

2016-17 Catastrophic Occurrences Funding

*Section 24 of the Arkansas Department of Education Special Education and
Related Services*

This is a Companion to the 2016-17 Catastrophic User Guide available at the following link:

<https://arksped.k12.ar.us/FundingAndFinance/CatastrophicOccurences.html>

Updated December 6, 2016

DEADLINES and DUE DATES

- The Catastrophic Registry will open this year in MySPED on **December 1, 2016.**
- Student information, including projected costs and account codes, for each student **MUST** be entered and saved in the Catastrophic Registry by the end of day **February 6, 2017.** ***Students CANNOT be entered after February 6, 2017.*** Database will close **Feb 6 and reopen February 15.**
- Each student listed in the Catastrophic Occurrences Registry that is submitted for reimbursement **MUST** have final costs (with complete account codes) **entered and saved in the Registry and SUBMITTED by May 1, 2017.** (Final costs may be submitted any time after February 15, 2017. These costs may be revised and saved as often as needed until **May 1, 2017.**) After all has been completed, hit the SUBMIT button before May 1, 2017.

Important Notes

- Superintendent Certification for Catastrophic Claims must be faxed to 501-682-4313 or mailed to SPED Finance by **May 1, 2017**.
- The Superintendent's Certification shows the amount claimed and the date submitted for each Catastrophic Occurrences Student claim. If either the amount or date submitted do not appear on the report, the submission for the Student claim for Catastrophic Occurrences is NOT complete! **The Submit Tab** must be clicked first before it is officially submitted. Check page 1 to see if it says **"Successfully submitted"**. Once the Submit button has been hit, changes cannot be made.
- The IEPs for students may be submitted at any time between February 15, 2017 and **May 1, 2017**.

DEFINITIONS

- Special Education Catastrophic Occurrences: individual cases where special education and related services required by the individualized education program (IEP) of a particular child with a disability are unduly expensive, extraordinary and/or beyond the routine and normal costs associated with special education and related services provided by the local education agency.

Funding

- Amount available for 2016-17 is \$11,000,000
- Reimbursements are determined after all revenue offsets are applied which include:
 - Title VI-B per student average (varies for each district)
 - Medicaid Reimbursement
 - Other funds received (ESY, Third Party Liability , etc.)
- Grants and Data will preload the Title VI-B amount.
- Claims for preschool children must be submitted through the resident school district (Districts/Co-ops with eligible children should contact Grants & Data).

Funding continued...

- Reimbursement of catastrophic claims after offsets:
 - 100% of the first \$15,000
 - 80% of the next \$35,000
 - 50% of the next \$50,000
- Reimbursement for catastrophic claim amounts will be pro-rated if total requests for reimbursement exceed the amount of funds available in the Catastrophic Occurrences fund.

What Constitutes Catastrophic?

Individual cases where costs associated with special education and related services required by an IEP are:

- Unduly expensive
- Extraordinary
- Beyond the normal and routine special education and related services

Points to Remember:

- Submitting a claim does not ensure that the claim will be funded.
- Do not make IEP decisions for the provision of supports and services based on the availability of catastrophic - or any other - funds.
- Complete the catastrophic occurrence registry information found on MySPED to justify request for catastrophic funding and SUBMIT the claim in the system.
- Amount that **MUST** be spent varies by district.

Formula:

Total Allowable Claims minus (-) VI-B average per pupil allocation and other offsets (Medicaid, Third Party Liability, ESY, etc.) must equal (=) or exceed \$15,000 as the minimum expenditure necessary to meet eligibility requirement.

Reminders

- Required Medicaid questions are located at the top of the student main page, as well as, explanations for Medicaid filing.
- The Medicaid questions are to clarify that the district has exhausted all means of monetary support.
- The demographic information and questions must be entered before the February 6 deadline. If you make a mistake in the demographic information you cannot make changes. The student must be deleted and reentered. This cannot be done after the February 6 closure date. **Double check yourself for accuracy.**
- On the main screen, a *Paraprofessional Verification Report* is available for districts to run for checking accuracy.

