

FORSYTH COUNTY

BOARD OF COMMISSIONERS

MEETING DATE: FEBRUARY 9, 2015

AGENDA ITEM NUMBER: 4

SUBJECT: AMENDMENT TO THE FISCAL YEAR 2014-2015 BUDGET ORDINANCE TO APPROPRIATE ADDITIONAL MEDICAID TRANSPORTATION FUNDING (FORSYTH COUNTY DEPARTMENT OF SOCIAL SERVICES)

COUNTY MANAGER'S RECOMMENDATION OR COMMENTS: Recommend Approval

SUMMARY OF INFORMATION:

Forsyth County requires more Medicaid Transportation Services for the current fiscal year than anticipated at the time of the original budget. While most of the additional expense is due to an increased need by Medicaid recipients in Forsyth County, other contributing factors are the need to contract for ambulance services and the State requirement to contract with Adult Care Home facilities for Medicaid Transportation Services. The need by Forsyth County Department of Social Services (DSS) for Medicaid transportation has increased since the time of the original contracts. State Medicaid Transportation policy requires counties to contract with ambulance services providers when there is a need for non-life support or medically necessary ambulance transport. FCDSS has experienced such a need during this fiscal year requiring an Ambulance Transportation contract for dialysis transport of one individual. State Medicaid Transportation policy also requires counties to contract with Adult Care Home facilities for Medicaid Transportation Services when the facility possesses the appropriate mode of transportation for their residents and makes a request of the County DSS for these services. FCDSS has had two such requests from Adult Care Home facilities during this fiscal year.

These funds are 100% federally reimbursed.

The purpose of this agenda item is to appropriate the additional Medicaid Transportation funds to match the increased spending level for Forsyth County DSS Medicaid recipients to meet State and Federal guidelines.

ATTACHMENTS: YES NO

SIGNATURE: *J. Dudley Watts, Jr.*
COUNTY MANAGER

DATE: February 5, 2015

**FORSYTH COUNTY, NORTH CAROLINA
AMENDMENT TO
FISCAL YEAR 2014-2015 BUDGET ORDINANCE**

FROM: BUDGET & MANAGEMENT

MEETING DATE: February 9, 2015

EXPLANATION:

Forsyth County requires more Medicaid Transportation Services for the current fiscal year than anticipated at the time of the original budget. While most of the additional expense is due to an increased need by Medicaid recipients in Forsyth County, other contributing factors are the need to contract for ambulance services and the State requirement to contract with Adult Care Home facilities for Medicaid Transportation Services. The need by Forsyth County Department of Social Services (DSS) for Medicaid transportation has increased since the time of the original contracts. State Medicaid Transportation policy requires counties to contract with ambulance services providers when there is a need for non-life support or medically necessary ambulance transport. FCDSS has experienced such a need during this fiscal year requiring an Ambulance Transportation contract for dialysis transport of one individual. State Medicaid Transportation policy also requires counties to contract with Adult Care Home facilities for Medicaid Transportation Services when the facility possesses the appropriate mode of transportation for their residents and makes a request of the County DSS for these services. FCDSS has had two such requests from Adult Care Home facilities during this fiscal year.

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The purpose of this agenda item is to appropriate the additional Medicaid Transportation funds to match the increased spending level for Forsyth County DSS Medicaid recipients to meet State and Federal guidelines.

**BE IT ORDAINED BY THE FORSYTH COUNTY BOARD OF COMMISSIONERS THAT
THE FY 2014-2015 BUDGET ORDINANCE IS HEREBY AMENDED AS FOLLOWS:**

INCREASE:	SECTION 1. REVENUES GENERAL FUND INTERGOVERNMENTAL	\$400,000
INCREASE:	SECTION 2. APPROPRIATIONS GENERAL FUND—SOCIAL SERVICES	\$400,000

NATURE OF TRANSACTION:
 Additional Revenue Available
 Transfer within Accounts of
Same fund
 Other:

APPROVED BY BOARD OF COUNTY
COMMISSIONERS AND ENTERED ON
MINUTES DATED _____
AGENDA ITEM NUMBER _____
