

# Completing the Application Process for High Cost and Residential Reintegration Grants for FY 17

Department of Special Education Services and Supports  
Amber McCollum  
Program Manager

# Budget Updates

- Carryover funds will be added to the Consolidated Application after all completion reports have been submitted – generally mid-November
- You will need to submit an amendment for carryover funds, to do this, you must “edit” your original budget
- Proportionate Share – FAQ’s will send file
- FY16 MOE results will be posted January if not sooner
- Cross Functional Monitoring training dates were sent via Email Blast

# MOE Pop Quiz

- There are two MOE standards. Name them.
  - Eligibility and Compliance
- Which standard is required for budget submission?
  - Eligibility
- There are four methods by which you may maintain effort: State and Local Aggregate, State and Local Per Pupil, Local Aggregate, and Local Per Pupil. How many methods must you meet in order to maintain effort?
  - ONE

# MOE Review Activity

- Please read story

# Why Should I be Interested in HCGs?

- Source of revenue
- Offsets your expenditures
- Helps to maintain quality programs for all students

# The Application Process and Preparation of Documentation



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- The Leader's State of Mind
  - Reimbursement process-- for specific expenses in specific lines within your budget (may reimburse IDEA funds or General Fund)
  - Student Identification
    - Determine which students receive services that cost considerably more than others
  - IEP Services listed in the IEP are all that can be reimbursed
    - IEPs need to be detailed and specific about how and what services will be provided
    - IEPs must cover the entire year of reimbursement which is July 1- June 30<sup>th</sup> of 2017
  - Substantiating the expenses on the application
    - **Providing actual invoices**
  - Be systematic in your calculations for one student and across student
    - Carefully consider all the costs you have for the high cost student

# Submission of The Application



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- Location of Application
  - DOE>Special Education>Budgets and Grants>Budgets, Grants and Con Ap>Federal Grant for High Cost Fund>Application for High Cost Funds
  - <http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Special-Education-Services/Pages/Budget-and-Grant-Applications.aspx>
- Number of Applications: Implications
- Submission Electronically
  - Window of acceptance January 1 through March 1
  - ***Detailed submission instructions will be forthcoming***
- Be very specific and detailed
  - Many costs are associated with personnel who work with any number of children at the time: tell us how many
  - Fill in the fund source number that is getting reimbursed-

Page 1  
 Demographics  
 and Summary  
 of Costs

Note: this can be for  
 a brand new student  
 or one that has  
 already participated  
 in the grant—  
 continuation grant

**GRANT FOR HIGH COST FUND**  
 Georgia Department of Education  
 Division for Special Education Services and Supports  
  
 Return the Grant Application and Supporting Documentation to:  
 Georgia Department of Education  
 Division for Special Education Services  
 1870 Twin Towers East  
 Atlanta, GA 30334

  

<b>SYSTEM:</b> Valley School System		<b>School Year:</b> 2013-14	
System Contact: Sally Smart		Phone #: XXX XXX-XXX	
<input checked="" type="checkbox"/> Initial Grant <input type="checkbox"/> Continuation Grant		Email address: ssmart@valley.k12.ga.us	
Student's Name: Harry Doe		Ward of the State Y( ) N(X)	
Date of Birth: 8/1/2000			
Student's Primary Disability: Traumatic Brain Injury (TBI) spell out disability area		Secondary Disability: Speech and Language ( SL)	
Father's/Guardian's/Surrogate's Full Name: John Doe		Mother's/Guardian's/Surrogate's Full Name: Mary Doe	
Home Address:		Home Address:	
123 Main Street (Street)	Anywhere, GA (City)	Same (Street)	(City)
30000 (Zip)	706-333-5555 (Phone)	Same (Zip)	(Phone)
PROVIDE THE SPECIFIC and/or PROPRATED COST BREAKDOWN TO MEET THE UNIQUE NEEDS OF THIS HIGH COST CHILD. Complete the Cost Worksheet Summary included in the grant application to calculate the amounts for the line item cost totals listed below. (Total cost of over \$27,000 should be used as the minimum to be considered in the application.			
1 Special Education Services		\$ 98,020	
2 Related Services		\$ 14,543	
3 Other costs		\$ 6,600	
4 TOTAL COST of Child		\$ 119,163	
5 Minus 3X annual cost		- \$ 27,000	
6 Minus third-party funds (ex. Health insurance, Medicaid) – if none indicate NA		- \$ 2,500	
TOTAL Allowable GHCF (Line 4 minus line 5 and 6)		\$ 89,663	

All invoices for any contractual or other services must be included with the grant application.

