

School District of Okaloosa County
SUMMARY LEVEL PROJECT BUDGETS
FISCAL YEAR 2004-2005

PROJECT NAME: Medicaid Reimbursement

PROJECT NUMBER: 1084

PROJECT DESCRIPTION:

This project accounts for Medicaid Reimbursement dollars received through the Medicaid Certified School Match Program (MCSMP). The District is currently participating in the Medicaid Administrative Claiming (MAC) and the Direct Services component of the Medicaid Certified School Match Program (MCSMP). Revenue in excess of the cost of personnel and billing services is appropriated to the project reserve for future use as determined by the School Board.

FUND SOURCE: Medicaid Reimbursement

APPROPRIATIONS AND STAFFING:

APPROPRIATIONS				
Object Group Number	Object Group Name	Original 2004 Appropriation	2003 2004-2005 Appropriation	\$ Increase (Decrease)
100 / 200	Salaries & Benefits			
	Administrative/Managerial	\$ -	\$ -	\$ -
	Instructional	10,000	-	(10,000)
	Non-Instructional	42,140	44,512	2,372
	Subtotal - Salaries & Benefits	52,140	44,512	(7,628)
300	Purchased Service	4,750	107,900	103,150
400	Energy Services	-	-	-
500	Materials & Supplies	1,000	1,000	-
600	Capital Outlay	-	500	500
700	Other Expenses	-	-	-
900	Transfers/Reserves	92,110	-	(92,110)
	Total Combined Appropriation	\$ 150,000	\$ 153,912	\$ 3,912

STAFFING			
	2003-2004 Recommendation	2004-2005 Recommendation	# Increase (Decrease)
Administrative/Managerial	-	-	-
Instructional	0.13	-	(0.13)
Non-Instructional	1.00	1.00	-
Total Staff	1.13	1.00	(0.13)

OTHER INFORMATION:

The Finance Department has the oversight responsibility for the project.

OKALOOSA COUNTY SCHOOL DISTRICT
BUDGET ADJUSTMENT SHEET
2004-2005

COST CENTER NAME: FINANCE

CENTER NUMBER: 9205

PROJECT NAME: MEDICAID REIMBURSEMENT

PROJECT NUMBER: 1084

OBJ NO.	OBJECT NAME/ DESCRIPTION	FUNC NO.	FUNCTION NAME	AMOUNT REQ.	AMOUNT ADJ.	PROPOSED FINAL BUDGET AMOUNT
0310	PROFESSIONAL & TECHNICAL SERVICE Maximus Contract	5200	EXCEPTIONAL CHILD	<u>\$ 35,000</u>	<u>\$ -</u>	<u>\$ 35,000</u>
0330	IN COUNTY TRAVEL Travel between schools to deliver Medicaid information	7500	FISCAL SERVICES (FINANCE DEPT)	<u>300</u>	<u>-</u>	<u>300</u>
0331	OUT OF COUNTY TRAVEL Accountant to attend State Medicaid conferences and meetings	7500	FISCAL SERVICES (FINANCE DEPT)	<u>1,500</u>	<u>-</u>	<u>1,500</u>
0370	POSTAGE AND TELEGRAM Postage to mail Medicaid reports to State	7500	FISCAL SERVICES (FINANCE DEPT)	<u>250</u>	<u>-</u>	<u>250</u>
0390	OTHER PURCHASED SVC-PRINT/COPY Monthly per copy charges for copier (\$570) and printing materials necessary to send with Medicaid mail outs (\$280)	7500	FISCAL SERVICES (FINANCE DEPT)	<u>850</u>	<u>-</u>	<u>850</u>
0510	SUPPLIES Purchase mailing envelopes and consumable supplies to mail Medicaid packets to district staff members	7500	FISCAL SERVICES (FINANCE DEPT)	<u>1,000</u>	<u>-</u>	<u>1,000</u>
0642	EQUIPMENT (UNDER \$750)	7500	FISCAL SERVICES (FINANCE DEPT)	<u>500</u>	<u>-</u>	<u>500</u>
	GRAND TOTAL			<u><u>\$ 39,400</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 39,400</u></u>

OKALOOSA COUNTY SCHOOL DISTRICT
 BUDGET ADJUSTMENT SHEET
 2004-2005

COST CENTER NAME: STUDENT INTERVENTION SERVICES - ESE

CENTER NUMBER: 9016

PROJECT NAME: MEDICAID REIMBURSEMENT

PROJECT NUMBER: 1084

OBJ NO.	OBJECT NAME/ DESCRIPTION	FUNC NO.	FUNCTION NAME	AMOUNT REQ.	AMOUNT ADJ.	PROPOSED FINAL BUDGET AMOUNT
0310	PROFESSIONAL & TECHNICAL SERVICE Rehabworks Contract	5200	EXCEPTIONAL CHILD	<u>\$ 70,000</u>	<u>\$ -</u>	<u>\$ 70,000</u>
	GRAND TOTAL			<u><u>\$ 70,000</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 70,000</u></u>

**OKALOOSA COUNTY SCHOOL DISTRICT
Department Staffing Summary
Fiscal Year 2004-2005**

MIS 3390

Department Name:	<u>Finance</u>
Cost Center No.:	<u>9205</u>
Project Name:	<u>Medicaid Reimbursement</u>
Fund Number :	<u>1010</u>
Project Number:	<u>1084</u>
Type Funding:	<u>Non-Restricted/Non-Categorical</u>

Section A

Current Positions:					
Job Title		# of Positions		Average Cost	Total Cost
(A) Total Current Staffing		-			-

Section B

Approved Additions, Deletions and/or Changes Since Last Fiscal Year					
Job Title	Type*	# of Positions		Average Cost	Total Cost
Medicaid Accountant	T	1.00	a		44,512
(B) Total Additions, Deletions and/or Changes		1.00			44,512

Section C

Project Total (Section A & B)	1.00				44,512
--	------	--	--	--	--------

(a) Effective January 1, 2004, one (1) Accountant position relocated from Student Intervention Services - ESE to the Finance Department.

***Note:**
A=Add, C=Change, D=Delete, T=Transferred, E=Error Correction