Instruction Guide

for

Direct Medical & Transportation Services Cost Report

For School Divisions in the Commonwealth of Virginia

Virginia Department of Medical Assistance Services (DMAS)

FY2017

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Overview

Medicaid and FAMIS cover the following health-related direct services provided by school division providers:

- Speech Language Pathology
- Occupational Therapy
- Physical Therapy
- Nursing
- Psychology
- Audiology
- Medical Evaluation
- Personal Care
- Specialized Transportation (*please see separate guidance on the details of the process for claiming reimbursement for transportation services*)

Final reimbursement for these services is determined by the IEP Related School Based Direct Services Cost Report. DMAS pays 95 percent of the federal share of the certified costs for these services. **If school divisions do not complete a cost report, they will be responsible to refund any interim payments.**

Direct Service Interim Claims

Submit all interim claims for dates of service in the fiscal year by March 15th of the following year. All Medicaid covered services provided to Medicaid, Medicaid Expansion or FAMIS recipients, by qualified Medicaid practitioners, whose costs are included on this cost report must be documented as required by Medicaid, meaning that interim claims must be submitted **and paid** through the Medicaid Management Information System (MMIS) for all services.

Cost Collection

Accrue costs for the school year in the manner approved for the DOE annual school report.

Quarterly Personnel Costs

All salary and fringe benefit expenditures for staff included in the Random Moment Time Study (RMTS) in both of the cost pools for Direct Service personnel which are submitted to the DMAS contractor (UMass) for school division Administrative Activity Claims (AAC) will be automatically pre-populated into each school division's cost report, provided that the quarterly Administrative claim data was submitted and certified by October 15th.

Or, for any quarters where the AAC claim has not yet been submitted and certified, UMass will pre-populate the cost report with all qualifying personnel data (names, employee ID numbers, job descriptions and funding percentages) from the Random

Moment Time Study (RMTS) participant list data for both of the cost pools for Direct Service personnel for each quarter. School divisions will need to add salary and fringe benefit costs for these staff members in the cost report system. (See the Employee Costs – Direct Medical Services section beginning on page 15 for further instructions.) Contractor costs can also be added to your cost report. (See page 35 for further instructions related to contractors).
For the cost report, include only:

- DMAS qualified practitioners,
- Direct service personnel working under the direction of Medicaid qualified practitioners, and
- Clerical personnel responsible for medical billing.

Note: For salary and fringe benefits to be eligible for inclusion in the cost report, personnel must have been included in either the RMTS 'Nursing, Psychological & Medical Services' or 'Therapy Services' participant pools. For additional details and exceptions to this rule allowed by DMAS, refer to Appendix B.

Track funding sources for personnel so that only costs funded by state and local dollars are carried forward as potentially reimbursable costs. Track separately state and local funds that are a required match for a federal grant as these funds are not eligible for reimbursement. The percentage of salary that is being used as the required match for a federal grant should be reported under the 'Other' funding source category with the description of the 'other' funding indicating that it is local match funds. Exclude any personnel that are funded 100% by federal dollars.

Non-Personnel Costs

Costs incurred during the fiscal year for materials and supplies, employee travel expenses and capital may be reported. These costs must be consistent with OMB Circular A-87 and should only include costs that are 100% attributable to direct medical services. Exclude any costs that are part of the unrestricted indirect cost rate, funded by federal grants or that are required state or local matches on federal grants.

- *Materials and Supplies* are allowable if used exclusively for the delivery of health care services. Please refer to Appendix A for the list of materials and supplies that may qualify. Only materials and supplies used in Medicaid covered services for which the school division is including personnel/contracted provider costs can be included.

- *Employee Travel Expenses* are allowable for costs incurred by the school division for staff travel to deliver health care services. School divisions must maintain a mileage log that clearly identifies mileage associated with the delivery of health care services and other uses by personnel/contracted providers whose costs are included in the cost report (trips do not have to be for a student with an IEP specifically, just health care delivery). School divisions may calculate the cost by using the IRS mileage rate in effect at the time or by prorating the cost of operating the vehicle based on mileage.

- *Capital Costs* are allowable if used exclusively for the delivery of health care services. Capital costs should be depreciated if the value is over $5,000 and the estimated useful life is at least two years. School divisions must use the depreciation schedule to record all capital items. Copies of the purchase invoices are required to be uploaded into the Cost Report system (see instructions in Capital Costs section of this guide beginning on page 39). School divisions should use a straight line method of depreciation. All capital items with a useful life will be carried forward from the previous fiscal year.

Only capital equipment used in Medicaid covered services for which the school division is including personnel/contracted provider costs can be included.

> Note: The school division may elect not to submit non-personnel costs.

Eligibility Percentages

School Divisions will count the number of students with IEPs on December 1 of the fiscal year of the cost report who are eligible for Medicaid, Medicaid Expansion or FAMIS at the same time as the certified child count of special education students and enter these statistics into the Cost Report system. The cost report system will calculate the percentages of students in each eligibility category compared to the total number of students with IEPs, regardless of parental consent, at the time of the December 1 child count. (See instruction guide School Division Information section beginning on page 10 for further details).

The medical records of all the Medicaid, Medicaid Expansion or FAMIS students with parental consent counted in the eligibility statistics are subject to audit.

> Note: This is a crucial factor throughout the cost report as it will determine what percent of the school division's total personnel and material/capital costs is acceptable for Medicaid reimbursement.

Determining Medicaid Eligibility Status

School Divisions have three options for determining the Medicaid, Medicaid Expansion or FAMIS eligibility status of their special education students.

Option 1: School Divisions may utilize the Student Medicaid Eligibility Matching system provided by UMass on behalf of DMAS. This system allows a school division to upload a file which includes their special education students certified as of December 1 of the fiscal year, and the automated system will provide the eligibility status of each child. For further information about using the UMass Student Medicaid Eligibility Matching system, please contact UMass at 1-800-535-6741 or RMTSHelp@umassmed.edu. This requires a Data Management/Security Agreement between the LEA and UMass.

Option 2: DMAS generates a quarterly eligibility report of all Medicaid, Medicaid Expansion or FAMIS recipients ages 3 thru 22 living in the school division geographical area as well as surrounding geographical areas.

> Note: DMAS only allows School Divisions to match with Option 1 or Option 2 when determining eligibility statistics and BCR population. School divisions cannot mix matching methods.

The reports are based on eligibility on September 1, December 1, March 1 and June 1. The reports have the following information:

Name
Medicaid ID
Social Security number
Address
Birthdate
Gender
Program (Medicaid, Medicaid expansion or FAMIS)
Parental Consent (Yes or No)
MCO assigned

To utilize either Option 1 or 2, School divisions are required to sign a Business Associate Agreement. For further information on this agreement, contact DMAS at 804-371-2446 or Chandra.Shrestha@dmas.virginia.gov.

Random Moment Time Study

School divisions seeking reimbursement for the cost of services specified above must participate in the time study during the October-December, January-March and April-June quarters. All staff involved in the delivery of direct medical services (except contractors) must participate quarterly in the time study.

Contractors *who perform* Medicaid eligible medical services are not included in the time study and none of their costs are included in the administrative claim. All of their costs are included in the direct services cost report and are not discounted by the direct services time study percent.

Contractors *who do not perform* Medicaid eligible medical services are included in the time study and the administrative claim. For further details and instructions regarding the RMTS contact UMass at RMTSHelp@umassmed.edu or 1-800-535-6741.

The cost for Contracted Billing Vendors/Agencies *may* be included in the direct services cost report *only* if the division does not pay the vendor a contingency fee that is based on a percentage of the division's reimbursement.

Combining the Direct Medical Services and Transportation Cost Reports
School Divisions will submit both their Direct Medical Services costs and their Transportation Costs *(if applicable)* in one combined cost report. The schedule for opening the cost reports, submitting all cost data, submitting Certification of Public Expenditure letters, and settlement and payment is the same for both components of the cost reports.

Opening the Cost Reporting System
UMass will send an email with the instructions for completing the annual cost report via the web-based system to school divisions by October 30 each year.

Filing Deadline and Certification
School divisions will complete their cost reports online by November 30. The school division superintendent or his authorized designee will certify costs annually using the Certification of Public Expenditure form (see sample on page 54) which will be generated from the cost report system after all data has been submitted. School divisions should submit signed certification letters, printed on School Division letterhead to:

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

Signed Certification of Public Expenditure letters will be sent to school divisions via email in early April, after final settlements have been calculated. Cost reports will be processed for disbursement in the order in which the signed certification letters are received by UMass.

Cost Settlement and Payment Reconciliation
On behalf of DMAS, UMass will settle cost reports within six months of the date the cost report is submitted online.

If the payment reconciliation indicates that costs are in excess of interim payments, DMAS will pay the difference in the next remittance. If interim payments exceed costs, DMAS will recoup the overpayment using one of the following methods:

1. Offset all future claim payments from the school division until the amount of the overpayment is recovered;
2. Recoup an agreed upon percentage of the overpayment to ensure recovery within one year; or
3. Recoup an agreed upon dollar amount from future claim payments to ensure recovery of the overpayment within one year.

The school division may also choose to request a direct payment to DMAS.

Interim Payments

DMAS will make interim payments during the school year based on claims submitted and approved for payments. DMAS will work with school divisions to recommend an appropriate interim rate for claims paid during the first two years of participation in direct medical services claiming. School divisions may elect to receive reduced interim payments by submitting charges for services below the maximum interim rate. This will not affect final reimbursement but will prevent overpayment. The school division should not bill in excess of the cost to provide the service.

Completing the Cost Report in the Web-Based System

A. Designate staff to have access to the Cost Report System

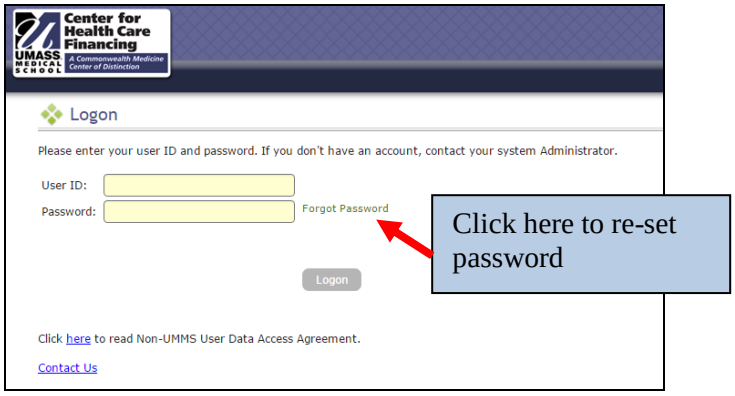
Designate appropriate school division staff to access the web-based system and complete the cost report on behalf of the school division by completing the Cost Report Designee form (see sample form in Appendix C). Completed forms should be e-mailed to UMass at RMTSHelp@umassmed.edu or faxed to 508-856-7643.

Designated staff will receive e-mail notification from UMass when the school division's cost report is ready to be completed. The cost report will be pre-populated with quarterly AAC and RMTS data and may be accessed from any computer with internet access.

B. Logging In/Accessing the web-based Cost Report System

Log in instructions will be sent via e-mail to the designated staff. Log in to the cost report system with the User ID and password to submit the school division's data. The website URL for the web-based cost report system is:

https://cbe.chcf-umms.org/CR/Reports

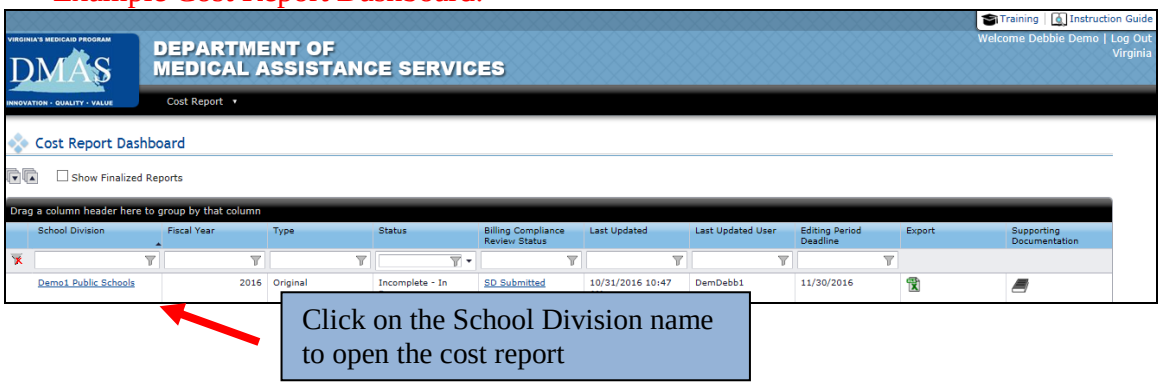


C. Cost Report Dashboard:

When first logging in, the 'Cost Report Dashboard' will be displayed, which provides an overview of the cost report fiscal year, cost report type (original vs. amendment), current status of the cost report, and when it was last updated. Click on the school division name to access the cost report.

> Note: Access to school division cost report is granted only to the designated staff. For users who will be completing cost reports for more than one school division, all school divisions for whom that user has been designated will be listed on this summary screen.

Example Cost Report Dashboard:

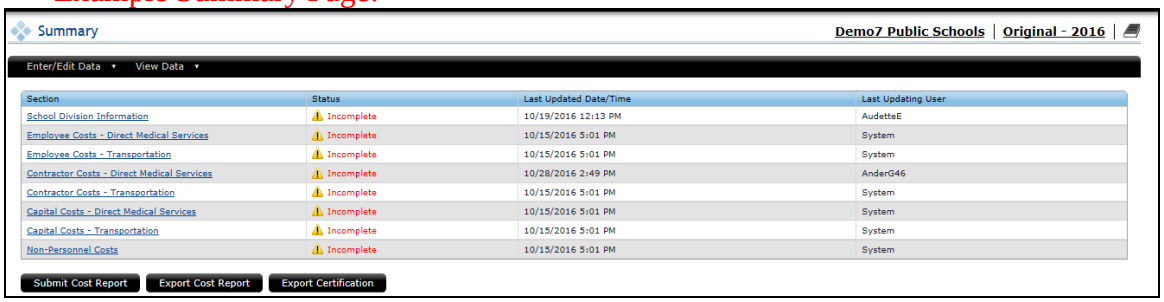


Click on the School Division name to open the cost report

D. Summary Page:

The Summary Page will be displayed, which allows the user to navigate to any section of the cost report.

Example Summary Page:

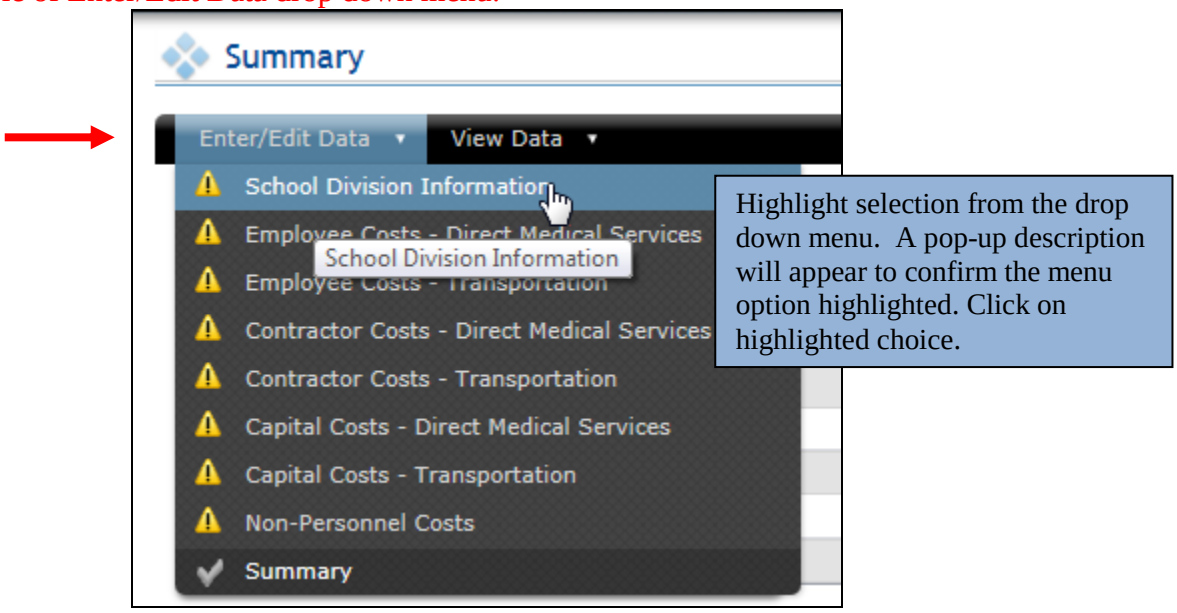


School Division Information Section

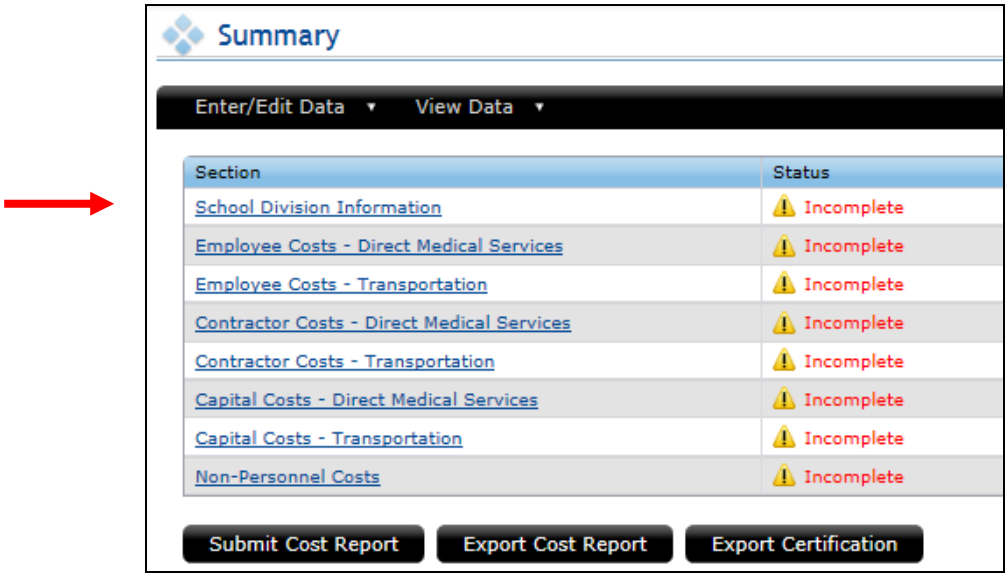
A. School Division Information Section:

Navigate to 'School Division Information' from the Enter/Edit Data drop down menu.

