*To help the financially needy obtain high-quality health care that is affordable, promotes independence, and provides customer satisfaction.*



**Municipal Medicaid Program**

# Charter School Meeting

#### October 13, 2005

**Agenda**

* Introduction
* Direct Service Claiming

Y Overview

Y Requirements

Y Reference Materials

Y Eligibility

Y Claim submission

#### Administrative Activity Claiming

Y Overview

Y Requirements

Y Time Study

Y Reference Materials

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# Direct Service Claiming

#### Objective: Reimburse providers for Medicaid health- related services provided to Special Education students as prescribed in their IEP.

* Providers submit claims using:

Y Bundled rate system based on a student’s Special Education classification (prototype), or;

Y Fee-For-Service system for Special Education team meetings, home assessments, and private duty nursing services.

#### IDEA/IEP

Y Providers can only claim for health-related services provided to students through a valid IEP (in accordance with IDEA requirements).

Y *Note*: 504 students do not qualify for reimbursement because they do not receive services through an IEP.

#### Medicaid Eligible

Y Students must be MassHealth enrolled.

#### Provider Qualifications

Y Services must be provided by qualified health care providers as defined by Medicaid regulations.

Y Qualified providers currently include: lic. therapists, OT/PT certified aides supervised by lic. therapists, RN, LPN, lic. Psychologists, School Psychologists, etc.

#### Attendance

Y Submit claims for every day that a student is in attendance (regardless of whether the student receives a service on that day).

#### Documentation of Services

Y Documentation of Medicaid services must be maintained to ensure that services prescribed in an IEP are delivered.

Y Municipal Medicaid providers may only file claims for those students for whom they have a documented record of Medicaid services delivered.

Y Documentation must be completed for *all* Special Education health- related services.

Y Documentation requirements are effective 10/1/03.

#### Services provided by assistants or aides must be supervised by a licensed professional.

* Documentation forms completed by assistants or aides must be *co-signed* by a licensed professional.
* Signatures:

Y The signature of the medical professional authorizing services must comply with generally accepted standards for record keeping within the applicable provider type as they may be found in laws and regulations of the relevant board of registration.



**Municipal Medicaid Service Documentation Form**

**School District Name/Provider #: Service Period, Year**

XXX School District: Provider # 1234567 August, 2002

**Student Name: D.O.B.**

Jane Doe 08/28/88

**Student Medicaid/ID # OR other child specific identifier**

123-45-6789

Date

Activity/Procedure Note

Individual (I)

or Group (G) Service time



8/5/02 High kneeling emphasizing control of movement to stance, skipping, and abdominal stren I G 30 min.

8/7/02 Scooter boards, balance activities on one foot and balance beam walking I G 30 min.

8/9/02 Skipping, obstacle course and upper extremity reaching in prone with fine motor manipula I G 30 min.

8/12/02 child absent I G

8/14/02 I G

8/16/02 I G

8/19/02 I G

*Provider's Signature Supervising Professional's Signature (Required for*

Registered Physical Therapist *services provided "under the direction of") Title Date*

*Supervisor's Title Date*

|  |  |
| --- | --- |
| **Bundled Rate** | **Fee-For-Service** |
| Public Day Program (.1, .2, .3) = $12.41/day | Home Assessments = $76.75/encounter |
| Separate Placement (.4) = $26.95/day | Team Meetings = $30.70/encounter |
| Day Placement (.5) = $50.62/day | RN Agency:  (one patient) = $8.73/15 minute interval (two patients) = $8.73/15 minute interval LPN Agency:  (one patient) = $6.56/15 minute interval  (two patients) = $6.56/15 minute interval |
| Residential Placement (.6) and Cost Share (.5) =  $52.67/day | RN Individual:  (one patient) = $7.43/15 minute interval (two patients) = $7.43/15 minute interval LPN Individual:  (one patient) = $5.58/15 minute interval  (two patients) = $5.58/15 minute interval |
| Early Childhood (.8) = $120.79/week |  |

