

SCHOOL HEALTH SERVICES PROGRAM MANUAL

Appendix 6

Public Consulting Group (PCG) Claiming System Financial User Guide



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1. INTRODUCTION

The Colorado SHS Annual Cost Report is due 120 days after June 30th each year.

This report includes payroll costs and other information from the previous fiscal year. Each annual financial submission will include payroll information for direct service providers listed on the quarterly Random Moment Time Study (RMTS) Staff Pool Lists (SPLs), as well as, reporting of Medicaid allowable costs associated with medically related supplies and materials, and specialized transportation. The annual cost report must be completed by all districts.

All districts must complete their quarterly reports before starting the annual cost report. Districts will need to complete the salary and benefits data for all direct service providers, as well as transportation sections of the annual cost report. Districts must also provide statistical information for Individualized Education Program (IEP) students who receive specialized transportation. In addition, districts will have an opportunity to add any costs for medically related supplies and materials.

2. ACCESSING THE PCG CLAIMING SYSTEM

To access the PCG Claiming System, open an internet browser and enter: https://claimingsystem.pcgus.com/co.

The district coordinator's username is the email address submitted to PCG. District coordinators without a username or password will need to contact PCG to request a user profile. To do so, contact PCG via email at cormts@pcgus.com or cocostreport@pcgus.com or by phone at 1-866-766-9015 or 1-866-317-0223.

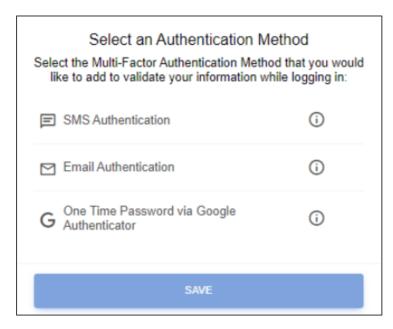
When a user is first added to the site, a new account registration email is sent from the PCG Claiming System. The email will contain a registration link. After clicking the link, the new user will be able to create a password. Districts must register within 24 hours after receiving the link. If no action is taken within 24 hours, the link will expire, and districts must notify PCG. The image below illustrates the PCG Claiming System login page.



Click on the 'Login' button after entering the email and password.

Note: If you forget your password, simply click on the 'Forgot Password' link. You will be prompted to enter your email address and a correct response to a security question. Once completed, a password will be sent to the user via email. If further assistance is needed, contact PCG at 866-317-0223 or email cocostreport@pcgus.com.

Effective August 2023, Multi-Factor Authentication has been implemented as an important security enhancement to the PCG Claiming System. Upon login, the user will be prompted to select from one of three Multi-Factor Authentication methods used to validate the user's information while logging in.

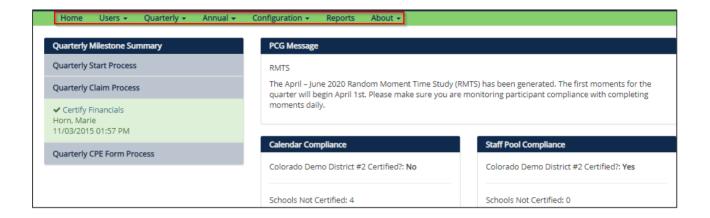


- a. <u>SMS Authentication</u> the user will receive a passcode that has been sent directly to their mobile device via text message as proof of their identity.
 - i. If the user selects 'I don't have my phone,' the Multi-Factor Authentication will automatically defer to the user's email address.
- b. <u>Email Authentication</u>- the user will receive a passcode that has been sent directly to the email entered as proof of their identity.
 - i. The email used for this Multi-Factor Authentication does not need to be the same email that the user enters to login to the PCG Claiming System.
 - 1. Changing your email upon selecting this factor will send an email to whichever email that is entered, along with the email used for the PCG Claiming System.
 - 2. Changing the email for the Multi-Factor Authentication does not change the login email.
- c. One Time Password via Google Authenticator- the user will need to download the Google Authenticator from their mobile device's respective store (Google Play or the App Store), open the app, follow the instructions to add the user account, and then scan the visible QR Code.
 - Upon scanning the QR Code, the user will receive a passcode that will need to be entered and the user will need to select 'Verify' to login to the home page.
- 2. Once the user selects the Multi-Factor Authentication method, that will be the option used to login to the PCG Claiming System for all future logins unless the Multi-Factor Authentication preference is updated.

Once logged in, the user will be brought to the PCG Claiming System dashboard. Use this page to navigate through the different areas of the PCG Claiming System site. The dashboard also displays important reports, resources, and important dates.

2A. NAVIGATING THE HOME SCREEN

After logging into the website, the home screen below appears.

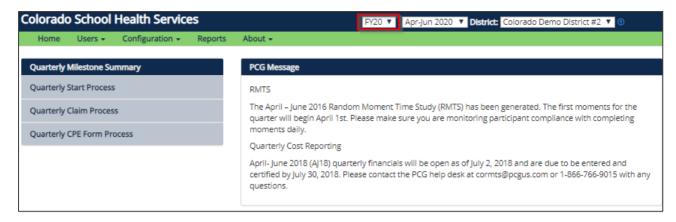


The home screen contains links to all the functionality within the system, including:

- Home: This is the first page seen upon entry to the site. This page contains reminders, important dates, and resources for download
- People: District administrators can add, remove, and change the access level, or edit the contact information of their users on this page
- Calendar: Districts can enter which days schools will be closed to assign moments and send notifications accordingly
- Moments: Districts can view moments assigned and their status
- Quarterly: Districts can enter quarterly financials on these pages
- Annual: Districts can enter annual financials and ratios on these pages. The entire annual Medicaid cost report process is completed on the 'Annual' pages
- Configuration: Districts can add and make updates to shifts with regards to the SPL. This
 can only be done prior to certification of the SPL
- Reports: Districts can run reports with regards to active participants, certified SPLs, compliance reports, and master sample files

3. ACCESSING THE PCG CLAIMING SYSTEM: SHS COST REPORT

The SHS Cost Report process takes place in the 'Annual' section of the site. After logging in, choose the appropriate fiscal year from the upper right portion of the page, then click on the 'Annual' section within the green menu bar.



The image below illustrates the annual reporting categories available in the 'Annual' dropdown.



In the 'Annual' dropdown, several reporting categories will display:

- Salaried Staff
- Contracted Staff
- Direct Medical Services Other Costs
- Transportation Salaried Staff
- Transportation Other Costs
- Transportation Equipment Depreciation
- General and Statistical Information
- Interim Payments
- Cost Report
- Cost Settlement
- CPE Form

Before starting the annual cost report, the user should make sure to have access to the following information:

Personnel Expenditures

Personnel expenditures information includes detailed salary, benefits and other expense data of personnel that were included in the SPLs on the RMTS, as described earlier in this document. Only costs for the personnel included in the time study may be included on the cost reports. The PCG Claiming System will pre-populate this staff information. If an individual is not on the SPL, their name will not appear. Furthermore, those individuals on the administrative personnel cost pool are not included on the annual cost report. Information entered in the annual cost report including the salary, benefits and other expense data should come from district financial and/or payroll systems and ultimately reconcile to data reported in the Colorado Department of Education (CDE) chart of accounts.

Non-Personnel Expenditures

Non-personnel expenditures information may include costs for medically related purchased services, supplies and materials that were incurred in support of direct medical services. This may include items such as direct medical supplies and materials, mileage reimbursements paid to employees for travel between district buildings to perform direct services, and other medically related items. This does not include items such as office supplies and other administrative-type costs. These non-personnel expenditures should reconcile to the following program and object codes:

Cost Category	Program Code	Object Code
Direct Medical Supplies, Materials and Other Cost	1700- Special Education	0300- Purchased Professional and Technical Services
Contracted Medical Services	2100- Support Services Students	0500- Other Purchased Services 0600- Supplies 0700- Property

Transportation Expenditures

Transportation expenditures may include both personnel and vehicle-related costs. School districts may provide transportation costs associated with specialized transportation of IEP students only or district-wide transportation costs. The documentation available to districts must determine how transportation costs are reported. A district may categorize costs as only specialized transportation when the costs are incurred only by students with specialized transportation listed in their IEP/Individual Family Service Plan (IFSP) and the costs can be discretely identified by supporting documentation. If a district cannot support this categorization, they may choose to categorize transportation costs as not only specialized transportation. This categorization includes costs incurred by students with and without specialized transportation in their IEP/IFSP.

School districts may also include other allowable school district transportation costs:

- Transportation Salaried Staff
- Fuel and Oil
- Maintenance and repairs
- Lease/Rentals
- Insurance

- Contract Transportation Services
- Transportation Equipment Depreciation

Expenditure information associated with the above cost categories may come from district files but should ultimately reconcile to data reported in the CDE chart of accounts.

Student Data

If a district participates in Health First Colorado related transportation, then transportation statistics must also be provided. How a district identifies their transportation costs for IEP students will determine which transportation statistics will need to be provided.

School districts are required to enter the total IEP student one-way trips. This should be the total number of one-way trips associated with all IEP students - Medicaid and non-Medicaid - receiving transportation services as required in their IEP. Both specialized and non-specialized trips are included in this amount.

