



State of Connecticut Department of Social Services School-Based Child Health Program

Direct Medical Services and Transportation
2022 Cost Report

Agenda

- Overview, Process & Timelines
- Random Moment Time Study
- Interim Claims
- Medicaid Eligibility Percentage
- Indirect Cost Rate
- Personnel Costs
- Non-Personnel Costs
- Transportation
- Demonstration of Cost Reporting System
- Hints & Tips
- Contact Information/Resources

Overview

■ FY 2021

- Most School Districts have filed 4 separate quarterly Administrative Activity Claims for FY 2021.
- All FY 2021 admin claims are due to be submitted by March 29, 2023.

■ FY 2022

- Many School Districts have already filed their 4 separate quarterly Administrative Activity Claims for FY 2022.
- The Annual Direct Medical Services Cost Report will be pre-populated with cost data from the quarterly claims that are completed by October 15th.
- Cost Reports will be due by June 30, one year after the end of each fiscal year.

■ FY 2023

- Submission schedule for FY 2023 Administrative Activity Claims:

| Claim Quarter | Quarter Dates | Approval Deadline | C.P.E. Deadline |
|---------------|------------------|-------------------|------------------|
| Q1 | July 1 – Sept 30 | October 15 | February 2, 2023 |
| Q2 | Oct 1 – Dec 31 | January 15 | April 28, 2023 |
| Q3 | Jan 1 – Mar 31 | April 15 | July 28, 2023 |
| Q4 | Apr 1 – June 30 | July 15 | January 31, 2024 |

Benefits of Separation of Administrative Claims from Direct Cost Reports

- **School Districts will receive payment for Administrative Claims earlier and more frequently**
- **Eligible cost data submitted in the Administrative Claims will be transferred to your Annual Direct Medical Services Cost Report for you automatically by Jan 31 following the close of the fiscal year, making it easy for school districts to meet the June 30 deadline of the following year.**
- **All claims and cost reports will be submitted electronically, online using a web-based system developed by the University of Massachusetts Medical School**
 - **Available 24 / 7 / 365 with User ID and password**
 - **All calculations are performed by the system automatically**

SBCH Cost Report

- SBCH costs are reconciled annually using the monthly interim payments to the costs reported on the Cost Reports.
- The SBCH program covers services to Medicaid covered students enrolled pursuant the students' Individualized Education Program (IEP) or a Section504 Plan.

Cost Report Overview

During the Year

Staff participate
in RMTS

Interim claims
submitted during
year

Interim
claims total

Settlement

Reimbursable
costs

Annually

Submit cost
report

Personnel,
Contractors,
Supplies, etc.

Timelines

School districts must designate a 'cost report preparer' who will be given access to the cost report system

1. Complete cost report contact form & e-mail or fax it to UMass
 2. Designee will receive a User ID and password
- Cost reports are submitted online, using the web-based system: <https://cbe-cr.chcf-umms.org/>

FY 2022 Reports:

1. Cost reports were made available on 2/1/2023
2. Cost reports must be completed by June 30th

NOTE: Certifications of Public Expenditure will be emailed to the preparer **after** DSS has reviewed and approved your report and all claims have been reconciled and final settlement is calculated

Random Moment Time Study

- DSS uses RMTS to track the percentage of time staff has devoted to Medicaid-covered medical services or Medicaid Administrative services
- Staff are divided into 3 pools, based on their job functions