Eligibility Criteria

Catastrophic

2016-17

ELIGIBILITY CRITERIA FOR CATASTROPHIC OCCURRENCE

- The student must be **currently enrolled** in the district at time of submission.
- A district is deemed eligible to apply for reimbursement for a catastrophic occurrence when the costs associated with an individual student, after offsets from other available revenue sources, equal or exceed \$15,000.
- The costs must be incurred solely as a result of the provision of special education and related services to the individual student. The services **must** be documented in the ***required*** student's IEP pages sent to Grants & Data.

Definitions

- **Private Duty Nurse (PDN)**

Private Duty Nursing services are those medically necessary services which are provided by a Registered Nurse and/or Licensed Practical Nurse under the direction of the recipient's physician. Private Duty Nursing services may be covered for Medicaid eligible ventilator-dependent recipients when determined medically necessary and prescribed by a physician.

Other areas that meet the requirements of PDN are:

- Intravenous Drugs (e.g. chemotherapy, pain relief, or prolonged IV antibiotics);
- Respiratory – Tracheostomy or Oxygen Supplementation;
- Total Care Support for ADLs and close patient monitoring; and
- Hyperalimentation – parenteral or enteral.

- **Personal Care Assistant (PCA)**

Personal care services assist with a child's physical dependency needs. Routines and activities of daily living might include:

- Bathing
- Bladder and bowel requirements
- Dressing and eating
- Personal Hygiene
- Mobility and Ambulation
- Incidental housekeeping, laundry, shopping

The personal care assistant must be trained by a registered nurse in the specific areas needed to meet the needs of the student(s). The IEP should document the specific needs of the student, and PCA should be included in the related services section.

Definitions

- **Paraprofessional**

A *paraprofessional* -- often referred to as an *aide* -- is a special-education staff member who is not licensed to teach, but performs many duties both individually with students and organizationally in the classroom.

- **Teacher**

A Special Ed program code is required for all SPED teachers, function range 1200-1299. Instruction is designed to support for special needs of students with disabilities in need of special education and related services as defined in program standards.

The function code used in APSCN for the SPED teacher claimed, establishes the student: teacher ratio to be used in descriptions and calculations within the Catastrophic claim, *regardless* of the actual number of students in the classroom.

Eligible costs include

(If documented in student IEP pages)

The pro-rata share of:

- Teacher whose primary assignment is the student (See previous slide)
- Paraprofessional whose primary assignment is the student
- Pro-rata share of the required 1:6 paraprofessional
- Speech language pathologist
- Physical therapist
- Occupational therapist
- Private duty nursing services (see definition)
- Personal care assistant (see definition)
- Special Transportation aide
- Special Transportation bus driver

Eligible costs include

(If documented in student's IEP pages)

- Specialized equipment
- The pro-rata share of student specific professional development
- Extended school year services
- Medicaid State Match
- Contracted services to a Special Day School Facility
- Any special education funding source (including Title VI-B)

Eligible Costs include

(If documented in student's IEP pages)

- Personal Care costs can be included if the personal care paraprofessional has received training required for Medicaid billing.
- Paraprofessional or nurse's cost associated with specialized transportation needs of the student can be included if documented on IEP pages.

MEDICAID

- All 3 questions at the top of the student main screen **must** be answered for a claim to be considered.
- If the answer to number 1 and 2 is yes, the para should be trained according to Medicaid guidelines and the district should be attempting to bill Medicaid. This will be a requirement this year. If the para is not trained I need an explanation as to why they have not received the training.

Required Questions



SPECIAL EDUCATION

Support	Monitoring	Finance	Personnel	Students	Exit
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SCREEN: **Catastrophic Occurrence Registry**
LEA: **9999 ADE - Special Education Unit**
MESSAGE:

FISCAL YEAR: 2015/16



First Name *

Last Name *

SSN (Only Last 4 digits of SSN)*

Primary Disability

DOB (mm/dd/yyyy)*

Grade

Only last 4 digits of SSN



Please provide the following information:

1. Does the student qualify for Medicaid Reimbursement?

a. If yes, have you attempted to access Medicaid or Other Third party Insurance?

