

Budget

Treca Digital Academy (143305) - Marion County - 2014 - Straight A Fund - Rev 0 - Straight A Fund - Application Number (247)

U.S.A.S. Fund #:

[Plus/Minus Sheet \(opens new window\)](#)

Purpose Code	Object Code	Salaries 100	Retirement Fringe Benefits 200	Purchased Services 400	Supplies 500	Capital Outlay 600	Other 800	Total
Instruction		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Support Services		0.00	0.00	0.00	0.00	30,000.00	0.00	30,000.00
Governance/Admin		0.00	0.00	158,000.00	0.00	0.00	0.00	158,000.00
Prof Development		0.00	0.00	31,000.00	0.00	0.00	0.00	31,000.00
Family/Community		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Safety		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Facilities		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Transportation		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		0.00	0.00	189,000.00	0.00	30,000.00	0.00	219,000.00
Adjusted Allocation								0.00
Remaining								-219,000.00

Application

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Applicants shall respond to the prompts or questions in the areas listed below in a narrative form.

A) APPLICANT INFORMATION - General Information, Experience and Capacity

1. Project Title: Optimizing Medicaid In Ohio Schools

2. Executive summary: Provide an executive summary of your project proposal and which goal(s) in question 9 you seek to achieve. Please limit your responses to no more than three sentences.

This project will help schools claim funds available to them through Optimizing Medicaid in Ohio Schools program, which reimburses schools for the cost of clinical services provided to low income special needs students. Over 85% of available funds are left unclaimed by Ohio schools every year, primarily due to the unwieldy administrative processes involved in filing Medicaid claims. Project partners will develop software that transmits data recorded by clinicians directly to Medicaid billers, automating the process of filing claims and driving hundreds of thousands of dollars back into classrooms.

8400 3. Total Students Impacted:

4. Lead applicant primary contact: - Provide the following information:

First Name, last Name of contact for lead applicant: Mark Wilcheck

Organizational name of lead applicant: TRECA Digital Academy

Unique Identifier (IRN/Fed Tax ID): 143305

Address of lead applicant: 100 Executive Drive Marion, Ohio 43303

Phone Number of lead applicant: 740.389.4798

Email Address of lead applicant: mwilcheck@treca.org

5. Secondary applicant contact: - Provide the following information, if applicable:

First Name, last Name of contact for secondary applicant: Larry Zimmerman

Organizational name of secondary applicant: TRECA Digital Academy

Unique Identifier (IRN/Fed Tax ID): 143305

Address of secondary applicant: 100 Executive Drive Marion, Ohio 43303

Phone number of secondary applicant: 740.389.4798

Email address of secondary applicant: lzimmerman@treca.org

6. List all other participating entities by name: Provide the following information for each additional participating entity, if applicable: Mention First Name, Last Name, Organizational Name, Unique Identifier (IRN/Fed Tax ID), Address, Phone Number, Email Address of Contact for All Secondary Applicants in the box below.

Gary Barber - Marion City Schools, IRN 044339, 420 Presidential Dr., Marion, Oh 43302 (740) 387.3300 gary_barber@marioncity.k12.oh.us James Gunner - Sandusky Perkins Local Schools, IRN 046813, 3714 Campbell St., Suite B., Sandusky, Oh 44870 (419) 450.3728 jgunner@perkinsschools.org

7. Partnerships and consortia agreements and letters of support: - (Click on the link below to upload necessary documents).

* Letters of support are for districts in academic or fiscal distress only. If school or district is in academic or fiscal distress and has a commission assigned, please include a resolution from the commission in support of the project.

* If a partnership or consortium will be established, please include the signed Straight A Description of Nature of Partnership or Description of Nature of Consortium Agreement.

[UploadGrantApplicationAttachment.aspx](#)

8. Please provide a brief description of the team or individuals responsible for the implementation of this project including relevant experience in other innovative projects. You should also include descriptions and experiences of partnering entities.

