



MassHealth School-Based Medicaid Program

Instruction Guide for Massachusetts School-Based Program Annual Cost Report

November 2013
(Effective July 2013)

Overview

This document describes how to complete and submit the Massachusetts School-Based Program Annual Cost Report.

Cost Report Website

Cost reports are completed online at <http://www.schoolbasedclaiming.net/eohhsweb/>. The University of Massachusetts Medical School (UMMS), administering the School-Based Medicaid Program on behalf of MassHealth will notify the Local Education Authorities (LEAs) by email when the cost report template for their school district(s) is available. The cost report template will be prepopulated with certain information. All prepopulated information is described in more detail in the relevant sections below.

Filing Deadline and Certification

Cost reports are due within six months of the close of the state fiscal year (December 31). This deadline will hold regardless of holidays and weekends. Exceptions to the December 31 deadline will be granted only for extraordinary circumstances. In such instances, the provider must inform EOHHS in writing of the circumstances at least 10 days prior to the submission deadline.

A representative of the certifying LEA, such as the school district superintendent or business manager, must certify costs annually using the cost report forms available online.

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

University of Massachusetts Medical School
School-Based Medicaid Program
333 South Street
Shrewsbury, MA 01545

Properly executed Certification of Public Expenditure must be received by January 10 of each year.

Questions and Assistance

For questions or assistance, please contact the School-Based Medicaid Program by calling 800-535-6741 or e-mailing us at Schoolbasedclaiming@umassmed.edu.

Designating a Cost Report Preparer

Each provider 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, providers must complete the Cost Report Preparer Designee Form, found in Appendix C. The form must be signed by the authorized official for the school district, and submitted on their letterhead to the UMMS at the address on the form, before a username and password will be assigned for the system. The form is available from UMMS by calling 800-535-6741 or e-mailing Schoolbasedclaiming@umassmed.edu.

Obtaining a Username and Password

The previously designated **cost report preparer** will receive an e-mail containing a username, temporary password, and link to the login page.

Sample E-mail Text

```
From: SchoolBasedMedicaid@umassmed.edu
Sent: Tuesday, November 14, 2006 12:03 PM
To: A.Contact@123Vendor.com
Subject: Administrative Activity Claim Upload Login Information

Welcome Vendor 123,

This confirms your registration in the University of Massachusetts Medical School's
Administrative Activity Claim Upload System.

Your user ID is Vend123
Your initial, temporary password is hmrca8f

Please use the following web site to login: https://www.chcf.net/eohhsweb?userID=vend123

NOTE:
1) The user ID and password are case sensitive. Please enter them exactly as stated above in
upper and lower-case.
2) For security reasons, when you login for the first time, you will be asked to set a new
password. Passwords must be at least 8 characters long with a combination of both letters and
numbers. Once your password is changed, you cannot use your initial, temporary password.
3) If you forget your password or need a new one, you can reset your password. On the main
login screen, click on the "Forgot Password?" button and follow the instructions.

For further information contact the support team at SchoolBasedMedicaid@umassmed.edu.

Thank you.
```

Logging in

Step 1: Click on the link provided in the e-mail notification: www.schoolbasedclaiming.net/eohhsweb.

Step 2: The designated username, composed of parts of the last and first name, will prepopulate in the Username field.

Note: *The Username is prepopulated only when the website link is used. If the link was not used, please type in the username.*

Step 3: Type in, or copy and paste the temporary password. Click **Submit**.

Executive Office of Health and Human Services (EOHHS)

Municipal Medicaid Program

Mass.Gov Home State Agencies State Online Services

Dec 29, 2008

EOHHS Home For Consumers For Providers For Researchers For Government

Administrative Activity Claim Upload Massachusetts Executive Office of Health and Human Services

Username: *

Password: *

[Forgot Password?](#)

The "Administrative Activity Claim Upload System" allows Municipal Medicaid providers, who are registered, to submit Medicaid Administrative Activity claims electronically and view claim status. For information on registering, contact the University of Massachusetts Medical School at SchoolBasedMedicaid@umassmed.edu.

Note: Select a new password upon first login.

Step 4: Enter a new password when prompted to do so. Click **Submit** to create password or **Clear** if wish to clear fields and retype information.

Note: The password must be at least eight characters in length. It must be a combination of both letters and numbers. It is case sensitive (upper- and lower-case letters chosen must be used exactly as indicated). The password will expire every 90 days, at which time the system will require a new password.

Mass.Gov Home State Agencies State Online Services

User Access Agreement

Access to the administrative activity claims upload system (AAC upload system), operated by the University Of Massachusetts Medical School on behalf of the Commonwealth of Massachusetts Executive Office of Health and Human Services, has been established to aid school districts and local educational authorities in processing Administrative Activity claims more efficiently.

Use of the AAC upload system is subject to the terms and conditions set out in the UMass Worcester User Access Agreement, which can be accessed by [clicking here](#) or going to Help User Access Agreement

It is the responsibility of each individual user to understand and comply with the rules and spirit of these and all applicable policies, laws and regulations, and the responsibility of each participating school district to make sure that users from that district comply.

[Click here](#) to get back to the Home Page.

Change Password

Passwords must be at least 8 characters long with a combination of both letters and numbers and is case sensitive

Old Password *

New Password *

Confirm Password *

Forgotten Password

Forgotten passwords can be reset using the login screen. To do this, follow these steps.

Step 1: Click on the *Forgot Password?* link underneath the username and password section.

Step 2: Provide the username and the e-mail address that the upload system has on record for the user.

Note: *If the previously used email address has changed, e-mail UMMS at schoolbasedclaiming@umassmed.edu or call 800-535-6741 to update the information.*

Step 3: Click **Submit**.

Mass.Gov Home State Agencies State Online Services

User Access Agreement

Access to the administrative activity claims upload system (AAC upload system), operated by the University Of Massachusetts Medical School on behalf of the Commonwealth of Massachusetts Executive Office of Health and Human Services, has been established to aid school districts and local educational authorities in processing Administrative Activity claims more efficiently.

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[Click here](#) to get back to the Home Page.

Reset Password - Used for Forgotten Passwords

Enter your userName:

Enter the e-mail address associated with your account:

Once you click Submit, we'll send you an e-mail message containing your new temporary password

Submit Clear Cancel

A message stating that the password has been successfully reset will appear on the screen. A system-generated e-mail will be sent out with the same username and new temporary password.

Failed Login

If an error was made when logging in, the system will display *Invalid Username or Password*. After three failed attempts, the system will suspend the password. E-mail UMMS at schoolbasedclaiming@umassmed.edu or call 508-856-8631 for assistance.

The screenshot shows a web page with a red error message 'Invalid User *' at the top left. In the top right corner, there are three blue links: 'Mass.Gov Home', 'State Agencies', and 'State Online Services'. The page has two main columns. The left column is titled 'Administrative Activity Claim Upload' and contains a 'Username:' field with 'EhoprodM' entered, a 'Password:' field, and 'Submit' and 'Clear' buttons. Below these fields is a purple link 'Forgot Password?'. The right column is titled 'Massachusetts Executive Office of Health and Human Services' and contains a paragraph of text explaining the system's purpose and providing contact information for the University of Massachusetts medical school at SchoolBasedMedicaid@umassmed.edu. A mouse cursor is pointing at this email link.