Note: As an alternative method of calculating the denominator of the one-way trip ratio, the district may use the maximum possible trips taken according to the total number of IEP students with transportation in their IEP. If this methodology is used, the number of trips must be calculated according to the following formula:

Total number of IEP students with transportation in their IEP multiplied by the total number of school days multiplied by two (2)

HCPF will provide the following information from the Colorado interChange System (iC System) for all school districts' total Health First Colorado IEP student one-way trips billed for specialized transportation for all school districts:

- This should be the total number of allowable one-way trips for Health First Colorado IEP students receiving specialized transportation as defined in Colorado State rule 8.290.4
- Specialized transportation services shall be required on the client's IEP or IFSP
- Specialized transportation services shall be provided on the same date of services that a School Health Service, required by the student's IEP or IFSP, is received
- Specialized transportation shall be on a specially adapted school bus to and from a client's place of residence and the school or the site of school health service, if the school health service is not provided in the school setting
- Specialized transportation services shall not be covered on a regular school bus unless an aide for the transported student(s) is present and is required by the student's IEP or IFSP
- All specialized transportation services provided shall be documented in a transportation log
- Specialized transportation services shall include services provided by direct service personnel, such as bus drivers and aides, employed or contracted by the school district

School districts that cannot discretely identify the transportation costs associated with IEP students receiving transportation are required to also provide the items below. In other words, if the district categorizes transportation costs as not only specialized transportation, they must also report the following:

 Total IEP students receiving transportation as required in IEP: This should be the total number of Medicaid and non-Medicaid eligible IEP students receiving transportation services per their IEP.
 Both specialized and non-specialized transportation are included in this figure.

 Total students in school district receiving transportation: This should be the total number of Medicaid and non-Medicaid eligible students receiving transportation services.

3A. SYSTEM EDITS AND WARNINGS

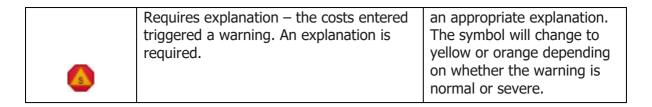
Throughout the completion of the annual cost report, districts will be flagged to provide additional information for costs and/or ratios that exceed thresholds. Specifically, edits and warnings may appear on the following pages: salaried staff, contracted staff, direct medical services other costs, transportation salaried staff, transportation other costs, transportation equipment depreciation and general and statistical information.

If a system edit (or warning) is triggered, districts will be required to provide an explanation. When entering explanations, please be sure to provide enough detail to prevent further follow-up. The explanation should address the potential issues raised by the warnings. Users cannot save changes until an explanation is entered. Once an explanation is entered, click the 'Save Changes' button.

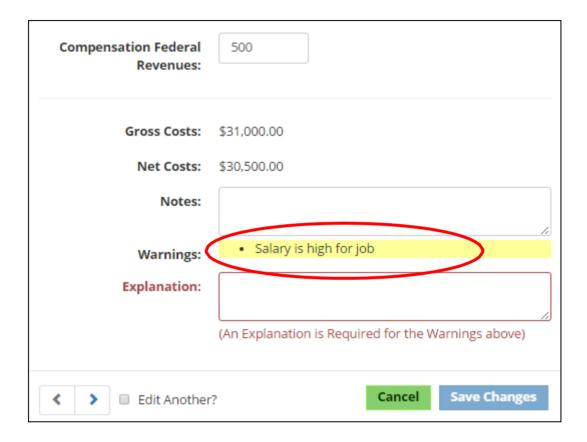
After clicking 'Save Changes', the user returns to the summary table. Please note that if a warning was triggered and an explanation was entered, a status symbol will appear, and the explanation entered will be displayed. Districts will not be able to certify their annual cost report until all triggered system edits or warnings are provided with an explanation.

The table below shows the different status symbols and a definition of the warning. A district may encounter these warnings while entering payroll information for salaried staff, contracted staff, and transportation salaried staff. Please note that each page will have system edit checks in which explanations may be required.

Status Symbol	Definition	Notes
~	No warnings – the costs entered are within the expected threshold. No explanation required.	
_	Has warnings – the costs entered are outside the	If either of these symbols are present and an
	expected threshold. An explanation is required.	explanation has been entered, the district can move forward to certify
	Has severe warnings – the costs entered are far outside	these costs.
S	the expected thresholds. An explanation is required	
_	Requires explanation – the costs entered triggered a	If this symbol is present, districts cannot certify costs.
	warning. An explanation is required.	To resolve this, click on the participant's name and enter



While entering costs, warnings may appear based on the costs entered:



These warnings are designed to flag potential issues. **Please note that the system is not saying that the costs are incorrect.** Instead, the system is flagging data that appears to be outside predetermined parameters. If a warning is triggered, carefully review the costs entered and determine if the costs are accurate. If the costs are accurate, enter an explanation in the 'Explanation' field for why the costs are accurate as entered:



When entering explanations, please be sure to provide enough detail to prevent explanation follow-up. The explanation should address the potential issues raised by the warnings (e.g. instead of vendor is very expensive, use paid 480 hours at contracted price of \$75.00 per hour). It is not acceptable to simply write "okay" or "verified." PCG reviews all explanations and when detail is insufficient, PCG must follow up with the financial coordinator that entered the costs.

Users cannot save changes until an explanation is entered. Once an explanation is entered, click the 'Save Changes' button.

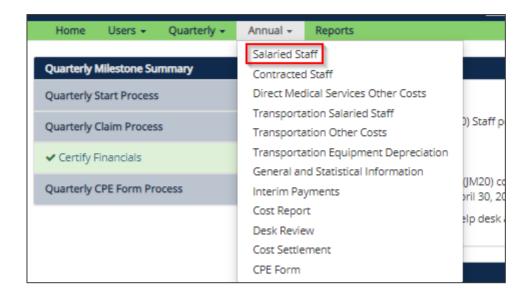
After clicking 'Save Changes', the user returns to the Salaried Staff information table. Please note that if a warning was triggered and an explanation was entered, a status symbol will appear, and the 'Explanation' will be displayed:



Any triangle symbol, regardless of color, must be accompanied by an explanation, as indicated with the red arrow in the above screenshot. Please note that the warning symbol will remain even after an explanation is entered. The user can continue to enter costs by clicking on the next participant's name.

3B. SALARIED STAFF

To access the 'Salaried Staff' page of the PCG Claiming System, click on the 'Annual' dropdown menu, then select 'Salaried Staff'.



The annual payroll information section is pre-populated with the name and position of each staff person from the district's quarterly RMTS SPL. No additional staff may be added to the list. The only staff for which the district can report costs are those who were included on the district's SPL for, at minimum, one quarter.

All costs reported for staff should be 100% of the districts' costs regardless of funding. Portions of costs covered through federal revenues will be reported in the 'Compensation Federal Revenues/Non-Allowable Costs' field and will thus allow for reporting of net allowable costs in the calculation of the annual cost settlement.

Costs entered in the annual cost report should be reported using the **accrual basis of accounting**. Cost reporting should be consistent with Generally Accepted Accounting Principles (GAAP), which are principles approved by the American Institute of Certified Public Accountants (AICPA).

Cash Basis (Quarterly): Expenses are reported based on the date payment is made

Accrual Basis (Annual): Expenses are reported based on the date the service is rendered

Costs related to direct services must tie back to a specific employee listed on the SPL for the relevant time period. Employee payroll taxes and benefits/insurance costs must be directly associated to the individual employee and cannot be allocated.

Reported costs should be formatted with two decimal places and not rounded to the nearest whole dollar. Reported paid hours should be formatted with two decimal places and not rounded to the nearest whole hour. Actual costs must be reported. Costs cannot be rounded.



Description
This field displays warning symbols that may appear while entering costs. A full description of warnings and these symbols can be found on page seven through nine
This field is not required and can be left blank. This field is prepopulated if an employee ID was entered into the quarterly salaried staff page. This field is for the use of the district to assist in identifying staff and reconciling costs to the district's financial system. For security purposes, do not enter social security numbers in this field
Populated from the quarterly salaried staff page
Populated from the quarterly salaried staff page
Populated from the quarterly salaried staff page. As a reminder, only the direct service cost pool is applicable for the annual cost report. Costs related to the administrative cost pool are not included on the annual cost report
Populated from the quarterly salaried staff page
This green bar indicates the amount of time the direct service provider was on the SPL for the reporting period. As a reminder, costs can only be included for time periods in which the individual was active on the SPL
This field is not required and can be left blank. This field should reflect the number of paid hours applicable to the payroll costs reported for each staff person
The salary field is required. The amount reported in this field is the total gross earnings for the individual as paid by the district for the time periods the individual was on the SPL. This includes regular wages plus any amounts paid for paid time off (i.e., sick or annual leave), overtime, bonuses, longevity, stipends, and cash bonuses and/or cash incentives associated with primary job function as it relates to the SHS program. Salaries are those payments from which payroll taxes are deducted. Reimbursements for expenses such as mileage reimbursements should not be included in this field

