

MEDICAID REINVESTMENT PLAN

Each year the Local Commission on Children and Families and the Local Healthy Start program will complete a Medicaid Reinvestment Plan for all Medicaid Administrative claims received by the Healthy Start program. The purpose of this report is to monitor the Medicaid Administrative claims to ensure proper use and to minimize excessive carryover.

Medicaid Administrative reimbursements must be reinvested in the Healthy Start program. The first priority must be used to meet the legislative intent to serve all eligible families at the appropriate level of service following the approved Healthy Start model.

The attached forms are to be used to report Healthy Start Medicaid expenditures, carryover, and planned use of carryover. The report is to be submitted to the Oregon Commission on Children and Families office annually no later than September 30th.

For questions regarding the CTY-110, *Healthy Start Medicaid Administrative Claims Reinvestment Plan*, this document or the accompanying forms; please contact the OCCF Business Services Office at 503-373-1283.

MEDICAID REINVESTMENT PLAN

County Name: _____

Report Period: _____

Report Due: September 30, _____

1. Beginning Balance (Carryover from previous fiscal year)	\$
2. Medicaid Earnings for Report Period	\$
3. Medicaid Expenditure during Report Period	\$
4. Planned Carryover	\$
5. Prudent Reserve (must be less than 5% of total earnings/year)	\$

Medicaid Expenditures during Report Period (line 3) –

Please attach a detailed report of Medicaid expenditures made during the previous fiscal years. Indicate whether or not the expenditures enhance or expand the Healthy Start Program.

Please check the appropriate boxes:

Medicaid funds were used to pay salaries for Healthy Start staff.

Staff who were paid with Healthy Start funds did did not participate in another Medicaid Claiming methodology (TCM or another MAC program).

The Healthy Start Provider Service Cost form (salary cost information) did did not include funding sources other than Healthy Start general funds.

Capital Expenditures (items over \$5,000) were purchased (please provide detail)

Based on the last audit of your Healthy Start provider, for accounting purposes, is the provider defined as a sub-recipient or vendor as these terms are defined in the federal OMB Circular A-133.

Planned Carryover less Prudent Reserve (line 4 less line 5) –

Please summarize below or in an attachment how you plan to expend the carryover less prudent reserve balance during the next year.

Program Manager: _____ **Date:** _____

Local Commission Director: _____ **Date:** _____