#### For additional information related to Direct Service Claiming refer to:

Y Operational Guide for School Districts (included with handouts)

Y Municipal Medicaid Billing Guide (included with handouts)

Y Provider Bulletins (included with handouts)

#### For program related questions contact UMass at 508-856-8631.

* For claim submission/processing related questions contact EDS at 800-325-5231

Y After July 1, 2005: 800-841-2900

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# Eligibility Verification

*To help the financially needy obtain high-quality health care that is affordable, promotes independence, and provides customer satisfaction.*



# Administrative Activity Claiming

#### Objectives:

Y To identify the level of Medicaid-related administrative costs incurred by school districts associated with the provision of school- based health services.

Y To quantify the level of Medicaid administrative support activities performed by school-health personnel.

#### Time Study:

Y Isolates time spent performing Medicaid-reimbursable administrative activities.

Y Completed for five consecutive school days during three quarters of the year by salaried, contract, full-time and part-time personnel.

#### Time Study data is combined with:

Y Salary, fringe benefits, materials, capital, specialized transportation and indirect costs.

Y The percentage of Medicaid eligible students among the total student population of a district.

* + OT, PT, Speech Therapists/Assistants/Aides
  + RN, LPN, Assistants/Aides
  + Psychologists, Interns
  + Audiologists, Hearing/Vision Specialists
  + Psychiatrists, Physicians
  + Case Managers, School Adjustment Counselors, Guidance Counselors, Social Workers
  + Special Education/Pupil Support Directors, Assistants, Clerical Staff, Team Chair Personnel
  + Nursing Director, Assistants, Clerical Staff

*\*Completed by school personnel whose job function includes performance of Medicaid administrative activities.*

#### Reimbursable Medicaid Administrative Activities:

Y Informing, outreach and training to individuals or families about Medicaid services

Y Facilitating Medicaid eligibility process

Y Provider networking, program planning

Y Care planning, coordination, monitoring and referral for Medicaid services

Y Family planning referrals

Y Coordination of transportation/translation services

#### Non-Reimbursable Activities:

Y Information, outreach and training to individuals or families about social/vocational services or programs

Y All direct services (therapies, counseling, etc)

Y Care planning, coordination, monitoring and referral for non- Medicaid services

Y Training to families or school personnel regarding general school or education topics

Y Coordination of transportation/translation services for non-Medicaid services

Activity Code A: *Medicaid Outreach & Training*

Y Activities would include bringing potential eligibles into the Medicaid system for the purpose of determining eligibility & arranging for the provision of Medicaid services.

Y Coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of the Medicaid program, how to assist families to access Medicaid services.

Y Related paperwork, clerical activities or staff travel required to perform these activities.

Y Written and oral methods may be used.

Example: Talking to other staff, students and families about the Medicaid Program, referral process and health-related services.

Activity Code B: *Facilitate/Assist in Medicaid Eligibility*

##### *Process*

Y School staff should use this code when assisting an individual in becoming eligible for Medicaid. Activities would include explaining Medicaid rules and eligibility process.

Y Include related paperwork, clerical activities or staff travel required to perform these activities.

Y Written and oral methods may be used.

Example: Assisting in the completion of the enrollment forms in order to apply for Medicaid Services.

Activity Code C: *Provider Networking/Program Planning/Interagency Coordination*

Y Performing activities associated with the development of strategies to improve the coordination and delivery of Medicaid covered services to school age children.

Y Performing collaborative activities with other agencies.

Y Include related paperwork, clerical activities or staff travel required to perform these activities.

Y Written and oral methods may be used.

Example: Building a bridge between community providers and school clinicians in an effort to build resource relationships.

Activity Code D: *Individual Care Planning, Monitoring, Coordination & Referral*

Y Gathering information in advance of making referrals for Medicaid covered services.

Y Making referrals or arranging Medicaid covered medical services.

