

# 2017-18 Catastrophic Occurrences Funding

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



ARKANSAS  
DEPARTMENT  
OF EDUCATION

This is a Companion to the 2017-18 Catastrophic User Guide available at the following link:

<http://www.arkansased.gov/divisions/learning-services/special-education/funding-finance/catastrophic-occurrences>

Updated December 11, 2017



# Reminder: Private School Survey



The Private School Survey will open Dec. 1, 2017 and must be completed online by December 16, 2017.

The completed survey should be printed after submission and mailed to:

Special Education Private School Survey  
Grants & Data Management  
Arkansas Department of Education  
1401 W. Capitol, Suite 450  
Little Rock, AR 72201



Arkansas Department of Education  
Special Education Unit

## Welcome to the new ARKSPED Portal.

This webpage now only hosts information regarding applications to support Special Education in the state of Arkansas. If you are looking for the main website of the Special Education Unit at the Arkansas Department of Education, click here to go to the new ADE SEU website.





# Reminder: Early Childhood Survey



The Early Childhood Survey will open Dec. 1, 2017 and must be completed online by **March 1, 2018.**

Arkansas Department of Education  
Special Education Unit

Welcome to the new ARKSPED Portal.

This webpage now only hosts information regarding applications to support Special Education in the state of Arkansas. If you are looking for the main website of the Special Education Unit at the Arkansas Department of Education, [click here](#) to go to the new ADE SEU website.

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# Deadlines and Due Dates

- The Catastrophic Registry will open this year in MySPED on **December 1, 2017.**
- 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, 2018.**
  - **Students CANNOT be entered after February 6, 2018.**
  - 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, 2018**
  - 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, 2018.**
    - After all has been completed, **hit the SUBMIT button** before **May 1, 2018.**



# Important Notes

- Superintendent Certification for Catastrophic Claims must be faxed to 501-682-4313 or mailed to SPED Finance by **May 1, 2018**.
- 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.
- Student IEPs may be submitted at any time between February 15, 2018 and **May 1, 2018**.



# 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



# Funding

- Amount available for 2017-18 is \$13,000,000.
- Reimbursements are determined after all revenue offsets are applied which include:
  - Title VI-B per student average (varies for each district)
  - Medicaid Reimbursement- estimate for entire year.
  - 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

- 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.



# Points to Remember

- Submitting a claim does not ensure that the claim will be funded.
- IEP decisions for the provision of supports and services should not be 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.
- Medicaid questions verify 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 check accuracy.



# Eligibility Criteria

Catastrophic

2017-18



# 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 student's IEP pages sent to SPED Finance.



# 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 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
- Hyper alimentation – parenteral or enteral.

## • Personal Care Assistant (PCA)

Personal care services assist with a child's **daily living** 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.**

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 employed 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 special needs of students with disabilities as defined in the Individuals with Disabilities Education Act (IDEA).

\*\*\*\*\*

**The function code used in eFinance 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
- Training of staff
  - must be student specific and included in the IEP
  - only include the pro-rata share for the student



# Eligible Costs Include

(if documented in student's IEP pages)

- Specialized equipment
- Extended school year services (include the offset)
- Medicaid State Match (include the offset)
- Contracted services of a Special Day School Facility
- Any special education funding source (including Title VI-B)
- **Personal Care costs can be included if the personal care paraprofessional has received training required for Medicaid billing**
  - **NEW!** Documentation of personal care assistant training must be submitted with IEP.
- Paraprofessional or nurse's cost associated with specialized transportation needs of the student can be included if documented on IEP pages



# Getting Started

Once you have logged into MySPED Resource with the district password, place the cursor over **Finance**. A drop down menu will display. Place the cursor over **Catastrophic Occurrence Registry** and click **Claim Submission**.



Support	Finance	Personnel	Students	Exit
Welcome, [redacted] SC	Finance >			Source!
Please select the Fiscal Year	Funding & Finance Forms			announcements.
Extended School Year	Residential Placement Registry >			
Deadline for entering/su	Residential Placement - Out of State >			
	Juvenile Detention Centers >			
	Catastrophic Occurrence Registry >		Claim Submission	
	Early Childhood Services		Superintendent Certification	
Modules have re-opened [redacted]				
ycle 7 Referral Tracking, Discipline, and CEIS modules are now available for all LEAs to review.				



