

**State of Connecticut**

# **Medicaid School Based Child Health**

**Direct Medical Services and Transportation Services  
Cost Report Instruction Guide**

**Effective 7/1/2020**

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## **Overview**

The State of Connecticut Department of Social Services (the department), the single State agency administering the Connecticut Medical Assistance Program, calculates payment rates for services covered under the Medicaid School Based Child Health (SBCH) program.

The department follows “Super Circular” 2 CFR Part 225: Cost Principles for State, Local and Indian Tribal Governments (New OMB Circular A-87) in developing school district specific fee-for-service rates for services covered under the SBCH Program. Rates for services are based on the Medicaid allowed costs applicable to the services covered under the SBCH program. In addition to direct services, each school district participating in the SBCH program is allowed to claim administrative costs allocated to the administration of the SBCH program.

Beginning October 1, 2010 and forward, the rate methodology approved by CMS reflects the certified public expenditure model. This model requires the department to annually reconcile and settle any differences between the interim payments issued to districts and the actual costs incurred by districts to provide SBCH program covered services to Medicaid covered students enrolled pursuant to students’ Individualized Education Program (IEP) or within a Section 504 Plan (effective July 1, 2016). Fee-For-Services SBCH Program interim rates are reviewed at least every two years after the cost reconciliation and settlement process is finalized.

Each participating school district that received SBCH program payments for services, with dates of service falling during the reporting school year, is required to complete the SBCH Cost Report. Districts failing to complete a cost report will be required to refund any interim payments received.

## **Cost Report Website**

This guide will provide information on completing the Cost Report using the Web-Based System. Cost Reports are completed online at <https://cbe-cr.chcf-umms.org> .

DSS will notify Local Education Authorities (LEAs) by email when the cost report for their school district is available. The cost report template will be prepopulated with certain information. All prepopulated information is described in more detail throughout the manual. Paper copies of the cost report are not required to be submitted in addition to the electronic version.

## **Designating a Cost Report Preparer**

Each LEA must designate an individual or a vendor/billing agent, known as a cost report preparer, in order to submit information through the School-Based Cost Report system. To do this, the LEA must complete the “Cost Report Preparer Designee Form” found in Appendix A. The form must be signed by the authorized official for the school district, and submitted on their letterhead to UMass at the address on the form before a username and password will be assigned for the system. Up to two designees may be assigned per school district. The form may also be found on the SBCH webpage at [www.ct.gov/dss/SBCH](http://www.ct.gov/dss/SBCH) in the “Forms” section.

## **Filing Deadline and Certification**

Cost reports are due within 12 months of the close of the state fiscal year (June 30<sup>th</sup>). This deadline is firm regardless of holidays and weekends. Exceptions to the June 30<sup>th</sup> deadline will be granted only for extreme extraordinary circumstances. In these instances, the provider must inform DSS in writing of the circumstance at least 10 days prior to the submission deadline.

The school district superintendent or business manager must certify costs annually using the cost report forms available online. Please note, the certifications should not be submitted before DSS has completed the review of the submitted cost report to ensure that there are no changes required.

Original certification forms must be printed on school district letterhead, signed, and submitted to the following address or emailed.

***State of Connecticut-DSS  
SBCH Program – 9<sup>th</sup> Floor  
55 Farmington Avenue  
Hartford, CT 06105-3725  
Email: DSS.SBCH@ct.gov***

## **Questions and Assistance**

For questions or assistance, please contact DSS at 860-424-5386. For technical assistance on the online system, please contact UMass at [schoolbasedclaiming@umassmed.edu](mailto:schoolbasedclaiming@umassmed.edu) or call [1-800-535-6741](tel:1-800-535-6741).

## **Direct Service Interim Claims**

Interim Claims must be submitted within one year from the date services were provided to comply with timely filing guidelines. Districts are encouraged to submit interim claims at least quarterly to avoid possible missed claim submissions. All Medicaid covered services provided to eligible students by qualified program providers whose costs are included on the cost report must be documented as required by Medicaid, Connecticut state statute, and program record retention policies. Please note, all contracted services should be submitted for claiming in the monthly claiming process so that the reconciliation covers all services in the interim claims and cost reports. Any services not claimed in the monthly claim process will not be allowed to be reported solely on the direct cost report starting with SFY 2021.

## **Quarterly Personnel Costs**

All salary and fringe benefit expenditures submitted for both of the cost pools for Direct Service personnel which are submitted using the UMass system for school division Administrative Activity

Claims will be automatically pre-populated into each school division's cost report, provided that the quarterly Administrative claim data was submitted and certified by October 15.

For any quarters where the Administrative Activity Claims have not yet been submitted and certified, UMass will pre-populate the cost report with all qualifying personnel data (names, employee ID numbers, job descriptions and funding percentages) from the Random Moment Time Study (RMTS) participant list data for both of the cost pools for Direct Service personnel for each quarter. School districts will add salary and fringe benefit costs for these staff members in the cost report system.

*Note: For salary and fringe benefits to be eligible for inclusion in the cost report, personnel must have been included in the RMTS participant pool.*

**Direct Services Costs** include:

- Salaries and Wages
- Fringe Benefits (employer share only)
- Cost of Purchased Services
- Cost of Supplies and Materials
- Cost Purchased Property Services
- All Other Allowable Costs
- Indirect Costs

These costs must be consistent with "Super Circular" 2 CFR Part 225: Cost Principles for State, Local and Indian Tribal Governments (New OMB Circular A-87) and should reconcile to expenditures reported to the State Department of Education on the EFS Report (excluding non-Medicaid and non-SBCH costs). Salaries and Wages and Fringe Benefits costs claimed should only be for the direct services providers and Medicaid Billing personnel included in the quarterly RMTS participant pool submitted through the RMTS system. Cost of Supplies and Materials used by the direct services providers and Medicaid billing personnel, cost of Purchased Property Services essential for the delivery of services and essential for Medicaid billing, and All Other Allowable Costs identified with Direct Services are reimbursable costs.

**Specialized Transportation Costs** include:

- Salaries and Wages of Specialized Transportation Bus Drivers and Monitors
- Fringe Benefits of Specialized Transportation Bus Drivers and Monitors
- Contractor costs for Specialized Transportation Bus Drivers and Monitors
- Fuel Costs, Repair and Maintenance Costs, Insurance Costs, Rentals and Contract Vehicle Use costs for Specialized Transportation

These costs must be consistent with "Super Circular" 2 CFR Part 225: Cost Principles for State, Local and Indian Tribal Governments (New OMB Circular A-87) and should only be included when the costs are directly incurred in the provision of specialized transportation of special

education students when transportation services are prescribed in the student's IEP or 504 plan (effective July 1, 2016).

### **Indirect Costs:**

Indirect Costs are calculated by applying 10% de minimis rate to direct costs or, if a district submitted a request to the State Department of Education for an Authorized Indirect Cost Rate, apply to direct costs the approved unrestricted rate.

*Note: Districts indicating an Authorized Indirect Cost Rate must submit a copy of the letter provided by the State Department of Education indicating the rate with the dates of authorization for the rate to be used. Failure to provide supporting documentation will result in no indirect cost rate being applied. This letter must be uploaded through the online Cost Reporting system*

### **Duplication of Reimbursement: Indirect Cost Rate Conflicts:**

Expenditures may not be directly claimed in the Cost Report which are duplicative of costs already reimbursed through the application of the Indirect Cost Rate. LEAs must exclude all costs, including salary and benefit costs for personnel, when those costs are indirect in nature and therefore reimbursed through the application of the indirect cost rate to the cost report.

Indirect Cost information for LEAs can be found in "**Local Education Agencies Requests for Authorized Indirect Cost Rate (July 2009)**" on the CT SDE website found at <http://www.sde.ct.gov/sde/lib/sde/pdf/fiscal/lea.pdf>.

### **Cost Allocation Bases:**

Cost Allocation Bases are either an average of the quarterly employee Random Moment Time Studies or an average of the quarterly student enrollment statistics. Two types of cost allocation bases are utilized to calculate the Medicaid allowable cost application to the SBCH program:

1. **Statewide Allocation Base** is based on RMTS and used to allocate the following costs:
  - Salaries and wages and fringe benefits of the direct service providers, Medicaid billing personnel and Medicaid administrative support staff; and
  - Other expenses of the direct services providers, Medicaid billing personnel.
2. **District Specific Allocation Base** is based on student enrollment statistics and is used to allocate Transportation costs.
3. The **district-specific Medicaid Penetration Rate (IEP/504 Rate)** (504 Plan is effective July 1, 2016) is based on student enrollment and is applied to determine the Medicaid allowable direct services costs.

4. “**Statistical Data**” information is gathered by districts using the Medicaid verification system for the first school day of the quarter and submitted to DSS for recording. The cost report will use the average of the statistics collected during the FY. Statistics are collected for each quarter and typically due the second month of the quarter. The July statistics are due in August; October is due in November; January is due in February; and April is due in May. Statistical data fields located on the cost reported will be auto populated by UMass using data submitted by districts to DSS and verified by districts for accuracy during the completion of the cost report. The cost report system will calculate the percentages of students in each eligibility category based upon the statistical data provided by the district.

