TRANSPORTATION COST REPORT

WITH CERTIFICATION SHEETS

TRANSPORTATION RATE CALCULATION

# Overview

Medicaid, through the Florida Agency for Health Care Administration (AHCA) will reimburse school districts for daily district transportation provided to Medicaid eligible ESE students when they receive a Medicaid-covered service for that day. There are two distinct categories of reimbursable specialized transportation services for reimbursing a district for providing eligible transportation services to qualified students. One method is to calculate an average one way trip rate for qualified ESE students riding in an adapted or specially equipped bus or vehicle type. This is known as type one. The other method of reimbursement is to calculate an average one way trip rate for qualified students who are transported in regular buses but are required to have an attendant ride with them. Further detailed explanation of the requirements and policies for reimbursement can be found in the Medicaid Certified School Match Coverage and Limitation Handbook (Handbook), Chapter 5.

The process detailed here will result in an averaged trip rate for the district’s rider ship costs for qualified ESE students for type one category of service for and rider ship costs for qualified ESE students who ride on regular buses or other non-handicapped equipped vehicle with the required attendant. The district may also calculate a weighted average of both types of transportation services and bill for all qualified ESE students who ride the district’s bus.

A district may elect to calculate an average trip rate for type one service only. If the district does this, then only eligible ESE students riding that type one vehicles can be billed and reimbursed. The type one calculated rate cannot be used to reimburse ESE eligible students who ride in a regular school bus or other vehicles with an attendant. A district may choose to calculate a single rate for both eligible ESE students who ride a type one bus and type two ESE students who ride in regular buses and other vehicles with attendants.

To insure the district is in compliance with the Handbook, the district must contact Medicaid’s Office of Medical Services for the determination of type one vehicles that are adapted or specially equipped to serve the disabled student.

Trip rates will be determined by each type of vehicle’s allowable costs, cost of each type of specific personnel, by specific rider ship of each vehicle, and annual mileage of each vehicle type. A district may use a specially equipped van for type one service or a normal vehicle with attendant for regular buses services if they transport eligible students under the policies of this program. Costs for these vehicle costs can also be included if mileage reports are available.

A district may also use specially equipped vehicles for non handicapped students for economical reasons. When determining cost per mile, total rider ship of that type of vehicle must be used in the cost determination.

All program costs, mileage and rider ship statistics must be accumulated from the district’s single annual fiscal year and must originate from the district’s internal records. Only claimable costs from the Pupil Transportation Services Function, 7800 and paid from Fund 100, will be used for rate determination. Costs, mileage and rider ship statistics must be verifiable and be reconcilable to the annual costs, mileage and rider ship statistics that a district reports in their audited financial statements and to data submitted to the Department of Education.

The effective date of the newly calculated rates will be on July 1, of the following fiscal year that cost data and statistics were obtained. The effective date of the calculated rate must be included in the cover letter. Because of the issues with the Medicaid fiscal agent, a rate will not automatically be paid prior to the implementation date of the new rate. It is suggested that the district wait until the new rate is on file and then submit the appropriate claims.

The following is a brief description of the components of the calculation form example (Attachment I and II) that will be required for the transportation rate calculation. Attachment III is a blank form the districts can use to actually calculate the rates. Attachment IV is the required certification for this cost report. Excel spreadsheets for each attachment will also be provided, if requested. The finished cost report must also be submitted to the AHCA contact in Excel format via e-mail for Agency review. Please do NOT change any formulas in the worksheet. A separate worksheet will be provided if requested. The letters below correspond to the required fields in the cost determination:

1. The fiscal year for the number of buses, costs, mileage and rider ship. (06/30/06)
2. The unique number of operating type one vehicles used to transport students during the indicated fiscal year. If the number of vehicles varies from the beginning of the school year to end, then use the average number from the first day and last day of regular school. The example in attachment II indicates 28 type one buses.
3. The unique number of regular school buses or other vehicles used for transporting students during the indicated fiscal year. As in B. above, average the vehicles from the beginning and ending number if buses were added or deleted during the year. Other vehicles could be vans and sedans used exclusively for student transportation used to transport students to off campus providers. There are 135 regular buses or other vehicles in the example.
4. Other vehicles are those support types like plant maintenance and certain staff vehicles. There are 25 of these vehicles per the example. Vehicles like vans and sedans used to exclusively transport students should be included in B or C above. Please review the transportation section in the Medicaid School Match Program handbook.
5. The annual mileage summary of type one special equipped buses. This is one of the most important statistics required. It will be necessary to document this statistic and, if requested by either state or federal officials, be able to trace mileage amounts reported back to internal district records. A summary of each type one vehicle with its annual mileage would be required. Annual type one mileage is 450,000 miles.
6. The annual mileage of the regular buses and other student transporting vehicles. The same detail required in E above will be required for these vehicles also. Annual mileage for these vehicles is 3,250,000 miles.
7. Annual mileage for the support and other district non-student transporting vehicles is required as E and F above. There were 275,000 recorded miles for these vehicles on the example.
8. Put the TOTAL number of students who ride the type one vehicles during the school year. A more accurate number would be the average of the October and February FEFP Transportation Surveys. This will include ALL students who are transported on these types of vehicles, not just ESE handicapped students. There were 375 individual students transported by these buses per the example.
9. Put the TOTAL number of students who are transported in regular buses and other vehicles. This number may include those billable ESE students who require an attendant or regular buses. There were 15,000 students transported by these vehicles.
10. Rider ship for the other vehicles is included. This number will not be used in the calculation and is not required because there will be no reimbursement for them. For example purposes, 75 individuals used these vehicles.
11. Reimbursable transportation fleet costs will be allocated by annual mileage between the regular buses and vehicles and the type one equipped vehicles. Costs that benefit both types of buses but are not segregated by bus type by the accounting system would be recorded here. Costs must come from the districts accounting system and only those costs expensed in Fund 100 and Function 7800 may be used. Salaries and benefits of the general fleet maintenance staff would be an example of this type cost as the usual transportation supply items. Costs for non-student transportation from the other vehicles will not be included in the reimbursable calculation. Route managers who are work on ESE handicapped routes and regular student routes should also be included here to be allocated. DO NOT INCLUDE BUS DRIVERS SALARIES AND BENEFITS HERE. They must be segregated by type in section M. Total allocable fleet costs $3,120,900 of which $353,309 was allocated to type one and $2,551,679 was allocated to the regular buses and other vehicles.
12. Rider ship detail records the number of non-duplicated handicapped ESE students. Those handicapped ESE students who ride the type one vehicles exclusively and then the number of ESE handicapped students who ride the regular buses or other vehicles with the required attendant. In the example, there are 350 type one ESE students and 50 regular buses ESE students.
13. Direct costs for drivers and attendants for all types of vehicles will be expensed here if they are captured in Fund 100, Function 7800. A direct cost is considered a cost for drivers or attendants that solely operate or ride in the type one vehicle or the regular buses and other vehicles. Minimum requirement for these costs will be names of the drivers and attendants with their respective salaries and benefits with an indicator of which bus (bus number) or vehicle number they operate throughout the year. Other direct costs incurred on behalf on these personnel can be included if captured in the accounting system and are not already captured in the allocated motor pool costs. In the example
14. Annual depreciation or a use allowance of 6.67% may be used to capture the period costs of the special equipped buses. Each asset basis must be reduced by the amount of any other federal funds used to purchase the buses. For depreciation, a schedule showing each bus with the adjusted cost basis, if necessary, salvage value, if applicable, useful life in years or months, period depreciation, accumulated depreciation and the depreciation method used. For use allowance, a schedule showing each special equipped bus with its adjusted cost, if necessary for any federal contribution, and the period cost. Depreciation for the type one buses $40,000 and $210,000 for the regular buses.
15. Fleet insurance costs, if not directly assignable to each type of bus, may be allocated to the special equipped buses by the percentage calculated by number of special equipped buses and regular buses and other vehicles to total vehicles (regular, special equipped and other). Districts that use a self-insurance mechanism may be includable. Expenses for this type of insurance will need state approval before inclusion. In the example, type one buses were insured for $40,957 and the regular buses and other vehicles for $197,473.
16. Other direct costs may be included in the rate calculation. Examples of these costs could be special ESE dispatchers, ESE supervisors or ESE route coordinator. If these personnel spend their time doing other non-special equipped type work, then their costs must be included in the fleet transportation section K above to be allocated. There should be a description of duties submitted with this cost component.
17. Total ESE Transportation costs may be increased by the district’s specific approved indirect percentage rate. Use the rate that was effective on last day of the reporting period. The approved rate is 5 percent in the example.
18. Total transportation costs by type will be divided by the respective rider ship to arrive at an annual rate per student, [S].
19. The annual rate per student is the annual costs divided by the annual respective rider ship. For type one, its $3,247 and $281 for regular buses.
20. The daily rate under the type one cost column is for type one billing only and is the annual rate per student divided by 180. Per the example, type one daily rate is $18.04 and $1.56 for the regular buses and other vehicles.
21. The daily trip rate is divided by two to arrive at the one-way trip rate. This is the actual rate that will be on the charge file IF the district wishes to bill only eligible ESE students who only ride in the type one vehicle. In this example, the one-way trip rate for type one ESE students is $9.02.
22. The weighted average daily rate will be used for districts that bill both eligible ESE students who ride in type one equipped vehicles AND regular buses and other vehicles who ride in regular buses with their attendants.
23. The weighted average trip rate will be the weighted average daily rate divided by two. It will be placed on the charge file and used by districts that bill for eligible ESE students who ride in type one equipped vehicles AND regular buses and other vehicles with their attendants. $7.99 can be used to bill for both types of students.