Field	Description
Employer- Paid Benefits	This field is required. The user should report the total of all employee benefits and taxes including employer-paid health/medical, life, disability, dental insurance premiums, employer-paid child day care, retirement contributions and worker's compensation costs in the employer benefits field. Taxes such as employer-paid PERA contributions, employer-paid Medicare contributions, employer-paid state unemployment taxes and employer-paid federal unemployment taxes can also be reported into this field
Comp Fed Rev /Non- Allowable	This field is required. Districts must report the amount paid with federal funds (e.g., IDEA federal payments, Title I payments, or ARRA payments in this field. The system will subtract the federal amounts from the totals to arrive at the allowable costs paid from state/local funds. Districts should not perform this calculation outside of the system. Please report the full amount paid as well as the amount of federal funding and the PCG Claiming System will calculate the net amount
Gross	The PCG Claiming System will calculate this item. This is the sum of gross salaries and employee benefits
Net	The PCG Claiming System will calculate this item. This is calculated by subtracting compensation expenditures paid with federal funds from the gross amount

Reporting Costs

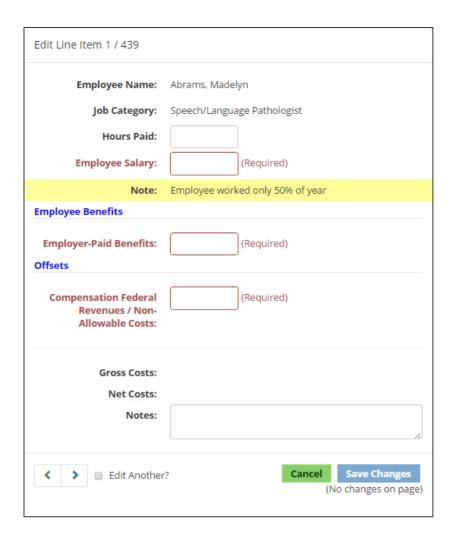
The district user has two options for completing the annual payroll information.

• Option 1, Enter by Line Item:

Complete the information for each individual on a line-by-line basis. To do this, click on the individual's name.

Once selected, the district will have the option to enter the required information. Once the information is completed for the individual, click 'Save Changes' and the information will be saved. Then continue to edit each individual and input their annual payroll information.

Districts should be mindful that a note – highlighted yellow – may appear. This includes an important note if an individual was only the SPL for a portion of the fiscal year. Costs can only be reported for time periods the individual was active on the SPL. The screenshot below shows an example of the note. **In this example, the individual was only on the SPL for 50% of year.** Again, districts must ensure costs are only reported for time periods individuals are on the SPL.



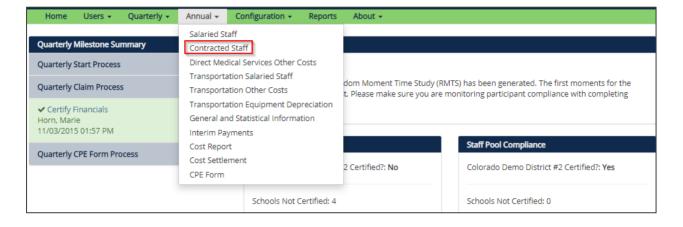
Click 'Cancel' if any information has been erroneously entered.

• Option 2 Importing/Exporting:

The PCG Claiming System has an export/import process. This allows users to export the list into Excel, make the changes in the Excel document, and import the costs into the site. For further details on this functionality, please see the export/import section.

3C. CONTRACTED STAFF

To access the 'Contracted Staff' page of the PCG Claiming System, click on the 'Annual' dropdown menu, then select 'Contracted Staff'.



The annual contracted staff information section is pre-populated with the name and position of each staff person from the district's quarterly RMTS SPL. No additional staff may be added to the list. The only staff for which the district can report costs are those who were included on the district's SPL for, at minimum, one quarter.

All costs reported for staff should be 100% of the district costs regardless of funding. Portions of costs covered through federal revenues will be reported in the 'Compensation Federal Revenues/Non-Allowable Costs' field and will thus allow for reporting of net allowable costs in the calculation of the annual cost report.

Costs entered in the annual cost report should be reported using the **accrual basis of accounting**. Cost reporting should be consistent with GAAP which are principles approved by the AICPA.

Cash Basis (Quarterly): Expenses are reported based on the date payment is made

Accrual Basis (Annual): Expenses are reported based on the date the service is rendered

Reported costs should be formatted with two decimal places and not rounded to the nearest whole dollar. Reported paid hours should be formatted with two decimal places and not rounded to the nearest whole hour. Actual costs must be reported. Costs cannot be rounded.



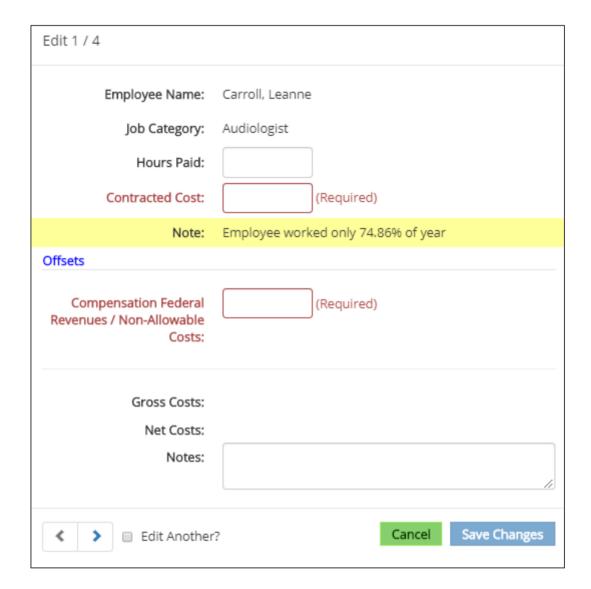
Field	Description
Status	This field displays warning symbols that may appear while entering costs. A full description of warnings and these symbols can be found on page seven through nine
Contractor ID	This field is not required and can be left blank. This field is prepopulated if a Contractor ID was entered into the quarterly salaried staff page. This field is for the use of the district to assist in identifying staff and reconciling costs to the district's financial system. For security purposes, do not enter social security numbers in this field
Name	Populated from the quarterly salaried staff page
Job Cat	Populated from the quarterly salaried staff page
Cost Pool	Populated from the quarterly salaried staff page. As a reminder, only the direct service cost pool is applicable for the annual cost report. Costs related to the administrative cost pool are not included on the annual cost report
Title	Populated from the quarterly salaried staff page
Job Span	This green bar indicates the amount of time the direct service provider was on the SPL for the reporting period. As a reminder, costs can only be included for time periods in which the individual was active on the SPL
Hours	This field is not required and can be left blank. This field should reflect the number of paid hours applicable to the payroll costs reported for each staff person
Costs	This is a required field. Report compensation paid for all services contracted by the district for an individual who delivered any SHS service(s) to Medicaid and/or non-Medicaid clients during the time period they were active on the SPL
Comp Fed Rev / Non- Allowable	This field is required. Districts must report the amount paid with federal funds (e.g., IDEA federal payments, Title I payments, or ARRA payments in this field. The system will subtract the federal amounts from the totals to arrive at the allowable costs paid from state/local funds. Districts should not perform this calculation outside of the system. Please report the full amount paid as well as the amount of federal funding and the PCG Claiming System will calculate the net amount
Gross	The PCG Claiming System will calculate this item. This is the sum of gross salaries and employee benefits
Net	The PCG Claiming System will calculate this item. This is calculated by subtracting compensation expenditures paid with federal funds from the gross amount

Reporting Costs

The district user has two options for completing the Contracted Staff information.

• Option 1, Enter by Line Item:

Complete the information for each individual on a line-by-line basis. To do this, click on the individual's name. Once selected, the district will have the option to enter the required information. Once the information is completed for the individual, click 'Save Changes' and the information will be saved. Then, continue to edit each individual and input their contracted staff information.



Click 'Cancel' if any information has been erroneously entered.

• Option 2 Importing/Exporting:

The PCG Claiming System has an export/import process. This allows users to export the list into Excel, make the changes in the Excel document, and import the costs into the site. For further details on this functionality, please see the export/import section.

3D. DIRECT MEDICAL SERVICES OTHER COSTS

To access the 'Direct Medical Services Other Costs' page of the PCG Claiming System, click on the 'Annual' dropdown menu, then select 'Direct Medical Services Other Costs'.



The user will have the option of entering costs for materials, supplies and equipment used for the provision of direct medical services. These items must fall under a service type in which the district user has reported annual payroll information. The clear column on the far-right side of the screen will clear all financial information entered on the page for that service type.



For each item, ask the following questions:

- What is the purpose of this item?
- Is the item solely used by a student on an IEP and/or other medical plan of care?
- What is the desired outcome of using the item?