# Medicaid

- All questions at the top of the student main screen **must** be answered for a claim to be considered.
- If the student has a personal care para, the para must be trained according to Medicaid guidelines and the district should be attempting to bill Medicaid.
  - **This is a requirement.**
  - The district will be required to submit documentation of the training if the training was provided by someone other than Medicaid in the Schools (MITS) staff.
  - If the para is not trained, an explanation is required as to why the para has not received the training.

# Required Questions



## SPECIAL EDUCATION

Support	Monitoring	Finance	Personnel	Students	Exit
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SCREEN: **Catastrophic Occurrence Registry** FISCAL YEAR: 2017/18  
LEA: 9999 ADE - Special Education Unit  
MESSAGE:

First Name \*

Last Name \*

SSN  (Only Last 4 digits of SSN)\*

Primary Disability \*

DOB \*

Grade \*

**Please provide the following information:**

- Does the student qualify for Medicaid Reimbursement?  
\*
- Does the student have a personal Care Assistant?  
\*
- Are these services claimed in Instructional, Related and Direct Cost required in the Students's IEP?  
\*

Grand Total  
Actual Claim  
Offsets  
Medicaid Reimbursement & Medicaid State Match must be estimated for the remainder of the year. The 21 digit account code must match the description.

Instructional Costs	Related Service Costs	Direct Service Costs	Offsets	Actual Claim	Print Preview
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# Registry

<b>Instructional Costs</b>	Related Service Costs	Direct Service Costs	Offsets	Actual Claim	Print Preview
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**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)					
b) Speech Language Pathologist (Prorating the Salary is permissible)					
c) Special Education Para					
d) Other Costs1 (Specify):					
e) Other Costs2 (Specify):					

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

Is this a special class setting?

How many aides are in the classroom?

What is the Student to Aide ratio for this student and aide?

What percentage of the day does the student spend in the general education setting?

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.)



# 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:

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

b) Special ed. para to student ratio 1:4. Salary \$20,054/4= \$5,013. Benefits \$5014/4= \$1,254



# Pro-rating Staff

- The 21 digit account code must drive the calculation for pro-rating the teacher.
- If a student whose placement is considered self-contained is receiving services in the resource classroom, this must be explained in the comment section with the pro-rata calculation. 
  - Self-Contained in the Resource Classroom may be pro-rated at 6.67% (1:15) and must be stated in the comment section. 
- The 21 digit account code must be a SPED code.



# Example: Pro-rating Staff

- 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  $\$70,528 \times 10\% = \$7,053$ . Benefits  $\$17,632 \times 10\% = \$1,763$

B) 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 must be included.**
- If a contractor bills and collects Medicaid for services, the district is still responsible for the Medicaid Match.
- Minimum amount that **MUST** be spent to qualify for Catastrophic 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  
2017-18



# Ineligible Costs Include, but are Not Limited To

- 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 and 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 special education services



# Ineligible Costs Include, but are Not Limited To

- 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 not included in the ESY funds received as an offset
  - *Offset is required*
- Medicaid offset if not 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, but are Not Limited To

- 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 records in eFinance)
- 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 included as a pro-rated share of salaries & benefits for personal care



# Ineligible Costs Include, but are Not Limited To

- 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 are not student specific and/or not included in the IEP



# 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
- 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

- Failure to check time for the Para across several students
- 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
- Not estimating 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  
2017-18



# What to Document in the IEP

- 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 in place for the current year that supports the requested expenditures.
- If more than one IEP was used throughout the year, submit both IEPs).





# 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
- Extra staffing services: personal care, one-to-one paraprofessional etc.
- Need for specialized transportation and transportation para
- Need for specific supports for specialized transportation



# How to Document in the IEP

Do specify the amount/times for staffing services provided

- personal care minutes/hours
- paraprofessional and/or bus aide supervision minutes/hours
- 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.
  - Information 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 IEP pages are to be mailed to SPED Finance. Please be aware that these are the only pages read for a claim.
  - Page 1-Student Information
  - Present Level of Academic and Functional Performance
  - Consideration of Special Factors
  - ESY Services
  - Schedule of Services
  - Related Services
  - Least Restrictive Environment Considerations
- Please note your LEA number on top of each IEP and place the IEPs in ABC order, according to students' last names.
- Please **do not** send the entire IEP.