Y Coordinating or monitoring the delivery of Medicaid covered medical services.

Y Monitoring and evaluating the Medicaid service components of the IEP.

Y Providing information on the child’s medical health service plan to other staff and parents.

Y Coordinating the follow up care on the medical services requested.

Y Related paperwork, clerical activities or staff travel required to perform these activities.

Y Written and oral methods may be used.

Example: When you contact a family about the medical referral, screening or evaluation process.

Activity Code E: *Transportation & Translation Related to*

##### *Medicaid Services*

Y Arranging for or providing transportation services from the school to and/or from Medicaid covered services.

Y Arranging for or providing translation services (including signing) for students or families regarding Medicaid covered health related issues.

Y Related paperwork, clerical activities or staff travel required to perform these activities.

Y Written and oral methods may be used.

Example: Providing signing services that assist the family in understanding medical treatment.

Activity Code F: *Family Planning Referral*

Y Identifying and referring adolescents who may be in need of family planning services.

Y Administrative activities that act to delay or prevent the onset of pregnancy.

Y Coordinating family planning activities in the school setting.

Y Include related paperwork, clerical activities or staff travel required to perform these activities.

Y Written and oral methods may be used.

Example: Referring an adolescent to an outside agency for the purpose of delaying or preventing the onset of pregnancy.

Activity Code G: *Direct Service*

Y Providing care or treatment to an individual in order to correct or improve a specific condition.

Y Providing counseling services to treat health, mental health or substance abuse conditions.

Y Performing routine or mandated screenings such as vision, hearing, scoliosis etc.

Y Attending an IEP meeting.

Y Include related paperwork, clerical activities or staff travel required to perform these activities.

Y Written and oral methods may be used**.**

Example: Providing occupational therapy to a student and recording results in the student’s health record.

Activity Code H: General Administrative Activities & Overhead

Y Performing activities that are not directly assignable to other program activities.

Y Covers any non-work related time including paid vacation, sick or personal time, lunch or break time and unscheduled non-school days such as snow days .

Y General supervision of staff.

Y Include related paperwork, clerical activities or staff travel required to perform these activities.

Y Written and oral methods may be used.

Example: Attending administrative staff meetings.

Activity Code I: *Non-Health Related Activities*

Y Any other school-related activities that are not health related, such as social services, educational and teaching services, employment and job training.

Y Providing classroom instruction, correcting papers or compiling report cards.

Y Providing general supervision of students, such as in the lunchroom or on the playground.

Y Include the development, coordination, and monitoring of a student’s educational plan.

Y Include related paperwork, clerical activities or staff travel required to perform these activities.

Y Both written and oral methods may be used.

Example: Preparing lesson plans or correcting papers.

* Travel Time: Code your travel time as you would code the purpose of the travel

Y If you travel between schools to perform direct service, then use activity code G.

Y If you travel to attend a Medicaid in-service training use activity code A.

## Time study participants must be properly trained.

* Time study can be completed by:

YRandom sample of personnel in each job grouping.

Y100% for all personnel in each job grouping.

* Participation is based on actual job functions that are performed, not on job title.

#### YSchool district personnel that perform Medicaid

administrative activities are eligible to participate in the time study.

|  |  |
| --- | --- |
| **Table I Direct Personnel** | |
| **Job Position** | **Position Number** |
| Speech/Language Therapist, Assistant or Aide | 01 |
| Occupational Therapist, Assistant or Aide | 02 |
| Physical Therapist, Assistant or Aide | 03 |
| School Psychologist/Psychologist Intern | 04 |
| School RN/LPN, Assistant or Aide | 05 |
| Audiologist/Hearing Impaired Specialist/Vision Specialist | 06 |
| Psychiatrist/Physician | 07 |
| Case Manager, School Adjustment Counselor, |  |
| School Social Worker or Guidance Counselor | 08 |
| ***Note: School personnel eligible to participate in this program are based on the actual functions that they perform, not on their job title.*** | |

