ARKANSAS DEPARTMENT OF EDUCATION SPECIAL EDUCATION

CATASTROPHIC OCCURRENCE REGISTRY SYSTEM USER'S GUIDE 2018-19 December 12, 2018



*This is a guide for the MySPED Catastrophic system.

*For information on Catastrophic claims, please refer to the Catastrophic PPT.



BEFORE YOU START

- Special Education Catastrophic Occurrence claims must be registered on the MySPED site by end of day **February 6, 2019**, in order to file for reimbursement on **May 1, 2019**.
- To register, each student must be <u>entered and saved</u> into the Catastrophic Occurrence Registry in MySPED Resource and prescribed IEP pages submitted to:

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

• The final cost must be submitted between February 15, 2019, and May 1, 2019, in order for the student to be considered for reimbursement.



Catastrophic Dates	
December 1, 2018- February 6, 2019	Potentially eligible students must be entered/registered into the ADE SPED MySPED system by entering and saving each student into the Catastrophic Occurrence Registry Application.
February 15, 2019-May 1, 2019	Designated pages (refer to Catastrophic PPT) of student IEPs are to be mailed to: ADE Special Education Unit Attn: Catastrophic Funding 1401 West Capitol, Suite 450 Little Rock, AR 72201
May 1, 2019	Final Cost for each student must be entered and saved in the Catastrophic Registry.
May 1, 2019	Submit completed Superintendent's Certification. Either Fax to 501-682-4313 <u>OR</u> mail original to: ADE Special Education Unit Attn: Catastrophic Funding 1401 West Capitol, Suite 450 Little Rock, AR 72201



REGISTRATION

- Registration is a matter of entering identified students into the **Catastrophic Registry on MySPED** under the Finance Tab.
- Minimal information is required to complete registration.
- The Catastrophic Registry will open **December 1, 2018**.
- Click the **SAVE** button after each student entry for the information to be saved into the system.
- After **February 6**, **2019**, the registry will no longer accept new entries.
- Modification and deletion of students is still allowable after the reopening of the registry **February 15, 2019**.
- Database will close February 6 and reopen February 15, 2019.



- Once a student has been registered in the system, continuous modification of student and financial information is allowed through May 1, 2019.
- Expenses for each student must be collected and accurately submitted into the Catastrophic Registry.
- February 15-May 1, 2019, is the submission period to complete a student reimbursement claim.
- To submit a claim, click the *Actual Claim Tab* and hit the *Submit Claim* button.
- When a claim has been submitted for all qualifying students, print a copy of the main screen, which lists each student submission date for district records.



CATASTROPHIC IDENTIFICATION PROCESS

A student has multiple and complex needs that require special education and related services which are *"unduly expensive, extraordinary or beyond the normal and routine costs"* (associated with special education & related services) A.C.A. 6-20-2303(20).



CATASTROPHIC IDENTIFICATION PROCESS, continued

- Districts should identify their students now and register them on the MySPED site. (Dec. 1, 2018 to Feb 6, 2019)
- Once a student is identified, districts will register and enter year to date cost amounts by item and account code, then SAVE. (Feb 15, 2019 to May 1, 2019)
- Logging into the system will allow additional entries of new costs incurred since prior entries.
 - The Registry application will then accumulate a new year to date total.



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
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	Residential Placement - Out of	State >		
tended School Yea	ar Juvenile Detention Centers	>		
	Catastrophic Occurrence Regis	try 👌 Cla	aim Submission	
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ENTERING STUDENTS

New for 2019

When the main screen for Catastrophic Occurrence Registry is opened, <u>ALL</u> students submitted last year will appear on the screen. Notice the title over each column. This screen allows addition of new students and the ability to delete or edit existing students in the registry. Click on **Add New Student** to enter a new student record.

The student's Last Name, First Name, last 4 digits of the SSN, Grand Total and the Submission Date (date that the student record was submitted for reimbursement) are displayed.

Once all eligible students have been submitted, this screen should be printed as documentation for completion of the reimbursement claim process.