Navigating the Welcome Screen and Viewing Updates

Once successfully logged onto the site, a welcome screen will appear. Any new information about the cost report will be posted here. If the system will be unavailable for maintenance, the scheduled times will be listed. Proceed to the cost report tab on the left side of the screen to submit data.

	EHS Home
	Cost Report
	Certification Page
	Provider Data
	Statistics
	Time Study Percentage
	Salary and Benefits
	Other Direct Medical Cost
	Tuition Payments
	Direct Medical Cost
	Settlement
	Reports

Cost Report Instructions

The Instruction Guide contains detailed instructions on how to complete each section of the cost report. Some sections may need information to be added, deleted, or edited to ensure that the cost report is correct. In other sections, calculations are completed automatically and no input is required.

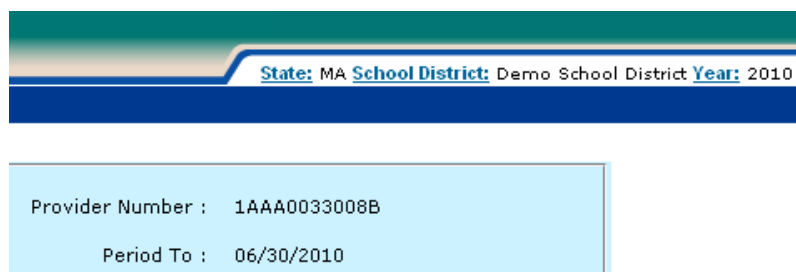
To navigate between sections, use the links on the left of the screen. Some sections will also have tabs at the top of the screen for navigation.



A screenshot of a web interface showing a blue header bar with the text "Salary and Benefits" in white. Below the header is a row of five tabs: "Jul - Sep", "Oct - Dec", "Jan - Mar", "Apr - Jun", and "Totals". The "Jul - Sep" tab is highlighted with a blue background, while the others are white with blue borders.

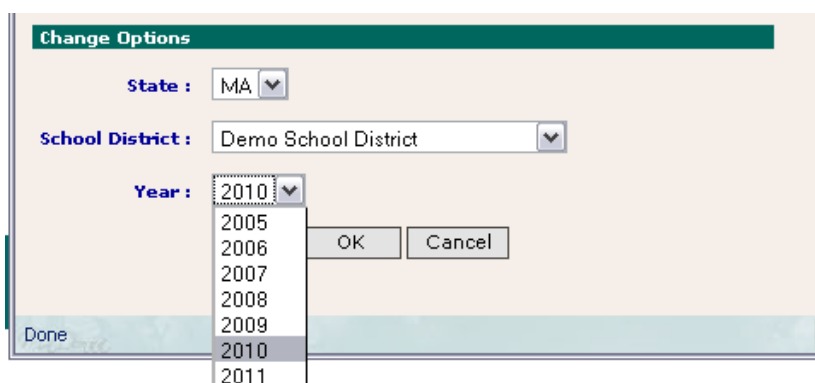
Ensuring Information Is Recorded for the Correct Year and School-Based Medicaid Provider

When entering formation into the cost report template, it is important to ensure entering information for the correct year. This information is listed on the top of the screen for most sections of the cost report template. *Please note that the system will default to the current fiscal year on the first log in. However, the cost report is for the previous fiscal year, so please change the year in this window.* Past and completed cost reports can be viewed but cannot be changed.



A screenshot of a web interface showing a header bar with a green-to-blue gradient. Below the header, the text "State: MA School District: Demo School District Year: 2010" is displayed. Below this, a light blue box contains the text "Provider Number : 1AAA0033008B" and "Period To : 06/30/2010".

Step 1: To change the school district, simply click on any of the three links: **State**, **School District**, or **Year**. This will bring up a window with drop-downs to choose from. Then select the school district from the drop-down. The year may also be changed on this screen by using the drop-down.



A screenshot of a "Change Options" dialog box. It has three fields: "State" with a dropdown menu showing "MA", "School District" with a dropdown menu showing "Demo School District", and "Year" with a dropdown menu showing "2010". The "Year" dropdown menu is open, showing a list of years from 2005 to 2011. There are "OK" and "Cancel" buttons to the right of the dropdowns, and a "Done" button at the bottom left.

Step 2: If preparing a cost report for more than one School-Based Medicaid Provider, please change the provider to the particular school. Cost report templates may be accessed only for providers for whom there is a completed cost report preparer form. The provider is listed at the top of most screens.

Adding and Editing Information

Step 1: To insert additional information into a specific section, such as the cost report template, first click on the **Add** button.

Direct Medical Equipment

Delete	Account Description ▲	Trial Balance Amount	Medicaid/Non-Medicaid Direct Medical Time Study	Apply Cognizant Indirect Cost
			34.89%	15.00%
✖	Honda	300.00	\$104.67	\$45.00
✖	Nissan	299.00	\$104.32	\$44.85
✖	Toyota	100.00	\$34.89	\$15.00
		699.00	\$243.89	\$104.85

Step 2: After clicking on the **Add** button, a blank record will appear in the section of the cost report. Information can be entered into the blank cells in that line.

Direct Medical Equipment

Enter information into the blank record that appears after the **Add** button was clicked.

Delete	Account Description ▲	Trial Balance Amount
✖		
✖	Honda	300.00
✖	Nissan	299.00
✖	Toyota	100.00

Step 3: Once appropriate information is entered, save changes by clicking on the **Save** button.

Direct Medical Equipment

Delete	Account Description ▲	Trial Balance Amount	Medicaid/Non-Medicaid Direct Medical Time Study	Apply Cognizant Indirect Cost
			34.89%	15.00%
✖	Honda	300.00	\$104.67	\$45.00
✖	Nissan	299.00	\$104.32	\$44.85
✖	Toyota	100.00	\$34.89	\$15.00
		699.00	\$243.89	\$104.85




Step 4: To delete information from a specific section of the cost report, click on the red **X** in the Delete column. This will remove all saved information in that row.

Direct Medical Equipment

Delete	Account Description ▲	Trial Balance Amount	Medicaid/Non-Medicaid Direct Medical Time Study	Apply Cognizant Indirect Cost
			34.89%	15.00%
✖	Honda	300.00	\$104.67	\$45.00
✖	Nissan	299.00	\$104.32	\$44.85
✖	Toyota	100.00	\$34.89	\$15.00
		699.00	\$243.89	\$104.85

To delete a record, the following validation will appear. **Please remember that deleted records cannot be restored.**

Direct Medical Equipment

Delete	Account Description	Trial Balance Amount	Medicaid/Non-Medicaid Direct Medical Time Study	Apply Cognizant Agen
	Audiometer	\$3,965.75		20.45%
	2 wheelchairs	\$7,590.00		\$811.00
	Medicine Cabinet with lock	\$6,589.45		\$1,552.16
				\$1,347.54
		\$5,601.42		\$3,710.69

Microsoft Internet Explorer

Are you sure you want to delete the record?

Step 5: To edit data that is included in some cells of the cost report, roll over the cell with the mouse. If the cell can be edited, it will change color. To edit the cell, either type in the data or use the drop-down menus.

Section 1—Certification Page

This form certifies all of the School-Based Medicaid Provider expenditures for school-based Medicaid services. The Certification of Public Expenditure is necessary so that the state may claim federal financial participation (FFP) from the federal government. All financial data and information is prepopulated after the cost report is completed and approved. The Certification of Public Expenditure must be signed by an officer of the LEA, such as the school-district superintendent or business manager.

