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GSA 20-630-8000-0003 A1
CFDA 93.778

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
GOVERNMENTAL SERVICES AGREEMENT

AMENDMENT No. 1

This AMENDMENT No. 1 to **Governmental Services Agreement (GSA)** is made and entered into by and between the State of New Mexico **Human Services Department,** hereinafter referred to as the "HSD" or the "Agency", and **the Department of Health (DOH)**, hereinafter referred to as the "DOH", and is effective as of the date set forth below upon which it is executed by the HSD.

The purpose of this Amendment is added Section 20 and to replace the Scope of Work for additional information and reporting.

UNLESS OTHERWISE SET OUT BELOW, ALL OTHER PROVISIONS OF THE ABOVE REFERENCED AGREEMENT REMAIN IN FULL EFFECT AND IT IS MUTUALLY AGREED BETWEEN THE PARTIES THAT THE FOLLOWING PROVISIONS OF THAT AGREEMENT ARE AMENDED AS FOLLOWS:

Section 20. Dispute Resolution is added as follows:

20. Dispute Resolution

A. Disagreements among the parties over any aspect of this Agreement should initially be addressed through informal discussions among the parties. Such disputes are best resolved informally at the lowest possible organizational level.

B. Any disputed issues remaining after reasonable, good-faith efforts at informal resolution may be addressed through one or more of the following channels:

1. An agency-designated representative may submit a written request for action or reconsideration to the responsible Division Director, who will have thirty (30) days from the date of the request to issue a written decision. The decision of the Division Director may be appealed by written notice to that Director within thirty (30) days from the date of the decision. The appeal will be decided jointly by the Secretaries of the agencies involved in the disputed matter, or their designees, who will issue a joint, written decision within sixty (60) days from the date of the notice of appeal.

2. The agencies engaged in the dispute may pursue mediation or dispute resolution with a neutral mediator selected jointly by the agencies involved, the costs to be shared equally by the agencies participating in the mediation or dispute resolution.

Exhibit A, Scope of Work, is replaced in its entirety, attached hereto and referenced herein.

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IN WITNESS WHEREOF, the parties execute this GSA as set forth below:

Human Services Department:

DocuSigned by:

By: David R. Scrase, M.D. Date: 9/13/2021

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Cabinet Secretary
Human Services Department

DocuSigned by:

By: Danny Sandoval Date: 8/21/2021

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Chief Financial Officer
Human Services Department

Approved as to form and legal sufficiency:

DocuSigned by:

By: Date: 8/27/2021

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General Counsel
Human Services Department

Department of Health:

DocuSigned by:

By: Date: 8/21/2021

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Cabinet Secretary
Department of Health

Approved as to Form and Legal Sufficiency:

DocuSigned by:

By: Joey Wright Date: 8/5/2021

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General Counsel
Department of Health

DS MT DS NC

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Exhibit A
FY20
Scope of Work

I. PURPOSE OF AGREEMENT

This agreement sets forth the respective roles and responsibilities of the parties administering and operating Medicaid billing School Based Health Centers (SBHCs), School Health and NM Youth Suicide Prevention Program to maximize federal matching funds for Medicaid related DOH/OSAH staff activities and SBHC expenses proportionate to the Medicaid population served by the SBHCs. This Agreement shall operate solely on a reimbursement basis.

II. DOH AND HSD SHALL:

A. Provide ongoing program planning, policy development, interagency coordination, and education related to health care services, including primary care, behavioral health, and dental services, provided by the SBHC and other school-based health care programs. These joint coordinating duties include but are not limited to:
   1. Developing strategies to assess and increase the capacity of local health care programs to provide health care services in schools and SBHCs;
   2. Improving the coordination and delivery of services to children and youth in schools and SBHCs by working with other agencies and/or providers of health care services to expand access to care for Medicaid-eligible children and youth;
   3. Promoting best practices for the early identification of medical, behavioral, and dental health problems by collaborating with health care service providers in schools and SBHCs;
   4. Promoting best practices for chronic disease management and care coordination of medical, behavioral, and dental health problems by collaborating with health care service providers in schools and SBHCs; and
   5. Consulting on prevention, screening and assessment, early intervention, and treatment services concerning child and adolescent health.

B. Provide joint consultation and technical assistance to New Mexico school districts and charter schools on matters concerning child and adolescent school health services, school health system development and implementation of school-based health initiatives that include prevention, screening and assessment, early intervention, chronic disease management, and treatment services for children and youth.