Example of Enter/Edit Data drop down menu:



Or click on the Title of the Cost Report Section to navigate to that section:



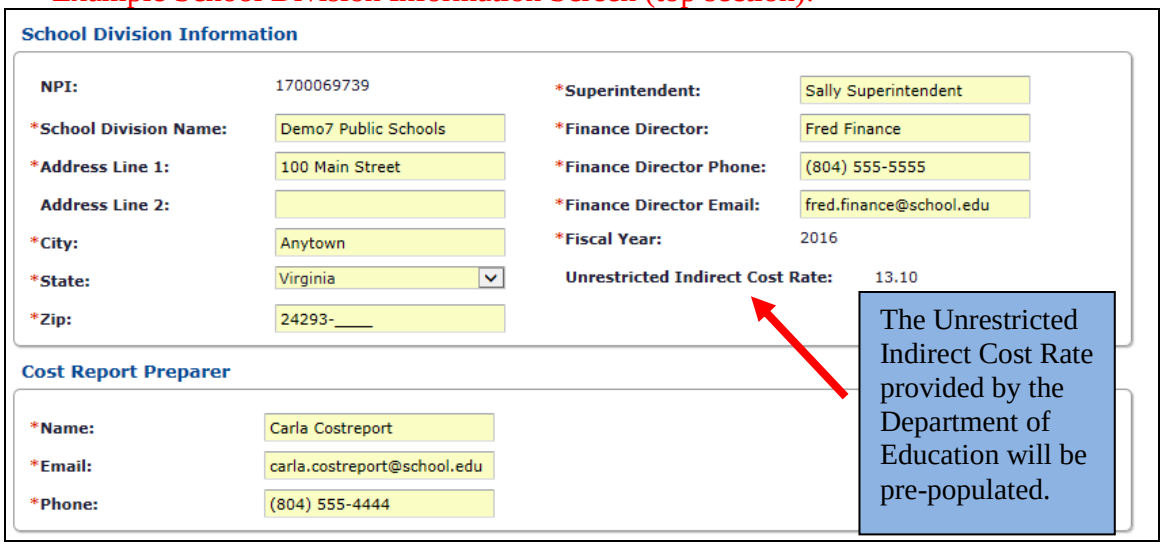
B. Complete the School Division Information section:

Review, enter, or edit the following data. All fields indicated with a red asterisk (*) are required to be completed.

- School Division Name

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

Example School Division Information Screen (top section):



C. Complete the Direct Medical Services - Eligibility Percentages

Enter the school division's special education student statistics as of December 1:

- Total Students with IEP (DOE certified Special Education count will be pre-populated)
- Medicaid students with IEP
- Medicaid Expansion students with IEP
- FAMIS students with IEP
- Please note that the sum of the 3 Medicaid categories (Medicaid, Expansion and FAMIS) should NOT equal the Total Special Education Student count. Also, the 3 eligibility categories are mutually exclusive, so Expansion and FAMIS students should not be counted in the 'Medicaid' category also.

Example of School Division Information section (middle of page):

The system will calculate the percentages based on the data entered.

Direct Medical Services - Eligibility Statistics

	NUMBER	PERCENTAGE
*Total Special Education Students:	418	
*Medicaid Special Education Students:	175	41.87 %
*Medicaid Expansion Special Education Students:	28	6.70 %
*FAMIS Special Education Students:	17	4.07 %

D. Complete the Special Education IEP Trip Data: *(If Applicable)*

Enter the Special Education IEP Trip Data in the bottom section of the School Division Information page for all one-way trips riding the Specialized Transportation Bus.

Enter the total number of one-way specialized bus trips provided to Medicaid, Medicaid Expansion, FAMIS and Total students (total students means everyone who took a one way trip on the specialized bus, even students who are not Medicaid or on an IEP). Medicaid, Medicaid Expansion and FAMIS trips are automatically pulled from transportation claims submitted by your school division and paid by DMAS. These claims are updated monthly.

School Divisions must record their transportation data using the Special Education Transportation Trip Log (found on the DMAS website at this address: http://www.dmas.virginia.gov/Content_pgs/pr-sbs.aspx)

Example of School Division Information section (bottom of page):

You may choose to not file for transportation by clicking this check box.

☐ We will not file for Transportation-related Cost Reimbursement

The system will calculate the percentages based on the data entered.

Special Education (Exclusive) IEP Bus Trips from Logs

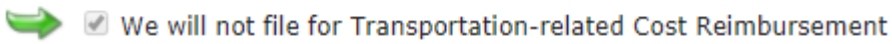
	NUMBER	FINAL PERCENTAGE AS OF 9/30/2017
Total Medicaid FAMIS And Other:	10750	
Medicaid:	1911	17.78%
Medicaid Expansion:	220	2.05%
FAMIS:	86	0.80%

E. Complete the Bus Total Data: *(If Applicable)*

Enter the Bus Total Data at the bottom of the School Division Information page in order to calculate the portion of costs of shared resources that can be allocated to specialized transportation.

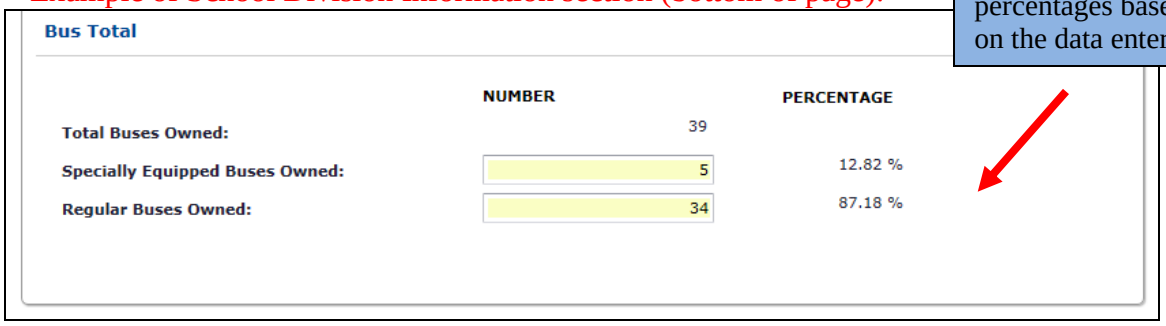
For example, if you are including costs for mechanics who work on all of your buses, only that portion of their salary costs that can be allocated to Specialized transportation vehicles may be claimed. In this section, enter the total number of specially equipped vehicles and regular vehicles owned by the school division. The resulting percentage can then be applied to the cost of your mechanics, fuel, parts, insurance and any other non-specifically identifiable costs for transportation.

If the school division is not claiming Transportation Costs, please check the "We will not file for Transportation-related Cost Reimbursement" box.



Example of School Division Information section (bottom of page):

The system will calculate the percentages based on the data entered



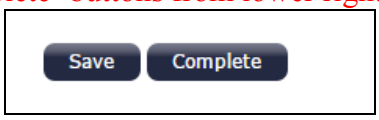
Bus Total

	NUMBER	PERCENTAGE
Total Buses Owned:	39	
Specially Equipped Buses Owned:	5	12.82 %
Regular Buses Owned:	34	87.18 %

IMPORTANT: You must 'Save' or 'Complete' this worksheet prior to moving on to other sections so as not to lose your work.

- ***Save*** your data if you have not completed everything on the School Division Information Worksheet and need to come back to it later, or
- ***Complete*** this worksheet if all data is submitted and accurate and you have finished all sections of the School Division Information Worksheet.

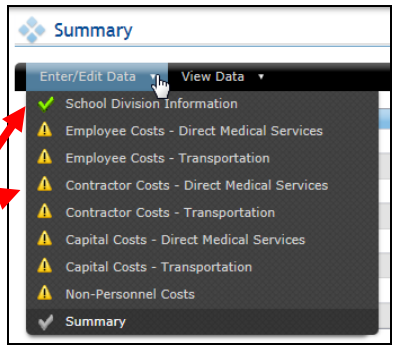
Example of 'Save' and 'Complete' buttons from lower right corner of worksheet:



F. Continue to the next Section:

After saving the School Division Information worksheet, navigate to the next worksheet by accessing the 'Enter/Edit Data' drop down menu from the top of the page:

The icons indicate the status of each worksheet – green check mark means complete!

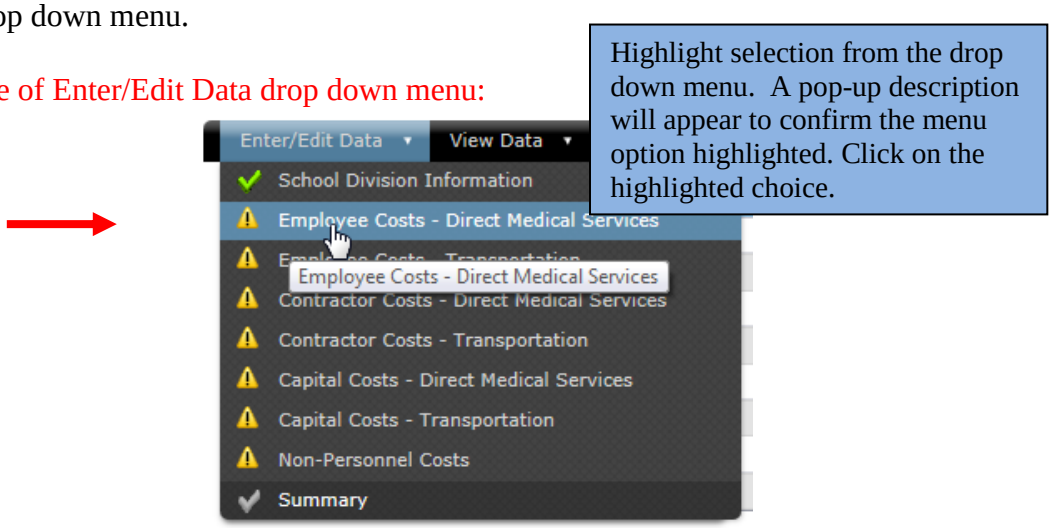


Employee Costs-Direct Medical Services

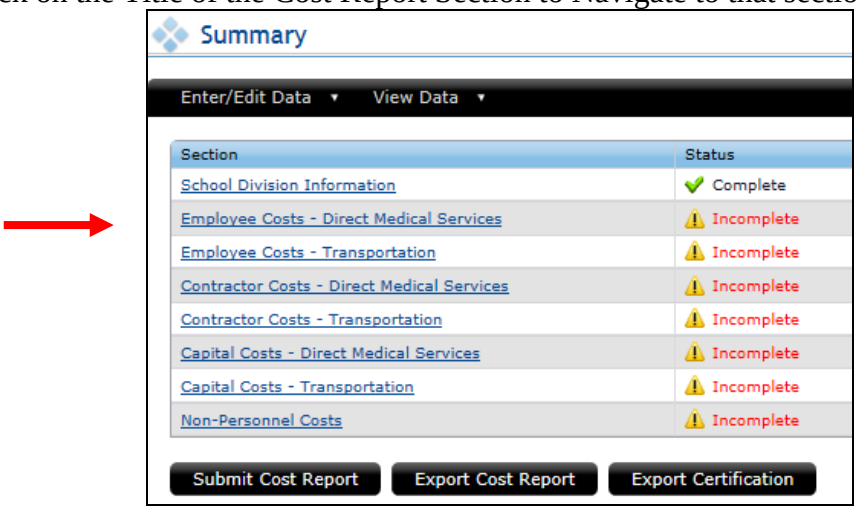
A. Employee Costs – Direct Medical Services Section:

Navigate to 'Employee Costs – Direct Medical Services' worksheet from the Enter/Edit Data drop down menu.

Example of Enter/Edit Data drop down menu:



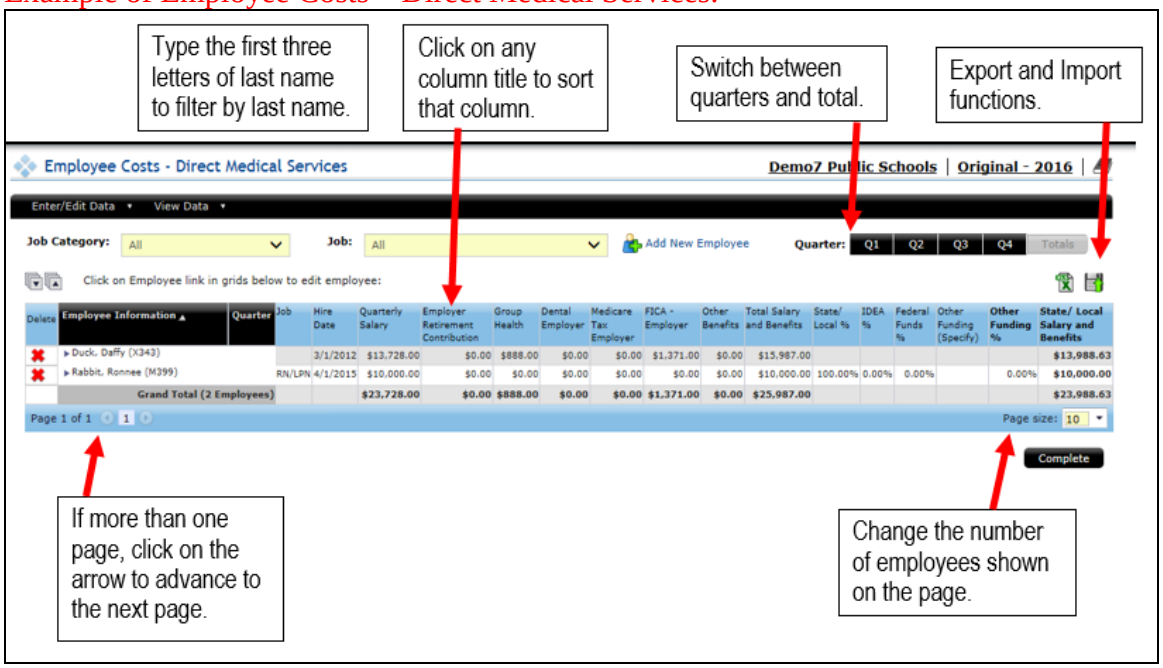
Or click on the Title of the Cost Report Section to Navigate to that section:



B. From the 'Employee Costs – Direct Medical Services' screen:

- ***View*** personnel salary and fringe benefit costs. For quarters where the school division completed and certified the AAC by October 15th, this data will be pre-populated. View the pre-populated data and determine if any changes or additions are needed.
- ***Edit*** personnel salary and fringe benefit costs. Make any necessary changes to data from the AAC claims from this worksheet.
- ***Add*** new personnel salary and fringe benefit costs. Any personnel who need to be added to the cost report can be added using this worksheet.
- ***Delete*** personnel for whom costs should not be included in the cost report.

Example of Employee Costs – Direct Medical Services:



C. Entering & Editing Salary and Fringe Benefit Costs:

Enter/Edit Salary and Fringe Benefit costs for Direct Medical Services employees using the 'Employee Costs – Direct Medical Services' screen.

Information should be included for each employee who provides direct medical services to special education students pursuant to an IEP. Exclude any personnel who are funded 100% by federal dollars, who do not meet the Medicaid provider qualifications (unless providing assistance to qualified personnel) or for whom the school division does not wish to claim reimbursement.

Data is separated by quarter. Depending on if and when your school division submitted and certified quarterly AAC claims, each quarter will fall into one of two scenarios:

Scenario One: AAC claim was submitted and certified by October 15 and salary and fringe benefit data has been pre-populated.

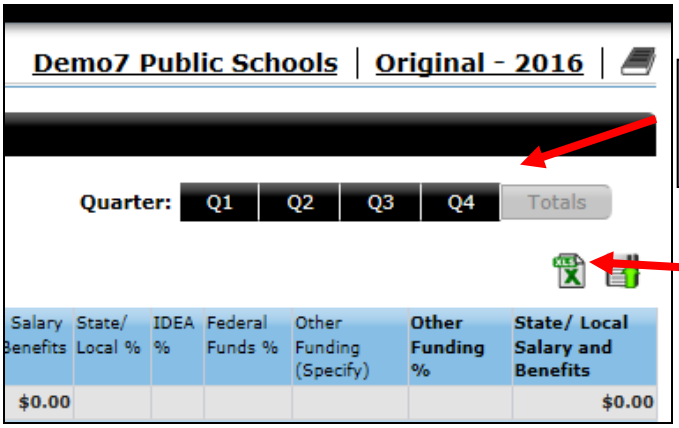
Scenario Two: No AAC claim data was available; therefore, the school division RMTS participant data has been pre-populated.

D. Verify & Edit Pre-Populated Cost Information:

Complete steps to submit data for any quarters which fall into *Scenario One:* AAC claim was submitted and certified by October 15 and salary and fringe benefit data has been pre-populated:

- ***Verify*** the salary and fringe benefit data is accurate and complete by:
  - Viewing the data on the screen, or
  - Exporting the data to an Excel workbook

Example of Excel Export on the Employee Costs – Direct Medical Services screen



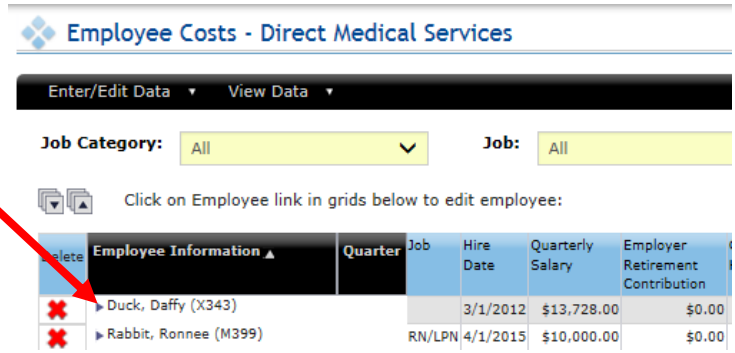
Choose quarter first.
The quarter in grey is selected.

Click on the Excel icon in the upper right corner of the screen to download an Excel report of the quarterly salary and fringe benefit data in the cost report. A pop-up description will appear when the mouse is over the correct icon.

- ***Edit/Change*** any data, if necessary. Select an individual for whom costs need to be added or corrected by,
  - Selecting an individual staff member and editing their cost data
  - Editing their cost data as needed on the 'Edit Employee Direct Medical Services Costs' detail screen.

Example of Employee Costs – Direct Medical Services worksheet:

Select the employee by clicking on their name to view their detail cost data



Note: For your convenience, the 'Edit Employee Direct Medical Services Costs' detail screen displays all 4 quarters at once for the selected employee. Any changes made to any quarter's costs on this screen will be appropriately saved to the correct quarter.