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Paraprofessional Verification Report Student Details Report Add Student Add Student								registry has been edited or added, the		
		Last	<u>First</u>	SSN	Grand	Submission	Fund	Fund	Review	review status
2)	× 1	<u>Name-</u> ▲ Γest	Name Test	1234	Total	Date	Approval	Amount	Status Pending	will change to
	-	Fest III	Test	4545					NEW	New or
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Finance

Personnel

Students

Exit

Support

Monitoring



ENTERING INFORMATION

- Student information from the previous year will appear in the registry.
- For new students, enter the student's Last Name, First Name, SSN (last 4 digits), Primary Disability, Date of Birth, and Grade.
- The *Grand Total of Cost* and *Actual Claim* are automatically calculated on the main student record screen.
- Total Offsets for the student are entered after submission by the system.
- The *Grand Total* is a summarization of cost entries from the *Instructional, Related and Direct Cost screens.*
- The Actual Claim is the Grand Total minus Total Offsets.
- The Actual Claim is the amount that will be considered in the reimbursement process.
- Edit the list for corrections and delete any students who will not be claimed this year.



REQUIRED QUESTIONS

- All questions at the top of the student main screen <u>must</u> be answered for a claim to be considered.
- If the student has a personal care assistant (PCA), the PCA 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.
- If the PCA is not trained, an explanation is required as to why the PCA has not received the training.



REQUIRED QUESTIONS, continued

	>		Si	ECIAL E	DUCATION	
Support	Monitoring	Finance	Personnel	Students	Exit	
SCREEN: Catastroph LEA: 9999 ADE - Si MESSAGE: First Name Last Name SSN Primary Disability DOB Grade	ic Occurrence Registry PECIAL EDUCATION U Test 1234 Autism 01/01/2000 (mm 11th Grade	* * (Only Last 4 d	ligits of SSN)*		FISCAL YEAR: 2018/19 This information will roll over from last yea Grade will roll up to next grade.	ar.
Select- ✓* Does the student hat Select- ✓* Are these services cl Select- ✓*	wing information: hlify for Medicaid Reimbur re a personal Care Assistan aimed in Instructional, Rel the day does the student sp	t? ated and Direct Cost 1		EP?	These answers can be updated until Feb 6.	
Grand Total Actual Claim Offsets Medicaid Reimbursemer description.	\$ as of 11/27/201 \$0 as of 11/27/20 (\$0) at & Medicaid State Match		r the remainder of the year	. The 21 digit account	nt code must match the	



COSTS

• <u>NEW</u>: The cost section will not open until February 15.

• Six tabs are shown

- Instructional Costs
- Related Service Costs
- Direct Service Costs
- Offsets
- Actual Claim
- Print Preview
- Click on each tab to enter information.



TAB 1: INSTRUCTIONAL COSTS

a) Special Education Teacher Image: Constraint of the state of	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 c) Other Costs1 (Specify): c) Other Costs2 (Specify)	Instructional Costs: Description	Name	*Account Code	Salary (\$)	Benefits (\$)	Purchas Services (
Prorating the Salary is permissible) Prorating the Salary is permissible) Special Education Para Other Costs1 (Specify): Other Costs2 (Specify): Note: 21 digit code that matches APSCN records is required. This a special class setting? Note: 21 digit code that matches APSCN records is required. This a special class setting? Note: 21 digit code that matches APSCN records is required. This a special class setting? Note: 21 digit code that matches APSCN records is required. This a special class setting? Note: 21 digit code that matches APSCN records is required. This a special class setting? The comment section below, explain how each amount claimed in a),b),c),d) and e) above was determined. (Record the	Prorating the Salary is permissible) Prorating the Salary is permissible) Special Education Para Other Costs1 (Specify): Other Costs2 (Specify): Note: 21 digit code that matches APSCN records is required. This a special class setting? Note: 21 digit code that matches APSCN records is required. This a special class setting? Note: 21 digit code that matches APSCN records is required. This a special class setting? Note: 21 digit code that matches APSCN records is required. This a special class setting? Note: 21 digit code that matches APSCN records is required. This a special class setting? The comment section below, explain how each amount claimed in a),b),c),d) and e) above was determined. (Record the	a) Special Education Teacher (Prorating is permissible for 1:6,1:10 and 1:15)					
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	propriate letter for each amount and provide the explanation beside that letter.)	That is the Student to Para ratio for this stude	ach amount claimed in a)		vas determined.	(Record the	
			e the explanation beside t	nat letter.)			
			e the explanation beside t	nat letter.)			