If no, please provide explanation

Parent Refusal



2. Does the student have a personal Care Assistant?

a. If yes, has the person providing this service received the required training for Medicaid Reimbursement?

If no, please explain if you have started the process

The district RN has provided training



3. Are these services claimed in Instructional, Related and Direct Cost required in the Students's IEP?

Medicaid

- Expenditures coded for Medicaid Match must include the Medicaid offset (*Offset is required unless description indicates that provider receives Medicaid reimbursement and claim does not include a cost for the services*).
- If related services such as PT, OT and Speech are contracted and the district does not bill the Medicaid, indicate under the Related Service Cost tab in comments.
- If the claim indicates that Medicaid has been billed, **an offset must be entered or explanation included in comment section**. There should be an offset when Medicaid was collectable.
- Medicaid offset should be reasonable with the other Medicaid information on the claim.
- Estimate what should be received for the year not just what has been received at the time of submission.

PRO-RATING STAFF

- Time calculation used for paraprofessionals and other staff must match the time written in the IEP.
- Calculation used must be included in the comment section.
- Include in the Comment section, the full salary and the calculation for determining the pro-rata share.

Example: Comment Section

Instructional Costs	Related Service Costs	Direct Service Costs	Offsets	Actual Claim	Print Preview
Instructional Costs:					
Description	Name	*Account Code	Salary (\$)	Benefits (\$)	Purchase Services (\$)
a) Special Education Teacher (Prorating is permissible for 1:6,1:10 and 1:15)	Sped Teacher	100012500142000061110	10808.00	2702.00	
b) Speech Language Pathologist (Prorating the Salary is permissible)	Sped Para	670212500142000061120	5013.00	1254.00	
c) Special Education Para					
d) Other Costs1 (Specify):					
e) Other Costs2 (Specify):					

***Note: 21 digit code that matches APSCN records is required.**

For Student Para, is this a self-contained 1:6 settings

Yes

How many Paras are in the classroom?

2

What is the Student to Para ratio for this student and Para?

1:4

In the comment section below, explain how each amount claimed in a),b),c),d) and e) above was determined. (Record the appropriate letter for each amount and provide the explanation beside that letter.)

a) Special class 1:6 salary \$64,838 x 16.67%=\$10808 Benefits \$16,210 x 16.67%= \$2,702

c) Special Ed. Para to student ratio 1:4. Salary \$20,054/4= \$5,013. Benefits \$5,014/4= \$1,254

PRO-RATING STAFF

- The 21 digit account code must drive the calculation for pro-rating the teacher.
- If the district has self-contained in the resource classroom, this must be explained in the comment section with the pro-rata calculation.
- The 21 digit account code must be a SPED code.

PRO-RATING STAFF EXAMPLE

- Districts can include pro-rata share of self-contained teacher's salary & benefits

- SC 1:6 16.67% X _____ (Sal & Ben) = \$ _____
- SC 1:10 10.00% X _____ (Sal & Ben) = \$ _____
- SC 1:15 6.67% X _____ (Sal & Ben) = \$ _____

Utilize the comment section of Instructional Cost Section of Registry to indicate special class option (1:6, 1:10, or 1:15)* and show the specific calculation (identify as letter a or b or c...).

Example: a) Special Class 1:10; Salary--\$38,000 X .10 = \$3,800; Benefits--\$9,500 X .10 = \$950.

*Based on current year's Cycle 4 report.

Self-Contained in the Resource Classroom may be pro-rated at 6.67% (1:15) and must be stated in the comment section.

Example: Coding/Calculation

Name	Account code	Salary \$	Benefits \$
Mrs. Teacher	1000 <u>1240</u> 0662000061110	7053.00	1763.00
Mrs. Para	2000 <u>1240</u> 0662000061120	4677.20	1169.20

Calculation for **example** above:

A) Teacher

Special Class 1:10. Salary \$70,528 x 10%=\$7,053. Benefits \$17,632 x10%=\$1,763

C) Special Education Para

Special Ed Para to student ratio 1:5. Salary \$23,386/5=\$4677.20
Benefits \$5,846/5=\$1169.20

Regardless of the actual number/count of students in the classroom, the account code ratio is used in the calculation of the teacher.