The organization responsible for providing leadership and resources for the successful implementation of the Optimizing Medicaid in Ohio Schools program is the Tri-Rivers Educational Computer Association (TRECA). At TRECA we are in the business of helping schools reduce their operational costs through the sharing of expertise, resources and technology. Since our founding in 1979, we have operated on the principles of understanding the challenges schools face on a daily basis and delivering quality services to overcome those barriers. With a growing consortium of 38 school districts, TRECA is committed to helping clients get the most out of their educational support services for the lowest possible cost. TRECA is an Information Technology Center (ITC) Site, that provides fiscal, support, and student services statewide to Ohio's school districts. Headquartered in Marion, OH, TRECA districts across the state (the TRECA "footprint"), CAM Achievement is led by Tom McDowell, who has over 40 years of educational experience as a Teacher, Speech and Language Pathologist, Educational Diagnostician, Special Education Coordinator, Assistant Principal, Principal, Director, Executive Director, and Educational Consultant. He was responsible for integrating the online Individual Education Plan (IEP) system with the web-based Medicaid billing system in the state of Florida, which has enabled Florida Schools to claim and recover nearly \$200MM in Medicaid reimbursements. Atlantic Research Partners work with schools across the country to analyze and improve the organizational, pedagogical, project management and leadership practices that affect student achievement. Experienced education and project management professionals provide sustainable, research-based supports to improve employee performance, school accountability and efficiency, and ultimately student achievement. The three school districts selected for participation in this pilot project are among the most underserved, needy districts in Ohio. With large populations of low-income special needs students, they were selected because they stand to make the most significant immediate gains from improved access to Medicaid reimbursements. Marion is a small urban post-industrial city that has seen a substantial increase of student poverty in recent years. According to the district's 2012-2013 Report Card, the district has an average daily enrollment of nearly 4,000 students, 99.9% of whom are considered economically disadvantaged. 17.3% of students have confirmed disabilities. Sandusky-Perkins (Perkins) is a small suburban fringe district with increasing poverty. Of approximately 2,300 students, one-third are economically disadvantaged, and 12% have confirmed disabilities. TRECA Digital Academy (TDA) is a statewide e-school. Because of its customizable approach to education, TDA is uniquely suited to disadvantaged students. As such, it has an increasing population of low-income students and students with disabilities. According to its 2012-2013 Report Card, 65.9% of TDA students are economically disadvantaged, and nearly 20% have disabilities, figures much higher than the state average for Ohio.

B) PROJECT DESCRIPTION - Overall description of project and alignment with Outcomes

9. Which of the stated Straight A Fund goals does the proposal aim to achieve? - (Check all that apply)

- Student achievement
- Spending reductions in the five-year fiscal forecast
- Utilization of a greater share of resources in the classroom

10. Which of the following best describes the proposed project? - (Select one:)

- New - never before implemented
- Existing and researched-based - never implemented in your district or community school but proven successful in other educational environments
- Mixed Concept - incorporates new and existing elements
- Enhancing/Scale Up - elevating or expanding an effective program that is already implemented in your district, school, or consortia partnership

11. Describe the innovative project.

Optimizing Medicaid in Ohio Schools represents a substantial opportunity for Ohio districts to improve quality of education for low-income special needs students, without added expense. However, lack of awareness about the program and logistical challenges have historically prevented schools from taking full advantage of it. In many cases, students' Individualized Education Plans (IEP) call for clinical services such as speech pathology, occupational therapy and physical therapy. For low-income students with special needs, these services are Medicaid-eligible. Presently, schools in Ohio may request reimbursement via two types of claims: 1.) Fee-for-Service Claiming - Medicaid reimburses schools for the cost of direct services provided, such as an occupational therapy or counseling session. Full or partial reimbursement is available, depending on the nature of the service. Fee-for-service claims are submitted to the state Medicaid agency. 2.) Administrative Claiming - Schools may request reimbursement for work that is related to the provision of direct services to students, such as referrals and case management. Schools calculate costs using a formula that takes into account the amount of staff time spent and number of individuals involved. Though it sounds simple, excessive paperwork, cumbersome administrative processes, lack of understanding of the process, and the inability to capture

