

West Virginia Department of Education
Office of Special Education
Instructions for Completion of Application
Reimbursement of Expenses from the High Cost /High Acuity Expenditure Fund

The Expenditure Criteria required for 2017-2018 in order to qualify for reimbursement must be equal to or greater than \$33,824.00. (This is prior to reduction of average state aid and eligible Medicaid reimbursement).

Part I: Project Period – Completed.

Part II: General Information - Complete general information as required.

Part III: Certification - Obtain signatures as required.

**For High Cost/High Acuity Students Served In-District – see instructions below:
For Court Ordered Out of State Students – skip to page 5 of these instructions:**

Part IV: STUDENT SPECIFIC REIMBURSEMENT INFORMATION-Page 2: - Complete student specific information for each student receiving special education and related services in the district's public school for whom reimbursement is requested (excluding out-of-state placements by the court system). Provide information using directions and examples that follow:

A. Student Name, DOB, County - Complete a separate application for each student.

B. Eligible Student Expenses-Personnel Costs Incurred - List all county employees who provide special education services to the student for which reimbursement is being claimed.

NOTE: Contractual personnel are listed on page 4 of the application.

1 & 2) List the name, position, eligible FTE percentage, salary and fixed cost amounts incurred for each staff providing special education or related services to the student. **(Use PAI.510-Payroll Check report for the entire school year – July 1, 2017, thru June 30, 2018.)** The total cost is to be entered in the columns provided, and the eligible reimbursement amount will calculate based on the percentage of staff time (i.e. FTE) that has been calculated to be attributable to the provision of services to the specific student. Percentage of FTE must be supported by WVEIS class roster, daily schedule, or other documentation which permits verification of the FTE status claimed. The method of calculation used to determine the FTE eligible amount must be shown on the documentation for ease of verification. See specific information below for additional directions and/or examples on the calculation of FTE status.

Examples of various positions and how specific FTE status may be calculated is as follows: (Class roster data, etc. must be from the school year for which reimbursement is requested.)

Teacher – Use the WVEIS class roster and calculate either by number of students assigned to the teacher or by the number of minutes the student spends with the teacher to the total number of minutes the teacher spends with all students. (Generally, the first option below is used.)

1. Class roster consists of 15 students. The roster used must have been in effect for the 2017-2018 year.
 - $1/15 = .066$
2. The minutes the teacher spends with the high cost student each day/week to the total minutes she/he spends with all students in a day/week. *NOTE: The total hours would include duplicate minutes for each student with the teacher during a particular time period. For example, if the teacher spends 90 minutes with four children of which one includes the high-cost child, the total minutes used in the calculation for that time would equal 360. The remaining 4 hours (240 minutes) of the workday is spent with non-high cost students and the teachers caseload is 15 students (15 X 240=3600). Total minutes attributable to the workday for all students = 3600 + 360 = 3960.*
 - $90/3960 = .023$

Speech Therapist (not contractual) – Use the minutes the therapist is documented to spend with each student as recorded on each individual IEP in his/her caseload each week/month to the total minutes he/she is to spend **with all students** each week/month. (**Do not use the number of assigned students on the caseload to the one high cost student** because the therapist spends different amounts of time with each student. Using only the caseload would not provide a reasonable ratio).

Bus Driver/Aide – For special transportation **ONLY (must be indicated on IEP)**. Use the minutes or miles the high cost child spends/rides on the bus to the total miles/minutes all students are on the bus.

- Minutes the high cost student rides the bus to total minutes all students are on the bus. For example, the high cost student rides the bus 340 minutes per week. There are four other students on the bus and they ride the bus 360 minutes, 320 minutes, 300 minutes and 250 minutes. The ratio to determine what FTE of the driver/aide salary that may be claimed for reimbursement would be the total of all minutes for the 5 students (1570) divided by the minutes the high cost student rides the bus (340). (If desired, this same ratio can be applied to miles each student rides the bus, instead of minutes.)
 - $340/1570 = .22$
- In addition, in this example the bus aide also works as a classroom aide so the proportion of the time she works as bus aide has to be determined before figuring the proportion of the salary that can be claimed for the student in the capacity of bus aide. Total minutes worked per week equals 2250 of which 600 minutes are spent working on the bus ($600/2250 = 26.70\%$ of time is spent as a bus aide).
 - $340/1570 = .22 \times 26.70\% = .059$ of salary attributable to high cost student.

Classroom Aide-Use WVEIS class roster, schedule, or IEP documenting constant adult support daily (see examples of how to calculate listed under teacher above)

For all examples, be sure to include the supporting documentation to include WVEIS class roster, schedules (if appropriate), class times, minutes seen, etc. as required to support the method used to determine the FTE status of the positions claimed.

Salary and Fringe Benefit Expense – Include payroll information for the proper project period (July 1, 2017 - June 30, 2018).

- Only the employee's base pay is to be recorded in the column labeled Regular Salary
- Other fringe benefit categories are to be entered using totals from payroll check report*

Part IV: STUDENT SPECIFIC REIMBURSEMENT INFORMATION-Page 3

- Any extra pay amounts for full-time employees that are directly attributable to the education of the high cost student are to be totaled and listed in the column labeled "Other Pay" on page 2. (If the extra pay amounts are not related to the education of the high cost student, and are therefore not eligible for reimbursement, do not include in the "Other Pay" column.)
 - If included, these amounts must be explained in Section B, page 3 of the application. Explanation should not be "extra pay" but include a reason or description of the pay that justifies the reimbursement specific to the education of the high cost student:
 - ✓ compensation for college hours;
 - ✓ board approved or levy stipend for all employees;
 - ✓ overtime work required for supervision of high cost student; or
 - ✓ extra pay required to provide interpreting services for student during extracurricular activities as required by individualized education program (IEP).