# IEP Pages

## Page 1 Student Information

Individualized Education Program (IEP)			ADE SPED REQUIRED FORM AUGUST 2017
Name: <input style="width: 150px;" type="text"/> ID#: <input style="width: 100px;" type="text"/> Date of Birth: <input style="width: 100px;" type="text"/>			
Age: <input style="width: 50px;" type="text"/> Grade: <input style="width: 50px;" type="text"/> School/Site: <input style="width: 150px;" type="text"/>			
Duration of Services: From: <input style="width: 100px;" type="text"/> To: <input style="width: 100px;" type="text"/> <small>(Excluding summer months and school holidays unless otherwise indicated)</small>			
<b>IEP Type: SCHOOL AGE - No Postsecondary Transition</b>			
<b>Purpose of IEP:</b>			
<input type="checkbox"/> Annual <input type="checkbox"/> Temporary <input type="checkbox"/> Initial <input type="checkbox"/> Amended Date: <input style="width: 80px;" type="text"/> Date: <input style="width: 80px;" type="text"/> Date: <input style="width: 80px;" type="text"/> Date: <input style="width: 80px;" type="text"/>			
Most Recent Evaluation Date (Date of most recent EPC or EDR with no testing): <input style="width: 150px;" type="text"/>			
<b>Parent Rights Under IDEA:</b> <small> <a href="https://arksped17.ar.gov/ids_252a_08/">https://arksped17.ar.gov/ids_252a_08/</a>  <a href="https://www.arksped17.ar.gov/ids_252a_08/2019/03/08/2019%20IEP%20RGT%20-%20UNDER%20HLS%2069A.pdf">https://www.arksped17.ar.gov/ids_252a_08/2019/03/08/2019%20IEP%20RGT%20-%20UNDER%20HLS%2069A.pdf</a>  <a href="https://arksped17.ar.gov/ids_252a_08/">https://arksped17.ar.gov/ids_252a_08/</a>  <a href="https://www.arksped17.ar.gov/ids_252a_08/2019/03/08/2019%20IEP%20RGT%20-%20UNDER%20HLS%2069A.pdf">https://www.arksped17.ar.gov/ids_252a_08/2019/03/08/2019%20IEP%20RGT%20-%20UNDER%20HLS%2069A.pdf</a> (Spanish version)         </small>	<b>Parent Rights Provided:</b> <input type="checkbox"/> Personally <input type="checkbox"/> Presented <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail	<b>Parent Method of Participation:</b> <input type="checkbox"/> In Person <input type="checkbox"/> Through alternate means <input type="checkbox"/> Parent did not participate	
<b>Excusal(s):</b> <input type="radio"/> Yes <input type="radio"/> No If yes, Name(s) of Team Member(s) Excused: <input style="width: 150px;" type="text"/>		<b>Translation/Interpretation Needed:</b> <input type="radio"/> Yes <input type="radio"/> No If yes, specify: <input style="width: 150px;" type="text"/>	
Parent Agreement to Excusal: <input type="radio"/> Yes <input type="radio"/> No      Parent Initials: <input style="width: 80px;" type="text"/> Is excused member's area of curriculum being discussed? <input type="radio"/> Yes, written input was provided. <input type="radio"/> No			
<input type="checkbox"/> Parent/guardian input regarding enhancing the education of the child was considered. Parent/guardian input: <input style="width: 250px; height: 20px;" type="text"/>			
Form: IEP Type - SCHOOL AGE - No Postsecondary Transition			

## Present Level of Academic and Functional Performance

Name: <input style="width: 150px;" type="text"/>	
<b>Present Level of Academic Achievement and Functional Performance</b>	
A statement of the child's present levels of academic achievement and functional performance including: <ul style="list-style-type: none"> <li>- Child's strengths and needs (include data used to determine strengths and needs)</li> <li>- Consider the academic, developmental, and functional needs resulting from the child's disability, which may require special education, related services, supplementary aids, supports for personnel, or modifications.</li> <li>- Effect of the child's disability on his/her involvement and progress in the general education curriculum</li> <li>- Achievement of annual goals, performance in related service areas, and a description of any significant lack of progress.</li> </ul>	
Form: IEP Type - SCHOOL AGE - No Postsecondary Transition	



# IEP Pages

## Consideration of Special Factors

Name: \_\_\_\_\_

**Consideration of Special Factors**  
 Check yes or no whether the IEP team considers each special factor to be relevant to this child.  
 For factors checked yes, explain any services and supports that are needed in the IEP.

