



# **Keeping the Promise Initiative High Cost Special Education Categorical Aid Program**

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# Agenda

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- Introduction
- High Cost Categorical Aid Program information and Claim Form (PI-1570).
- Contact information will be shared at the end of this program.



# High Cost Special Education Categorical Aid Program

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- This program is intended to assist eligible applicants with meeting the needs of high cost special education students
  - \$3,500,000 appropriation
  - Stemmed from the data produced from the DPI funded “Keeping the Promise” initiative



# Eligible Applicants include:

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- School Districts
- Cooperative Educational Service Agencies (CESAs)
- County Children with Disabilities Education Boards (CCDEBs)
- Charter Schools – authorized under ss. 118.40(2R) Wis. Stats.



# Categorical Aid Calculation

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- Aid based on prior year expenses. For example (2008-2009 data reported and aid paid in 2009-2010). Keep in mind, payments are always calculated on the prior school year's cost.
- Expenses are calculated on a per student basis and include costs directly related to educating a student with high cost special education needs.
- Expenses that will not be calculated include indirect cost, administrative, or leadership costs.



# Categorical Aid Calculation

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- The District of Attendance should complete the claim form
  - District of Residence (if different) should certify any direct paid expenses to the district of attendance to be included on the claim form (ex: transportation, tuition, and bus aide expenses).
  - District of Attendance should transit the appropriate aid to the District of Residence upon receipt.



# Categorical Aid Calculation

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- For salary/benefits claimed provide:
  - Staff's Full Name
  - Staff's Social Security Number
  - Staff's FTE associated with the student (not to exceed 1.0 regardless of the number of students served). The most common errors on claim form occur with FTEs. Refer to the Q&A for FTE details.
  - Staff's special education position



1. School Providing Services: Milwaukee		2. Bill Code: 2007	
3. LEA Contact Person:		4. District Number:	
5. LEA Address:		6. District Address:	
7. Name of Student:		8. Student's Birthdate:	
9. Was this cost calculated below for this student billed to another LEA?		10. "Yes", identify Name & Code of LEA billed:	
11. Student's Primary Disability:			
12. Student's Calculation for Serving This Student:			
Special Education Program/Assignment (Identify & Function) Please select from drop down menu		Special Education Staff/Person or Other Cost Item Please select from drop down menu	
		Source	
		Staff Social Security Number	
		Special Education Position (ITE or regular from L.O.)	
		Education Position (OT, PT, Aide, etc.)	
		Project "011" District Funded State Allocable Cost	
		Project "010" District Funded Non-Allocable Cost	
		"015, 017, 018, 019" District & Other LEA Grant Funded Cost	
		Project "011" District Funded State Allocable Cost	
		Project "010" District Funded Non-Allocable Cost	
		"015, 017, 018, 019" District & Other LEA Grant Funded Cost	
		Total Grant Cost	
		Estimated State Special Ed Cap Grant cal Aid Deduct at 10.00000000%	
		Total Net Cost After	
		Refund	
		Estimated Cap Grant cal Aid Deduct	
		at Project "011" District Funded State Allocable Cost	
		Estimated Cap Grant cal Aid Deduct for this student	
13. LEA-Operated Special Education Program Costs (Identify and Describe):		Total Grant Cost: \$0.00	
a. 00000-Adm		100-11-0001	
b. 00000-OT		100-11-0001	
c. 00000-Other		100-11-0001	
d. 00000-Other		100-11-0001	
e. 00000-Other		100-11-0001	
f. 00000-Other		100-11-0001	
g. 00000-Other		100-11-0001	
h. 00000-Other		100-11-0001	
i. 00000-Other		100-11-0001	
j. 00000-Other		100-11-0001	
k. 00000-Other		100-11-0001	
l. 00000-Other		100-11-0001	
m. 00000-Other		100-11-0001	
n. 00000-Other		100-11-0001	
o. 00000-Other		100-11-0001	
p. 00000-Other		100-11-0001	
q. 00000-Other		100-11-0001	
r. 00000-Other		100-11-0001	
s. 00000-Other		100-11-0001	
t. 00000-Other		100-11-0001	
u. 00000-Other		100-11-0001	
v. 00000-Other		100-11-0001	
w. 00000-Other		100-11-0001	
x. 00000-Other		100-11-0001	
y. 00000-Other		100-11-0001	
z. 00000-Other		100-11-0001	
aa. 00000-Other		100-11-0001	
ab. 00000-Other		100-11-0001	
ac. 00000-Other		100-11-0001	
ad. 00000-Other		100-11-0001	
ae. 00000-Other		100-11-0001	
af. 00000-Other		100-11-0001	
ag. 00000-Other		100-11-0001	
ah. 00000-Other		100-11-0001	
ai. 00000-Other		100-11-0001	
aj. 00000-Other		100-11-0001	
ak. 00000-Other		100-11-0001	
al. 00000-Other		100-11-0001	
am. 00000-Other		100-11-0001	
an. 00000-Other		100-11-0001	
ao. 00000-Other		100-11-0001	
ap. 00000-Other		100-11-0001	
aq. 00000-Other		100-11-0001	
ar. 00000-Other		100-11-0001	
as. 00000-Other		100-11-0001	
at. 00000-Other		100-11-0001	
au. 00000-Other		100-11-0001	
av. 00000-Other		100-11-0001	
aw. 00000-Other		100-11-0001	
ax. 00000-Other		100-11-0001	
ay. 00000-Other		100-11-0001	
az. 00000-Other		100-11-0001	
ba. 00000-Other		100-11-0001	
bb. 00000-Other		100-11-0001	
bc. 00000-Other		100-11-0001	
bd. 00000-Other		100-11-0001	
be. 00000-Other		100-11-0001	
bf. 00000-Other		100-11-0001	
bg. 00000-Other		100-11-0001	
bh. 00000-Other		100-11-0001	
bi. 00000-Other		100-11-0001	
bj. 00000-Other		100-11-0001	
bk. 00000-Other		100-11-0001	
bl. 00000-Other		100-11-0001	
bm. 00000-Other		100-11-0001	
bn. 00000-Other		100-11-0001	
bo. 00000-Other		100-11-0001	
bp. 00000-Other		100-11-0001	
bq. 00000-Other		100-11-0001	
br. 00000-Other		100-11-0001	
bs. 00000-Other		100-11-0001	
bt. 00000-Other		100-11-0001	
bu. 00000-Other		100-11-0001	
bv. 00000-Other		100-11-0001	
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bw. 00000-Other		100-11-0001	
bx. 00000-Other		100-11-0001	
by. 00000-Other		100-11-0001	
bz. 00000-Other		100-11-0001	
ca. 00000-Other		100-11-0001	
cb. 00000-Other		100-11-0001	
cc. 00000-Other		100-11-0001	
cd. 00000-Other		100-11-0001	
ce. 00000-Other		100-11-0001	
cf. 00000-Other		100-11-0001	
cg. 00000-Other		100-11-0001	
ch. 00000-Other		100-11-0001	
ci. 00000-Other		100-11-0001	
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cl. 00000-Other		100-11-0001	
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cn. 00000-Other		100-11-0001	
co. 00000-Other		100-11-0001	
cp. 00000-Other		100-11-0001	
cq. 00000-Other		100-11-0001	
cr. 00000-Other		100-11-0001	
cs. 00000-Other		100-11-0001	
ct. 00000-Other		100-11-0001	
cu. 00000-Other		100-11-0001	
cv. 00000-Other		100-11-0001	
cw. 00000-Other		100-11-0001	
cx. 00000-Other		100-11-0001	
cy. 00000-Other		100-11-0001	
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da. 00000-Other		100-11-0001	
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dd. 00000-Other		100-11-0001	
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dl. 00000-Other		100-11-0001	
dm. 00000-Other		100-11-0001	
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dr. 00000-Other		100-11-0001	
ds. 00000-Other		100-11-0001	
dt. 00000-Other		100-11-0001	
du. 00000-Other		100-11-0001	
dv. 00000-Other		100-11-0001	
dw. 00000-Other		100-11-0001	
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es. 00000-Other		100-11-0001	
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fq. 00000-Other		100-11-0001	
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gv. 00000-Other		100-11-0001	
gw. 00000-Other		100-11-0001	
gx. 00000-Other		100-11-0001	
gy. 00000-Other		100-11-0001	
gz. 00000-Other		100-11-0001	
ha. 00000-Other		100-11-0001	
hb. 00000-Other		100-11-0001	
hc. 00000-Other		100-11-0001	
hd. 00000-Other		100-11-0001	
he. 00000-Other		100-11-0001	
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je. 00000-Other		100-11-0001	
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jg. 00000-Other		100-11-0001	
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ji. 00000-Other		100-11-0001	
jj. 00000-Other		100-11-0001	
jk. 00000-Other		100-11-0001	
jl. 00000-Other		100-11-0001	
jm. 00000-Other		100-11-0001	