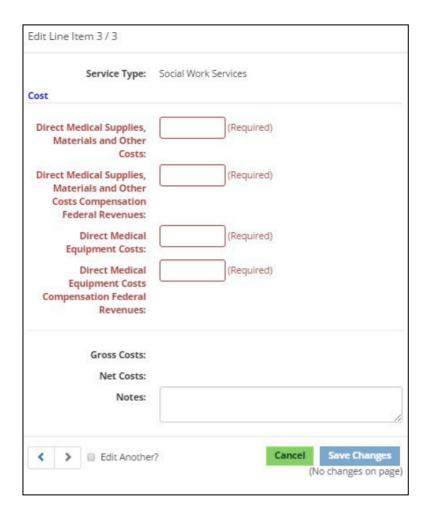
Field	Description
Status	This field displays warning symbols that may appear while entering costs. A full description of warnings and these symbols can be found on pages seven through nine
Service Type	This section will include all job categories represented on the salaried and contracted staff page. Districts will have the ability to enter direct medical services materials and supplies costs for service types that have corresponding payroll information
Direct Medical Supplies, Materials and Other Costs	This field is not required and can be left blank. If populated, districts can use their chart of accounts to determine allowable medically- related costs

Direct Medical Supplies, Materials and Other Costs Comp Fed Rev	Districts must report the amount paid with federal funds (e.g., IDEA federal payments, Title I payments, or ARRA payments in this field. The system will subtract the federal amounts from the totals to arrive at the allowable costs paid from state/local funds
Direct Medical Equipment Costs	This field is not required and can be left blank. If populated, districts can use their chart of accounts to determine allowable medically-related costs
Direct Medical Equipment Costs Comp Fed Rev	Districts must report the amount paid with federal funds (e.g., IDEA federal payments, Title I payments, or ARRA payments in this field. The system will subtract the federal amounts from the totals to arrive at the allowable costs paid from state/local funds
Gross	The PCG Claiming System will calculate this item. This is the sum of gross direct medical and equipment other costs
Net	The PCG Claiming System will calculate this item. This is calculated by subtracting compensation expenditures paid with federal funds from the gross amount

Reporting Costs

The district will complete the information for each service type on a line-by-line basis. To do this, click on the service type.

Once selected, the district will have the option to enter the required information. Once the information is completed for the service type, click 'Save Changes' and the information will be saved. Then, continue to edit each applicable service type category and input the direct medical services other costs.

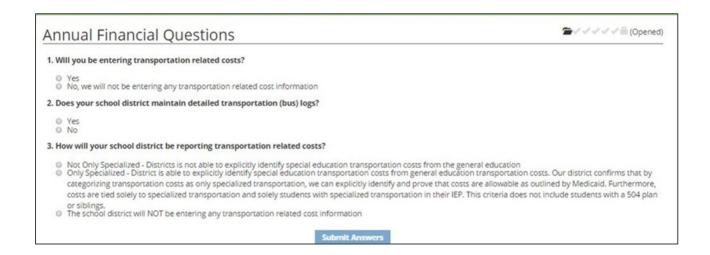


4. TRANSPORTATION

To access the transportation pages of the annual cost report, the district will be prompted to answer a series of questions. The district must answer the questions to complete transportation salaried staff, transportation equipment depreciation and transportation other costs. **When the districts select any of the transportation pages, the questions will appear.**

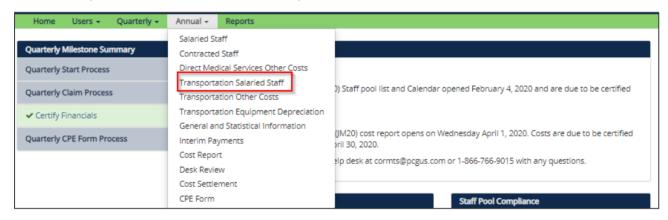


To report transportation costs, districts must first review and answer the questions. This action will make all transportation pages accessible. If the district does not have the proper documentation, transportation costs cannot be reported.



4A. TRANSPORTATION SALARIED STAFF

To access the 'Transportation Salaried Staff' page of the PCG Claiming System, click on the 'Annual' dropdown menu, then select 'Transportation Salaried Staff'.

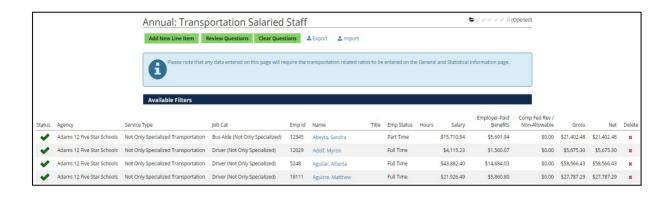


The transportation salaried staff section includes transportation salary and benefit costs for those individuals that fit into the only specialized transportation or not only specialized transportation categories. As a reminder, depending how a district answers the transportation questions will drive how a district can categorize transportation costs.

Costs entered in the annual cost report should be reported using the **accrual basis of accounting**. Cost reporting should be consistent with GAAP approved by the AICPA.

Cash Basis (Quarterly): Expenses are reported based on the date payment is made

Accrual Basis (Annual): Expenses are reported based on the date the service is rendered



Field	Description
Status	This field displays warning symbols that may appear while entering costs. A full description of warnings and these symbols can be found on page seven through nine
Service Type	The service type input shall be either not only specialized or only specialized transportation. How this field is populated will be determined by the district's answers to the transportation questions
Job Cat	The user should enter the title or job function of the transportation staff member in this section. Along with each job category, there is an additional identifier that specifies if that job title is only specialized transportation or not only specialized transportation. The user must select the appropriate category and continue to use the same classifier for all costs
Emp ID	The employee ID field is required. This field is for the use of the district to assist in identifying staff and reconciling costs to the district's financial system and chart of accounts. For security purposes, do not enter Social Security numbers in this field
Name	Both the first and last name fields are required fields. The first and last name of the transportation salaried staff member must be entered
Title	The job title field is not required and can be left blank. This field is for the use of the district to assist in identifying staff and reconciling costs to the district's financial system and chart of accounts. Changing information in this field through the cost reporting system will not interfere with the upload process
Emp Status	The employment status is a required field. The user needs to either enter the staff employment status (full time or part time) for the individual from a drop-down menu. The definitions for full-time and part-time are based on district specific guidelines. Each district should maintain those definitions in their cost report documentation file

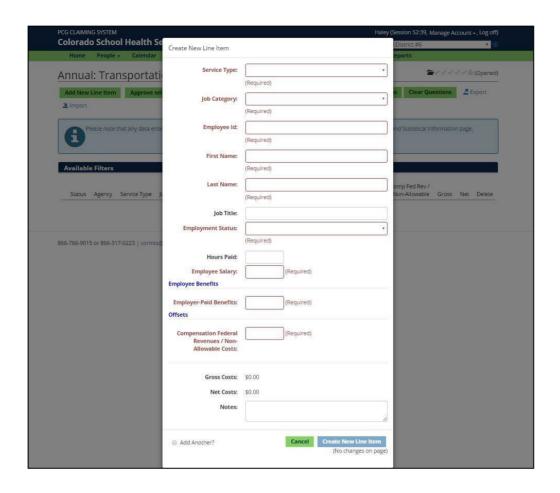
Field	Description
Hours	This field is not required and can be left blank. This field should be a reflection of the number of paid hours applicable to the payroll costs reported for each staff person
Salary	The salaries field is required. The amount reported in this field is the total gross earnings for the individual as paid by the district for the reporting period. This includes regular wages plus any amounts paid for paid time off (i.e., sick or annual leave), overtime, bonuses, longevity, stipends, and cash bonuses and/or cash incentives associated with primary job function as it relates to the SHS program. Salaries are those payments from which payroll taxes are deducted
Employer- Paid Benefits	In the employer benefits section the user should report the total of all employee benefits and taxes including employer-paid health/medical, life, disability, dental insurance premiums, employer-paid child day care, retirement contributions and worker's compensation costs in the employer benefits field. Taxes such as employer-paid PERA contributions, employer-paid Medicare contributions, employer-paid state unemployment taxes and employer-paid federal unemployment taxes can also be reported into this field
Comp Fed Rev / Non- Allowable	Districts must report the amount paid with federal funds (e.g., IDEA federal payments, Title I payments, or ARRA payments in this field. The system will subtract the federal amounts from the totals to arrive at the allowable costs paid from state/local funds
Gross	This is the gross compensation expenditures for the individual listed, which is the sum of transportation salary and benefits for transportation staff
Net	The net is equal to the gross costs less federal funds, which is calculated by subtracting compensation expenditures paid with federal funds from cost

Reporting Costs

• Option 1, Enter by Line Item:

Complete the information for each individual on a line-by-line basis. To do this, click on the individual's name.

Once selected, the district will have the option to enter the required information. Once the information is completed for the individual, click 'Save Changes' and the information will be saved. Then, continue to edit each individual and input the transportation salaried staff costs.



Click 'Cancel' if any information has been erroneously entered.

• Option 2 Importing/Exporting:

The PCG Claiming System has an export/import process. This allows users to export the list into Excel, make the changes in the Excel document, and import the costs into the site. For further details on this functionality, please see the export/import section.

4B. TRANSPORTATION OTHER COSTS

To access the 'Transportation Other Costs' page of the PCG Claiming System, click on the 'Annual' dropdown menu, then select 'Transportation Other Costs'.



