



Illinois State Board of Education

Emergency Rules and Procedures Related to Residential Placements and Reimbursement

Updated April 15, 2022

Equity • Quality • Collaboration • Community

Objectives

To explain recent Emergency Rules related to Emergency and Student Specific Placements

To review the procedures required for districts seeking reimbursement of allowable room and board and tuition costs under the Emergency Rules



Emergency Rules – Part 226.330

Effective February 4, 2022

23 Ill Admin Code 226.330 - Placement by School District in State-Operated or Nonpublic Special Education Facilities

- c) Except for emergency placements made pursuant to subsection (g) or (i), no school district shall place any child in a nonpublic special education program, nor shall any such program accept placement of any child with a disability under Section 14-7.02 of the School Code [105 ILCS 5/14-7.02], unless all the following conditions have been met. *(These conditions relate to facility approval under Part 401 rules and district certifying that it cannot meet the student's needs.)*



Emergency Rules – Part 226.330

23 Ill Admin Code 226.330 (g) – NEW

A school district may place a student in a nonpublic special education facility (“facility”) providing educational services, but not approved by the State Board of Education pursuant to 23 Ill. Adm. Code 401 or other applicable laws or administrative rules, provided that the State Board of Education provides an emergency and student-specific approval for placement. The State Board of Education shall promptly, within 10 days of the request, approve requests for emergency and student-specific approval for placement when the following have been demonstrated to the State Board of Education:



Emergency Rules – Part 226.330

- 1) The facility demonstrates appropriate certification of teachers for the student population;
- 2) The facility demonstrates age-appropriate curriculum;
- 3) The facility provides enrollment and attendance data;
- 4) The facility demonstrates the ability to implement the child's IEP; and

Emergency Rules – Part 226.330

5) The school district demonstrates that it made good faith efforts to place the student in an approved facility, but no approved facility has accepted the student or has availability for immediate placement of the student.



Emergency Rules – Part 226.330

h) Resident district financial responsibility and reimbursement under Section 14- 7.02 of the School Code [105 ILCS 5/14-7.02] applies for both nonpublic special education facilities that are approved by the State Board of Education pursuant to 23 Ill. Adm. Code 401 or other applicable laws or administrative rules and nonpublic special education facilities that receive emergency and student-specific approval for placement by the State Board of Education pursuant to subsection (g).



Emergency Rules – Part 226.330

i) When an impartial due process hearing officer contracted by the State Board of Education orders placement of a student with a disability in a residential facility that is not approved by the State Board of Education, for purposes of subsection (g), the facility shall be deemed approved for placement and resident district payments and State reimbursements shall be made accordingly.

Emergency Rules – Part 226.330

- j) Placement in a facility approved pursuant to subsection (g) or (i) may continue to be utilized so long as:
- 1) The student's IEP team determines annually such placement continues to be appropriate to meet the student's needs, and
 - 2) At least every 3 years following the student's placement, the IEP team reviews appropriate ISBE-approved facilities under 23 Ill. Adm. Code 401 to determine whether there are any approved facilities that can meet the student's needs, has accepted the student, and has availability for placement of the student.



Emergency Rules – Part 401.5

- Section 401.5 Definitions
- "Provider" is any organization that offers special education and/or residential services to students with disabilities under contract with one or more Illinois public school districts and pursuant to Section 14-7.02 of the School Code. A provider under this Part does not include an organization providing emergency and student-specific placements pursuant to 23 Ill. Adm. Code 226.330 (g) or (i).



Emergency Rules – Part 401.10

Section 401.10 Application for Eligibility

A program not approved in accordance with the requirements of this Part shall not be used by public school districts to serve students with disabilities under Section 14- 7.02 of the School Code, except for facilities used for emergency and student-specific placements pursuant to 23 Ill. Adm. Code 226.330 (g) or (i).

