MEDICAID SCHOOL BASED SERVICES
OPTIONAL WORKSHEET FOR CALCULATION OF AVAILABLE LOCAL MATCHING EXPENDITURES

1 Name of School District or CESA

2 Medicaid provider number

3 For period Beginning Ending

4 Date Prepared Prepared by

In lieu of using lines 5 to 11, expense accounts can be listed and classified into the appropriated service categories on a separate worksheet and totals transfered to line 13 below.

	Account Number (See Note Below)	Account Description	Speech	OT	PT	Psych. Counsing and Soc. Work	Dev. Testing	Nursing	Transportation	Durable Med Equipment
5			$	$	$	$	$	$	$	$
6										
7										
8										
9										
10										
11										
12	If more space needed, enter totals from additional sheet									

			Speech	OT	PT	Psych. Counsing and Soc. Work	Dev. Testing	Nursing	Transportation	Durable Med Equipment
13	Direct cost for categories of services (total from financial records).....	13	$	$	$	$	$	$	$	$
14	Subtract: Federally reimbursed cost..(from financial records).....	14	( )	( )	( )	( )	( )	( )	( )	( )
15	Net direct cost (Line 13 - 14).....	15	$	$	$	$	$	$	$	$
16	Indirect cost percentage: Statewide Rate.....	16	. %	. %	. %	. %	. %	. %	n/a	n/a
	-OR-		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
16a	Indirect cost percentage: LEA Indirect Rate (attach worksheet)....	16a							n/a	n/a
17	Indirect cost calculated (Line 15 x 16 or 16a).....	17	$	$	$	$	$	$	n/a	n/a
18	Total direct cost and indirect cost (Lines 15 + 17).....	18	$	$	$	$	$	$	$	$
19	Units of service provided all students. .(from school records).....	19								
20	Direct and indirect cost per unit of service..(Line 18/19).....	20	$.	$.	$.	$.	$.	$.	$.	$.
21	Units of service provided to Medicaid recipient students.....	21								
22	Total cost for Medicaid.(Line 20 x 21)..... $ (Sum of Line 22 Columns)	22	$	$	$	$	$	$	$	$

23 Required district match percentage..... . % 23

24 **Expenditures Available for matching Federal Medicaid funding** $ (Line 22 x 23) 24

(This is the amount to be entered on certification statement)

25	Description of proration bases used at lines 19 and 21.....	25								
	Recommended proration bases, other reasonable proration bases could be use		Face-to-face units 15 min = 1 unit	Face-to-face units 15 min = 1 unit	Face-to-face units 15 min = 1 unit	Face-to-face units 15 min = 1 unit	Face-to-face units 15 min = 1 unit	Face-to-face units 10 min = 1 unit	Miles	Cost of Equipment

33 Note on Account Numbers. At the option of the district or CESA, those accounts to which expenses are charged that are directly assignable to services provided to Medicaid recipient students can be assigned a unique project account code for identification.