Example of 'Edit Employee Direct Medical Services Costs' detail screen:

Edit Employee Direct Medical Services Costs — Demo7 Public Schools | Original - 2016

Enter/Edit Data ▾ View Data ▾

Employee Information

*Employee ID: X343 *Last Name: Duck *Hire Date: 03/01/2012
*First Name: Daffy

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
		Copy from Previous Quarter	Copy from Previous Quarter	Copy from Previous Quarter	
*Job Title	Personal Care Assistant	Personal Care Assistant	Personal Care Assistant	Personal Care Assistant	
Funding Percentages					
State/Local %	100.00%	100.00%	100.00%	50.00%	
IDEA %	0.00%	0.00%	0.00%	0.00%	
Federal Funds %	0.00%	0.00%	0.00%	50.00%	
Other Funding (Specify)					
Other Funding %	0.00%	0.00%	0.00%	0.00%	
Employee Costs					
Quarterly Salary	$3,432.50	$3,432.00	$3,432.00	$3,432.00	$13,728.50
Employer Retirement Contribution	$0.00	$0.00	$0.00	$0.00	$0.00
Group Health Insurance - Employer	$222.00	$222.00	$222.00	$222.00	$888.00
Dental - Employer	$0.00	$0.00	$0.00	$0.00	$0.00
Medicare Tax - Employer	$0.00	$0.00	$0.00	$0.00	$0.00
FICA - Employer	$342.75	$342.75	$342.75	$342.75	$1,371.00
Other Benefits	$0.00	$0.00	$0.00	$0.00	$0.00
Total Salary and Benefit Payments	$3,997.25	$3,996.75	$3,996.75	$3,996.75	$15,987.50

Save and close | Save and add new | Save | Cancel

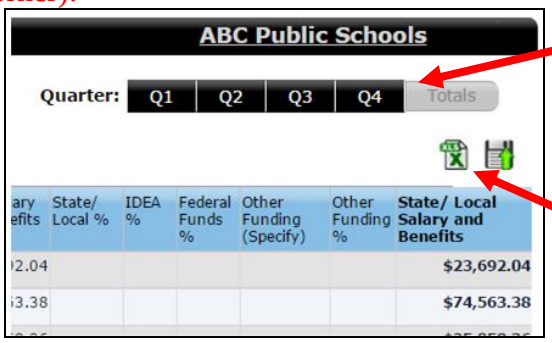
Tip: Don't forget to 'Save' your changes before leaving the screen. 'Cancel' will exit the screen without saving your changes.

E. Excel upload file

If several changes need to be made, an Excel file of the quarterly data may be exported and used to make the necessary changes, then uploaded.

Export a file of all personnel costs for the quarter by choosing the quarter from the top right corner of the screen, and then click the Excel icon.

Example of Excel Export on the Employee Costs – Direct Medical Services screen (upper right corner):



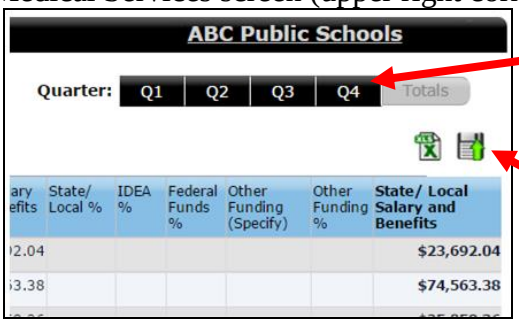
Choose the quarter first. The quarter in grey is selected.

Click on the Excel icon in the upper right corner of the screen to download an Excel report of the quarterly salary and fringe benefit data in the cost report.

Example of Quarterly Employee Costs exported file:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Quarter	Employee ID	Last Name	First Name	Job Title	Quarterly Salary	Employer Retirement Contribution	Group Health Insurance - Employer	Dental	Medicare Tax - Employer	Employer - FICA	Other Benefits	Total Salary and Benefits	State/Local Salary and Benefits	State/Local %	IDEA %	Fed Funds %	Other (Specify)	Other %
2	1	8108	Sample	Sally	Billing Personnel	$16,575.00	$2,403.39	$1,837.00	$0.00	$240.33	$0.00	$1,324.35	$22,380.07	$22,380.07	100.00%	0.00%	0.00%		0.00%
3	1	1206	Apple	Alice	RN/LPN	$2,718.90	$394.24	$0.00	$0.00	$39.42	$0.00	$217.24	$3,369.80	$3,369.80	100.00%	0.00%	0.00%		0.00%
4	1	2680	Lemon	Larry	RN/LPN	$420.00	$0.00	$3,013.50	$0.00	$3.16	$0.00	$13.52	$3,450.18	$3,450.18	100.00%	0.00%	0.00%		0.00%
5	1	2954	Turnip	Travis	RN/LPN	$5,286.60	$526.87	$2,776.00	$0.00	$70.13	$0.00	$364.91	$9,024.51	$9,024.51	100.00%	0.00%	0.00%		0.00%
6	1	1635	Banana	Betty	RN/LPN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100.00%	0.00%	0.00%		0.00%
7	1	5252	Eggplant	Emily	RN/LPN	$2,992.00	$433.84	$0.00	$0.00	$43.38	$0.00	$239.06	$3,708.28	$3,708.28	100.00%	0.00%	0.00%		0.00%
8	1	807	Lettuce	Lucy	RN/LPN	$3,152.00	$457.04	$2,776.00	$0.00	$39.18	$0.00	$223.94	$6,648.16	$6,648.16	100.00%	0.00%	0.00%		0.00%
9	1	1112	Pickle	Patty	RN/LPN	$3,721.70	$503.90	$1,554.50	$0.00	$49.97	$0.00	$275.90	$6,105.97	$6,105.97	100.00%	0.00%	0.00%		0.00%
10	1	2590	Plum	Paul	RN/LPN	$3,840.00	$529.54	$938.40	$0.00	$49.16	$0.00	$278.91	$5,636.01	$5,636.01	100.00%	0.00%	0.00%		0.00%
11	1	1947	Mushroom	Molly	RN/LPN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100.00%	0.00%	0.00%		0.00%
12	1	06080	Supermarket	Sam	Billing Personnel	$3,840.00	$529.54	$938.40	$0.00	$49.16	$0.00	$278.91	$5,636.01	$5,636.01	100.00%	0.00%	0.00%		0.00%

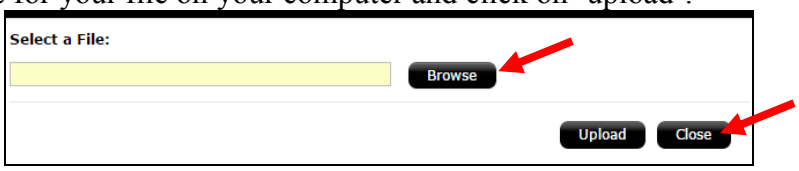
Make any necessary changes to the personnel costs in the file and save it in your computer. Upload the quarterly personnel costs file from the Employee Costs – Direct Medical Services screen (upper right corner):



Choose your quarter first. The quarter in grey is selected.

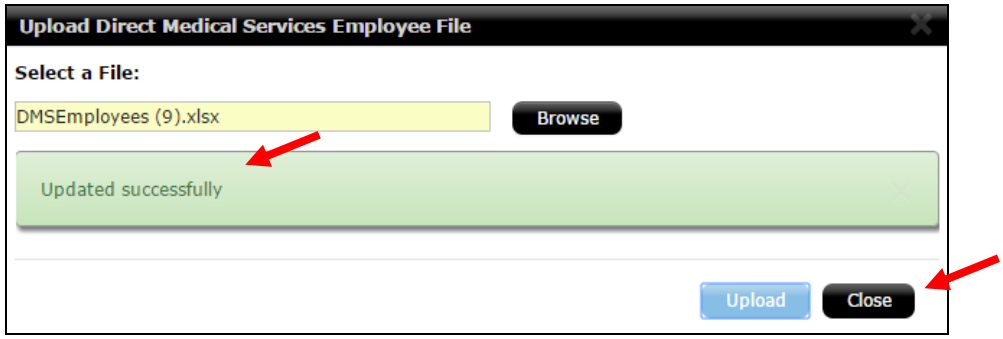
Click on the Upload icon in the upper right corner of the screen to upload the Excel file of quarterly salary and fringe benefit data. A pop-up description will appear when the mouse is over the correct icon.

Browse for your file on your computer and click on 'upload':



When the upload is complete, a confirmation message will appear. Click on 'Close' to return to the main screen:

Note: There is no file naming convention specified for upload files. The only requirement is that the file must be a Microsoft Excel file.

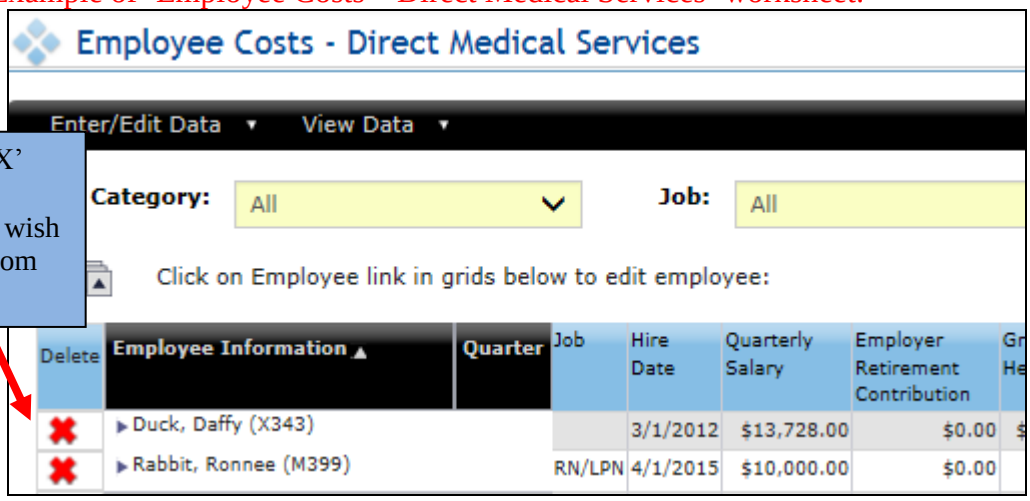


F. Deleting Employee Costs

From the 'Employee Costs – Direct Medical Services' worksheet, click on the red 'X' to delete the selected employee.

Example of 'Employee Costs – Direct Medical Services' worksheet:

Click on the 'X' next to the employee you wish to DELETE from the cost report



If deleting a person from the 'totals' page, a prompt will appear to confirm that you wish to delete the data for the selected employee from all quarters:

If deleting an individual from quarterly pages, a prompt will appear to choose whether to delete the employee from only the selected quarter, or from all 4 quarters:

G. Adding a new employee and staff costs

To add new staff who were not included in the AAC claim or RMTS participant pool, click 'Add New Employee' at the top/center of the 'Employee Costs – Direct Medical Services' worksheet:

The Employee Information screen will appear. Enter the First Name, Last Name, Hire Date and Employee ID Number (must be unique).

> Note: Please see Appendix B for details regarding the 'Hire Date' field and how it is used in relation to determining whether a staff member's quarterly salary and benefit costs can be included in the cost report when they were not included in RMTS for the quarter.

Add the funding percentages and cost data by quarter for this employee.

Funding Percentages (Total must equal 100%):

- *State/Local %*: Enter the percentage of employee's salary that is funded by state/local funds. Exclude any state/local funds that are a required match for federal grants.
- *IDEA %*: Enter the percentage of employee's salary that is funded by IDEA funds.
- *Fed Funds %*: Enter the percentage of employee's salary that is funded by other federal funds (excluding IDEA funds).
- *Other Funding (Specify)*: If employee cost is funded by any other source, enter funding source name/description. Use this field for state/local funds that are a required match for federal grants
- *Other Funding %*: Enter the percentage of employee's salary that is funded by the other source specified above. Use this field for state/local funds that are a required match for federal grants.

Salary and Benefits:

- *Quarterly Salary*: Enter amount of salaries paid for each employee.
- *Employer Retirement Contribution*: Enter amount of employer retirement contribution for each employee.
- *Group Health Insurance – Employer*: Enter amount of employer paid group health insurance for each employee.
- *Dental - Employer:* Enter amount of employer paid dental insurance for each employee.
- *Medicare Tax – Employer*: Enter amount of employer paid Medicare tax for each employee.
- *FICA - Employer*: Enter amount of employer paid Social Security tax for each employee.
- *Other Benefits*: Enter amount of other benefits paid by employer.

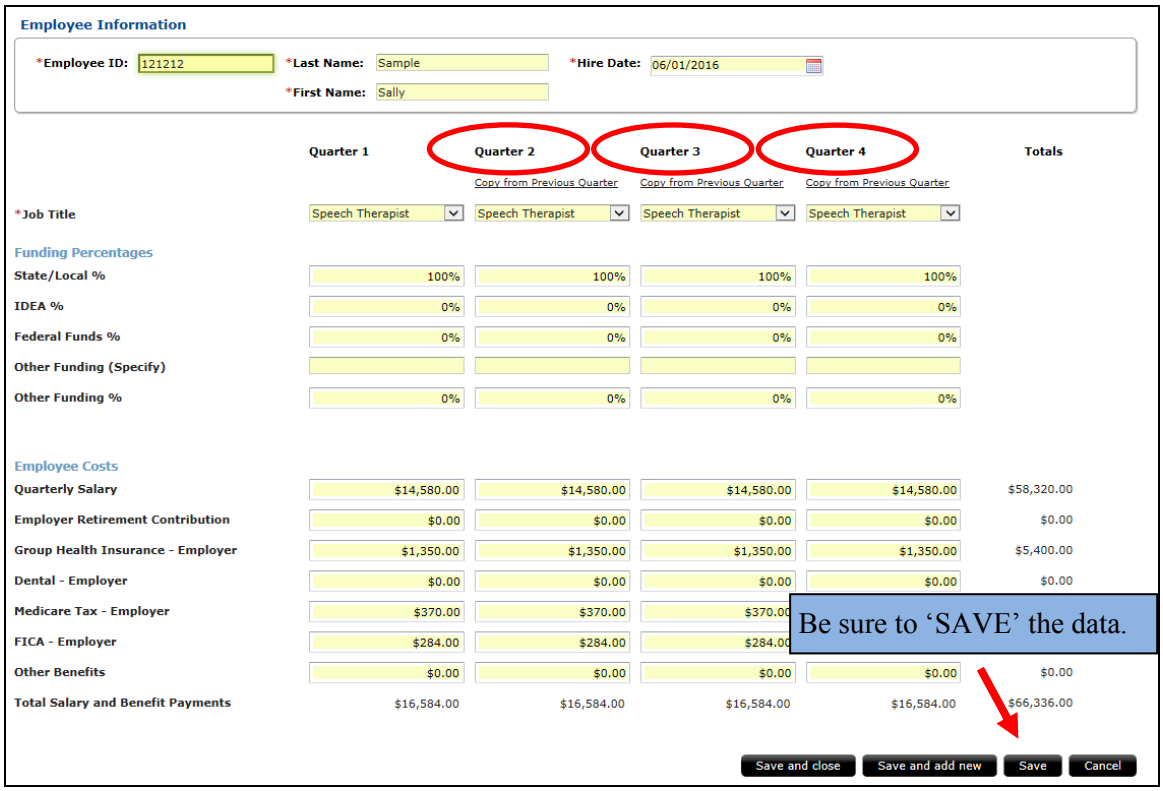
Note: For your convenience, the 'Employee Information' detail screen displays all 4 quarters at once for the new employee. Any additions made to any quarter's costs on this screen will be appropriately saved to the correct quarter.

Employee Information

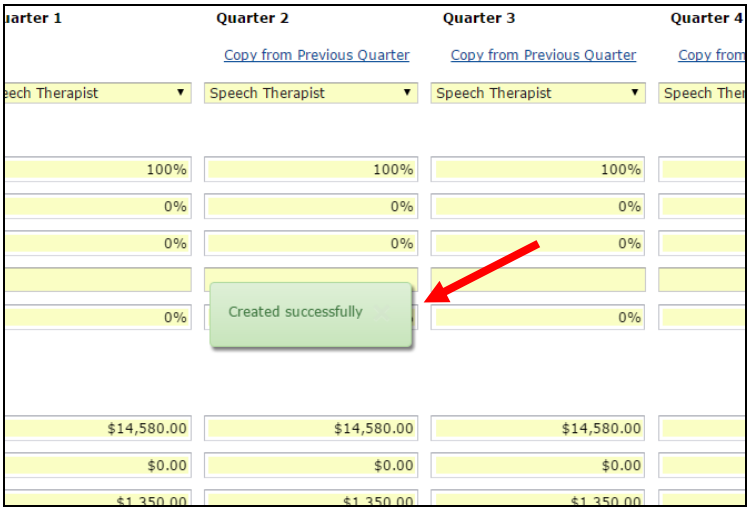
*Employee ID: 654321 *Last Name: Sample *First Name: Sally

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
		Copy from Previous Quarter	Copy from Previous Quarter	Copy from Previous Quarter	
*Job Title	Speech Therapist				
Funding Percentages					
State/Local %	100%				
IDEA %	0%				
Federal Funds %	0%				
Other Funding (Specify)					
Other Funding %	0%				
Employee Costs					
Quarterly Salary	$14,580.00				$14,580.00
Employer Retirement Contribution	$0.00				$0.00
Group Health Insurance - Employer	$1,350.00				$1,350.00
Dental - Employer	$0.00				$0.00
Medicare Tax - Employer	$370.00				$370.00
FICA - Employer	$284.00				$284.00
Other Benefits	$0.00				$0.00
Total Salary and Benefit Payments	$16,584.00	0.00	0.00	0.00	$16,584.00

Note: Copy data from one quarter to the subsequent quarter by clicking 'Copy from Prior Quarter', then edit as required:



Confirmation that changes have been saved will be displayed in a green box in the center of the screen as shown below:

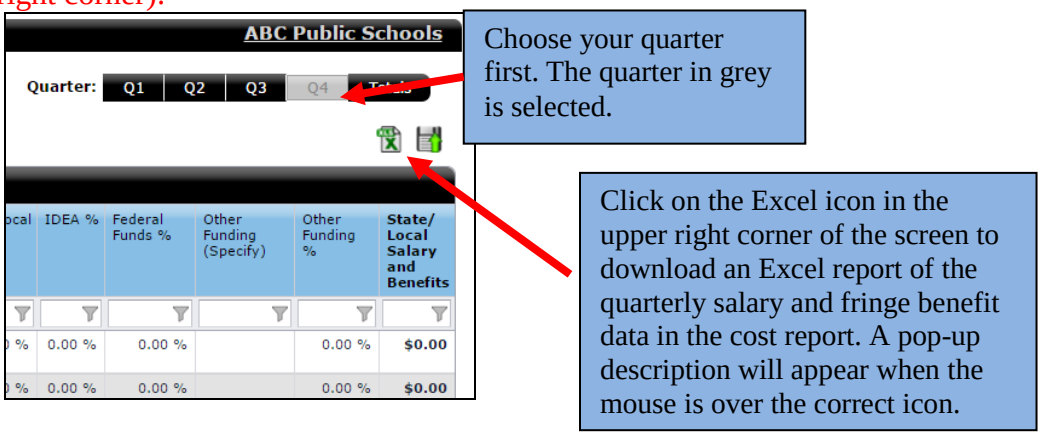


H. Adding staff costs to current employees

If AAC claim data was not submitted by October 15th, the school division RMTS participant data is pre-populated in its place. Complete necessary steps to add employee cost information to quarters with no pre-populated data.).