Step 1: Click the **Print** button at the top of the page to open a printable certification that may be printed and/or saved.

Step 2: Signed **original** Certifications of Public Expenditure must be returned to the University of Massachusetts Medical School, as described in Part I: Overview.

Certification Page											
School-Based Medicaid Cost Report											
CERTIFICATION OF PUBLIC EXPENDITURE											
1 Public Agency Name and Address: <div> Demo School District 333 Lake Street Shrewsbury, MA 01545 </div>											
2 Reporting Period: From: 07/01/2010 To: 06/30/2011	Medicaid Provider Number: 110033054A										
b. Total Allowable Expenditure by Type											
<table border="1"> <thead> <tr> <th colspan="2">Total Allowable Expenditure</th> </tr> </thead> <tbody> <tr> <td>Title XIX Medical Services :</td> <td>\$5,590.83</td> </tr> <tr> <td>SCHIP Stand Alone Medical Services :</td> <td>\$5,590.83</td> </tr> <tr> <td>SCHIP Expansion Program Medical Services :</td> <td>\$5,590.83</td> </tr> <tr> <td>Total :</td> <td>\$16,772.49</td> </tr> </tbody> </table>		Total Allowable Expenditure		Title XIX Medical Services :	\$5,590.83	SCHIP Stand Alone Medical Services :	\$5,590.83	SCHIP Expansion Program Medical Services :	\$5,590.83	Total :	\$16,772.49
Total Allowable Expenditure											
Title XIX Medical Services :	\$5,590.83										
SCHIP Stand Alone Medical Services :	\$5,590.83										
SCHIP Expansion Program Medical Services :	\$5,590.83										
Total :	\$16,772.49										
<p align="center">INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER FEDERAL OR STATE LAW.</p>											
<p align="center">CERTIFICATION BY OFFICER OF THE PUBLIC AGENCY</p>											
I HEREBY CERTIFY that:											
1. I have examined this statement, the accompanying Supporting Schedules, the allocation of allowable expenditures and the attached Worksheets for the period from 07/01/2010 to 06/30/2011 and that to the best of my knowledge and belief they are true and correct statements prepared from the books and records of the public agency in accordance with applicable cost report instructions.											
2. The expenditures included in this statement are based on the actual cost of allowable expenditures as described in the State Plan.											
3. The required amount of public funds were available and used to pay for the total allowable expenditures included in this statement, and such public funds are not Federal funds or are Federal funds authorized by Federal law to be used to match other Federal funds.											
4. I understand that Federal matching funds are being claimed on the expenditures identified in this report, which was prepared in accordance with the Cost Report instructions provided by the Executive Office of Health and Human Services (MassHealth) effective for the above reporting period.											
5. I am the officer authorized by the referenced public agency to submit this form to the single state Medicaid agency and I have made a good faith effort to assure that all information reported is true and accurate.											
6. I understand that this information will be used by the single state Medicaid agency as a basis for claims for federal funds and that falsification or concealment of a material fact by me may result in my prosecution under federal or state civil or criminal law.											
SIGNATURE (Officer of the Public Agency)	DATE										
TITLE	PHONE NUMBER										
<input type="button" value="Save"/>	<input type="button" value="Reset"/>										

Use the buttons at the top of the page to open a printable certification that could be printed and/or saved.

Step 3: If the cost report is not completed and approved, the Certification Page will indicate that the *Certificate is not yet generated*.

Cost Report	Certification Page
Certification Page	Certificate is not yet generated.
Provider Data	
Statistics	
Time Study Percentage	
Salary and Benefits	
Other Direct Medical Cost	
Tuition Payments	
Direct Medical Cost	
Settlement	
Reports	

Section 2 – Provider Data

Data entered into the Provider Data screen will automatically populate the remaining sections of the cost report where this same information is needed.

Provider Data

Provider Data - Section 2

Provider Name :	Demo School District	Provider Number :	110033054A
Period From :	07/01/2010	Period To :	06/30/2011
Submission Date :			

School District Information:	Cost Report Preparer Information:
Business Manager :	Prepared By :
Honda Accord	Honda Civic
Phone No. :	Email :
455 - 544 - 4545	email@email.com
Address :	
121 Demo Ave	
City :	
Demo City	
State :	
MA Zip :	
01111 - 222	
Time Study Period :	
07/01/2010 - 06/30/2011	

Cognizant Agency Indirect Cost Rate* : 15.00 %

* The Medicaid Unrestricted Indirect Cost Rate must cover the same period of time as the cost report period.

Name of Cognizant Agency : Mass. Dept. of Elementary & Secondary Education

Save Reset

Step 1: The following information should be entered into this section.

- **Provider Name:** The name of the School-Based Medicaid Provider
- **Provider Number:** This field is automatically populated.
- **Period From:** This field is automatically populated.
- **Period To:** This field is automatically populated.
- **Business Manager:** The School-Based Medicaid Provider's business manager/finance director
- **Prepared By:** The name of the person who is entering data in the cost report system
- **Phone No:** The phone number of the person who is entering data in the cost report system
- **Email:** The e-mail address of the person who is entering data in the cost report system
- **Address:** The street number and name or P.O. Box of the business address of the person who is entering data in the cost report system
- **City:** The city of the business address of the person who is entering data in the cost report system
- **State:** The state of the business address of the person who is entering data in the cost report system
- **Zip:** The zip code of the business address of the person who is entering data in the cost report system

Section 3–Statistics

The following steps are used to identify the Medicaid Eligibility Percentages that are required to complete this section: 1) total number of IEP students; 2) total number of Medicaid IEP students; 3) total number of CHIP/Expansion IEP students; and 4) total number of CHIP IEP students.

Step 1: Gather school-district enrollment information for students between the ages of three and 22 (the 22nd birthday is the cut-off date) with Medicaid-covered medical services prescribed in their IEP as of January 5. Medicaid-covered medical services include nursing services, occupational therapy, physical therapy, speech therapy, and emotional/behavioral/psychological counseling. For a complete list of all Medicaid-covered services, please refer to *School-Based Medicaid Bulletin 17* (April 2009) and *School-Based Medicaid Bulletin 18* (November 2009). This list should include both those students who have an IEP and are enrolled by the School-Based Medicaid Provider and those attending special-education Chapter 766 schools or collaboratives for whom the School-Based Medicaid Provider is financially responsible.

If a student is attending a charter or regional vocational/technical or agricultural school, only the charter or regional vocational/technical or agricultural school district is eligible to include that student in their Medicaid Eligibility Percentage calculation. The public school district should not include any such student in their count, regardless of financial responsibility. Additional details on determination of financial responsibility can be found in the *School-Based Medicaid Program User Guide*. (See Financial Responsibility Determination Chart for examples.)

Step 2: Access the School-Based Medicaid Student Matching system (not webREVS). Use the system to identify students from Step 1 who were MassHealth eligible on January 5. The system will generate a report of students who are eligible for federally reimbursable services on the given date. For more information on how to access and use the Student Matching system, refer to the Student Eligibility Matching Instructions.

