# School District of Okaloosa County SUMMARY LEVEL PROJECT BUDGETS FISCAL YEAR 2017-2018

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:**

	A	PPROPRIATION:	S				
Object Group Number	Object Group Name	Original Appro	2016-2017 opriation		17-2018 ropriation	\$ Increa	se (Decrease)
100 / 200	Salaries & Benefits Administrative/Managerial Educational Support Instructional Professional / Technical Subtotal - Salaries & Benefits	\$	82,744 82,744	\$	90,276 90,276	\$	7,53 7,53
300	Purchased Service		416,706	·	409,174		(7,53
400	Energy Services		-		-		
500	Materials & Supplies		50		50		
600	Capital Outlay		500		500		
700	Other Expenses		-		-		
900	Transfers/Reserves						
	<b>Total Combined Appropriation</b>	\$	500,000	\$	500,000	\$	

	STAFFING		
	2016-2017 Recommendation	2017-2018 Recommendation	# Increase (Decrease)
Administrative/Managerial	-	-	-
Educational Support	-	-	-
Instructional	-	-	-
Professional / Technical	1.00	1.00	
T	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 \$468,533 of the Health Care Service Plan.

## SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2017-2018

COST CENTER NAME:	Accounting & Financial Reporting	CENTER NUMBER:	9205
PROJECT NAME:	Medicaid Reimbursement	PROJECT NUMBER:	1084

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OBJ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMOUNT REQUESTED	ADJUSTMENT	PROPOSED FINAL BUDGET
0310	PROFESSIONAL & TECHNICAL SERVICE Hillsborough contract for direct billing is not being renewed due to staffing issues. District took over direct billing mid year 16/17, but if volume of direct billing increases then a contract may be required. Therefore, budget as prior year in case needed, less increase in postage & subscription costs.	5200	EXCEPTIONAL CHILD	\$ 1,940		\$ 1,940
0331	OUT OF COUNTY TRAVEL Medicaid conferences and meetings (Note: Staff did not attend conference in FY16/17 but plan to attend this year.)	7500	FISCAL SERVICES (FINANCE DEPT)	1,000	(1,000)	-
0365	SOFTWARE SUBSCRIPTIONS Annual maintenance for Datawatch Monarch - one user @ \$206.73	7500	FISCAL SERVICES (FINANCE DEPT)	210		210
0370	POSTAGE/SHIPPING/TELEGRAM For mailing Medicaid billing documentation - increased by \$50 this year to cover additional mailings for preparing direct medicaid billing ourselves verses Hillsborough preparing the billing	7500	FISCAL SERVICES (FINANCE DEPT)	200		200
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 monitor(s) in the event of failure	7500	FISCAL SERVICES (FINANCE DEPT)	500		500
	Sub-Total (Page 1 Only)			\$ 3,900	\$ (1,000)	\$ 2,900
	GRAND TOTAL			\$ 3,900	\$ (1,000)	\$ 2,900

# SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2017-2018

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

ОВЈ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMOUNT REQUESTED		JUSTMENT		PROPOSED FINAL BUDGET
0310	PROFESSIONAL & TECHNICAL SERVICE District's portion of schools' Health Services Contract (Reduced by amount to be paid from carryover funds.)	6130	HEALTH SERVICES	\$ 866,757	\$	(467,533)	\$	399,224
	Sub-Total (Page 1 Only)			\$ 866,757	e	(467,533)	•	399,224
	GRAND TOTAL			\$ 866,757		(467,533)		399,224

# SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2017-2018

COST CENTER NAME:	SIS - Attendance, Discipline, & Safety	CENTER NUMBER:	9023
PROJECT NAME:	Medicaid Reimbursement	PROJECT NUMBER:	108-

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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 2017-2018

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 A	Positions Approved for Fiscal Year 2016-2017							
Job Title	# of Positions	Average Cost	To	otal Cost				
Financial Analyst - 12 Month	1.00		\$	90,276				
			1					
			1					
(A) Total Positions Approved For FY 2016-2017	1.00		\$	90,276				

## Section B-1

Approved Addition	ns, Deletic	ons and/or Change	s - F	iscal Year 2016-20	)17
Job Title	Type*	# of Positions		Average Cost	Total Cost
	<u> </u>				
(B-1) Total Approved Additions, Deletions, Char	nges	-			\$ -

#### Section B-2

Requested Add	ditions, Deletic	ns and/or Change	s - F	iscal Year 2017-2	018
Job Title	Type*	# of Positions		Average Cost	Total Cost
B) Total Requested Additions, Deletions,	Changes	-			\$

# Section C

Positions Submitted for Approval for Fiscal Year 2017-2018				
Job Title Financial Analyst - 12 Month	# of Positions	Average Cost	Total Cost	
			\$	90,276
(C) Total Positions Submitted for Approval FY 2017-2018	1.00		\$	90,276

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