Export the list of personnel who participated in the quarterly RMTS from the system by choosing the quarter from the top right corner of the screen, then click on the Excel icon. Add salary and fringe benefit costs for the quarter..

Example of Excel Export on the Employee Costs – Direct Medical Services screen (upper right corner):



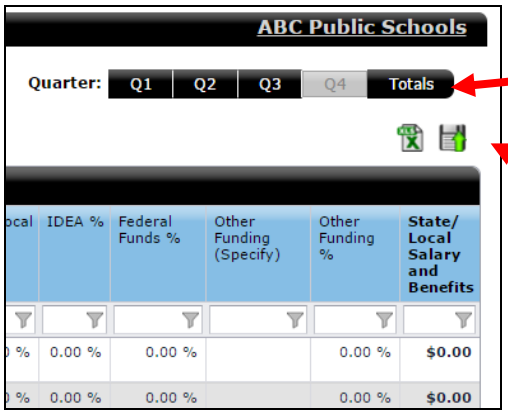
Example of Quarterly Employee Costs exported file:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Quarter	Employee ID	Last Name	First Name	Job Title	Quarterly Salary	Employer Retirement Contribution	Group Health Insurance - Employer	Dental	Medicare Tax - Employer	Employer - FICA	Other Benefits	Total Salary and Benefits	State/Local Salary and Benefits	State/Local %	IDEA %	Fed Funds %	Other (Specify)	Other %
2	1	8108	Sample	Sally	Billing Personnel	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100.00%	0.00%	0.00%		0.00%
3	1	1206	Apple	Alice	RN/LPN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100.00%	0.00%	0.00%		0.00%
4	1	2680	Lemon	Larry	RN/LPN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100.00%	0.00%	0.00%		0.00%
5	1	2954	Turnip	Travis	RN/LPN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100.00%	0.00%	0.00%		0.00%
6	1	1635	Banana	Betty	RN/LPN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100.00%	0.00%	0.00%		0.00%
7	1	5252	Eggplant	Emily	RN/LPN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100.00%	0.00%	0.00%		0.00%
8	1	807	Lettuce	Lucy	RN/LPN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100.00%	0.00%	0.00%		0.00%
9	1	1112	Pickle	Patty	RN/LPN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100.00%	0.00%	0.00%		0.00%
10	1	2590	Plum	Paul	RN/LPN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100.00%	0.00%	0.00%		0.00%
11	1	1947	Mushroom	Molly	RN/LPN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	100.00%	0.00%	0.00%		0.00%

Note: There is no file naming convention specified for upload files. The only requirement is that the file must be a Microsoft Excel file.

Add the salary and fringe benefit costs for each staff member and save the file on your computer.

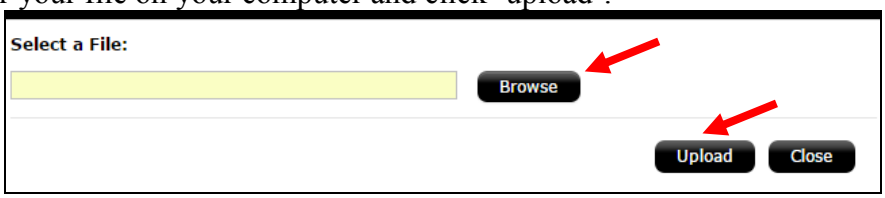
Upload your quarterly personnel costs file from the Employee Costs – Direct Medical Services screen (upper right corner):



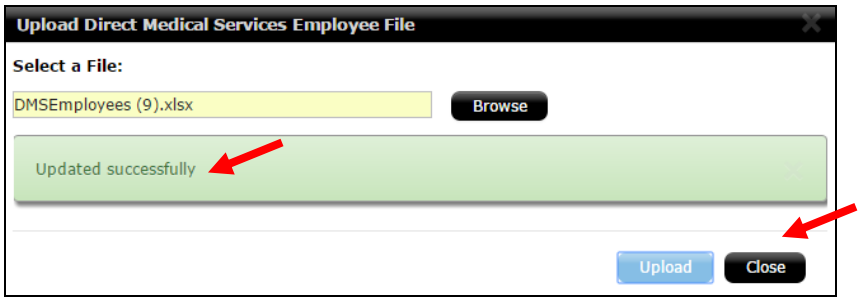
Choose your quarter first. The quarter in grey is selected.

Click on the Upload icon in the upper right corner of the screen to upload the Excel file of quarterly salary and fringe benefit data. A pop-up description will appear when the mouse is over the correct icon.

Browse for your file on your computer and click 'upload':



When the upload is complete, a confirmation message will appear. Click 'Close' to return to the main screen:



Complete the section by clicking on the 'Complete' button in the lower right corner of the 'Totals' page.

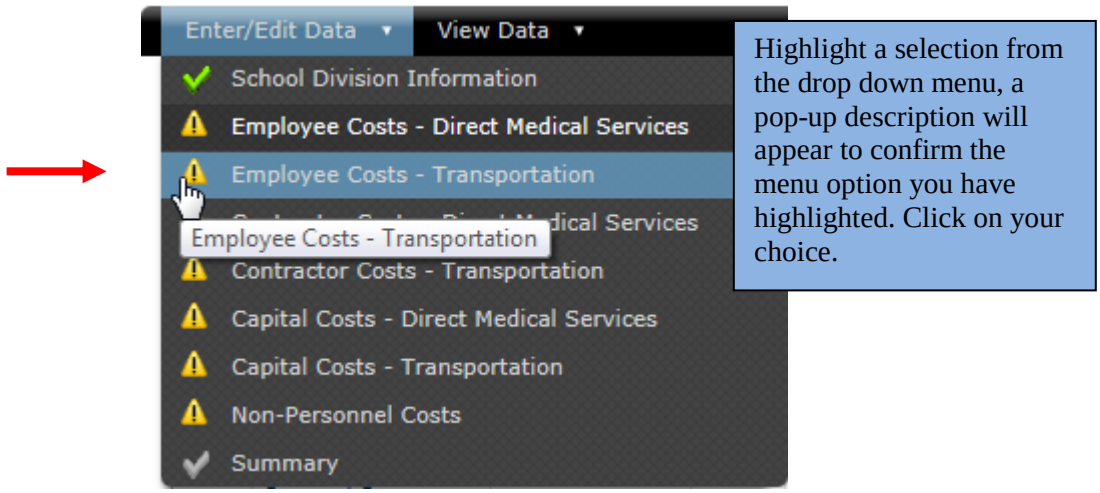
IMPORTANT: You must 'Complete' this section if all data is submitted, accurate and you have finished this section of the cost report.

Employee Costs-Transportation

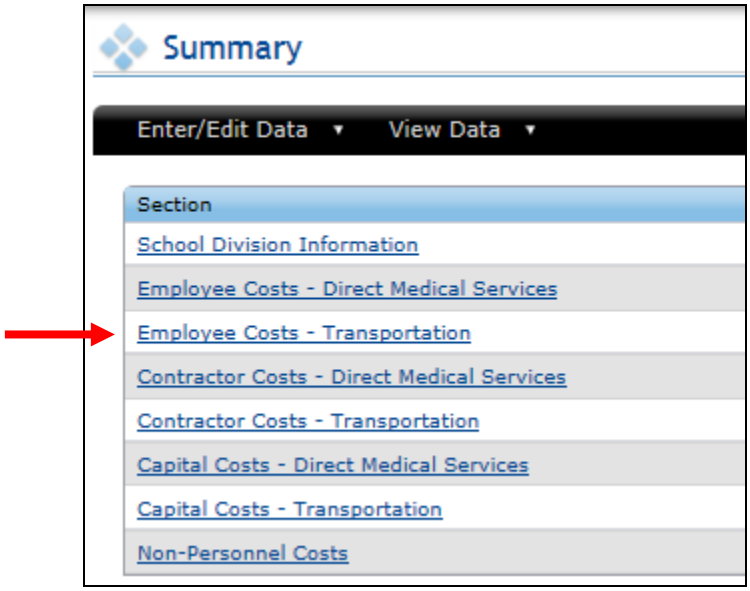
A. Employee Costs – Transportation Section:

Navigate to the 'Employee Costs – Transportation' worksheet from the Enter/Edit Data drop down menu.

Example of selecting 'Employee Costs – Transportation' from the Enter/Edit Data drop down menu:

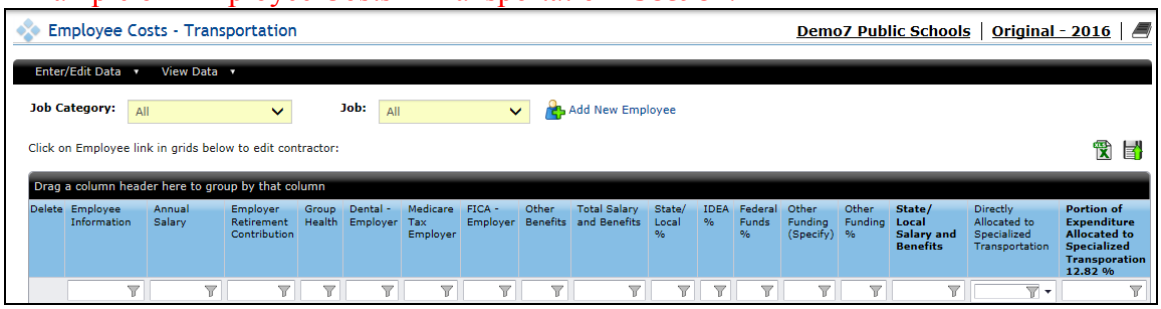


Or click on the Title of the Cost Report Section to Navigate to that section:



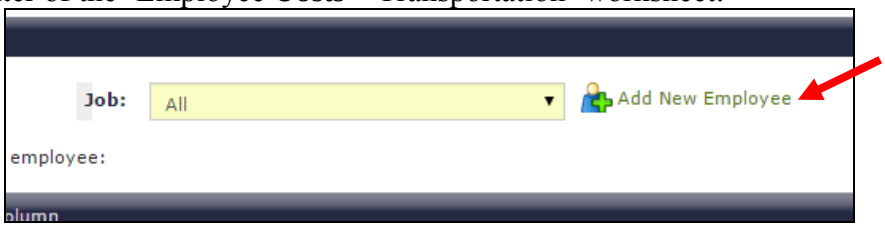
The ‘Employee Costs – Transportation’ section has no pre-populated information, therefore, there is no data to display.

Example of ‘Employee Costs – Transportation’ Section:



B. Adding a new employee and staff costs

Add employees and their costs to this section by clicking on ‘Add New Employee’ at the top/center of the ‘Employee Costs – Transportation’ worksheet:



The Employee Information screen will appear. Enter First Name, Last Name and Employee ID Number (must be unique).

- Indicate Yes/No to the question: Directly Allocated to Specialized Transportation?
  - “*Yes*” if you have already reduced the employee’s salary to the percentage of time they spend working on special education transportation, or 100% of their time is spent on special education transportation.
  - “*No*” if you would like the system to calculate the percentage of time the employee works on special education transportation using the ratio of regular buses to special education buses for you (ratio located on School Division Information page).

Add the funding percentages and cost data for the employee.

Funding Percentages (Total must equal 100%):

- *State/Local %*: Enter the percentage of employee’s salary that is funded by state/local funds. Exclude any state/local funds that are a required match for federal grants.
- *IDEA %*: Enter the percentage of employee’s salary that is funded by IDEA funds.
- *Federal Funds %*: Enter the percentage of employee’s salary that is funded by other federal funds (excluding IDEA funds).

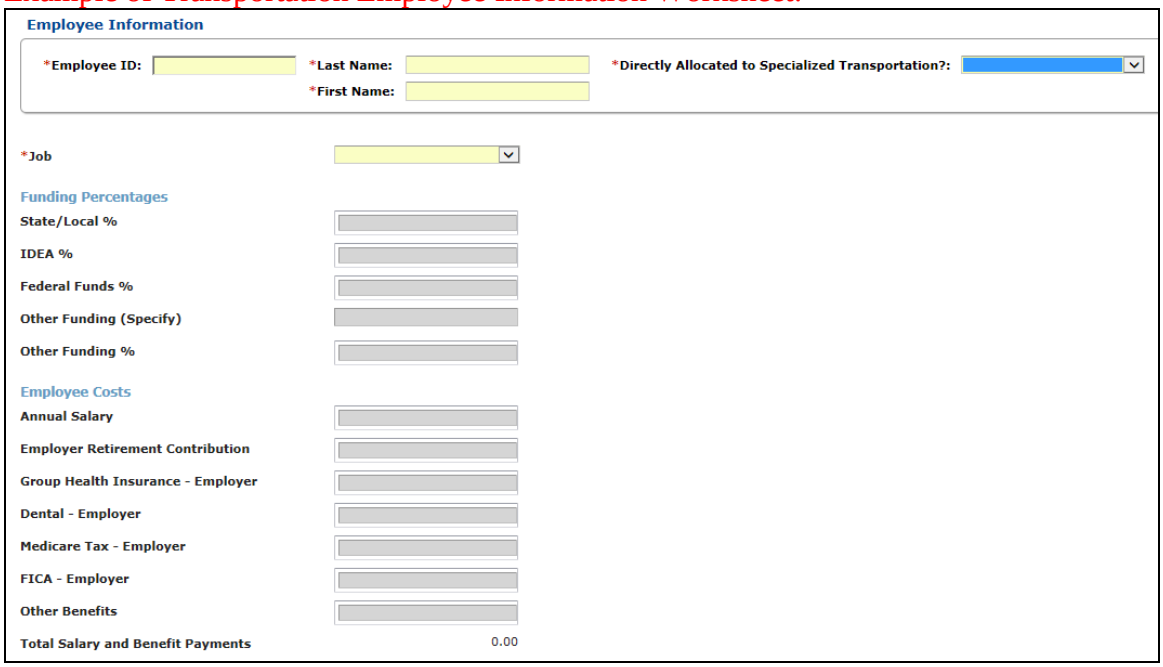
Note: Transportation employee data is reported as annual totals.

- *Other Funding (Specify)*: If employee cost is funded by any other source, enter funding source name/description. Use this field for state/local funds that are a required match for federal grants.
- *Other Funding %*: Enter the percentage of employee's salary that is funded by the other source specified above. Use this field for state/local funds that are a required match for federal grants.

Employee Costs:

- *Annual Salary*: Enter amount of salaries paid for each employee.
- *Employer Retirement Contribution*: Enter amount of employer retirement contribution for each employee.
- *Group Health Insurance – Employer*: Enter amount of employer paid group health insurance for each employee.
- *Dental - Employer:* Enter amount of employer paid dental insurance for each employee.
- *Medicare Tax – Employer*: Enter amount of employer paid Medicare tax for each employee.
- *FICA - Employer*: Enter amount of employer paid Social Security tax for each employee.
- *Other Benefits*: Enter amount of other benefits paid by employer.

Example of Transportation Employee Information Worksheet:



Complete the section by clicking on the ‘Complete’ button in the lower right corner of the ‘Totals’ page.

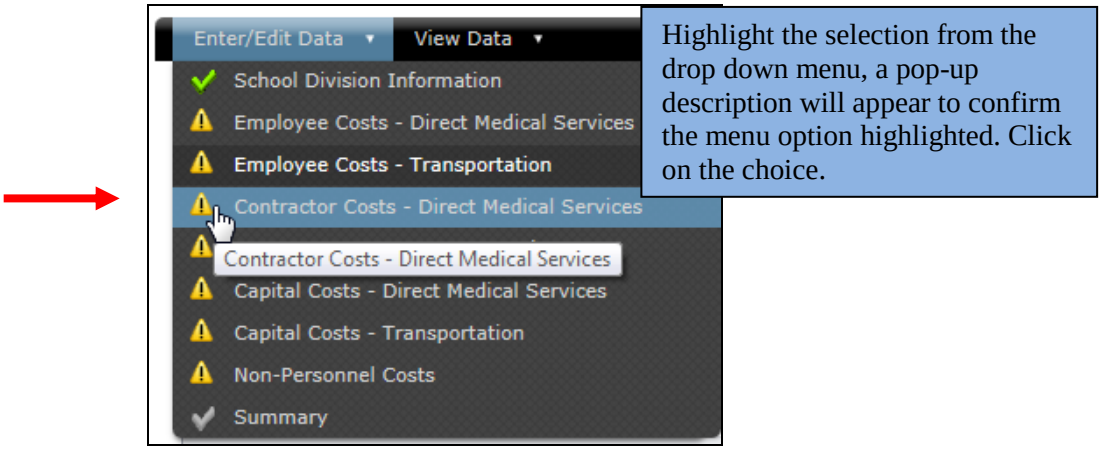
IMPORTANT: You must ‘Save’ this section if all data is submitted, accurate and you have finished this section of the cost report.