*Note: The records of all Medicaid eligible students with parental consent counted in the eligibility statistics are subject to audit.*

**Statistics Type of data tables (note: references to include 504 plans become effective 7/1/16)**

Type of Data	Description of the Type of Data
Total District Students	Number of all students enrolled in the LEA, including those attending out of district schools where the LEA is financially responsible for the student.
Total District Medicaid Students	Number of students who are Medicaid eligible in the LEA regardless of whether parental consent has been obtained, including those attending out of district schools, where the LEA is financially responsible for the student.
Total Students with Medical* Services included in IEPs and/or 504 plans	Number of all students who are enrolled in the LEA, including those attending out of district schools where the LEA is financially responsible for the student, that have at least one SBCH covered direct service included in their IEP or 504 plan.
Total Medicaid Students receiving Medical Services per their IEP and for whom Parental Consent is on file and/or 504 plans	Number of Medicaid eligible students who are enrolled in the LEA, including those attending out of district schools where the LEA is financially responsible for the student, who have at least one SBCH covered direct service included in their IEP or 504 plan and for whom the district has Parental Consent on file and for whom the district seeks Medicaid reimbursement.
Total SpEd Students with Transportation	Number of SpEd students enrolled in the LEA, including those attending out of district schools where the LEA is financially responsible for the student, who have at least one SBCH covered direct service included in their IEP/504 plan that are provided specialized transportation.
Total Medicaid SpEd Students with Transportation listed in the IEP/504 plan	Number of Medicaid eligible SpEd students enrolled in the LEA, including those attending out of district schools where the LEA is financially responsible for the student, who have at least one SBCH covered direct service included in their IEP/504 plan and for whom the district has Parental Consent on file that are provided specialized transportation.

*\*Medical necessary services may include the following: audiology services, behavioral health services (psychological and counseling services), behavior modification services (applied behavior analysis), clinical diagnostic laboratory services, medical services provided by licensed physicians, physician assistants or nurse practitioners, nursing services, occupational therapy services, optometric services, personal care services, physical therapy services, respiratory care services, and speech/language services.*

## **Completing the Cost Report in the Web-Based System**

### **Designating staff to have access to the Cost Report System**

Designate appropriate staff (up to 2 individuals) to access the web-based system and complete the cost report on behalf of the school district by completing the required Cost Report Designee Form (see sample form in Appendix A). Completed forms should be forwarded to UMass by email at SchoolBasedClaiming@umassmed.edu or faxed to 508-856-7643.

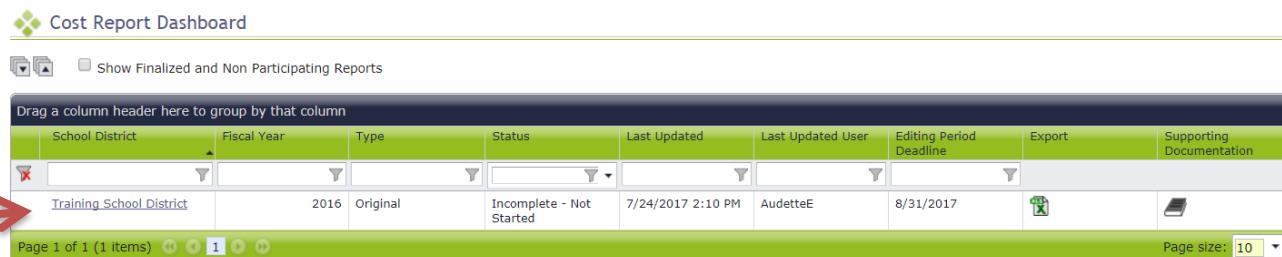
Designated staff will receive email notification from DSS when the school district's cost report is ready to be completed. The cost report will be pre-populated with quarterly Administrative Activity Claims and RMTS data and may be accessed from any computer with internet access.

### **Web-based Cost Report System**

- 1. Logging In/Accessing the system:** Log in instructions will be sent via email to the designated staff. Log in to the cost report system with the User ID and password to submit the school district's data.

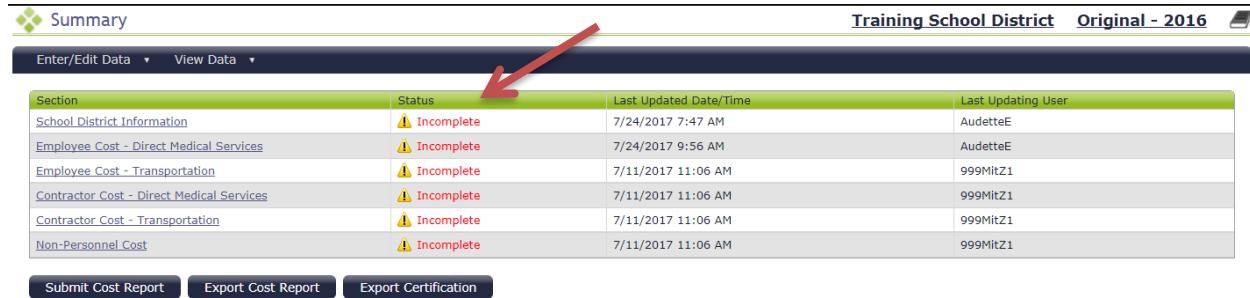


- 2. Cost Report Dashboard:** When first logging in, the "Cost Report Dashboard" will be displayed. The dashboard provides an overview of the cost report fiscal year, cost report type (original vs. amendment), current status of the cost report, and when it was last updated. Click on the school district name to access the cost report.



**Note:** Access to the school district cost report is granted only to the designated staff. For users who will be completing cost reports for more than one school district, all school district(s) for which that user has been designated will be listed on this summary screen.

3. **Summary Page:** The Summary Page will be displayed, which allows the user to navigate to any section of the cost report. Each time a section of the cost report is completed, updated, or modified, this section will show the corresponding updated status.



Section	Status	Last Updated Date/Time	Last Updating User
School District Information	⚠ Incomplete	7/24/2017 7:47 AM	AudetteE
Employee Cost - Direct Medical Services	⚠ Incomplete	7/24/2017 9:56 AM	AudetteE
Employee Cost - Transportation	⚠ Incomplete	7/11/2017 11:06 AM	999MitZ1
Contractor Cost - Direct Medical Services	⚠ Incomplete	7/11/2017 11:06 AM	999MitZ1
Contractor Cost - Transportation	⚠ Incomplete	7/11/2017 11:06 AM	999MitZ1
Non-Personnel Cost	⚠ Incomplete	7/11/2017 11:06 AM	999MitZ1

Submit Cost Report   Export Cost Report   Export Certification

## Navigating the Cost Report

To move from one section of the Cost Report to another, you can either click on the section name from the 'Summary' Page, or you can use the 'Enter/Edit Data' menu.



Section	Status
School District Information	⚠ Incomplete
Employee Cost - Direct Medical Services	⚠ Incomplete
Employee Cost - Transportation	⚠ Incomplete
Contractor Cost - Direct Medical Services	⚠ Incomplete
Contractor Cost - Transportation	⚠ Incomplete
Non-Personnel Cost	⚠ Incomplete

Submit Cost Report   Export Cost Report   Export Certification

There is also a 'View Data' menu which allows you to view sections of the cost report (but not edit) and also provides some reports



## School District Information Section

1. Navigate to “School District Information” from the Enter/Edit Data drop down menu or click on the Title of the Cost Report Section to navigate to that section.

**School District Information**

LEA Number:	SB161	*Superintendent:	[Redacted]
*School District Name:	Training School District	*Finance Director:	[Redacted]
*Address Line 1:	2016 Training Way	*Finance Director Phone:	(____) ____-____
Address Line 2:	[Redacted]	*Finance Director Email:	[Redacted]
*City:	Anywhere	*Fiscal Year:	2016
State:	Connecticut	Unrestricted Indirect Cost Rate:	10.00
*Zip:	10897-____	<a href="#">(0) Attach ICR Certification letter</a>	

**Cost Report Preparer**

*Name:	[Redacted]
*Email:	[Redacted]
*Phone:	(____) ____-____

**Direct Medical Services - Eligibility Percentages**

	NUMBER
Total Medicaid Students with Medical Services included in their IEP:	378
Total Students with Medical Services included in their IEP:	526
Total District Students:	2428
Direct IEP MER:	71.86%

2. **Complete the School District Information section:** Review, enter or edit the data prepopulated into this section. All data fields with a red asterisk (\*) are required to be completed.

- School District Name \*
- Address \*
- Address Line 2
- City, State, Zip Code \*
- Name of Superintendent \*
- Name of Finance Director \*
- Phone Number of Finance Director \*
- Email Address of Finance Director \*
- Cost Report Preparer Name \*
- Cost Report Preparer Email Address \*
- Cost Report Preparer Phone Number \*

3. **Direct Medical Services – Eligibility Statistics:** This information will be pre-populated using data forwarded to DSS during the school year from each reporting district. Percentages are calculated by the system automatically. Data should be reviewed by the district for accuracy.

#### Direct Medical Services - Eligibility Percentages

	NUMBER
Total Medicaid Students with Medical Services included in their IEP:	378
Total Students with Medical Services included in their IEP:	526
Total District Students:	2428
Direct IEP MER:	71.86%

## Employee Costs-Direct Medical Services

1. **Navigate to “Employee Costs-Direct Medical Services” worksheet** from the Enter/Edit Data drop down menu or click on the Title of the Cost Report Section to navigate to that section. From this page you can:
  - a. View personnel salary and fringe benefit costs. For quarters where the school district completed and certified the AAC by October 15<sup>th</sup>, this data will be pre-populated. View the pre-populated data and determine if any changes or additions are needed.
  - b. Edit personnel salary and fringe benefit costs. Make any necessary changes to data from the AAC claims from this worksheet.
  - c. Add new personnel salary and fringe benefit costs. Any personnel who need to be added to the cost report can be added using this worksheet.
  - d. Delete personnel for whom costs should not be included in the cost report.