Step 3: Use the report generated in Step 2 to identify the number of special-education students served by the School-Based Medicaid Provider who are eligible for Medicaid, CHIP/Expansion, and CHIP programs. To do this, first remove any duplicate records for members on the report. Next, count the number of students in each of the three categories (Medicaid, CHIP/Expansion, and CHIP). Each student's category is found in the column labeled *CHIP Code and Description*, as shown in the example below.

Last Name	First Name	DOB	Gender	Optional Field	RID	First Aid Cat	Schip Code and Description
APPLE	MACINTOSH	08/15/1992	M	IEP	100041912345	02 - 20081201	N - Not in SCHIP
ACORN	NUT	08/24/1990	M	IEP	100041912346	AM - 20090824	N - Not in SCHIP
BATTER	BROWNIE	11/03/2003	M	IEP	100041912347	03 - 20051126	N - Not in SCHIP
CANTELOUPE	CARRIE	06/09/1993	F	IEP	100041912348	EA - 20091112	ME - Title XIX Expansion (SCHIP Medicaid expansion program)
CHERRY	CARL	10/29/1992	M	IEP	100041912349	48 - 20091113	ME - Title XIX Expansion (SCHIP Medicaid expansion program)
CUCUMBER	CYNTHIA	12/11/1994	F	IEP	100041912350	02 - 20090801	N - Not in SCHIP
KIWI	KARINA	11/16/2000	F	IEP	100041912351	48 - 20090629	ME - Title XIX Expansion (SCHIP Medicaid expansion program)
MANGO	MARIA	11/10/2001	F	IEP	100041912352	48 - 20090629	ME - Title XIX Expansion (SCHIP Medicaid expansion program)
ONION	OLIVE	10/10/1996	F	IEP	100041912353	40 - 20070511	N - Not in SCHIP
ORANGE	OSCAR	12/11/1997	M	IEP	100041912354	03 - 19900901	N - Not in SCHIP
PEACH	MARY	12/21/1994	F	IEP	100041912355	40 - 20070511	N - Not in SCHIP
PEAR	ASHLEY	11/07/2002	F	IEP	100041912356	93 - 20090612	SA - Title XXI Stand Alone (SCHIP Stand-alone program)
POTATO	PAUL	07/22/1995	M	IEP	100041912357	40 - 20080124	N - Not in SCHIP
RUSSETT	RANDALL	12/28/1997	M	IEP	100041912358	93 - 20090314	SA - Title XXI Stand Alone (SCHIP Stand-alone program)
TOMATO	THOMAS	12/31/2003	M	IEP	100041912359	48 - 20090818	ME - Title XIX Expansion (SCHIP Medicaid expansion program)
WATERMELON	WALTER	11/15/1993	M	IEP	100041912360	02 - 20041019	N - Not in SCHIP

Please note: SCHIP (as listed in the table above) and CHIP are the same program; CHIP is the updated acronym.

Codes for the three categories are as follows.

Cost Report Category	CHIP Code and Description in Student Matching System Report
Medicaid IEP Students	N—Not in CHIP
CHIP-MA Expansion IEP Students	ME—Title XIX Expansion (CHIP Medicaid Expansion Program)
CHIP IEP Students	SA—Title XXI (CHIP Program)

Step 4: The medical records of all Medicaid or CHIP students included in this section are subject to audit. School-Based Medicaid Providers must therefore exclude from this section any Medicaid or CHIP recipients for whom they are not able to seek reimbursement and for whom they do not have proper documentation as of the date the cost report is submitted.

Note: Department of Elementary and Secondary Education (DESE) has informed EOHHS that IDEA requires LEAs to obtain parental consent before submitting claims to MassHealth; including children in the Medicaid eligibility statistics; or calculating the annual cost report. For additional information about parental consent, please refer to *School-Based Medicaid Bulletin 25* (August 2013) and Department of Elementary and Secondary Education, Special Education Administrative Advisory SPED 2013-1, dated June 13, 2013.

Enter the count of students by category on the statistics page:

- **Total Medicaid IEP Students:** the count of students identified through the match process described above who have a CHIP Code and Description of N—Not in CHIP
- **Total CHIP-MA Expansion Students:** the count of students identified through the match process described above who have a CHIP Code and Description of ME—Title XIX Expansion (CHIP Medicaid Expansion Program)

- **Total CHIP-IEP Students:** the count of students identified through the match process described above who have a CHIP Code and Description of SA—Title XXI Stand Alone (CHIP Program)
- **Total IEP Students:** the count of students receiving Medicaid covered medical services in their IEPs, as identified in Step 1 of the matching process above

Related Materials:

- *School-Based Medicaid Program User Guide*
- *School-Based Medicaid Bulletin 25*, dated August, 2013
- School-Based Medicaid Matching Instructions
- Department of Elementary and Secondary Education, Special Education Administrative Advisory SPED 2013-1, dated June 13, 2013

Step 5: The system will automatically calculate the Medicaid Eligibility Percentages based on the information entered in the steps above.

Statistics
Allocation Statistics - Section 3

Provider Name : Demo Public Schools
Provider Number : 987654321A
State Fiscal Year End : 06/30/2010

IEP Student Utilization Ratios

Total Special Education/IEP Students : 300

From the Special Education/IEP population above, identify the number of students who had active Medicaid in each of the following categories:

Total Medicaid IEP Students : 50

Total SCHIP-MA Expansion IEP Students : 175

Total SCHIP-Stand Alone IEP Students : 25

Medicaid IEP Students to Total IEP Students : 16.67%

SCHIP-MA/Expansion IEP Students to Total IEP Students : 58.33%

SCHIP-Stand Alone IEP Students to Total IEP Students : 8.33%

Save Reset

NOTE: This data is used to calculate statistics that are a crucial element of ensuring that the cost report includes only those costs that are appropriately allocable to the Medicaid program.

Section 4—Time Study Percentages

The information on this page will be prepopulated based on the results of the statewide RMTS. No input is required.

Time Study Percentage

NOTE: No data entry required. This screen automatically populates.

Time Study Percentages - Section 4

Code	Time Study Data	Medicaid Admin Service	Total Activity % from Time Study	After Reallocation of General Admin	Total Medical %	Category
A	Outreach - Not-Medicaid Related	No	0.0000	0.0000		XXX
B	Medicaid Outreach	Yes	0.0103	0.0123		Admin
C	Facilitate/Assist in the Application Process - Not Medicaid Related	No	0.0041	0.0049		XXX
D	Facilitate/Assist in the Medicaid Application Process	Yes	0.0048	0.0057		Admin
E	Provider Networking/Program Planning/Interagency Coordination - Not Medicaid Related	No	0.0028	0.0033		XXX
F	Provider Networking/Program Planning/Interagency Coordination - Medicaid Related	Yes	0.0034	0.0040		Admin
G	Individual Care Planning, Monitoring, Coordination and Referral - Not Medicaid Related	No	0.0165	0.0196		XXX
H	Individual Care Planning, Monitoring, Coordination and Referral - Medicaid Related	Yes	0.0496	0.0590		Admin
I	Arrangement of Transportation and Translation - Not Medicaid Related	No	0.0000	0.0000		XXX
J	Arrangement of Transportation and Translation related to Medicaid Services	Yes	0.0000	0.0000		Admin
K	Direct Services (IEP Related)	No	0.2932	0.3489	0.3489	Medical
L	Direct Services (Non-IEP Related Services)	No	0.2677	0.3186		XXX
M	School Related and Educational Activities	No	0.1879	0.2236		XXX
N	General Administrative Activities	Yes	0.1597			Allocated
	Total Allocation Percentage		1.0000	1.0000	0.3489	

(Sample data shown)

Section 5—Annual Salary and Benefits

This section is used to collect salary and benefit information on practitioners who are involved in the delivery of a medical service for which the School-Based Medicaid Provider is seeking Medicaid reimbursement in the fiscal year. It is also used to collect information for staff members or contracted staff who conduct billing activities under the School-Based Medicaid Program. Information should be included only for staff members included in Job Group 1 of the RMTS, with the following exception: If the staff member could have been included in Job Group 1, but began employment after the RMTS participant template was due, information about that staff member may be included in the cost report.

