MARYLAND STATE DEPARTMENT OF EDUCATION
Division of Early Intervention and Special Education Services

DIRECTIONS, DEFINITIONS, EXPLANATIONS AND EXAMPLES
FOR THE COMPLETION OF THE NONPUBLIC TUITION ASSISTANCE PROGRAM APPLICATION
FISCAL YEAR 2023

Individual Placement in a Non-Approved or Out of State Special Education Program

ALL INFORMATION MUST BE TYPED OR PRINTED LEGIBLY

New   Renewal   Re-Entry   Discharge   Service Revision   Correction

Indicate appropriate status of the application being submitted.

New - The **first** Nonpublic Tuition Assistance Program (NTAP) application to the MSDE for the child from the jurisdiction. Indicates child needs to be entered into the MSDE data system for the jurisdiction.

Renewal – A subsequent application submitted to the MSDE for tuition assistance for the child.

Re-Entry - The child has returned to the <u>same</u> program after a discharge within the <u>same</u> fiscal year.

Discharge – The student has been discharged from the program during the current fiscal year.

Service Revision – The services and related cost of the child's program has changed as a result of an IEP team;

Correction: A previously approved application was accepted with incorrect information.

For Discharge, Revision and/or Correction: Provide more detailed explanation on line provided in section II.

I. **STUDENT INFORMATION** (Drop down menus and calendars provided for convenience)

Student's Name - Provide student's last name, first name, and middle name. Enter NMN for student with no middle name.

Financially Responsible LSS - Fill in your jurisdiction's name, or mail cost sheet to appropriate fiscal system.

DOB – Enter child's date of birth MM/DD/YY.

Gender –Enter child's gender: 1 = Male 2 = Female

<u>**Ethnicity**</u> – *Hispanic?* –Indicate **Y** (Yes) or **N** (No) (No is automatic default)

Race - Each category must be completed. "0" indicates race is not identified (0 is automatic default). "1, 2, 3, 4, 5" indicates the race is identified. More than one race may be indicated for a student.

0 or 1 - American Indian or Alaskan Native (AI/AN)   **0 or 4 -** Native Hawaiian or Other Pacific Islander (NW/OPI)

0 or 2 - Asian   **0 or 5** - White

0 or 3 - Black or African American (B/AA)

Disability Code –Record code consistent with IEP

01 - Intellectual Disability	**06 -** Emotional Disability	**12 -** Deaf-Blindness
02 - Hearing Impairment	**07** - Orthopedic Impairment	**13** - Traumatic Brain Injury
03 - Deafness	**08** - Other Health Impairment	**14 -** Autism
04 - Speech or Language Impairment	**09 -** Specific Learning Disability	**15 -** Developmental Delay
05 - Visual Impairment	**10 -** Multiple Disabilities	

Grade - Enter the grade for the current school year. Grade equals the number of years the student has been in school after kindergarten, including the current year, adjusted by subtracting the number of times the student was not promoted and/or adding the number of times the student was accelerated.

Codes   **92** = Preschool, Ages 3-5   **91** = Kindergarten   **01-12** = Grades 1 through 12

Unique ID - Enter Unique Student Identification Number (State) 10 digit ID number, enter one digit per space.

Medical Assistance Number - Provide active 11 digit medical assistance number when available.

LSS Contact Person - Identify contact person for the MSDE NTAP inquiries.

Phone Number - Provide area code and phone number of LSS Contact Person.

Email Address - Provide email address of LSS Contact Person.

*Reference for codes – Online Special Services Information System, Manual of Instruction (10/15)

II. IEP PLACEMENT INFORMATION (Calendars provided for convenience)

School Placement Requested - Provide the name of the requested school placement.

Entry Date this Current FY - Enter the date the student began school. (For residential programs, "E" date)

Discharge Date - Provide the actual date student is discharged. (For residential programs, "E" date)

Revision Date - Enter date the service revision takes effect.

Discharge, Revision and/or Correction: Explain: Identify the child's new placement or reason for discharge, the service and the change as the result of an IEP team decision, or reason for document correction.