data at the time of direct service is delivered have prevented many schools from filing claims and obtaining reimbursements. Multiple systems must be updated; service providers must fill out forms; administrative personnel must input information from forms into various databases; data must be compiled and put into an appropriate form for the Medicaid biller; etc. The amount of teacher and staff time required to submit a claim leads many schools to the conclusion that it just isn't worth it. Based on successful efforts in other states, this project will make the process of filing Medicaid claims much simpler, allow the data to be captured by a user friendly "web-based" process at the time of delivery, allowing schools to access millions of dollars of unclaimed funds. This is especially timely as Ohio prepares to implement changes associated with the Affordable Care Act, which will increase the number of Medicaid-eligible students in Ohio by 26%. TRECA will build customized software that links schools' Student Information Systems with each student's IEP and the records of clinicians who provide student services. Simplified, the system will work like this: 1. Clinicians will access student IEPs via a central portal 2. A list of services needed will appear for each student 3. Upon completing a service, the clinician will record it in the web-based portal 4. The clinician's action will be directly transmitted to a web-based software, and a claim will be administratively reviewed and filed. Clinicians and therapists will receive iPads or other like input devices with which to access the web-based central portal and record services at the time of service. The software will eliminate many of the intermediate and "clunky" steps between the provision of a service and the filing of a claim, the steps that often are time consuming and difficult for the service provider, therefore defeat the purpose of Medicaid reimbursement and keep school districts from capturing the dollars. And school districts are leaving millions and millions of dollars on the table because of current, inefficient processes which this grant will capture. The claim filing will be as simple as the touch of a screen. As we will note later, over 85% of available Medicaid funds are not recovered in the TRECA footprint. Due to the expansion of Medicaid that was approved in Ohio, that number will soon increase to a whopping 99% of available funds left on the table. Presently, only 20% of schools within the TRECA footprint participate in the Medicaid in Schools program.

12. Describe how it will meet the goal(s) selected above. - If school/district receives school improvement funds/support, include a brief explanation of how this project will advance the improvement plan. Because TRECA serves as the one of the largest educational computer consortiums in Ohio, it is poised to lead an effort integrating the data it already stores and assists districts to manage - all of which would be used in this seamless Medicaid Optimization program - Student Information Systems, Individualized Education Plans and Staffing. The Optimizing Medicaid in Ohio Schools program will meet the following Straight A program goals as listed: Student achievement: The proposed project will support and enhance available interventions for low-income special needs children, at all levels of instruction. In under resourced districts, many schools are unable to offer the scope of clinical services needed to improve educational outcomes for underprivileged special needs students. Access to funding from Medicaid would allow these districts to offer more diverse services, without reallocating existing district resources. Spending reductions in the five-year fiscal forecast: for schools that already provide clinical services for low-income children, this project will reduce spending through cost avoidance. Presently, schools recover only 15% of the Medicaid funds that they are eligible for. Through Medicaid optimization, schools will be able to recover most, if not all, of costs associated with providing direct services to a growing number of eligible students. The spending reductions will be permanent, for as long as the Medicaid in Schools program remains in place in Ohio. Schools will also incur significant savings in the form of staff time. Whereas the process of filing Medicaid reimbursement claims previously required tedious efforts on the part of numerous administrators, the new software and improved system will eliminate this burden. The facilitated process will also limit the need for third party billers, resulting in additional spending reductions. Presently, Ohio schools recover only 15% of the Medicaid funds that they are eligible for. Through Medicaid optimization, schools will be able to recover most, if not all, of costs associated with providing direct services to a growing number of eligible students. The spending reductions will be permanent, for as long as the Medicaid in Schools program remains in place in Ohio. Schools will also incur significant savings in the form of staff time. Whereas the process of filing Medicaid reimbursement claims previously required tedious efforts on the part of numerous administrators, the new software and improved system will eliminate this burden. The facilitated process will also limit the need for third party billers, resulting in additional spending reductions. Utilization of a greater share of resources in the classroom: As noted above, this project will result in new resources in the form of interventions and services for low-income special needs children. Additionally, millions of dollars in recovered funds will become available for use in the classroom.