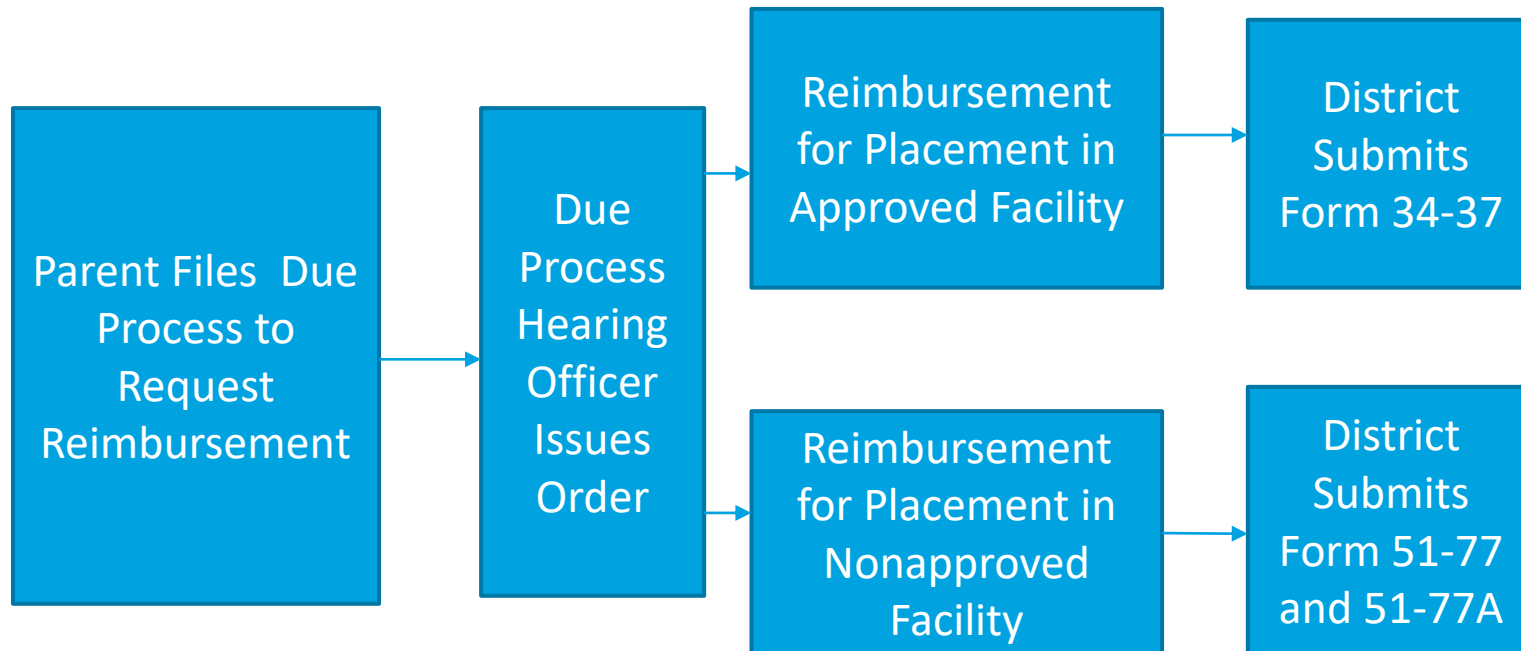
Emergency Rules – Part 401.110

Section 401.110 Use by Public School Districts

Each public school district shall be responsible for monitoring the performance of each program where its students are placed, to ensure that the implementation of each student's IEP conforms to the applicable requirements of all applicable federal and State laws and regulations, including, but not limited to, 23 Ill. Adm. Code 226 (Special Education). Contracting with a program in accordance with this Part does not relieve the district of the responsibility for ensuring that the student will receive all programming and related services required by the IEP, whether from one source or from multiple sources. In addition, **except for emergency and student-specific placements made pursuant to 23 Ill. Adm. Code 226.330 (g) or (i)**, no public school district shall place any student in a special education program that is subject to the requirements of this Part, nor shall the provider of any program accept placement of any student under Section 14-7.02 of the School Code, unless all the following conditions have been met:



Hearing Officer Orders



District Reimbursement for Hearing Officer Orders

- If a hearing officer has ordered a district to reimburse a parent for placement in a nonapproved residential facility since February 2020, the district is eligible to seek approval for reimbursement for allowable room and board, tuition, and transportation costs.
- ISBE Form 51-77 is to be completed and submitted within 30 calendar days of the hearing officer's issuance of the order for the district to be eligible to request reimbursement.
- For cases between February 2020 and February 2022, districts must submit the form no later than April 4, 2022.
- No room and board reimbursements will be made for students who have reached age 22.