Contractor Costs-Direct Medical Services

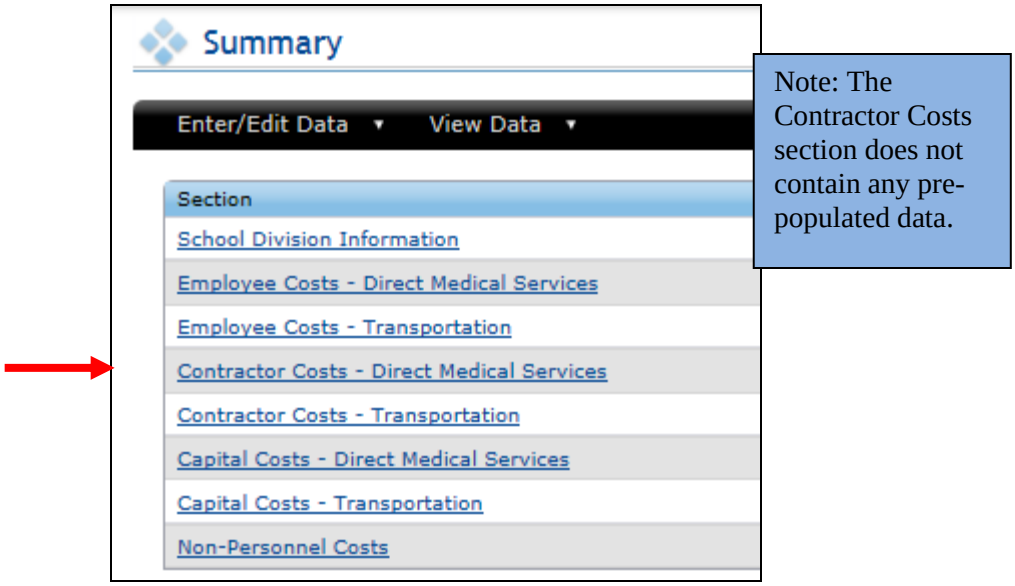
A. Contractor Costs – Direct Medical Services:

Navigate to the 'Contractor Costs – Direct Medical Services' section from the Enter/Edit Data drop down menu

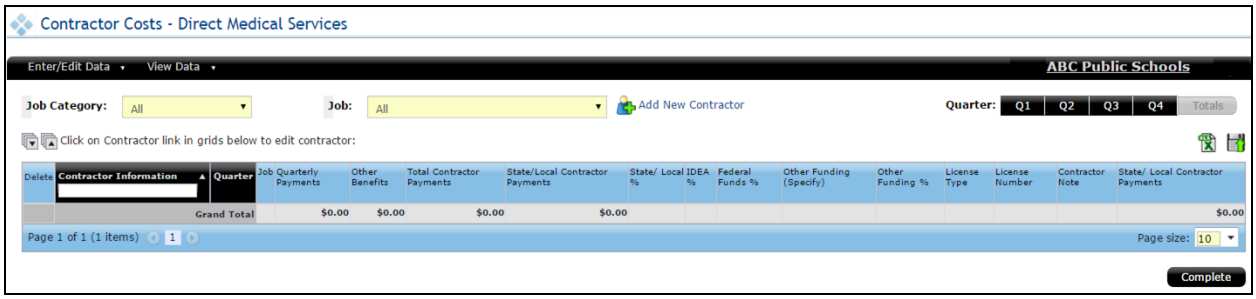
Example of selecting 'Contractor Costs – Direct Medical Services' from the Enter/Edit Data drop down menu



Or click on the Title of the Cost Report Section to Navigate to that section:



Example of 'Contractor Costs – Direct Medical Services' section:



B. Adding contractors

Add contractors and their costs to this worksheet by choosing either of two methods:

a) Individually enter each contractor's information, or
b) Upload a list of all contractors and their information

a) To enter each contractor's information individually, click on 'Add New Contractor' at the top/center of the 'Contractor Costs – Direct Medical Services' worksheet:

The 'Create Contractor – Direct Medical Services' worksheet will appear. Enter the following information about the contractor:

- Add/Edit/Delete Agency
  - If you have already created an agency the contractor works for, select the agency through the drop down.
- To add an agency, fill in the Agency Name *License Number* (from the appropriate professional licensing board for this contractor's profession)
- *License Type* (selected from the drop-down list)
- *Last Name*
- *First Name*
- *Notes* (you may type in any special consideration 'notes' here, up to 255 characters. This would be the appropriate place to indicate the name of the Agency or Company that an individual contractor works for that would be shown on paid invoices).

Add the funding percentages and cost data for this contractor.

Funding Percentages (Total must equal 100%):

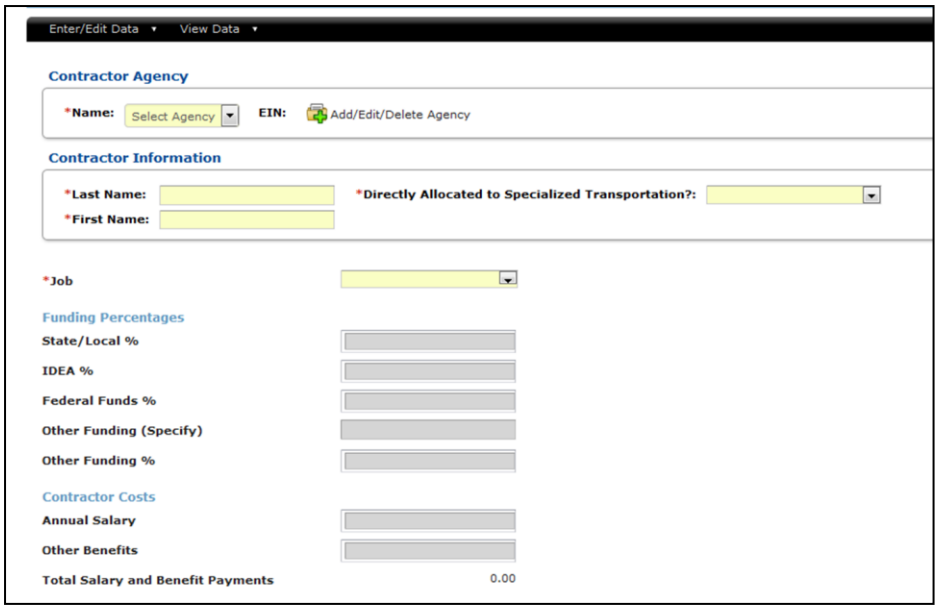
- *State/Local %:* Enter the percentage of contractor payment that is funded by state/local funds. Exclude any state/local funds that are a required match for federal grants.
- *IDEA %*: Enter the percentage of contractor cost that is funded by IDEA funds.
- *Fed Funds %:* Enter the percentage of contractor cost that is funded by other federal funds (excluding IDEA funds).
- *Other (Specify):* If contractor cost is funded by any other source, enter funding source name/description. Use this field for state/local funds that are a required match for federal grants.

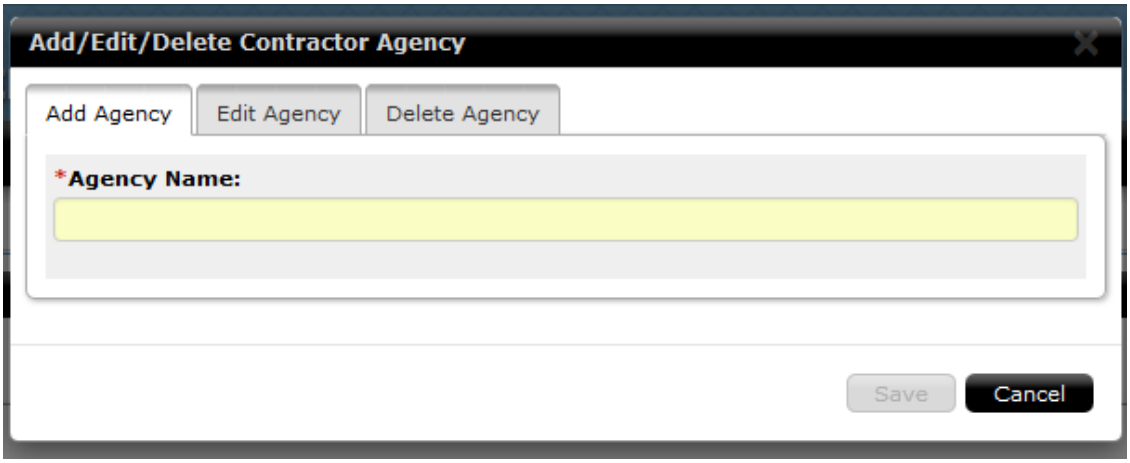
- *Other %*: Enter the percentage of contractor cost that is funded by the 'other' source described in the 'Other (specify) field above. Use this field for state/local funds that are a required match for federal grants.

Contractor Costs:

- Quarterly Salary: Enter amount of payment for each contractor
- Other Benefits: Enter any other contractor payments

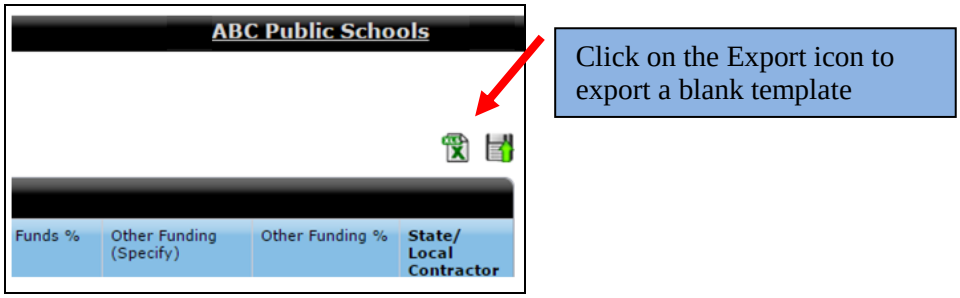
Example of 'Create Contractor – Direct Medical Services' screens:





After adding a contractor, be sure to click 'Save and close or 'Save and add new' or Save, or 'Cancel' at bottom right corner of screen.

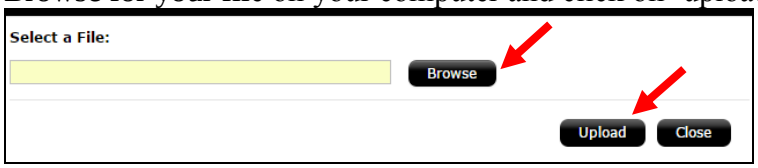
b) To upload information for multiple contractors in a single file, export a template, fill in the appropriate information, and upload the file.



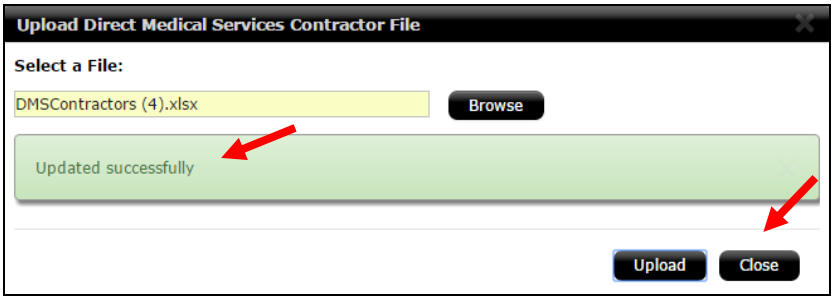
Example of Exported Template:

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Contractor EIN	Last Name	First Name	Job Title	Annual Payments	Other Benefits	Total Contractor Payments	State/Local Contractor Payments	State/Local %	IDEA %	Federal Funds %	Other Funding (Specify)	Other Funding %
2	321541	Smith	James	Bus Operator	$36,525.00	$2,588.00	$39,113.00	$39,113.00	100.00%	0.00%	0.00%		0.00%
3													

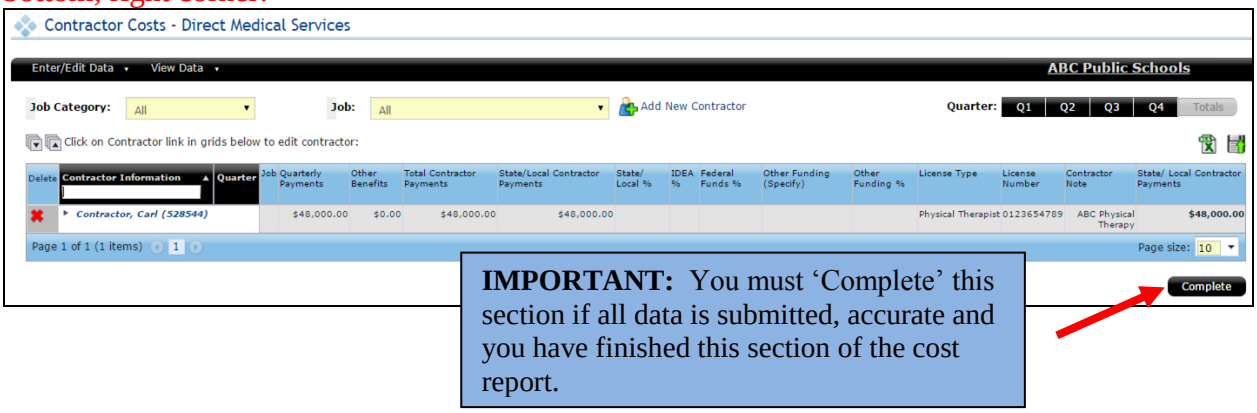
Browse for your file on your computer and click on 'upload':



When your upload is complete, you'll see a confirmation message. Then you can click 'Close' to return to the main screen:



Example of ‘Contractor Costs – Direct Medical Services’ section ‘Complete’ button in bottom, right corner:



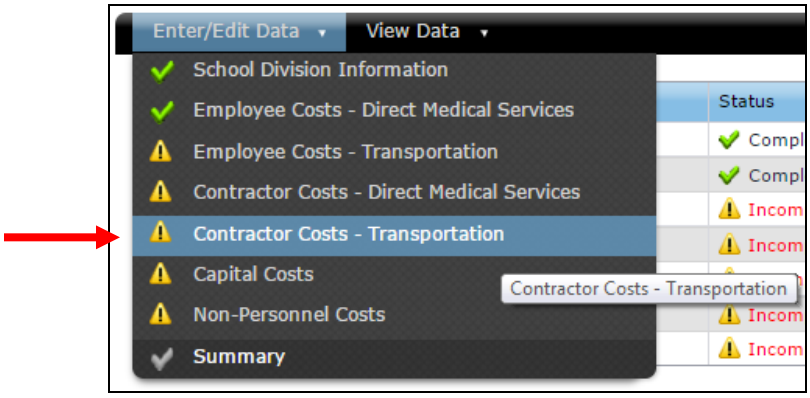
IMPORTANT: You must ‘Complete’ this section if all data is submitted, accurate and you have finished this section of the cost report.

Contractor Costs-Transportation

A. Contractor Costs – Direct Medical Services:

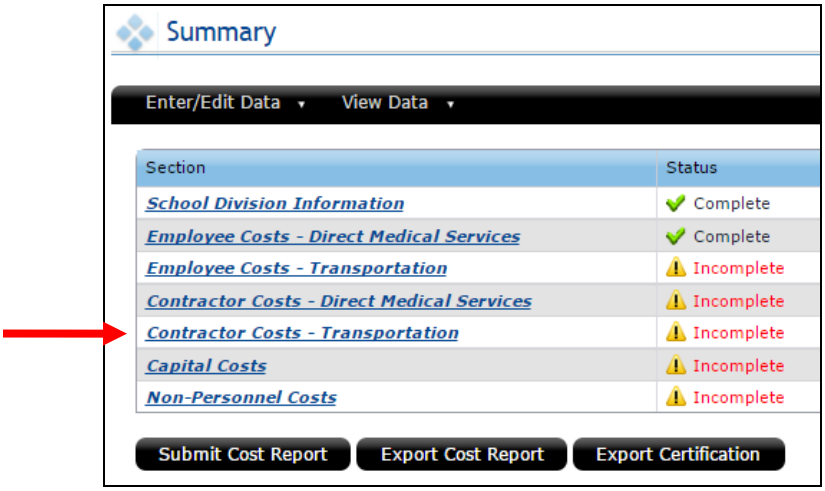
Navigate to the 'Contractor Costs – Transportation section from the Enter/Edit Data drop down menu

Example of selecting 'Contractor Costs – Transportation' from the Enter/Edit Data drop down menu



Highlight your selection from the drop down menu, a pop-up description will appear to confirm the menu option highlighted. Click on the highlighted choice.

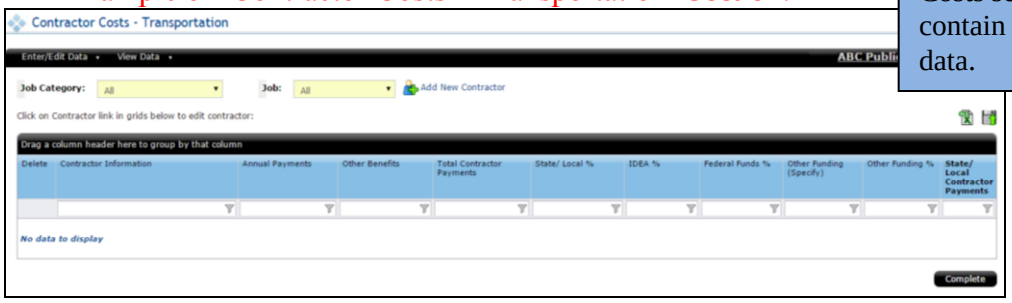
Or click on the Title of the Cost Report Section to Navigate to that section:



The ‘Contractor Costs – Transportation’ section has no pre-populated information, so when you first view this screen, there is no data to display.

Example of ‘Contractor Costs – Transportation’ Section:

Note: The Contractor Costs section does not contain any pre-populated data.



B. Adding contractors

Add contractors and their costs to this worksheet by choosing either of two methods:

a) Individually enter each contractor’s information, or
b) Upload a list of all contractors and their information

a) To enter each contractor’s information individually, click on ‘Add New Contractor’ at the top/center of the ‘Contractor Costs – Transportation’ page:

- The ‘Create Contractor – Transportation’ page will open. Enter the following information about the contractor:Add/Edit/Delete Agency
  - If you have already created an agency the contractor works for, select the agency through the drop down.
  - To add an agency, fill in the Agency Name and EIN number (if contractor is self-employed, use their name or company name and their individual EIN number).
- *Last Name*
- *First Name*
- *Notes* (special consideration ‘notes’ may be entered here, up to 255 characters. This would be the appropriate place to indicate the name of the Agency or Company that an individual contractor works for that would be shown on paid invoices).