|  |  |
| --- | --- |
| **Table II**  **Direct Support Personnel** | |
| **Job Position** | **Position Number** |
| **Special Education:** | 09 |
| Director, Administrators/Assistants |  |
| Education Team Leaders/Chairperson |  |
| Clerical and Technical Support Personnel |  |
| **Pupil Support Services:** | 09 |
| Director, Administrators/Assistants |  |
| Health Coordinators |  |
| Clerical and Technical Support Personnel |  |
| **Nursing:** | 09 |
| Director, Administrators/Assistants |  |
| Clerical and Technical Support Personnel |  |
| ***Note: School personnel eligible to participate in this program are based on the actual functions that they perform, not on their job title.*** | |

* Step 1: Calculate Time Study Results
* Step 2: Develop Detailed Expenditure Report

Y Salaries

Y Fringe Benefits

Y Materials and Supplies

Y Out of District Tuition Payments

* Step 3: Quarterly Claim Calculation
* Step 4: Capital Calculation
* Step 5: Specialized Transportation Calculation
* Step 6: Claim Summary

***NOTE: All Federal funds must be excluded, so that only state/local dollars are included***

## Calculate the percent of time spent per activity code for each job position group (01-09).

**Sample: Time Study Summarization**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Position Group** | **Number of Participant s** | **Activity Codes** | **Total Time Spent per Activity Code (A)** | **Total Time Worked During Time Study (B)** | **Percentage of Time Spent Per Activity Code**  **(C)** |
| 01 | 3 | A | 0 | 14,280 | 0.00% |
| 01 |  | B | 0 | 14,280 | 0.00% |
| 01 |  | C | 0 | 14,280 | 0.00% |
| 01 |  | D | 1,905 | 14,280 | 13.34% |
| 01 |  | E | 406 | 14,280 | 2.84% |
| 01 |  | F | 643 | 14,280 | 4.50% |
| 01 |  | G | 7,408 | 14,280 | 51.88% |
| 01 |  | H | 3,350 | 14,280 | 23.46% |
| 01 |  | I | 568 | 14,280 | 3.98% |
| **Total** |  |  | **14,280** |  | **100.00%** |

## Create an expenditure report for each job position group (01-09) that includes:

#### YActual quarterly salaries or contractual payments.

YActual quarterly material/supply costs.

**Sample: Detailed Expenditure Report**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Name** | **Job Category** | **Job Position Group Number** | **Quarterly Salary** | **Unemploy ment** | **Health, Life, etc.** | **Medicare** | **WC/Injury Payments** | **Pension** | **Other** | **Total** | |
|  | Speech | 01 | $2,604.00 |  |  |  |  |  |  | $2,604.00 |  |
|  | Speech | 01 | $12,636.00 |  |  |  |  |  |  | $12,636.00 |  |
|  | Speech | 01 | $15,223.00 |  |  |  |  |  |  | $15,223.00 |  |
| Materials-Speech |  |  |  |  |  |  |  |  |  | $19.00 |  |
| Ch 766-Speech |  |  |  |  |  |  |  |  |  |  |  |
| **Total Cost Pool** |  |  | **$30,463.00** |  |  |  |  |  |  |  | |

#### Fringe benefit options:

Y Actual quarterly benefits paid to each time study participant **OR** Y Multiply the actual quarterly salary for each time study participant by the fringe benefit percentage calculated for each benefit category.

**Sample: Fringe Benefit Calculation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Benefit Description** | **Annual Budgeted District Wide Fringe Benefit Expenditures** | **Annual Budgeted District Wide Salaries** | **Fringe Benefit Percentage** |
| **Unemployment Compensation** | **$13,658.00** | **$13,985,476.00** | **0.0977%** |
| **Health, Dental, Life, and Disability Insurance** | **$1,281,652.00** | **$13,985,476.00** | **9.16%** |
| **Medicare Contributions** | **$156,987.00** | **$13,985,476.00** | **1.12%** |
| **Workers Compensation/ Injury Payments** | **$62,851.00** | **$13,985,476.00** | **0.45%** |
| **Pension Contributions** | **$124,611.00** | **$13,985,476.00** | **0.89%** |
| **Other** | **$0.00** | **$13,985,476.00** | **0.00%** |
| **Total** | **$1,639,759.00** | **$13,985,476.00** |  |

* + Add fringe benefits to detailed expenditure report.