Language needs as related to the IEP for a child who is an English Learner	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain
Instruction in Braille if the child is blind or visually impaired, unless determined inappropriate based on evaluation	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain
Communication needs, and for the child who is deaf or hard of hearing, the language and communication needs and opportunities for communication and instruction in the child's native language and communication mode	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain
Assistive technology devices and services	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain
Positive behavioral interventions and supports and other strategies to address behavior	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain
Supplementary aids and services, program modifications and accommodations and/or supports for personnel in general education or other education-related settings	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain
Are there other factors that need consideration?	<input type="radio"/> Yes <input type="radio"/> No	If yes, explain

Form: IEP Type - SCHOOL AGE - No Postsecondary Transition

## ESY Services

Name: \_\_\_\_\_

**Extended School Year (ESY):**  
 ESY will be considered at a later date  
 ESY is not necessary  
 ESY is necessary. (Document services below).

Goal	Description of Services	Time/Amount	Frequency	Location	Begin Date	End Date

**Participation in Program Options, Nonacademic, and Extracurricular Activities**  
 The district assures that this child will have an equal opportunity to participate in program options, nonacademic and/or extracurricular activities and services offered by the district.

Form: IEP Type - SCHOOL AGE - No Postsecondary Transition



# IEP Pages

## Schedule of Services

Name: \_\_\_\_\_

Services (Schedule of Services)			
Special Education Services	Time/Amount	Frequency	Setting
<input type="checkbox"/> Co-taught services in _____ <input type="checkbox"/> Indirect Services in _____ <input type="checkbox"/> Direct instruction in _____ <input type="checkbox"/> Speech/Language services in _____ <input type="checkbox"/> Other: _____	Number of _____ Minutes: _____ Hours: _____ Periods: _____ Sessions: _____	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Co-taught services in _____ <input type="checkbox"/> Indirect Services in _____ <input type="checkbox"/> Direct instruction in _____ <input type="checkbox"/> Speech/Language services in _____ <input type="checkbox"/> Other: _____	Number of _____ Minutes: _____ Hours: _____ Periods: _____ Sessions: _____	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Co-taught services in _____ <input type="checkbox"/> Indirect Services in _____ <input type="checkbox"/> Direct instruction in _____ <input type="checkbox"/> Speech/Language services in _____ <input type="checkbox"/> Other: _____	Number of _____ Minutes: _____ Hours: _____ Periods: _____ Sessions: _____	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Co-taught services in _____ <input type="checkbox"/> Indirect Services in _____ <input type="checkbox"/> Direct instruction in _____ <input type="checkbox"/> Speech/Language services in _____ <input type="checkbox"/> Other: _____	Number of _____ Minutes: _____ Hours: _____ Periods: _____ Sessions: _____	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): _____

Form: IEP Type - SCHOOL AGE - No Postsecondary Transition

## Related Services (Services Summary)

Name: \_\_\_\_\_

Services Summary			
Related Services	Time/Amount	Frequency	Setting
<input type="checkbox"/> None Needed Related Services: _____ (Please type if a service is not listed)	Number of _____ Minutes: _____ Hours: _____ Periods: _____ Sessions: _____	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> None Needed Related Services: _____ (Please type if a service is not listed)	Number of _____ Minutes: _____ Hours: _____ Periods: _____ Sessions: _____	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> None Needed Related Services: _____ (Please type if a service is not listed)	Number of _____ Minutes: _____ Hours: _____ Periods: _____ Sessions: _____	<input type="checkbox"/> 1X <input type="checkbox"/> Day <input type="checkbox"/> 2X <input type="checkbox"/> Week <input type="checkbox"/> 3X <input type="checkbox"/> Month <input type="checkbox"/> 4X <input type="checkbox"/> Quarter <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X <input type="checkbox"/> 9X	<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Ed Classroom <input type="checkbox"/> Therapy Room <input type="checkbox"/> Other (specify): _____