**Fringe benefit amounts should be reduced by large amounts of extra pay that are not claimed for reimbursement because they are not directly attributable to the education of the high cost student. (Example: Proportionate percentage of retirement and social security employer contributions for payment of coaching responsibilities that do not relate to the education of the high cost student).*

Part IV: STUDENT SPECIFIC REIMBURSEMENT INFORMATION-Page 4

B. Eligible Student Expenses – Other Eligible Costs Incurred – This section is for contracted services (OT, PT, O&M, equipment, materials, per mile transportation expense, etc.) or other expenses related to the education of the high cost student as indicated on the IEP.

Use the rows to provide detail and/or describe the service or purchase that is being claimed providing information concerning how the amount was calculated, as applicable. Appropriate documentation must also be attached to the application.

Examples of various services and expenses that may be claimed are as follows:

Contracted Therapist – The number of hours the student received services from the therapist times the hourly rate paid to the service provider. The documentation to substantiate the amount claimed would be the contract for the service to verify the hourly rate of the provider and the invoice from the provider showing the hours billed for the student. List on page 4 of the application in the following format:

Name of Therapist – Type of Therapy – 6 hours @ 80.00 hour = \$480.00.

Assistive Technology Purchase – Provide a copy of the PO or the invoice from the vendor and a copy of the check for the item claimed. The item purchased should be noted as being required on the IEP. Also, this item **must not have been submitted** for reimbursement under the Office of Special Education’s Assistive Technology Application for Reimbursement.

Transportation Expense (For Special Transportation ONLY) –

- **Transportation Reimbursement** – Indicate any payments made to a parent in lieu of transportation as supported by the IEP. Provide copies of documentation: WVEIS attendance report, invoices submitted by parents and copies of checks to support payments or other proof of payment.
- **Transportation Allowance** – Use the spreadsheet generated by the Office Special Education utilizing reports from the Office of School Finance (OSF) for transportation allowance. The per mile rate being used for FY 2018 will exclude “Replacement Value Adjusted to Appropriation: and the “Funding for Add’l Buses” because it is felt that these amounts do not represent funding of day-to-day transportation costs. Please see the table for your rate, which also shows the specific calculation method, used. Use this rate times the number of days the student is present times the miles the student rides the bus. Documentation to support the transportation cost should include documentation of the miles the student rides the bus, documentation of instructional days, and the WVEIS attendance report for the child to determine the number of days the child rode the bus during the project period. List on the appropriate space provided in the application in the following format:

- Transportation Expense-Student rides 35 miles per day (160 instructional days less 10 days absent= 150) 35 x per mile rate of \$1.58 X 150 = \$8,295.00.

Part V. SUPPORTING DOCUMENTATION: For each student for whom reimbursement is requested, in addition to documentation supporting all calculations and expenditures as indicated above, a copy of the student’s **IEP for the 2017-2018 school year must be included.** (If desired, only the pages of the IEP supporting the costs submitted may be submitted.)

Part VI. TOTAL REIMBURSEMENT DUE TO COUNTY:

- Student Name and County: Self- Explanatory.

- Line 1 = Total Expenses Submitted: Self calculating.
- Line 2 = Amount of Medicaid Eligible Reimbursement Due for this student: Enter total amount county will be reimbursed from Medicaid for eligible expenses. **(The county is expected to bill Medicaid for all eligible services; this amount will be verified by OSE for appropriateness based on the student's IEP and paid claim information from Molina. The amount may be adjusted based on review. It is important for districts to submit all billing claims for the year by June.)**
- Line 3 = Average State Aid Per Pupil: This amount will be subtracted from eligible expenses submitted prior to reimbursement to the county.
- Line 4 = Total Expenses Eligible for Reimbursement: Line 1 less Line 2 and/or 3, as applicable based on type of application.
- Line 5 - 7 = The calculation of amount due to County. (If county total requests exceed the amount available, reimbursements will be prorated.)

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For Court-Ordered Out-of-State Students ONLY-

Part V. SUPPORTING DOCUMENTATION:

- Only pages 1 & 6 of the High Cost/High Acuity Reimbursement application should be completed.
- Attach a copy/screen print of WVEIS enrollment screen showing EO code in district requesting reimbursement;
- Copies of the IEPs and the form verifying the district has collaborated with the out-of-state facility in the completion of the IEP are maintained in the Office of Federal Programs. Therefore, **these forms ARE NOT required to be submitted with the application.** However, if additional clarification or documentation is needed, the OSF will contact the district.

Part VI. TOTAL REIMBURSEMENT DUE TO COUNTY:

Calculation completes automatically and all eligible amounts are pre-filled. If total county requests exceed the amount available, reimbursements will be prorated.

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PLEASE NOTE:

Assure the proper pages are completed based on the student for which the application is submitted. See below.

*For students served in the district whose costs meet or exceed \$33,824 (High Cost Students): Complete **pages 1, 2, 3, 4 and 5** of application and attach supporting documentation.*

*For **Court Ordered Out-of-State** Placements: Complete **pages 1 and 6** of application and attach WVEIS screen print that will document enrollment in district with code of EO.*

All applications and documentation must be post-marked and mailed to the following address by August 17, 2018:

Diana Whitlock, Coordinator
West Virginia Department of Education
Office of Special Education
1900 Kanawha Boulevard, East
Building 6, Suite 652
Charleston, WV 25305