

1. SHARS Provider Data

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District Identification

Phone: Fax: 512-424-6500 877-447-2839
Street Address: 1430 Colfax St. , Austin, TX 77840-1234
Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751 [View Information](#)

SHARS Provider Identification

Name: Job Title: Entity Name: Email: Bradley Anderson Title brad.anderson@bradley.org
Phone: Fax: Mailing Address: 999-999-9999 123-456-7890 2001 S. Bradley Drive , Bradley, TX 77840 [View Information](#)

Financial Contact

Name: Job Title: Entity Name: Email: Belle Creech belle.creech@baincare.org
Phone: Fax: Mailing Address: 5122369999 123-456-7890 1430 Colfax St. , McMaster, TX 78704 [View Information](#)

Report Preparer Identification

Name: Job Title: Entity Name: Email: Sharon Beakings Title Name sbeak@lo.us
Phone: Fax: Mailing Address: 409-633-0602 123-456-7890 503 Hill Street , Loan, TX 75904 [View Information](#)

Location of Accounting Records that Support this Report

Primary Physical Address: 1111 West Sixth Street , Austin, TX 12345 [View Information](#)

2. General and Statistical Information

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Code	Edit Audience	Edit Status	Category	Edit	Edit Check/Logic	Explanation	Note
DE223	Data Entry Edit	Flagged	TMHP PCN Count, Total # of Medicaid students with IEPs requiring direct medical services [DE223]	Our records reflect a (+/-)15% variance between the total # of students your district billed on and the total # of Medicaid students with IEP's requiring direct medical services. Please explain.		test	
DE224	Data Entry Edit	Flagged	TMHP One-Way Trip Count, Total number of one-way trip for Medicaid students with IEPs requiring specialized transportation services [DE224]	Our records reflect a (+/-)15% variance between the total # of one-way trips your district billed for and the total # of one-way trips for Medicaid students with IEP's requiring specialized transportation services. Please explain.		test	

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General Provider Information		
00.00.00 9-Digit TPI	262626	If any of these fields is incorrect please contact Fairbanks Client information Center (888) 321-1225 or info@fairbanksllc.com
00.00.01 10-Digit NPI	262626	
00.00.02 CDN	000-000	
00.00.03 Texas county code in which district is located	227 -- TRAVIS COUNTY	
00.00.04 a. Texas county code in which accounting records are located	001 -- ANDERSON COUNTY	
00.00.04 b. Texas county code in which secondary accounting records are located	004 -- ARANSAS COUNTY	
00.00.05 Reporting period - Beginning (mm/dd/yyyy)	10/01/2018	
00.00.05 Reporting period - Ending (mm/dd/yyyy)	09/30/2019	

Unrestricted Indirect Cost Rate	
Note: Cognizant Agency For All Districts is Texas Education Agency (TEA)	
00.00.08 a. Unrestricted Indirect Cost Rate - July 2018 (percentage from TEA)	10.000%
00.00.08 b. Unrestricted Indirect Cost Rate - July 2019 (percentage from TEA)	10.000%
00.00.08 c. Unrestricted Indirect Cost Rate - Average $(((00.00.08a \times 3) + (00.00.08b \times 9))/12)$	10.000%

Direct Medical Services Percentage Derived From Approved Time Study	
00.00.09 Time Study - Activity Percentage for SHARS (Provided by Texas HHSC)	42.3598%

Federal Medical Assistance Percentage (FMAP)	
00.00.09a Federal Medical Assistance Percentage	58.190%

Direct Medical Services Individualized Education Program (IEP) Ratio	
00.00.010 Total # of Medicaid students with IEPs requiring direct medical services	300
00.00.011 Total # of students with IEPs requiring direct medical services	600
00.00.012 IEP ratio (item 00.00.10 divided by item 00.00.11)	50.00%

Intent to Enter Specialized Transportation Expenses?	
Do you intend to report Specialized Transportation Expenses?	Yes

Specialized Transportation Services Individualized Education Program (IEP) Student Count	
00.00.13 a Total number of Medicaid students requiring specialized transportation services	250
00.00.13 b Total number of students requiring specialized transportation services	500
00.00.13 c Percent of Medicaid students requiring specialized services (00:00:13a/00:00:13b)	50.00%
Important: A specially adapted vehicle is one that has been physically modified (e.g. wheelchair lift) and the need for the special adaptation must be documented in the student's IEP	

Specialized Transportation Services One-Way Trip Ratio	
00.00.13 Total number of <u>one-way trips for Medicaid students</u> with IEPs requiring specialized transportation services	2,500
00.00.14 Total number of <u>one-way trips for students</u> with IEPs requiring specialized transportation services	5,000
00.00.15 One-Way Trip Ratio (item 00.0013 divided by item 00.00.14)	50.00%

Allocation of Shared Transportation Costs	
00.00.16 Total # of Specially-Adapted Vehicles	30
00.00.17 Total # of Vehicles	70
00.00.18 Ratio of Specially-Adapted Vehicles to Total Vehicles (item 00.00.16 divided by item 00.00.17)	42.86%

The questions below are being asked in order to facilitate the SHARS Cost Report desk review process.