Add the funding percentages and cost data for this contractor (Total must equal 100%):

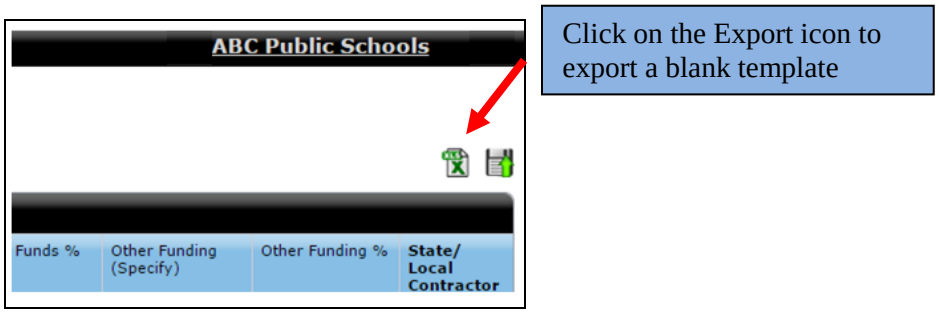
- *State/Local %:* Enter the percentage of contractor payment that is funded by state/local funds. Exclude any state/local funds that are a required match for federal grants.
- *IDEA %*: Enter the percentage of contractor cost that is funded by IDEA funds.
- *Fed Funds %:* Enter the percentage of contractor cost that is funded by other federal funds (excluding IDEA funds).
- *Other (Specify):* If contractor cost is funded by any other source, enter funding source name/description. Use this field for state/local funds that are a required match for federal grants.
- *Other %*: Enter the percentage of contractor cost that is funded by the 'other' source described in the 'Other (specify)' field above. Use this field for state/local funds that are a required match for federal grants.

Contractor Costs:

- *Annual Salary*: Enter amount of payment for each contractor
- *Other Benefits*: Enter any other contractor payments

After you have added a contractor, be sure to click 'Save' at bottom right corner of screen.

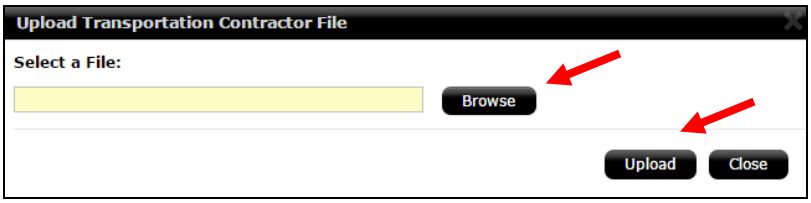
b) To upload information about multiple contractors in a single file, Export a template, fill in the appropriate information, and upload the file.



Example of Exported Template:

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Contractor EIN	Last Name	First Name	Job Title	Annual Payments	Other Benefits	Total Contractor Payments	State/Local Contractor Payments	State/Local %	IDEA %	Federal Funds %	Other Funding (Specify)	Other Funding %
2	321541	Smith	James	Bus Operator	$36,525.00	$2,588.00	$39,113.00	$39,113.00	100.00%	0.00%	0.00%		0.00%
3													

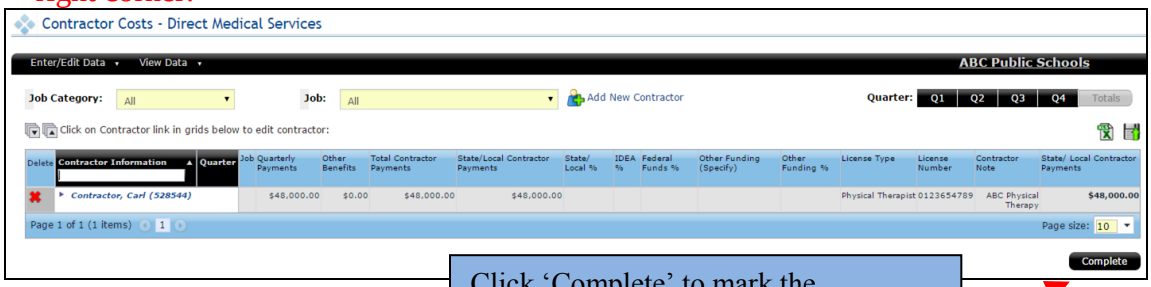
Fill in the template, then upload the file:



When the upload is complete, a confirmation message will appear. Click ‘Close’ to return to the main screen:

IMPORTANT: After you have completed adding all of your Transportation contractor costs, mark this section of the cost report as ‘Complete’ from the ‘Contractor Costs – Transportation’ page.

Example of ‘Contractor Costs – Transportation’ section ‘Complete’ button in bottom, right corner:



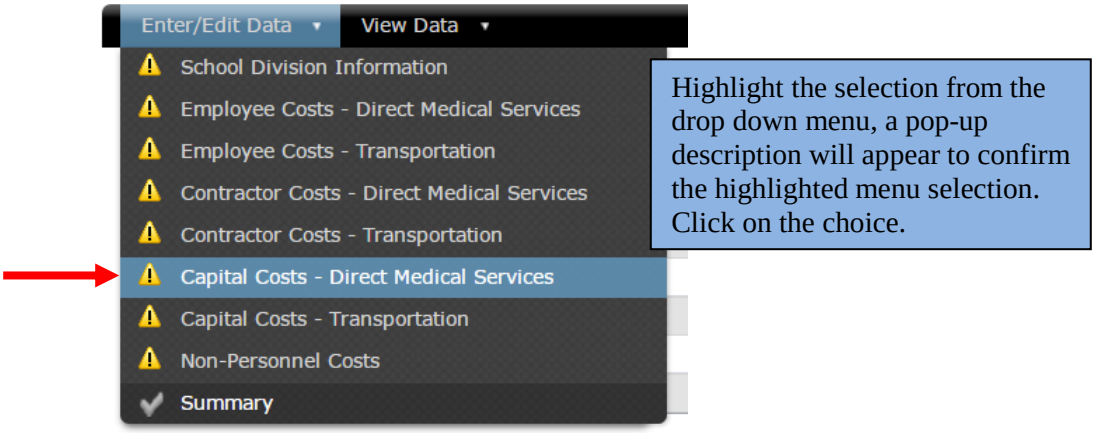
Click ‘Complete’ to mark the contractor data section as ‘complete.’

Capital Costs

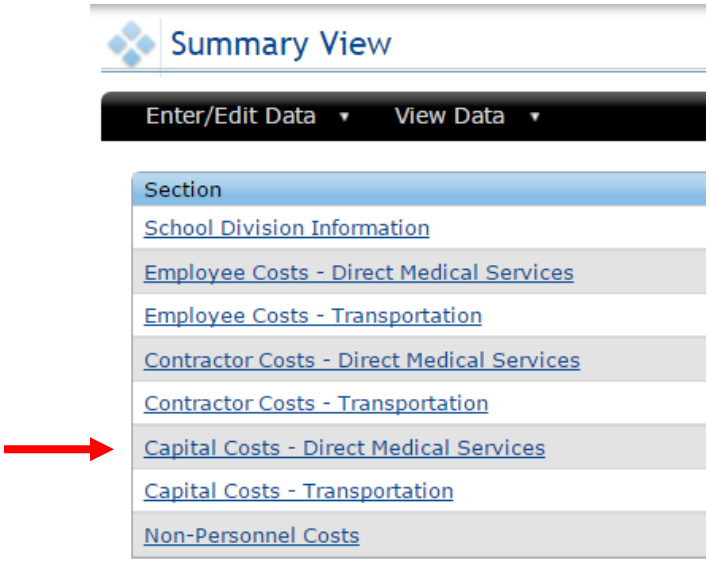
A. Capital Costs:

Navigate to the 'Capital Costs' section from the Enter/Edit Data drop down menu. Note that Direct Medical Services capital costs and Transportation capital costs are in 2 separate worksheets. Both function exactly the same way.

Example of selecting 'Capital Costs' from the Enter/Edit Data drop down menu

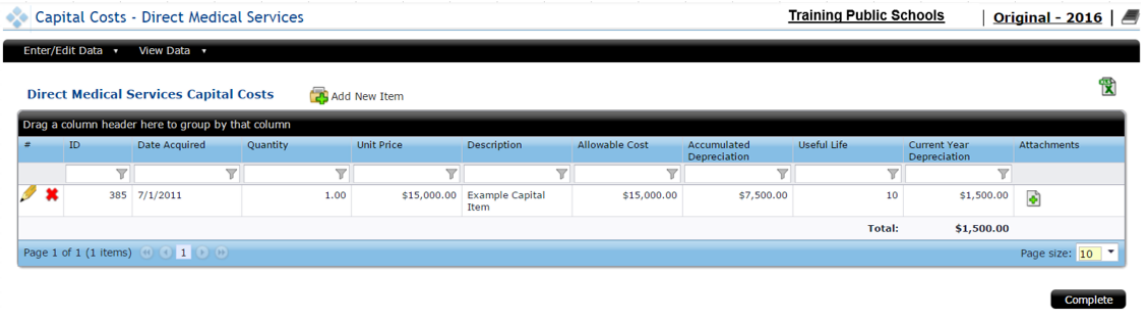


Or click on the Title of the Cost Report Section to Navigate to that section:



Note: Capital items from the previous years' cost report with remaining useful life will be auto-populated, along with the supporting documentation for that item.

Example of 'Capital Costs' Section:

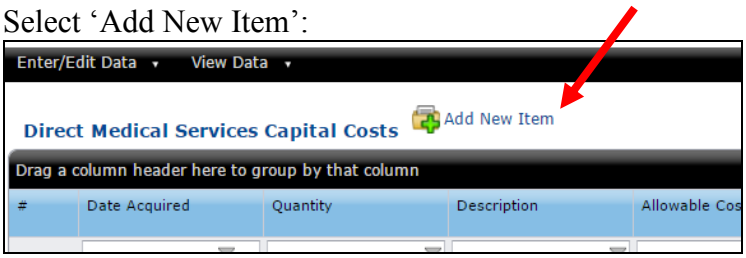


Capital costs must be depreciated if the value is over $5,000 and the estimated useful life is at least 2 years. Straight line, monthly depreciation will be automatically calculated within the system for you no matter how depreciation was calculated in previous years. For each item listed, include a legible copy of the purchase invoice with the cost report. Enter these costs and upload/attach the required documentation on this page.

B. Adding Capital

Add capital items to the appropriate section:

Select 'Add New Item':

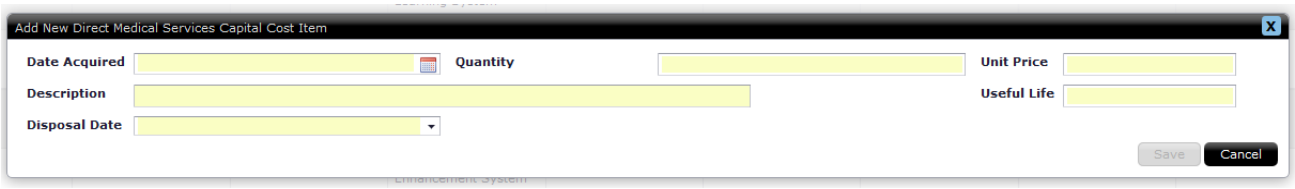


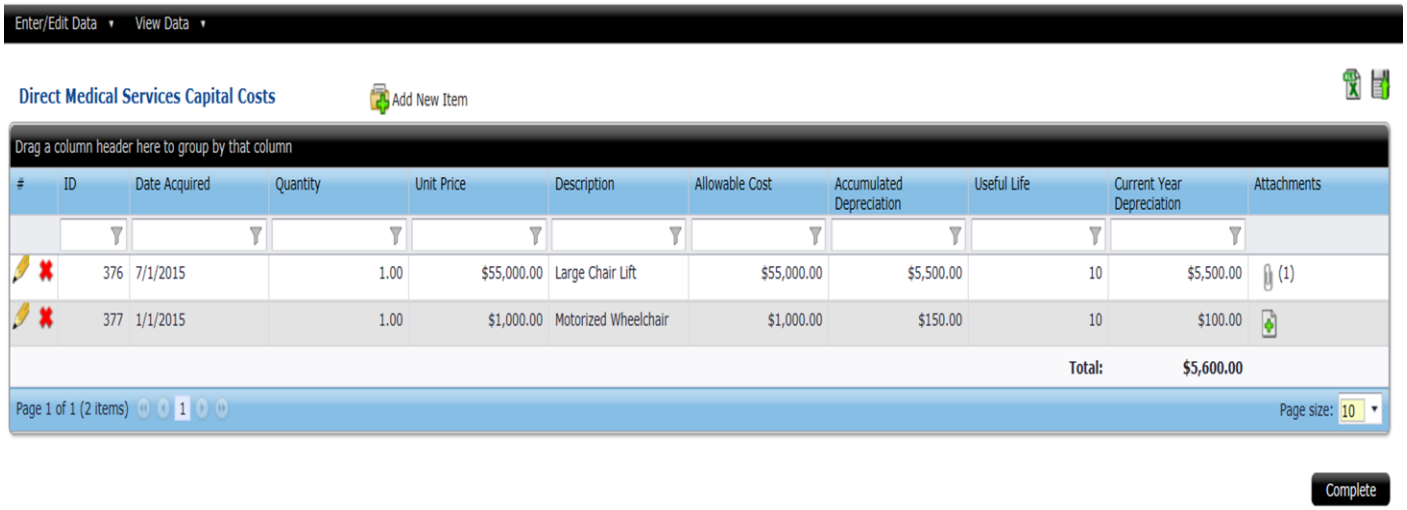
A pop-up box will be displayed where the capital item information can be entered.

Add the required information for each capital item:

- *Date Acquired:* Enter the date the item was acquired.
- *Quantity*: Enter the number of items acquired on a single purchase invoice at the same time.
- *Description*: Enter a brief description of the item.
- *Allowable Cost*: Enter the original purchase cost of the item.
- *Useful Life*: Enter the expected useful life of the item in years.
- *Disposal Date:* Enter the date this item was/will be removed from your inventory or was/will be fully depreciated during this fiscal year.

Example of 'Add New Direct Medical Services Capital Cost Item' *(Note: this functions exactly the same for Transportation capital cost items)*:

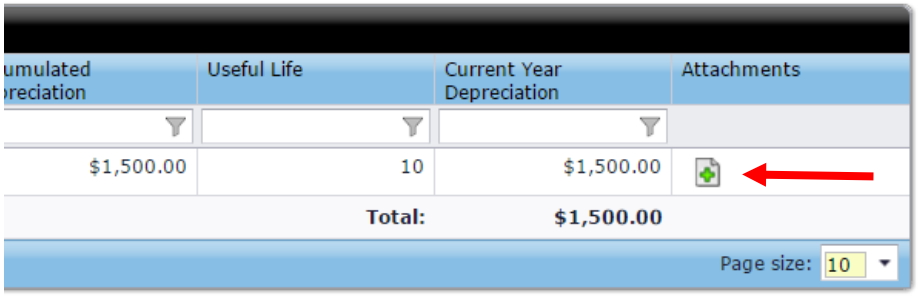




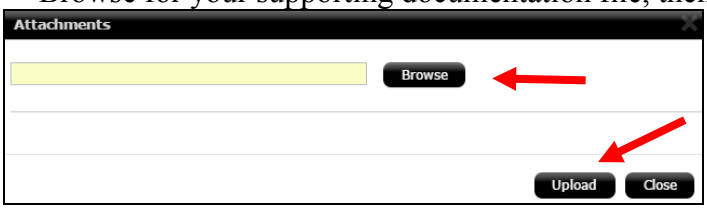
C. Supporting Documentation

Attach documentation to support the Allowable Purchase Cost of each item.

Click on the 'attachment' plus sign icon next to the item:



Browse for your supporting documentation file, then click on 'Upload':

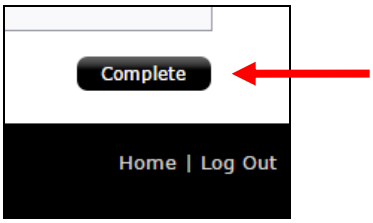


Note: Most common file formats are supported, including MS Word, MS Excel, PDF and image files such as .jpg.

After the file has uploaded, the file will be shown in the 'Attachments' window. Additional supporting documentation can be uploaded for this item, or close the window:

Example of 'Capital Costs' section 'Complete' button in bottom, right corner:

IMPORTANT: After adding all Capital Cost items for both the Direct Medical Services and Transportation sections, mark this section of the cost report as 'Complete' from the 'Capital Costs' page.

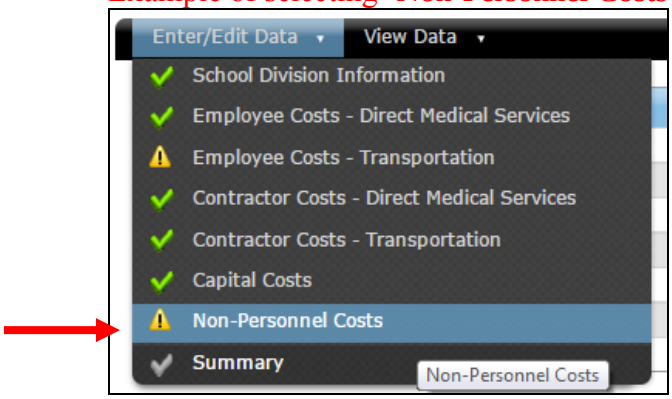


Non-Personnel Costs
(Materials & Supplies, Employee Travel Costs)

A. Non-Personnel Costs

Navigate to the 'Non-Personnel Costs' section from the Enter/Edit Data drop down Menu.

Example of selecting 'Non-Personnel Costs' from the Enter/Edit Data drop down menu



Highlight the selection from the drop down menu, a pop-up description will appear to confirm the highlighted menu selection. Click on the choice.

Or click on the Title of the Cost Report Section to Navigate to that section:

B. Entering Non-Personnel Cost

Enter non-personnel direct service costs. The costs may only include items that are used exclusively for direct health care and Transportation services.

