

SBAP Direct Services Cost Worksheet for the 2009-2010 School Year Instructions

LEAs must complete this worksheet at the beginning of each school year to establish billing rates for the LEA's health-related services billed through SBAP. **Using 2009-2010 budgeted fiscal data**, enter cost and service hour information for all services that will be billed in the 2009-2010 school year. Rates will be effective August 2009 through July 2010.

¹ LEA Name

Enter the name of your school district, intermediate unit, charter school, state-owned school, approved private school, or private residential rehabilitation institute.

² Salaries

Enter the salary for any full- and part-time service provider (LEA employees) who meets the necessary certification and/or licensure requirements outlined in the *PA SBAP Provider Manual*. **Exclude any provider whose salary is paid 100 percent with federal funds or grants.** Use the *Partially Federally Funded Staff Form* to report the state/local salary portion of partially federally funded service providers.

³ Benefits

Enter the costs for mandatory benefits, including medical and life insurance, retirement, dental, eye, and prescription benefits, etc. **Exclude benefits paid 100 percent with federal funds or grants.** Use the *Partially Federally Funded Staff Form* to report the state/local benefits portion of partially federally funded service providers.

⁴ Student Service Hours

Enter the health-related, student service hours worked by the LEA's service providers during the school year. Service hours should include time spent performing direct hands-on services, setup or preparation time, travel time between service delivery sites, report writing and charting, and any other service that can be attributed to a student. **Exclude hours for in-service days, vacation time, lunches and coffee breaks, attendance at staff meetings, and staff supervision.** Use the *Partially Federally Funded Staff Form* to report the student service hours of partially federally funded service providers.

⁵ Contracted Service Costs

Enter the dollar amount for the contracted services of *non-LEA employees* or independent contractors. **Exclude any contract costs that are paid 100 percent with federal funds or grants.**

⁶ Contracted Service Hours

Enter the service hours provided by non-LEA-contracted employees or independent contractors.

⁷ Contact Information

Enter the name, title, and other requested contact information of the person preparing this worksheet.

⁸ Certification and Approval

Have your superintendent or a designee review the worksheet and sign appropriately.

Please be sure to make a copy of the worksheet for your records before forwarding it to Leader. We also recommend that you keep any backup documentation used to complete this form.

Submit the worksheet to Leader Services via fax: (570) 455-4526 or mail: P.O. Box O, Hazleton, PA 18201-0058.