

School District of Okaloosa County
SUMMARY LEVEL PROJECT BUDGETS
FISCAL YEAR 2019-2020

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 to be used to fund the portion of school healthcare positions not covered by the Project 6004 - Health Services - Schools allocation. Medicaid also funds the overhead costs of the program.

FUND SOURCE: Medicaid Reimbursement

APPROPRIATIONS AND STAFFING:

APPROPRIATIONS				
Object Group Number	Object Group Name	Original 2018-2019 Appropriation	2019-2020 Appropriation	\$ Increase (Decrease)
100 / 200	Salaries & Benefits			
	Administrative/Managerial	\$ -	\$ -	\$ -
	Educational Support	-	-	-
	Instructional	-	-	-
	Professional / Technical	94,107	98,011	3,904
	Subtotal - Salaries & Benefits	94,107	98,011	3,904
300	Purchased Service	450,123	301,489	(148,634)
400	Energy Services	-	-	-
500	Materials & Supplies	500	500	-
600	Capital Outlay	-	-	-
700	Other Expenses	-	-	-
900	Transfers/Reserves	5,270	-	(5,270)
	Total Combined Appropriation	\$ 550,000	\$ 400,000	\$ (150,000)

STAFFING			
	2018-2019 Recommendation	2019-2020 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.

SCHOOL DISTRICT OF OKALOOSA COUNTY
BUDGET ADJUSTMENT SHEET
FISCAL YEAR 2019-2020

MIS 3176

COST CENTER NAME: Accounting & Financial Reporting

CENTER NUMBER: 9205

PROJECT NAME: Medicaid Reimbursement

PROJECT NUMBER: 1084

OBJ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMOUNT REQUESTED	ADJUSTMENT	PROPOSED FINAL BUDGET
0330	IN-COUNTY TRAVEL Travel to schools to train therapist on Medicaid billing	7500	FISCAL SERVICES (FINANCE DEPT)	\$ 200		\$ 200
0331	OUT-OF-COUNTY TRAVEL Medicaid conferences and meetings (Note: Due to converting to in-house direct Medicaid billing, we should provide staff and back up staff training if available this year - need to start preparing for eventual retirement of main staff and cross training.)	7500	FISCAL SERVICES (FINANCE DEPT)	1,800		1,800
0365	SOFTWARE SUBSCRIPTIONS Annual maintenance for Datawatch Monarch - 1 user @ \$206.73 (last year's cost)	7500	FISCAL SERVICES (FINANCE DEPT)	230		230
0370	POSTAGE/SHIPPING/TELEGRAM For mailing Medicaid billing documentation - increased this year to cover mailings for in-house direct Medicaid billing and due to the new requirement for all therapist to do Medicaid billing on qualifying students	7500	FISCAL SERVICES (FINANCE DEPT)	800		800
0390	OTHER PURCHASED SVC-PRINT/COPY Charges for form printing for doing direct Medicaid billing in-house	7500	FISCAL SERVICES (FINANCE DEPT)	235		235
0510	SUPPLIES Charges for paper, printer laser cartridge, and other general supplies	7500	FISCAL SERVICES (FINANCE DEPT)	500		500
Sub-Total (Page 1 Only)				\$ 3,765	\$ -	\$ 3,765
GRAND TOTAL				<u>\$ 3,765</u>	<u>\$ -</u>	<u>\$ 3,765</u>

SCHOOL DISTRICT OF OKALOOSA COUNTY
BUDGET ADJUSTMENT SHEET
FISCAL YEAR 2019-2020

MIS 3176

COST CENTER NAME: Fixed Charges
PROJECT NAME: Medicaid Reimbursement

CENTER NUMBER: 9015
PROJECT NUMBER: 1084

OBJ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMOUNT REQUESTED	ADJUSTMENT	PROPOSED FINAL BUDGET
0310	PROFESSIONAL & TECHNICAL SERVICE District's portion of schools' Health Services Contract Carryover funds will be used to fund \$157,168 of the Health Care Service Plan.	6130	HEALTH SERVICES	\$ 455,392	\$ (157,168)	\$ 298,224
Sub-Total (Page 1 Only)				\$ 455,392	\$ (157,168)	\$ 298,224
GRAND TOTAL				\$ 455,392	\$ (157,168)	\$ 298,224

SCHOOL DISTRICT OF OKALOOSA COUNTY
Department Staffing Summary
Fiscal Year 2019-2020

MIS 3390

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 2018-2019			
Job Title	# of Positions	Average Cost	Total Cost
Financial Analyst - 12 Month	1.00		\$ 98,011
(A) Total Positions Approved For FY 2018-2019	1.00		\$ 98,011

Section B-1

Approved Additions, Deletions and/or Changes - Fiscal Year 2018-2019				
Job Title	Type*	# of Positions	Average Cost	Total Cost
(B-1) Total Approved Additions, Deletions, Changes		-		\$ -

Section B-2

Requested Additions, Deletions and/or Changes - Fiscal Year 2019-2020				
Job Title	Type*	# of Positions	Average Cost	Total Cost
(B) Total Requested Additions, Deletions, Changes		-		\$ -

Section C

Positions Submitted for Approval for Fiscal Year 2019-2020			
Job Title	# of Positions	Average Cost	Total Cost
Financial Analyst - 12 Month	1.00		\$ 98,011
(C) Total Positions Submitted for Approval FY 2019-2020	1.00		\$ 98,011

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