# School-Based Medicaid Administrative Claiming

**Health and/or Social Services Annual Project Report(s)**

**Due October 1, Fiscal Year:**

## ESD/District Name:

**State Fiscal Year To Date Earning (Less State Share and 1.5% IGC):**

**State Fiscal Year to Date Project Expenditure:**

|  |
| --- |
| **Project Description:** **Contact Person:****Project Address:** **Phone:       Email:** |
| **Objectives of the Project (coordinated with the Local Comprehensive Plan):** | **Actual Outcomes of Service:** |
| **Short description of project activities:**  |
| **Application to health and social services in the school setting:**  |
| **Future plans for this project:**  |
| **Additional needs of this ESD/District:**  |
| **Was project reviewed by Advisory council**  |
| **List of organizations on the advisory Council (if applicable):** |

**Signature of MAC Coordinator/representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: Use one form for each project funded. Do not detail individual line item expenditures of the project.***

ANNUAL PROJECT REPORT FORM INSTRUCTIONS

OHA requires an electronic signed copy of Annual Project Report form(s) be submitted for each project funded through MAC reimbursement. This report is not a detailed individual line item expenditure report, rather an overview of the project, which shall include a short description of the project activities, objectives and actual outcome(s) of service. Original signed and/or scanned copies of annual project reports are required to be kept by the ESD.

It is the responsibility of the ESD to assure a form is completed for each project funded through MAC reimbursement. All reports are due to OHA October 1st allowing 90 days following the closure of a state fiscal year (the state fiscal year is noted by the year in which June 30 falls). However, locally ESDs may require sub-contractors to submit the reports at an earlier date.