

303 E. 17th Ave. Suite 1100 Denver, CO 80203

SCHOOL HEALTH SERVICES PROGRAM MANUAL

Appendix 6

Public Consulting Group (PCG) Claiming System Financial User Guide



The School Health Services Program is a joint effort between the Colorado Department of Education and Department of Health Care Policy and Financing. cde.state.co.us hcpf.colorado.gov Revised June 30, 2025

TABLE OF CONTENTS

| 1. | INTRODUCTION 2 | - |
|------|--|---|
| 2. | ACCESSING THE PCG CLAIMING SYSTEM 2 | |
| 2A. | NAVIGATING THE HOME SCREEN 4 | ŀ |
| 3. | ACCESSING THE PCG CLAIMING SYSTEM: SHS COST REPORT | ł |
| 3A. | SYSTEM EDITS AND WARNINGS 8 | , |
| 3B. | SALARIED STAFF |) |
| 3C. | CONTRACTED STAFF | ł |
| 3D. | DIRECT MEDICAL SERVICES OTHER COSTS17 | , |
| 4. | TRANSPORTATION |) |
| 4A. | TRANSPORTATION SALARIED STAFF21 | |
| 4B. | TRANSPORTATION OTHER COSTS24 | ł |
| 4C. | TRANSPORTATION EQUIPMENT DEPRECIATION27 | , |
| 5. | GENERAL AND STATISTICAL INFORMATION |) |
| 6. | INTERIM PAYMENTS | , |
| 7. | COST REPORT | , |
| 8. | COST SETTLEMENT PAGE | , |
| 9. | CERTIFIED PUBLIC EXPENDITURES (CPE) PAGE | , |
| 10.8 | EXPORT/IMPORT FUNCTIONALITY | 5 |

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.

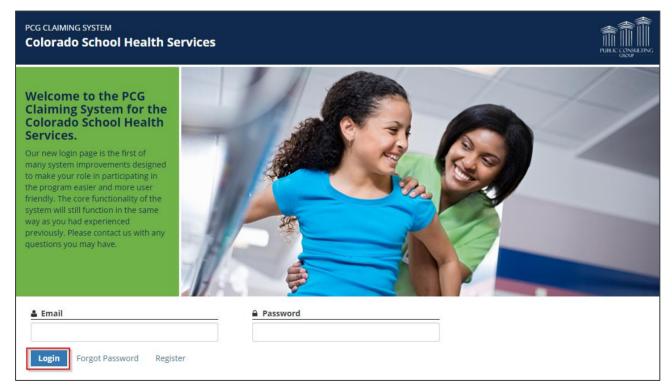
All districts must complete their quarterly reports before starting the annual cost report. Districts will need to complete the salary and benefits data for all direct service providers, as well as transportation sections of the annual cost report. Districts must also provide statistical information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

2. ACCESSING THE PCG CLAIMING SYSTEM

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

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 <u>cormts@pcgus.com</u> or <u>cocostreport@pcgus.com</u> 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 <u>cocostreport@pcgus.com</u>.

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.

| Select an Authentication Method Select the Multi-Factor Authentication Method that you would like to add to validate your information while logging in: | | | | | | | |
|---|-----|--|--|--|--|--|--|
| SMS Authentication | (j) | | | | | | |
| Email Authentication | (j) | | | | | | |
| G One Time Password via Google Authenticator | (i) | | | | | | |
| SAVE | | | | | | | |

- 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. <u>One Time Password via Google Authenticator</u> 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.
 - i. 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.

| Home Users + Quarterly + Annual + | Configuration - Reports About - | | | | | |
|-------------------------------------|---|---|--|--|--|--|
| | | | | | | |
| Quarterly Milestone Summary | PCG Message | | | | | |
| Quarterly Start Process | RMTS | RMTS | | | | |
| Quarterly Claim Process | The April – June 2020 Random Moment Time Study (RMTS) has been generated. The first moments for the quarter will begin April 1st. Please make sure you are monitoring participant compliance with completing moments daily. | | | | | |
| ✓ Certify Financials Horn, Marie | | | | | | |
| 11/03/2015 01:57 PM | Colorador Correctioners | | | | | |
| Quarterly CPE Form Process | Calendar Compliance | Staff Pool Compliance | | | | |
| | Colorado Demo District #2 Certified?: No | Colorado Demo District #2 Certified?: Yes | | | | |
| | Schools Not Certified: 4 | Schools Not Certified: 0 | | | | |

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.

| olorado School Health Services | FY20 🔻 Apr-Jun 2020 🔻 District Colorado Demo District #2 🔻 📀 | | | | | |
|-----------------------------------|---|--|--|--|--|--|
| Home Users - Configuration - Repo | rts About - | | | | | |
| Quarterly Milestone Summary | PCG Message | | | | | |
| Quarterly Start Process | RMTS | | | | | |
| Quarterly Claim Process | The April – June 2016 Random Moment Time Study (RMTS) has been generated. The first moments for the quarter will begin April 1st. Please make sure you are monitoring participant compliance with completing | | | | | |
| Quarterly CPE Form Process | moments daily. | | | | | |
| | Quarterly Cost Reporting | | | | | |
| | April- June 2018 (AJ18) quarterly financials will be open as of July 2, 2018 and are due to be entered and certified by July 30, 2018. Please contact the PCG help desk at cormts@pcgus.com or 1-866-766-9015 with any questions. | | | | | |
| | | | | | | |

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

| Home Users + Quarterly + | Annual - Reports | |
|--|---|---|
| Quarterly Milestone Summary | Salaried Staff Contracted Staff Direct Medical Services Other Costs | |
| Quarterly Start Process | Transportation Salaried Staff | |
| Quarterly Claim Process | Transportation Other Costs |)) Staff pool list and Calendar op |
| Certify Financials | Transportation Equipment Depreciation | |
| Quarterly CPE Form Process | General and Statistical Information Interim Payments | (JM20) cost report opens on Wea vril 30, 2020. |
| | Cost Report | elp desk at cormts@pcgus.com o |
| | Desk Review | |
| | Cost Settlement | |
| | CPE Form | |

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 the 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