REMINDERS

- Appropriate 21-digit APSCN/eFinance account codes **MUST** be used for ALL costs (except fringe benefits) included in the claim.
- Funding from Medicaid, Third Party Liability, ESY, etc. **MUST be attempted** .
- Description of services for each expenditure **MUST** be provided
- Description of how costs for each service was determined **MUST** be provided

Example: a) Speech Therapist provides one-to-one services for 20 minute sessions three times each week. Cost determined by multiplying ST hourly rate of \$60 per hour times one hr per wk times 36 wks. The calculation is $\$60 \times 1 \times 36 = \$2,160$.

REMINDERS

- Other offsets include: Medicaid, Third Party Liability, ESY, or other funding sources
- Medicaid Offsets **must** be entered if Medicaid was billed. **Estimates for the remainder of the year should be included.**
- If a contractor bills and collects the Medicaid for services, the district is still responsible for the Medicaid Match.
- Minimum amount that MUST be spent varies by district
- Formula:
 - $\$15,000 + \text{VI-B average per pupil allocation} + \text{other offsets} = \text{minimum expenditure required to meet eligibility}$

Ineligible Costs

Catastrophic

2016-17

Ineligible Costs Include

Ineligible costs may include, but not limited to the costs listed in the following slides.

- basic costs of the classroom, such as the maintenance and operation of the classroom
- basic materials and supplies, such as food, diapers, gloves, wipes, Ensure...
- basic transportation, such as mileage, fuel...
- other routine and normal costs associated with the provision of special education and related services to children with disabilities.
- cafeteria prep time for special diets
- administrative staff such as principal, vice-principal, LEA Supervisor...
- cost of evaluation for determining if a student is eligible for services

Ineligible Costs Include

- The cost of a Residential facility
- Expenditures claimed for entire amount of salaries & benefits of the teacher without indicating in the comment section that the teacher worked full-time to provide services on a one-to-one basis for the student
- Expenditures coded to Fund/Source 2244 or 1244 (ESY) but failed to include the ESY funds received as an offset (*Offset is required*).
- Medicaid offset should be reasonable with the other Medicaid information on the claim.
- Estimate what should be received for the entire year not just what has been received at the time of submission.

Ineligible Costs Include

- Expenditures reported
 - without indicating the 21- digit account codes,
 - with incomplete codes,
 - with incorrect codes,
 - with codes that are not SPED codes
 - without the correct 21-digit account code for each cost (The 21-digit code listed must match APSCN records)
- Expenditures for the entire salary & benefits of paraprofessionals claimed for each student when more than one student was served.
- Expenditures for the entire salary & benefits of paraprofessionals that were included in the instruction section and also being included as a pro-rated share of salaries & benefits for personal care.

Ineligible Costs Include

- Expenditures for Substitute teachers or Sub-Teach
- Expenditure of Adaptive PE, Art, or other specials
- Expenditures for paid Medicaid billing services
- Expenditures for construction, renovation, repair, and ADA access
- Expenditures for training that is not student specific

Common Mistakes

- Failure to include correct social security number for student or failure to record correct name of student.
- Failure to check that the name on the IEP is the same as the student profile.
- Failure to indicate whether the special class was self-contained 1:6; 1:10; 1:15; the number of paraprofessionals in the classroom; or the student to paraprofessional ratio for paraprofessionals and/or services.
- Failure to indicate how the cost claimed was determined.
- Failure to have correct classroom account code.
- Failure to indicate that attempts had been made to obtain Medicaid or Other Third Party Insurance and an explanation in the comment section provided.

Common Mistakes

- Account codes do not match classroom description/calculation
- Using number of students in class for pro-rating teacher, instead of classroom service type specified by account code
- Lack of explanation/calculation in comment boxes
- Did not estimate Medicaid/Medicaid State Match for the entire year
- Supports/services not documented in IEP pages
- Claiming the same para on multiple students without pro-rating the salary
- Superintendent's Certification sent before all claims were completed in the system.

