

Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Public Health Division Board Action

File #: 18-403

Commissioner Chad Brown - DHHS (Health Division) - To Appropriate Funds from Medicaid Cost Settlement for the Public Health Facility Renovations and Equipment and Supply Purchases (\$1,200,000)

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 \$1,200,000 into Medicaid Cost Settlement Special Programs Account from Medicaid Cost Settlement fund balance.

BACKGROUND

The Gaston County Department of Health and Human Services - Public Health Division received funds from 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 Public Health facility renovations at Hudson Main and Highland Health Center. The renovation project includes Hudson Main facility drywall repair and painting, carpet and tile replacements, ceiling grid and tile replacement, and equipment and furniture replacement. Hudson Main corridors, office areas, and patient and client areas are in need of repair and replacement of worn items. These funds will be used to up-fit the remaining lower level section of the Highland Health Center that was not completed during the original construction. This area will be used for patient and client referral use. Hudson Main is also in need of a building emergency generator to provide power conditioning and surge protection for the entire building. Vaccines and medications are stored in refrigeration units and storage rooms and the medications and drugs must be kept at appropriate temperatures. Loss of these drugs during power outages can cost a great deal of money to replace due to power loss and the small generators cannot provide adequate power supply. The projects will be bid out according to each project need. These are non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

Judget One									The second second second
	DO NOT TYPE BELOW THIS LINE								
	. Buff, Clerk t he Board of C					nereby certi	ify that the	above is a	true and correct dipy of action
NO.	DATE	M1	M 2	CBrown	JBrown	AFraiey	BHovis	TKeighei	TPhilippix RWorley Vote
2018-266	11/13/2018	RW	AF	A	A	A	A	A	A U
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GASTON COUNTY BUDGET CHANGE REQUEST											
TO:	Earl Mathers		COUNTY	'MANAGER							
FROM:	5111	DHHS - Public He	ealth								
	Dept. #	Department Nan	ne								
	Department Director's	Name	Date								
TYPE OF REQUE	EST:										
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *											
Project Transfer Within Department & Fund X Additional Appropriation of Funds *											
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners * Requires resolution by the Board of Commissioners											
			ACCOUNT N	IUMBER	AMOUNT						
ACCO	UNT DESCRIPTION	Fund	- Function - Dept - Div	ision - Object - Project	Whole Dollars Only						
(As it ar	opears in the budget)	xxx -	· xx - xxxx - xxxx	- xxxxx - xxxxxx	(See Note Below)						
Fund Balance A	ppropriated	011-99-9900)-0000-490000)-	(\$1,200,000)						
MCS # 5 Approp	priated	011-05-5111	-0000-560000)-19008	\$1,200,000						
JUSTIFICATION	FOR REQUEST:				L						

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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.