Include primary and  
 secondary disabilities—draw  
 directly from the IEP

Enter the amount for each  
 category of expense from  
 page 2 onward, here.

Page 2:  
List of  
services and  
detailed  
descriptions

These categories should help  
to focus your thoughts and  
exploration of costs.

**COST WORKSHEET SUMMARY** Use this worksheet to itemize the totals recorded on page 1 of the GHCF Application. All services calculated for cost must be included in the student's IEP.

Category of Expenditure	Description of Service Provided	Amount
1) Special Ed Services	One to One Special Education Teacher – 5 hours daily w/period of planning (190 days - Full time salary & benefits)	\$56,000
(Ex-Teacher Costs, Materials/Supplies specific to the child)	One to One behavior aide- 6.5 hours daily (Full time salary & benefits for 180 days)	\$22,500
	Assistive technology communication device (list product names - Dynovox)	\$8,000
	Contracted Speech Therapist – 1 hour daily X 180days +2hours for May and June(12 hours) = 192 X \$60/hour	\$11,520
<b>Total</b>	Transfer this amount to Line 1 – Special Ed Services – Page 1	\$98,020
2) Related Services		
(Ex- Transportation, OT, PT	Contracted OT – 1 hour weekly (\$45/hour X 35 weeks) + 6 weeks for May and June	\$1,575 \$ 270
Nursing Services)	Nursing services – temperature monitored twice daily/seizure medication routine and on call for administering emergency procedures for seizures lasting more than 3 minutes (School nurse regular duties for former but due to frequency of seizures assess 10% of salary of \$80,000=1/2 day per week).	\$8000
<b>Total</b>	Transfer this amount to Line 2- Related Services – Page 1	\$14,543
3) Other Costs	Behavior specialist conducting FBA (30 hours)– updates 1 day(8 hours) monthly – coordinates home/school management (Hourly teacher rate is \$50/hour for 7.5 hour day=10 months X 8 hours monthly= 80+30+12 hours for May and June = 122 X \$50).	\$6,100
(Ex-Consultations, Training	Staff and parent training – for implementation of management (10 hours). Above specialist conducts training for parents, teacher, aide, and bus staff within monthly time.	\$500
Costs, Independent Evals)	Purchase of training materials specific for this child.	
<b>Total</b>	Transfer this amount to Line 3 – Other Costs – Page 1	\$6,600
6) Third party funds	System bills Medicaid for OT, Speech and Nursing services	\$2,500
(Ex- Medicaid, Medicaid)		
<b>Total</b>	Transfer this amount to Line 6- Third Party Costs - Page 1	\$2,500

Accurately report the  
cost of services by  
dividing the total by  
number of students  
served at that time  
where appropriate

We will want to see  
detailed reports  
that show that the  
system actually paid  
the expenses  
reported

1. Describe what efforts have been made to help the student be successful prior to the expensive intervention(s)

INITIAL APPLICATION Complete the following information to describe the prior programs, interventions and duration of interventions in which the student has participated.		
DESCRIBE PRIOR SPECIAL ED SERVICES	INTERVENTION (S)	DURATION OF INTERVENTION
Following the head injury the student was served in a hospital homebound model.	Eligibility determination and IEP developed – providing individualized services for 2 hours a day	3 months - Oct 2013 - Jan .2014
Served half day in a special education class with a one to one para/ speech and OT provided. Seizure activity increased and health plan involving nurse was developed.	Small class with individualized instruction and supports provided by one on one para. Bus aide assigned to student during transportation times. Behavior specialist completed FBA and a BIP was developed.	3 months Jan - March 2014
One to One Extended School Year Services	Extended School year services provided one to one in the home – behavioral deterioration and increase in seizures	July 2013 and June 2014