**Sample: Detailed Expenditure Report**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Name** | **Job Category** | **Job Position Group Number** | **Quarterly Salary** | **Unemploym ent** | **Health, Life, etc.** | **Medicare** | **WC/Injury Payments** | **Pension** | **Other** | **Total** |
|  | Speech | 01 | $2,604.00 | $2.54 | $238.63 | $29.23 | $11.70 | $23.20 | $0.00 | $2,909.31 |
|  | Speech | 01 | $12,636.00 | $12.34 | $1,157.98 | $141.84 | $56.79 | $112.59 | $0.00 | $14,117.54 |
|  | Speech | 01 | $15,223.00 | $14.87 | $1,395.06 | $170.88 | $68.41 | $135.64 | $0.00 | $17,007.86 |
| Materials-Speech |  |  |  |  |  |  |  |  |  | $19.00 |
| Ch 766-Speech |  |  |  |  |  |  |  |  |  |  |
| **Total Cost Pool** |  |  | **$30,463.00** |  |  |  |  |  |  |  |

* + - Multiply quarterly day tuition expenditures by health-related percentages for day schools.
    - Multiply quarterly residential school tuition expenditures by the health-related percentages for residential schools **and** the room & board discount .
    - Total the two sums for each job position group.

**Sample: State-Wide Summary Worksheet for Out of District Schools**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Position Group Number** | **Total Quarterly Tuition Expenditures for Day Schools** | **Percentage of Health Related Services for Day Schools** | **Health Related Portion of Quarterly Day School Tuition** | **Total Quarterly Tuition Expenditures for Residential Schools** | **13.64%**  **Room & Board Discount** | **Percentage of Health Related Services for Residential Schools** | **Health Related Portion of Quarterly Residential School Tuition** | **Total Health Related Portion of Quarterly Day & Residential Tuition** |
| 01 | $52,178.00 | 2.97% | $1,548.15 | $25,638.00 | 86.36% | 0.61% | $136.45 | $1,684.60 |
| 02 | $52,178.00 | 2.18% | $1,139.92 | $25,638.00 | 86.36% | 0.45% | $100.40 | $1,240.32 |
| 03 | $52,178.00 | 1.12% | $583.95 | $25,638.00 | 86.36% | 0.13% | $29.41 | $613.36 |
| 04 | $52,178.00 | 2.04% | $1,064.79 | $25,638.00 | 86.36% | 1.10% | $246.04 | $1,310.83 |
| 05 | $52,178.00 | 3.16% | $1,648.22 | $25,638.00 | 86.36% | 3.57% | $795.63 | $2,443.85 |
| 06 | $52,178.00 | 0.00% | $0.00 | $25,638.00 | 86.36% | 0.00% | $0.00 | $0.00 |
| 07 | $52,178.00 | 0.18% | $93.93 | $25,638.00 | 86.36% | 0.33% | $73.98 | $167.91 |
| 08 | $52,178.00 | 7.64% | $3,985.22 | $25,638.00 | 86.36% | 5.87% | $1,308.31 | $5,293.53 |
| 09 | $52,178.00 | 17.68% | $9,227.02 | $25,638.00 | 86.36% | 12.03% | $2,683.89 | $11,910.90 |
|  |  |  | **$19,291.20** |  |  |  | **$5,374.11** | **$24,665.30** |

#### Add health-related portion of tuition to Detailed Expenditure Report for each job position group (01-09).

* + - Sum of all expenditures is used in quarterly claim calculation for each job group.