C. Work collaboratively to develop guidance and technical assistance resources affecting school health services that serve Medicaid-eligible children and youth. Policy and procedure statements must comply with all applicable federal and state regulations
   Such policies and procedures may include, but are not limited to:
   1. New Mexico School Health Manual
   2. New Mexico Health Assistant Training
   3. New Mexico School Nurse Orientation

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4. New Mexico School Health Service Professional Development

D. Work collaboratively to develop policies and procedures affecting SBHCs that serve Medicaid-eligible children and youth. Policy and procedure statements must comply with all applicable federal and state regulations, including Centers for Medicare and Medicaid Services (CMS) directives.
Such policies and procedures may include, but are not limited to:
1. New Mexico SBHC Standards and Benchmarks
2. New Mexico SBHC Medicaid provider eligibility
3. New Mexico Medicaid billing practices
4. HIPAA compliance
5. SBHC Medicaid enrollment

E. Work in partnership with the MCOs in the process of New Mexico SBHC Medicaid eligibility of OSAH funded SBHCs to ensure compliance to the SBHC Standards and Benchmarks. This process will follow related DOH/OSAH, HSD/MAD policies and procedures.

F. Collaborate in providing training to the SBHCs and New Mexico public schools to disseminate up to date information on DOH and HSD interdependent regulations, policies, and procedures affecting Medicaid-billing SBHCs. Such training may include, but is not limited to:
1. New Mexico SBHC Standards and Benchmarks
2. Medicaid School Based Services
3. New Mexico Medicaid billing practices
4. MAD Managed Care Policy Manual
5. HIPAA compliance
6. SBHC Medicaid eligibility and enrollment
7. Requirement for and accessing HSD's Medicaid Preemptive Eligibility training

G. Collaboratively perform on-going review of all school health service programs and SBHC training materials to assess accuracy, relevance and revise as needed.

H. Meet quarterly to discuss issues related to SBHCs and this Agreement and provide written or verbal updates as needed.

I. Collaboratively maintain a current directory of DOH/OSAH contracted SBHCs.
The directory will include, but is not limited to:
1. SBHC name, address, and phone number;
2. Name and contact information of the SBHC coordinator;
3. Hours of operation and services provided by each SBHC
4. Name and contact information of the SBHC's sponsoring entity; and
5. Dates of SBHC's HSD Certification/Recertification.

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J. Participate in SBHC Partners and MCO SBHC Advisory meetings and other meetings associated with promoting policies and standards of school-based health services and SBHCs.

K. Appoint an agency liaison or contact person who will facilitate all communication applicable to the SBHCs, ensuring timely dissemination of information between and among all interested parties.

L. Collaborate in meeting criteria required for obtaining federal matching funds available for SBHCs, and health related services provided through school-based health care programs.

M. Streamline, reduce and, where possible, eliminate paperwork required for reimbursing the SBHCs that bill Medicaid for covered services provided to Medicaid-eligible children and youth.

III. THE DOH SHALL:

A. Provide to SBHC Sponsors and Medicaid billing SBHCs with clinical technical assistance, consultation and oversight on the development and implementation of the following:
   1. DOH- SBHC contract compliance such as monitoring required monthly and quarterly deliverables, data submission requirements and any other requirements set forth in the DOH-SBHC contracts;
   2. Interpretation and implementation of evidence-based healthcare;
   3. Delivery and coordination of health care services with focus on collaboration between SBHC medical, dental and behavioral health providers and other education agencies;
   4. Internal SBHC guidelines and evaluation plans;
   5. Tele-health programs and services;
   6. Quality improvement initiatives;
   7. School-based immunization programs; and
   8. SBHC demonstration of compliance with applicable state and federal regulations to ensure NM Medicaid eligibility.

B. Provide SBHC Program consultation and quarterly invoice reporting on the following:
   1. Conduct an initial on-site support review for SBHCs to adhere to SBHC OSAH Standards and Benchmarks;
   2. Conduct periodic on-site reviews of SBHCs not assigned to MCOs;
   3. Provide SBHC onsite support review documentation to HSD;
   4. Consult in the development of a recommended Corrective Action Plan;
   5. MCOs' provision of health care services at SBHCs and other process related to SBHCs to include but not limited to periodic MCO SBHC on-site review process; and
   6. Representation and participation in meetings associated with SBHC standards, policies and clinical operations of SBHCs.