Save

Exit



INSTRUCTIONAL COSTS, continued

When the Instructional Costs tab is chosen, three types of Instructional Costs are listed:

- a) Special Education Teacher
- b) Speech Language Pathologist
- c) Special Education Para How many paras are in the classroom? Student Para Ratio? Is para support included in the student IEP?
- d) Other
- e) Other

Answer the questions and complete the comment box with a **thorough** explanation of claims for each cost. (See examples on previous page)



INSTRUCTIONAL COSTS, continued

For each type of Instructional Cost, enter the name of the person providing the service and the 21 digit account code.

Example: 1000-1240-001-200-00-61110

Fund Source of Fund: 1000 or 2000

- Function Code: 1240
- Location Code: 001
- Program Code: 200
- Subject Code: 00
- Object Code: 61110
- To enter Salary and Benefits use salary account code (21 digits).
- Double check to ensure the account function code matches the description/calculation in the claim.
- Purchase service is only used for contract services. (Do Not use for salaried employees).





nstructional Costs Related Service Co	sts Direct Service Costs (Offsets Actual Claim	Print Preview]
				÷
Related Service Costs:				
Description	Name, Provider, Item, etc.	*Account Code	St	tudent Cost (\$)
a) Speech Language Pathologist	Speech Path Related	11111111111111111111	133	1000.00
b) Physical Therapist	PT Related	222222222222222222222222222222222222222	244	1500.00
c) Occupational Therapist	OT Related	3333333333333333333333	355	2500.00
d) Private Duty Nursing Services	Nursing Related	444444444444444444444444444444444444444	666	1500.00
e) Personal Care Assistant	Personal Care Related	55552468555555555	577	1000.00
f) Educational Interpreter	El Related	6666666666666666666	688	1500.00
g) Mental Health Services	Mental Related	777777777777777777777777777777777777777	799	1600.00
h) Assistive Technology Services	AT Related	888888888888888888888888888888888888888	800	2500.00
i) Transportation Para	Transportation Para Rela	99995432999999999	912	1600.00
j) Medicaid State Match	Medicaid Match	000000000000000000000000000000000000000	0000	1500.00
k) Others (Specify)	Other Related	11111111111111111111	122	0
	Total			16,200

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

n the comment section below, explain how amount claimed in a),b),c),d),e),f),g),h),i),j) and k) above was determined. (Record the appropriate letter for each amou etter.) Include number of paras in the classroom, pupil-teacher (para) ratio, student-driver ratio, etc.

Related	Comments	

Exit

Save	



RELATED SERVICE COSTS, continued

There are 11 types of Related Service Costs listed:

- a) Speech Therapy
- b) Physical Therapy
- c) Occupational Therapy
- d) Private Duty Nurse
 - Have you accessed Medicaid for this service?
- e) Personal Care Assistance
 - Have you accessed Medicaid for this service?
- f) Educational Interpreter



RELATED SERVICE COSTS, continued

There are 11 types of Related Service Costs listed:

- g) Mental Health Services
- h) Assistive Technology Services
- i) Transportation Para
 - How was the cost calculated? How many students are being transported?
- j) Medicaid State Match
- k) Other
 - Added for any additional Related Service Costs

Complete the comment box for each area being filed.



RELATED SERVICE COSTS, continued

For each type of Related Service Cost, enter the name of the person providing the service and the 21 digit account code and the student cost.

Example: 1000-1240-001-200-00-6____

- Fund Source of Fund: 1000
- Function Code: 1240
- Location Code: 001
- Program Code: 200
- Subject Code: 00
- Object Code: 6____

The *Related Service total* is automatically calculated when the *Student Cost* is entered.