RMTS is
administered by
UMass

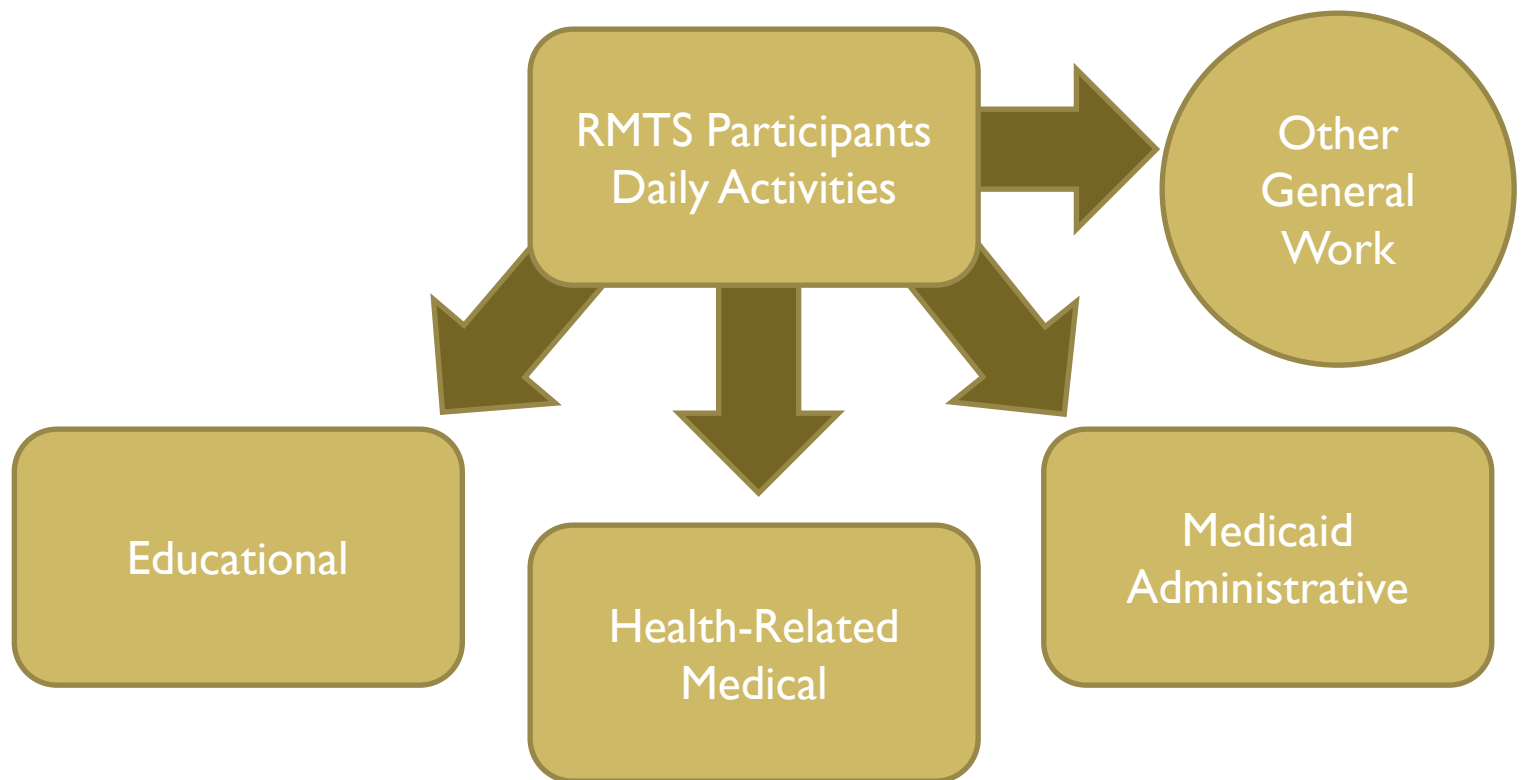


2,401 moments are
sampled for each
pool



15% oversampling
results in 2,762
moments per pool

Random Moment Time Study



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.
- Remember, monthly costs reported must be the basis of the cost report details. If you did not claim a service throughout the year, those costs should not be reported on your Direct Cost Report or the reconciliation process is not accurate.
- 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.
- All necessary details for Cost Report must be uploaded when the Cost Report is submitted. Missing details will result in costs being removed or Cost Report being denied.

Medicaid Eligibility Rate

- The **district-specific Medicaid Penetration Rate (IEP/504 Rate)** is calculated using the average of all 4 quarterly eligibility matches based on student enrollment and is applied to determine the Medicaid allowable direct services costs.
- This data is entered by DSS.

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 upload 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.*

Personnel Costs

Salary & employer paid fringe benefit costs of employees who:

1. Provided and billed Medicaid-covered health-related services
2. Provided services that were authorized by an IEP (or 504 after 7/1/16)
3. Meet all licensure qualifications
4. Participated in the RMTS in the appropriate Direct Service Pool
5. Staff whose salary was 100% paid from federal funds (or were paid from state/local funds as a required match for a federal grant) must be excluded from the cost report.