Form: IEP Type - SCHOOL AGE - No Postsecondary Transition



# IEP Pages

## Least Restrictive Environment

Name: \_\_\_\_\_

**Least Restrictive Environment Considerations**

**Extent of Participation in General Education**

**For K-12:** The general education environment includes all academic instruction as well as meals, recess, assemblies, field trips, etc. Will this child participate 100% of the time with non-disabled peers in the general education environment?

Yes  
 No

Indicate the reasons why the IEP team determined that provision of services in the general education setting was not appropriate for the child.

- The child's acquisition of academic/developmental skills cannot be addressed through modification/adaptation of the general curriculum.
- Small group instruction is necessary for the child to acquire skills specified in the IEP.
- Behavior intervention strategies established in the child's IEP require a degree of structure that cannot be implemented in a large group setting.
- The child's needs cannot be achieved in the general education environment even when supplemental aides and supports are provided.
- The child's behavior significantly impedes his or her learning and that of others.
- Additional individualized instruction is needed to facilitate learning.
- A more structured environment is needed than can be provided in the general education setting.

Is this placement in the school the child would normally attend if nondisabled?  Yes  No

If no, is the placement as close as possible to the child's home?  Yes  No

If no, explain why the IEP requires other arrangements: \_\_\_\_\_

The continuum of placements for the least restrictive environment (LRE) includes regular classes with indirect service (RG), regular class 80% or more (RC), regular class 40% to 79% (RR), regular class less than 40% (SC), School-based Day Treatment, Special Day School, Residential School, Hospital Program, and Homebound Instruction.

**Continuum of Placement:**

<input type="checkbox"/> Regular Class with indirect Service (RG)	<input type="checkbox"/> Regular Class 80% or more (RC)
<input type="checkbox"/> Regular Class 40% to 79% (RR)	<input type="checkbox"/> Regular Class Less Than 40% (SC)
<input type="checkbox"/> School-based Day Treatment	<input type="checkbox"/> Special Day School
<input type="checkbox"/> Residential School	<input type="checkbox"/> Hospital Program
<input type="checkbox"/> Homebound Instruction	

**Amount of time IN general education setting:** \_\_\_\_\_ % of time per week

Form: IEP Type - SCHOL AG2 - No Postsecondary Transition



# Prior to Submission

Catastrophic  
2017-18



# 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 eFinance account function code entered in the Registry matches the function code used in eFinance 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.
  - Send documentation of training.
- 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 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.

**SPECIAL EDU**

Support   Monitoring   Finance   Personnel   Students

SCREEN: Catastrophic Occurrence Registry      FISCAL YEAR:

LEA: 9999 ADE - Special Education Unit

MESSAGE:

**Paraprofessional Verification Report**

[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] 9:55:29AM

**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	[redacted]	Personal Care Related	1:5	2468
2	[redacted]	Sped Para 1	1:5	1234
3	[redacted]	Sped Para Other 1	1:5	5678
4	[redacted]	Sped Para Other 2	1:5	9876
5	[redacted]	Para 1	1:8	2222
6	[redacted]	Para Other 1	1:8	3333
7	[redacted]	Para Other 2	1:8	9999
8	[redacted]	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  
2017-18



# Deadlines and Due Dates

- The Catastrophic Registry will open in MySPED on **December 1, 2017**.
- 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, 2018**.
  - *Students CANNOT be entered after February 6, 2018.*
  - 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, 2018**.
  - 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, 2018**.
- After all has been completed, **hit the SUBMIT button before May 1, 2018**.



# 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, 2018 and **May 1, 2018**.



# Mailing the IEPs

- 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 Information

Submit questions to Chris Foley or Pepper Wyllia via email:  
[christina.foley@arkansas.gov](mailto:christina.foley@arkansas.gov) or [camile.wyllia@arkansas.gov](mailto:camile.wyllia@arkansas.gov)

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