C) SUSTAINABILITY - Planning for ongoing funding of the project, cost breakdown

13. Financial Documentation - All applicants must enter or upload the following supporting information. Responses should refer to specific information in the financial documents when applicable:

a. Enter a project budget

b. Upload the Straight A Financial Impact Template forecasting the expected changes to the five-year forecast resulting from implementation of this project. If applying as a consortia or partnership, please include the five-year forecasts of each school district, community school or STEM school member for review.

c. If subsection (b) is not applicable, please explain why, in addition to how the project will demonstrate sustainability and impact.

See attachments which document the Five Year Forecast categories as well as the methodology showing over \$5.8MM in direct recoverable services in the TRECA footprint and a conservative estimate of \$3.9MM in contracted recoverable services (e.g., private providers and ESC's pulled from 4502's of the TRECA districts). Sustainability is obtained by having just 1-2% of the total Medicaid recovery used for ongoing licensing, 10% of the recovery used for administrative overhead (state average) and roughly 10% used for implementing a billing system that would be handled by TRECA. Over 75% of funds recovered would go directly back to schools. In TRECA's footprint, this could account to nearly \$9MM. Statewide estimates are that over \$200 MM could be recovered that is otherwise left on the table. Further research done by Howard Fleeter (On the Money) shows a positive effect of \$504 MM in savings and increased revenue to the state for the expansion of Medicaid.

14. What is the total cost for implementing the innovative project?

219,000.00 * Total project cost

* Provide a brief narrative explanation of the overall budget. The narrative should include the source and amount of other funds that may be used to support this concept (e.g., Title I funding, RttT money, local funding, foundation support, etc.), and provide details on the cost of items included in the budget (i.e. staff counts and salary/benefits, equipment to be purchased and cost, etc).

\$125,000 Purchased Service - Software interface development for district use to interface with Student Information Systems as well as Individualized Education Plan software. \$12,000 Purchased Service - Licensing fees for Medicaid Billing program \$21,000 Purchased Service - Medicaid in schools reimbursement documentation and protocol manual development \$31,000 Purchased Service - Professional Development for staff on documentation and protocol \$30,000 Capital Outlay - Ipads/daa entry devices for documentation of Medicaid billing by providers at district level. 60 Ipads at \$500 each The iPad's would be used by therapists and clinicians to enter the data. Other funds that would be used would be local funds to implement and support the development of the program estimating that each district and provider may have .25 FTE dedicated to the implementation of the project in the first year. This would equate to an estimated \$150,000 with salary and benefits. Areas which will be implemented, but are not limited to: - A Medicaid Optimization Matrix - Where are the opportunities for the consortia and partners to assist school districts to minimize their special education expenses through improving the scheduling of their related service (e.g., OT, PT, SLP, Psychologist, special education related Administrative Claiming), staff. - The opportunities to maximize reimbursement in Ohio's Medicaid in Schools Program (MSP) for clinical and administrative services at Local Education Agencies (LEA's) - Medicaid expansion and its effect (projected 26% increase in Ohio) - Calculating possible scenarios for the effect of the Affordable Healthcare Act and its effect on the MSP claims for LEA's - Cost recovery/reporting/settlement - Establishing an opportunity for a local instructional technology center partner to become a third party billing agent for their schools and providing the required cost recovery, reporting and settlement efforts for their schools. - Third party billing - Consider the operative conditions of using an existing or established student information system (e.g., Powerschool) or the use of a data integration and interoperability system that may integrate the student information system with a district's IEP software to coordinate third party billing. One outcome will be an assessment of the current market of very limited IEP/SIS/Medicaid integration and billing systems and proposing a path forward for participating LEA's. ODE, the Office of Medicaid and the billing partner. - Most providers are presently transcribing written notes into electronic systems for the billing required by Medicaid; this feature requires between 25 and 33% commission to the third party billing system. We will examine options to significantly lessen this cost with an the partner Instructional Technology Center. - Medicaid Administrative Claiming - Assessing the current market of Medicaid Administrative Claiming (e.g., transportation and management functions relative to Medicaid for eligible students), its data collection and opportunities for the consortia and partners to develop/service this feature for LEA's. - Data interoperability (SIS-IEP-Medicaid claiming software) - Assessing the various systems and analyzing the optimization opportunities for data integration. - Determine opportunities for to become affordable alternative employee leasing units for the schools they serve - Organizations participate in reimbursement from Medicaid in one of two formats - cost or unit cost recovery. The cost recovery option is the most profitable. Through the grant, we will analyze the options and scenarios where LEA's can optimize reimbursement through both delivery systems.