NOTE: 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 any non-Medicaid/non-SBCH expenses.

Personnel Costs

- UMass will pre-populate your Cost Report with personnel expenditure data submitted in your quarterly Administrative Activity Claims for all claims submitted, certified and approved by DSS.
- Where claim data is not available, RMTS participant data will be populated.
- FY 2022 Administrative Claims Filed as of 12/31/22:

| FY 2022 Qtr | # of Claims | # of Districts Eligible to Claim | % of Admin Claims Submitted |
|-------------|-------------|----------------------------------|-----------------------------|
| 1 | 107 | 118 | 91% |
| 2 | 105 | 117 | 90% |
| 3 | 104 | 118 | 88% |
| 4 | 88 | 118 | 75% |

Adding Personnel Costs

Personnel Costs may be added directly in the Cost Report system if:

- Costs were not pre-populated in the cost report for the quarter(s) because Administrative claims were not filed
- An error or omission was made at the time of the Administrative Claim(s)
- Quarter I costs need to be added for a new hire at the beginning of the year who participated in the RMTS as of 10/1

Reimbursable Personnel Costs



Contractor Costs

Reimbursable Contractor Costs

1. Contractors who perform Medicaid covered Direct Medical Services are not included in the RMTS
2. Contractor costs for direct medical service providers may be included in the Cost Report
3. School Districts must submit direct service claims for the services provided by contractors in order for their costs to be reimbursable
4. Reported on EFS SE205 (excluding transportation)
5. Report the invoice amount paid for services provided during the reporting period as the quarterly cost for each contractor
6. Contractor costs are reported by individual practitioner, not rolled up by agency. (Hint: Request itemized invoices from agencies. Note, the invoices should include details to support Medicaid billing.)
7. Invoices and service details are to be uploaded to UMass site at submission date in an organized fashion. Invoices should include payment details. Missing details will result in costs being removed from the Cost Report or the Cost Report being denied.

Contractor Costs

Reimbursable Contracted Medicaid Billing Costs

- I. If your district uses a billing agency/vendor/contractor, the costs for their work to do Medicaid Billing can be included in the cost report only if:
 - a. Only costs related to Medicaid Billing can be included (i.e. costs related to the provision of IEP software or other educational work must be excluded)
 - b. Costs may only be included if the contractor/agency/vendor is NOT paid on a contingency fee basis (i.e. if you pay them a percentage of your claims/reimbursement, you cannot include this expenditure).

Non-Personnel Costs

Expenditures may be included for non-personnel items that are used by the direct service providers and Medicaid billing personnel for whom costs are being claimed in the cost report only if used exclusively for direct health care services. All invoices are to be uploaded to the UMass site in an organized fashion for non-personnel costs claimed.

- **Medical Supplies & Materials:** Enter the total annual non-personnel costs for Medical Supplies & Materials that were used exclusively for direct medical care. EFS SE207 (excluding instructional supplies)
- **Purchased Property Services:** Enter the total annual non-personnel costs for Purchased Property Services that were used exclusively for direct medical care. EFS SE208.
- **Other Expenditures:** Enter the total annual non-personnel costs for Other Expenditures that were used exclusively for direct medical care. EFS SE210

NOTE: All expenditures claimed must reconcile to the EFS report, excluding non-Medicaid/non-SBCH expenses.

Transportation

- Claiming reimbursement for specialized transportation is optional.
- Please note, Specialized transportation is wheelchair transportation that is required on the student's IEP in item 4. Students without that service listed would not be claimable in the specialized transportation claim.
- For districts who will not be claiming for transportation, simply click off the box indicating that you're not filing, then you'll skip any transportation related sections.