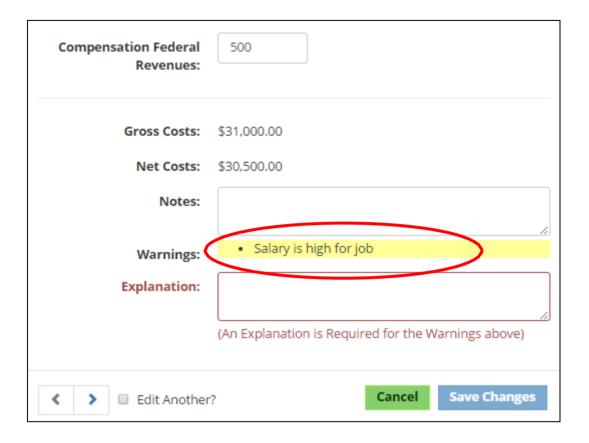
Throughout the completion of the annual cost report, districts will be flagged to provide additional information for costs and/or ratios that exceed thresholds. Specifically, edits and warnings may appear on the following pages: salaried staff, contracted staff, direct medical services other costs, transportation 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 followup. 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 expected threshold. An explanation is required. | If either of these symbols are present and an explanation has been entered, the district can move forward to certify |
| <u>s</u> | Has severe warnings - the costs entered are far outside the expected thresholds. An explanation is required | these costs. |
| 0 | Requires explanation - the costs entered triggered a warning. An explanation is required. | If this symbol is present, districts cannot certify costs. To resolve this, click on the participant's name |
| | Requires explanation - the costs entered triggered a warning. An explanation is required. | and enter an appropriate explanation. The symbol will change to yellow or orange depending on whether the warning is normal or severe. |



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:

| | | Gross Costs: | \$67,000.00 |
|---|---|---------------------------|---|
| | | Net Costs: Notes: | \$66,500.00 |
| | | Warnings: Explanation: | Salary is high for job Joelyn is a tenured employee who is at the top of the district's salary schedule. |
| < | > | 🔲 Edit Another | Cancel Save Changes |

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:

| | Home | Users 👻 | Staff Pool 👻 | Calendar | Moments + | Notifications | Quarterly | • A | nnual 🗸 | Configuration | Repo | rts | | | | | |
|---------------|------------|----------------|--------------|----------|-----------------|---------------|-----------|-------|----------|---------------|--------------------------|---------------------------|-------------------------------|-------|-----|--------|-------|
| | Annua | l: Sala | ried Staf | f | | | | | | | | ►~~~~ ≏(| Opened) | | | | |
| | 📥 Export | 🏝 Import | | | | | | | | | | | | | | | |
| | Available | Filters (filte | ered) | | | | | | | | | | | | | | |
| Status Agency | Emp Id | Name 4 | | Job Cat | | | Cost Pool | Title | Job Span | Hours | Salary | Employer-Paid Benefits | Comp Fed Rev Non-Allowable | | DSS | Net | Clear |
| 0 | E000000943 | 2 | | Speech/ | Language Pathol | ogist | Direct | | | - | \$0.00 | \$0.00 | \$0.00 |) \$0 | .00 | \$0.00 | × |

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'.

| Home Users + Quarterly + | Annual - Reports |
|-----------------------------|--|
| Quarterly Milestone Summary | Salaried Staff Contracted Staff |
| Quarterly Start Process | Direct Medical Services Other Costs |
| Quarterly Claim Process | Transportation Salaried Staff ()) Staff () Transportation Other Costs |
| ✓ Certify Financials | Transportation Equipment Depreciation General and Statistical Information |
| Quarterly CPE Form Process | (JM20) c Interim Payments pril 30, 2 |
| | Cost Report Desk Review |
| | Cost Settlement CPE Form |

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.

| | | Annual | : Salaried Sta | ff | | | | | | *///// | (Opened) | | |
|--------|---------------|-----------|-----------------|-----------------------------|-----------|-------|----------|-------|-------------|---------------------------|---------------------------------|-------------|-------------|
| | | Z Export | 🛎 Import | | | | | | | | | | |
| | | Available | Filters | | | | | | | | | | |
| Status | Agency | Emp Id | Name | Job Cat | Cost Pool | Title | Job Span | Hours | Salary | Employer-Paid Benefits | Comp Fed Rev / Non-Allowable | Gross | Net |
| 1 | Demo District | 1337 | Abrams, Madelyn | Speech/Language Pathologist | Direct | | | | \$12,046.05 | \$7,560.00 | \$6,000.00 | \$19,605.05 | \$13,606.05 |

| 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 |
| Emp ID | 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 |
| 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 |
|--------|---|
| Salary | 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.

| Edit Line Item 1 / 439 | |
|---|---|
| Employee Name: | Abrams, Madelyn |
| Job Category: | Speech/Language Pathologist |
| Hours Paid: | |
| Employee Salary: | (Required) |
| Note: | Employee worked only 50% of year |
| Employee Benefits | |
| Employer-Paid Benefits: Offsets | (Required) |
| Compensation Federal Revenues / Non- Allowable Costs: | (Required) |
| Gross Costs: | |
| Net Costs: | |
| Notes: | |
| K S Edit Another | ? Cancel Save Changes (No changes on page) |

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'.

| Home Users - Quarterly - | Annual - Configuration - Reports | About - | | | | |
|--|--|---|--|--|--|--|
| Quarterly Milestone Summary | Salaried Staff Contracted Staff | | | | | |
| Quarterly Start Process | Direct Medical Services Other Costs Transportation Salaried Staff | | | | | |
| Quarterly Claim Process | Transportation Other Costs | dom Moment Time Study (RMTS) has been generated. The first moments for the t. Please make sure you are monitoring participant compliance with completing | | | | |
| Certify Financials Horn, Marie 11/03/2015 01:57 PM | Transportation Equipment Depreciation General and Statistical Information Interim Payments | | | | | |
| Quarterly CPE Form Process | Cost Report Cost Settlement | Staff Pool Compliance | | | | |
| | CPE Form | 2 Certified?: No Colorado Demo District #2 Certified?: Yes | | | | |
| | Schools Not Certified: 4 | Schools Not Certified: 0 | | | | |

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.

| | | Home | Users 🗸 | Staff Pool 👻 | Calendar | Moments 🗸 | Notifications | Quarterly 🗸 | Annua | al 🚽 🛛 Confi | guration · | - Reports | About 🗸 | | | |
|----------|-------------------|---------------|---------------|----------------|------------|-----------|---------------|-------------|-------|--------------|------------|------------|---------------------------------|------------|------------|------|
| | | Annua | l: Conti | racted St | aff | | | | | | | | / ✓ ✓ ✓ ✓ 🔒 (Op | ened) | | |
| | & Export ≜ Import | | | | | | | | | | | | | | | |
| | | Available | Filters | | | | | | | | | | | | | |
| Status | Agency | | Contractor ID | Name 🔺 | Job Cat | | | Cost Pool | Title | Job Span | Hours | Cost | Comp Fed Rev / Non-Allowable | Gross | Net | Clea |
| ~ | PCG Unified Sch | nool District | | Carroll, Leanr | ne Audiolo | gist | | Direct | | \mapsto | | \$1,937.32 | \$100.00 | \$1,937.32 | \$1,837.32 | × |

| 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 | | | | |
| Contracto r 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 staft 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.