IEP Documentation

Catastrophic

2016-17

What to document in the IEP pages

- All supports and services claimed for catastrophic, must be documented on the IEP pages sent to SPED Finance in order to be considered.
- Please submit the IEP that has been in place for the current year that supports the requested expenditures. (If more than one IEP was used throughout the year, submit both IEPs).
- If ESY is claimed, attach ESY pages to IEP pages

What to document in the IEP

Examples:

- Related services
- Need for specialized equipment
- Need for Assistive Technology including Augmentative Communication Devices
- Need for student-specific, specialized professional development
- Need for specific supports for specialized transportation
- Extra staffing services: personal care, one-to-one paraprofessional etc.
- Need for specialized transportation and transportation para

How to document the IEP

Do specify the amount/times for staffing services provided

- How many personal care minutes/hours
- How many hours for paraprofessional and/or bus aide supervision
- How many minutes of related services

Not required to use brand names in IEP or specific devices

- Districts may document an augmentative communication device without specifying an iPad or Vanguard, etc.
- Districts may document de-escalation and restraint training without specifying PCM, CPI, etc.

IEP-Special Transportation

Districts will need to document specific details about special transportation services in the student profile or another section of the IEP.

- Most IEP teams document the special transportation service on the related services chart.
- Info should be provided in an additional section concerning any specialized transportation needs (eg., staffing or equipment).
- Pro-rate the driver and bus paraprofessional.

Where to Document in the IEP

The following page numbers are to be mailed to SPED Finance. Please be aware that these are the only pages read for a claim.

DO NOT MAIL THE ENTIRE IEP.

- IEP page #100 – Related Services*
- IEP page #101 – Student Profile Summary
- IEP page #102 – Consideration of Special Factors
- IEP pages #200/201 – Mods/Aids/Supports
- ESY page(s) if applicable

***Please note your LEA number on top of IEP page #100 and place the IEPs in ABC order.**

If you are piloting the new “DRAFT” IEP, call Chris Foley to discuss the pages to send.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Name _____ Date of Birth _____ Age _____ Date Developed _____
(M/D/YY) (M/D/YY)

SS# _____ - _____ - _____ Student State ID _____ School/Site _____
(10 Digit)

Duration of Service(s) from _____ to _____
(M/D/Y) (M/D/Y)
 (Excluding summer months and school holidays unless otherwise indicated)

Grade _____ Semester _____ Grade _____ Semester _____

PROPOSED SCHEDULE OF SERVICES

Course/Activity	Gen. Ed	Gen. Ed (Indt)	Sp. Ed (Incl)	Sp. Ed	Course Grade, If Applicable, Determined By			Course/Activity	Gen. Ed	Gen. Ed (Indt)	Sp. Ed (Incl)	Sp. Ed	Course Grade, If Applicable, Determined By			
					Gen. Ed.	Sp. Ed.	Joint						Gen. Ed.	Sp. Ed.	Joint	
Total Amount of Time (weekly): Gen. Ed. _____ Sp. Ed. _____								Total Amount of Time (weekly): Gen. Ed. _____ Sp. Ed. _____								

SCHEDULE OF SPEECH-LANGUAGE PATHOLOGY SERVICES

Semester _____ AND Semester _____
 None Needed SCHEDULE OF RELATED SERVICES None Needed

Related Services	Location	Frequency	Amount	Related Services	Location	Frequency	Amount

I (check one) give deny permission for _____ to bill my private insurance for the above services.
(agency name)

This document contains _____ pages.