The transportation other costs section includes transportation related costs for vehicles and services that fit into the only specialized transportation or not only specialized transportation categories. As a reminder, depending how a district answers the transportation questions will drive how a district can categorize transportation costs. These other costs include:

- Lease/Rental
- Insurance
- Maintenance and Repairs
- Fuel and Oil
- Contract Transportation Services
- Contract Transportation Equipment



Field	Description
Status	This field displays warning symbols that may appear while entering costs. A full description of warnings and these symbols can be found on page 9 and page 10, respectively
Service Type	This field will be populated as only specialized transportation or not only specialized transportation depending on how the district answers the transportation questions. The transportation questions were outlined previously in this system guide
Lease / Rental	Costs associated with the leasing or rental of vehicles

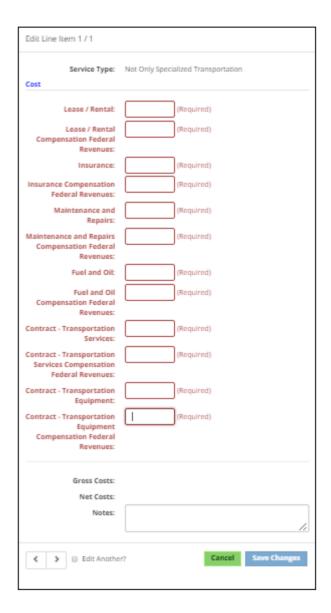
Field	Description

Lease / Rental Comp Fed Rev	Districts must report the amount paid with federal funds (e.g., IDEA federal payments, Title I payments, or ARRA payments in this field. The system will subtract the federal amounts from the totals to arrive at the allowable costs paid from state/local funds
Insurance	Costs associated with the insuring of vehicles
Insurance Comp Fed Rev	Districts must report the amount paid with federal funds (e.g., IDEA federal payments, Title I payments, or ARRA payments in this field. The system will subtract the federal amounts from the totals to arrive at the allowable costs paid from state/local funds
Maintenance and Repairs	Costs associated with maintenance and repairs
Maintenance and Repairs Comp Fed Rev	Districts must report the amount paid with federal funds (e.g., IDEA federal payments, Title I payments, or ARRA payments in this field. The system will subtract the federal amounts from the totals to arrive at the allowable costs paid from state/local funds
Fuel and Oil	Costs associated with fuel and oil
Fuel and Oil Comp Fed Rev	Districts must report the amount paid with federal funds (e.g., IDEA federal payments, Title I payments, or ARRA payments in this field. The system will subtract the federal amounts from the totals to arrive at the allowable costs paid from state/local funds
Contract - Transportation Services	Costs associated with contracted transportation services
Contract - Transportation Services Comp Fed Rev	Districts must report the amount paid with federal funds (e.g., IDEA federal payments, Title I payments, or ARRA payments in this field. The system will subtract the federal amounts from the totals to arrive at the allowable costs paid from state/local funds
Contract - Transportation Equipment	Costs associated with contracted transportation equipment
Contract - Transportation Equipment Comp Fed Rev	Districts must report the amount paid with federal funds (e.g., IDEA federal payments, Title I payments, or ARRA payments in this field. The system will subtract the federal amounts from the totals to arrive at the allowable costs paid from state/local funds
Gross	This is the gross compensation expenditures for the transportation other cost reported.
Net	The net is equal to the gross costs less federal funds, which is calculated by subtracting compensation expenditures paid with federal funds from cost.

Reporting Costs

Complete the information for each transportation other cost. To do this, click on the service type. Once selected, the district will have the option to enter the required information. Once the

information is completed for the transportation other costs, click 'Save Changes' and the information will be saved.



4C. TRANSPORTATION EQUIPMENT DEPRECIATION

To access the 'Transportation Equipment Depreciation' page of the PCG Claiming System, click on the 'Annual' dropdown menu, then select 'Transportation Equipment Depreciation'.



Districts may report transportation equipment depreciation costs for:

- Buses
- Cars and minivans
- Harnesses/seatbelts/child protective seating
- Light trucks and vans
- Vehicle air conditioning
- Wheelchair lifts

Transportation equipment should only be included should they fit the criteria for the only specialized transportation or not only specialized transportation categories. This equipment should be included in the district's fixed asset ledger. Depreciation is the periodic reduction of the value of an asset over its useful life or the recovery of the asset's cost over the useful life of the asset. Depreciation is calculated by the system according to a straight-line depreciation method. Should the asset be placed into service, removed from service, or become fully depreciated during the cost reporting period being completed, the depreciated cost will be prorated accordingly by month. No accelerated or additional first-year depreciation is allowable. Items reported on this page must be greater than \$5,000.

Depreciation for the reporting period can be calculated by the following equation:

• Depreciation for reporting period =

 $\{[(Cost - Fed Funds and Other Reductions) \div Years of Life] \div 12] \times (Number of Useful Months in Current Cost Reporting Period)$

The allowable amount of depreciation will be less if, during the cost reporting period, the asset became fully depreciated, or the asset was placed into or taken out of service.

The image below illustrates how to enter an annual depreciable asset. From the 'Transportation Equipment Depreciation' page, click the 'Add Asset' button.



	(1 Depreciable Asset)
Field	Description
Unique Asset ID	Enter the unique ID or specific name of the equipment being depreciated. This name should be descriptive to help the district and PCG identify the item.
Asset Type	This list is populated with groups of the most common asset types. Please select an asset type from the PCG Claiming System drop-down menu that most closely categorizes the transportation service equipment being depreciated. Asset types include buses, cars and minivans, harnesses/seatbelts/child protective seating, light trucks and vans, vehicle air conditioning, and wheelchair lifts. Please be specific in providing the description of each depreciable item.
Service Type	This list is populated with either only specialized transportation or not only specialized transportation service types.
Description	Districts can enter more identifying information on the asset. For example, 'PCG Unified short SPED bus with lift'.
Placed In Service	Enter the month and year the specialized transportation service equipment was placed into service. This should be the month and year the item was placed into service and not the month the item was purchased.
Remove From Service	If applicable, enter the month and year the specialized transportation service equipment was removed from service.
Years of Useful Life	Enter the number of years of useful life for the selected piece of equipment. This number should be consistent with the district's accounting records. Years of Useful Life is an industry standard and should align with district documentation. Please ensure that you have verified this number with both your Transportation and/or Finance Departments.

Cost	Enter the cost to acquire the asset and prepare it for use. This is the original purchase price for this transportation service equipment. This number should be the full amount paid for the equipment regardless of the source of funding.
Federal Funds and Other Reductions	Districts must report the amount paid with federal funds (e.g., IDEA federal payments, Title I payments, or ARRA payments in this field. The system will subtract the federal amounts from the totals to arrive at the allowable costs paid from state/local funds.
Net Cost	This is calculated by taking the cost of the item included and subtracting out federal funds.
Prior Accumulated Depreciation	This is the amount of depreciation that has accumulated in past reporting periods for this piece of equipment.
Depreciation For Reporting Period	This is the amount that the equipment has depreciated during the current year. This can be calculated by dividing the cost, minus the offset, by the Years of Useful Life of the asset. The allowable amount of depreciation will be less if, during the reporting period, the asset became fully depreciated, or the asset was placed into or taken out of service. Fully depreciated means that the total accumulated depreciation for the asset is equivalent to the depreciation basis.

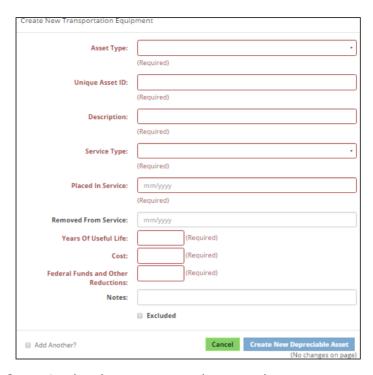
Reporting Costs

The district user has two options for completing the Transportation Equipment Depreciation information.

• Option 1, Enter by Line Item:

Complete the information for each asset on a line-by-line basis. To do this, click on the depreciated item.

Once selected, the district will have the option to enter the required information. Once the information is completed for the asset, click 'Save Changes' and the information will be saved. Then, continue to edit each asset and input the required fields.



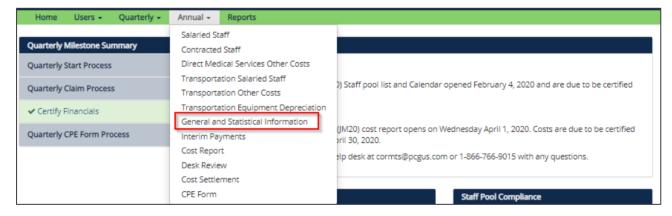
Click 'Cancel' if any information has been erroneously entered.

• Option 2 Importing/Exporting:

The PCG Claiming System has an export/import process. This allows users to export the list into Excel, make the changes in the Excel document, and import the costs into the site. For further details on this functionality, please see the export/import section.

5. GENERAL AND STATISTICAL INFORMATION

To access the 'General and Statistical Information' page of the PCG Claiming System, click on the 'Annual' dropdown menu, then select 'General and Statistical Information'.



This page collects information needed to calculate allocation percentages to apply to specific cost items toward the determination of Medicaid-allowable costs. Once clicked, the following page will appear:

The indirect cost rate, IEP ratio and one-way trip ratio numerator are populated by PCG.

