	A	B	C	D	DRAFT E	F	G
1	**IEP Related School Based Services**						
2	**School Division: 0**					**Fiscal Year:**	0
3	**Provider Number: 0**						
4							
5	**Section 4: Personnel Costs**						
6							
7		Adjusted Payroll Cost Base	Apply Indirect Cost Rate	Subtotal	Allocate Direct Service Cost to Medicaid	Allocate Direct Service Cost to Medicaid Expansion	Allocate Direct Service Cost to FAMIS
8			0.00%		#DIV/0!	#DIV/0!	#DIV/0!
9	Speech	$0	$0	$ -	#DIV/0!	#DIV/0!	#DIV/0!
10	OT	$0	$0	$ -	#DIV/0!	#DIV/0!	#DIV/0!
11	PT	$0	$0	$ -	#DIV/0!	#DIV/0!	#DIV/0!
12	Nursing	$0	$0	$ -	#DIV/0!	#DIV/0!	#DIV/0!
13	Psychological	$0	$0	$ -	#DIV/0!	#DIV/0!	#DIV/0!
14	Audiology	$0	$0	$ -	#DIV/0!	#DIV/0!	#DIV/0!
15	Medical Evaluation	$0	$0	$ -	#DIV/0!	#DIV/0!	#DIV/0!
16	Personal Care	$0	$0	$ -	#DIV/0!	#DIV/0!	#DIV/0!
17	Billing Personnel	$0	$0	$ -	#DIV/0!	#DIV/0!	#DIV/0!
18	Totals	$0	$0	$0	#DIV/0!	#DIV/0!	#DIV/0!
19							
20			**Total**		**#DIV/0!**		
21							
22	**Certification**						
23	I hereby certify that I am aware that intentional misrepresentation or falsification of any information contained						
24	in this Medicaid expenditure report may be punishable by fine and/or imprisonment under Federal law, and that						
25	the expenditure information I have provided to the best of my knowledge and belief is true and correct.						
26							
27							
28	**Superintendent's Signature:** _____						
29	**Superintendent's Name:** Date						
30	**(Financial Director or Financial Officer may sign if they sign Administrative Claims).**						
31	This Cost Report is the property of Virginia's DMAS and cannot be reused or changed without the Department's written consent.						
32							Page 8 of 12
33							

Ex 35
R07-50

	A	B	C	D	E	F	G
1	**IEP Related School Based Services**						
2	**School Division:**		0			**Fiscal Year:**	0
3	**Provider Number:** 0						
4							
5	**Section 5A: Depreciation Schedule**						
6							
7							
8	**Date**	**Quantity**	**Description**	**Useful**	**Allowable**	**Current Year**	**Accumulated**
9	**Acquired**			**Life**	**Cost**	**Depreciation**	**Depreciation**
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26			**TOTAL**			$0	
27							
28							
29	***-- Capital costs must be depreciated if the value is over $5,000 and the estimated useful life is at least 2 years.***						
30	***-- Only the straight line method of depreciation will be accepted.***						
31	***-- Items must be used exclusively for the delivery of health care services.***						
32	***-- For each item listed, a legible copy of the purchase invoice must be included with the cost report.***						
33							
34	This Cost Report is the property of Virginia's DMAS and cannot be reused or changed without the Department's written consent.						
35							
36							Page 9 of 12

IEP Related School Based Services

School Division: 0 **Fiscal Year:** 0

Provider Number: 0

Section 5: Non-Personnel Costs

Enter costs only for materials and supplies (blue highlighted areas). The other information will compile automatically.

	Direct Service Costs	IEP Related Direct Service Costs	Apply Indirect Cost Rate	Subtotal	Allocate Direct Service Cost to Medicaid	Allocate Direct Service Cost to Medicaid Expansion	Allocate Direct Service Cost to FAMIS
		#DIV/0!	0.00%		#DIV/0!	#DIV/0!	#DIV/0!
Materials and Supplies	$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Employee Travel	$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Capital	$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Totals	$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Total **#DIV/0!**

Certification

I hereby certify that I am aware that intentional misrepresentation or falsification of any information contained in this Medicaid expenditure report may be punishable by fine and/or imprisonment under Federal law, and that the expenditure information I have provided to the best of my knowledge and belief is true and correct.

Superintendent's Signature: _____

Superintendent's Name: 0 Date

(Financial Director or Financial Officer may sign if they sign Administrative Claims).

This Cost Report is the property of Virginia's DMAS and cannot be reused or changed without the Department's written consent.

	A	B	C	D	E	F	G	H	I
1	**IDEA Related School Based Services**								
2	**School Division:**			**$** -			**Fiscal Year:**	**0**	
3	**Provider Number:**			**0**					
4							*This information*		
5	**Section 6: Reconciliation**						*will be provided by DMAS or UMASS*		
6		Personnel Costs	Non-Personnel Costs	Total Costs	Federal %	FFP	Interim Payments for the Year	Due School Division (DMAS)	
7									
8	Medicaid	#DIV/0!	#DIV/0!	#DIV/0!	50%	#DIV/0!	$ -	#DIV/0!	
9	Medicaid Expansion	#DIV/0!	#DIV/0!	#DIV/0!	65%	#DIV/0!	$ -	#DIV/0!	
10	FAMIS	#DIV/0!	#DIV/0!	#DIV/0!	65%	#DIV/0!	$ -	#DIV/0!	
11									
12	Totals	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	$ -		
13									
14	This Cost Report is the property of Virginia's DMAS and cannot be reused or changed without the Department's written consent.								
15								Page 11 of 12	
16									
17				***! IMPORTANT !***					
18	ONLY ENTER DATA IN BLUE HIGHLIGHTED CELLS. Non-Highlighted and green highlighted cell contain automatic formulas and are locked from user access.								