STATEMENT OF PARENTAL PARTICIPATION AND CONCERNS

Parent(s) participated via alternative means (describe):

STUDENT PROFILE SUMMARY

I. Include general statements that describe the student's academic and functional needs based on most recent evaluations/assessments (include State or district-wide assessments). Address strengths/needs and changes in functioning since last IEP. Include achievement of annual goals, performance in related service areas, and a description of any significant lack of progress:

II. Describe the strengths and needs of the student in relation to post-secondary goals (based on age-appropriate transition assessments). Consider how the student's disability will affect the student's ability to reach his/her post-secondary goals (what the student will do after high school):

CONSIDERATION OF SPECIAL FACTORS

Is this a child who demonstrates need for any of the following:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Positive behavioral interventions and supports and other strategies to address behavior that impedes his/her learning or that of others?
If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Accommodations for the child's limited English proficiency, including alternative language services and/or instruction in a language other than English?
If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Instruction in Braille and the use of Braille in reading and writing skills and appropriate reading and writing media, in the case of the child who is blind or visually impaired?
If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Special communication consideration? (For a child with disabilities other than hearing impairments)
If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. As a child who is deaf or hard of hearing, language and special communication consideration, direct communication with peers and professional personnel in the student's language and communication mode, consideration of academic level, direct instruction in his/her language and communication mode?
If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Assistive technology devices and services as required for the child to benefit from special education and related services? (The IEP Team determines if AT devices will be used in the home or other settings, in order for the child to receive FAPE.)
If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Additionally:

	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>
7. Can the child follow regular discipline policies?	<input type="checkbox"/>	<input type="checkbox"/>	Attendance policies?	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain _____					

8. Can the child participate in standard administration of statewide and district-wide required assessments? (Not applicable to pre-school)

List accommodations needed (if any) consistent with IEP and test administration guidelines.

Will the child participate in the Arkansas Alternate Assessment Program? Yes No

If yes, provide a statement of why the child cannot participate in regular assessment.

If yes, provide a statement of why the alternate assessment selected is appropriate for the child.

I understand that my child will be assessed on the statewide alternate assessment using alternate achievement standards.

Parent Signature: _____

Will the child participate in course specific alternate assessment?
Specify: _____ Yes No

9. Are there other factors which need consideration? Yes No

If yes, explain _____

INSTRUCTIONAL MODIFICATIONS, SUPPLEMENTAL AIDS, AND SUPPORTS

Modifications are supplementary aids and supports to the regular education program. Only those modifications that are required to ensure the student's participation in the regular education program should be considered.	FREQUENCY CODES C Classwork H Homework T Test A All	TEACHER'S INITIALS																																																									
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INSTRUCTIONAL MODIFICATIONS, SUPPLEMENTAL AIDS, AND SUPPORTS (cont.)

<p>Modifications are supplementary aids and supports to the regular education program. Only those modifications that are required to ensure the student's participation in the regular education program should be considered.</p>	<p align="center">FREQUENCY CODES</p> <p>C Classwork H Homework T Test A All</p>	TEACHER'S INITIALS									
		SUBJECT AREAS									