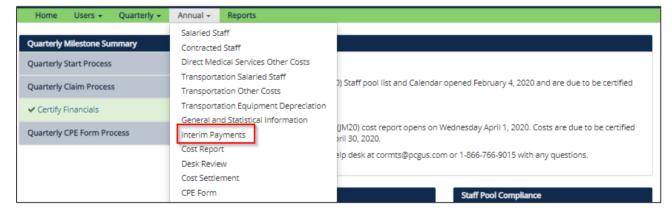
General ar	nd Statistical Inforr	natio	on			
♣ Export Option	ns - ± Import					
		Variable	•		Value	
		FMAP A	llocation July - Sep	tember 🕖		
		FMAP A	llocation October	- December 🕢		
		FMAP A	llocation January -	March 🕢		
		FMAP A	llocation April - Jur	ne 🕖		
		Indirect	Cost Rate 🕢			
		One-Wa	ay Trip Ratio Deno	minator 🛭		
		One-Wa	ay Trip Ratio Nume	erator 🛭		
	Ratio		Numerator	Denominator	Ratio	Warning
	IEP Ratio				0%	
	MER Ratio				0%	
	Transportation Services IEP Student	s Ratio			096	
			Subr	nit Changes		

Field	Description
Indirect Cost Rate	This percentage has been pre-populated from information provided by CDE, which serves as the cognizant agency responsible for approving district indirect cost rates for the United States Department of Education. This percentage is applied by the system to net direct costs (total costs less amount paid with federal funds) toward calculating the amount of allowable indirect costs. If the district does not have an unrestricted indirect cost rate calculated by CDE, the district has no Medicaid-allowable indirect costs for the Medicaid cost report
IEP Ratio	The IEP Ratio numerator and denominator fields are populated by PCG. The numerator is the total Health First Colorado IEP Students on December 1 as identified through the enrollment verification match from the iC System. The denominator is the total number of IEP Students on December 1

Field	Description
Medicaid Enrollment Ratio (MER)	The MER numerator and denominator fields are populated by PCG. The numerator is the total Health First Colorado enrolled students as of October 1 as identified through the enrollment verification match from the iC System. The denominator is the total number of students enrolled in districts/BOCES on October 1
Transportation Services IEP Students Ratio	This ratio is only required if the district categorizes transportation costs as not only specialized transportation. The numerator and denominator are both populated by the district. The numerator is the total number of IEP students receiving transportation. This is a count of Health First Colorado and non-Health First Colorado students who receive transportation as a requirement listed in their IEP/IFSP throughout the school year. The denominator is the total students in the school district receiving transportation. This is a count of all students in the school district that receive transportation throughout the school year according to supporting documentation
One-Way Trip Ratio	The numerator is the total number of allowable one-way trips for Health First Colorado IEP students as required in their IEP and as billed through iC System. HCPF and PCG will populate this number in the system based on the total number of allowable one-way trips billed through iC System. Please note, this information is finalized in January. PCG initially populates the numerator with the prior year's information until the applicable reporting period data is finalized.
	The denominator is populated by the district. It is a count of the one-way trips taken by Health First Colorado and non-Health First Colorado students who have transportation listed as a requirement in their IEP throughout the school year. This includes specialized and non-specialized trips

6. INTERIM PAYMENTS

To access the 'Interim Payments' page of the PCG Claiming System, click the 'Annual' dropdown menu, and select 'Interim Payments'.



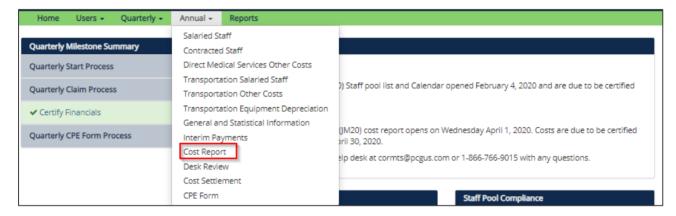
The interim payments page shows the total interim payments received for each direct service category. This page is populated by PCG. Furthermore, it will only be available for viewing once that year's cost settlement has been released. Districts will be notified when the settlement is

released.

Annual Interim Payments			→ ✓ ✓ ✓ ♣ (Opened)
	Cost Pool	Interim Payment 0	
	Direct Service		
	Specialized Transportation		

7. COST REPORT

To view the 'Cost Report' and certify the annual SHS Annual Cost Report, click the 'Annual' dropdown menu, and select 'Cost Report.'



This page will summarize the cost information for both direct medical services and transportation costs (if applicable) reported on the Medicaid cost report. Costs are broken out by service type to display the calculation of the district's Medicaid allowable costs for the cost reporting period. Districts use this page to provide final review and certification of the annual cost report.

Service Type	# line items	Salaries	Benefits	Contracted Stat			nds and Other ductions	Staff Cost	s		
Counseling	10	\$594,490.80	\$180,384.38	\$0.0	0 \$774,8	375.18	\$64.24	\$774,810.9	4		
Nursing Services	388	\$10,722,466.43	\$3,746,484.41	\$97,083.7	5 \$14,566,0	34.59 \$35	5,891.05 \$	14,210,143.5	4		
Occupational Therapy Services	34	\$2,325,871.64	\$686,973.42	\$0.0	0 \$3,012,8	345.06 \$4	4,125.14	\$2,968,719.9	2		
Orientation Mobility and Vision Services	2	\$46,273.19	\$12,884.18	\$0.0	0 \$59,1	57.37 \$4	4,206.24	\$54,951.1	3		
Physical Therapy Services	11	\$872,680.08	\$261,427.25	\$0.0	0 \$1,134,1	07.33 \$18	3,200.66	\$1,115,906.6	7		
➤ Psychological Services	5	\$406,641.61	\$120,709.33	\$0.0	0 \$527,3	350.94 \$14	4,132.88	\$513,218.0	6		
Social Work Services	62	\$3,363,276.91	\$1,007,162.85	\$21,677.7	5 \$4,392,1	17.51 \$30	5,586.60	\$4,355,530.9	1		
	123	\$6,385,052.89	\$1,972,531.73	\$541,586.0	5 \$8,899,1	70.67 \$112	2,876.15	\$8,786,294.5	2		
➤ Speech Language and Hearing Services Direct Medical Services Total			\$7,988,557.55	\$660,347.5	5 \$33,365,6	58.65 \$58	5,082.96 \$	32,779,575.6	9		
			\$7,988,557.55	Staff Costs Plus Indirect	5 \$33,365,6 Direct Medical Percentage	Net Direct and	5,082.96 \$	Other Cost Fed	99	IEP Ratio	Medica Allowat Co
Direct Medical Services Total	Costs Sumi	mary Unrestricted Indirect		Staff Costs Plus Indirect	Direct Medical	Net Direct and		Other Cost Fed ts Funds			Allowal
Direct Medical Services Total Service Type Counseling	Costs Sumi	mary Unrestricted Indirect Cost Rate	Indirect Costs	Staff Costs Plus Indirect Costs	Direct Medical Percentage	Net Direct and Indirect Costs	Other Cos	Other Cost Fed ts Funds	Total Costs	Ratio	Allowal Co
Direct Medical Services Total Service Type Counseling Nursing Services	Costs Sumi Staff Costs \$774,810.94	Unrestricted Indirect Cost Rate	Indirect Costs \$157,596.55	Staff Costs Plus Indirect Costs \$932,407.49	Direct Medical Percentage 35.33 %	Net Direct and Indirect Costs \$329,419.57	Other Cos \$0.0	Other Cost Fed ts Funds 0 \$0.00	Total Costs \$329,419.57	Ratio 65.90 %	Allowal Co \$217,087
Direct Medical Services Total Service Type Counseling	Costs Sumi Staff Costs \$774,810.94 \$14,210,143.54	Unrestricted Indirect Cost Rate 20.34 % 20.34 %	Indirect Costs \$157,596.55 \$2,890,343.20	Staff Costs Plus Indirect Costs \$932,407.49 \$17,100,486.74	Direct Medical Percentage 35.33 % 35.33 %	Net Direct and Indirect Costs \$329,419.57 \$6,041,601.97	Other Cos \$0.0 \$308,401.3	Other Cost Fed ts Funds 0 \$0.00 9 \$0.00 3 \$0.00	Total Costs \$329,419.57 \$6,350,003.36	Ratio 65.90 % 65.90 %	Allowal Co \$217,087. \$4,184,652 \$833,637.
pirect Medical Services Total service Type counseling sursing Services occupational Therapy Services orientation Mobility and Vision Services	Staff Costs \$774,810.94 \$14,210,143.54 \$2,968,719.92	Unrestricted Indirect Cost Rate 20.34 % 20.34 % 20.34 %	Indirect Costs \$157,596.55 \$2,890,343.20 \$603,837.63	Staff Costs Plus Indirect Costs \$932,407.49 \$17,100,486.74 \$3,572,557.55	Direct Medical Percentage 35.33 % 35.33 %	Net Direct and Indirect Costs \$329,419.57 \$6,041,601.97 \$1,262,184.58	Other Cos \$0.0 \$308,401.3 \$2,819.8	Other Cost Fed is Funds 0 \$0.00 9 \$0.00 3 \$0.00 3 \$0.00	Total Costs \$329,419.57 \$6,350,003.36 \$1,265,004.41	Ratio 65.90 % 65.90 % 65.90 %	\$217,087. \$4,184,652. \$833,637. \$42,582.
pirect Medical Services Total fervice Type founseling fourseling f	Staff Costs \$774,810.94 \$14,210,143.54 \$2,968,719.92 \$54,951.13	Unrestricted Indirect Cost Rate 20.34 % 20.34 % 20.34 % 20.34 %	Indirect Costs \$157,596.55 \$2,890,343.20 \$603,837.63 \$11,177.06	Staff Costs Plus Indirect Costs \$932,407.49 \$17,100,486.74 \$3,572,557.55 \$66,128.19	Direct Medical Percentage 35.33 % 35.33 % 35.33 % 35.33 %	Net Direct and Indirect Costs \$329,419.57 \$6,041,601.97 \$1,262,184.58 \$23,363.09	Other Cos \$0.0. \$308,401.: \$2,819.8 \$41,254.	Other Cost Fed S Funds 0 \$0.00 9 \$0.00 3 \$0.00 3 \$0.00 5 \$0.00	Total Costs \$329,419.57 \$6,350,003.36 \$1,265,004.41 \$64,617.22	Ratio 65.90 % 65.90 % 65.90 % 65.90 %	\$217,087 \$4,184,652
Direct Medical Services Total Service Type Counseling Nursing Services Coupational Therapy Services	Staff Costs \$774,810.94 \$14,210,143.54 \$2,968,719.92 \$54,951.13 \$1,115,906.67	Unrestricted Indirect Cost Rate 20.34 % 20.34 % 20.34 % 20.34 % 20.34 % 20.34 %	Indirect Costs \$157,596.55 \$2,890,343.20 \$603,837.63 \$11,177.06 \$226,975.42	Staff Costs Plus Indirect Costs \$932,407.49 \$17,100,486.74 \$3,572,557.55 \$66,128.19 \$1,342,882.09	Direct Medical Percentage 35.33 % 35.33 % 35.33 % 35.33 %	Net Direct and Indirect Costs \$329,419.57 \$6,041,601.97 \$1,262,184.58 \$23,363.09 \$474,440.24	Other Cos \$308,401.2 \$2,819.8 \$41,254.2	Other Cost Feds 0 \$0.00 9 \$0.00 3 \$0.00 5 \$0.00 9 \$0.00	Total Costs \$329,419.57 \$6,350,003.36 \$1,265,004.41 \$64,617.22 \$475,960.19	Ratio 65.90 % 65.90 % 65.90 % 65.90 %	Allowal Co \$217,087 \$4,184,652 \$833,637 \$42,582 \$313,657