**Sample: Detailed Expenditure Report**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Name** | **Job Category** | **Job Position Group Number** | **Quarterly Salary** | **Unemploy ment** | **Health, Life, etc.** | **Medicare** | **WC/Injury Payments** | **Pension** | **Other** | **Total** |
|  | Speech | 01 | $2,604.00 | $2.54 | $238.63 | $29.23 | $11.70 | $23.20 | $0.00 | $2,909.31 |
|  | Speech | 01 | $12,636.00 | $12.34 | $1,157.98 | $141.84 | $56.79 | $112.59 | $0.00 | $14,117.54 |
|  | Speech | 01 | $15,223.00 | $14.87 | $1,395.06 | $170.88 | $68.41 | $135.64 | $0.00 | $17,007.86 |
| Materials-Speech |  |  |  |  |  |  |  |  |  | $19.00 |
| Ch 766-Speech |  |  |  |  |  |  |  |  |  | $1,684.60 |
| **Total Cost Pool** |  |  | **$30,463.00** |  |  |  |  |  |  | **$35,738.30** |

## Quarterly ratio of Medicaid eligible students in the school district divided by the total number of students registered in the school district served in the Local Education Authority.

Number of Medicaid Eligible students in the ***district*** for the quarter Total number of students in the ***district*** for the quarter

## Steps to calculating Medicaid Eligibility Rate:

#### Y Gather quarterly school district enrollment information.

Y Obtain Medicaid recipient eligibility information from the Office of Medicaid for the same quarter.

Y Complete a data match utilizing one of the following:

* WebRevs (800-462-7738)
* MassHealth toll-free number (800-554-0042 or 800-833-7582)
* Direct match using the quarterly eligibility lists distributed by MassHealth.

**Claim Calculation:**

**General Administrative Overhead Factor**

#### Percentage of time spent on activity codes A-F (C, D, E and F are multiplied by the Medicaid Eligibility Factor) divided by the percentage of time spent on activity codes A-I (excluding H) for each job position grouping.

{% of A + % of B + (% of C \* Medicaid Eligibility Factor) + (%D \* Medicaid Eligibility Factor) + (% of E \* Medicaid Eligibility Factor)

+ (% of F \* Medicaid Eligibility Factor)}

% of A + % of B + % of C + % of D + % of E + % of F + % of G + % of I

*Note: If no allowable administrative activities are performed, no time associated with the administrative overhead factor can be claimed.*



#### Multiply percent of time x cost pool x Medicaid eligibility factor (activity codes C, D, E, F) x overhead factor (activity code H) for each job position group (01-09).

**Sample: Quarterly Claim Calculation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Speech\Language Therapist, Assistant or Aide**  Job Position Group 01 | **Percent of Time Spent on Activity** | **Total** | **Medicaid Eligibility Factor** | **General Administrative Overhead Factor** | **Total Gross Claim Amount** |
| **A** | **Medicaid Outreach & Training** | 0.00% | $35,738.30 | N/A | N/A | $0.00 |
| **B** | **Facilitate Medicaid Eligibility Process** | 0.00% | $35,738.30 | N/A | N/A | $0.00 |
| **C** | **Provider Networking, Program Planning** | 0.00% | $35,738.30 | 21.63% | N/A | $0.00 |
| **D** | **Care Planning, Monitoring, Coordination And Referral** | 13.34% | $35,738.30 | 21.63% | N/A | $1,031.23 |
| **E** | **Transportation & Translation Related To Medicaid Services** | 2.84% | $35,738.30 | 21.63% | N/A | $219.78 |
| **F** | **Family Planning Referral** | 4.50% | $35,738.30 | 21.63% | N/A | $348.08 |
| **G** | **Direct Service** | 51.88% | $35,738.30 | N/A | N/A | $18,539.87 |
| **H** | **General Administrative Activities & Overhead** | 23.46% | $35,738.30 | N/A | 5.85% | $490.11 |
| **I** | **Non-Health Related Activities** | 3.98% | $35,738.30 | N/A | N/A | $1,421.52 |
| **Total** | | 100.00% |  |  |  |  |

#### Identify the following:

Y Acquisition costs of the school district’s buildings and improvements.