| Edit 1 / 4 | |
|--|-------------------------------------|
| Employee Name: | Carroll, Leanne |
| Job Category: | Audiologist |
| Hours Paid: | |
| Contracted Cost: | (Required) |
| Note: | Employee worked only 74.86% of year |
| Offsets | |
| Compensation Federal Revenues / Non-Allowable Costs: | (Required) |
| Gross Costs: Net Costs: Notes: | |
| < 🕨 🗉 Edit Another | ? Cancel Save Changes |

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

Home Users - Quarterly - Annual - Reports Salaried Staff Quarterly Milestone Summary Contracted Staff Quarterly Start Process Direct Medical Services Other Costs Transportation Salaried Staff)) Staff pool list and Calendar opened February 4, 2020 and are due to be certified Quarterly Claim Process Transportation Other Costs Transportation Equipment Depreciation Certify Financials General and Statistical Information (JM20) cost report opens on Wednesday April 1, 2020. Costs are due to be certified Quarterly CPE Form Process Interim Payments oril 30, 2020. Cost Report elp desk at cormts@pcgus.com or 1-866-766-9015 with any questions. Desk Review Cost Settlement CPE Form Staff Pool Compliance

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.

| Annual: Direct Medical Services Other Costs | | | | | | | | 🗸 🛍 (Open | (Opened) | | |
|---|------------------|------------------------|---|---|-----------------------------------|---|----------|-----------|----------|--|--|
| A | vailable Filters | | | | | | | | | | |
| Status | Agency | Service Type | Direct Medical Supplies, Materials and Other Costs | Direct Medical Supplies, Materials and Other Costs Comp Fed Rev | Direct Medical Equipment Costs | Direct Medical Equipment Costs Comp Fed Rev | Gross | Net | Clea | | |
| ~ | Demo District | Nursing Services | \$500.00 | \$50.00 | \$0.00 | \$0.00 | \$500.00 | \$450.00 | × | | |
| ~ | Demo District | Personal Care Services | \$10.00 | \$10.00 | \$500.00 | \$10.00 | \$510.00 | \$490.00 | × | | |
| | | | | | | | | | | | |

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.

| Edit Line Item 3 / 3 | |
|--|--|
| Service Type: | Social Work Services |
| Cost | |
| Direct Medical Supplies, Materials and Other Costs: | (Required) |
| Direct Medical Supplies, Materials and Other Costs Compensation Federal Revenues: | (Required) |
| Direct Medical Equipment Costs: | (Required) |
| Direct Medical Equipment Costs Compensation Federal Revenues: | (Required) |
| Gross Costs: Net Costs: | |
| Notes: | |
| Contraction Contraction Contraction | Cancel Save Changes (No changes on page) |

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.

| Home Users - Quarter | Annual - Reports | |
|--|--|--|
| Quarterly Milestone Summary | Salaried Staff Contracted Staff | |
| Quarterly Start Process | Direct Medical Services Other Costs | • |
| Quarterly Claim Process | Transportation Salaried Staff Transportation Other Costs |)) Staff pool list and Calendar opened February 4, 2020 and are due to be certified |
| Certify Financials | Transportation Equipment Depreciation General and Statistical Information | |
| Quarterly CPE Form Process | Interim Payments | (JM20) cost report opens on Wednesday April 1, 2020. Costs are due to be certified vril 30, 2020. |
| | Cost Report Desk Review Cost Settlement | elp desk at cormts@pcgus.com or 1-866-766-9015 with any questions. |
| | CPE Form | Staff Pool Compliance |

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.

| Annual Fi | inancial Questions | 油 マイママイ (Opened) |
|---|--|---|
| 1. Will you be en | ntering transportation related costs? | |
| Yes No, we will | not be entering any transportation related cost information | |
| 2. Does your sch | hool district maintain detailed transportation (bus) logs? | |
| © Yes © No | | |
| 3. How will your | r school district be reporting transportation related costs? | |
| categorizing costs are tie or siblings. | pecialized - Districts is not able to explicitly identify special education transportation costs from the alized - District is able to explicitly identify special education transportation costs from general edu g transportation costs as only specialized transportation, we can explicitly identify and prove that ed solely to specialized transportation and solely students with specialized transportation in their district will NOT be entering any transportation related cost information | costs are allowable as outlined by Medicaid. Furthermore, |
| | Submit Answers | |

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'.

| Home Users + Quarterly + | Annual - Reports | |
|--|--|--|
| Quarterly Milestone Summary | Salaried Staff Contracted Staff | |
| Quarterly Start Process | Direct Medical Services Other Costs | |
| Quarterly Claim Process | Transportation Salaried Staff Transportation Other Costs |)) Staff pool list and Calendar opened February 4, 2020 and are due to be certified |
| Certify Financials | Transportation Equipment Depreciation General and Statistical Information | |
| Quarterly CPE Form Process | Interim Payments Cost Report Desk Review Cost Settlement | (JM20) cost report opens on Wednesday April 1, 2020. Costs are due to be certified pril 30, 2020. alp desk at cormts@pcgus.com or 1-866-766-9015 with any questions. |
| | CPE Form | Staff Pool Compliance |

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

| | | | | oortation Salaried | | 🛓 Export 🛛 🔔 Impo | rt | | | 5 | - イイイイ 単(の | Opened) | | | |
|-----------|--------|----------------------------|-------------------------------------|--------------------------------------|-------------|-----------------------|----------------|---------------|-----------|-------------------|---------------------------|---------------------------------|-------------|-------------|--------|
| 21 Page | | | Please note that a | ny data entered on this page will re | quire the l | ransportation related | l ratios to be | entered on th | e General | and Statistical I | nformation page. | | | | |
| | | | Available Filters | | | | | | | | | | | | |
| | Status | Agency | Service Type | Job Cat | Emp Id | Name | Title | Emp Status | Hours | Salary | Employer-Paid Benefits | Comp Fed Rev / Non-Allowable | Gross | Net | Delete |
| | | Adams 12 Five Star Schools | Not Only Specialized Transportation | Rus Aido (Not Oply Specialized) | 12245 | Abouto Condro | | Dart Time | | \$15 710 54 | \$5 601 04 | \$0.00 | \$21 402 48 | \$21 402 49 | ~ |

| 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.