Employee Cost - Direct Medical Services											Training School District Original - 2016			
Enter/Edit Data		View Data												
Job Category:		Job:		Add New Employee										
Delete	Employee Information	Quarter	Job Title	Federal Funds %	Quarterly Salary	Employer Retirement Contribution	Group Health Insurance - Employer	Dental - Employer	Medicare Tax - Employer	FICA - Employer	Other Benefits	Total Salary And Benefit Payments	Salary and Benefit Payments Excluding Federal Funds	
Click on Employee link in grids below to edit:														
	Apple, Mary Kay (UMMS5585)		Licensed Speech and Language Pathologist, Claiming	50.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Banana, Jessica (UMMS5613)		Physical Therapist, Claiming	38.00%	\$75,611.04	\$0.00	\$21,165.72	\$0.00	\$862.74	\$3,688.97	\$0.00	\$101,328.47	\$62,823.65	
	Begonia, Pamela (UMMS5599)		School Counselor, Claiming	0.00%	\$97,345.21	\$0.00	\$19,348.52	\$0.00	\$1,256.92	\$0.00	\$0.00	\$117,950.64	\$117,950.64	
	Blueberry, Mary (UMMS5560)		School Psychologist, Claiming	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Bluegrass, Stefanie (UMMS5607)		Occupational Therapist, Claiming	33.00%	\$92,355.90	\$0.00	\$0.00	\$0.00	\$1,339.15	\$5,726.07	\$0.00	\$99,421.12	\$66,612.15	
	Buttercup, Anna (UMMS5573)		Licensed Speech and Language Pathologist, Claiming	0.00%	\$76,834.98	\$1,500.00	\$19,348.51	\$0.00	\$1,030.22	\$0.00	\$0.00	\$98,713.71	\$98,713.71	
	Butternut Squash, Deborah (UMMS5600)		School Counselor, Claiming	0.00%	\$118,540.55	\$0.00	\$19,348.52	\$0.00	\$1,559.72	\$0.00	\$0.00	\$139,448.78	\$139,448.78	
	Carrot, Julie (UMMS5592)		Licensed Speech and Language Pathologist, Claiming	0.00%	\$117,458.63	\$0.00	\$19,348.51	\$0.00	\$1,567.79	\$0.00	\$0.00	\$138,374.93	\$138,374.93	
	Celery, Amy (UMMS64390)		Licensed Speech and Language Pathologist, Claiming	0.00%	\$17,985.36	\$0.00	\$0.00	\$0.00	\$260.79	\$1,115.09	\$0.00	\$19,361.24	\$19,361.24	
	Cheddar Cheese, Rosie (UMMS5564)		Licensed Speech and Language Pathologist, Claiming	60.00%	\$27,693.00	\$0.00	\$0.00	\$0.00	\$401.55	\$0.00	\$0.00	\$28,094.55	\$11,237.82	
Grand Total (59 Employees)				\$4,547,195.81	\$1,500.00	\$609,471.83	\$0.00	\$62,636.75	\$43,237.35	\$0.00	\$5,264,041.73	\$4,961,475.72		
Page 1 of 6  Page size: 10														

Complete

2. **Include costs** for each employee who provided direct medical services to special education students pursuant to an IEP or 504 Plan (effective July 1, 2016). Exclude any personnel who are funded 100% by federal dollars, who do not meet the Medicaid provider qualifications, or for whom the school district does not wish to claim reimbursement.
3. **Data is separated by quarter.** Depending on if and when the school district submitted and certified quarterly AAC claims, each quarter will fall into one of two scenarios:
  - Scenario One: AAC claim was submitted and certified by October 15<sup>th</sup> and salary and fringe benefit data has been pre-populated.
  - Scenario Two: No AAC claim was submitted; therefore the school district RMTS participant data has been pre-populated.
4. **Excel upload file:** If several changes need to be made, an Excel file of the quarterly data may be exported and used to make the necessary changes, then uploaded.
  - Export a file of all personnel costs for the quarter by choosing the quarter from the top right corner of the screen, and then click the Excel icon.

The selected quarter is grey. In the example, 'Totals' is selected, which displays all 4 quarters together.

Quarter: Q1 Q2 Q3 Q4 Totals

The icon on the left will **Export** an Excel file; the icon on the right will allow you to **Import/Upload** a file.

b. Make any necessary changes to the personnel costs in the file and save it on your computer. Upload the quarterly personnel costs file from the Employee Costs-Direct Medical Services screen (upper right corner).

c. When the upload is complete, a confirmation message will appear. Click “Close” to return to the main screen.

5. **Deleting Employee Costs:** From the “Employee Costs – Direct Medical Services” worksheet, click on the red “X” to delete the selected employee.

- If deleting a person from the “totals” page, a prompt will appear to confirm that you wish to delete the data for the selected employee from all quarters.
- If deleting an individual from quarterly pages, a prompt will appear to choose whether to delete the employee from only the selected quarter, or from all four quarters.



	▶ Begonia, Pamela (UMMS5599)
	▶ Blueberry, Mary (UMMS5560)
	▶ Bluegrass, Stefanie (UMMS5607)

6. **Adding a new employee and staff costs:** To add new staff who were not included in the AAC claim or RMTS participant pool, but whose costs are eligible to be added, click “Add New Employee” at the top/center of the “Employee Costs – Direct Medical Services” worksheet.

- The **employee information** screen will appear. Enter the First Name, Last Name, Job Title, and Employee ID number (must be a unique number).
- Add the funding percentages and cost data by quarter for this employee.
  - Funding Percentages:**
    - Federal Funds %: Enter the percentage of employee's salary that is funded by federal funds (including IDEA funds).
  - Salary and Benefits:**
    - Quarterly Salary: Enter amount of salaries paid for each employee;
    - Employer Retirement Contribution: Enter amount of employer retirement contribution for each employee;
    - Group Health Insurance-Employer: Enter amount of employer paid group health insurance for each employee;
    - Dental-Employer: Enter amount of employer paid dental insurance for each employee;
    - Medicare Tax – Employer: Enter amount of employer paid Medicare tax for each employee;
    - FICA-Employer: Enter amount of employer paid Social Security tax for each employee;
    - Other Benefits: Enter Amount of other benefits.

Employee Information					
*Employee ID: <input type="text" value="UMMS5561"/>		*Last Name: <input type="text" value="Kiwi"/>	*First Name: <input type="text" value="Jim"/>		
*Job Title	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
	<a href="#">Copy from Previous Quarter</a>	<a href="#">Copy from Previous Quarter</a>	<a href="#">Copy from Previous Quarter</a>		
Funding Percentages					
Federal Funds %	0.00%	0.00%	0.00%	0.00%	
Employee Cost					
Quarterly Payments	\$17,536.91	\$29,006.39	\$24,862.62	\$45,581.47	\$116,987.39
Employer Retirement Contribution	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Health Insurance - Employer	\$1,748.86	\$1,748.86	\$1,748.86	\$1,748.86	\$6,995.44
Dental - Employer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medicare Tax - Employer	\$252.44	\$414.15	\$354.99	\$655.41	\$1,676.99
FICA - Employer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Salary and Benefit Payments	\$19,538.21	\$31,169.40	\$26,966.47	\$47,985.74	\$125,659.82
<input type="button" value="Save and close"/> <input type="button" value="Save and add new"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>					

d. Confirmation that changes have been saved will be displayed in a green box in the center of the screen.

Updated successfully

## Contractor Costs – Direct Medical Services

1. **Navigate to the “Contractor Costs – Direct Medical Services” section** from the Enter/Edit Data drop down menu or click on the Title of the Cost Report Section to navigate to that section.
2. **Add contractors** and their costs to the worksheet by choosing either of two methods:
  - a. Individually enter each contractor’s information, or
  - b. Upload a list of all contractors and their information.
3. **Adding contractors:** The “Contractor Costs – Direct Medical Services” worksheet will appear. The total amount entered must equal to the amount reported on the EFS SE205, **excluding non-Medicaid/non-SBCH expenses**. Note: these lines will require all claimed invoices to be submitted for detailed desk review to ensure that only allowed costs are claimed. Also note this does **not** include transportation reported in the EFS SE205.
4. Click on the ‘Add New Contractor’ icon at the top of the page



The Contractor Agency and Contractor Information Page is displayed:

Contractor Agency				
*Name: <input type="button" value="Select Agency"/>		EIN: <input type="button" value="Add/Edit/Delete Agency"/>		
Contractor Information				
*Last Name: <input type="text"/>		*First Name: <input type="text"/>		
Quarter 1		Quarter 2	Quarter 3	Quarter 4
		<a href="#">Copy from Previous Quarter</a>	<a href="#">Copy from Previous Quarter</a>	<a href="#">Copy from Previous Quarter</a>
*Job Title		<input type="text"/>	<input type="text"/>	<input type="text"/>
*100% of services are IEP prescribed		<input type="text"/>	<input type="text"/>	<input type="text"/>
Funding Percentages				
Federal Funds %				
Contractor Cost				
Quarterly Payments				
Other Benefits				
Total Contractor Payments		0.00	0.00	0.00
		0.00	0.00	0.00
<input type="button" value="Save and close"/> <input type="button" value="Save and add new"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>				