15. What new/recurring costs of your innovative project will continue once the grant has expired? If there are no new/recurring costs, please explain why.

22,500.00 * Specific amount of new/recurring cost (annual cost after project is implemented)

* Narrative explanation/rationale: Provide details on the cost of items included in the budget (i.e. staff counts and salary/benefits, equipment to be purchased and cost, etc.). If there are no new/recurring costs, please explain why.

Recurring costs would be a yearly \$12,000 in Licensing fee renewals and \$10,500 in yearly audit fees as required by the Medicaid program. This totals \$22,500 per year or \$112,500 for the five fiscal years listed in the Financial Impact Table. The only other possible recurring costs would be software interface updates as well as the cost of administrative overhead and billing. Presently these are estimated at 35-50% of the recovery costs (10% overhead, 25-33% billing and up to 10-12% for staff time to transfer and keystroke data). The ongoing costs would reduce this amount to less than 25% cumulatively. The equipment purchases would be used to offset and reduce staff time for the keystroking and data reentry of the billing and documentation.

16. Are there expected savings that may result from the implementation of the innovative project?

466,500.00 * Specific amount of expected savings (annual)

* Narrative explanation/rationale: Provide details on the anticipated savings (i.e. staff counts and salary/benefits, equipment to be purchased and cost, etc.)

The project will generate an estimated \$1,945,000 in recovered funds for the participating, pilot school districts over the five year period listed in the Financial Impact Template. Additional districts in the TRECA footprint are expected to participate following the pilot program, with an estimated \$9.8 million in reimbursements available. With costs being less than 25% of the total recovery, the project is self sustainable and provides a 400% return on investment with no additional staff or personnel and a more efficient use of staff time, and the utilization of greater resources to the classroom. This expected savings was determined by using the number of students being served that would be eligible for Medicaid reimbursement (370) at an average reimbursement of \$1500 per student (\$555,000) an subtracting the current reimbursement (44 students at \$1,500 = \$66,000) for the three participating districts. This would provide an additional \$489,000 annually for services that school districts are currently using other local funds to pay for. Subtracting the \$22,500 recurring costs leaves a total expected savings of \$466,500. These additional recovered costs funds will allow the partnering districts to reduce the purchased service costs they are currently paying for eligible services.

17. Provide a brief explanation of how the project is self-sustaining. If there are ongoing costs associated with the project after the term of the grant, this explanation should provide details on the cost reductions that will be made that are at least equal to the amount of new/recurring costs detailed above. If there are no new/recurring costs, explain in detail how this project will sustain itself beyond the life of the grant.

The ongoing costs associated with this program are estimated to be less than 25% of the funds to be recovered. 75 cents on every dollar recovered will be available for use at participating districts' discretion. The remaining 25 cents on the dollar will go towards funding existing staff positions, purchasing software upgrades and occasional equipment replacements. With program costs estimated at less than 25% of the total recovery, the project is self-sustainable and provides a 400% return on investment. No additional staff or personnel will be needed to implement the program, and the reduction in

staff time used for Medicaid claims further improves the return on investment.

D) IMPLEMENTATION - Timeline, communication and contingency planning

18. Fill in the appropriate dates and an explanation of the timeline for the successful implementation of this project. In each explanation, be sure to briefly describe the largest barriers that could derail your concept or timeline for implementation and your plan to proactively mitigate such barriers. In addition, the narrative should list the stakeholders that will be engaged during that stage of the project and describe the communication that occurred as the application was developed.