TAB 3: DIRECT SERVICE COSTS

tional Costs	I. Deleted Convise Cost	ts Direct Service Costs	Offecte	Actual Claim	Print Previe	
	Related Service Cost	S Direct Service Costs	Offsets	Actual Claim	Print Previe	w
Direct Service	Costs:					
	cription	Name, Provider, Item, etc.	. */	Account Cod	le	Sti
a) Durable Me	dical Equipment					_
b) Assistive Te	echnology Devices					-
c) Alternative	Communication		1			_
d) Training			1			_
e) Others1 (Sp	ecify):					-
f) Others2 (Sp	ecify):					_
		Tota	al			
*Note: 21 digi	t code that matche	es APSCN records is req	quired.			
-		plain how each amount	-	d in a),b),c).	. d) Only is	
	\bigcirc					
	*					_
ave Exit	1					



DIRECT SERVICE COSTS, continued

There are four main types of Direct Service Costs:

- a) Durable Medical Equipment/Supplies
- b) Assistive Technology Devices
- c) Alternative Communication
- d) Training
 - must be specific to the student or pro-rated
- e) Other Direct Services
 - added for any additional Direct Costs
- f) Other Direct Services



DIRECT SERVICE COSTS, continued

- Under each type of Direct Service, enter the name of the service provider, the 21 digit account code and the student cost.
- The Direct Service total is automatically calculated when Student Cost is entered.

Example: 2000-1240-001-200-00-6____

- Fund Source of Fund: 2000
- Function Code: 1240
- Location Code: 001
- Program Code: 200
- Subject Code: 00
- Object Code: 6____
- The Direct Service total is automatically calculated when the Student Cost is entered.

• Again, complete the comment box to explain what service(s) were provided.



TAB 4: OFFSETS

Instructional Costs	Related Service Costs	Direct Service Costs	Offsets Actual C	laim Print Preview					
Offsets: Medicaid Clai	m \$0								
Third Party	\$ 0								
Title VI-B	\$ 0		*						
Others (Please	Specify)								
Description	Amour	nt							
	\$ 0								
	\$ 0								
	\$ 0								
**Note: Title IV	**Note: Title IV-B offset amount will be pre-loaded by Grants & Data Management. ESY revenue must be included as an offset.								
Save Exit									
	1								



OFFSETS, continued

- Click on the Offsets Tab. Key in the *Medicaid Claim, Third Party Liability* and the three extra spaces to list additional types of offsets (i.e. ESY) and amounts (if needed).
- The *Title VI-B* contribution amounts for the student will be calculated by Special Ed Finance and will be entered for each student after submitted.
- User will not be able to make any entries or changes to the VI-B field.
- The offsets will be deducted from the total cost to derive at the actual expenses for the student.



TAB 5: ACTUAL CLAIM

Instructional Costs Related Service Costs Direct Service Costs Offsets Actual Claim Print Preview							
Instructional Costs Related Service Costs Direct Service Costs	\$31,200 \$16,200 \$0						
Grand Total	\$47,400						
Offsets	(\$0)						
Actual Claim	\$47,400						
The School District Superintendent certifies that this Special Education Catastrophic Occurrence claim is submitted as defined by Arkansas Code Annotated 6-20-2303 (20). The superintendent also certifies that the student data from which this report is generated are accurate and that the ADE - Special Education Unit is responsible for educating each student for whom reimbursement is requested.							
Save Exit							



ACTUAL CLAIM, continued

- Click on the Actual Claim tab to view All Costs, the Grand Total, Total Offsets, and the Actual Claim Total.
- The Actual Claim Total must be at least \$15,000 to be considered for catastrophic reimbursement and to submit a claim.
- The *Submit Claim* button will only be available between **February 15**, **2019**, and May 1, 2019.
- A claim must be submitted on each qualifying student in order to be considered for reimbursement.
- Please print a copy of the main screen for district records.