5. **Add or Select the Agency** which employs the contractor. Each contractor must be associated with an agency. One agency may be associated with multiple contractors. If you haven't added your agencies yet, or you're entering data for a new agency, click on 'Add/Edit/Delete Agency'



6. **Enter the Agency Information:** Enter the Agency Name and, then click 'Save'

Add/Edit/Delete Contractor Agency

<input type="button" value="Add Agency"/>	<input type="button" value="Edit Agency"/>	<input type="button" value="Delete Agency"/>
*Agency Name: <input type="text" value="ABC Agency"/>		
<input type="button" value="Save"/> <input type="button" value="Cancel"/>		



You will receive a green confirmation message that the 'Agency added successfully,' then you can click 'Cancel' to exit the pop-up box

Agency added sucessfully

Add/Edit/Delete Contractor Agency

<input type="button" value="Add Agency"/>	<input type="button" value="Edit Agency"/>	<input type="button" value="Delete Agency"/>
*Agency Name: <input type="text" value="ABC Agency"/>		
<input type="button" value="Save"/> <input type="button" value="Cancel"/>		



7. Select the Agency Name from the Agency drop-down box, then proceed to add the new contractor.

Contractor Agency	
*Name:	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px;" type="button" value="Select Agency"/> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 5px; width: 150px; height: 100px; margin-top: 2px;"> <div style="border-bottom: 1px solid #ccc; padding-bottom: 2px;">Select Agency</div> <div style="background-color: #0070C0; color: white; padding: 2px;">ABC Therapy Resources</div> <div style="background-color: #f0f0f0; padding: 2px;">New Agency</div> </div>
<a href="#">Add/Edit/Delete Agency</a>	
Contractor	<input style="width: 150px; height: 20px; border: 1px solid #ccc;" type="text" value="Last Name"/> <span style="margin-left: 10px;">*First Name:</span> <input style="width: 150px; height: 20px; border: 1px solid #ccc;" type="text" value="First Name"/>

8. Enter the following information about the contractor:

- Contractor Last Name, First Name
- Then provide for each quarter that the contractor was paid by your school district:
  - Job Title
  - 100% of services are IEP/(or 504 after 7/1/16) prescribed:
    - Enter Yes if 100% of the students on this contractor's caseload are being provided services pursuant to an IEP/(or 504 after 7/1/16)
    - Enter No if some of the students that this contractor provides services to are not on an IEP/(or 504 after 7/1/16)
  - Funding Percentages:
    - Enter the Federal Funds % of the contractor cost that is funded by federal funds (including IDEA funds);
  - Quarterly Payments: Enter the amount of quarterly payment for this contractor
  - Other Benefits: Enter any other contractor payments.

Contractor Information														
<input style="width: 150px; height: 20px; border: 1px solid #ccc;" type="text" value="Last Name: Watermelon"/> <span style="margin-left: 10px;">*First Name: Wanda</span>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Quarter 1</th> <th style="width: 25%;">Quarter 2</th> <th style="width: 25%;">Quarter 3</th> <th style="width: 25%;">Quarter 4</th> <th style="width: 10%;">Totals</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="button" value="Copy from Previous Quarter"/></td> <td style="text-align: center;"></td> </tr> </tbody> </table>					Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals	<input type="button" value="Copy from Previous Quarter"/>				
Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals										
<input type="button" value="Copy from Previous Quarter"/>	<input type="button" value="Copy from Previous Quarter"/>	<input type="button" value="Copy from Previous Quarter"/>	<input type="button" value="Copy from Previous Quarter"/>											
<b>*Job Title</b> <input style="width: 150px; height: 20px; border: 1px solid #ccc;" type="text" value="Occupational Therapist"/>														
<b>*100% of services are IEP prescribed</b> <input style="width: 150px; height: 20px; border: 1px solid #ccc;" type="text" value="Yes"/>														
<b>Funding Percentages</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Federal Funds %</td> <td style="width: 25%; text-align: center;">0%</td> <td style="width: 25%; text-align: center;">0%</td> <td style="width: 25%; text-align: center;">0%</td> <td style="width: 10%; text-align: center;">0%</td> </tr> </table>					Federal Funds %	0%	0%	0%	0%					
Federal Funds %	0%	0%	0%	0%										
<b>Contractor Cost</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Quarterly Payments</td> <td style="width: 25%; text-align: center;">\$1,250.00</td> <td style="width: 25%; text-align: center;">\$11,150.00</td> <td style="width: 25%; text-align: center;">\$13,250.00</td> <td style="width: 10%; text-align: center;">\$37,775.00</td> </tr> </table>					Quarterly Payments	\$1,250.00	\$11,150.00	\$13,250.00	\$37,775.00					
Quarterly Payments	\$1,250.00	\$11,150.00	\$13,250.00	\$37,775.00										
<b>Other Benefits</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Other Benefits</td> <td style="width: 25%; text-align: center;">\$0.00</td> <td style="width: 25%; text-align: center;">\$0.00</td> <td style="width: 25%; text-align: center;">\$0.00</td> <td style="width: 10%; text-align: center;">\$37,775.00</td> </tr> </table>					Other Benefits	\$0.00	\$0.00	\$0.00	\$37,775.00					
Other Benefits	\$0.00	\$0.00	\$0.00	\$37,775.00										
<b>Total Contractor Payments</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Total Contractor Payments</td> <td style="width: 25%; text-align: center;">\$1,250.00</td> <td style="width: 25%; text-align: center;">\$11,150.00</td> <td style="width: 25%; text-align: center;">\$13,250.00</td> <td style="width: 10%; text-align: center;">\$37,775.00</td> </tr> </table>					Total Contractor Payments	\$1,250.00	\$11,150.00	\$13,250.00	\$37,775.00					
Total Contractor Payments	\$1,250.00	\$11,150.00	\$13,250.00	\$37,775.00										
<input type="button" value="Save and close"/> <input type="button" value="Save and add new"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>														

## Non-Personnel Costs (Medical Supplies & Materials, Purchased Property Services, Other Expenditures)

1. Navigate to the “Non-Personnel Costs” section from the Enter/Edit Data drop down menu or click on the Title of the Cost Report Section to Navigate to that section.
2. Enter non-personnel direct service costs; the costs may only include items that are used exclusively for direct health care services. (Note: these lines will require all claimed invoices to be submitted in an organized fashion for detailed desk review to ensure that only allowed costs are claimed.)
  - a. **Medical Supplies & Materials:** Enter the total annual non-personnel costs for Medical Supplies & Materials that were used exclusively for direct medical care and reconcile to expenses reported on the EFS SE207 report, **excluding non-Medicaid/non-SBCH expenses**. Also note, this does **not** include instructional supplies reported on EFS SE207.
  - b. **Purchased Property Services:** Enter the total annual non-personnel costs for Purchased Property Services that were used exclusively for direct medical care and reconcile to the expenses reported on the EFS SE208 report, **excluding non-Medicaid/non-SBCH expenses**.
  - c. **Other Expenditures:** Enter the total annual non-personnel costs for Other Expenditures that were used exclusively for direct medical care and reconcile to the expenses reported on the EFS SE210 report, **excluding non-Medicaid/non-SBCH expenses**.

 Non-Personnel Cost

Enter/Edit Data ▾ View Data ▾

Direct Medical Services Non-Personnel Cost

Medical Supplies and Materials:	\$15,685.00
Purchased Property Services:	\$20,000.00
Other Expenditures:	\$0.00

## Specialized Transportation

### School Division Information- Transportation



For School Districts who are **NOT** claiming reimbursement for Specialized Transportation, please click on the box on the School District Information Page that indicates that you are **not** filing. Then you may skip all transportation sections of the cost report and leave them blank.



We will not file for Transportation-related Cost Reimbursement

For School Districts who **ARE** claiming reimbursement for Specialized Transportation, start by completing the information on the School District Information page. Some data will be populated by DSS.

- Only those students with wheelchair van specified in their IEP should be the students whose specialized transportation can be claimed. Please note; IEP page 11 would indicate any required specialized transportation for the student.

**Transportation - Eligibility Percentages:** Enter the following statistics that are supported by your Transportation Logs and 'School District Transportation Submission Detail Worksheet'

- Total Students Transported by Specialized Buses (wheelchair vans)
- Total Students with Specialized Transportation in their IEP, page 11 item 4
- Total Medicaid Students with Specialized Transportation in their IEP, page 11 item 4.

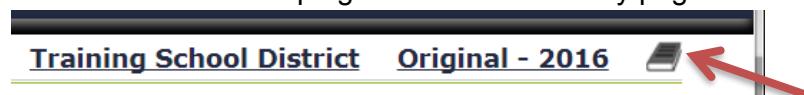
Transportation - Eligibility Percentages	
	<b>NUMBER</b>
Total Students Transported by Specialized Buses:	<input type="text" value="0"/>
Total Students with Specialized Transportation in their IEP:	<input type="text" value="0"/>
Total Medicaid Students with Specialized Transportation in their IEP:	<input type="text" value="0"/>
Transportation MER:	
Total Number of Days Specialized Transportation provided to Medicaid Eligible Students:	0
Total Number of Days Medical Services and Transportation provided to Medicaid Eligible Students:	0

*Note: DSS will confirm that these statistics match the previously submitted details. If they do not match, you will be required to submit confirmation for your figures or modify to match previously submitted data.*

### Submit the School District Transportation Submission Detail Worksheet

To receive transportation reimbursement, school districts must complete the 'School District Transportation Submission Detail Worksheet' in Excel and upload the file to the Cost Report. (Please see Appendix B for a sample of the Transportation Submission Detail Worksheet and instructions for completing that report.)