Describe the ongoing communication plan with the stakeholders as the project is implemented. (Stakeholders can include parents, community leaders, foundation support and businesses, as well as educational personnel in the affected entities.)

* Proposal Timeline Dates

Plan (MM/DD/YYYY): 1.6.14 - 1.31.14

* Narrative explanation

Plan development phase including contingency for barriers Barriers would be staff needs for certification, changes in federal laws once project begins, training of parents and staff, and unions. The stakeholders will be IDEA school staff, Parents, Administrators at the school. In particular, a barrier could be special education staff and directors as well as outside agencies. The barriers will be managed through administrative and policy means to overcome resistance. Because these funds will eventually fund the positions of staff, there is a natural relationship between success and continued employment and adequate staffing.

Implement (MM/DD/YYYY): 2.1.14 - 4.1.14

* Narrative explanation

Implementation phase including management plan The management plan development will coordinate each step of the process through the deliverables outlined elsewhere in the document and assure a successful completion. TRECA, the primary partner, has extensive success and experience in managing technology projects to completion as evidenced by their successful online school. The milestones for each step in the management plan will be developed in accordance with technology protocols and standards and then placed in a project management tool that drives reminders and specific deadlines for the calendars of all parties involved.

Summative evaluation (MM/DD/YYYY): 4.1.14 - 4.15.14

* Narrative explanation

Summative evaluation phase This project will utilize a managed communication plan to all staff members impacted by the work including weekly updates that include progress to date with key benchmarks. Further, we would demonstrate through the existing decentralized by powerful communications program of TRECA Digital Academy and TRECA the consortium and partnership roles as well as the implementation steps outlined in the deliverables found elsewhere in this grant would be administered in a project management approach that clearly demonstrates the benefit to school districts of the substantial return on investment (over 500% and over \$450,000 annually of additional resources generated to serve students of poverty with special needs while minimizing the local contribution that previously had to used to fill this gap).

19. Describe the expected changes to the instructional and/or organizational practices in your institution.

Changes resulting from this project will be primarily organizational. The project will fundamentally change the way districts document services provided to special needs students, streamlining the process to save staff time and resources. While many participating schools were previously unable to fully participate in the Medicaid in Schools program, this project will virtually automate the process of filing Medicaid claims for clinical services provided to low-income special needs students. The new software will improve the efficiency of administrative staff, and will also relieve teachers and clinicians of tedious busywork. While the project will not directly change instructional practices, the significant new revenue stream available to participating schools will have a profound impact on the quality and availability of services for special needs students. With access to Medicaid reimbursements, schools will be able to expand the scope of services offered to low-income students with special needs. Schools already offering support services will recover hundreds of thousands of dollars that can be redirected to classrooms. More funds for classrooms will likely result in a number of positive changes to instructional practices, which remain to be seen.

E) SUBSTANTIAL IMPACT AND LASTING VALUE - Impact, evaluation and replication

20. Describe the rationale, research or past success that supports the innovative project and its impact on student achievement, spending reduction in the five-year fiscal forecast or utilization of a greater share of resources in the classroom.

On October 6, 2013, the Akron Beacon Journal reported that Ohio Schools were leaving over \$200 million in Medicaid funding uncollected on an annual basis. The article went on to cite administrative costs as the primary reason for unclaimed reimbursements. Under the direction of Governor John Kasich, Ohio recently approved Medicaid expansion under the Affordable Care Act. This expansion will increase the number of students eligible for Medicaid coverage by 26%. Without fundamental changes to the way schools claim Medicaid benefits, the amount of unclaimed funding will jump to over a quarter-billion dollars annually. Based on reviews of Medicaid-eligible services provided by the school districts included in this pilot project, partners have determined that the project will generate over \$450,000 in revenue during its first year. Once the project is expanded to include all schools in the TRECA footprint, annual revenue/savings is expected to reach over \$9 million. Economist and school funding expert Howard Fleeter has demonstrated that Medicaid expansion will save the State of Ohio over \$500 million a year, once fully implemented. The expansion of Medicaid presents an unprecedented opportunity for schools to improve services to low-income special needs students, without compromising other instructional practices. Furthermore, the State of Ohio recently began offering incentives for Medicaid providers to adopt and implement electronic health record technology. As the State makes a broad move towards digital health records, this grant initiative demonstrates a timely alignment with public policy in Ohio and the needs of Ohio's schools. This project replicates and adapts successful efforts in states including Florida (Panhandle Area Education Consortium), Kentucky (School-Based Health Services program), and Kansas (Medicaid Transformation Program).

