School District of Okaloosa County SUMMARY LEVEL PROJECT BUDGETS FISCAL YEAR 2022-2023

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	2021	ginal -2022 priation		2-2023 opriation	\$ Increas	se (Decrease)	
100 / 200	Salaries & Benefits Administrative/Managerial Educational Support Instructional Professional / Technical Subtotal - Salaries & Benefits	\$	107,122 107,122	\$	- - 109,168 109,168	\$	- - 2,046 2,046	
300	Purchased Service		478,778		440,132		(38,646)	
400	Energy Services		-		-		-	
500	Materials & Supplies		700		700		-	
600	Capital Outlay		-		-		-	
700	Other Expenses		-		-		-	
900	Transfers/Reserves		13,400		-		(13,400)	
	Total Combined Appropriation	\$	600,000	\$	550,000	\$	(50,000)	

STAFFING							
		2021-2022 Recommendation	2022-2023 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 2022-2023

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

KOJI	Medicaid Reimbursement		-	PROJECT N	UMBER:		 108
ОВЈ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMO REQUE		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 prepare for retirement of main staff and cross training.)	7500	FISCAL SERVICES (FINANCE DEPT)		1,500		1,500
0365	SOFTWARE SUBSCRIPTIONS Annual maintenance for Datawatch Monarch - 1 user (This was \$997.85 last time purchased but has now increased by \$398.64)	7500	FISCAL SERVICES (FINANCE DEPT)		1,397	(1,397)	
0370	POSTAGE/SHIPPING/TELEGRAM For mailing Medicaid billing documentation - to cover mailings for in-house direct Medicaid billing and due to the requirement for all therapist to do Medicaid billing on qualifying students	7500	FISCAL SERVICES (FINANCE DEPT)		800		800
0510	SUPPLIES Charges for paper (for printing related to direct Medicaid billing in-house) and other general supplies	7500	FISCAL SERVICES (FINANCE DEPT)		500		500
0519	TECHNOLOGY SUPPLIES Printer laser cartridges	7500	FISCAL SERVICES (FINANCE DEPT)		200		200
					-		-
					-		-
	Sub-Total (Page 1 Only)		1	\$	4,597	\$ (1,397)	\$ 3,200
	GRAND TOTAL			\$	4,597	\$ (1,397)	\$ 3,200

SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2022-2023

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

OBJ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME]	AMOUNT REQUESTED	STMENT	PROPOSED FINAL BUDGET
0310	PROFESSIONAL & TECHNICAL SERVICE District's portion of schools' Health Services Contract	6130	HEALTH SERVICES	\$	863,605	\$ (425,973)	\$ 437,632
	Sub-Total (Page 1 Only)			\$	863,605	\$ (425,973)	\$ 437,632
	GRAND TOTAL			\$	863,605	\$ (425,973)	\$ 437,632

SCHOOL DISTRICT OF OKALOOSA COUNTY Department Staffing Summary Fiscal Year 2022-2023

Accounting & Financial Reporting
9205
Medicaid Reimbursement
1010
1084
Medicaid Reimbursement

Section A

Positions Approved for Fiscal Year 2021-2022							
Job Title	# of Positions	Average Cost	Total Cost				
Financial Analyst - 12 Month	1.00		\$	109,168			
			-				
(A) Total Positions Approved For FY 2021-2022	1.00		\$	109,168			

Section B-1

Approved Additions, Deletions and/or Changes - Fiscal Year 2021-2022										
Job Title Type* # of Positions Average Cost Total Cost										
(B-1) Total Approved Additions, Deletions, Char	iges	-			\$ -					

Section B-2

Requested Additions, Deletions and/or Changes - Fiscal Year 2022-2023										
Job Title Type* # of Positions Average Cost Total Cost										
(B) Total Requested Additions, Deletions, Chang	es	-			\$ -					

Section C

Positions Submitted for Approval for Fiscal Year 2022-2023								
Job Title	# of Positions	Average Cost	To	Total Cost				
Financial Analyst - 12 Month	1.00		\$	109,168				
			ì					
(C) Total Positions Submitted for Approval FY 2022-2023	1.00		\$	109,168				

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