCM Payments	011-05-5110-0000-410019-22COM	(\$500,000)
CC4C/OBCM Payments	011-05-5110-0000-560000-22COM	\$500,000

JUSTIFICATION FOR REQUEST:

The NC Division of Public Health requires Health Departments to assure the service delivery for the programs of Care Management for At High-Risk Children (CMARC) and Care Management for High-Risk Pregnancies (CMHRP). The Gaston County Public Health Department contracts provision of these services with Kintegra Health. The per member per month (PMPM) NC Medicaid Managed Care Prepaid Health Plan (PHP) payments for participation in the CMARC and CMHRP programs are sent to the Health Department per the PHP guidelines. The Health Department will receive additional PMPM payments, and these funds will be forwarded to Kintegra Health per the contract terms for provision of these services. These are non-County funds.

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.