☐

We will not file for Transportation-related Cost Reimbursement

Transportation – Eligibility Statistics

- Transportation Eligibility Statistics must be supported by your Transportation Logs and School District Transportation Submission Detail Worksheet.
- DSS will confirm that the statistics entered match the previously submitted data.
- Report the following statistics:
 - Total Students Transported by Specialized Buses (Wheelchair vans)
 - Total Students with Specialized Transportation in their IEP, page II item 4
 - Total Medicaid Students with Specialized Transportation in their IEP, page II item 4

Transportation Personnel Costs

- Include salary and benefit costs for bus drivers and bus monitors who were employed by the district and provided specialized transportation services.
- Exclude staff members whose salary was 100% paid from federal funds (or were paid from state/local funds as a required match for a federal grant)
- Indicate whether the staff member's costs claimed are 100% directly allocated to specialized transportation
 - Enter "Yes" if the costs claimed are exclusively attributable to working on specialized transportation buses,
 - or "No" if the costs claimed are only partially attributable to working on specialized transportation buses.

Transportation Contractor Costs


- Include costs for contracted bus drivers and bus monitors who were provided specialized transportation services.
- Costs are reported by individual contractor within an 'agency'
- At least some portion of the cost was paid from State/Local funds (which were not a required match for a federal grant)
- Indicate whether the contractor's costs claimed are 100% directly allocated to specialized transportation (wheelchair vans)
 - Enter "Yes" if the costs claimed are exclusively attributable to working on specialized transportation buses,
 - or "No" if the costs claimed are only partially attributable to working on specialized transportation buses.

Transportation Non-Personnel Costs

- Costs for non-personnel specialized transportation services/expenses can be claimed:
 - Fuel
 - Repair and Maintenance
 - Insurance
 - Rentals
 - Contract Vehicle Use
- Indicate whether the costs claimed are 100% directly allocated to specialized transportation (wheelchair vans)

Transportation Non-Personnel Cost

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



Allocation to Specialized Transportation

INVOICE
ABC, Transportation, Inc.

| Item/Service | Amount |
|--------------|--------|
| Bus Drivers | 18,020 |
| Bus Monitors | 11,225 |
| Bus Rental | 6,775 |
| Total | 36,050 |

Example 1: Expenditure is NOT directly allocated to Specialized Trans. only

Contract Vehicle Use:

\$36,050.00

Directly Allocated to
Specialized
Transportation?

☐

Don't check the box

INVOICE
XYZ, Transportation, Inc.

| Item/Service | Amount |
|-----------------------|--------|
| Wheelchair Vans | 36,050 |
| 55 Pass Buses | 43,870 |
| Athletics/Field trips | 12,000 |
| Total | 93,920 |

Example 2: Expenditure IS directly allocated to Specialized Trans. only

Contract Vehicle Use:

\$36,050.00

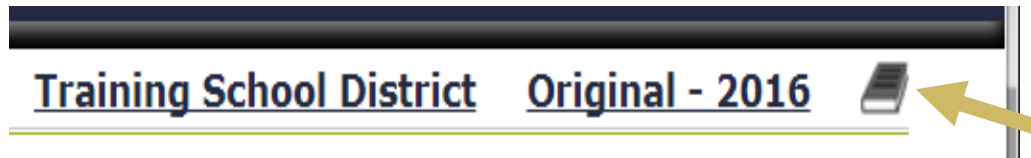
Directly Allocated to
Specialized
Transportation?

☒

Check the box

Transportation 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's 'Supporting Documentation' section.



From any page in the Cost Report, click the 'library book' to access/upload supporting documentation for your report

Transportation Detail Worksheet

- All 3 tabs of the worksheet must be completed

| | A | B | C | D | E | F | G |
|----|---|--|-----------|------------------------------|-------------------|--|--|
| 1 | Connecticut Medicaid | | | | | | |
| 2 | School Based Child Health | | | | | | |
| 3 | SBCH - Administrative Cost Claim | | | | | | |
| 4 | CAP Specialized Transportation | | | | | | |
| 5 | INSERT DISTRICT NAME | | | | | | |
| 6 | Unduplicated Count of the Medicaid Service Days | | | | | | |
| 7 | | | | | | | |
| 8 | Total number of school days when IEP prescribed medical service and transportation was provided to Medicaid eligible students=====> | | | | | <div style="border: 1px solid black; width: 100px; height: 40px; text-align: center;">-</div> | |
| 9 | Total count of medicaid eligible students with specialized transportation & Medicaid service in IEP =====> | | | | | <div style="border: 1px solid black; width: 100px; height: 40px; text-align: center;">0</div> | |
| 10 | | | | | | | |
| 11 | Complete highlighted data elements | | | | | | |
| 12 | SBCH-Paid claims | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | Other Cost (Purchased services-all inclusive contract) | | | | | | |
| 16 | pat ID | Days of Service Unduplicated Count (see TAB titled "D-2 DAS client count w pd serv") | Last Name | First Name | Membership Number | Specialized Transportation prescribed in student's IEP, please, type in an answer Y=yes or N=no | Total count of medicaid eligible students that had specialized transportation and Medicaid service(s) prescribed in their IEP during the cost period |
| 17 | | | | | | Y | |
| 18 | | | | | | Y | |
| 19 | | | | | | Y | |
| 20 | | | | | | Y | |
| 21 | | | | | | Y | |
| 22 | | | | | | Y | |
| 23 | | | | | | Y | |
| 24 | | | | | | Y | |
| | | Trans Details Dates | | D-1 client count serv+transp | | Transportation Staff Sptg Data | |