1. From any page in the Cost Report, access the Supporting Documentation section by clicking on the 'Book' icon in the top right hand corner of any page



2. This opens the **Supporting Documentation** page, where you will click on 'Add New Item'



Supporting Documentation

Training School District Original - 2016

Enter/Edit Data View Data

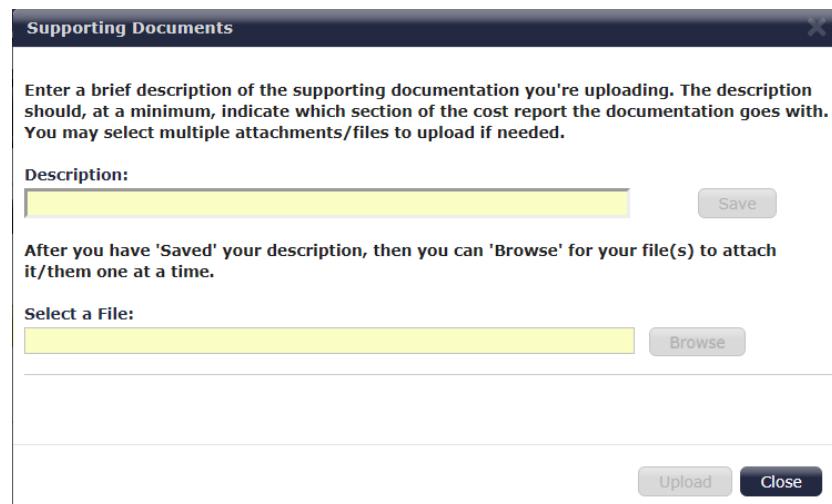
Add New Item

Last Updated Last Updated User Description Attachments

No data to display

Return

3. In the Supporting Documents pop-up box, enter a brief description of the file you are uploading. For this purpose, please enter *“School District Transportation Submission Detail Worksheet.”*



Supporting Documents

Enter a brief description of the supporting documentation you're uploading. The description should, at a minimum, indicate which section of the cost report the documentation goes with. You may select multiple attachments/files to upload if needed.

Description:

Save

After you have 'Saved' your description, then you can 'Browse' for your file(s) to attach it/them one at a time.

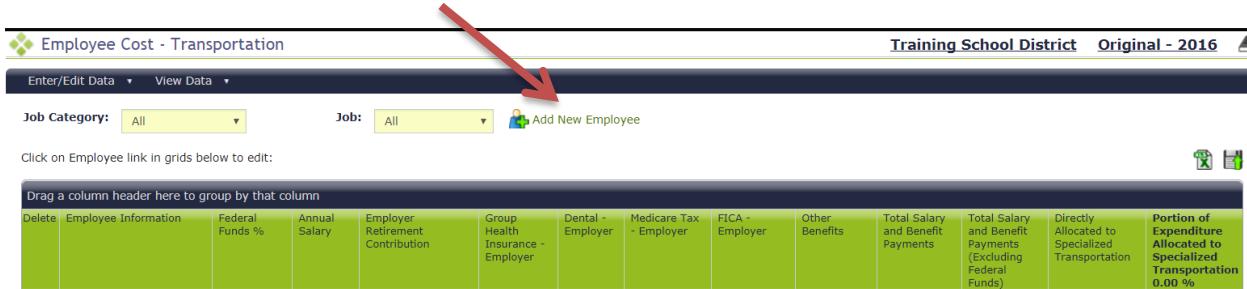
Select a File:

Browse

Upload Close

## Salary and Benefits-Transportation

1. **Adding a new employee and staff costs:** To add bus drivers and bus monitors who were employed by the district and provided specialized transportation services, click "Add New Employee" at the top/center of the "Employee Costs – Transportation" worksheet.



Employee Cost - Transportation

Training School District Original - 2016

Enter/Edit Data View Data

Job Category: All Job: All Add New Employee

Click on Employee link in grids below to edit:

Drag a column header here to group by that column

Delete	Employee Information	Federal Funds %	Annual Salary	Employer Retirement Contribution	Group Health Insurance - Employer	Dental - Employer	Medicare Tax - Employer	FICA - Employer	Other Benefits	Total Salary and Benefit Payments	Total Salary and Benefit Payments (Excluding Federal Funds)	Directly Allocated to Specialized Transportation	Portion of Expenditure Allocated to Specialized Transportation
													0.00 %

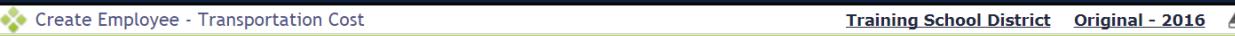
- The 'Create Employee – Transportation' screen will appear. Enter the First Name, Last Name, Job Title, and Employee ID number (must be a unique number).
- Add the funding percentages and cost data by quarter for this employee.

i. **Funding Percentages:**

1. Federal Funds %: Enter the percentage of employee's salary that is funded by federal funds (including IDEA funds).

c. **Salary and Benefits:**

- i. Annual Salary: Enter amount of salaries paid for this employee;
- ii. Employer Retirement Contribution: Enter amount of employer retirement contribution for this employee;
- iii. Group Health Insurance-Employer: Enter amount of employer paid group health insurance for this employee;
- iv. Dental-Employer: Enter amount of employer paid dental insurance for this employee;
- v. Medicare Tax – Employer: Enter amount of employer paid Medicare tax for this employee;
- vi. FICA-Employer: Enter amount of employer paid Social Security tax for this employee;
- vii. Other Benefits: Enter Amount of other benefits.
- viii. Directly Allocated to Specialized Transportation: Enter “Yes” if the employee works exclusively on specialized transportation buses, or “No”.if the employee works on specialized transportation buses only some of the time.

 Create Employee - Transportation Cost

Training School District Original - 2016

Employee Information

*Employee ID: 12345	*Last Name: Driver	*Directly Allocated to Specialized Transportation?: No
*First Name: Dan		

\*Job: SE Bus Driver

Funding Percentages

Federal Funds %	0%
-----------------	----

Employee Cost

Annual Salary	\$32,000.00
Employer Retirement Contribution	\$1,450.00
Group Health Insurance - Employer	\$2,685.25
Dental - Employer	\$0.00
Medicare Tax - Employer	\$861.45
FICA - Employer	\$237.99
Other Benefits	\$0.00
Total Salary and Benefit Payments	\$37,234.69
Directly Allocated applied	\$0.00

Save and close Save and add new Save Cancel

2. **Excel upload file:** If you have several employees to add, an Excel file of the annual data may be exported and used to make the additions or changes, then uploaded.

- a. Export a file of all transportation personnel costs by clicking the Excel icon in the top right corner. If you haven't entered any employees yet, a blank template will be downloaded for you to fill in.

Total Salary and Benefit Payments (Excluding Federal Funds)	Directly Allocated to Specialized Transportation	Portion of Expenditure Allocated to Specialized Transportation 0.00 %
---	--	--



The icon on the left will **Export** an Excel file; the icon on the right will allow you to **Import/Upload** a file.

- b. Make any necessary additions or changes to the personnel costs in the file and save it on your computer. Upload the personnel costs file from the Employee Costs-Transportation screen (upper right corner).
- c. When the upload is complete, a confirmation message will appear. Click “Close” to return to the main screen.
3. **Save your information:** Click ‘Save’ to save your data. When you have finished working on this section, mark the section complete by clicking on the ‘Complete’ button at the bottom of the screen.

## Contractor Costs – Transportation

1. **Navigate to the “Contractor Costs – Transportation” section** from the Enter/Edit Data drop down menu or click on the Title of the Cost Report Section to navigate to that section.
2. **Add contractors** and their costs to the worksheet by choosing either of two methods:
  - a. Individually enter each contractor’s information, or
  - b. Upload a list of all contractors and their information.
3. **Adding contractors:** The “Contractor Costs – Transportation” worksheet will appear.)
4. Click on the ‘Add New Contractor’ icon at the top of the page



The Contractor Agency and Contractor Information Page is displayed:

**Create Contractor - Transportation Cost** Training School District Original - 2016

Enter/Edit Data ▾ View Data ▾

**Contractor Agency**

\*Name:  EIN:

**Contractor Information**

\*Last Name:  \*Directly Allocated to Specialized Transportation?:

\*First Name:

\*Job:

**Funding Percentages**

Federal Funds %:

**Contractor Cost**

Annual Salary:

Other Benefits:

Total Salary and Benefit Payments: 0.00

Directly Allocated applied: \$0.00

5. **Add or Select the Agency** which employs the contractor. Each contractor must be associated with an agency. One agency may be associated with multiple contractors. If you haven't added your agencies yet, or you're entering data for a new agency, click on 'Add/Edit/Delete Agency'

 [Add/Edit/Delete Agency](#)

6. **Enter the Agency Information:** Enter the Agency Name , then click 'Save'

**Add/Edit/Delete Contractor Agency**

Add Agency  Edit Agency  Delete Agency

\*Agency Name:

You will receive a green confirmation message that the 'Agency added successfully,' then you can click 'Cancel' to exit the pop-up box



**Add/Edit/Delete Contractor Agency**

Add Agency Edit Agency Delete Agency

**\*Agency Name:**  
ABC Agency

Save Cancel



7. **Select the Agency Name** from the Agency drop-down box, then proceed to add the new contractor.

