

Medicaid Transportation Claims Cost Report for School Districts and Charter Schools for the 2009-2010 School Year

EDUCATION AGENCY/CONTACT INFORMATION		
Education Agency Name		Date Completed
Completed by	Signature	Telephone
SPECIAL EDUCATION TRANSPORTATION COST INFORMATION		
Cost / Object Codes	2008-2009 Actual/Prorated Costs (using 2008-2009 AFR)	
1. Special Education Transportation Costs for Specially Augmented Vehicles, Small Buses, Vans and Cars		
Salaries (Object 100)		
Employee Benefits (Object 200)		
Purchased Professional and Technical Services (Object 300)		
Purchased Property Services (Object 400)		
Other Purchased Services (Object 500)		
Supplies (Object 600)		
Property (Object 700)		
Other (Object 800)		
Total:		
2. Total Number of Students Transported in Specialized vehicles		
3. Number of Annual School Days Students Are Transported		
4. Average Annual Specialized Transportation Cost Per Student		
5. Average Daily Specialized Transportation Cost Per Student		

Please forward completed worksheet to your LEA's SBAP Coordinator.

LEA SBAP Coordinators: Please submit to Leader via fax: (570) 455-4526 or mail: P.O. Box O, Hazleton, PA 18201



Medicaid Transportation Claims Cost Report for School Districts and Charter Schools for the 2009-2010 School Year Instructions

1. Complete the Education Agency/Contact Information section.

Use 2008-2009 expenditures from your LEA's Annual Financial Report (AFR) to complete the following:

2. *Section 1*, for object codes 100 through 800, report all salaries, benefits and other expenditures **that relate to special transportation only**. Enter the total in the Total block. If special transportation costs are not broken out on your AFR, use Attachment A to calculate your special transportation mileage percentage. This percentage is then used to prorate your special transportation costs and populate the appropriate object codes.
3. *Section 2*, enter the total number of students transported on specialized vehicles in the 2008-2009 school year.
4. *Section 3*, enter the total number of school days students were transported on specialized vehicles in the 2008-2009 school year.
5. *Section 4*, divide the total of *Section 1* by the figure in *Section 2* (Number of Students Transported in Specialized Vehicles) and enter the result in *Section 4*.
6. *Section 5*, divide the figure in *Section 4* by the total in *Section 3*. The result is the average cost per day for special transportation.
7. Transportation reimbursement is approximately 54 percent of the average per day cost. Leader's processing fee for each transportation transaction is \$1.25. The Medical Assistance (MA) cap for transportation billing is \$50 per day. If your rate exceeds the MA cap, transportation claims will be paid up to the cap (approximately \$27).
8. Forward the completed worksheet to your LEA's SBAP Coordinator, who will send it to Leader along with the list of eligible students receiving special busing in the 2009-2010 school year.

LEA Coordinators: Please submit to Leader Services via fax: (570) 455-4526 or mail: P.O. Box O, Hazleton, PA 18201-0058