Direct Medical Services and Transportation non-personnel costs have been combined onto one screen. Enter any costs that your School Division is claiming:

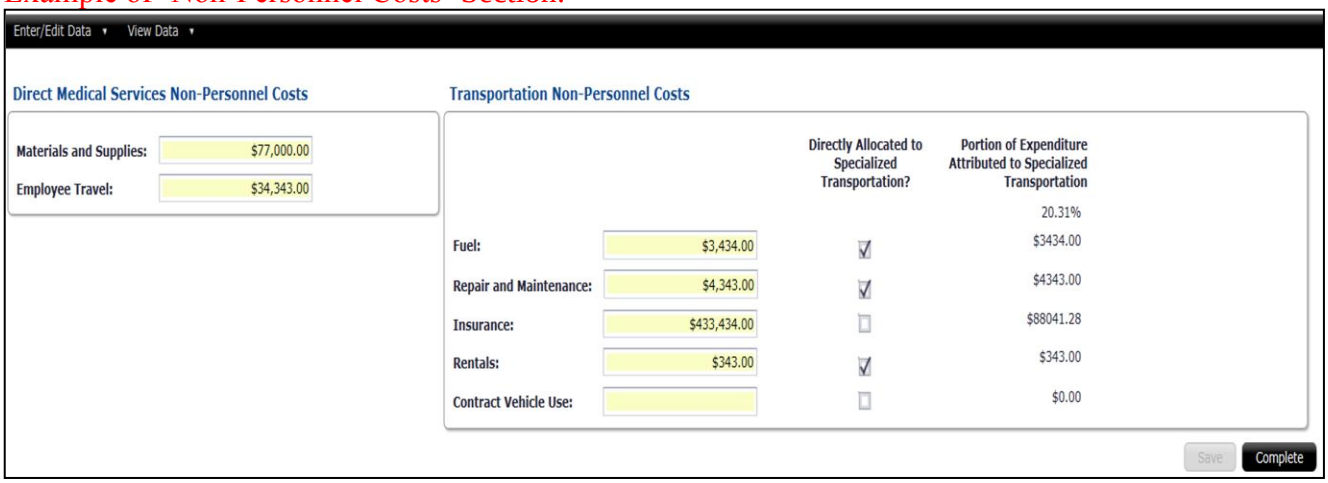
Direct Medical Services Non-Personnel Costs: *(See page 4 of this manual for additional details on allowable Non-Personnel costs):*

- *Materials and Supplies*: Enter the total annual costs for Materials and Supplies that were used exclusively for direct medical care.
- *Employee Travel:* Enter the total annual cost for Medicaid reimbursable employee travel.
- *Note:* All Materials/Supplies and Employee Travel costs may be included for all allowable employees included in the cost report because the time study is applied to these costs. You do not need to break out costs per direct service visit. If employee costs per service type disallowed for no interim claims, these costs may not be included.

Transportation Non-Personnel Costs: Enter only those costs directly attributable to Medicaid Covered transportation. For those costs that cannot be directly attributed, the percentage of IEP trips from logs as calculated on your School Division Information Section of the cost report should be applied to the cost of your mechanics, fuel, parts, insurance and any other non-specifically identifiable costs for transportation:

- There is a check box next to each of the categories below that will update your costs if you have already reduced by the specialized bus to non-specialized bus ratio. Unclick the box if you have already accounted for the reduction ratio. This ratio is found on the Employee Information Page.
    - *Fuel:* Enter total annual fuel costs attributed to Medicaid covered transportation services.
    - *Repair and Maintenance:* Enter total annual repair and maintenance costs attributed to Medicaid covered transportation services.
    - *Insurance:* Enter total annual insurance costs attributed to Medicaid covered transportation services.
    - *Rentals:* Enter total annual rental costs attributed to Medicaid covered transportation services.
    - *Contract Vehicle Use:* Enter total annual contract vehicle use costs attributed to Medicaid covered transportation services.

Example of 'Non-Personnel Costs' Section:



IMPORTANT:
You must 'Save' or 'Complete' this section prior to moving on to other sections so as not to lose your work.

Save your data if you have not completed everything on Non-Personnel Costs section and need to come back to it later, or

Complete this section if all data is submitted and accurate and you have finished all sections of the Non-Personnel Costs section.

Personnel Annual Summary View

- The Personnel Annual Summary View is a tool that will allow you to see your allowable costs per service type and how your BCR percentage is affecting your personnel reimbursement.

- You will be able to monitor exactly the about of reimbursement you will be receiving for direct service personnel costs based on service type, and how your claim is being affected per service type. You will also be able to see exactly the about of reimbursement you will be receiving for transportation personnel all on one screen.

Example of ‘Personnel Annual Summary View’ Section:

Personnel Annual Summary View

BCR Training Schools | Original - 2016

View Data

Employee Type: Employee Costs | Contractor Costs | Total Personnel Costs

Direct Medical Services Personnel Annual Summary

Personnel Category	1st Quarter Allowable Personnel Cost	BCR%	IEP Direct Medical Service Personnel	2nd Quarter Allowable Personnel Cost	BCR%	IEP Direct Medical Service Personnel	3rd Quarter Allowable Personnel Cost	BCR%	IEP Direct Medical Service Personnel	4th Quarter Allowable Personnel Cost	BCR%	IEP Direct Medical Service Personnel	Total Allowable Personnel Costs	BCR%	Total Direct Medical Service
Job Category 2: Nursing, Psychology, Medical Evaluation, Personal Care, and Billing Personnel (%)		33.33%	25.66%		33.33%	27.22%		33.33%	23.79%		33.33%	25.97%			$0.00
Job Category 3: Speech, OT, PT and Audiology (%)		33.33%	75.00%		33.33%	75.81%		33.33%	74.21%		33.33%	73.70%			$0.00
Billing Personnel	$14,793.98	$4,930.83	$1,265.25	$14,793.98	$4,930.83	$1,342.17	$14,793.98	$4,930.83	$1,173.05	$14,793.98	$4,930.83	$1,280.54	$59,175.92	$19,723.32	$5,061.01
Nursing	$15,608.92	$5,202.45	$1,334.95	$15,608.92	$5,202.45	$1,416.11	$15,608.92	$5,202.45	$1,237.66	$15,608.92	$5,202.45	$1,351.08	$62,435.68	$20,809.80	$5,339.80
Personal Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Medical Evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychology	$250,000.00	$83,325.00	$21,381.20	$250,000.00	$83,325.00	$22,681.07	$250,000.00	$83,325.00	$19,823.02	$250,000.00	$83,325.00	$21,639.50	$1,000,000.0	$333,300.00	$85,524.79
Audiology	$16,256.00	$5,418.12	$4,063.59	$16,811.50	$5,603.27	$4,247.84	$16,811.50	$5,603.27	$4,158.19	$16,811.50	$5,603.27	$4,129.61	$66,690.50	$22,227.93	$16,599.23
PT	$12,343.61	$4,114.13	$3,085.59	$12,343.61	$4,114.13	$3,118.92	$12,593.61	$4,197.45	$3,114.93	$12,593.61	$4,197.45	$3,093.52	$49,874.44	$16,623.16	$12,412.96
OT	$12,084.97	$4,027.92	$3,020.94	$14,460.31	$4,819.62	$3,653.75	$14,460.31	$4,819.62	$3,576.64	$14,460.31	$4,819.62	$3,552.06	$55,465.90	$18,486.78	$13,803.39
Speech	$11,199.40	$3,732.76	$2,799.57	$15,537.37	$5,178.61	$3,925.90	$15,537.37	$5,178.61	$3,843.04	$17,062.37	$5,686.89	$4,191.24	$59,336.51	$19,776.87	$14,759.75
Total	$332,286.88	$110,751.21	$36,951.09	$339,555.69	$113,173.91	$40,385.76	$339,805.69	$113,257.23	$36,926.53	$341,330.69	$113,765.51	$39,237.55	$1,352,978.9	$450,947.86	$153,500.93

Transportation Personnel Annual Summary

Personnel Category	Total Allowable Personnel Cost
Bus Drivers	$9,332.50
Mechanics	$11,834.30
Total	$21,166.80

Personnel Quarterly Summary View

- The Personnel Quarterly Summary View will allow you to monitor that you have paid services for each of the service types you are claiming for on your cost report.

- This screen shows you if you are allowed to claim certain types of personnel. For example, if you claim five Speech Therapists on your cost report, but do not have any paid interim claims for speech, you will see that the Speech Therapists costs you included in your cost report will be disallowed.

- This screen is updated monthly so you can tell if you missed billing for certain services, and need to bill, or check for denied claims etc.

Example of ‘Personnel Quarterly Summary View’ Section:

Personnel Quarterly Summary View

BCR Training Schools | Original - 2016

View Data

Quarter: Q1 Q2 Q3 Q4 Totals

Direct Medical Services Personnel Quarterly Summary

Personnel Category	Personnel Cost	Indirect Cost	Subtotal	Interim Claim Exists?	Allowable Cost Subtotal	Personnel Cost Allocated to Medicaid	Personnel Cost Allocated to Medicaid Expansion	Personnel Cost Allocated to FAMIS
		17.20%		No	$0.00	23.97%	3.42%	2.57%
Billing Personnel	$1,265.25	$217.62	$1,482.87	Yes	$1,482.87	$355.44	$50.71	$38.11
Nursing	$1,334.95	$229.61	$1,564.56	Yes	$1,564.56	$375.03	$53.51	$40.21
Personal Care	$0.00	$0.00	$0.00	No	$0.00	$0.00	$0.00	$0.00
Medical Evaluation	$0.00	$0.00	$0.00	No	$0.00	$0.00	$0.00	$0.00
Psychology	$21,381.20	$3,677.57	$25,058.77	Yes	$25,058.77	$6,006.59	$857.01	$644.01
Audiology	$4,063.59	$698.94	$4,762.53	No	$0.00	$0.00	$0.00	$0.00
PT	$3,085.59	$530.72	$3,616.31	Yes	$3,616.31	$866.83	$123.68	$92.94
OT	$7,187.19	$1,236.20	$8,423.39	Yes	$8,423.39	$2,019.09	$288.08	$216.48
Speech	$2,799.57	$481.53	$3,281.10	Yes	$3,281.10	$786.48	$112.21	$84.32
Total	$41,117.34	$7,072.18	$48,189.52	No	$43,427.00	$10,409.46	$1,485.20	$1,116.07

Total Allowable: $13,010.73

Interim Payments Direct Services View

- The Interim Payments Direct Services View will allow you to monitor your paid claims by service type. The totals displayed on this screen represent all paid claims for dates of service within the fiscal year of the cost report, which have been processed through MMIS so far. The top, right corner of the screen indicates an ‘As of Date’ which indicates when the last monthly claim file was uploaded into the system.

- This screen is updated monthly so you can tell if you missed billing for certain services, and need to bill, or check for denied claims etc.

Example of ‘Interim Payments Direct Services View’ Section:

Interim Payments - Direct Medical Services View

BCR Training Schools | Original - 2016

View Data

As of Date: 11/02/2016

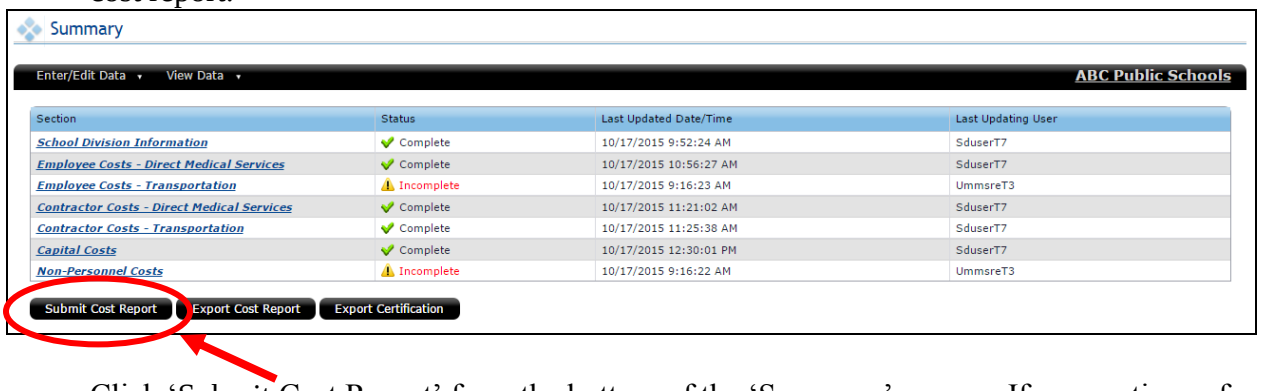
Interim Payments By Service Type and Quarter

Personnel Category	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Personnel Category Pay...
*Unassigned	$14.00	$322.70	$716.06	$40.25	$1,093.01
Nursing	$114.92	$202.50	$636.75	$30.38	$984.55
OT	$708.01	$1,803.16	$5,366.91	$5,017.75	$12,895.83
Personal Care	$0.00	$0.00	$207.26	$26.92	$234.18
Psychology	$119.49	$0.00	$261.74	$107.66	$488.89
PT	$220.00	$957.85	$2,180.60	$2,853.22	$6,211.67
Speech	$969.68	$3,258.09	$8,935.83	$14,185.19	$27,348.79
Total Quarterly Payments	$2,146.10	$6,544.30	$18,305.15	$22,261.37	$49,256.92

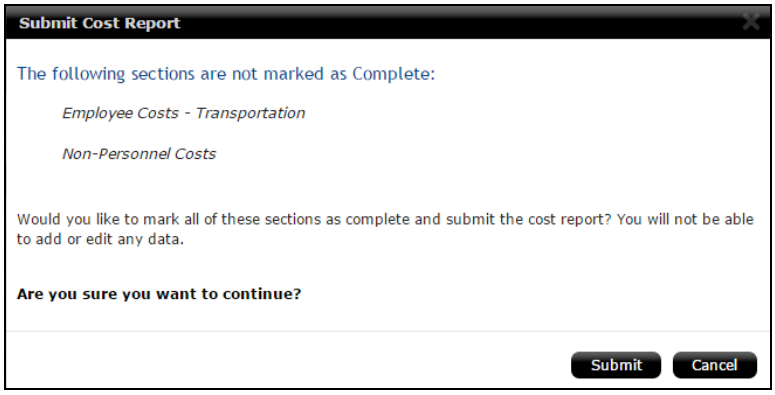
Completing and Submitting the Cost Report

A. Complete and Submit the Cost Report

From the Summary page, after all cost report sections have been completed, 'Submit' the cost report:



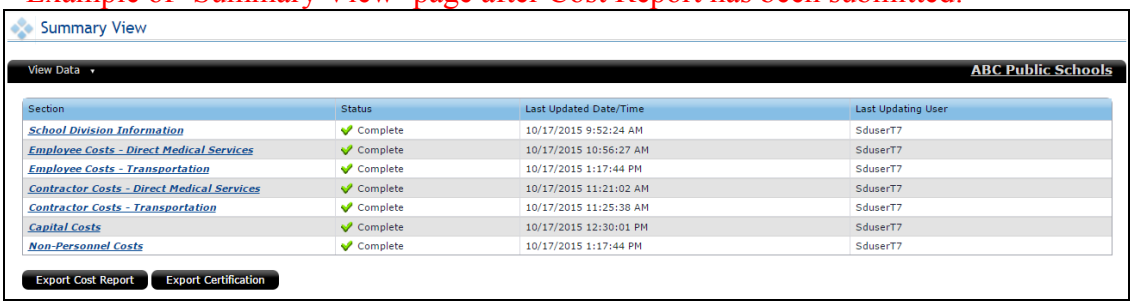
Click 'Submit Cost Report' from the bottom of the 'Summary' screen. If any sections of the cost report remain incomplete at this time, the system will provide the following message:



If you're not sure if all of the sections of the cost report are truly completed and ready to be submitted for processing, you should click '*Cancel*' at this time and return to those sections to double check and finish entering data as needed.

If you are certain that all sections of the cost report are in fact complete and ready to be submitted, simply click the '*Submit*' button, and all sections will be marked as 'Complete'.

Example of 'Summary View' page after Cost Report has been submitted:

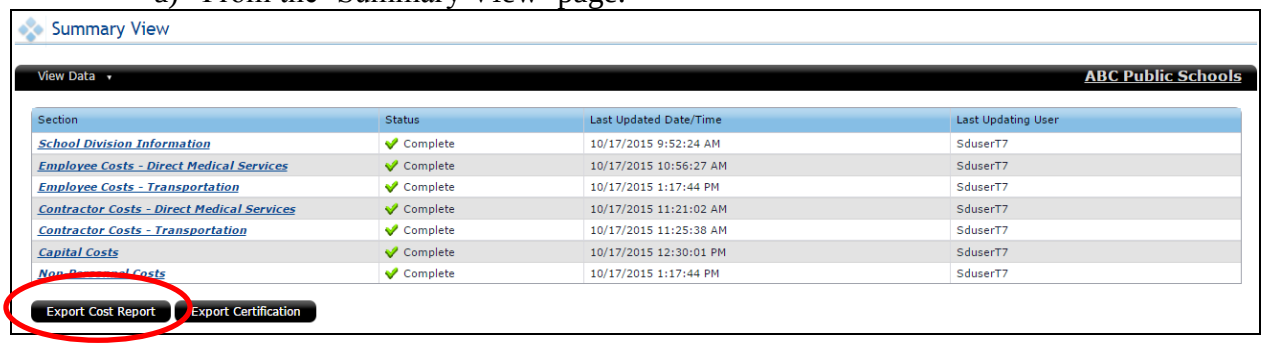


Exporting (Downloading) the Cost Report

A. Export Cost Report to Excel

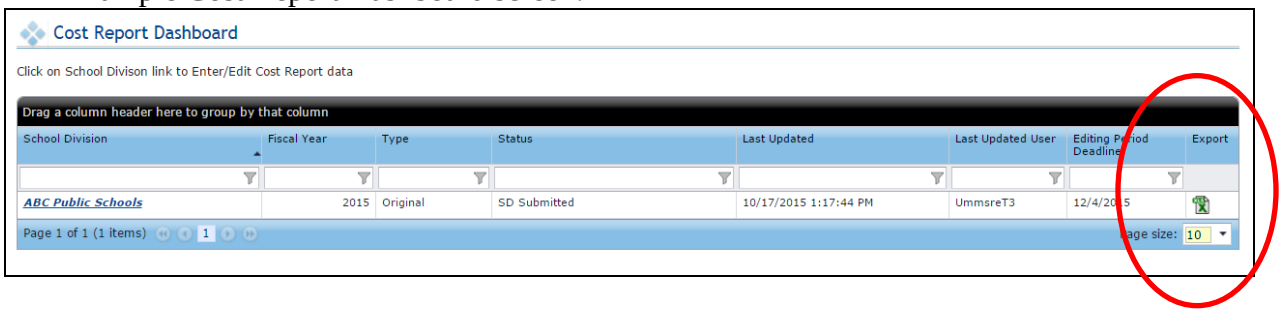
A copy of the submitted cost report can be downloaded as an Excel file from two places:

a) From the 'Summary View' page:



b) From the 'Cost Report Dashboard' page (the page that opens when first logging into the system):

Example Cost Report Dashboard screen:



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

The cost report is then downloaded to a local computer as an Excel workbook. The cost report workbook contains separate tabs for each worksheet of the cost report, depending on which sections you chose to export.

