	GA	STON CO	DUNTY BUDGI	ET CHA	NGE REQUEST	
TO:	Earl Mathers		COUNTY MANAGER			
FROM:	5111 DHHS - Public Health					
	Dept. # Department Nam		partment Name			
	Department Director's Name		Date			
TYPE OF REQUI	EST:					
Line Item	artment & Fund	d	Line Item Transfer Between Funds *			
Project Transfer Within Department & Fund X Additional Appropriation of Funds *						
Line Item	Transfer Between De	epartments*			* Requires resolution by the E	Board of Commissioners
		·	AC	COUNT N	IUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only	
(As it appears in the budget)			xxx - xx - xxxx - xxxx - xxxxx - xxxxxx		(See Note Below)	
Fund Balance A MCS - #3 Appro			011-99-9900-000 011-05-5111-000			(\$593,635) \$593,635

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received funds for the FY2013 Medicaid Cost Settlement audit as an interim payment in the amount of \$ 2,800,759. The NC Division of Medical Assistance (DMA) recently completed the final FY2013 desk review audit and due to changes and revisions made by DMA with the formulas and Medicaid charges, Gaston County Public Health was notified that \$ 593,635 was owed back to the Medicaid Program. As a result of the DMA changes made to prior year Medicaid Cost Settlement audits, the NC legislature awarded funds to the health departments in payback situations to offset the loss of the Medicaid Cost Settlement funds. These funds will be used as payment to DMA for the amount owed for FY13. 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.