C. Provide consultation, oversight and quarterly invoice reporting on the development and implementation of the following School Health services:

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1. Training and technical assistance to school nursing services and related school health service personnel provided by NM schools to ensure quality and adherence to applicable state laws and regulations;
2. Technical assistance, training and support to assist New Mexico schools and SBHCs in developing a public health, outcome-oriented approach to their school-based health programs and services;
3. Provide NM schools and SBHCs with guidance and technical assistance in assessment of health care needs of children and youth to promote a more effective use of program funds for health related provided in the school setting; and
4. School-based immunization programs of Medicaid-eligible children and youth.

D. Provide facilitation, coordination and quarterly reporting of efforts to development and implementation of adolescent behavioral health initiatives including, but not limited to:
   1. Access and enhancement of the New Mexico youth crisis and access lines;
   2. Community capacity development statewide to increase awareness and efficiency of efforts across New Mexico;
   3. Peer to peer youth development programs and support; and
   4. Youth suicide prevention training for youth, schools, community organizations and other youth-serving entities statewide. When possible DOH/OSAH will facilitate training of evidence-based practices.

E. Allocate access for two HSD staff members to attend DOH/OSAH sponsored conferences related to activities of this contract.

F. Apprise designated HSD staff of any regulatory changes that have an impact on the activities in this Agreement, including changes that affect the DOH Office of School and Adolescent Health policies and procedures related to SBHC or other school health programs

G. Use the equivalent of earned Medicaid reimbursements paid in accordance with this Agreement to improve and expand school-based health services, SBHC programs, and staffing within the DOH Office of School and Adolescent Health.

H. Cooperate with HSD during the Subrecipient Monitoring process as outlined in the HSD/ASD/CFSB Subrecipient Monitoring Procedures utilizing OMB Circular A-133.

I. Prepare and submit quarterly invoices for Exhibit B (DOH SBHC Program Match Budget), Exhibit C (DOH Youth Suicide Program Match Budget), and Exhibit D (Agency School Health Staff Match Budget), of this Agreement. Invoices will be accompanied by program reports outlining activities that support the invoices.

   1. Coordinate and collaborate with HSD and their contracted vendor to administer Random Moment Time Study and complete Administrative Claiming activities within HSD specified time frames.

   2. Prepare and submit claims to the HSD for all allowable administrative costs within forty five (45) days after the end of the billing quarter, with the exception of the quarter ending June 30, for which claims must be received no later than ten (10) days

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after the end of that quarter, in accordance with federal and state Medicaid regulations, policies and guidelines, the CMS Approved *New Mexico Department of Health, Public Health Division, Office of School and Adolescent Health, Time Study and Medicaid Administrative Claiming Guide*, and any federal and state revisions thereto, and certify in writing that sufficient funds are available to pay the non-federal share of the Medicaid administrative reimbursements paid to the Contractor for the preceding quarter;

a. Utilize the online document storage capacity of the current RMTS and, administrative claiming vendor to store all financial documentation that was utilized by the contractor to complete the quarterly administrative claims. This documentation should be uploaded to the online site before HSD will consider the claim(s) completed and approve for payment.

3. Ensure that a complete audit trail exists by retaining all supporting records and documents for at least six (6) years from the date of creation or until ongoing audit issues are settled, whichever is later.

4. Refund to the Agency any payments made to the Contactor for administrative claims that are disallowed by CMS. Such refunds may be made by direct payment to the HSD or by offset against future administrative claims submitted by the Contractor.

5. Transfer to the HSD, within thirty (30) days of receipt of the invoice from the HSD, the administrative fee for the Administrative Claiming services. The fee is calculated by taking the total number of staff for each sister agency on October 1 of the current year and dividing by the total number of staff participating for the state; this equals the agency's percentage of total participants. The agency's percentage is then multiplied by the total cost of conducting random moment sampling and administrative claiming ($162,500.00). The administrative fee will fluctuate annually based on the number of sister agencies and staff participating in administrative claiming.

J. Correct deficiencies identified by HSD, CMS, or Medicaid program auditors under terms of this Agreement.

IV. THE HSD SHALL:

A. Develop, in collaboration with DOH, regulations, policies and procedures governing health care and related services provided under this Agreement. Such regulations, policies and procedures may include, but are not limited to:
   1. administrative claiming;
   2. quality assurance;
   3. dispute resolution;
   4. confidentiality of records and other information; and
   5. oversight and enforcement.

