# School District of Okaloosa County SUMMARY LEVEL PROJECT BUDGETS FISCAL YEAR 2015-2016

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 2014-2015 Appropriation		2015-2016 Appropriation		\$ Increase (Decrease)		
100 / 200	100 / 200 Salaries & Benefits Administrative/Managerial Educational Support Instructional Professional / Technical Subtotal - Salaries & Benefits		74,763 74,763	\$	78,989 78,989	\$	- - 4,226 4,226	
300	Purchased Service		424,437		420,961		(3,476)	
400	Energy Services		-		-		-	
500	Materials & Supplies		500		50		(450)	
600	Capital Outlay		300		-		(300)	
700	Other Expenses		-		-		-	
900	Transfers/Reserves		-		-		-	
	Total Combined Appropriation	\$	500,000	\$	500,000	\$	-	

STAFFING								
	2014-2015 Recommendation	2015-2016 Recommendation	# Increase (Decrease)					
Administrative/Managerial	-	-	-					
Educational Support	-	-	-					
Instructional	-	-	-					
Professional / Technical	1.00	1.00						
Total	Staff 1.00	1.00						

### **OTHER INFORMATION:**

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

Note:

Carryover funds will be used to fund \$240,968 of the Health Care Service Plan.

## SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2015-2016

COST	CENTER NAME: Accounting & Financial Reporting			CENTER NUMBER:		920:
PROJE	CT NAME: Medicaid Reimbursement			1084		
OBJ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMOUNT REQUESTED	ADJUSTMENT	PROPOSED FINAL BUDGET
	PROFESSIONAL & TECHNICAL SERVICE Hillsborough contract for billing Medicaid based on volume of direct billing submissions with an estimated \$2,000 and Seminole contract for random sampling of \$672.93 per quarter or \$2,691.68 per year	5200	EXCEPTIONAL CHILD	\$ 5,000		\$ 5,000
	OUT OF COUNTY TRAVEL Medicaid conferences and meetings	7500	FISCAL SERVICES (FINANCE DEPT)	1,000		1,000
	POSTAGE/SHIPPING/TELEGRAM For mailing Medicaid billing documentation	7500	FISCAL SERVICES (FINANCE DEPT)	150		150
0510	SUPPLIES Charges for paper, printer laser cartridge, and other general supplies	7500	FISCAL SERVICES (FINANCE DEPT)	50		50
	Sub-Total (Page 1 Only)		1	\$ 6,200	\$ -	\$ 6,200
	GRAND TOTAL			\$ 6,200	\$ -	\$ 6,200

## SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2015-2016

COST CENTER NAME: Fixed Charges		CENTER NUMBER:					901			
PROJ	ECT NAME:	Medicaid Reimbursement		-	PROJECT	NUMBER:				1084
OBJ		OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME		OUNT JESTED	ADJ	USTMENT		ROPOSED FINAL BUDGET
0310	District's portion of	& TECHNICAL SERVICE schools' Health Services Contract nt to be paid from carryover funds.)	6130	HEALTH SERVICES	\$	655,779	\$	(240,968)	\$	414,811
	Sub-Total (Page 1	Only)			\$	655,779	\$	(240,968)	\$	414,811
	GRAND TOTAL				\$	655,779	\$	(240,968)	\$	414,811

#### SCHOOL DISTRICT OF OKALOOSA COUNTY Department Staffing Summary Fiscal Year 2015-2016

## Accounting & Financial Reporting

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

9205	
Medicaid Reimbursement	
1010	
1084	
Medicaid Reimbursement	

### Section A

Positions Approved for Fiscal Year 2014-2015							
Job Title	# of Positions	Average Cost	Total Cost				
Financial Analyst - 12 Month	1.00		\$ 78,98				
(A) Total Positions Approved For FY 2014-2015	1.00		\$ 78,98				

#### Section B-1

Approved Additions, Deletions and/or Changes - Fiscal Year 2014-2015										
Job Title	Job Title Type* # of Positions Average Cost Total Cost									
otal Approved Additions, Deletio	ns Changes			\$						

#### Section B-2

Requested Additions, Deletions and/or Changes - Fiscal Year 2015-2016										
Job Title	Job Title Type* # of Positions Average Cost Total Cost									
	_   _									
Total Requested Additions, Deletions,	Changes			¢						

### Section C

Positions Submitted for Approval for Fiscal Year 2015-2016								
Job Title	# of Positions	Average Cost	Tot	al Cost				
Financial Analyst - 12 Month	1.00		\$	78,989				
(C) Total Positions Submitted for Approval FY 2015-2016	1.00		\$	78,989				

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