Transportation in IEP

Student: _____ DOB: _____ District: _____ Meeting Date: _____
Last Name, First Name mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION

| 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 | 5. Other: | | | |
| Description of participation in General Education | | | | | | | | |

Note: Each 1. Assistive ☐ Not ☐ Required: See Pg. 8

Item #1-13 Technology:

must

include a 2. Applied (Voc.) Ed:

response

4. Transportation:

☐ Not Required☐ Regul☐ Regular☐ Regul

☐ **Regul**

☐ Required: See Pg. 8☐ **Special (specific)**☐ Special (specify) _____☐ Special (specify)☐ **Special (specify)**

5. Length of School Day: (Specify) _____

☐ N/A 6. Number of Days/Week: (Specify)☐ N/A 6. Number of Days/Week: (Specify) _____

☐ N/A 7. Length of School Year: (Specify)

☐ N/A

| | | |
|---------------------------------------|--|--|
| 8. Total School Hours/Week: (Specify) | 9. Special Education Hours/Week: (Specify) | 10. Hours per week the student <u>will spend</u> 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? ☐ Yes ☐ No

12. Extended School Year Services: ☐ Not Required ☐ Required: See service delivery grid above or an additional page 11 for services to be provided ☐ Required: Continue to implement current IEP

13. a) The extent, if any, to which the student will not participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities:

☐ Not Applicable: Student will participate fully

b) If the IEP requires any 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. ☐ Not applicable: Student will participate fully

☐ Not applicable: Student will participate fully

☐ The IEP requires removal of the student from the regular education environment because: (provide a detailed explanation – use additional pages if necessary)

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 any placement decision to ensure conformity with the LRE provisions of the Individuals with Disabilities Education Act.

Demonstration

- A live demonstration of completing your cost report using the web-based cost reporting system will now be provided.

Hints & Tips

1. Track Medicaid IEP students, services prescribed, and services delivered
2. Make sure parental consent is obtained to bill from day one
 - Parental consent is required for billing for services delivered
 - The billing process begins after parental consent is signed
 - Consider adding parental consent to the IEP conference
3. Ensure billing is performed for all qualified services delivered
4. Ensure rejected claims are corrected and resubmitted, if appropriate
5. Don't wait to submit your quarterly Administrative Claims – submit them quarterly for consistent cash flow
6. Ensure that all expenditures claimed reconcile to your State Dept. of Education EFS, excluding any non-Medicaid, non-SBCH expenditures

Contact Information/Resources

- Technical assistance for the online submission of Administrative Activity Claims will be provided by UMMS:
 - I-800-535-6741 Monday – Friday 7:30am – 7:30pm
 - SchoolBasedClaiming@umassmed.edu
- Program assistance regarding allowable expenditures and other program guidance is provided by DSS:
 - (860) 424-5386 ~ during PHE, email is best method to contact SBCH
 - DSS.SBCH@ct.gov
- CT-SBCH Website:
 - <https://portal.ct.gov/DSS/Health-And-Home-Care/School-Based-Health-Care-Program/School-Based-Child-Health---SBCH>
- Cost Report Website:
 - <https://cbe-cr.chcf-umms.org>
- Quarterly Administrative Claim Website:
 - <https://www.chcf.net/chcfweb>