All districts using the same billing contractor/vendor will be desk reviewed at the same time since each vendor provides similar documentation on behalf of its customer districts. If the desk review process identifies an issue with one district, it is possible that the issue would also be found across all the vendors customer districts.

All members of a cooperative or shared service arrangement (SSA) will be desk reviewed at the same time since they share SHARS staff. The desk review process will check to ensure that not more than 100% of each staffs time and costs have been allocated across the members of the cooperative or SSA.

A. Were the district's SHARS billings for dates of service during the 2019 SHARS Cost Report period (i.e., dates of service covering October 01, 2018 , through September 30, 2019 submitted by its own district employees, a contractor/vendor, or a cooperative/ SSA fiscal agent?"

Direct/Employees

Contractor/Vendor:

Address on file:

Please describe:

B. Was the district a member of a cooperative or shared services arrangement (SSA) for delivery of Special Education health-related services during the 2019 SHARS Cost Report period (i.e, dates of service covering October 01, 2018 , through September 30, 2019)?

Yes

Name of Coop/SSA: GCSSA

3.a. Direct Medical Services Payroll, Benefits and Taxes Costs

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Code	Edit Audience	Edit Status	Category	Edit	Edit Check/Logic	Explanation	Note
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Code	Edit Audience	Edit Status	Category	Edit	Edit Check/Logic	Explanation	Note
DE230_1B	Data Entry Edit	Flagged	Contracted Payments / Contracted hours < minimum hourly rate [DE230_1B]	Audiologist - Contractor Payments are less than minimum hourly rate (\$XX/hour). Please explain.		200	
DE232_1A	Data Entry Edit	Flagged	Employer-paid Medicare/Gross Salaries > 2.0% [DE232_1]	Audiologist - Employer-Paid Medicare exceeds the federal percentage of 2.0%. Please explain.		200	

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Cost Category	Number of Employees (headcount)	Number of Contractors (headcount)	Employee Hours	Contractor Hours	Gross Salaries	Contractor Payments	Employer-Paid Retirement	Employer-Paid FICA	Employer-Paid Medicare	Federal Funding Amount	State Unemployment (Payroll Taxes or Reimbursing Employer Costs)	Federal Unemployment	Worker's Compensation Costs (including Self-Insuranc Costs)
Audiologist	5.00	5.00	10,000.00	10,000.00	250,000.00	250,000.00	50,000.00	8,500.00	10,000.00	2,500.00	200.00	200.00	200.00
Audiology Assistant													
Counselor													
Delegated Nursing													
LVN & LPN													
RN & APN													
Occupational Therapist													
Occupational Therapy Assistant													
Personal Care Services													
Physical Therapist													
Physical Therapy Assistant													
Physician													
Psychologist													
Speech Pathologist													
Speech Pathologist Assistant													
Totals	5.00	5.00	10,000.00	10,000.00	250,000.00	250,000.00	50,000.00	8,500.00	10,000.00	2,500.00	200.00	200.00	200.00

3.b. Direct Medical Services Other Cost Summary Data (Includes Appendix A less than \$5000)

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Cost Category	Direct Medical Travel	Required Continuing Education	Appendix A - Other Direct Medical (less than \$5000)	Other Reductions
Audiology and Hearing	\$ 6,700.00	\$.00	\$.00	\$.00
Counseling Services	\$.00	\$.00	\$ 500.00	\$.00
Nursing Services	\$.00	\$.00	\$.00	\$.00
Occupational Therapy (OT)	\$.00	\$.00	\$.00	\$.00

Cost Category	Direct Medical Travel	Required Continuing Education	Appendix A - Other Direct Medical (less than \$5000)	Other Reductions
Personal Care Services	\$.00	\$.00	\$.00	\$.00
Physical Therapy (PT)	\$.00	\$.00	\$.00	\$.00
Physician Services	\$.00	\$.00	\$.00	\$.00
Psychological Services	\$.00	\$.00	\$.00	\$.00
Speech and Language Services	\$.00	\$.00	\$.00	\$.00