Free Care Services Total C Service Type Counseling	osts Sum	mary	Staff											
			Staff											
Counseling	Staff		Costs cation Factor	Allocated Staff Costs		Indirect Costs	Staff Costs Plus Indirect Costs	Free Care	Net Direct and Indirect Costs		Other Cost Fed Funds	Total Costs	MER Ratio	Medicaid Allowable Costs
	\$774,8	310.94	75%	\$581,108.21	20.34%	\$118,197.41	\$699,305.62	3.93%	\$27,482.71	\$0.00	\$0.00	\$27,482.71	54.39%	\$14,947.85
Nursing Services	\$14,210,1	143.54	75%	\$10,657,607.66	20.34%	\$2,167,757.40	\$12,825,365.06	3.93%	\$504,036.85	\$308,401.39	\$0.00	\$812,438.24	54.39%	\$441,885.16
Occupational Therapy Services	\$2,968,7	719.92	75%	\$2,226,539.94	20.34%	\$452,878.22	\$2,679,418.16	3.93%	\$105,301.13	\$2,819.83	\$0.00	\$108,120.96	54.39%	\$58,806.99
Orientation Mobility and Vision Service	es \$54,9	951.13	75%	\$41,213.35	20.34%	\$8,382.80	\$49,596.15	3.93%	\$1,949.13	\$41,254.13	\$0.00	\$43,203.26	54.39%	\$23,498.25
Physical Therapy Services	\$1,115,9	906.67	75%	\$836,930.00	20.34%	\$170,231.56	\$1,007,161.56	3.93%	\$39,581.45	\$1,519.95	\$0.00	\$41,101.40	54.39%	\$22,355.05
Psychological Services	\$513,2	218.06	75%	\$384,913.55	20.34%	\$78,291.42	\$463,204.97	3.93%	\$18,203.96	\$72,818.19	\$0.00	\$91,022.15	54.39%	\$49,506.95
Social Work Services	\$4,355,5	530.91	75%	\$3,266,648.18	20.34%	\$664,436.24	\$3,931,084.42	3.93%	\$154,491.62	\$182,816.45	\$0.00	\$337,308.07	54.39%	\$183,461.86
Speech Language and Hearing Service	s \$8,786,2	294.52	75%	\$6,589,720.89	20.34%	\$1,340,349.23	\$7,930,070.12	3.93%	\$311,651.76	\$53,636.81	\$0.00	\$365,288.57	54.39%	\$198,680.45
Totals	\$32,779,5	575.69		\$24,584,681.78		\$5,000,524.28	\$29,585,206.06		\$1,162,698.61	\$663,266.75	\$0.00	\$1,825,965.36		\$993,142.56
Transportation Salary and	# line items	Salarie	,	Benefits To	Fe otal Costs	ed Funds and Other Reductions	Staff Costs							
> Only Specialized Transportation	80	\$1,750,047.7	3 \$709	,842.38 \$2,4	59,890.11	\$198,634.39	2,261,255.72							
		\$1,750,047.7	3 \$709),842.38 \$2,4	59,890.11	\$198,634.39	52,261,255.72							
Transportation Total Cost	s Summa	ry												
Service Type	Staff Costs	Other Costs	Other Cost Fed Funds	Total Cost	Unrestricted Indirect s Cost Rate	Indirect	Costs Plus	Transportation Services IEP Students Ratio	One Way Trip Ratio	Medicaid Allowable Costs				
Only Specialized Transportation \$2,	261,255.72	\$610,265.34	\$0.00	\$2,871,521.0	6 20.34 %	\$584,067.38	\$3,455,588.44	100 %	37.39 % \$	1,292,044.52				
Totals \$2,	261,255.72	\$610,265.34	\$0.00	\$2,871,521.0	6	\$584,067.38	\$3,455,588.44		s	1,292,044.52				

Once the cost summary report information has been thoroughly reviewed, select 'Certify Annual Financials' in the top left-hand corner of the page. This is shown in the image below. After the district selects the 'Certify Annual Financials' button, the Medicaid cost report is now locked and certified. The information provided in the Medicaid cost report will now be ready for HCPF and PCG

to review.



8. COST SETTLEMENT PAGE

To view the 'Cost Settlement' page and approve the cost settlement, click the 'Annual' dropdown menu and select 'Cost Settlement'.



The cost settlement page will be available to school districts once PCG and HCPF have calculated and released the cost settlement. Districts will be notified when the cost settlement is released.

This page will go through the calculations to provide the total amount owed to or owed from a Medicaid provider.

 Total Certified Public Expenditure (CPE) From Medicaid C 	ost Report	\$11,906,502.18
Direct Service	\$9,621,3	15.10
Free Care	\$993,1	42.56
Specialized Transportation	\$1,292,0	44.52
. Total Gross Interim Payments Amount		\$8,704,876.68
Direct Service	\$7,034,1	70.09
Free Care	\$726,0	89.27
Secription of Tennes contains		
Specialized Transportation	\$944,6	17.32
		17.32 \$3,201,625.50
B. Difference Between CPE & Gross Interim Payments Amo		
B. Difference Between CPE & Gross Interim Payments Amo		\$3,201,625.50 \$1,600,812.76
B. Difference Between CPE & Gross Interim Payments Amo	unt (#1 - #2)	\$3,201,625.50 \$1,600,812.76 21.53
B. Difference Between CPE & Gross Interim Payments Amo I. Federal Medical Assistance Percentage July-September	unt (#1 - #2) \$366,8	\$3,201,625.50 \$1,600,812.76 21.53 25.96
B. Difference Between CPE & Gross Interim Payments Amo July-September October-December	s366,8 \$411,3	\$3,201,625.50 \$1,600,812.76 21.53 25.96 25.96
3. Difference Between CPE & Gross Interim Payments Amo 4. Federal Medical Assistance Percentage July-September October-December January-March	\$366,8 \$411,3 \$411,3	\$3,201,625.50 \$1,600,812.76 21.53 25.96 25.96

Once districts have verified the calculations on this page, the district will select 'Approve Cost Settlement' on the top left-hand corner.

9. CERTIFIED PUBLIC EXPENDITURES (CPE) PAGE



Once the annual cost settlement has been approved, the CPE form will be available.

Districts will select 'Download Blank CPE Form' on the top left of the page, print and sign the form, and upload the signed form back into the PCG Claiming System. The status of the report will move from 'Approved' to 'Signed', once uploaded.