BEHAVIOR INTERVENTION STRATEGIES: <input type="checkbox"/> None Needed											

ACCESS TO EQUIPMENT/SUPPORTS: <input type="checkbox"/> None Needed											

SUPPORTS FOR PRESCHOOL/SCHOOL PERSONNEL: <input type="checkbox"/> None Needed											

Prior to Submission

Catastrophic

2016-17

Points to Ponder before Submission

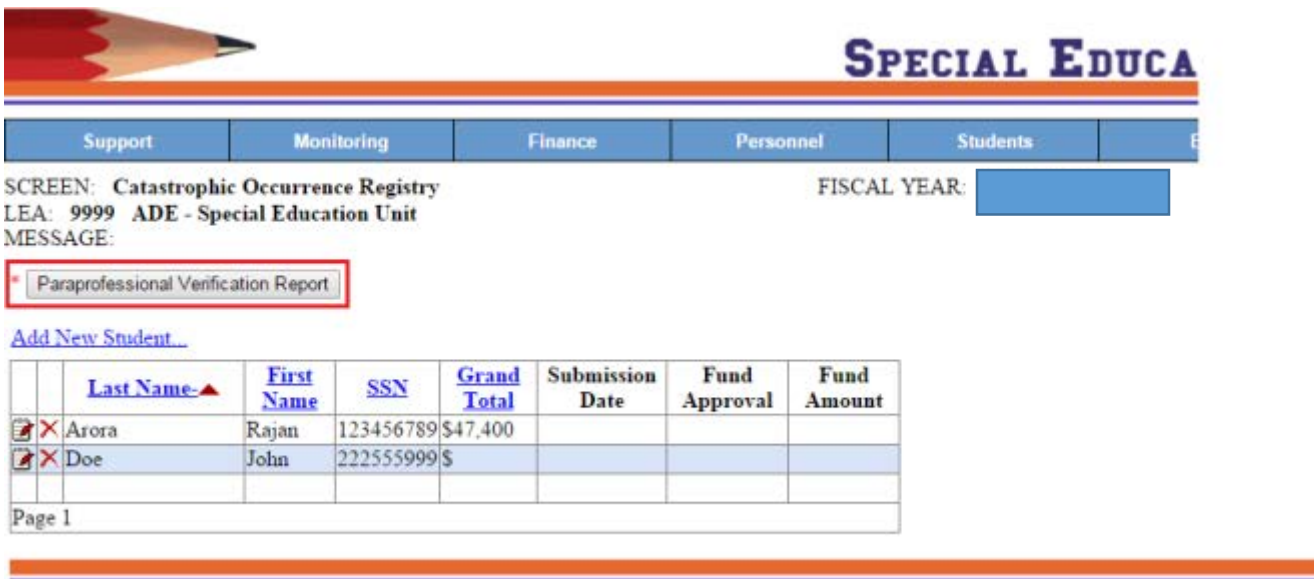
- Ensure the IEP includes services that are provided and included on the child's Catastrophic Registry claim.
- Verify with the business office that the 21-digit APSCN account function code entered in the Registry matches the function code used in APSCN and is the correct function code for the specific class (i.e., 1:6 is function code 1250).
- Identify the method for determining the extraordinary costs for special education and related services.
- Verify the student name and I.D. number entered in the Registry matches the student's name shown on the IEP (no nicknames)

Points to Ponder before Submission

- Confirm attempts have been made to obtain Medicaid, Third Party Liability, ESY, or other funding sources.
- Confirm the training and/or certification of paraprofessionals providing personal care to students, meets the required training for Medicaid Reimbursement.
- Explain under related services if Medicaid State Match is included, but no services are listed (contractor does own billing).
- Put LEA # on each IEP before submitting.
- Place IEPs in alphabetical order

Paraprofessional Verification Report

Districts now have the ability to pull a verification of paras entered for all student claims. This is a valuable tool for checking accuracy before submitting. Located on the main Registry screen.



The screenshot displays the 'SPECIAL EDUCATION' interface. At the top, there is a navigation bar with tabs for 'Support', 'Monitoring', 'Finance', 'Personnel', and 'Students'. Below the navigation bar, the screen title is 'SCREEN: Catastrophic Occurrence Registry' and the LEA is '9999 ADE - Special Education Unit'. A 'MESSAGE:' section contains a button labeled 'Paraprofessional Verification Report', which is highlighted with a red box and pointed to by a blue arrow. Below the message, there is a table with columns for 'Last Name', 'First Name', 'SSN', 'Grand Total', 'Submission Date', 'Fund Approval', and 'Fund Amount'. The table contains two rows of data: one for 'Arora, Rajan' with a total of \$47,400, and one for 'Doe, John' with a total of \$0. The page number 'Page 1' is visible at the bottom left of the table area.

SCREEN: Catastrophic Occurrence Registry
LEA: 9999 ADE - Special Education Unit
MESSAGE:

[Add New Student...](#)

	Last Name-▲	First Name	SSN	Grand Total	Submission Date	Fund Approval	Fund Amount
<input checked="" type="checkbox"/>	Arora	Rajan	123456789	\$47,400			
<input checked="" type="checkbox"/>	Doe	John	222555999	\$			

Page 1

Paraprofessional Verification Report

ADE Special Education Unit

Report Date: [REDACTED]:55:29AM

Paraprofessional Verification Report

Fiscal Year: [REDACTED]

Note: Please verify the paraprofessional information on this report and make corrections in the catastrophic application if needed. Check this report again after making any corrections.

