

GUIDELINES FOR REIMBURSEMENT FOR STATE-PLACED STUDENTS PLACED IN LOCAL SCHOOL DISTRICTS OUT-OF-STATE

DEFINITION

State-Placed Student is defined by 16 V.S.A. §11. (28) as follows:

(28) “State-Placed student” means

- (A) a Vermont pupil who has been placed in a school district other than the district of residence of the pupil’s parent, parents or guardian or in an approved residential facility by a Vermont state agency, a Vermont licensed child placement agency, a designated community mental health agency, or any other agency as defined by the commissioner or
- (B) a Vermont pupil who:
 - (i) is 18 years of age or older.
 - (ii) is living in a community residence as a result of placement by a Vermont state agency, a Vermont licensed child placement agency or a designated community mental health agency, and who residential costs are paid for in whole or in part by one of these agencies and
 - (iii) resides in a school district other than the district of the pupil’s parent or parents, or
- (C) a pregnant or postpartum pupil attending school at an approved education program in a residential facility or outside the school district of residence pursuant to subsection 1073(b) of this title {refers to educational opportunities for pregnant and postpartum pupils]

GENERAL INFORMATION REQUIRED ON INVOICE

1. Include the student’s full name, date of birth, placing agency’s name, address, social worker or contact person and their phone number.
2. If the parents have retained legal guardianship, please include their names, address and phone number.
3. Payments will be approved only *after* services have been rendered except that June costs may be included on bills submitted after June 1st. Bills may be submitted on a monthly, quarterly or annual basis. All bills for the fiscal year must be submitted to our office by June 5 in order to be paid by June 30th. Bills received after that time will be approved for payment in July of the following fiscal year.

GENERAL EDUCATION TUITION CHARGE or TUTORIAL services

1. Show beginning and ending date of service.
2. Show the annual tuition rate or hourly rate and the pro-ration for actual days or hours of service.
3. Include state recognition of the tuition rate or the calculation of the tuition rate with first bill.

SPECIAL EDUCATION REIMBURSEMENT

1. Reimbursement will be made for special education and related services costs that are specifically *required* in the student's Vermont IEP. Bills for such services must include the dates of service, the cost per unit (hour) and the number of units (hours) of service provide. For example:
 - a. aide services: 9/1/03 – 6/17/04 – 2 hours/day x 175 days x \$7.00 = \$2,450.00
+ benefits @ 18% \$441.00 = \$2,891.00
 - b. Group therapy: 1/5/04 – 6/17/05 – 1 session/week x 20 weeks x
\$25.00/session = \$500.00
 - c. Specialized transportation: 10 miles each way x 2/day x \$.31/mile x 175 days
= \$1,085.00

Total Special Education and Related Services = \$4,476.00
2. A copy of the student's Vermont IEP must be sent with the first bill for the school year as well as any subsequently written IEP's relevant to the billing period. Remind your staff that if there is a change in services it must be as a result of an IEP team decision and be reflected in the **Vermont** IEP document in order to be eligible for reimbursement.

PRIOR TO PAYMENT:

Before Payments can be made, you must be entered into our payment system.
In order to process this we need the following information:
Name and complete address public school requesting reimbursement
Contact Name and telephone number
Federal ID number

Original bills and accompanying documentation should be sent to:

Donna L. Trucksess
State Programs Administrator
Vermont Department of Education
120 State Street
Montpelier, VT 05620-2501

Telephone: (802) 828-5931