Y Acquisition costs of the school district’s equipment that is not included in the amount above (“major movable equipment”).

Y Current interest expense associated with land, equipment, school building acquisition, construction, fabrication, reconstruction, and remodeling. (See OMB Circular A-87 (B).

* + Complete the following steps:

Y Multiply the sum of building and fixed asset acquisition costs and major movable equipment acquisition costs by the annual use allowance.

Y Add the sum of the above calculation to the net interest expense.

Y Calculate the capital percentage:

*Total Capital*

*District–wide salaries and fringe benefits*

**Sample: Fringe Benefit Calculation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | **Annual Use**  **Allowance** |  | **Total** |
| **Building and Fixed Asset Acquisition Costs**  **$27,800,852.00** | | **X** | **2.00%** | **=** | **$556,017.04** |
| **Major Moveable Acquisition Costs**  **$91,282.00** | | **X** | **6.67%** | **=** | **$6,088.51** |
| **Net Interest Expense**  **$185,785.00** | |  | **NA** | **=** | **$185,785.00** |
| **Total Capital** | |  |  |  | **$747,890.55** |
| **Total Annual District Wide Salary + Fringe Benefits** | |  |  |  | **$15,625,235.00** |
| **Capital Percentage Rate** |  |  |  |  | **4.80%** |
|  | |

#### Gather actual quarterly specialized transportation costs for Special Education students.

* + Calculate the following percentages:

*Number of Special Ed. students who have transportation in their IEP for a medical reason Total Number of Special Ed. students who receive specialized transportation*

*Total Number of Medicaid Eligible Special Ed. students in the district for the quarter Total Number of Special Ed. students in the district for the quarter*

#### Multiply the above factors by the updated state-wide average of time spent receiving Medicaid covered services.

* + Specialized transportation: Transportation in a vehicle used to furnish such transportation service that is specially equipped/staffed to accommodate individuals with specialized medical needs.

**Sample: Quarterly Specialized Transportation Calculation**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quarterly Specialized Transportation Expenditures For Special Education Students** |  | **Number Of Special Education Students With Medically Necessary Transportation in Their IEP / Number Of Special Education Students Who Receive Specialized Transportation** |  | **Medicaid Eligibility Factor Of Special Education Population** |  | **State Wide Average Of Time Spent Receiving Medicaid Covered Services** |  | **Gross Claim Amount For Specialized Transportation** |
| **$36,808.00** | **X** | **13.00%** | **X** | **43.00%** | **X** | **24.80%** | **=** | **$510.28** |

## Identify your school district’s most recent unrestricted indirect cost rate for federal grants by contacting the Department of Education at 781-338-3300 or visiting their website, [www.doe.mass.edu](http://www.doe.mass.edu/).



**Sample: Quarterly Claim Calculation Summary**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gross Claim Amounts** | | | **Costs for which the FFP = 50%** | | **Costs for which the FFP = 90%** | | **Total** | |
| **Direct Personnel Costs** | | | **$10,594.34** | **(A)** | **$406.02** | **(B)** | **$11,000.36** | **(C)** |
| **Direct Support Personnel Costs** | | | **$1,341.18** | **(D)** | **$0.00** | **(E)** | **$1,341.18** | **(F)** |
| **Specialized Transportation** | | | **$510.28** | **(G)** | **N/A** |  | **$510.28** | **(G)** |
| **Gross Claim Subtotal 1** | | | **$12,445.79** | **(H)** | **$406.02** | **(I)** | **$12,851.82** | **(J)** |
| **Capital Percentage Rate**  **Capital Costs** | **4.80%** | **(K)** | **$616.89** | **(L)** | **N/A** | | **$616.89** | **(L)** |
| **Gross Claim Subtotal 2** | | | **$13,062.68** | **(M)** | **$406.02** | **(I)** | **$13,468.70** | **(N)** |
| **Indirect Cost Rate**  **Indirect Costs** | **9.07%** | **(O)** | **$1,221.51** | **(P)** | **N/A** | | **$1,221.51** | **(P)** |
| **Total Gross Claim** | | | **$14,284.19** | **(Q)** | **$406.02** | **(I)** | **$14,690.21** | **(R)** |
| **FFP** | | | **50.00%** | **(S)** | **90.00%** | **(T)** |  | |
| **Total Net Claim** | | | **$7,142.09** | **(U)** | **$365.42** | **(V)** | **$7,507.51** | **(W)** |