Describe the unique features of the child determined to be "high need." (Include developmental, cognitive, social emotional and medical factors)
<p>The student was served in general education until the Summer of 2012. At that time he sustained a head injury resulting in significant trauma to the brain. As the district worked with the family and established eligibility for the student under the areas of Traumatic Brain Injury and Speech and Language, services were first provided in a hospital homebound service and then a small self contained special education classroom. Once the student was transitioned to a self contained class significant behavioral issues occurred. Even with one on one supports, completion of an FBA and a BIP the behavior s were not successfully managed in the small group setting. Safety of this student, staff and peers became an issue in the classroom and on the school bus. One to one instruction in a separate class provided the environment for a successful implementation of the BIP. The student also experienced an increase in seizure activity requiring nursing services during this time. Due to the severity of the head injury, frequent seizure activity, limited communication, significant aggressive and destructive behavior the student requires a high level of individualized programming aimed at eventual reintegration into a less restrictive setting. The student additionally requires transportation on a separate bus with 5 additional students and an aide in order to be safely transported to and from school.</p>

2. Describe in as much detail as possible why the child should be considered "high need"

The goal of these plans should be to intervene successfully and bring about a reduction in such intensive intervention in the future.

<p><b>Will the plan result in a reduction of services in the future?</b>          If yes, describe the anticipated outcomes for the child as a result of this intensive intervention.          If no, describe the chronic nature of the child's disability.</p> <p>Yes, this plan is designed to support the development of the student's communication, academic and behavioral skill sets required for re-integration into a less restrictive environment. At the April IEP Review the Team will review the rate of progress on the individualized goals and make a recommendation for modifications to the program for the upcoming year. Information from medical providers will be considered to assess the stabilization of the seizure activity. It is expected that the high level of service can be modified in the 2013-2014 school year.</p>
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<p><b>Describe any specialized training to implement the plan for the high cost child?</b>          (Include training for staff, as well as, parents or caregivers)</p> <p>The behavior specialist will play a major role in the data collection and expertise required to development a behavior management protocol to be followed in the school setting, on the bus and at home. Once the IEP Team establishes the protocol/development of the BIP. Teaching staff, SLP, OT, nurse, bus driver, bus aide and parents will receive training. The SLP will work with all school system providers, behavior specialist and parents regarding the communication system and use of assistive technology devise. Additional training as needed resulting from changes in the instructional, communication or behavioral strategies will be provided.</p>
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Again, pulling from the IEP, describe any specialized training that is involved in the high needs plan.

# Supports for Your Applications

- DSESS>Budget page>Federal Grant for High Cost Fund
  - Application
  - Sample Application
  - Q & A
- Transportation calculations
  - Determine daily mileage to and from home
  - If driver salary and monitor salary is figured, divide by the greatest number of students on the bus run at any one time
  - Maximum limit on transportation reimbursement exists

# Applying for a Residential Reintegration Grant

- Who is this intended to assist?
  - Districts having to place a student in a residential facility in state or out of state
  - There is a very rigorous, but appropriate, process involved in placing a student residentially
  - Expenses listed on the application must be supported by invoices for services
  - Breakdown for room and board and for educational services must be present

**GRANT FOR RESIDENTIAL AND REINTEGRATION SERVICES**  
 Georgia Department of Education  
 Division for Special Education Services and Supports

The application submission deadline is March 1<sup>st</sup>.

<b>SYSTEM:</b>		<b>School Year: 201 - 201</b>	
System Contact:		Phone:	
		Email:	
<input type="checkbox"/> Initial		<input type="checkbox"/> Parent Custody	
<input type="checkbox"/> Continuation		<input type="checkbox"/> Ward of the State	
Student's Name:		Date of Birth:	
The Student's Primary Disability:			
Father's/Guardian's/Surrogate's Full Name:		Mother's/Guardian's/Surrogate's Full Name:	
Home Address:			
(Street)		(City/State)	(Zip) (Phone)
Private Residential School Name:		Phone:	
<b>For an out of state school:</b> Submit documentation that school is on the approved list for the state in which it resides.			
Address:			
Contact Person:			
Provide the specific cost breakdown for services provided by the private residential school. Total cost of over \$30,000 should be used as the minimum to be considered in the application. <b>Invoices required.</b>			
Special Education Services	\$	day/month	
Related Services	\$	day/month	
Room and Board	\$	day/month	
<b>TOTAL COST OF RESIDENTIAL PLACEMENT</b>	\$	day/month	
\$ ____/Month X ____Months OR \$ ____/Day X ____Days		\$	
Not actual months or days served for educational program only			
List source and amount of third-party funds (ex. Health insurance, Medicaid) to be utilized or indicate <b>NONE</b> if no third party funds used:			