Prepopulated Information

This page has been prepopulated with salary, contractual-payment, and fringe-benefit information for each employee or contractor who provides direct services to students, meets provider-qualification requirements, and was reported in the School-Based Medicaid Provider's Administrative Activity claim (AAC) for each quarter.

Step 1: Review the data to ensure that the prepopulated information is correct.

Step 2: Make any changes, additions, or deletions of data as necessary. Edit the **Job Title** or **Employee Status** fields by selecting the appropriate option from the drop-down menu.

Step 3: For all other fields, manually enter the information into the appropriate field.

The following information should be included for each column for each staff member who is included in the cost reports:

- **ID:** the ID of the staff member or contracted staff as included in the RMTS participant template
- **Last Name:** the last name of the staff member or contracted staff as included in the RMTS participant template
- **First Name:** the first name of the staff member or contracted staff as included in the RMTS participant template
- **Job Title:** the job title of the staff member or contracted staff, as defined by the School-Based Medicaid program. This information can be found in the *School-Based Medicaid Program User Guide for Random Moment Time Study*.
- **Employee Type:** information on the staff member's or contracted staff's status as either of employee or as contracted staff
- **Salary:** the salary amount of the staff member or contracted staff. Note that salary and benefit information should include actual costs for the school year in the manner approved for the applicable Massachusetts Department of Education (DOE) annual school report (or any parallel applicable reporting standards for Charter Schools).
- **Federal Funds %:** the portion of the staff member's or contracted staff's salary that is funded by federal funds or by state or local funds that are required for a federal match
- **Net Salary/Contractor Payments:** This field is automatically calculated.
- **Employer Retirement:** the amount of employer retirement contribution attributable to the staff member
- **Group Health Insurance—Employer:** the employer-paid group health insurance attributed to the staff member
- **Dental:** the employer-paid dental insurance attributable to the staff member
- **Medicare-Tax Employer:** the employer-paid Medicare tax attributed to the staff member
- **Employer-FICA:** the employer-paid FICA tax attributable to the staff member
- **Other Benefits:** the employer-paid amount for other benefits attributable to the staff member
- **Total Salary/Fringe:** This field is automatically calculated.

The job titles to be used in the cost report correspond to the services and object codes as reported in the DOE End of Year Financial Report or Charter School End of Year Financial Report. The chart below provides a crosswalk of job titles to object codes.

Direct Service Qualified Provider	Job Titles	Object Code: School Districts ¹	Object Code: Charter Schools
Speech/Language Therapist (42 CFR Section 440.110)	Speech/Language Therapist Speech/Language/Audiologist Assistant	2320-01, 2320-02, 2320-03, 2320-04, 5200, 5100	231, 232, 233, 234, 510, 520
Occupational Therapist (42 CFR Section 440.110)	Occupational Therapist Occupational Therapist Assistant	2320-01, 2320-02, 2320-03, 2320-04, 5200, 5100	231, 232, 233, 234, 510, 520
Physical Therapist (42 CFR Section 440.110)	Physical Therapist Physical Therapist Assistant	2320-01, 2320-02, 2320-03, 2320-04, 5200, 5100	231, 232, 233, 234, 510, 520
Licensed Nurse (Registered Nurse, Licensed Practical Nurse) (42 CFR Section 440.80 and 42 CFR Section 440.60)	RN LPN	3200-01, 3200-02, 3200-03, 3200-04, 5200, 5100	310, 320, 510, 520
Mental Health Providers (42 CFR Section 440.60 and 42 CFR 440.130)	Psychologist Psychiatrist Counselor Social Worker	2710-01, 2710-02, 2710-03, 2710-04, 2800-01, 2800-02, 2800-03, 2800-04, 5200, 5100	251, 252, 253, 510, 520
Audiologist, Hearing Impaired Specialist (42 CFR Section 440.110)	Audiologist Hearing Impaired Specialist	2320-01, 2320-02, 2320-03, 2320-04, 5200, 5100	231, 232, 233, 234, 510, 520
Personal Care Services Provider (42 CFR Section 440.167)	Personal Care Service Provider; Aide	2330, 5100, 5200	310, 320, 510, 520
Medicaid Billing Staff	Billing Staff	5500, 5100, 5200	131, 132, 161, 162, 181

Related Materials:

- *School-Based Medicaid Program User Guide for RMTS*
- *School-Based Medicaid Program User Guide*

¹ Object codes are being confirmed with the Massachusetts Department of Education and may be updated in the final version.

Navigating the Section

Each section contains quarterly-salary and fringe-benefit information. This quarterly information is then summed into an annual total. Use the tabs at the top of the page to select the quarter which needs edits. Salary and benefit information is grouped by job title. Use the job title links to go directly to the information on personnel with those job titles.

The screenshot shows the 'Salary and Benefits' worksheet for 'Section 5'. At the top, there are tabs for different quarters: 'Jul - Sep', 'Oct - Dec', 'Jan - Mar', 'Apr - Jun', and 'Totals'. A callout points to these tabs, stating: 'Use the tabs at the top of the page to review the data for each quarter.' Below the tabs, there are links for various job titles: 'Job Title: Audiologist, Hearing Impaired Specialist', 'Job Title: Billing Staff', 'Job Title: Licensed Nurse', 'Job Title: Mental Health Providers', 'Job Title: Occupational Therapist', 'Job Title: Personal Care Services Provider', 'Job Title: Physical Therapist', and 'Job Title: Speech/Language Therapist'. A callout points to these links, stating: 'Use Job Title links to move to the appropriate section. Use the Top button to return to the top of the page.' Below the links, there is a 'Top' button and an 'Add' button. The main table displays personnel data with columns: 'Delete', 'Id', 'Last Name', 'First Name', 'Job Title', 'Employee Type', and 'Salary'. The table contains four rows of data, all for the job title 'Audiologist - Medicaid Definition'. A callout points to the 'Job Title' column, stating: 'Use Job Title links to move to the appropriate section. Use the Top button to return to the top of the page.'

Delete	Id	Last Name	First Name	Job Title	Employee Type	Salary
	1111111111	BMW	MSeries	Audiologist - Medicaid Definition	Employee	21000.00
	2222222222	Honda	Accord	Audiologist - Medicaid Definition	Employee	12945.00
	3333333333	Honda	Civic	Audiologist - Medicaid Definition	Employee	15000.45
	4444444444	Acura	MDX	Audiologist - Medicaid Definition	Employee	100000.50

Save Audiologist, Hearing Impaired Specialist

Adding/Editing Personnel

Information could be updated for staff members who were in Job Group 1 of the RMTS, or who could have been included in Job Group 1, but began employment after the RMTS participant template was due, and were included in subsequent RMTS pools, if such personnel were not included in the prepopulated data.

