School District of Okaloosa County SUMMARY LEVEL PROJECT BUDGETS FISCAL YEAR 2012-2013

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 2011-2012 Appropriation	2012-2013 Appropriation	\$ Increase (Decrease)				
100 / 200 Salaries & Benefits Administrative/Managerial Educational Support Instructional Professional / Technical Subtotal - Salaries & Benefits		\$	·	\$ - 450 - - - 450				
300	Purchased Service	381,642	384,089	2,447				
400	Energy Services			-				
500	Materials & Supplies	750	750	-				
600	Capital Outlay	250	250	-				
700	Other Expenses			-				
900	Transfers/Reserves		<u> </u>					
	Total Combined Appropriation	\$ 446,245	\$ 449,142	\$ 2,897				

STAFFING								
	2011-2012 Recommendation	2012-2013 Recommendation	# Increase (Decrease)					
Administrative/Managerial	-	-	-					
Educational Support	1.00	1.00	-					
Instructional	-	-	-					
Professional / Technical	<u> </u>							
Total Staff	1.00	1.00						

OTHER INFORMATION:

The Finance - Accounting and Financial Reporting Department has the oversight responsibility for the project.

Note:

Carryover funds will be used to fund \$139,839 of the Health Care Service Plan.

SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2012-2013

COST	CENTER NAME: Accounting & Financial Reporting		-	920:				
PROJE	CT NAME: Medicaid Reimbursement		-	PROJECT NU	JMBER:			108
OBJ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMOU REQUES		ADJUSTMENT	PROP FIN BUD	JAL
0310	PROFESSIONAL & TECHNICAL SERVICE Hillsborough contract for billing Medicaid and Seminole contract for random sampling for admin claim	5200	EXCEPTIONAL CHILD	\$	7,100		\$	7,100
0331	OUT OF COUNTY TRAVEL Medicaid conferences and meetings	7500	FISCAL SERVICES (FINANCE DEPT)		600			600
0370	POSTAGE/SHIPPING/TELEGRAM For mailing Medicaid billing documentation	7500	FISCAL SERVICES (FINANCE DEPT)		200			200
0373	TELEPHONE LONG DISTANCE Long distance dealing with Hillsborough/Seminole Counties on Medicaid billing issues and audit related calls	7900	OPERATION OF PLANT		150			150
0510	SUPPLIES Charges for paper, printer laser cartridge, and other general supplies	7500	FISCAL SERVICES (FINANCE DEPT)		750			750
0642	EQUIPMENT (UNDER \$1,000) Replace one monitor and a shredder	7500	FISCAL SERVICES (FINANCE DEPT)		250			250
	Sub-Total (Page 1 Only)	ļ	1	\$	9,050	\$ -	\$	9,050
	GRAND TOTAL			¢	9,050	¢	\$	9,050

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SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2012-2013

COST	CENTER NAME: Fixed Charges		_	CENT	TER NUMBER:			9015
PROJ	ECT NAME: Medicaid Reimbursement			PROJ	ECT NUMBER:			1084
OBJ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	R	AMOUNT REQUESTED	ADJUSTMENT		PROPOSED FINAL BUDGET
0310	PROFESSIONAL & TECHNICAL SERVICE	6130	HEALTH SERVICES	\$	376,039		\$	376,039
							-	
	Sub-Total (Page 1 Only)			\$	376,039	\$ -	\$	376,039
	GRAND TOTAL			\$	376,039	\$ -	\$	376,039

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SCHOOL DISTRICT OF OKALOOSA COUNTY Department Staffing Summary Fiscal Year 2012-2013

Department Name:
Cost Center No.:
Project Name:
Fund Number :
Project Number:
Type Funding:

Accounting and Financial	Reporting
9205	
Medicaid Reimbursement	
1010	
1084	
Medicaid Reimbursement	

Section /	4
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Positions Approved for Fiscal Year 2011-2012:								
Job Title	# of Positions	Average Cost	Тс	Total Cost				
Accountant - 12 Month	1.00		\$	64,053				
			_					
(A) Total Positions Approved For FY 2011-2012	1.00		\$	64,053				

Section B-1

Approved Additions, Deletions and/or Changes - Fiscal Year 2011-2012								
Job Title	Type*	# of Positions		Average Cost	Total Cost			
(B-1) Total Approved Additions, Deletions, Chang	es	-			\$ -			

Section B-2

Requested Additions, Deletions and/or Changes - Fiscal Year 2012-2013								
Job Title	Type*	# of Positions		Average Cost	Total Cost			
(B) Total Requested Additions, Deletions, Change	es	-			\$ -			

Section C

Positions Submitted for Approval for Fiscal Year 2012-2013								
Job Title	# of Positions	Average Cost	Tot	Total Cost				
Accountant - 12 Month	1.00		\$	64,053				
(C) Total Positions Submitted for Approval FY 2012-2013	1.00		\$	64,053				

<u>*Note:</u> A=Add, C=Change, D=Delete, T=Transferred, E=Error Correction, R=Retirement