

# Board Submission Form Bloomfield School District

Meeting Date: 9/12/2023

Item Title: Clinical Mental Health Counselor Certificate Reimbursement

Action Requested By: Desiraye Benavidez Presented By: Desiraye Benavidez

Action Requested: Reimburse Anna Curtis for getting her Clinical Mental Health Counselor Certificate

Item Summary: Certificate Reimbursement

Brief History (if applicable):  

Currently there is no LCSW or LCBW so Mrs. Curtis took additional CEUs and passed the test. This will allow Mrs. Curtis to supervise all of the social workers. She can also approve notes and we can receive reimbursement of Medicaid monies. In previous years these services were contracted out for two months costing \$11,000.

Answer the following:

Request: Clinical Mental Health Counselor Certificate Reimbursement

Benefit or Impact to the District:  

By Anna Curtis receiving this certificate, she is saving the department money and we are able to receive medicaid monies.

Reason for Request: see above

Cost: 736 What Budget: 25153

Mandate: Yes No

Budget OR Grant: Budget: \_\_\_\_\_ Grant: X

Summary By/Title: \_\_\_\_\_

Attachments: \_\_\_\_\_



Route for Staff Review:	Reviewed By:	Comments:
_____ Not Applicable	_____	_____
_____ Finance	_____	_____
_____ Purchasing	_____	_____
_____ Human Resources	_____	_____
_____	_____	_____
_____	_____	_____