Items that need to be included in the ESE Transportation Rate cost report package to be sent to AHCA for approval will be:

* A cover letter on district letterhead requesting review and approval of the enclosed rate calculation. Also included on the cover letter will be the district determined effective date for the rate change as previously discussed.
* The transportation cost report form with all documentation necessary to substantiate the statistical and cost data. (Attachment III)
* The submitted the cost report in Excel to the contact below via e-mail.
* A cost certification form. (Attachment IV)
* The appropriate comprehensive Annual Financial Report.

The transportation rate calculation with all documentation shall be sent to:

 Agency for Health Care Administration

 Office of Medicaid Program Analysis

 Attention: School Based Program

 2727 Mahan Drive, Mail Stop 21

 Tallahassee, Florida 32308-5403

Technical assistance is offered either by writing to the above address or by the following:

Telephone: (850) 412-4109

Fax: (850) 922-5172

Email: jim.robinson@ahca.myflorida.com



Attachment IV

COST CERTIFICATION

As fiscal officer for the for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Special School or School District Name)

I certify to the following:

The annual costs reported are not funded by any other federal grant and the required pertinent employee or contractor data reported for the individuals contained in the cost report are true and actual for the fiscal year ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

That depreciation or use allowance costs, if claimed, have been calculated with the cost basis of the asset adjusted downward by any federal grant funds used to purchase said asset.

That mileage data used for this calculation is verifiable and obtained from actual existing district records which are used by the district to fulfill other Florida or Federal reporting requirements.

That I have contacted AHCA personnel in Medicaid Medical Services to insure that costs calculated and subsequently reimbursed are for qualified type one or special or adapted vehicles used in the transporting of students.

That if the district chooses to calculate the single transportation rate for type one vehicles, the district will not bill and claim reimbursement for Regular buses students who ride in regular non-adapted or specialized buses.

I also certify that I am familiar with the laws and regulations regarding the provision of health care services under the Florida Medicaid program, including the laws and regulations relating to claims for Medicaid reimbursements and payments, and that the services identified in this cost report were provided in compliance with such laws and regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (Print) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

TREATING PROVIDER CERTIFICATION

Service Title: Transportation

Procedure code: T2003

I certify that for the service title and procedure code listed above that the cost for school district employees and or private contractors contained in this report have provided the above Medicaid reimbursable services to students enrolled at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the fiscal year ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Special School or School District Name)

The effective date for the approved rates will be July 1, of the same year as the cost and other contractual data is supplied.

As a non-institutional provider service, the fiscal agent cannot retroactively adjust claims previously paid at the old rate that are inclusive of the effective date. To be paid at the new rate for the corresponding dates of service, the provider is responsible for making appropriate adjustments to previously paid claims.

I also certify that I am familiar with the laws and regulations regarding the provision of health care services under the Florida Medicaid program, including the laws and regulations relating to claims for Medicaid reimbursements and payments, and that the services identified in this cost report were provided in compliance with such laws and regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (Print) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title