Cost Category	Amount	Federal Funded Amount	Net Amount	Type
Audiology and Hearing	4,000.00	300.00	3,700.00	Direct Medical Travel Description: re
Counseling Services	500.00	.00	500.00	Appendix A - Other Direct Medical (less than \$5000) Description:
Audiology and Hearing	3,200.00	200.00	3,000.00	Direct Medical Travel Description: conference

3.c. Appendix A -- Depreciation of Direct Medical Services Materials and Supplies (\$5000 or over)

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Asset in Service at the end of Period?	Month/Year Placed in Service (mm/yyyy)	Month/Year removed from Service (mm/yyyy)	Cost Category	Type	Years of Useful Life	Historical Costs	Federal Revenue	Amount Net Costs	Prior Period Accumulated Depreciation	Curent Depreciation	Notes
Yes	01/2018		Audiology & Hearing	Audiometer	10	30,000.00	4,500.00	25,500.00		2,550.00	notes
Yes	01/2018		Audiology & Hearing	Audiometer	10	15,000.00	1,250.00	13,750.00		1,375.00	notes
Yes	05/2018		Audiology & Hearing	Audiometer	10	10,000.00	100.00	9,900.00		990.00	Notes

4.a. Transportation Payroll, Benefits and Taxes Costs

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Code	Edit Audience	Edit Status	Category	Edit	Edit Check/Logic	Explanation	Note
DE233_1B	Data Entry Edit	Flagged	Gross Salaries / Employee Hours < Average Hourly rate [DE233_1B]	Driver - (not only specialized trans) - Gross Salaries are lower than average hourly rate (\$XX/hour). Please explain.		k	
DE234_1B	Data Entry Edit	Flagged	Contracted Payments / Contracted hours < minimum hourly rate [DE234_1B]	Driver - (not only specialized trans) - Contractor Payments are less than minimum hourly rate (\$XX/hour). Please explain.		k	
DE235_1A	Data Entry Edit	Flagged	Employer-paid Fica/Gross Salaries > 6.5% [DE235_1]	Driver - (not only specialized trans) - Employer-Paid FICA exceeds the federal percentage of 6.5%. Please explain.		k	
DE236_1A	Data Entry Edit	Flagged	Employer-paid Medicare/Gross Salaries > 2.0% [DE236_1]	Driver - (not only specialized trans) - Employer-Paid Medicare exceeds the federal percentage of 2.0%. Please explain.		k	

Key: Adjusted Flagged Cleared

Cost Category	Number of Employees (headcount)	Number of Contractors (headcount)	Employee Hours	Contractor Hours	Gross Salaries	Contractor Payments	Employer-Paid Retirement	Employer-Paid FICA	Employer-Paid Medicare	Federal Funding Amount	State Unemployment (Payroll Taxes or Reimbursing Employer Costs)	Federal Unemployment	Worker's Compensation Costs (including Self-Insurance Costs)	Ch D ₂ Ca
Driver - (not only specialized trans)	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.0
Mechanic - (not only specialized trans)														
Mechanic Assistant - (not only specialized trans)														
Driver - (only specialized trans)														
Mechanic - (only specialized trans)														
Mechanic Assistant - (only specialized trans)														
Totals	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.0

4.b. Transportation Other Cost Summary Data (Includes Appendix A less than \$5000)

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Cost Category	Required Continuing Education	Private Payments to Parents/Guardians	Other Reductions
Transportation Services (not only Specialized Trans)	\$0	\$0	\$0
Transportation Services (only Specialized Trans)	\$0	\$0	\$0

Cost Category	Amount	Federal Funded Amount	Net Amount	Type
No records found.				

4.c. Worksheet C -- Other Transportation Costs

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Transportation Services (only Specialized Trans)

Cost Type	Gross Costs (A)	Federal Funding Amount (B)	Other Reductions (C)	Total Reductions (B+C)
Contract - Transportation Equipment	.00	.00	0.00	0.00

Cost Type	Gross Costs (A)	Federal Funding Amount (B)	Other Reductions (C)	Total Reductions (B+C)
Contract - Transportation Services	.00	.00	0.00	0.00
Fuel and Oil	5,900.00	.00	0.00	0.00
Insurance	.00	.00	0.00	0.00
Lease / Rental	.00	.00	0.00	0.00
Maintenance and Repairs	.00	.00	0.00	0.00
Major Purchases Under \$5,000	.00	.00	0.00	0.00
Other Detail	0.00	0.00	0.00	0.00
Total	5900.00	0.00	0.00	0.00

Transportation Services (not only Specialized Trans)

Cost Type	Gross Costs (A)	Federal Funding Amount (B)	Other Reductions (C)	Total Reductions (B+C)
Contract - Transportation Equipment	.00	.00	0.00	0.00
Contract - Transportation Services	.00	.00	0.00	0.00
Fuel and Oil	59,000.00	.00	0.00	0.00
Insurance	.00	.00	0.00	0.00
Lease / Rental	.00	.00	0.00	0.00
Maintenance and Repairs	.00	.00	0.00	0.00
Major Purchases Under \$5,000	.00	.00	0.00	0.00
Other Detail	0.00	0.00	0.00	0.00
Total	59000.00	0.00	0.00	0.00

Other Detail

Cost Category	Gross Costs	Federal Funding Amount	Description
No records found.			