**Contractor Agency**

**\*Name:** Select Agency Add/Edit/Delete Agency

Contractor ABC Therapy Resources

New Agency

**\*Last Name:**  **\*First Name:**

8. **Enter the following information** about the contractor:

- Contractor Last Name, First Name
- Then provide annual information for each contractor that was paid by your school district:

- i. Job Title
- ii. Directly Allocated to Specialized Transportation? (Yes/No):
  - 1. Enter Yes if 100% of this contractor's time is spent working on specialized transportation buses.
  - 2. Enter No if some of this contractor's time is split between 'regular' and 'specialized' transportation duties.
- iii. Funding Percentages:
  - 1. Enter the Federal Funds % of the contractor cost that is funded by federal funds (including IDEA funds);
- iv. Annual Payments: Enter the amount of quarterly payment for this contractor
- v. Other Benefits: Enter any other contractor payments.

9. **Save your information:** Click 'Save' to save your data. When you have finished working on this section, mark the section complete by clicking on the 'Complete' button at the bottom of the screen.

## Non-Personnel Costs - Transportation

1. **Navigate to the “Non-Personnel Costs-Transportation” section** from the Enter/Edit Data drop down menu or click on the Title of the Cost Report Section to Navigate to that section.
2. **Enter annual non-personnel transportation service costs.**
  - Fuel
  - Repair and Maintenance
  - Insurance
  - Rentals
  - Contract Vehicle Use

### Transportation Non-Personnel Cost

		Directly Allocated to Specialized Transportation?	Portion of Expenditure Allocated to Specialized Transportation
<b>Fuel:</b>	\$36,050.00	<input type="checkbox"/>	0.00% \$0.00
<b>Repair and Maintenance:</b>	\$22,980.00	<input checked="" type="checkbox"/>	\$22,980.00
<b>Insurance:</b>	\$12,684.00	<input checked="" type="checkbox"/>	\$12,684.00
<b>Rentals:</b>	\$0.00	<input type="checkbox"/>	\$0.00
<b>Contract Vehicle Use:</b>	\$0.00	<input type="checkbox"/>	\$0.00

3. Indicate for each cost reported whether the amount entered is **100% directly allocated to Specialized Transportation (wheelchair vans) only**. If Yes, then check the box. If no, leave the box unchecked, and the system will apply an allocation factor to the submitted costs.
4. **Save your information:** Click ‘Save’ to save your data. When you have finished working on this section, mark the section complete by clicking on the ‘Complete’ button at the bottom of the screen.

## Completing and Submitting the Cost Report

1. From the Summary page, after all cost report sections have been completed, click “submit cost report”.

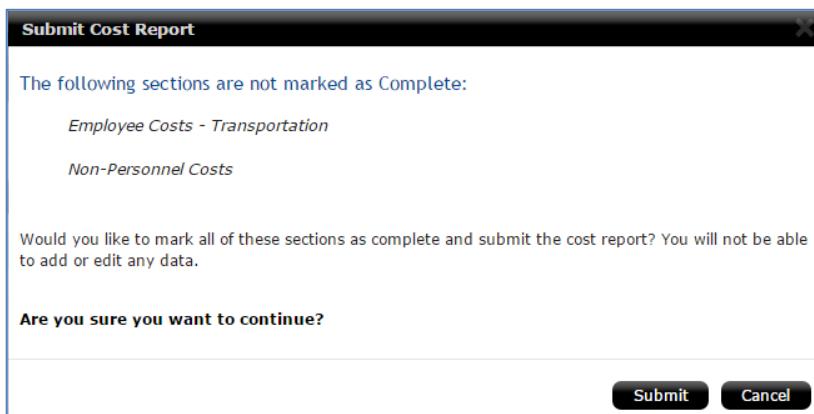


The screenshot shows the 'CONNECTICUT SCHOOL-BASED CHILD HEALTH PROGRAM' Cost Report Summary page. The page header includes the UMASS Center for Health Care Financing logo and a welcome message for 'Emily Sduser'. The main content is a table showing the status of various cost report sections:

Section	Status	Last Updated Date/Time	Last Updating User
School District Information	✓ Complete	7/25/2017 12:11 PM	SduseEm1
Employee Cost - Direct Medical Services	✓ Complete	7/25/2017 12:11 PM	AudetteE
Employee Cost - Transportation	✓ Complete	7/25/2017 12:11 PM	AudetteE
Contractor Cost - Direct Medical Services	⚠ Incomplete	7/24/2017 4:55 PM	SduseEm1
Contractor Cost - Transportation	⚠ Incomplete	7/11/2017 11:06 AM	999MkZ1
Personnel Cost	✓ Complete	7/25/2017 12:12 PM	SduseEm1

At the bottom of the page, there are three buttons: 'Submit Cost Report' (highlighted with a red arrow), 'Export Cost Report', and 'Export Certification'.

2. If any sections of the cost report remain incomplete at this time, the system will provide a message alerting you to any incomplete sections:



3. As an assurance, you are able to review all areas of the cost report to ensure completion by clicking on “cancel”, and then review those sections which you may be unsure of individually.
4. If certain that all sections of the cost report are in fact complete and ready to be submitted, simply click on the “submit” button, and all sections will be marked “Complete”.

Example Summary View page after cost report has been submitted:



The screenshot shows a "Summary View" page with a table of submitted cost report sections. The table has columns for Section, Status, Last Updated Date/Time, and Last Updating User. All sections are marked as "Complete". The last update was on 7/25/2017 at 12:11 PM, and the user was SduseEm1. The sections listed are School District Information, Employee Cost - Direct Medical Services, Employee Cost - Transportation, Contractor Cost - Direct Medical Services, Contractor Cost - Transportation, and Non-Personnel Cost. Below the table are two buttons: "Export Cost Report" and "Export Certification".

Section	Status	Last Updated Date/Time	Last Updating User
School District Information	✓ Complete	7/25/2017 12:11 PM	SduseEm1
Employee Cost - Direct Medical Services	✓ Complete	7/25/2017 12:11 PM	AudetteE
Employee Cost - Transportation	✓ Complete	7/25/2017 12:11 PM	AudetteE
Contractor Cost - Direct Medical Services	✓ Complete	7/25/2017 12:50 PM	SduseEm1
Contractor Cost - Transportation	✓ Complete	7/25/2017 12:50 PM	SduseEm1
Non-Personnel Cost	✓ Complete	7/25/2017 12:12 PM	SduseEm1

## Exporting (Downloading) the Cost Report

1. **Export Cost Report to Excel:** A copy of the submitted cost report can be downloaded as an Excel file from two places:

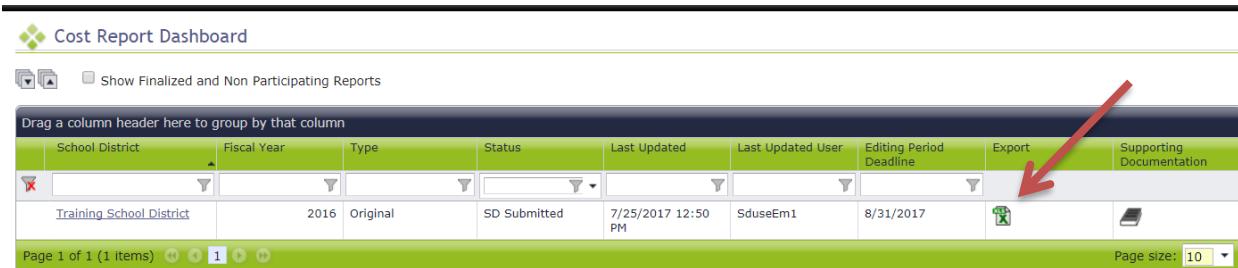
- From the "Summary View" page, just click "Export Cost Report":



The screenshot shows the same "Summary View" page as above, but with a red arrow pointing to the "Export Cost Report" button. The table of submitted sections is visible below the button.

- From the "Cost Report Dashboard" page (the page that opens when first logging into the system), just click the Excel icon:

Example Cost Report Dashboard screen:



The screenshot shows the "Cost Report Dashboard" page. It features a table of submitted reports with columns for School District, Fiscal Year, Type, Status, Last Updated, Last Updated User, Editing Period Deadline, Export, and Supporting Documentation. A red arrow points to the "Export" icon in the last column of the table. The table shows one item: "Training School District" for the year 2016, Type "Original", Status "SD Submitted", Last Updated "7/25/2017 12:50 PM", Last Updated User "SduseEm1", and Editing Period Deadline "8/31/2017".

School District	Fiscal Year	Type	Status	Last Updated	Last Updated User	Editing Period Deadline	Export	Supporting Documentation
Training School District	2016	Original	SD Submitted	7/25/2017 12:50 PM	SduseEm1	8/31/2017		

- A prompt will appear to pick the section(s) of the cost report to be exported. The entire cost report can be exported, including all worksheets, or specific sections can be chosen (see next page).



- d. The cost report is then downloaded to a local computer as an Excel workbook. The cost report workbook contains separate tabs for each worksheet of the cost report, depending on which sections you choose to export. (A sample of the exported cost report appears on the next page.)