Step 1: To add information, first select the quarter for which the staff member or contracted staff's salary and benefit information should be included in the cost report. If the information should be included for more than one quarter, it must be added separately for each quarter.

Step 2: Select the **Add** button to insert a blank record. Enter information into the blank cells in that line by selecting from the drop-down menu or by manually entering the data.

Job Title: Audiologist, Hearing Impaired Specialists [Top](#) [Add](#)

<< first < prev 1 2 next > last >> 4 per page

Delete	Id	Last Name	First Name	Job Title	Employee Type	Salary
	1111111111	BMW1	MSeries	Audiologist Assistant - Medicaid Definition	Employee	21000
	2222222222	Honda1	Accord	Select	Employee	12945
	3333333333	Honda1	Civic	Audiologist Assistant - Medicaid Definition	Employee	15000
	4444444444	Acura	MDX	Hearing Instrument Specialist - Medicaid Definition	Employee	10000

me	Job Title	Employee Type	Salary
	Audiologist Assistant - Medicaid Definition	Employee	21000
	Hearing Instrument Specialist - Medicaid Definition	Select	12945
	Hearing Instrument Specialist - Medicaid Definition	Employee	15000
	Hearing Instrument Specialist - Medicaid Definition	Contractor	10000
	Hearing Instrument Specialist - Medicaid Definition	Employee	10000

Use the drop-down menus to select or edit data

Step 3: Once the appropriate information is entered, save the changes by clicking the **Save** button.

Section 6—Other Direct Medical Costs

Other direct medical costs include medical supplies, materials, purchased services, equipment, and other costs. These costs must be consistent with OMB Circular A-87 and should include only costs that are 100% attributable to direct medical services. Exclude any costs that are part of the unrestricted indirect cost rate set by DESE. Exclude any portion of the costs that are funded by federal grants or are a required state or local match on federal grants.

Materials and supplies are allowable if used exclusively for the delivery of health care services. Consult Appendix A for a list of materials and supplies that may qualify. Only materials and supplies used in Medicaid covered services for which the School-Based Medicaid Provider is including personnel costs can be included.

NOTE: Any item with a cost in excess of \$5,000 and a useful life of at least one year will be treated as a capital expense, and should not be included in the cost report.

- **Account description:** the description of medical supplies, materials, purchased services, other costs, and direct medical equipment whose costs are included in the cost report
- **Trial Balance Amount:** the annual total amount of medical supplies, materials, purchased services, other costs, and direct medical equipment
- **Medical/Non-Medical Direct Medical Time Study:** This field is automatically calculated.
- **Apply Cognizant Agency Indirect Cost Rate:** This field is automatically calculated.
- **IEP Subtotal:** This field is automatically calculated.

- **Medicaid:** This field is automatically calculated.
- **CHIP MA/Expansion:** This field is automatically calculated.
- **CHIP:** This field is automatically calculated.

Other Direct Medical Cost

Other Direct Medical Costs - Section 6

Public School: 6800-05 , 3200-05 , 2800-05 , 2710-05

Charter School: 254

Direct Medical Equipment

Delete	Account Description	Trial Balance Amount	Medicaid/Non-Medicaid Direct Medical Time Study	Apply Cognizant Agency Indirect Cost Rate	IEP Subtotal	Medicaid	SCHIP MA/Expansion	SC
			34.89%	15.00%		22.22%	33.33%	44.
						\$0.00	\$0.00	\$0.
	Honda	300.00	\$104.67	\$45.00	\$149.67	\$66.66	\$99.99	\$13
	Nissan	299.00	\$104.32	\$44.85	\$149.18	\$33.15	\$49.73	\$66
	Toyota	100.00	\$34.89	\$15.00	\$49.89	\$11.09	\$16.63	\$22
		\$699.00	\$243.88	\$104.85	\$348.74	\$110.90	\$166.35	\$22

(Sample data shown)

Section 7—Tuition Payments

This section is used to identify the reimbursable portion of Approved Special Education School Tuition Expenditures and Massachusetts Special Education Collaborative Tuition Expenditures. The tuition expenditures reported are reduced by a health-related percentage for each program. This percentage represents the amount of time students spend receiving Medicaid covered services versus educational or other non-Medicaid covered services. For private special education programs, data from the annual Uniform Financial Statement and Independent Auditor's Report (UFR) is used to calculate the health-related percentages. Tuition expenditures for any private special education program that does not complete a UFR cannot be reported at this time.

Massachusetts collaboratives complete a Financial Data Request that was jointly developed by DESE and EOHHS. Tuition expenditures for any collaborative program that does not complete a Financial Data Request cannot be reported at this time.

- **Account Description:** the specific program for which tuition was paid. Each description is listed by name and by code number in a drop-down menu. Begin typing the first few letters of the program name to narrow the list of programs on the drop-down menu or type in the program code number to narrow this list in a similar manner.
- **Health Related Percentages:** This field is automatically calculated.
- **Tuition Expenditure:** the annual total tuition paid for the specific program
- **Trial Balance Amount:** This field is automatically calculated.
- **Medicaid:** This field is automatically calculated.
- **CHIP MA/Expansion:** This field is automatically calculated.
- **CHIP:** This field is automatically calculated.

Tuition Payments

Tuition Payments - Section 7

Public School: 9400 , 9300 , 9100

Educational Collaborative/Approved Special Education School Tuition Payments

Add

Delete	Account Description	Health Related Percentages	Tuition Expenditure	Trial Balance Amount	Medic
✖	American School for the Deaf - Day - Regular - 5112B	22.59%	5000.00	\$1,129.50	\$1,11
✖	Austine School for the Deaf - Res Ed - Williams Center - 5947A	22.59%	1000.00	\$225.90	\$222.
✖	Becket - Res Ed - Mount Prospect Academy - 5257A	63.89%	60000.00	\$38,334.00	\$13,3
✖	Beverly School for the Deaf - Summer - BSD Summer - 5257D	32.11%	2000.00	\$642.20	\$444.
✖	Bos			\$336.90	\$666.
✖	COI			\$593.10	\$666.
✖	546			\$1,349.00	\$1,11
	Account Description			\$42,610.60	\$17,5
	American School for the Deaf - Day - Regular - 5112B				
	Wayside Youth and Family Support Ntwk. - Res Ed - Wayside BTR				
	Wediko Children's Services - Res Ed - Winter/Diag				
	Wediko Children's Services - Summer - Summer				
	Whitney Academy Inc. - Res Ed - Intensive				
	Willie Ross School for the Deaf - Day - Day				
	Willow Hill School - Day - Willow Hill School				
	Wolf School - Day - Wolf School				
	Youth Opportunities Upheld - Day - Educational Prog				
	Youth Opportunities Upheld - Res Ed - Cottage Hill Academy				
	5017A - Amego - Res Ed - Autistic				
	5048A - American International College - Day - Curtis Blake				
	5034A - American School for the Deaf - Day - Deaf-Sp Needs				
	5112B - American School for the Deaf - Day - Regular				
	5122A - American School for the Deaf - Res Ed - Deaf-Sp Needs				
	5134A - American School for the Deaf - Res Ed - PACES				
	5134E - American School for the Deaf - Res Ed - PACES 365				
	5157A - American School for the Deaf - Res Ed - Regular				
	5154A - Archway Inc. - Res Ed - Archway				
	5154B - Austine School for the Deaf - Day - Elementary Non Sped				
	5160D - Austine School for the Deaf - Day - High School Vocational				

Special Reporting Requirement for Individual Student Program (Sole Source) Tuition Expenditures: School-Based Medicaid Providers will be allowed to include tuition expenditures for students for whom they have been granted an Individual Student Program placement by DESE and for whom a price authorization (under 808 CMR 1.06(7)(b)) has been approved by the Operational Services Division (OSD).