Other Reductions

Cost Category	Amount	Cost Type	Description
No records found.			

4.d. Worksheet C -- Other Transportation Costs

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Asset in Service at the end of Period?	Month/Year Placed in Service (mm/yyyy)	Month/Year removed from Service (mm/yyyy)	Type	Years of Useful Life	Historical Costs	Federal Revenue	Amount Net Costs	Prior Period Accumulated Depreciation	Current Depreciation	Notes
Yes	11/2017		Buses	7	100,000.00	2,000.00	98,000.00		14,000.00	notes

5. Preparer Verification Summary

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Direct Medical Services

Cost Category	Employee Salary	Other Costs	Federal Funds and Other Reductions	Net Direct Costs (less reductions & Federal Funds)	Indirect Costs	Net Direct Costs plus Indirect Costs	Application of Direct Medical Percentage	Application of IEP Ratio	Medicaid Allowable Costs
Calculations	(A)	(B)	(C)	(D) A + B - C	(E) D * UICR %	(F) D + E	(G) F * Direct Medical %	(H) G * IEP Ratio	
Audiology & Hearing	\$500,000.00	\$82,615.00	\$2,500.00	\$580,115.00	\$58,011.50	\$638,126.50	\$270,310.39	\$135,155.19	\$135,155.00
Counseling Services	\$0.00	\$500.00	\$0.00	\$500.00	\$50.00	\$550.00	\$232.98	\$116.49	\$116.00
Nursing Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Occupational Therapy (OT)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Personal Care Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Physical Therapy (PT)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Physician Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Psychological Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Speech and Language Services (SLP)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$500,000.00	\$83,115.00	\$2,500.00	\$580,615.00	\$58,061.50	\$638,676.50	\$270,543.37	\$135,271.68	\$135,272.00

Transportation Services

Cost Category	Employee Salary	Other Costs	Federal Funds and Other Reductions	Net Direct Costs (less reductions & Federal Funds)	Indirect Costs	Net Direct Costs plus Indirect Costs	Application of Specifically Adapted Vehicles Percentage	Application of One-Way Trip Ratio	Medicaid Allowable Costs
Calculations	(A)	(B)	(C)	(D) A + B - C	(E) D * UICR %	(F) D + E	(G) F * Specifically Adapted Vehicles Ratio	(H) G * One-Way Trip Ratio	
Transportation Services (only Specialized Trans)	\$0.00	\$19,900.00	\$0.00	\$19,900.00	\$1,990.00	\$21,890.00	\$9,382.05	\$4,691.03	\$4,691.00
Transportation Services (not only Specialized Trans)	\$4.00	\$59,024.00	\$2.00	\$59,026.00	\$5,902.60	\$64,928.60	\$64,928.60	\$32,464.30	\$32,464.00
Total	\$4.00	\$78,924.00	\$2.00	\$78,926.00	\$7,892.60	\$86,818.60	\$74,310.65	\$37,155.33	\$37,155.00

Total SHARS

Cost Category	Employee Salary	Other Costs	Federal Funds and Other Reductions	Net Direct Costs (less reductions & Federal Funds)	Indirect Costs	Net Direct Costs plus Indirect Costs	Application of Direct Medical Percentage/Specially Adapted Vehicles Percentage	Application of IEP Ratio/One-Way Trip Ratio	Medicaid Allowable Costs
Grand Total	\$500,004.00	\$162,039.00	\$2,502.00	\$659,541.00	\$65,954.10	\$725,495.10	\$344,854.02	\$172,427.01	\$172,427.01

Unrestricted Indirect Cost Rate Average for your district is 10.000%

Direct Medical Percentage is 42.36%

IEP Ratio for your district is 50.00%

One-Way Trip Ratio for your district is 50.00%

1 Specially Adapted Vehicle Ratio applied (42.86%)

2 Specially Adapted Vehicle Ratio not applied

true I verify that these numbers are accurate. By clicking 'Verify' your data will be transmitted to HHSC and you will no longer be able to make any further modifications without contacting Fairbanks.

If you wish to return to the SHARS Cost Steps to make edits or corrections, do not click the "Verify" check box. Simply click the "Cancel" button and you will be returned to the CR Steps menu.