1. Total Certified Public Expenditure (C	PE) From Medicaid Cost Report	\$11,906,502.18		
Direct Service	\$9,621,	315.10		
Free Care	\$993,	,142.56		
Specialized Transportation	\$1,292,	,044.52		
2. Total Gross Interim Payments Amou	nt	\$8,704,876.68		
Direct Service	\$7,034,	170.09		
Free Care	\$726,	\$726,089.27		
Specialized Transportation	\$944,	,617.32		
3. Difference Between CPE & Gross Into	erim Payments Amount (#1 - #2)	\$3,201,625.50		
4. Federal Medical Assistance Percenta	ge	\$1,600,812.76		
July-September	\$366,	821.53		
October-December	\$411,	325.96		
January-March		,325.96		
		,339.31		
April-June 5. State Administration Amount Withhe		\$40,020.32		
April-June 5. State Administration Amount Withher Based on C.R.S. 25.5-5-318 6. Amount Owed To / (Owed From) Pro I certify that Section 1 above, to the best of my knowle	eld (#4 * 2.5%%) vider (#4 - #5) edge, represents actual expenditures accumulated u	\$40,020.32 \$1,560,792.44 nder our provider agreement		
April-June 5. State Administration Amount Withher Based on C.R.S. 25.5-5-318 6. Amount Owed To / (Owed From) Pro I certify that Section 1 above, to the best of my knowle with the Colorado Department of Health Care P The claim amount is solely related to our provider.	eld (#4 * 2.5%%) ovider (#4 - #5)	\$40,020.32 \$1,560,792.44 Inder our provider agreement of period stated above. Cate any federal claims for		
April-June 5. State Administration Amount Withher Based on C.R.S. 25.5-5-318 6. Amount Owed To / (Owed From) Pro I certify that Section 1 above, to the best of my knowle with the Colorado Department of Health Care P The claim amount is solely related to our provider reimbursement, nor are the funds used to ma Please return a signed copy of this document by upl	eld (#4 * 2.5%%) vider (#4 - #5) edge, represents actual expenditures accumulated u volicy & Financing (the Department) for the cost repo	\$40,020.32 \$1,560,792.44 Inder our provider agreement of period stated above. It period stated above. It period stated are any federal claims for of pederal regulations. The Financial District Admins		
April-June 5. State Administration Amount Withher Based on C.R.S. 25.5-5-318 6. Amount Owed To / (Owed From) Pro I certify that Section 1 above, to the best of my knowle with the Colorado Department of Health Care P The claim amount is solely related to our provider reimbursement, nor are the funds used to ma Please return a signed copy of this document by upl	eld (#4 * 2.5%%) rvider (#4 - #5) edge, represents actual expenditures accumulated u rolicy & Financing (the Department) for the cost repo agreement with the Department and does not duplicated other federal funds, unless expressly allowed by loading the signed form into the PCG Claiming System	\$40,020.32 \$1,560,792.44 Inder our provider agreement of period stated above. It period stated above. It period stated are any federal claims for of pederal regulations. The Financial District Admins		
April-June 5. State Administration Amount Withher Based on C.R.S. 25.5-5-318 6. Amount Owed To / (Owed From) Pro I certify that Section 1 above, to the best of my knowle with the Colorado Department of Health Care P The claim amount is solely related to our provider reimbursement, nor are the funds used to ma Please return a signed copy of this document by upload S	eld (#4 * 2.5%%) rvider (#4 - #5) edge, represents actual expenditures accumulated u rolicy & Financing (the Department) for the cost repo agreement with the Department and does not duplicated other federal funds, unless expressly allowed by loading the signed form into the PCG Claiming System	\$40,020.32 \$1,560,792.44 Inder our provider agreement of period stated above. Cate any federal claims for or or prederal regulations. The Financial District Admins or signed CPE form.		
April-June 5. State Administration Amount Withher Based on C.R.S. 25.5-5-318 6. Amount Owed To / (Owed From) Pro I certify that Section 1 above, to the best of my knowle with the Colorado Department of Health Care P The claim amount is solely related to our provider reimbursement, nor are the funds used to me Please return a signed copy of this document by uploan complete this by clicking the 'Upload's Verification of Expenditure by:	eld (#4 * 2.5%%) roider (#4 - #5) edge, represents actual expenditures accumulated u volicy & Financing (the Department) for the cost repo agreement with the Department and does not duplicatch other federal funds, unless expressly allowed by loading the signed form into the PCG Claiming Systemigned CPE Form and choosing the file containing the	\$40,020.32 \$1,560,792.44 Inder our provider agreement of period stated above. Cate any federal claims for or or prederal regulations. The Financial District Admins or signed CPE form.		
April-June 5. State Administration Amount Withher Based on C.R.S. 25.5-5-318 6. Amount Owed To / (Owed From) Pro I certify that Section 1 above, to the best of my knowle with the Colorado Department of Health Care P The claim amount is solely related to our provider reimbursement, nor are the funds used to ma Please return a signed copy of this document by upl can complete this by clicking the 'Upload S' Verification of Expenditure by: Name (Please Print):	eld (#4 * 2.5%%) roider (#4 - #5) edge, represents actual expenditures accumulated u volicy & Financing (the Department) for the cost repo agreement with the Department and does not duplicatch other federal funds, unless expressly allowed by loading the signed form into the PCG Claiming Systemigned CPE Form and choosing the file containing the	\$40,020.32 \$1,560,792.44 Inder our provider agreement of period stated above. Cate any federal claims for or or prederal regulations. The Financial District Admins or signed CPE form.		
April-June 5. State Administration Amount Withher Based on C.R.S. 25.5-5-318 6. Amount Owed To / (Owed From) Pro I certify that Section 1 above, to the best of my knowle with the Colorado Department of Health Care P The claim amount is solely related to our provider reimbursement, nor are the funds used to ma Please return a signed copy of this document by upl can complete this by clicking the 'Upload S' Verification of Expenditure by: Name (Please Print): Title:	eld (#4 * 2.5%%) roider (#4 - #5) edge, represents actual expenditures accumulated u volicy & Financing (the Department) for the cost repo agreement with the Department and does not duplicatch other federal funds, unless expressly allowed by loading the signed form into the PCG Claiming Systemigned CPE Form and choosing the file containing the	\$40,020.32 \$1,560,792.44 Inder our provider agreement of period stated above. Cate any federal claims for of green of the second of the seco		
April-June 5. State Administration Amount Withher Based on C.R.S. 25.5-5-318 6. Amount Owed To / (Owed From) Pro I certify that Section 1 above, to the best of my knowle with the Colorado Department of Health Care P The claim amount is solely related to our provider reimbursement, nor are the funds used to ma Please return a signed copy of this document by upl can complete this by clicking the 'Upload S' Verification of Expenditure by: Name (Please Print): Title: Date:	eld (#4 * 2.5%%) roider (#4 - #5) edge, represents actual expenditures accumulated u volicy & Financing (the Department) for the cost repo agreement with the Department and does not duplicatch other federal funds, unless expressly allowed by loading the signed form into the PCG Claiming Systemigned CPE Form and choosing the file containing the	\$40,020.32 \$1,560,792.44 Inder our provider agreement of period stated above. Cate any federal claims for or or prederal regulations. The Financial District Admins or signed CPE form.		

10.EXPORT/IMPORT FUNCTIONALITY

Districts have the option to use an export and import function to update cost information. This function allows users to edit their costs in a Microsoft Excel file and then import the results.. To do so, follow these steps:

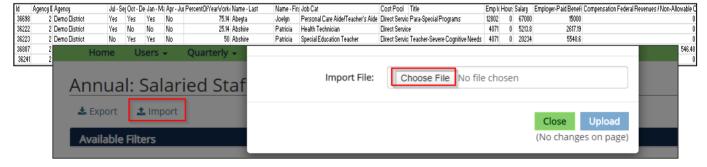
- 1. Select the Annual financial cost reporting page area you wish to edit. In this example, we will look at Annual Salaried Staff Information.
- 2. Just below the green menu bar, click Export:



- 3. The system will export the table as a .CSV file.
- 4. In the Excel document, the user can enter salaries, benefits, federal revenues, notes, and explanations. In the screenshot below, these fields can be found in columns P through R. These are the only cells that should be edited. Do not edit anything from ID (column A) through Employee ID (Column N). Do not add or delete columns or rows. The only cells that should be edited are the cost columns and the Notes and Explanations fields.



- 5. Enter costs in the cells. While entering costs, please follow these rules:
 - a) If a participant does not have costs to report, **you must enter 0**. You cannot leave it blank.
 - b) Numbers should have a maximum of 2 decimals. The system will not accept partial pennies.
 - c) As mentioned above, change only the cost-related cells and the Notes and Explanations fields.
- 6. When the costs have been entered, save the file. Remember that the file must be in .xls or. xslx format.



7. Return to the PCG Claiming System. Click 'Import', then click 'Choose File' to locate your upload file:



8.	Click 'Upload'. If your file is in the appropriate format, the system will upload your data. If
	your file has errors in it, the system will provide details and instructions regarding those
	errors.

	9. Address	the errors	. then r	epeat ste	eps 7 a	and 8 to	attemp	t uplo	ac
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