

DRAFT ALTERNATE REVENUE PROJECTION

February 26, 2019
Attachment #2

District	Projection Method	Service Type	Bill Rate	3 Yr. Avg per Student Services	Reimbursement Rate Per Student	Net of 20% Reduction	**	SEMI-Eligible Students	Total Projected Amount	90% Amount to Budget	***
			A	B	C	D		E	D x E		
					(A x B)						
Westfield 39-5730	District Specific	DIRECT HEALTH	\$10.85	33	358.05	\$286.44		93	\$26,638.92	\$23,975.03	
		HEALTH EVAL	\$313.00	1	313	\$250.40		93	\$23,287.20	\$20,958.48	
									\$49,926.12	\$44,933.51	
** 20% Reduction for Services Provided by non-SEMI qualified staff											
*** Amount districts are required to budget on Line 540 - Medicaid Reimbursement											