TAB 6: PRINT PREVIEW

- Print Preview will allow the user to scroll through all 5 tabs of the claim.
- Editing information is not allowable in the Print Preview window.



CATASTROPHIC REGISTRY SCREEN

- Use the initial main screen to verify that all students are entered, that claim totals are accurate and <u>submission dates are displaying</u> for all students.
- The Actual Claim (after offsets) for a student must be at least \$15,000 to be considered for catastrophic reimbursement.
- Note: If Grand Total is \$0, district did not SAVE the claim information.
 - On May 1, 2019, if the Grand Total is \$0, the information was not submitted.



PARAPROFESSIONAL VERIFICATION REPORT

Districts can now pull a Paraprofessional Verification Report on the main screen to check for accuracy before submission. This is a compiled report including all students entered.

	SPECIAL EDUCATION											
Support		Monitoring	Fi	nance	Pers	onnel	Students	Exit				
SCREEN: Catastr LEA: 9999 ADE MESSAGE:						FISCAL	YEAR: 2018/19 ~					
Catastrophic of Add Student II Demographics Catastrophic of Catastrophic of All the costs r Submit Claim Catastrophic of Catastrophic of Catastrophi	ink is avai s data is av closes on F opens back elated data feature is closes on N s locked fr	lable from Dec ailable for edi- eb 6th with rea- on Feb 15th fo a is available from Aay 1st with re- rom Jul 15th to	: 1st to Feb 6th ting from Dec 1 ad ability; editir or claim submis or editing from 1 Feb 15th to Ma ad ability; editi	st to Feb 6th o ng any data is ssions Feb 15th to M ay 1st only ng any data is	not allowed ay 1st only not allowed							
Last	First e	SN Grand	Submission	Fund	Fund	Review]					
	Name -	<u>1 otai</u>	Date	Approval	Amount	Status						
		234 \$ 308				Complete Pending	-					
Page 1]					



SUPERINTENDENT'S CERTIFICATION REPORT

- Print the Superintendent's Certification Report after all submissions are complete.
- Print and Fax a signed copy of the Superintendent's Certification to:

Special Education Finance Fax: 501-682-4313

<u>OR</u>

• Mail the original to:

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

- Only one copy is required to be submitted to Special Ed Finance.
- Keep a copy on file for your records.



Superintendent's Certifcation Report for Catastrophic Reimbursement

 Fiscal Year:

 LEA :

 Record #
 First Name
 Last Name
 Grand Total
 Submission Date

 1
 1

I certify that the student data from which this report is generated are accurate, that my district is responsible for educating each student for whom reimbursement is requested, and that district funds have been expended in the amount and manner (including the account codes) shown on each students claim form.

Superintendent's Signature

Date

Note: Fax signed certification form to (501) 682-4313 attn: Grants and Data Management



Important Filing Information

Saving and Editing Information

- Click on SAVE at the bottom of each screen once the information is entered.
- To go back to a student record that has previously been entered, click on EXIT at the bottom of the screen.
- Select the EDIT button beside the student name.
- Once changes have been completed, be sure to SAVE the student record.

Deleting Information

- To DELETE information within a student record, DELETE the current text and type new information.
- If new information is not needed, leave text boxes blank and key in the number zero (0) for boxes that require a numerical value.
- To delete an entire student record, go to Add New Student screen, and click on X next to the student's name to delete.
- Once DELETE X is pressed, the record is completely erased.



Important Filing Information, continued

Print Preview

- Click on the Print Preview tab to view all information that has been entered for the student.
 - Print Preview shows all screens on one page.
- Print this screen when information has been saved and keep for district records.
- CAUTION: editing is not allowable in PRINT PREVIEW.

Exiting

- To EXIT the Catastrophic Occurrences/Registry application, click EXIT at the bottom of any screen.
 - Be sure to SAVE before Exiting.



CONTACT INFORMATION

Catastrophic questions should be submitted by email to:

• Chris Foley <u>christina.foley@arkansas.gov</u>

When sending emails to Special Ed finance staff, please include the name of your school and the LEA number.