| PCG CLAIMING SYSTEM | | Haley (| Session 52:39, Manage Account +, Log off) |
|--|---|-----------------------------|---|
| Colorado School Health Se | Create New Line Item | | District #6 🔹 💿 |
| Home People - Calendar | Service Type: | · · · | eports |
| Annual: Transportati | | (Required) | Copened) |
| Add New Line Item Approve sel | Job Category: | - | s Clear Questions 🔮 Export |
| 🖄 Import | | (Required) | |
| Please note that any data ente | Employee Id: | | nd Statistical Information page. |
| U | | (Required) | |
| Available Filters | First Name: | (Landard) | |
| Available Filters | Last Name: | (Required) | |
| Status Agency Service Type J: | Last Name: | (Required) | omp Fed Rev / Non-Allowable Gross Net Delete |
| | Job Title: | | |
| | Employment Status: | + | |
| 866-766-9015 or 866-317-0223 cormts@ | | (Required) | |
| | Hours Paid: | | |
| | Employee Salary: | (Required) | |
| | Employee Benefits | | |
| | Employer-Paid Benefits: | (Required) | |
| | Offsets | | |
| | Compensation Federal Revenues / Non- | (Required) | |
| | Allowable Costs: | | |
| | Gross Costs: | \$0.00 | |
| | Net Costs: | \$0.00 | |
| | Notes: | | |
| | | | |
| | Add Another? | Cancel Create New Line Item | |
| | | (No changes on page) | |
| | | | |

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'.

| Home Users - Quarterly - | Annual - Reports | |
|--|--|---|
| Quarterly Milestone Summary | Salaried Staff Contracted Staff | |
| Quarterly Start Process | Direct Medical Services Other Costs | |
| Quarterly Claim Process | Transportation Salaried Staff Transportation Other Costs |)) Staff pool list and Calendar opened February 4, 2020 and are due to be certified |
| Certify Financials | Transportation Equipment Depreciation General and Statistical Information | |
| Quarterly CPE Form Process | Interim Payments | (JM20) cost report opens on Wednesday April 1, 2020. Costs are due to be certified ril 30, 2020. |
| | Cost Report | ≥lp desk at cormts@pcgus.com or 1-866-766-9015 with any questions. |
| | Desk Review | -10 31 |
| | Cost Settlement | |
| | CPE Form | Staff Pool Compliance |

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

| | | | | Transpo tions Clear Q | | Other Cos | ts | | | | 5 | v v v v ≗(Oper | ied) | | | | | |
|--------|-------------------------------|-------------------------------------|-------------------|--------------------------------|----------------|---------------------------|----------------------------|--|-------------------|---------------------------------|--|--|---|---|----------------|-------------|-----|-------|
| | | | B | se note that any d | ata entered on | this page will requi | re the transporta | tion related ratio | s to be entered o | n the General ar | d Statistical Inform | nation page. | | | | | | |
| | | | Available F | ilters | | | | | | | | Contract - | | Contract - | | | | |
| Status | Agency | Service Type | Lease / Rental | Lease / Rental Comp Fed Rev | Insurance | Insurance Comp Fed Rev | Maintenance and Repairs | Maintenance and Repairs Comp Fed Rev | Fuel and Oil | Fuel and Oil Comp Fed Rev | Contract - Transportation Services | Transportation Services Comp Fed Rev | Contract - Transportation Equipment | Transportation Equipment Comp Fed Rev | Gross | , | Vet | Clear |
| - | Adams 12 Five Star Schools | Not Only Specialized Transportation | \$433,391.08 | \$0.00 | \$965.383.00 | \$0.00 | \$997.379.30 | \$0.00 | \$508,861.20 | \$0.00 | \$888,068.79 | \$0.00 | \$0.00 | \$0.00 | \$3,793,083.37 | \$3,793.083 | 37 | × |

| 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 |
|-------|-------------|
|-------|-------------|

| Lassa (Dantal | Districts much report the encount period with federal funds (a.g. |
|---|---|
| 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.

| Edit Line Item 1 / 1 | |
|---|-------------------------------------|
| Service Type: | Not Only Specialized Transportation |
| Lease / Rental: | (Required) |
| Lease / Rental Compensation Federal Revenues: | (Required) |
| Insurance: | (Required) |
| Insurance Compensation Federal Revenues: | (Required) |
| Maintenance and Repairs: | (Required) |
| Maintenance and Repairs Compensation Federal Revenues: | (Required) |
| Fuel and Oil: | (Required) |
| Fuel and Oil Compensation Federal Revenues: | (Required) |
| Contract - Transportation Services: | (Required) |
| Contract - Transportation Services Compensation Federal Revenues: | (Required) |
| Contract - Transportation Equipment: | (Required) |
| Contract - Transportation Equipment Compensation Federal Revenues: | (Required) |
| Gross Costs: | |
| Net Costs: | |
| Notes: | <i>h</i> |
| Edit Anothe | Cancel Save Changes |

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'.

| Home | Users + | Quarterly 👻 | Annual 🗸 | Reports | | | | | |
|---------------------------------|--|-------------|---------------------------|---|---|--|--|--|--|
| Quarterly Milestone Summary | | | Salaried St Contracted | | | | | | |
| Quarterly St | Quarterly Start Process | | | dical Services Other Costs ation Salaried Staff | | | | | |
| Quarterly Cl | Quarterly Claim Process | | | ation Other Costs |)) Staff pool list and Calendar opened February 4, 2020 and are due to be certified | | | | |
| Certify Fir | Certify Financials | | | ation Equipment Depreciation | | | | | |
| Quarterly CF | Quarterly CPE Form Process | | Interim Payments | | (JM20) cost report opens on Wednesday April 1, 2020. Costs are due to be certified ril 30, 2020. | | | | |
| | | Desk Review | | lp desk at cormts@pcgus.com or 1-866-766-9015 with any questions. | | | | | |
| | | | Cost Settle CPE Form | | Staff Pool Compliance | | | | |

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] × (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.