# Categorical Aid Calculation

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## A High Cost Example

### Lines 1 and 2

Initial direct educational costs per student

Drop down box LEA operated special education costs Medicaid reimbursement

Drop down box LEA operated special education costs Non-Medicaid reimbursement **\$80,000.00**

### Line 3

Total of Lines 1 and 2 calculated automatically

### Line 4

Less 3 times threshold cost per student (\$10,000) **30,000.00**

### Line 5

Equals Net High Cost for this special education student **35,913.20**

### Line 6

Equals Net High Cost for this special education student

90% of \$32,746.40 is Eligible for High Cost Aid **32,321.88**

### Line 7

The amount eligible for Keeping the Promise, reimbursement rate **15,860.15**

### Line 8

The amount eligible for IDEA Grant high cost reimbursement **16,461.73**

(Lines 3-8) are automatically calculated from amounts in Lines 1-2)



# Categorical Aid Calculation

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- Aid eligibility may be prorated if claims exceed the appropriation amount.
- Students may not be claimed for both state tuition (PI-1524) and high cost aid (double claiming).



# Timeline

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- Claim form PI-1570 is currently available at:  
<http://www.dpi.wi.gov/forms/xls/f1570.xls>
- Claim form due: December 1, 2009
  - Email claim form to: [dpisfsreports@dpi.wi.gov](mailto:dpisfsreports@dpi.wi.gov)
  - Mail or fax (608-266-2840) the signed signature page to Jerry Landmark
- Aid payment: On or before the 3<sup>rd</sup> Monday in June



# Additional Resources

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- Question & Answer Document and
- Prior Year “Keeping the Promise Initiative” payments can be found at:

<http://www.dpi.wi.gov/sfs/highcost.html>



# Contacts

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- If you have a question, please don't hesitate to contact
- Program Contact:  
Barb Ebben 608-266-5583  
[barbara.ebben@dpi.wi.gov](mailto:barbara.ebben@dpi.wi.gov)
- Grant Claim Form:  
Jerry Landmark 608-267-9209  
[jerome.landmark@dpi.wi.gov](mailto:jerome.landmark@dpi.wi.gov)