Example of downloaded Excel Cost Report Workbook (*School Division Information Tab is showing*):

### Direct Medical Services Cost Report, FY 2016

#### School District Information

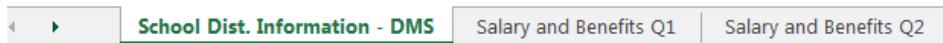
School District:	Training School District
Fiscal Year:	2016
Period From:	7/1/2015
Period To:	6/30/2016
Submission:	
Status:	SD Submitted
Type:	Original
Run Date:	07/25/2017
Run Time:	1:00 PM

#### School District Information

School District Name:	Training School District
LEA Number:	SB161
Address 1:	2016 Training Way
Address 2:	
City, State Zip:	Anywhere, CT 10897
Superintendent:	Sally Superintendent
Finance Director:	Fred Finance
Finance Director Phone:	(804) 555-5555
Finance Director Email:	fred.finance@demoschools.org
Unrestricted Indirect Cost Rate:	10.00%
Cost Report Preparer Name:	Carl Costreport
Cost Report Preparer Email:	carl.costreport@demoschool.org
Cost Report Preparer Phone:	(804) 555-5555

*The Connecticut State Department of Education is the cognizant agency which approves indirect rates for school based providers. If no calculated rate is available for the reporting period, a 10% rate is used.*

Eligibility	Number
Total Medicaid Students with Medical Services included in their IEP:	378
Total Students with Medical Services included in their IEP:	526
Total District Students:	2428
Direct IEP MER:	71.86%



Navigate between worksheets of the Cost Report by moving to the different tabs of the Excel workbook

## **Uploading Required Documentation**

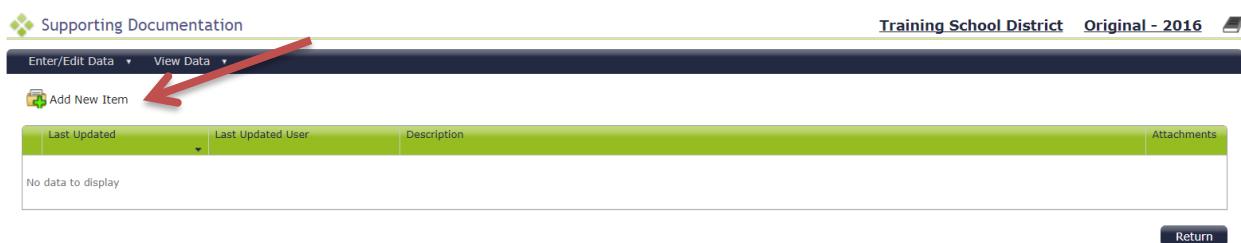
The following items should be uploaded for each district:

1. EFS Special Education Report per subsection (h) of section 10-76f of CT General Statutes for school year.
2. Indirect Cost Rate Letter from State Department of Education, if applicable
3. Transportation Submission Detail Worksheet, if applicable
4. Contracted Medical Invoices for all reported contractors
5. Invoices for Non-personnel items reported in non-personnel

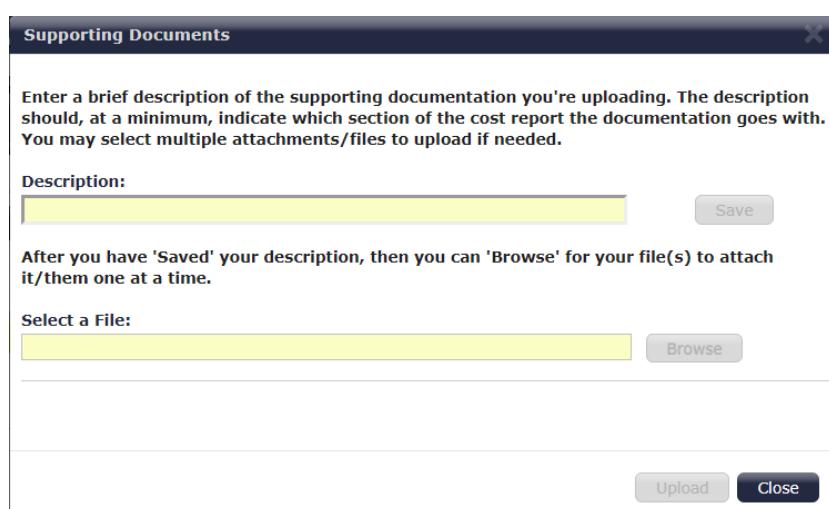
From any page in the Cost Report, access the Supporting Documentation section by clicking on the 'Book' icon in the top right hand corner of any page



This opens the **Supporting Documentation** page, where you will click on 'Add New Item'



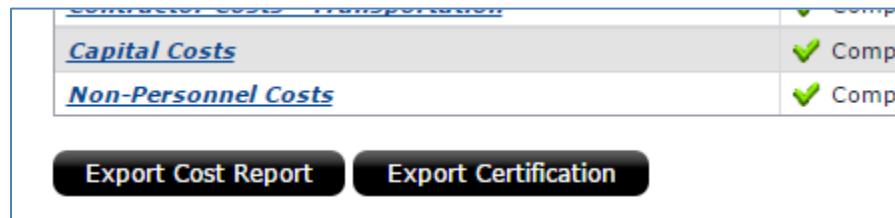
In the Supporting Documents pop-up box, enter a brief description of the file you are uploading.



## **Certification of Public Expenditure**

**Note:** School Districts should NOT submit a Certification letter until AFTER receiving approval for their Cost Report from DSS.

1. Export Certification of Public Expenditure: From the bottom of the “Summary View” page, click on “Export Certification” to download a pre-populated Certification letter for the submitted cost report:



2. The form (see sample on next page) is used to certify the school district's expenditures for IEP/504 (after 7/1/16) related school based services. The certification of public expenditures is necessary so that the State may claim matching funds or FFP from the federal government.
3. Financial data and other information are automatically populated. The form must be printed on district letterhead, signed by the Superintendent or School Business Manager/Finance Officer, and returned to or emailed:

**State of Connecticut-DSS  
SBCH Program – 9<sup>th</sup> Floor  
55 Farmington Avenue  
Hartford, CT 06105-3725  
Email: DSS.SBCH@ct.gov**

## Certification of Public Expenditure

*[Note: Must be printed on School District Letterhead]*

**Governmental Provider Name and Address:**

Training School District 2016 Training Way, Anywhere, Connecticut 10897	LEA Number: Reporting Period From: Reporting Period To:	SB161 07/01/2015 06/30/2016
---	---	-----------------------------------

**Type of Report:**

Partial Period Report  
 Final Cost Report  
 Amended Cost Report

**Total Computable Expenditure by Type:**

Medical Services:	\$4,998,658.86
Transportation Services:	\$20,378.41
Total:	\$5,019,037.27

**Claimed Expenditures:**

This statement is of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid Program under Title XIX of the Social Security Act (the Act), and in accordance with all procedures, instructions and guidance issued by the single state agency and in effect during the year ended 06/30/2016

**INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW.**

**CERTIFICATION STATEMENT BY OFFICER OF THE SCHOOL DISTRICT**

I certify that:

1. I have examined this statement, the accompanying supporting exhibits, the allocation of expenses and services, and the attached worksheets for the reporting period specified above and that to the best of my knowledge and belief they are true and correct statements prepared from the books and records of the school district in accordance with applicable instructions.
2. The expenditures included in this statement are based on the actual cost of recorded expenditures.
3. The school district is responsible for billing for services for which expenditures have been included in the cost report. Failure to bill for services delivered during the reporting period by the time the costs are submitted will result in reduction of reimbursable costs by the percentage of delivered services that were not billed.
4. The required amount of State and/or local funds were available and used to pay for total computable allowable expenditures included in this statement, and such State and/or local funds were in accordance with all applicable Federal requirements for the non-Federal share match of expenditures (including that the funds were not Federal funds in origin, or are Federal funds authorized by Federal law to be used to match other Federal funds, and that the claimed expenditures were not used to meet matching requirements under other Federally funded programs).
5. Federal matching funds are being claimed on this report in accordance with the cost report instructions provided by the Department of Social Services (the department) effective for the above reporting period.
6. The school district is responsible for maintaining all the documentation supporting the expenditures reported in the cost report. Failure to provide supporting documents during audits may lead to audit findings and payback of the federal matching funds received by the school district and payment of any fines or penalty imposed by the pertinent federal and/or state agency.
7. I am the superintendent of the school district or have been officially authorized by the superintendent to sign this form and I have made a good faith effort to assure that all information reported is true and accurate.
8. I understand that this information will be used as a basis for claims for Federal funds, and possibly State funds, and that falsification and concealment of a material fact may be prosecuted under Federal or State civil or criminal law.

AUTHORIZED signature

DATE

AUTHORIZED name

PHONE NUMBER

I

## Appendix A: Designee Form

### STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE HARTFORD, CT 06105-3725  
Phone: 860-424-5386      Fax: 860-424-4812

### School Based Medicaid Program Authorization of Designated Program Contacts

The purpose of this form is to identify the individual designated by the district to deliver information necessary for the administration of the following processes on behalf of the district. As appropriate to each designation, these individuals will be given User IDs to access online website applications to act on behalf of your school district for the purpose of the Medicaid program. Billing Vendors may not be designated as primary contact but may be listed as a secondary contact for the district.