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B. Be responsible for planning and presenting quarterly meetings of the MCO SBHC Advisory Committee.

C. Review the MCOs SBHC related quarterly reports and communicate any related issues or concerns to DOH.

D. Inform designated DOH staff of any regulatory changes that affect the activities described in this Agreement, including changes to HSD policies and procedures relating to school-based health programs and SBHCs.

E. Review and respond, as needed, to Legislative actions or inquiries affecting SBHCs, school health activities, and youth suicide prevention services and keep DOH informed about these activities.

F. Reimburse for agreed-upon program services and employee support, as covered under this Agreement, upon receipt and approval of required invoicing and supporting documentation, in accordance with Exhibit B (DOH SBHC Program Match Budget), Exhibit C (DOH Youth Suicide Program Match Budget), and Exhibit D (Agency School Health Staff Match Budget), and of this Agreement.

    a. Process all allowable administrative claims submitted by the Contractor in accordance with federal and state Medicaid regulations, policies and guidelines, in the form and manner set forth by the HSD.

    b. Reimburse allowable administrative claims only if the Contractor has certified in writing that sufficient funds are available to pay the non-federal share of the Medicaid administrative reimbursements paid to the Contractor for the preceding quarter.

    c. Reimburse the Contractor when it is determined that the HSD is responsible for an error in processing that result in underpayment of an administrative claim. Such determinations will be made by the HSD or, when appropriate, through the dispute resolution process set forth in Section 20 above. Reimbursements may be made by direct payment to the Contractor, or by credit against monies owed to the HSD by the Contractor.

    d. On an annual basis, invoice the Contractor an administrative fee for the Random Moment Sampling and Administrative Claiming costs as calculated by the HSD. The administrative fee amount for each sister agency will be based on their percentage of total number of staff participating in the time study.

G. Perform annual Subrecipient Monitoring, as required by OMB A-133 and HSD/ASD/CFSB, of DOH as a Subrecipient Agency under the terms of this Agreement.

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H. Claim appropriate federal matching funds for Medicaid approved administrative functions provided for the benefit of Medicaid-eligible children and youth served by school-based health programs and SBHCs.

I. Retain, as the single state Medicaid agency, final administrative and fiscal authority for all Medicaid-covered services and serve as primary contact with CMS, encouraging the cooperative involvement of DOH in said communications.

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EXHIBIT B
DOH SBHC PROGRAM MATCH BUDGET

SBHC Sponsor	SBHC Site(s)	School District(s) Served	DOH SGF Budget	MER*	Allowable for Match	FFP
De Baca Family Practice	Ft Sumner MS/HS	Ft. Sumner Municipal Schools	$ 79,600.00	70%	$ 55,720.00	$ 27,860.00
El Centro Family Health	Carlos Vigil MS	Espanola Public Schools	$ 93,128.00	70%	$ 65,189.60	$ 32,594.80
	Espanola Valley HS	Espanola Public Schools	$ 73,172.00	70%	$ 51,220.40	$ 25,610.20
	Penasco HS	Penasco Municipal Schools	$ 79,824.00	58%	$ 46,297.92	$ 23,148.96
	Taos HS	Taos Municipal Schools	$ 73,172.00	67%	$ 49,025.24	$ 24,512.62
	Taos MS	Taos Municipal Schools	$ 73,172.00	67%	$ 98,050.48	$ 49,025.24
	West Las Vegas HS	West Las Vegas Public Schools	$ 73,172.00	61%	$ 44,634.92	$ 22,317.46
	Springer High School	Springer Municipal Schools	$ 59,868.00	69%	$ 41,308.92	$ 20,654.46
	Sierra Vista Elementary School	West Las Vegas Public Schools	$ 59,868.00	61%	$ 36,519.48	$ 18,259.74
	Robertson HS	Las Vegas City Schools	$ 73,172.00	59%	$ 43,171.48	$ 21,585.74
First Nations	Emerson Elementary School	Albuquerque Public Schools	$ 230,000.00	55%	$ 126,500.00	$ 63,250.00
	Grant Middle School	Albuquerque Public Schools				
	Native American Charter School	Albuquerque Public Schools				
	Wilson Middle School	Albuquerque Public Schools				
Hidalgo Medical Services	Cobre HS	Cobre Consolidated Schools	$ 78,608.00	58%	$ 45,592.64	$ 22,796.32
	Lordsburg HS	Lordsburg Municipal Schools	$ 57,800.00	65%	$ 37,570.00	$ 18,785.00
	Silver HS	Silver Consolidated Schools	$ 94,792.00	52%	$ 49,291.84	$ 24,645.92
La Casa de Buena Salud (Family Health)	Mesa MS	Roswell Independent Schools	$ 246,800.00	59%	$ 145,612.00	$ 72,806.00
	Goddard HS	Roswell Independent Schools				