District Reimbursement for Hearing Officer Orders

The district must submit to 51_77Reimb@isbe.net:

- Form 51-77 – Application for Reimbursement for Reimbursement of Private Residential Placement in Nonapproved Facility Resulting from Hearing Officer Decision
- Form 51-77A – Cost Claim Form (Submit with Form 51-77 and each month thereafter if costs continued)
- The private school calendar
- The residential calendar, if the residential calendar is less than 365 days

ISBE reserves the right to request additional documentation.



Form 51-77 – Section I & II

SECTION I: IDENTIFICATION			
NAME OF STUDENT (First and Last Name)		SIS NUMBER	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE	REGION, COUNTY, DISTRICT, TYPE CODE	
PRIMARY DISABILITY		SECONDARY DISABILITY	
RESIDENT DISTRICT NAME AND NUMBER AND ADDRESS (Street, City, ZIP Code)			
NAME OF CONTACT PERSON	TITLE OF CONTACT PERSON	PHONE OF CONTACT PERSON	EMAIL OF CONTACT PERSON
SECTION II: HEARING OFFICER ORDER			
DUE PROCESS CASE NUMBER (In lieu of the number, the district may submit a copy of the hearing officer's decision.)			
NAME AND ADDRESS OF RESIDENTIAL FACILITY ORDERED BY HEARING OFFICER			
NAME AND ADDRESS OF RESIDENTIAL SCHOOL ORDERED BY HEARING OFFICER IF IT DIFFERS FROM THE ABOVE			



Section III: Cost Information

SECTION III: COST INFORMATION

FIRST DATE FOR WHICH REIMBURSEMENT WILL BE CLAIMED (Month, Day, Year)

(This is the date of student attendance in the facility for which the district became responsible for payment of tuition and room and board.)

Cost Spreadsheet

The district must complete form 51-77A which contains a summary of allowable costs that will be reimbursed. It is the responsibility of the district to ensure that only allowable expenses from invoices from the facility, specifying tuition, room and board, transportation, and other expenses paid by the district to the parent and/or the facility.



Section III: Cost Information

Allowable expenses

The following items are eligible for reimbursement and should be included in the spreadsheet if applicable to the hearing officer's decision:

- Room and board (Must be separated from tuition.)
- Residential individual aide (Must be included in the IEP.)
- Tuition – Regular term and summer term (IEP must indicate ESY.)
- Individual aide (Must be included in the IEP.)

Unallowable expenses

Do not include unallowable expenses in the spreadsheet. Items that are not eligible for reimbursement include, but are not limited to:

- Summer camps
- Fees for therapies/treatments not included in the IEP
- Activity fees
- Student activities unrelated to IEP – e.g., ski trips
- Clothing - uniforms
- Psychiatric evaluations
- Medical management – costs of doctor visits, medication, medical tests
- Cost related to parent visits – food, hotel
- Tutoring



Form 51-77A – Cost Claim

SECTION II

Documentation of Costs Eligible for Reimbursement: The district must complete Form 51-77A when Form 51-77 is initially submitted for approval, and each month thereafter for any subsequent requests. It is the responsibility of the district to ensure that only allowable expenditures are included in the amount below as indicated on Form 51-77. ISBE reserves the right to ask the district to provide additional documentation to ensure only allowable expenses are included. The district will not be able to receive reimbursement for any costs or dates that exceed the amount specified in the due process hearing officer's order. The district must submit a school calendar and a facility calendar if less than 365 days in the residential calendar. If at any time the facility becomes an approved facility under 23 Ill Admin Code 401, the district shall submit Form 34-37 instead of Forms 51-77 and 51-77A.