Application consists of 2 parts:

1. Services provided
2. Justification for the decision to place the student in a residential facility

Review any and all past IEPs and record past interventions in these locations.

Address every box completely to justify IEP team decision to place residentially.

INITIAL APPLICATION Complete the following information for initial residential placement. Describe the programs, intervention, and length of time in which the student participated. (Refer to Instructions for descriptions of categories below)		
PROGRAM SERVICES	INTERVENTION	LENGTH OF PLACEMENT (S)
Public School Programs:		
Regional Programs/ Shared Services:		
State-supported Programs:		
CONTINUATION APPLICATION Complete the following information for continuing residential placement. Describe the programs and length of time in which the student previously participated. Report the date of the student's initial placement into a residential program.		
In State:		
Out of State:		
Date of initial residential placement:		
The student cannot be appropriately served in a: <input type="checkbox"/> school system <input type="checkbox"/> regional program, or <input type="checkbox"/> state-supported program. All three must be checked before a grant for a private residential program will be considered.		
If the residential program is out of state, describe your efforts to find an in state program.		
Describe the specific needs of the student for placement in a private residential program. This must be documented in the placement minutes and/or the IEP.		
List the date(s) the system visited the residential program:		

This application form serves another purpose: to guide IEP teams about what they need to consider BEFORE placing a student residentially.

This discussion  
 should be  
 drawn from the  
 IEP and be  
 detailed and  
 specific

EXTENDED SCHOOL YEAR	
Complete this section if the IEP dates for services exceed nine school months or 180 days.	
1. Describe the need for extended year funding beyond 180 days. Attach a copy of the IEP placement minutes developed to meet the student's extended year needs.	
2. Provide an explanation of how the requested days will meet the identified needs in the private residential school.	

<p align="center"><b>REINTEGRATION PLAN</b>          Required for ALL students:          Plan for transitioning the student into a less restrictive environment.</p>
<p>Date Developed: _____ Review Date(s): _____</p>
<p>1. Describe the plan for moving the student toward a less restrictive, in-community or day program. (Include the involvement of other public and/or private agencies in this transition.)</p>          
<p>2. Describe the specific timeline for this plan.</p>          
<p>3. Describe the plan for assisting the student's parents in the development of the necessary skills for this transition.</p>          

**Note: A reintegration plan is required here and should also be spelled out carefully in the IEP.**

KEY INFORMATION:  
SHARE WITH YOUR  
SUPERVISORS UP FRONT

ASSURANCE STATEMENT GRANT FOR RESIDENTIAL AND REINTEGRATION SERVICES	
IF THIS GRANT APPLICATION IS NOT APPROVED, I UNDERSTAND THAT THE SYSTEM IS RESPONSIBLE FOR ALL THE COSTS FOR SERVICES STATED IN THE STUDENT'S IEP.	
_____ Signature of Superintendent	_____ Date
_____ School System	

# Extra Tips



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- Both grants are a bonus for a district: extra money that's not expected or guaranteed
- Applications take considerable time to prepare; Don't wait till the last minute
- Don't expect reimbursement for the whole amount of the application; numbers of applications and corresponding finances will influence rate of reimbursement
- We will most likely take these items to the March Board meeting for approval; **funds must be used by June 30, 2016**
- LEA's will be notified via the EMAIL BLAST when the board item has been approved

# Extra Tips



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- Documentation of expenses already incurred and to-be incurred must be fully supported by evidence that the expenses have been or will be paid out by the district
- Funds are granted for expenditures you made this year and must be used to reimburse your district in those same categories (or Fund Sources)
- Funds provided for reimbursement through these grants will come in a separate budget all together

# Questions??