| | Annual: Transportation Equipment Depreciation | | | | | | | | ened) | | | | | | |
|-----|---|--------------------|---------------|----------------------|--|-------------|-------------------------|---------------------------|----------------------------|-------------|--|-------------|--------------------------------------|--|--------|
| | Please note that any data entered on this page will require the transportation related ratios to be entered on the General and Statistical Information page | | | | | | | | | | | | | | |
| | | | | ilable Filter | Export 🞽 Impor | t | | | | | | | | | |
| | | Unique Asset ID | Asset Type | Service T | ype | Description | Placed In Service | Remove From Service | Years of Useful Life | Cost | Federal Funds and Other Reductions | Net Cost | Prior Accumulated Depreciation | Depreciation For Reporting Period | Delete |
| | 0 | ABC1234 | Buses | Only Spe Transpor | | BUS #1 | 12/2013 | | 8 | \$56,000.00 | \$0.00 | \$56,000.00 | \$4,083.33 | \$7,000.00 | × |
| | | | | | | | | (1 Depreci | able Asset) | | | | | | |
| Fie | Field | | | | Descrip | tion | | | | | | | | | |
| Un | Unique Asset ID | | | D | Enter th deprecia and PCG ide | ated. Th | nis nar | ne sho | | | | | nt being the dist | rict | |

| 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.

| Create New Transportation Equip | oment |
|--|--|
| Asset Type: | , |
| Unique Asset ID: | (Required) |
| | (Required) |
| Description: | (Required) |
| Service Type: | , , |
| Placed In Service: | (Required) mm/yyyy |
| Removed From Service: | (Required) |
| | mm/yyyy |
| Years Of Useful Life: | (Required) |
| Cost: | (Required) |
| Federal Funds and Other Reductions: | (Required) |
| Notes: | |
| | Excluded |
| Add Another? | Cancel Create New Depreciable Asset (No changes on page) |

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:

| General and Statistical Information | | | | | |
|-------------------------------------|----------------------|-------------------------|--|--|--|
| 🛓 Export Options 👻 🚨 Import | | | | | |
| | Variable | Value | | | |
| | EMAD Allocation July | Contraction Contraction | | | |

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

| | Variable | e | | Value | |
|-------------------------------------|----------|-----------------------|--------------|-------|---------|
| | FMAP A | Allocation July - Sep | tember 🚱 | | |
| | FMAP A | llocation October | - December 😢 | | |
| | FMAP A | Allocation January - | March 😢 | | |
| | FMAP A | Allocation April - Ju | ne 😧 | | |
| | Indirect | t Cost Rate 🚱 | | | |
| | One-Wa | ay Trip Ratio Deno | | | |
| | One-Wa | ay Trip Ratio Nume | erator 😧 | | |
| | | | | | |
| Ratio | | Numerator | Denominator | Ratio | Warning |
| IEP Ratio | | | | 0% | |
| MER Ratio | | | | 0% | |
| Transportation Services IEP Student | ts Ratio | | | 0% | |
| | | Subr | mit 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'.

| Home Users + Qu |)uarterly 👻 | Annual + | Reports | | | | |
|----------------------------|-------------|--|---------------------------------------|---|--|--|--|
| Quarterly Milestone Summa | ary | Salaried Sta | | | | | |
| Quarterly Start Process | | Contracted Direct Med | i Staff lical Services Other Costs | | | | |
| Quarterly Claim Process | | Transportation Salaried Staff Transportation Other Costs | |)) Staff pool list and Calendar opened February 4, 2020 and are due to be certified | | | |
| ✓ Certify Financials | | Transportation Equipment Depreciation General and Statistical Information | | | | | |
| Quarterly CPE Form Process | | Interim Payments | | (JM20) cost report opens on Wednesday April 1, 2020. Costs are due to be certified ril 30, 2020. | | | |
| | | Cost Repor Desk Revie | | elp desk at cormts@pcgus.com or 1-866-766-9015 with any questions. | | | |
| | | Cost Settle CPE Form | ment | Staff Pool Compliance | | | |

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 | | | 油 イイイイ (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.'

| Home Users - Quarterly - | Annual - Reports | | | | | |
|--|--|--|--|--|--|--|
| Quarterly Milestone Summary | Salaried Staff Contracted Staff | | | | | |
| Quarterly Start Process | Direct Medical Services Other Costs | | | | | |
| Quarterly Claim Process | Transportation Salaried Staff Transportation Other Costs |)) Staff pool list and Calendar opened February 4, 2020 and are due to be certified | | | | |
| Certify Financials | Transportation Equipment Depreciation General and Statistical Information | | | | | |
| Quarterly CPE Form Process | Interim Payments | (JM20) cost report opens on Wednesday April 1, 2020. Costs are due to be certified pril 30, 2020. | | | | |
| | Cost Report Desk Review | elp desk at cormts@pcgus.com or 1-866-766-9015 with any questions. | | | | |
| | Cost Settlement | | | | | |
| | CPE Form | Staff Pool Compliance | | | | |

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 Staff Costs | Total Costs | Fed Funds and Other Reductions | Staff Costs |
|--|--------------|-----------------|----------------|---------------------------|-----------------|--------------------------------------|-----------------|
| > Counseling | 10 | \$594,490.80 | \$180,384.38 | \$0.00 | \$774,875.18 | \$64.24 | \$774,810.94 |
| > Nursing Services | 388 | \$10,722,466.43 | \$3,746,484.41 | \$97,083.75 | \$14,566,034.59 | \$355,891.05 | \$14,210,143.54 |
| Occupational Therapy Services | 34 | \$2,325,871.64 | \$686,973.42 | \$0.00 | \$3,012,845.06 | \$44,125.14 | \$2,968,719.92 |
| > Orientation Mobility and Vision Services | 2 | \$46,273.19 | \$12,884.18 | \$0.00 | \$59,157.37 | \$4,206.24 | \$54,951.13 |
| > Physical Therapy Services | 11 | \$872,680.08 | \$261,427.25 | \$0.00 | \$1,134,107.33 | \$18,200.66 | \$1,115,906.67 |
| Psychological Services | 5 | \$406,641.61 | \$120,709.33 | \$0.00 | \$527,350.94 | \$14,132.88 | \$513,218.06 |
| Social Work Services | 62 | \$3,363,276.91 | \$1,007,162.85 | \$21,677.75 | \$4,392,117.51 | \$36,586.60 | \$4,355,530.91 |
| Speech Language and Hearing Services | 123 | \$6,385,052.89 | \$1,972,531.73 | \$541,586.05 | \$8,899,170.67 | \$112,876.15 | \$8,786,294.52 |
| | | \$24,716,753.55 | \$7,988,557.55 | \$660,347.55 | \$33,365,658.65 | \$586,082.96 | \$32,779,575.69 |