**A** = The sum of Total Gross Claim Amount of activities A, B, C, D, E & H for job position groups 01 - 08 from the Quarterly Claim Calculation

worksheet **L** = K x J

**M** = H + L

**B** = The sum of Total Gross Claim Amounts of activity F for job position groups 01 - 08 from the Quarterly Claim Calculation worksheet **N** = J + L

**O** = Indirect

**C** = A + B

**D** = The sum of Total Gross Claim Amount of activities A, B, C, D, E & H for job position group 09 from the Quarterly Claim Calculation

Cost Rate

worksheet **P** = N x O

**E** = The sum of Total Gross Claim Amount of activity F for job position group 09 from the Quarterly Claim Calculation worksheet **Q** = M + P

**F** = D + E **R** = N + P

**G** = The Total Gross Claim Amount for specialized transportation from the Quarterly Specialized Transportation Calculation

worksheet **S** = FFP Rate

**H** = A + D + G **T** = FFP Rate

**I** = B + E **U** = Q x S

**J** = C + F + G **V** = I x T



V

**K** = Capital percentage rate, from the Capital Calculation worksheet **W** = U +

* + Capital Costs/Calculation:

Y Use acquisition costs instead of Annual Valuation.

Y Calculate the ratio of capital to total of annual budgeted district wide salaries and fringe benefits.

Y Apply capital percentage rate to total of gross claim amounts from expenditure reports and specialized transportation.

Y No longer use square footage percentages.

* + Updated Percentages:

Y Transportation: State-wide average of time spent receiving Medicaid covered services.

Y Out of District: Room and board discount factor for residential tuition calculation.

Y Out of District: Percentage of time spent in health-related services.

## The accuracy of the quarterly claim must be certified by an authorized district official from the participating LEA and documented on a Quarterly Claim Certification form.

#### YThe Quarterly Claim Certification form must be included with the claim at the time of submission.

YThe Quarterly Claim Certification form must be on school district letterhead.

* + - Refer to Page 16 of the Claiming Manual.
  + Quarterly Claim Certification
  + Quarterly Claim Calculation Summary
  + Quarterly Claim Calculation
  + Quarterly Specialized Transportation Calculation
  + Capital Calculation
  + Fringe Benefit Calculation
  + Detailed Expenditure Report
  + State-wide Summary Worksheet for Out of District Schools
  + Time Study Summarization
  + Claims are submitted to: *Univ. of Mass. Medical School Municipal Medicaid Program 100 Century Drive*

*Worcester, MA 01606*

## Claims are due to the Center 15 days after the close of the quarter.

* + Exception: All claims that are being submitted under the last allowable quarter are due 15 days *prior* to the close of that quarter.

Y If you plan to submit a claim for the September 2003 quarter, it is due by September 15, 2005.

* + For additional information related to Administrative Activity Claiming refer to:

Y Time Study Training Manual

Y Claiming Manual for School-Based Administrative Activities

Y Provider Bulletins (included with handouts)

* + For all questions contact UMass at 508-856-8631.
  + To receive an electronic copy of the Time Study or Claiming Manual e-mail UMass at [munimed@umassmed.edu](mailto:munimed@umassmed.edu)