The list of all possible cost report workbook tabs in the Excel export file are:

Section	Description
School Div. Information – DMS	Direct Medical Services Cost Report School Division Information Worksheet
Salary and Benefits Q1 – DMS	Salary and Benefits Worksheet for Direct Medical Services – Quarter 1
Salary and Benefits Q2 – DMS	Salary and Benefits Worksheet for Direct Medical Services – Quarter 2
Salary and Benefits Q3 – DMS	Salary and Benefits Worksheet for Direct Medical Services – Quarter 3
Salary and Benefits Q4 – DMS	Salary and Benefits Worksheet for Direct Medical Services – Quarter 4
Contractors Q1 – DMS	Contractor Costs Worksheet for Direct Medical Services – Quarter 1
Contractors Q2 – DMS	Contractor Costs Worksheet for Direct Medical Services – Quarter 2
Contractors Q3 – DMS	Contractor Costs Worksheet for Direct Medical Services – Quarter 3
Contractors Q4 – DMS	Contractor Costs Worksheet for Direct Medical Services – Quarter 4
Capital Costs – DMS	Capital Costs Worksheet for Direct Medical Services
Non-Personnel – DMS	Non-Personnel Costs Worksheet for Direct Medical Services
Personnel Annual Summary – DMS	Personnel Annual Summary Report by job description for Direct Medical Services

Personnel Costs – DMS	Personnel Costs Summary by Quarter by job description for Direct Medical Services
Reconciliation – DMS	Reconciliation of Cost Report allowable costs to Interim Payments for the year for Direct Medical Services
School Div. Information – Trans	Transportation Cost Report School Division Information Worksheet
Salary and Benefits – Trans	Salary and Benefits Worksheet for Transportation Services
Contractors – Trans	Contractor Costs Worksheet for Transportation Services
Capital Costs – Trans	Capital Costs Worksheet for Transportation Services
Non-Personnel – Trans	Non-Personnel Costs Worksheet for Transportation Services
Section	**Description**
Personnel Annual Summary – Trans	Personnel Annual Summary Report by job description for Transportation Services
Personnel Costs – Trans	Personnel Costs Summary for Transportation Services
Reconciliation - Trans	Reconciliation of Cost Report allowable costs to Interim Payments for the year for Transportation Services

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

	A	B	C
1	**Direct Medical Services and Transportation Cost Report, FY 2015**		
2	**School Division Information - Direct Medical Services**		
3			
4	**School Division:**	Pittsylvania County Public Schools	
5	**Fiscal Year:**	2015	
6	**Period From:**	7/1/2014	
7	**Period To:**	6/30/2015	
8	**Submission:**		
9	**Status:**	Incompleted - In Progress	
10	**Type:**	Original	
11	**Run Date:**	9/7/2015	
12	**Run Time:**	6:20 PM	
13			
14	**School Division Information**		
15	**School Division Name:**	ABC Public Schools	
16	**NPI:**	1548274848	
17	**Address 1:**	100 Main Street	
18	**Address 2:**		
19	**City, State, Zip:**	Anytown, Virginia, 02010	
20			
21	**Superintendent:**	Sally Superintendent	
22	**Finance Director:**	Fred Finance	
23	**Finance Director Phone:**	(802) 525-2244	
24	**Finance Director Email:**	FredF@ABCSchools.net	
25	**Unrestricted Indirect Cost Rate:**	15.10%	
26			
27	**Cost Report Preparer Name:**	Fred Finance	
28	**Cost Report Preparer Email:**	FredF@ABCSchools.net	
29	**Cost Report Preparer Phone:**	(802) 525-2244	
30			
31	**Eligibility**	**Number**	**%**
32	**Medicaid Students with IEP:**	100	16.67%
33	**IEP:**	50	8.33%
34	**FAMIS Students with IEP:**	25	4.17%
35	**Total Students with IEP:**	600	
36			

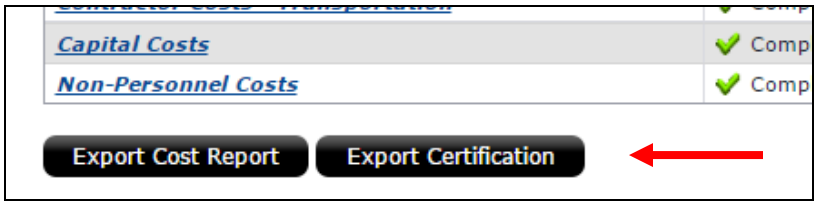
School Div. Information - DMS | Salary and Benefits Q1 - DMS | Salary and Benefits Q2 - DMS | Salary and Benefits Q3 -

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

Certification of Public Expenditure

A. Export Certification of Public Expenditure:

From the bottom of the 'Summary View' page, click on 'Export Certification' to download a pre-populated Certification letter for the submitted cost report:



After the final interim claims are reconciled to your school division's cost report in early April, UMass will email the Certification Letter to the designated Cost Report Preparer for your school division. Cost reports will be submitted to DMAS in the order in which the signed original certification letters are received back to UMass at the following address:

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

Certification of Public Expenditure Form

Governmental Provider Name and Address:		
ABC Public Schools 100 Main Street Anytown, Virginia 02010	National Provider Identifier: Reporting Period From: Reporting Period To:	123456789 07/01/2014 06/30/2015

Type of Report:		**Total Computable Expenditure by Type:**	
[ ]	Partial Period Report	Medical Services:	$103,050.16
[X]	Final Cost Report	Transportation Services:	$0.00
[ ]	Amended Cost Report	Total:	$103,050.16

Claimed Expenditures:

This statement is of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid Program under Title XIX of the Social Security Act (the Act), and in accordance with all procedures, instructions and guidance issued by the single state agency and in effect during the year ended 06/30/2015

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

CERTIFICATION STATEMENT BY OFFICER OF THE SCHOOL DIVISION

I certify that:

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

SUPERINTENDENT signature _____ DATE _____

SUPERINTENDENT name _____ PHONE NUMBER _____

Appendix A

Medicaid Financing and Reimbursement

Materials and Supplies List

(*Note: Additional similar supplies may be added that are not included on this list*.)

Therapy Services

- 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) if 100% allocated for medical care
- 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 speechreading 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, speechreading, speech-language, and communication instructional materials

Nursing Services

- 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
- Scales
- BMI Calculator
- IPEAC
- Glucose Gel
- Eye Wash 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
- (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

Note: Any item with a cost in excess of $5,000 and a useful life of at least two years will be treated as a capital expense.

Sources:
http://www.doe.virginia.gov/support/health_medical/medicaid/index.shtml
http://dmasva.dmas.virginia.gov/content_pgs/pr-sbs.aspx
ASHA Desk Reference, v2
National Association of School Nurses
CMS 2/1/07

Appendix B

Use of the "Hire Date" field for Allowable Exceptions to the RMTS Participation Requirement for Inclusion of Staff Costs

The salary and benefit costs of school division employees are only claimable if those employees have been included as participants in the quarterly RMTS. This participation requirement is considered to have been met if the school division includes staff in the RMTS in the first possible RMTS quarter following their date of hire or the effective date of a 'qualifying event' that newly makes the staff member eligible for Medicaid reimbursement.

> ***Example – New Hire:*** *An employee is hired for a start date of February 10. The school division included this employee on their RMTS participant list that was completed in the RMTS Administration System on March 2 so that the staff member was added to the 4th quarter time study which began on April 1. In this scenario, the school division has complied with the RMTS participation requirement, and therefore any salary and benefit costs for the employee for the period from February 10 through March 31 would be allowed in Administrative Claims and in the Cost Report. The "hire date" for this staff member would be listed as February 10.*

<u>Qualifying Events</u>
There are other 'qualifying events' that can occur which, similar to a new hire, can create scenarios when an exception to the RMTS participation requirement is allowed.

1. *Re-hire:* a staff member who was removed from RMTS because they left the division, but has been re-hired. (Enter the re-hire date in the 'hire date' field).
2. *New position:* a staff member who changes from a job position that would not have been included in RMTS to a new position which qualifies them to be included. (Enter the effective date of the new position in the 'hire date' field).
3. *New license:* a staff member who was un-licensed and either excluded from RMTS or included in RMTS in the Administrative Only pool prior to obtaining their license. . (Enter the effective date of their license in the 'hire date' field).
4. *Substitute hired:* a staff member who was originally hired as a substitute and subsequently becomes a regular employee. (Enter the hire date that they became a regular employee in the 'hire date' field).
5. *Funding change:* a staff member who had previously been excluded from RMTS because they had 0% state/local funding has a funding change. The staff member was added to RMTS in the first quarter possible after the effective date of the funding change. (Enter the effective date of the funding change in the 'hire date' field).
6. *Return to work following long-term leave*: a staff member who had been out on a long term leave of absence returns to work. (Enter the return-to-work date in the 'hire date' field).

Events that **Do Not** Qualify

Below are examples of scenarios which **do not** qualify for an exception to the RMTS participation requirement.

1. *Case load change*: a staff member had previously been excluded from RMTS or included in the Administrative Only pool because they had no students on their case load for whom any Medicaid qualified services were being delivered. After the case load changed, the staff member was included in the RMTS in the appropriate Direct Service pool. In this scenario, their costs prior to their participation in the Direct Service pool cannot be claimed.
2. *RMTS participant list error*: a staff member was included in the RMTS in the Administrative Only pool in error. After the error was realized, they were moved into the appropriate Direct Service pool. In this scenario, their costs prior to their participation in the Direct Service pool cannot be claimed.
3. *Provider starts documenting services for Medicaid billing*: a staff member had previously been excluded from RMTS or included in the Administrative Only pool because they were not documenting services for Medicaid billing. After they agreed to start submitting their service documentation, the staff member was included in the RMTS in the appropriate Direct Service pool. In this scenario, their costs prior to their participation in the Direct Service pool cannot be claimed.

Appendix C

Cost Report Preparer Designee Form

State of Virginia
Department of Medical Assistance Services

600 East Broad Street Richmond, Virginia 23219
Phone: 804-371-2446

School Based Medicaid Program
Authorization of Designated Program Contacts

The purpose of this form is to identify the individuals designated by the school division to deliver information necessary for the administration of the following processes on behalf of the school division.

School Division Name: _____

Student Eligibility Matching: The below personnel are authorized to Upload your School Divisions' student roster into the Student Medicaid Eligibility Matching System, and also who is authorized to review the student data within the matching system and make decisions about 'Possible Matches.' These designees can both be the same person, or the different functions can be separated between more than one individual.

Uploader Name: (Also Reviewer (Y/N))		Email:	
Reviewer Name:		Email:	
Reviewer Name:		Email:	
Reviewer Name:		Email:	

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

Name:		Email:	
Name:		Email:	
Name:		Email:	
Name:		Email:	

Cost Report Preparer: Responsible for submitting the annual Direct Medical Services and Transportation Cost Report information for the school Division.

Name:		Phone:	
Email:			

School Division Authorization:

_____	_____
Printed Name	Signature
_____	_____
Title of Division Representative	Date

Please submit completed form to:

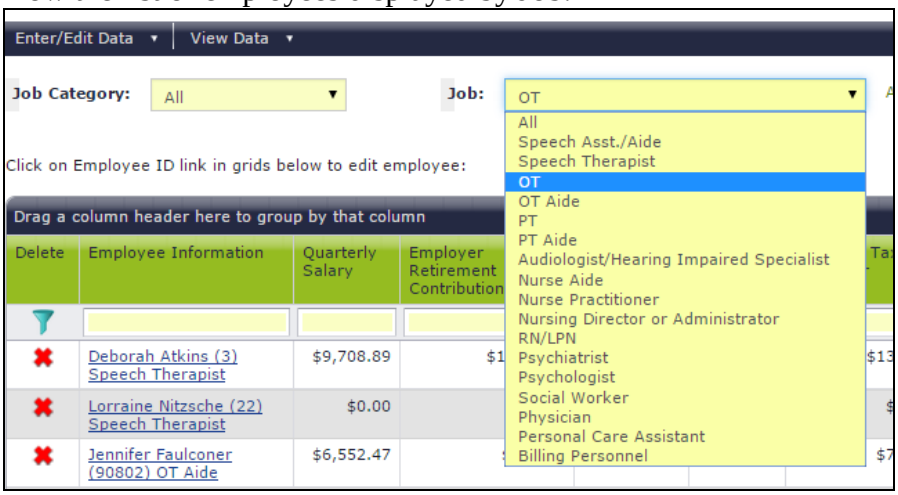
University of Massachusetts
Attn: School Based Medicaid Program
Email: RMTSHelp@umassmed.edu
Phone: 1-800-535-6741
Fax: 1-508-856-7643

Appendix D

Navigating the Cost Report Web-Based System

Helpful tips and screen shot examples for navigating the Cost Report system:

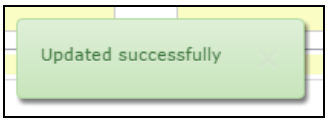
1. Narrow the list of employees displayed by Job:



2. Or by Job Category:

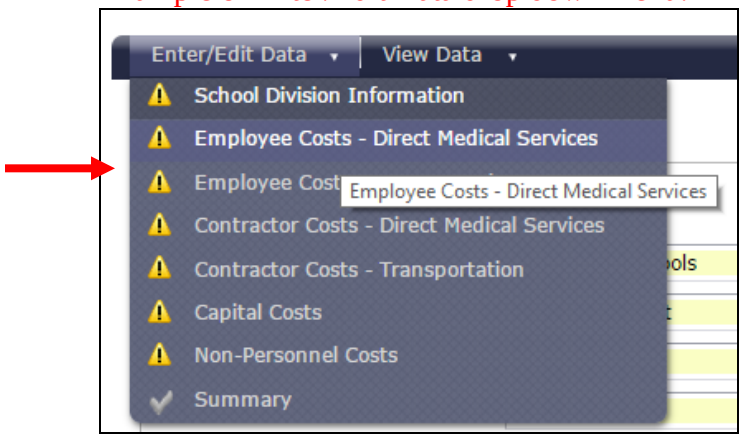
3. Use the 'filters' at the top of the list of employees to search for specific employees. For example, start typing in the first few letters of an employee's last name, and the list of employees will be narrowed to only those who meet the search criteria:

4. On many screens, when saving changes, the system confirms the changes have been saved with an 'Updated Successfully' message, usually shown in the center of the screen in green:



5. Navigate to different worksheets within the Cost Report from the 'Enter/Edit Data drop down menu.

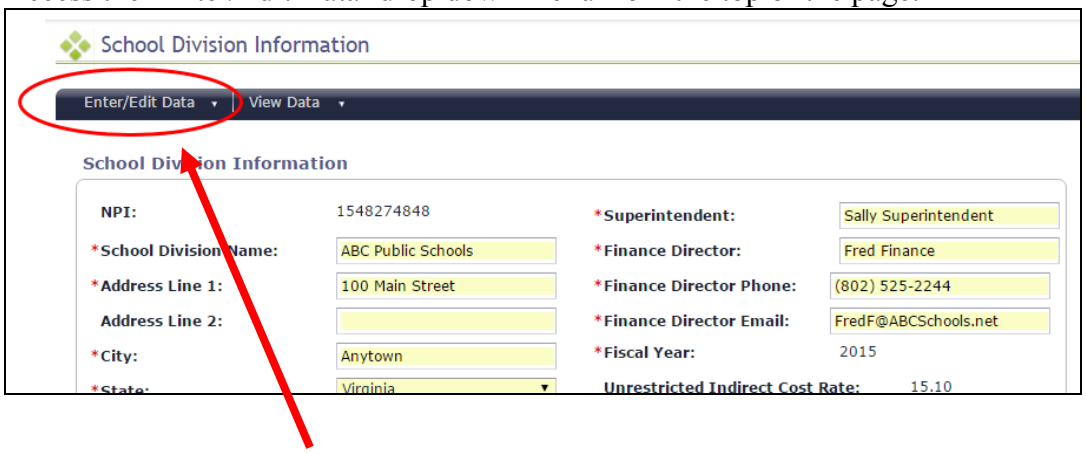
Example of Enter/Edit Data drop down menu:



Highlight the selection from the drop down menu, a pop-up description will appear to confirm the highlighted menu option. Click on the choice.

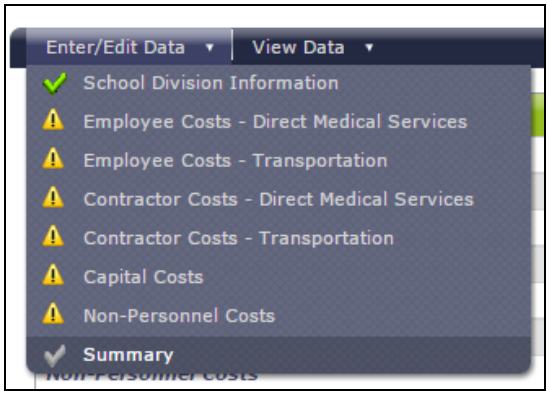
6. Get an overview of the status of each worksheet, indicating whether that section has been completed or not, from the 'Enter/Edit' drop down menu or from the 'Summary' screen.

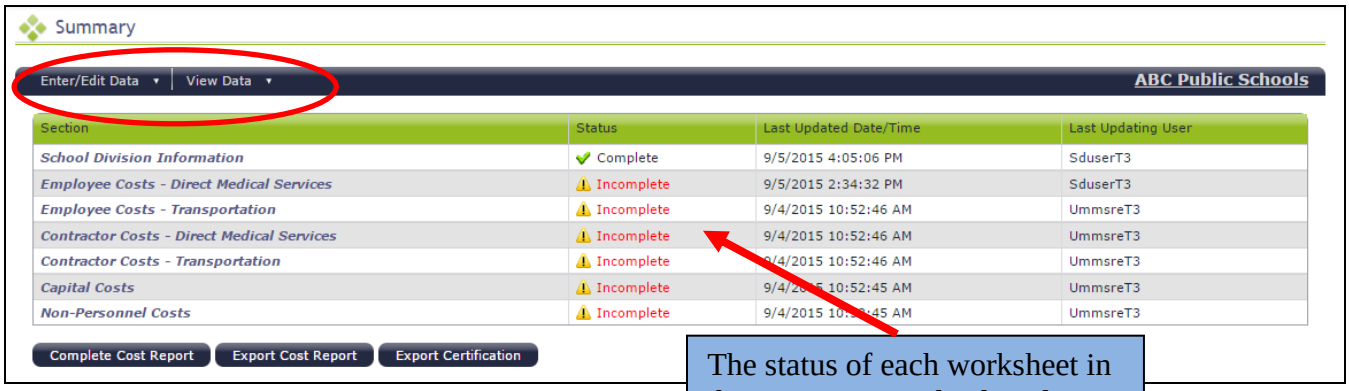
Access the 'Enter/Edit Data' drop down menu from the top of the page:



The icons indicate the status of each worksheet – green check mark indicates complete!

7. Access the 'Summary' Worksheet from the Enter/Edit or View Data drop down menu:





The status of each worksheet in the cost report is displayed in this column.