	Roswell HS	Roswell Independent Schools				
La Clinica de Familia	Centennial HS	Las Cruces Public Schools	$ 76,636.00	59%	$ 45,215.24	$ 22,607.62
	Rio Grande Alternative School	Las Cruces Public Schools	$ 76,636.00	59%	$ 45,215.24	$ 22,607.62
	Chaparral HS	Gadsden Independent Schools	$ 72,128.00	76%	$ 54,817.28	$ 27,408.64
	Gadsden HS	Gadsden Independent Schools	$ 90,160.00	76%	$ 68,521.60	$ 34,260.80
	Desert Pride High School	Gadsden Independent Schools	$ 49,588.00	76%	$ 37,686.88	$ 18,843.44
	Santa Teresa HS	Santa Teresa Public Schools	$ 90,160.00	76%	$ 68,521.60	$ 34,260.80
Las Clinicas del Norte	Pojoaque HS	Pojoaque Valley Public Schools	$ 128,090.15	50%	$ 64,045.08	$ 32,022.54
	Pojoaque MS	Pojoaque Valley Public Schools	$ 115,593.00	50%	$ 57,796.50	$ 28,898.25
	Mesa Vista HS	Pojoaque Valley Public Schools	$ 68,731.00	56%	$ 38,489.36	$ 19,244.68
Mora Valley Community Clinic	Mora HS	Mora Independent Schools	$ 74,400.00	69%	$ 51,336.00	$ 25,668.00
Owens Admin. and Healthcare Sup.	RFK Charter School	Albuquerque Public Schools	$ 69,200.00	50%	$ 34,600.00	$ 17,300.00
	School on Wheels	Albuquerque Public Schools	$ 69,200.00	50%	$ 34,600.00	$ 17,300.00
Presbyterian Medical Services	Carlsbad HS	Carlsbad Municipal Schools	$ 81,000.00	37%	$ 29,970.00	$ 14,985.00
	Cuba HS	Cuba Independent Schools	$ 75,600.00	73%	$ 55,188.00	$ 27,594.00
	Gallup HS	Gallup-McKinley County Schools	$ 81,000.00	68%	$ 55,080.00	$ 27,540.00
	Quemado HS	Quemado Independent Schools	$ 59,400.00	30%	$ 17,820.00	$ 8,910.00
	Santa Fe HS	Santa Fe Public Schools	$ 91,800.00	42%	$ 38,556.00	$ 19,278.00
	Capital HS	Santa Fe Public Schools	$ 91,800.00	42%	$ 38,556.00	$ 19,278.00
	Socorro HS	Socorro Consolidated Schools	$ 59,400.00	62%	$ 36,828.00	$ 18,414.00
	Laguna HS	Grant-Cibola County Schools	$ 75,600.00	77%	$ 58,212.00	$ 29,106.00

El Pueblo Family Health	Bernalillo HS	Bernalillo Public Schools	$ 76,400.00	64%	$ 48,896.00	$ 24,448.00
La Familia Medical Services	Raton HS	Raton Municipal Schools	$ 74,400.00	63%	$ 46,872.00	$ 23,436.00
Sunrise Medical Group	Tucumcari High School	Tucumcari Municipal Schools	$ 75,400.00	67%	$ 50,518.00	$ 25,259.00
	Santa Rosa HS	Santa Rosa Consolidated Schools	$ 75,400.00	66%	$ 49,764.00	$ 24,882.00
REC 6	San Jon School	San Jon Schools	$ 74,400.00	63%	$ 46,872.00	$ 23,436.00
REC 9	Ruidoso HS	Ruidoso Public Schools	$ 94,000.00	61%	$ 57,340.00	$ 28,670.00
Union County General Hospital	Des Moines School	Des Moines Municipal Schools	$ 62,700.00	33%	$ 20,691.00	$ 10,345.50
UNM - Pediatrics Dept.	Albuquerque HS East San Jose Elem Highland HS Van Buren MS Washington MS Roosevelt MS	Albuquerque Public Schools	$ 449,300.00	55%	$ 247,115.00	$ 123,557.50
			$4,024,270.15			
***Actual DOH costs are subject to change based on available funding and changes to MER**					**AVERAGE MER:**	60%
***MERs will be updated once per fiscal year, and Exhibit B updated accordingly.**					**TOTAL FFP:**	**$ 1,217,413.85**
***MER (Medicaid Eligibility Rate) is determined by number of children enrolled on the 80th day of the school.**						