School District Name: \_\_\_\_\_ LEA Number: \_\_\_\_\_

**RMTS Coordinator:** Responsible for RMTS Participant Information, including participants and work schedules, as well as monitoring time study participating and managing any 'change of status' issues.

me:		one:	
e:		ail:	

**Administrative Activity Claim Coordinator:** Responsible for submitting the quarterly staff salary and benefit information and other allowed expenditure data for the quarterly AAC claims.

me:		one:	
e:		ail:	

**Cost Report Coordinator:** Responsible for submitting the annual Direct Medical Services and Transportation Cost Report information for the school district.

me:		one:	
e:		ail:	

**Billing Vendor:** Secondary point of contact on behalf of the school district.

me:		one:	
e:		ail:	

#### School District Authorization:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of District Representative

\_\_\_\_\_  
Date

Please submit completed form to:

CT Department of Social Services  
Email: [dss.sbch@ct.gov](mailto:dss.sbch@ct.gov)

AND

University of Massachusetts  
Attn: CT SBCH Program  
Email: [schoolbasedclaiming@umassmed.edu](mailto:schoolbasedclaiming@umassmed.edu)  
Fax: (508) 856-7643

## Appendix B: Transportation IEP Page 11 example

Student: _____	DOB: _____	District: _____	Meeting Date: _____					
Last Name, First Name	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy					
<b>SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION</b>								
Special Education Services	Goal(s) #	Frequency	Responsible Staff	Service Implementer	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Site*	If needed, description of Instructional Service Delivery (e.g. small group, team taught classes, etc.)
Related Services								
*Instructional Site:	1. Regular Classroom		2. Resource/Related Service Room		3. Self-Contained Classroom		4. Community-Based	
Description of participation in General Education								
Note: Each Item #1-13 Technology: <input type="checkbox"/> Not Required <input type="checkbox"/> Required: See Pg. 8 must include a response 2. Applied (Voc.) Ed: <input type="checkbox"/> Regular <input type="checkbox"/> Special (specify) <input type="checkbox"/> N/A 3. Physical Education: <input type="checkbox"/> Regular <input type="checkbox"/> Special (specify) <input type="checkbox"/> N/A 4. Transportation: <input type="checkbox"/> Regular <input type="checkbox"/> Special (specify) <input type="checkbox"/> N/A 5. Length of School Day: (Specify) 6. Number of Days/Week: (Specify) 7. Length of School Year: (Specify)  8. Total School Hours/Week: (Specify) 9. Special Education Hours/Week: (Specify) 10. Hours per week the student will spend with children/students who do not have disabilities (time with non-disabled peers): _____								
11. Since the last Annual Review, has the student participated in school sponsored extracurricular activities with non-disabled peers? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Extended School Year Services: <input type="checkbox"/> Not Required <input type="checkbox"/> Required: See service delivery grid above or an additional page 11 for services to be provided <input type="checkbox"/> Required: Continue to implement current IEP 13. a) The extent, if any, to which the student <u>will not</u> participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities: _____ <input type="checkbox"/> Not Applicable: Student will participate fully b) If the IEP requires <u>any</u> removal of the student from the school, classroom, extracurricular, or nonacademic activities, (e.g., lunch, recess, transportation, etc.) that s/he would attend if not disabled, the PPT must justify this removal from the regular education environment. <input type="checkbox"/> Not applicable: Student will participate fully c) The IEP requires removal of the student from the regular education environment because: (provide a detailed explanation – use additional pages if necessary)								
<small>Note: The LRE Checklist (ED632) must be completed and attached to this IEP if the student is to be removed from the regular education environment for 60% or more of the time. It is recommended that the LRE Checklist be utilized when making <u>any</u> placement decision to ensure conformity with the LRE provisions of the Individuals with Disabilities Education Act.</small>								

ED620, Revised February 2009

INDIVIDUALIZED EDUCATION PROGRAM

11

## Transportation Submission Detail Worksheet

### Trans Details Dates page:

1. Enter School District Name in cell A4
2. Enter an 'X' in the appropriate box to indicate whether your school district provides SBCH transportation services for an Extended School Year (Yes or No)
3. If ESY services above are 'Yes', then enter a description of the ESY period and schedule in cell B9

1	Connecticut Medicaid	A	B	C	D
2	School Based Child Health				
3	School Year Details - Transportation				
4	<b>INSERT DISTRICT NAME</b>				
5					
6	Does your school district provide SBCH services for the Extended School Year (ESY)?		<b>Yes</b>	<b>No</b>	
7					
8					
9					
10	If yes, please note the schedule for the ESY period. For example, if your ESY runs for the month of July, Monday thru Thursday half days, please enter that in the following box.				
11					
12					
13					
14					
15					
16					
17	<b>Complete highlighted data elements</b>				
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
	<b>Trans Details Dates</b>	<b>D-1 client count serv+transp</b>	<b>Transportation Staff Sptg Data</b>	<b>(+)</b>	

Navigate between worksheets of the Transportation Report by moving to the different tabs of the Excel workbook

## D-1 Client Count Serv+Transp Page

1. Enter School District Name in cell D5
2. Complete the details required for all Medicaid eligible students with Specialized Transportation (wheelchair vans) and a Medicaid service in their IEP beginning on row 17. The total number of students listed should match the total entered in step 3 (cell E9).

*Note: Cell E8 will be entered by DSS from MMIS claim data, Cell E9 is a formula that should not be changed.*

## Transportation Staff Sptg Data Page

1. Enter school district name in cell J9
2. Enter school district SB number (LEA code) in cell J10
3. Enter correct reporting period end date in cell J11
4. If your school district does not have any district employees who serve as transportation drivers or monitors, then this schedule does not need to be completed. Enter an 'X' in cell D4.
5. If your school district is requesting reimbursement for employed staff who served as transportation drivers or monitors, complete the detail requested about each staff member beginning on row 17.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P		
1	Connecticut Medicaid SBCH																
2	Direct Medical Services and Administrative Activity																
3	Cost Report, State Fiscal Year 2016																
4	<input type="checkbox"/> < Check this box if you are not claiming district employee transportation drivers/monitors. This schedule would not be required to be completed.																
5																	
6	Detail: Salaries & Wages, Compensation and Employer's Share of Fringe Benefits																
7	School Transportation Special Services Employees																
9	Provider Name: <b>INSERT DISTRICT NAME</b>																
10	LEA Code: <b>INSERT SB NUMBER</b>																
11	Reporting Period End: <b>06/30/16</b>																
12	Complete highlighted columns																
13																	
14																	
15	Col #1	Col #2	Col #3	Col #4	<b>Transportation Drivers/Van Drivers Allocation</b>				Col #5	Col #6	Col #7	Col #8					
16	Subject to TS % (Y or N)	Employee LastName	Employee FirstName	Position Title Code	Paid Salary/ Compensation Amount Allocated to Transportation (Col.6)	Fringe Benefits (Employee Benefits) Amount Allocated to Transportation (Col.8)	Paid Salary/ Compensation ED001, Schedule # (enter only schedule number from ED001 report)	Paid Salary/ Compensation Amount	Fringe Benefits ED001, Schedule # (enter only schedule number from ED001 report)	Employer's share -Fringe Benefits Amount			Line #				
17	N			SW-700	\$0.00	\$0.00					100.00%	1					
18	N			SW-700	\$0.00	\$0.00					100.00%	2					
19	N			SW-700	\$0.00	\$0.00					100.00%	3					
20	N			SW-700	\$0.00	\$0.00					100.00%	4					
21	N			SW-700	\$0.00	\$0.00					100.00%	5					
22	N			SW-700	\$0.00	\$0.00					100.00%	6					
23	N			SW-700	\$0.00	\$0.00					100.00%	7					
24	N			SW-700	\$0.00	\$0.00					100.00%	8					
25	Special Education Transportation Drivers/Van Drivers				\$0	\$0					0	0	9	<input type="checkbox"/>			
26	Complete highlighted columns																
27																	
28																	
29	Specialized Transportation Monitors																
30	Col #1	Col #2	Col #3	Col #4	<b>Transportation Monitors Allocation</b>				Col #5	Col #6	Col #7	Col #8	Col #9	Col #10	Col #11	Col #12	Col #13
31	Subject to TS % (Y or N)	Employee LastName	Employee FirstName	Position Title Code	Paid Salary/ Compensation Amount Allocated to Transportation (Col.6 x Col.9)	Fringe Benefits (Employee Benefits) Amount Allocated to Transportation (Col.8 x Col.9)	Paid Salary/ Compensation ED001, Schedule # (enter here only the ED001 schedule number)	Paid Salary/ Compensation Amount	Fringe Benefits ED001, Schedule #	Fringe Benefits (Employee Benefits) Amount	allocation base (Col.11*5 / col.12)	Does Transportation Monitor provide other duties besides riding on the bus with students (enter Yes or No)	Record of how many hours a day Transportation Monitor spend on the bus with students	Record Transportation Monitor's weekly paid hours	Record of how many paid days are captured under the salary recorded in column #6 (enter actual days or 181 if days paid are equal to school year days)	Line #	
32	N			SW-701	\$ -	\$ -					0.00%					21	
33	N			SW-701	\$ -	\$ -					0.00%					22	
34	N			SW-701	\$ -	\$ -					0.00%					23	
35	N			SW-701	\$ -	\$ -					0.00%					24	
	<input type="button" value="Trans Details Dates"/>	<input type="button" value="D-1 client count serv+transp"/>	<b>Transportation Staff Sptg Data</b>											<input type="button" value=""/>			