Medicaid School-Based Services Annual Expenditure Report

State Fiscal Year 2011 (July 1, 2010 - June 30, 2011)

LEA, SFEA, or REC Name:	**NAME OF DISTRICT**
Individual Completing Report:	
Telephone:	
E-mail:	
Date report completed:	

Worksheet 1: MSBS Reimbursements-FY11

(1)FY11 Reimbursements:

(a) Direct Services Reimbursement FY11		(b) Administrative Claiming Reimbursement FY11		(c) Total Direct & Administrative Billing Reimbursements FY11
$ -	+	$ -	=	$ -

(2) Plus Carry over Amount :

(a) Reimbursements not used from previous fiscal years.

(3)Amount that should have been Expended in FY11:

(a) 80% of total reimbursement received
$ -

NAME OF DISTRICT 1/0/1900

ONLY INCLUDE FTEs PAID OUT OF MEDICAID REIMBURSED FUNDS.

Employed by the school district	Total Employee Annual Salary & Benefits	Job Title	**Contracted** by the school district	Contracted Annual Salary & Benefits
		Nutrition Specialist		
		Orientation & Mobility Specialist		
		Recreation Therapist		
		Audiologist		
		Audiology Assistant		
		Health Aide		
		Nurse's Assistant		
		Licensed Practical Nurse		
		Registered Nurse		
		Occupational Therapist		
		Certified Occupational Therapy Assistant		
		Physical Therapist		
		Physical Therapy Assistant, Licensed		
		School Psychologist		
		Psychologist Intern		
		Social Worker		
		Speech & Language Pathologist		
		Speech & Language Patholgy Apprentice		
		Certified Nurse Practitioner		
		Medicaid Presuptive Eligibility Determiner		
		Administrative Assistant, Health Services		
		Secretary, Health Services		
		Clerk, Health Services		
		Coordinator, Health Services		
		Coordinator, Medicaid		
		Other (specify below)		
Total $	$ -		**Total $**	$ -

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NAME OF DISTRICT
0
0
0
1/0/1900

Worksheet 2: Categories of Expenditures - FY11

Personnel (actual district employees)		*Contracts (contracted staff, 3rd party billing vendors, eligibility verification contracts, etc.)*		*Equipment/Capital Outlay (computers/laptops, portable buildings, furniture, etc.)*		*Other (travel, training, medical equipment, supplies, SBHC funding)*	
Job Title	Annual Salary & Benefits	Contractor	Total Paid	Item	Total Paid	Item	Total Paid
Total FTEs -School Employed	$ -	Total FTEs - Contracted	$ -				
Total:	$ -	Total:	$ -	Total:	$ -	Total:	$ -

Grand Total of Expenditures:	**$ -**
Total Funds Available in FY11:	**$ -**
Percentage of Available Funds Spent:	**#DIV/0!**

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Instructions

Worksheet 1: REIMBURSEMENTS

Identifying Information:

In the yellow cells at the top of the worksheet, enter the name, telephone number and e-mail address of the individual along with the date the form was completed. This information will automatically transfer onto Worksheets 2 and 3.

FY 09 Reimbursements:

1. (a) The Medicaid School Health Office (SHO) has entered the total amount of direct services paid to the LEA/REC/SFEA from July 1, 2010 to June 30, 2011. The amounts are based on the Affiliated Computer System (ACS) data base, Omnicaid, for total claims paid through June 30, 2011. **1.(b)** SHO has entered the total amount of administrative claims paid and billed for FY09. **1.(c)** Represents the total amount of reimbursements received from July 1, 2010 to June 30, 2011.

2. (a) In the yellow cell A30, enter the total unspent MSBS monies from previous fiscal years. This would include any monies being saved to pay for a new position (e.g. school nurse)

Worksheet 2: PERSONNEL

Personnel:

In the yellow boxes in **Column A**, enter the number of FTE positions ***employed*** by the school district/REC that were paid out of MSBS reimbursement funds. In the yellow boxes in **Column B**, enter the total annual salaries and benefits for each position as indicated. In the yellow boxes in **Column D**, enter the number of FTE positions ***contracted*** by the school district/REC that were paid out of MSBS reimbursement funds.In the yellow boxes in **Column E**, enter the total annual salaries and benefits for each position as indicated. The entries will be totaled at the bottom and will automatically link to the Expenditures page.

Worksheet 3: EXPENDITURES

Personnel:

Total personnel expenditures will automatically be entered from the Personnel Tab into cells **B13 and D13.**

Contracts:

In columns **C & D** beginning on **line 14**, list and describe all of the additional contracted services for which the LEA/SFEA/REC used MSBS monies.

Equipment/Capital Outlay:

In the yellow boxes in **Column E**, describe any equipment purchases or capital outlay expenditures that were paid out of MSBS reimbursement funds. In the yellow boxes in **Column F**, enter the total amounts paid for each expenditure as indicated. **The total at the bottom will be calculated in the spreadsheet automatically.**

Other:

In the yellow boxes in **Column G**, describe any other expenditures that were paid out of MSBS reimbursement funds. **Please be specific.** In the yellow boxes in **Column H**, enter the total amounts paid for each expenditure as indicated. The total at the bottom will be calculated in the spreadsheet automatically.

The grand total of expenditures in cell H26 and the percentage of available funds spent in cell H28 will calculate in the spreadsheet automatically.

If your LEA/REC/SFEA spent less than 80% of available funds in FY11, a detailed explanation of the reasons must be attached as a separate document and submitted with this

Describe in detail how each of the expenditures improves and/or expands health and health related services as outlined in the LEA's, REC's, or SFEAs MSBS collaborative plan. Use an additional sheet if necessary.