21. Is this project able to be replicated in other districts in Ohio?

Yes

No

22. If so, how?

The Optimizing Medicaid in Ohio Schools project is replicable in every district and community school in Ohio. Once the software has been built and tested in participating pilot schools, it will be made available to any district that wishes to participate. The project team estimates that pilot schools will recover \$489,000 in the first year of implementation, with associated costs of about \$22,500. The return on investment is therefore expected to be greater than 20:1. Recoveries and costs in these approximate amounts, in addition to testimonials from participating clinicians, teachers and administrators, will provide proof of concept to surrounding schools. The team estimates that all schools in the TRECA footprint will join the project in its second year.

23. Describe the substantial value and lasting impact that the project hopes to achieve.

The Optimizing Medicaid in Ohio Schools project will generate significant, steady revenue for participating schools. By streamlining the process of filing Medicaid claims, it will enable schools to access a resource that has gone grossly underutilized for many years. It will drive more dollars into Ohio classrooms, and provide schools with the funding needed to improve instructional services for students of all backgrounds and levels of ability. The project will also seize an unprecedented opportunity for schools to benefit from new legislation: i.e., the Affordable Care Act. With thoughtful preparation and an innovative approach, Ohio can take advantage of new resources available to students through the ACA from the outset of the new law.

24. What are the specific benchmarks related to the fund goals identified in question 9 that the project aims to achieve in five years? Include any other anticipated outcomes of the project that you hope to achieve that may not be easily benchmarked.

Student Achievement: The resources that go to the classroom will target classroom interventions for eligible children and will result in a reduction of at least 5% within three (3) years in the learning gap for students with disabilities and students of low income. Spending Reductions and Cost Avoidance: Spending for Medicaid billing would be reduced by half within five (5) years of the implementation. Cost avoidance from staff not being utilized for additional paperwork and hand keystroking of data would be reduced by 75% during the period of the grant. Utilization of Greater Share of Resources in the Classroom: 100% of recovered funds will be returned to classroom targeted at instruction.

25. Describe the plan to evaluate the impact of the concept, strategy or approaches used.

* Include the method by which progress toward short- and long-term objectives will be measured. (This section should include the types of data to be collected, the formative outputs and outcomes and the systems in place to track the program's progress).

* Include the method, process and/or procedure by which the program will modify or change the program plan if measured progress is insufficient to meet program objectives.

The Optimizing Medicaid in Ohio Schools project will use monthly data reports showing funds received in key Medicaid areas of services to determine the effectiveness of the project. The services that will be reviewed will be Speech/Language, Occupational Therapist, Physical Therapists, Social work, Psychologist, nurses, special transportation, and guidance counselor. Data will be collected from the Medicaid billing system and CMS. The progress will be determined by the percentage of funds received to the percentage of services provided/cost of services. If the ratio changes to a negative outcome then modifications to the billing system and selected procedures will be reviewed and corrective measures implemented.

By virtue of applying for the Straight A Fund, all applicants agree to participate in the overall evaluation of the Straight A Fund for the duration of the evaluation timeframe. The Governing Board of the Straight A Fund reserves the right to conduct evaluation of the plan and request additional information in the form of data, surveys, interviews, focus groups, and any other related data to the legislature, governor, and other interested parties for an overall evaluation of the Straight A Fund.

PROGRAM ASSURANCES: I agree, on behalf of this applicant agency and/or all identified partners to abide by all assurances outlined in the Assurance section of the CCIP. In the box below, enter "I Accept" and indicate your name, title, agency/organization and today's date.

I Accept Mike Carder Superintendent, TRECA Digital Academy Executive Director, TRECA 10.25.2013