LEA: 9999 - ADE - Special Education Unit

#	Student Name	Paraprofessional Name	Ratio	A/C Code
1	Rajan Arora	Personal Care Related	1:5	2468
2	Rajan Arora	Sped Para 1	1:5	1234
3	Rajan Arora	Sped Para Other 1	1:5	5678
4	Rajan Arora	Sped Para Other 2	1:5	9876
5	John Doe	Para 1	1:8	2222
6	John Doe	Para Other 1	1:8	3333
7	John Doe	Para Other 2	1:8	9999
8	John Doe	PC Related JD	1:8	9988

Report Summary for LEA 9999 [REDACTED]

Distinct count of catastrophic students: 2

Distinct count of paraprofessionals: 8

Important Notes and Deadlines

Catastrophic
2016-17

DEADLINES and DUE DATES

- The Catastrophic Registry will open this year in MySPED on **December 1, 2016.**
- Student information, including projected costs and account codes, for each student **MUST** be entered and saved in the Catastrophic Registry by the end of day **February 6, 2017.** ***Students CANNOT be entered after February 6, 2017.*** Database will close **Feb 6 and reopen February 15.**
- Each student listed in the Catastrophic Occurrences Registry that is submitted for reimbursement **MUST** have final costs (with complete account codes) **entered and saved in the Registry and SUBMITTED by May 1, 2017.** (Final costs may be submitted any time after February 15, 2017. These costs may be revised and saved as often as needed until **May 1, 2017.**) After all has been completed, hit the SUBMIT button before May 1, 2017.

Important Notes

- Superintendent Certification for Catastrophic Claims must be faxed to 501-682-4313 or mailed to SPED Finance by **May 1, 2017**.
- The Superintendent's Certification shows the amount claimed and the date submitted for each Catastrophic Occurrences Student claimed. If either the amount or date submitted do not appear on the report, the submission for the Student claimed for Catastrophic Occurrences is NOT complete! **The Submit Tab** must be clicked first before it is officially submitted. Check page 1 to see if it says "**Successfully submitted**". Once the Submit button has been hit, changes cannot be made.
- The IEPs for students may be submitted at any time between February 15, 2017 and **May 1, 2017**.

MAILING THE IEP

DO NOT e-mail the IEPs.

Districts will need to send designated pages of the IEP for each Eligible Student to the Special Education Unit via regular mail. Please mail the forms to:

**ADE Special Education Unit
Attn: Catastrophic Funding
1401 West Capitol
Victory Building, Suite 450
Little Rock AR 72201**

Contact:

- ❑ Submit questions to Chris Foley or Pepper Wyllia via email:
christina.foley@arkansas.gov or camile.wyllia@arkansas.gov

- ❑ More information is on the Special Education website
<https://arksped.k12.ar.us/FundingAndFinance/CatastrophicOccurences.html>

- ❑ **Mail IEP pages to:**
 - ADE Special Education Unit**
 - Attn: Catastrophic Funding**
 - 1401 W. Capitol**
 - Victory Building, Suite 450**
 - Little Rock, AR 72201**

Assessment Updates-Robin Stripling



Assessment Updates

- Early submission date for the Science Portfolios is February 28. Final date is March 17.
- MSAA window for testing is April 3 – May 12.
- Training must be completed before teachers can administer the test. Training will be available on the MSAA site in mid March.
- During the administration of the MSAA, it is encouraged that the students take breaks. A student does not have to finish a session during one sitting.
- Please consider a break, and then trying again (perhaps on another day) before utilizing the early stopping rule.
- We occasionally need special educators for committee work, so please forward your name to Ann Finch in the Assessment Unit if reviewing test items sounds like something you might be interested in.
 - Ann.Finch@arkansas.gov

New Presentations

- ADE-SEU website
 - Presentations (on the left)
 - Testing Accommodations
 - Accommodations and Modifications