Tuition expenditures under an Individual Student Program should be reported on the cost report by selecting the appropriate residential or day program listed under *Individual Student Program (Sole Source)*. No other tuition expenditures should be reported using the Individual Student Program designation.

Cost-Share Supplemental Report for DCF/DMH/DYS Cost-Share Tuition

Expenditures: School-Based Medicaid Providers are required to separately identify any tuition expenditures for students with whom they share financial responsibility with the Massachusetts Department of Children & Families (DCF), the Department of Mental Health (DMH), or the Department of Youth Services (DYS). These are students who are placed in a residential treatment facility, and for whom the School-Based Medicaid Provider pays only a share of the student's total tuition for that facility/program, while DCF, DYS, or DMH pays the other share. This includes students placed in residential treatment facilities for whom the provider pays a day-rate tuition.

Each School-Based Medicaid Provider must enter the total provider's tuition payment for students placed in day and residential facilities, by program. School-Based Medicaid Providers must determine the annual amount of tuition for DCF/DMH/DYS Cost-Share students and for other students and separately enter their tuition expenditures. This will be accomplished by selecting options from the provided list of out-of-district programs for all programs.

For example:

Organization Name	Program Description	Program Name	ESE Program Code
Devereaux Foundation of Mass., Inc.	R	Residential	5324A
DCF Cost Share-Devereaux Foundation of Mass., Inc.	R	Residential	5324A

The **Cost-Share Supplemental Report** (see **Appendix B**) must be submitted at the same time as the cost report if any cost share tuition is included in the cost report. Documentation records must be maintained and readily available per section 4.2 of the Provider Contract.

Section 8 – Direct Medical Cost

This section automatically calculates. No input is required.

Direct Medical Cost				
NOTE: No data entry required. This screen automatically populates. Direct Medical Cost - Section 8				
I. Medicaid Providers *	Total Salary/ Benefits/Other	Medicaid/Non-Medicaid Direct Medical Time Study	Apply Cognizant Agency Indirect Cost Rate	
Audiologist/ Hearing Impaired Specialist	\$1,282,677.00	34.89%	15.00%	
Mental Health Providers	\$9,999,999,999,999.00	\$3,488,999,999,999.65	\$523,349,999,999.95	\$4,1
Nursing	\$0.00	\$0.00	\$0.00	\$0.0
Occupational Therapist	\$3,000.00	\$1,046.70	\$157.00	\$1.0
Personal Care Service Providers	\$0.00	\$0.00	\$0.00	\$0.0
Physical Therapist	\$0.00	\$0.00	\$0.00	\$0.0
Speech/ Language Therapist	\$0.00	\$0.00	\$0.00	\$0.0
Total Skilled Professional	\$10,000,001,285,676.00	\$3,489,000,448,572.36	\$523,350,067,265.86	\$4,1
* As defined and approved in each State Plan				
II. Direct Billing Staff *	Total Salary/ Benefits/Other	Direct Medical Time Study	Apply Cognizant Agency Indirect Cost Rate	
Medicaid Billing Personnel	\$10,000.00	34.89%	15.00%	
Occupational Therapist	\$0.00	\$0.00	\$0.00	\$0.0
Speech/ Language Therapist	\$0.00	\$0.00	\$0.00	\$0.0
Direct Billing Staff	\$10,000.00	\$3,489.00	\$523.35	\$4,1
* As defined and approved in each State Plan				

Section 9 – Settlement

This section automatically calculates. No input is required.

Settlement				
Settlement - Section 9				
Current Status of the Cost Report: Incomplete In Process				
Reconciliation	Amounts	Medicaid Medical Services	SCHIP MA/Expansion	SCHIP Stand Alone
Direct Medical Costs	\$16,772.49	\$5,590.83	\$5,590.83	\$5,590.83
Direct Medical Equipment	\$4,619.25	\$1,539.75	\$1,539.75	\$1,539.75
Direct Medical Supplies, Materials, Purchased Services & Other Costs	\$0.00	\$0.00	\$0.00	\$0.00
Approved Special Education School Tuition Payments				
Day	\$1,162.14	\$387.38	\$387.38	\$387.38
Residential	\$0.00	\$0.00	\$0.00	\$0.00
Total Certified Public Expenditure	\$22,553.88	\$7,517.96	\$7,517.96	\$7,517.96

Step 1: When the cost report is complete, please review the Settlement page.

Step 2: To submit the cost report, check the box at the bottom of the screen indicating that “I certify that the claim is accurate and complete.” Then click the **Complete** button.

☐ I certify the claim is accurate and complete.

Complete

Step 3: A validation will appear. Click **OK** to complete the submission of the cost report.

Cost Report Reconciliation

As per the *School-Based Medicaid Provider Guide*, providers must submit per-unit claims for all services for which they seek reimbursement through the cost report as described in Section 2.2A of the provider contract. It is expected that the vast majority if not all services provided to students who are included in the statistics section of the cost reports will be claimed through MMIS. Documentation records must be maintained and readily available per section 4.2 of the Provider Contract.

After the close of each fiscal year, MassHealth will reconcile any interim payments made to the School-Based Medicaid Provider to the actual, incurred Medicaid-allowable costs/expenditures that the provider has certified using the Massachusetts School-Based Medicaid Cost Report. To do this, the certified costs on the cost report are compared to the School-Based Medicaid Provider’s Medicaid interim claims for services delivered during the reporting period, as documented in MMIS.

Each School-Based Medicaid Provider’s interim claims are reconciled to the total Medicaid-allowable costs based on the certified cost report. If the Commonwealth determines that an underpayment has been made, the difference between the value of the interim payment and the value of the certified costs on the cost report will be paid to the School-Based Medicaid Provider. If the Commonwealth determines that an overpayment

has been made, EOHHS will recoup the amount of the overpayment from the School-Based Medicaid Provider.

Section 10—Reports

There are several reports available in the reports section.

The screenshot shows a blue header bar with the word "Reports" in orange. Below it, the text "Cost Reports" is displayed. A white box contains two blue links: "Certificate Page" and "Export Cost Report - Excel".

- Certificate Page – PDF
 - Please review or print the certification letter.

The screenshot shows a form titled "Certificate Page". It has three dropdown menus: "State:" with "MA" selected, "Year:" with "2011" selected, and "School District:" with "Select" selected. At the bottom, there are three buttons: "View in PDF", "View in Excel", and "Cancel".

- Export Cost Report – Excel
 - Select the state, year, and school district, and check the appropriate section to be exported into Excel. Then click **Submit** to export the selected reports.

The screenshot shows a form titled "Cost Report". It has three dropdown menus: "State:" with "MA" selected, "Year:" with "2010" selected, and "School District:" with "Demo School District" selected. Below these is a checkbox labeled "Export All Reports:" which is unchecked. A box titled "Select from the following individual reports:" contains eight checkboxes arranged in two columns: "Provider Data Report", "Time Study Percentage Report", "Other Direct Medical Cost Report", "Direct Medical Cost Report", "Statistics Report", "Salary and Benefits Report", "Tuition Payments Report", and "Settlement Report". At the bottom, there are two buttons: "Submit" and "Cancel".