Direct Medical Services Total Costs Summary

| Service Type | Staff Costs | Unrestricted Indirect Cost Rate | Indirect Costs | Staff Costs Plus Indirect Costs | Direct Medical Percentage | Net Direct and Indirect Costs | Other Costs | Other Cost Fed Funds | Total Costs | IEP Ratio | Medicaid Allowable Costs |
|--|-----------------|---------------------------------------|----------------|---------------------------------------|---------------------------------|----------------------------------|--------------|-------------------------------|-----------------|--------------|--------------------------------|
| Counseling | \$774,810.94 | 20.34 % | \$157,596.55 | \$932,407.49 | 35.33 % | \$329,419.57 | \$0.00 | \$0.00 | \$329,419.57 | 65.90 % | \$217,087.50 |
| Nursing Services | \$14,210,143.54 | 20.34 % | \$2,890,343.20 | \$17,100,486.74 | 35.33 % | \$6,041,601.97 | \$308,401.39 | \$0.00 | \$6,350,003.36 | 65.90 % | \$4,184,652.21 |
| Occupational Therapy Services | \$2,968,719.92 | 20.34 % | \$603,837.63 | \$3,572,557.55 | 35.33 % | \$1,262,184.58 | \$2,819.83 | \$0.00 | \$1,265,004.41 | 65.90 % | \$833,637.91 |
| Orientation Mobility and Vision Services | \$54,951.13 | 20.34 % | \$11,177.06 | \$66,128.19 | 35.33 % | \$23,363.09 | \$41,254.13 | \$0.00 | \$64,617.22 | 65.90 % | \$42,582.75 |
| Physical Therapy Services | \$1,115,906.67 | 20.34 % | \$226,975.42 | \$1,342,882.09 | 35.33 % | \$474,440.24 | \$1,519.95 | \$0.00 | \$475,960.19 | 65.90 % | \$313,657.77 |
| Psychological Services | \$513,218.06 | 20.34 % | \$104,388.55 | \$617,606.61 | 35.33 % | \$218,200.42 | \$72,818.19 | \$0.00 | \$291,018.61 | 65.90 % | \$191,781.26 |
| Social Work Services | \$4,355,530.91 | 20.34 % | \$885,914.99 | \$5,241,445.90 | 35.33 % | \$1,851,802.84 | \$182,816.45 | \$0.00 | \$2,034,619.29 | 65.90 % | \$1,340,814.11 |
| Speech Language and Hearing Services | \$8,786,294.52 | 20.34 % | \$1,787,132.31 | \$10,573,426.83 | 35.33 % | \$3,735,591.70 | \$53,636.81 | \$0.00 | \$3,789,228.51 | 65.90 % | \$2,497,101.59 |
| Totals | \$32,779,575.69 | | \$6,667,365.71 | \$39,446,941.40 | | \$13,936,604.41 | \$663,266.75 | \$0.00 | \$14,599,871.16 | | \$9,621,315.10 |

| Free Care Services Total Cos | ts Summary | | | | | | | | | | | | |
|--|-----------------|--|--------------------------|---------------------------------------|----------------|---------------------------------------|-------------------------|-------------------------------------|--------------|-------------------------------|----------------|--------------|--------------------------------|
| Service Type | Staff Costs | Staff Costs Allocation Factor | Allocated Staff Costs | Unrestricted Indirect Cost Rate | Indirect Costs | Staff Costs Plus Indirect Costs | Free Care Percentage | Net Direct and Indirect Costs | Other Costs | Other Cost Fed Funds | Total Costs | MER Ratio | Medicaid Allowable Costs |
| Counseling | \$774,810.94 | 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 | \$14,210,143.54 | 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 | \$2,968,719.92 | 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 Services | \$54,951.13 | 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 | \$1,115,906.67 | 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 | \$513,218.06 | 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 | \$4,355,530.91 | 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 Services | \$8,786,294.52 | 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 | \$32,779,575.69 | | \$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 Benefits Summary

| | | | | | Fed Funds and Other | |
|-----------------------------------|--------------|----------------|--------------|----------------|------------------------|----------------|
| Service Type | # line items | Salaries | Benefits | Total Costs | Reductions | Staff Costs |
| > Only Specialized Transportation | 80 | \$1,750,047.73 | \$709,842.38 | \$2,459,890.11 | \$198,634.39 | \$2,261,255.72 |
| | | \$1,750,047.73 | \$709,842.38 | \$2,459,890.11 | \$198,634.39 | \$2,261,255.72 |

Transportation Total Costs Summary

| Service Type | Staff Costs | Other Costs | Other Cost Fed Funds | Total Costs | Unrestricted Indirect Cost Rate | Indirect Costs | Net Direct Costs Plus Indirect Costs | Transportation Services IEP Students Ratio | One Way Trip Ratio | Medicaid Allowable Costs |
|---------------------------------|----------------|--------------|-------------------------------|----------------|---------------------------------------|-------------------|--|--|-----------------------------|--------------------------------|
| Only Specialized Transportation | \$2,261,255.72 | \$610,265.34 | \$0.00 | \$2,871,521.06 | 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 | \$2,871,521.06 | | \$584,067.38 | \$3,455,588.44 | | | \$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.

| Certify Annual Financials | | | | | | | | |
|----------------------------|---------|---------------|----------------|-----------------------|----------|----------|---|-------|
| Status Summary | | | | | | | | |
| Page | no data | 🖌 no warnings | 🛆 has warnings | 🛕 has severe warnings | approved | rejected | | total |
| Salaried Staff | 0 | 267 | 0 | 0 | 0 | 0 | 0 | 267 |
| Contracted Staff | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |
| Transportation Other Costs | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |

8. COST SETTLEMENT PAGE

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

| Home Users - Quarterly - | Annual - Reports | |
|--|---------------------------------------|---|
| | Salaried Staff | |
| Quarterly Milestone Summary | Contracted Staff | |
| Quarterly Start Process | Direct Medical Services Other Costs | |
| Quarterly Claim Process | Transportation Salaried Staff |)) Staff pool list and Calendar opened February 4, 2020 and are due to be certified |
| Quarterly claim Process | Transportation Other Costs | |
| Certify Financials | Transportation Equipment Depreciation | |
| | General and Statistical Information | (IM20) cost report opens on Wednesday April 1, 2020. Costs are due to be certified |
| Quarterly CPE Form Process | Interim Payments | yril 30, 2020. |
| | Cost Report | 비p desk at cormts@pcgus.com or 1-866-766-9015 with any questions. |
| | Desk Review | · · · · · · · · · · · · · · · · · · · |
| | Cost Settlement | |
| | CPE Form | Staff Pool Compliance |

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.