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EXHIBIT C
DOH YOUTH SUICIDE PROGRAM MATCH BUDGET

Description	Match Rate	DOH Cost*	MER**	Total Medicaid	FFP
Suicide Crisis Hotline	50/50	$ 40,000	56%	$ 22,400	$ 11,200
Community Development	50/50	$ 150,000		$ 84,000	$ 42,000
Peer-to-Peer Youth Development	50/50	$ 189,000		$ 105,840	$ 52,920
Training	50/50	$ 150,000		$ 84,000	$ 42,000
				TOTAL FFP:	**$ 148,120**

*Actual DOH costs are subject to change based on changes in funding, staff vacancies and MER.
** MER (Medicaid Eligibility Rate) = number of children enrolled on 80th day of school year and number who are Medicaid participants.

EXHIBIT D
DOH/OFFICE OF SCHOOL AND ADOLESCENT HEALTH STAFF MATCH BUDGET

Staff Title	Position	*DOH SGF Budget	SBHC/SBS **Program	MER*****	Match Rate	FFP **
School Health Officer-SPMP 75/25	Pediatrician	$ 185,000.00	100%	56%	75%	$ 77,700.00
School Health Advocate(s)-SPMP 75/25	Registered Nurse - Advanced (NW)	$ 95,000.00	100%	56%	75%	$ 39,900.00
	Registered Nurse - Advanced (NE)	$ 95,000.00		56%		$ 39,900.00
	Registered Nurse - Advanced (SW)	$ 95,000.00		56%		$ 39,900.00
	Registered Nurse - Advanced (SE)	$ 95,000.00		56%		$ 39,900.00
	Registered Nurse - Advanced (Metro)	$ 95,000.00		56%		$ 39,900.00
SBHC Clinical Operations Program Manager SPMP 75/25	Nurse Practitioner	$ 115,000.00	100%	60%	75%	$ 51,750.00
School Mental Health Advocate(s)SPMP 75/25	LMSW/LBSW (Social & Community Service Coord-A) NW	$ 75,000.00	100%	56%	75%	$ 31,500.00
	LMSW/LBSW (Social & Community Service Coord-A) NE	$ 75,000.00		56%		$ 31,500.00
	LMSW/LBSW (Social & Community Service Coord-A) SW	$ 75,000.00		56%		$ 31,500.00
	LMSW/LBSW (Social & Community Service Coord-A) NE	$ 75,000.00		56%		$ 31,500.00
	LMSW/LBSW (Social & Community Service Coord-A) Metro	$ 75,000.00		56%		$ 31,500.00
Behavioral Health Program Mgr- 75/25	Licensed Master's or Bachelor's Level Social Worker (Social & Community Service Coord-A)	$ 75,000.00	100%	56%	75%	$ 31,500.00
SBHC Consultant-SPMP 75/25	Registered Nurse - Advanced	$ 95,000.00	100%	56%	75%	$ 39,900.00
Youth Suicide Prevention Coordinator	LMSW/LBSW (Social & Community Service Coord-A)	$ 75,000.00	100%	56%	50%	$ 21,000.00
Health Services Manager- 50/50	Social & Community Service Coord-A	$ 75,000.00	100%	56%	50%	$ 21,000.00
OSAH Director-50/50	Staff Manager	$ 95,000.00	100%	56%	50%	$ 26,600.00
				TOTAL FFP:		**$ 626,450**
***Actual DOH costs are subject to staff vacancies and changes in funding**				**50/50**		**$ 68,600**
**** Actual program time is determined by quarterly time study**				**75/25**		**$ 557,850**
***** FFP= DOH SGF x MER x Allowable Match Rate**						
****** MER (Medicaid Eligibility Rate) = number of children enrolled on 80th day of school year and number who are Medicaid participants.**						