Examples, Discharge- Graduated: Revision-Occupational Therapy–end service: Correction: Spelling of Name

Reason for School Placement in Non-Approved/Out of State Special Education Program - State reason

III. REQUESTED REIMBURSMENT for IEP SERVICES

Check the appropriate box(es) indicating services as outlined in the IEP.

Standard Educational and Related Services (default is an X)
Extended School Year Services
IEP Residential Services - Check only when residential services are deemed necessary by the IEP team.

Related Services, Supplemental Aides, Program Modifications

1. Verify annual/prorated related service hours reflected on the cost sheet with IEP services.
(Cost sheet definitions and explanations provided below)

➢ Calculation procedures vary with schools.
Example: Number of available weeks for service X Units of service/week = Total hours recorded on cost sheet
➢ Standard Related Services (this cost is included in Standard Education and Related Service per diem rate) and Billable Units of Service are recorded as total hours on the cost sheet. These services are to be reported and provided in accordance with the approved IEP related services, supplementary aids, and program modifications.
➢ On the cost sheet, under the column "Billable Units of Service" the additional costs (in addition to the standard related services) for this student's program are listed.

2. Use the drop down menus to report only these additional hours and the IEP frequency rate for the implementation of the service **as outlined in the IEP**.

➢ *Example*   OT is not a basic related service & IEP requires 36 weeks of service.
Child's IEP reflects OT to be provided 1 hour/week
Cost sheet reflects 36 in the "Billable Units of Service"
1 hour X 36 weeks = 36 Billable Units of Service
On the application next to Occupational Therapy, indicate 1 hour as "Billable Units of Service"
And Week as IEP Frequency.
➢ Hours reported on the cost sheet in the "Basic Related Services" column do not need to be reported on the application.

3. Ending Related Services mid year – On the application report the **Total** number of billable hours to be funded.

IV. Residential Placement: Placing Agency Information and Reimbursing Funding Source

COMPLETE THIS SECTION ONLY WHEN THE STUDENT IS IN A RESIDENTIAL PLACEMENT
Indicate the lead agency and funding source. Two response fields are provided for co-lead/co-funded cases.

AW - Autism Waiver Residential Habilitation   HC - Home Circumstance/Requires MSDE Pre-Approval
CSA - Core Service Agency   LSS - Local School System
DDA - Developmental Disabilities Administration   MSDE - Maryland State Department of Education
DHMH - Department of Health and Mental Hygiene   MA - Medical Assistance
DJS - Department of Juvenile Services   PP - Parent Placement
DSS - Department of Social Services   PI - Private Insurance

V. VERIFICATION/ASSURANCE

Site Location/Local School System - Enter the location/School System Name to indicate the location of the student record/IEP and related documents which support the need for the nonpublic placement.
Date - Enter date MM/DD/YY that document is signed by LSS Special Education Supervisor/Director or Designee.
LSS Special Education Supervisor/Director or Designee - The **Special Education Supervisor/Director or Designee** is required to sign and date this application to authorize submission to the Maryland State Department of Education and to assure the documentation provided by the LSS is in compliance and available for review. Signature indicates the application has been reviewed, approved and is accurate.

SUBMITTING DOCUMENTS TO THE MSDE   *Submit an approved cost sheet with each application.*.

Submit completed NTAP Application to the MSDE within **30 calendar days** of the:
Entry Date this Current FY,   Discharge Date, or   Service Revision Date.
Should you be unable to meet the 30 day timeline for an application, please provide the MSDE with written notice and expected date of submission for the application.

Submit the following documents with any new/renewal individual application for a complete packet:
☐ Approved cost sheet for current fiscal year,
☐ IEP team minutes supporting placement,
☐ Letter from the service providing school stating they can implement FAPE in the least restrictive environment,
☐ A copy of the agreement/decision for mediated or due process cases.

MSDE AUDIT and CONTRIBUTIONS OF FUNDS

Based upon the information provided in this application, the MSDE may audit and/or investigate its contents and any supporting documentation.
Discrepancies in documentation or a finding of noncompliance may result in a requirement for refund of State funds.
Failure to submit applications within a timely fashion may result in a requirement for refund of State funds.