Section 11—Cost Report Amendments

Positive amendments may be filed to prior-year cost reports within the two-year filing deadline for submission. For example, amendments for FY 13 (July 1, 2012, to June 30, 2013) must be filed by June 15, 2014. Amendments may be filed in any quarterly submission. Negative amendments may be filed at any time with no filing deadline. To amend a cost report, the cost report preparer must contact the School-Based Medicaid Program for instructions.

Appendix A: Materials and Supplies List

Note: Materials and supplies are allowable if used exclusively for the delivery of health care services and used in Medicaid-covered services for which the School-Based Medicaid Provider is including personnel costs. Any item with a cost in excess of \$5,000 and a useful life of at least one year will be treated as a capital expense, and should not be included in the cost report.

Physical Therapy, Occupational Therapy, Speech/Language Pathology, Audiology, and Psychology Services
--

- | |
|---|
| <ul style="list-style-type: none">• Vision-testing machine, such as Titmus• Audiometer (calibrated annually), tympanometer• Software for clinical evaluation and instructional software; assistive technology software• Current standardized tests and protocols• Materials for nonstandard, informal assessment• Clinical and instructional materials and supplies• Positioning equipment (e.g., wedges, bolsters, standers, adapted seating, exercise mats)• Self-help devices (e.g., spoons, zipper pulls, reachers)• Mobility equipment (e.g., walkers, wheelchairs, scooters)• Supplies for adapting materials and equipment (e.g., strapping, Velcro, foam, splinting supplies)• Technology devices (e.g., switches, computers, word processors)• Tools (e.g., wrenches, air pumps, electric knives, and electric skilllets)• Adaptive classroom tools (e.g., pencil grips, slant boards, self-opening scissors)• Evaluation tools (e.g., goniometers, dynamometers, cameras)• Sound-treated test booth• Clinical audiometer with sound field capabilities• Portable acoustic immittance meter• Portable audiometer• Electroacoustic hearing aid analyzer• Otoscope• Sound-level meter• Visual reinforcement audiometry equipment and other instruments necessary for assessing young or difficult-to-test children• Ear-mold impression materials• Test materials for screening speech and language, evaluating speech and reading, and evaluating auditory skills• Test materials for central auditory processing assessment• Loaner or demonstration hearing aids• FM amplification systems or other assistive listening devices• Visual aids for in-service training• Battery testers, hearing-aid stethoscopes, and ear-mold cleaning materials• Auditory, speech-reading, speech-language, and communication instructional materials |
|---|

Nursing Services
<ul style="list-style-type: none">• Blankets, sheets, pillows, and disposable or plastic pillow cases/covers• First-aid station• Sharps container for disposal of hazardous medical waste• Otoscope/ophthalmoscope with battery• Physician's scale that has a height rod and is balanced• Portable crisis kit• Portable first-aid kit• Reflex hammer• Sphygmomanometer (calibrated annually) and appropriate cuff sizes• Stethoscope• Scoliometer• Blood-glucose meter• Peak-flow meters• Nebulizers• Backboard• Scales• BMI calculator• IPEAC• Glucose gel• Eyewash bottle• Disposable suction unit• Electronic suction unit• Tape measure• Vision-testing machine, such as Titmus• Wall-mounted height-measuring tool• Wheelchair• Bandages, including adhesive (e.g., Band-Aids) and elastic, of various types and materials• Basins (emesis, wash)• Cold packs• Cotton-tip applicators (swabs)• Cotton balls• CPR masks• Dental floss• Disinfectant• Disposable gowns• Eye-irrigating bottle• Eye pads• Eye-wash solution• Fingernail clippers• Latex gloves

-
- Magnifying glass
 - Masks
 - Record forms (e.g., emergency cards, logs, medical sheets, accident reports, state forms)
 - Ring cutter
 - Safety pins
 - Salt
 - Sanitary pads, individually wrapped (may be used for compression)
 - Scissors (blunt end)
 - Slings
 - Soap (must be in a dispenser)
 - Splints (assorted)
 - Surgi-pads
 - Tape (different widths and hypo-allergenic)
 - Tissues
 - Thermometer (disposable) or other mechanism for measuring temperature
 - Tongue depressors
 - Triangular bandage
 - Tweezers
 - Vinyl gloves (for latex allergies)
 - Washcloths (disposable)
 - Clinical and instructional materials and supplies
 - Disposable gloves (latex-free)
 - Medicine cabinet (with lock)
 - Refrigerator for medicine
 - Folding screen or draperies to provide privacy in the clinic
 - Glasses-repair kit

Appendix B: Cost-Share Supplemental Report

The Cost-Share Supplemental Report must be submitted at the same time as the cost report if any cost-share tuition is included in the cost report. This is for students who are placed in a residential treatment facility, and for whom the School-Based Medicaid Provider pays only a share of the student's total tuition for that facility/program, while DCF, DYS, or DMH pays the other share. This includes students placed in residential treatment facilities for whom the provider pays a day-rate tuition.

Documentation records must be maintained and readily available per section 4.2 of the provider contract.

ABC Public Schools—FY12 Cost Report Cost-Share Tuition Expenditures

Program Name	Program Code	Total Tuition Expenditure
Learning Ctr. for the Deaf	5617B	\$118,827.00

Last Name	First Name	Date of Birth	Gender	SASID	RID
Black	John	10/10/2010	M	123456	123456
Green	Jane	2/2/2012	F	654321	654321

Start Date of Service	End Date of Service	Student Tuition Expenditure	DCF/DYS/DMH
8/15/2012	1/15/2013	\$ 68,400.00	DCF
10/5/2012	4/30/2013	\$ 50,427.00	DYS

Appendix C: School-Based Medicaid Program District Contact Designee Information

School-Based Medicaid Program District Contact Designee information can be obtained from UMMS, and is used to identify the person who will be the Cost Report Preparer for the LEA. Please use the form that is attached to these instructions.



School-Based Medicaid Program District Contact Designee Information

The purpose of this form is to identify the individual designated by a School-Based Medicaid Provider to provide information necessary for the administration of the following processes on behalf of the district.

Please check off the activities or processes for which you are authorizing/designating a contact:

- ☐ RMTS Contact
- ☐ Administrative Activities Claim Uploader Designee
- ☐ Medicaid Matching Designee
- ☐ Direct Service Cost-Report Report Preparer Designee

Please print legibly.

PROVIDER (SCHOOL DISTRICT) INFORMATION

MassHealth Provider Name

MassHealth Provider Number

NPI Number

Contact Name

Title

Street

City

State

Zip Code

Tel. #

Fax #

E-mail Address

CONTACT INFORMATION DESIGNATED BY PROVIDER FOR CLAIMING PROCESSES CHECKED ABOVE

Contact Name

Start Date

Title

Street

City

State

Zip Code

Tel. #

Fax #

E-mail Address

Authorized District Signature
(Required if designated contact not a district employee)

Date

Please submit completed form to: **University of Massachusetts Medical School**
School-Based Medicaid Program
Fax: (508) 856-7643
Email: SchoolBasedClaiming@umassmed.edu