| I. Total Certified Public Expenditure (CPE) From Medicaid Co | 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 |
| 2. Total Gross Interim Payments Amount | | \$8,704,876.68 |
| Direct Service | \$7,034,1 | 70.09 |
| Free Care | \$726,0 | 89.27 |
| Specialized Transportation | \$944,6 | 17.32 |
| 3. Difference Between CPE & Gross Interim Payments Amou | unt (#1 - #2) | \$3,201,625.50 |
| | | |
| | | \$1,600,812.76 |
| | \$366,8 | |
| 4. Federal Medical Assistance Percentage | \$366,8 \$411,3 | 21.53 |
| 4. Federal Medical Assistance Percentage July-September | | 21.53 25.96 |
| 4. Federal Medical Assistance Percentage July-September October-December | \$411,3 | 21.53 25.96 25.96 |
| 4. Federal Medical Assistance Percentage July-September October-December January-March | \$411,3 \$411,3 | 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

| Home Users - Quarterly - | Annual - Reports | |
|--|---------------------------------------|---|
| | Salaried Staff | |
| Quarterly Milestone Summary | Contracted Staff | |
| Quarterly Start Process | Direct Medical Services Other Costs | |
| Quarterly Claim Process | Transportation Salaried Staff |)) Staff pool list and Calendar opened February 4, 2020 and are due to be certified |
| Quarterly claim Process | Transportation Other Costs | |
| Certify Financials | Transportation Equipment Depreciation | |
| Quarterly CDE Form Dragger | General and Statistical Information | (JM20) cost report opens on Wednesday April 1, 2020. Costs are due to be certified |
| Quarterly CPE Form Process | Interim Payments | vril 30, 2020. |
| | Cost Report | lp desk at cormts@pcgus.com or 1-866-766-9015 with any questions. |
| | Desk Review | |
| | Cost Settlement | |
| | CPE Form | Staff Pool Compliance |

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

The designated CPE signer for the district will select 'Sign CPE Form' in the top left of the page. Once choosing 'Confirm', the status of the annual claim will update to 'Signed'. As a friendly reminder, only 'CPE Signer' user types will be able to sign the CPE form. If a CPE signer needs to be added for your district, please contact PCG.

| Annual CPE Form | | 陸 |
|---|-----------------------------|--|
| Sign CPE Form Generate Unsigned Form | | |
| Medicaid School Health Services Cost Settleme | nt Summary | |
| Cost Report Period: District Name: NPI: District Code: | Jul 01, 2023 - Jun 30, 2024 | |
| 1. Total Certified Public Expenditure (CPE) From Medicaid Cost Report | \$47,522.59 | |
| Direct Service | \$42,341.81 | |
| Free Care Specialized Transportation | \$5,180.78 \$0.00 | |

| 1. Total Certified Public Expenditure (C | PE) From Medicaid Cost Report | \$11,906,502.18 | | | | |
|--|---|--|--|--|--|--|
| Direct Service | \$9,62 | 21,315.10 | | | | |
| Free Care | \$99 | 93,142.56 | | | | |
| Specialized Transportation | \$1,29 | 92,044.52 | | | | |
| 2. Total Gross Interim Payments Amou | Int | \$8,704,876.68 | | | | |
| Direct Service | \$7,03 | 34,170.09 | | | | |
| Free Care | \$72 | 26,089.27 | | | | |
| Specialized Transportation | \$94 | \$944,617.32 | | | | |
| 3. Difference Between CPE & Gross Int | terim Payments Amount (#1 - #2) | \$3,201,625.50 | | | | |
| 4. Federal Medical Assistance Percenta | age | \$1,600,812.76 | | | | |
| July-September | \$36 | 56,821.53 | | | | |
| October-December | \$41 | 1,325.96 | | | | |
| January-March | | 1,325.96 | | | | |
| April-June | \$41 | 1,339.31 | | | | |
| 5. State Administration Amount Withh | eld (#4 * 2.5%%) | \$40,020.32 | | | | |
| | | | | | | |
| Based on C.R.S. 25.5-5-318 | | | | | | |
| Based on C.R.S. 25.5-5-318 6. Amount Owed To / (Owed From) Pro | ovider (#4 - #5) | \$1,560,792.44 | | | | |
| 6. Amount Owed To / (Owed From) Pro | | d under our provider agreement | | | | |
| 6. Amount Owed To / (Owed From) Pro | edge, represents actual expenditures accumulated | d under our provider agreement port period stated above. plicate any federal claims for | | | | |
| 6. Amount Owed To / (Owed From) Pro | edge, represents actual expenditures accumulate Policy & Financing (the Department) for the cost re agreement with the Department and does not du hatch other federal funds, unless expressly allowed | d under our provider agreement port period stated above. plicate any federal claims for d by federal regulations. stem. Financial District Admins | | | | |
| 6. Amount Owed To / (Owed From) Pro | ledge, represents actual expenditures accumulate Policy & Financing (the Department) for the cost re agreement with the Department and does not du hatch other Federal funds, unless expressly allowed ploading the signed form into the PCG Claiming Sys | d under our provider agreement port period stated above. plicate any federal claims for d by federal regulations. stem. Financial District Admins | | | | |
| 6. Amount Owed To / (Owed From) Provide the section 1 above, to the best of my knowl with the Colorado Department of Health Care of The claim amount is solely related to our provider reimbursement, nor are the funds used to measure the funds used to measure the funds used to measure the signed copy of this document by up can complete this by clicking the 'Upload's section of the section of | ledge, represents actual expenditures accumulates Policy & Financing (the Department) for the cost re ragreement with the Department and does not du hatch other federal funds, unless expressly allowed bloading the signed form into the PCG Claiming Sys Signed CPE Form and choosing the file containing | d under our provider agreement eport period stated above. plicate any federal claims for d by federal regulations. stem, Financial District Admins the signed CPE form. | | | | |
| 6. Amount Owed To / (Owed From) Provide the section 1 above, to the best of my knowl with the Colorado Department of Health Care of The claim amount is solely related to our provider reimbursement, nor are the funds used to measure the funds used to measure the funds used to measure the signed copy of this document by up can complete this by clicking the 'Upload's section of the section of | ledge, represents actual expenditures accumulate Policy & Financing (the Department) for the cost re agreement with the Department and does not du hatch other Federal funds, unless expressly allowed ploading the signed form into the PCG Claiming Sys | d under our provider agreement eport period stated above. plicate any federal claims for d by federal regulations. stem, Financial District Admins the signed CPE form. | | | | |
| 6. Amount Owed To / (Owed From) Pro I certify that Section 1 above, to the best of my knowl with the Colorado Department of Health Care if The claim amount is solely related to our provider reimbursement, nor are the funds used to m Please return a signed copy of this document by up can complete this by clicking the 'Upload' Verification of Expenditure by: | ledge, represents actual expenditures accumulates Policy & Financing (the Department) for the cost re ragreement with the Department and does not du hatch other federal funds, unless expressly allowed bloading the signed form into the PCG Claiming Sys Signed CPE Form and choosing the file containing | d under our provider agreement eport period stated above. plicate any federal claims for d by federal regulations. stem, Financial District Admins the signed CPE form. | | | | |
| 6. Amount Owed To / (Owed From) Pro I certify that Section 1 above, to the best of my knowl with the Colorado Department of Health Care II The claim amount is solely related to our provider reimbursement, nor are the funds used to m Please return a signed copy of this document by up can complete this by clicking the 'Upload' Verification of Expenditure by: Name (Please Print): | ledge, represents actual expenditures accumulates Policy & Financing (the Department) for the cost re ragreement with the Department and does not du hatch other federal funds, unless expressly allowed bloading the signed form into the PCG Claiming Sys Signed CPE Form and choosing the file containing | d under our provider agreement eport period stated above. plicate any federal claims for d by federal regulations. stem, Financial District Admins the signed CPE form. | | | | |
| 6. Amount Owed To / (Owed From) Provided From Provided To / (Owed From) Provided To / (Owed From) Provided to Colorado Department of Health Care II. The claim amount is solely related to our provided reimbursement, nor are the funds used to measure the | ledge, represents actual expenditures accumulates Policy & Financing (the Department) for the cost re ragreement with the Department and does not du hatch other federal funds, unless expressly allowed bloading the signed form into the PCG Claiming Sys Signed CPE Form and choosing the file containing | d under our provider agreement eport period stated above. plicate any federal claims for d by federal regulations. stem. Financial District Admins the signed CPE form. | | | | |
| 6. Amount Owed To / (Owed From) Pro Leertify that Section 1 above, to the best of my knowl with the Colorado Department of Health Care I The claim amount is solely related to our provider reimbursement, nor are the funds used to m Please return a signed copy of this document by up can complete this by clicking the 'Upload' Verification of Expenditure by: Name (Please Print): Title: Date: | ledge, represents actual expenditures accumulates Policy & Financing (the Department) for the cost re ragreement with the Department and does not du hatch other federal funds, unless expressly allowed bloading the signed form into the PCG Claiming Sys Signed CPE Form and choosing the file containing | d under our provider agreement eport period stated above. plicate any federal claims for d by federal regulations. stem. Financial District Admins the 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:

| | Annu La Expo | _ | alaried Staff | | | | | | | ₽ < < | ✓✓✓ ≗(O | pened) |
|--------|------------------|------------|----------------|---|--------------|--------------------------|----------|-------|-------------|-------------------------------|--|-------------|
| | Availa | able Filte | rs | | | | | | | | | |
| Status | Agency | Emp Id | Name | Job Cat | Cost Pool | Title | Job Span | Hours | Salary | Employer- Paid Benefits | Comp Fed Rev / Non- Allowable | Gross |
| | Demo District | 1374 | Abeyta, Joelyn | Personal Care Aide/Teacher's Aide | Direct | Para-Special Programs | | | \$67,000.00 | \$ <mark>15,000.00</mark> | \$0.00 | \$82,000.00 |

- 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.

| ld | Agency II Agency | Jul - Se | ej Oct - D | e Jan - M | k Apr - Ju | PercentOfYearWork | Name - Last | Name - Firs | Job Cat | Cost Pool Title | Emple Hour: Salary | Employer-Paid Benefi |
|-------|------------------|----------|------------|-----------|------------|-------------------|-------------|-------------|-----------------------------------|--|--------------------|----------------------|
| 36698 | 2 Demo District | Yes | Yes | Yes | No | 75.14 | Abeyta | Joelyn | Personal Care Aide/Teacher's Aide | Direct Servic Para-Special Programs | 12802 | |
| 36222 | 2 Demo District | Yes | No | No | No | 25.14 | Abshire | Patricia | Health Technician | Direct Service | 4071 | |
| 36223 | 2 Demo District | No | Yes | Yes | No | 50 | Abshire | Patricia | Special Education Teacher | Direct Servic Teacher-Severe Cognitive Needs | 4071 | |
| 36887 | 2 Demo District | No | Yes | Yes | No | 50 | Adams | Dannyel | Personal Care Aide/Teacher's Aide | Direct Servic Para-Special Programs | 13294 | |
| 36241 | 2 Demo District | Yes | No | No | No | 25.14 | Adams | Kim | Health Technician | Direct Service | 11518 | |

- 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

| ld a | Agency II Agency | Jul - Sej | Oct - De J | Jan - Ma | Apr - Jui | PercentOfYearWork Name - Last | Name - Fi | rs Job Cat | Cost Pool Title | ; | Emp k | Hour: | Salary | Employer-Paid Benefi | Compensation Federa | al Revenues / Non-Allowat | ble C |
|-------|-------------------|-----------|-------------------|----------|-----------|-------------------------------|-----------|-----------------------------------|-------------------|--------------------|--------|-------|--------|----------------------|---------------------|---------------------------|----------|
| 36698 | 2 Demo District | Yes | Yes h | íes 🛛 | No | 75.14 Abeyta | Joelyn | Personal Care Aide/Teacher's Aide | Direct Servic Par | a-Special Programs | 12802 | 0 | 67000 | 15000 | | | 0 |
| 36222 | | Yes | | | No | 25.14 åhchire | Patricia | Health Technician | Direct Service | | 4071 | Û | 5213.8 | 2617 19 | | | 0 |
| 36223 | 2 | Home | Use | ers 🖣 | • | Quarterly 🚽 🗌 | | | | | | | | | | | 0 |
| 36887 | 2 | | | | | | | | - | | | | | | | 54 | 6.48 |
| 36241 | 2 | | | | | | | Import File: | Cho | ose File No f | ilo ch | | - | | | | 0 |
| | Δn | nual | $\cdot \varsigma$ | al | ari | ed Staf | | import rile. | CIIO | USE FILE INO I | ne cho | JSei | | | | | <u> </u> |
| | | nuai | | an | | cu star | | | | | | | | | | | |
| | ▲ Export ▲ Import | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | - | | _ | | | | | | | | | Close | Upload | | |
| | | | | | | | | | | | | | | (b) a share as | | | |
| | Available Filters | | | | | | | | | | | | | (No change | is on page) | | |
| | | | | | | | | | | | | | | | | | |

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 repeat steps 7 and 8 to attempt upload.

