School District of Okaloosa County SUMMARY LEVEL PROJECT BUDGETS FISCAL YEAR 2016-2017

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 Appro	Original 2015-2016 Appropriation		2016-2017 Appropriation		\$ Increase (Decrease)	
100 / 200	Salaries & Benefits Administrative/Managerial Educational Support Instructional Professional / Technical Subtotal - Salaries & Benefits	\$	- - - 78,989 - 78,989	\$	82,744 82,744	\$	3,75. 3,75.	
300	Purchased Service		420,961		411,106		(9,85	
400	Energy Services		-		-			
500	Materials & Supplies		50		50			
600	Capital Outlay		-		6,100		6,100	
700	Other Expenses		-		-			
900	Transfers/Reserves					-		
	Total Combined Appropriation	\$	500,000	\$	500,000	\$		

STAFFING								
	2015-2016 Recommendation	2016-2017 Recommendation	# Increase (Decrease)					
Administrative/Managerial	-	-	-					
Educational Support	-	-	-					
Instructional	-	-	-					
Professional / Technical	1.00	1.00						
To	tal 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 \$255,563 of the Health Care Service Plan.

SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2016-2017

COST CENTER NAME:	Accounting & Financial Reporting	CENTER NUMBER:	920:
PROJECT NAME:	Medicaid Reimbursement	PROJECT NUMBER:	1084

KOJI	ECT NAME: Medicaid Reimbursement		_	PROJECT NUMBER:			108
ОВЈ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMOUNT REQUESTED	ADJUSTMENT	PROP FIN BUD	AL
0310	PROFESSIONAL & TECHNICAL SERVICE Hillsborough contract for billing Medicaid based on volume of direct billing submissions with an estimated \$2,000 (Seminole County paid by state for random sampling now - saved \$2,691.68)	5200	EXCEPTIONAL CHILD	\$ 2,000		\$	2,000
0331	OUT OF COUNTY TRAVEL Medicaid conferences and meetings	7500	FISCAL SERVICES (FINANCE DEPT)	1,000			1,000
0365	SOFTWARE SUBSCRIPTIONS Annual maintenance for Datawatch Monarch - one user	7500	FISCAL SERVICES (FINANCE DEPT)	200			200
0370	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
0644	COMPUTER HARDWARE (UNDER \$1,000) Replace monitors in the event of failure	7500	FISCAL SERVICES (FINANCE DEPT)	500			500
	Sub-Total (Page 1 Only)		1	\$ 3,900	\$ -	\$	3,900
	GRAND TOTAL			\$ 3,900	\$ -	\$	3,900

SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2016-2017

COST CENTER NAME:	Fixed Charges	CENTER NUMBER:	9015
PROJECT NAME:	Medicaid Reimbursement	PROJECT NUMBER:	1084

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								PROPOSED
OBJ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME		AMOUNT	ADJUSTMENT		FINAL
					REQUESTED			BUDGET
0310	PROFESSIONAL & TECHNICAL SERVICE	6130	HEALTH SERVICES	\$	661,319	\$ (255,563)	\$	405,756
	District's portion of schools' Health Services Contract							
	(Reduced by amount to be paid from carryover funds.)							
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	Sub-Total (Page 1 Only)			\$	661,319	\$ (255,563)	\$	405,756
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	GRAND TOTAL			\$	661,319	\$ (255,563)	\$	405,756
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SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2016-2017

COST CENTER NAME: SIS - Attendance, Discipline, & Safety CENTER NUMBER: 9023

PROJECT NAME: Medicaid Reimbursement PROJECT NUMBER: 1084

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ОВЈ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMOUNT REQUESTED	ADJUSTMENT	PROPOSED FINAL BUDGET
0310	PROFESSIONAL & TECHNICAL SERVICE CPR First Aid Training	6130	HEALTH SERVICES	\$ 2,000		\$ 2,000
0365	SOFTWARE SUBSCRIPTIONS Impact Cognitive Testing Head Injury	6130	HEALTH SERVICES	5,600		5,600
	Sub-Total (Page 1 Only)			\$ 7,600		\$ 7,600
	GRAND TOTAL			\$ 7,600	\$ -	\$ 7,600

SCHOOL DISTRICT OF OKALOOSA COUNTY Department Staffing Summary Fiscal Year 2016-2017

Department Name:	Accounting & Financial Reporting					
Cost Center No.:	9205					
Project Name:	Medicaid Reimbursement					
Fund Number :	1010					
Project Number:	1084					
Type Funding:	Medicaid Reimbursement					

Section A

Positions Approved for Fiscal Year 2015-2016							
Job Title	# of Positions	Average Cost	Total Cost				
Financial Analyst - 12 Month	1.00		\$	82,744			
			1				
			1				
			1				
			<u> </u>				
			 				
(A) Total Positions Approved For FY 2015-2016	1.00		\$	82,744			

Section B-1

Approved Additions, Deletions and/or Changes - Fiscal Year 2015-2016								
Job Title	Job Title Type* # of Positions Average Cost Total Cost							
(B-1) Total Approved Additions, Deletions, Chan	-			\$ -				

Section B-2

Requested Additions, Deletions and/or Changes - Fiscal Year 2016-2017							
Job Title	Type*	# of Positions		Average Cost	Total Cost		
	+						
(B) Total Requested Additions, Deletions, Changes		-			\$ -		

Section C

Positions Submitted for Approval for Fiscal Year 2016-2017							
Job Title	# of Positions	Average Cost	Tot	al Cost			
Financial Analyst - 12 Month	1.00		\$	82,744			
(C) Total Positions Submitted for Approval FY 2016-2017	1.00		\$	82,744			

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