

School District of Okaloosa County
SUMMARY LEVEL PROJECT BUDGETS
FISCAL YEAR 2005-2006

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 2004-2005 Appropriation	2005-2006 Appropriation	\$ Increase (Decrease)
100 / 200	Salaries & Benefits			
	Administrative/Managerial	\$ -	\$ -	\$ -
	Instructional	-	9,815	9,815
	Non-Instructional	44,512	46,488	1,976
	Subtotal - Salaries & Benefits	44,512	56,303	11,791
300	Purchased Service	107,900	100,085	(7,815)
400	Energy Services	-	-	-
500	Materials & Supplies	1,000	1,000	-
600	Capital Outlay	500	500	-
700	Other Expenses	-	-	-
900	Transfers/Reserves	-	-	-
	Total Combined Appropriation	\$ 153,912	\$ 157,888	\$ 3,976

STAFFING			
	2004-2005 Recommendation	2005-2006 Recommendation	# Increase (Decrease)
Administrative/Managerial	-	-	-
Instructional	-	0.22	0.22
Non-Instructional	1.00	1.00	-
Total Staff	1.00	1.22	0.22

OTHER INFORMATION:

The Finance Department has the oversight responsibility for the project.

SCHOOL DISTRICT OF OKALOOSA COUNTY
 BUDGET ADJUSTMENT SHEET
 FISCAL YEAR 2005-2006

MIS 3176

COST CENTER NAME: FINANCE

CENTER NUMBER: 9205

PROJECT NAME: MEDICAID REIMBURSEMENT

PROJECT NUMBER: 1084

OBJ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMOUNT REQUESTED	ADJUSTMENT	PROPOSED FINAL BUDGET
0310	PROFESSIONAL & TECHNICAL SERVICE Maximus Contract	5200	EXCEPTIONAL CHILD	\$ 35,000		\$ 35,000
0330	IN COUNTY TRAVEL Travel between schools to deliver Medicaid information	7500	FISCAL SERVICES (FINANCE DEPT)	300		300
0331	OUT OF COUNTY TRAVEL Accountant to attend Medicaid conferences and meetings	7500	FISCAL SERVICES (FINANCE DEPT)	1,500		1,500
0370	POSTAGE/SHIPPING/TELEGRAM Postage to mail out Medicaid reports to State	7500	FISCAL SERVICES (FINANCE DEPT)	250		250
0390	OTHER PURCHASED SVC-PRINT/COPY Copy charges for copies (\$570) and printing of materials necessary to send with Medicaid mail outs (\$280)	7500	FISCAL SERVICES (FINANCE DEPT)	850		850
0510	SUPPLIES Purchase mailing envelopes and consumable supplies to mail Medicaid packets to district staff members	7500	FISCAL SERVICES (FINANCE DEPT)	1,000		1,000
0642	EQUIPMENT (UNDER \$1,000) Various equipment	7500	FISCAL SERVICES (FINANCE DEPT)	500		500
GRAND TOTAL				\$ 39,400	\$ -	\$ 39,400

SCHOOL DISTRICT OF OKALOOSA COUNTY
 BUDGET ADJUSTMENT SHEET
 FISCAL YEAR 2005-2006

MIS 3176

COST CENTER NAME: STUDENT INTERVENTION SERVICES - ESE

CENTER NUMBER: 9016

PROJECT NAME: MEDICAID REIMBURSEMENT

PROJECT NUMBER: 1084

OBJ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMOUNT REQUESTED	ADJUSTMENT	PROPOSED FINAL BUDGET
0310	PROFESSIONAL & TECHNICAL SERVICE Speech Therapy services for county schools	5200	EXCEPTIONAL CHILD	\$ 62,185		\$ 62,185
GRAND TOTAL				\$ 62,185	\$ -	\$ 62,185

**OKALOOSA COUNTY SCHOOL DISTRICT
Department Staffing Summary
Fiscal Year 2005-2006**

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
Medicaid Accountant		1.00			46,488
(A) Total Current Staffing		1.00			46,488

Section B

Approved Additions, Deletions and/or Changes Since Last Fiscal Year					
Job Title	Type*	# of Positions		Average Cost	Total Cost
(B) Total Additions, Deletions and/or Changes		-			-

Section C

Project Total (Section A & B)		1.00			46,488
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***Note:**
A=Add, C=Change, D=Delete, T=Transferred, E=Error Correction

**OKALOOSA COUNTY SCHOOL DISTRICT
Department Staffing Summary
Fiscal Year 2005-2006**

MIS 3390

Department Name:	<u>Student Intervention Svcs. - ESE</u>
Cost Center No.:	<u>9016</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
Speech Pathologist	A	0.22	a		9,815
(B) Total Additions, Deletions and/or Changes		0.22			9,815

Section C

Project Total (Section A & B)	0.22			\$	9,815
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(a) Twenty-two (.22) of two Speech Pathologist will be paid from Medicaid effective September 30, 2004.

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