DATE OF INVOICE	ROOM AND BOARD COST PAID BY DISTRICT	NUMBER OF ROOM AND BOARD CALENDAR DAYS	ROOM AND BOARD DAILY RATE	TUITION COST PAID BY DISTRICT	NUMBER OF SCHOOL ENROLLMENT DAYS	TUITION DAILY RATE	COST FOR INDIVIDUAL AIDE PAID BY DISTRICT



Form 51-77A – Allowable Costs

- Districts are responsible for obtaining and maintaining detailed invoices to ensure that only allowable costs are included in the reimbursement request to ISBE.
- Districts should not submit invoices directly to ISBE, however, ISBE reserves the right to ask for invoices to confirm costs submitted are allowable.

Section IV: Assurances

The District will be required to review and agree to the assurances, including that the District has submitted information on the due process hearing order and the facility calendar, will provide attendance records upon request, and will enter the student data into ISTAR data system.

The District understands that, as a non-approved residential program, ISBE does not monitor safety and health concerns that arise in the facility and will not be responsible if the student's safety and health are compromised. The District accepts responsibility for ensuring parents understand that responsibility for monitoring health and safety of their child is not the responsibility of the State.

Section IV: Assurances

The District understands that failure to submit all documents with the request within the established timeline will exclude the district from receiving reimbursement. The district understands that reimbursement for allowable room and board and tuition costs will be subject to the same proration methodology as is applied to reimbursement for rates determined under 5/14-7.02.

Section IV: Assurances

Prior to submission, the District Superintendent and the State-Approved Director of Special Education must review and sign the Statements of Assurance.

Form 51-77 and Form 51-77A can then be submitted to:

51_77Reimb@isbe.net

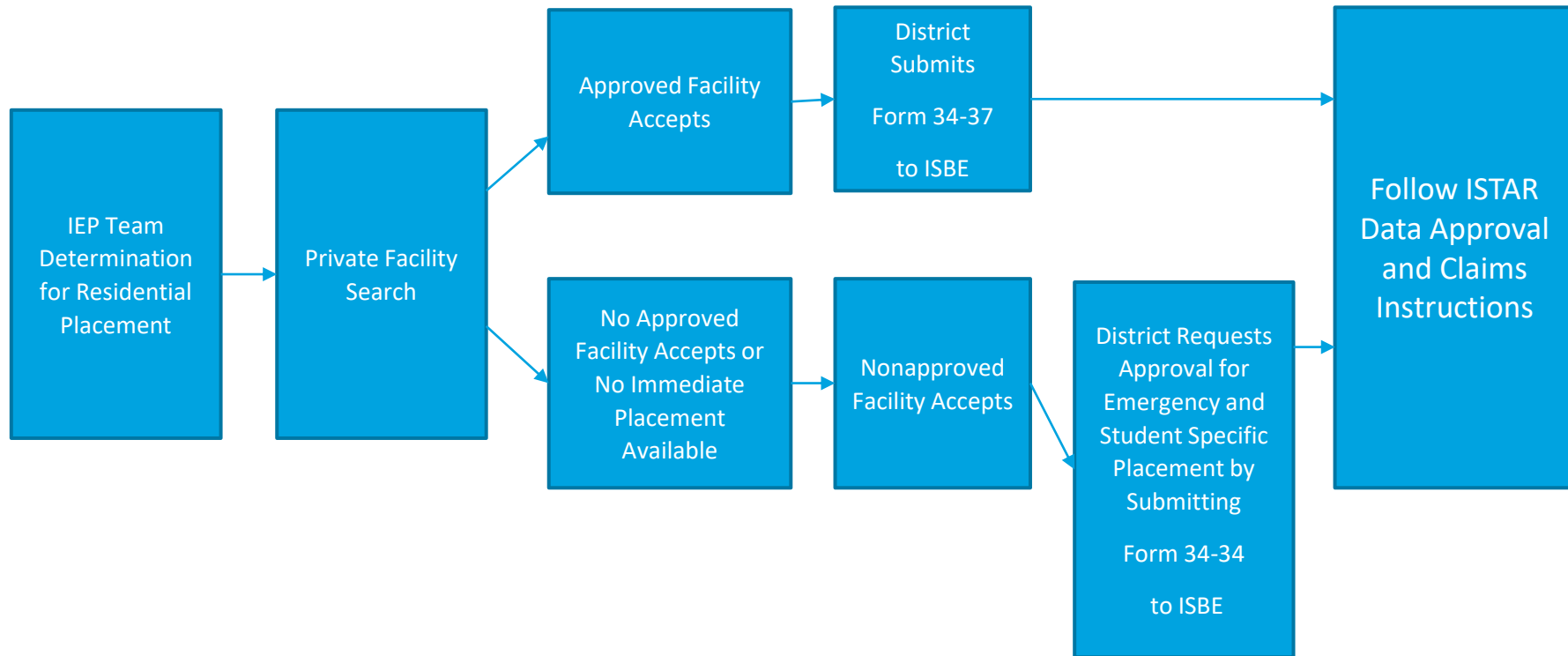


Reimbursement Approval

- Forms 51-77 and 51-77A will be posted to the ISBE website.
- Forms will be reviewed upon receipt and districts will receive written notification if the application was approved.
- ISTAR entry instructions are forthcoming.



Emergency and Student-Specific Placements



Reimbursement

Emergency and student-specific placements made prior to February 4, 2022, will be eligible for costs starting with February 4, 2022. Districts are not eligible for reimbursement retroactive to February 4, 2022.



Good Faith Efforts in Private Facility Search

- Districts must conduct “GOOD FAITH” efforts to locate a facility approved by ISBE under 23 IAC 401.
- Districts should use ISBE’s Private Facility Search Engine to locate approved facilities.

<https://apps.isbe.net/pfsearch/>



Private Facility Search Engine

Private Facilities Search

School
Year

2021 - 2022

- Facilities available for placement
- All facilities
- Recently approved facilities

Eligibility

Disability(1)

Disability(2)

Age

Name

starts with

Program
Code

within miles of IL zipcode

Facility Type

Location
Type In-State
 Out-of-State

Facility
Type Day School Only
 Residential Only
 Combination Only

Gender Co-Educational Only
 Female Only
 Male Only

Add On
Type Intensive
 Transition

State

Address

City



Good Faith Efforts in Private Facility Search

District must provide documentation of its good faith efforts by submitting an Excel spreadsheet that includes all columns presented on the next slide.

Districts are encouraged to reach out to ISBE at ISBESpecEd@isbe.net for consultation prior to searching for nonapproved facilities.



Excel Spreadsheet Required Data

- Name of Facility (must match Private Facility Search)
- Facility Address
- Facility Contact Name and Number/Email
- Date(s) of Contact
- Method of Contact
- First and last name of person who made contact
- If no referral packet sent, explain why
- Date referral packet sent
- Reason student not accepted
- If accepted, anticipated date of placement or waitlist length
- Additional Notes



Helpful Hints

- Ensure the referral packets contain the most current information
- Consider re-evaluations prior to seeking residential placements
- Update the IEP as needed
- Individualize your cover letter
 - How can the facility meet the student needs?
 - Does something in the record need further explanation?



Satisfactory Proof

It is the responsibility of the District to provide satisfactory proof:

- 1) The facility demonstrates appropriate certification of teachers for the student population
- 2) The facility demonstrates age-appropriate curriculum
- 3) The facility provides enrollment and attendance data
- 4) The facility demonstrates the ability to implement the child's IEP

The District is responsible for obtaining and maintaining this documentation. ISBE reserves the right to ask for such documentation.

Reimbursement Request Forms

- Form 34-34 – Application for Reimbursement of Emergency and Student Specific Residential Placement in Nonapproved Facility
- Excel Spreadsheet – Documentation of Good Faith Efforts to Locate Placement in an Approved Facility
- Private Facility School Calendar

Once the above is submitted, ISBE will notify the District within 10 days if reimbursement for the emergency and student specific placement is approved.



Form 34-34 – Section I: Identification

SECTION I IDENTIFICATION (Items must match the information listed in I-Star.)

NAME OF STUDENT (LAST NAME / FIRST NAME - <i>Do not use nicknames.</i>)		SIS NUMBER
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		BIRTH DATE (MM/DD/YY)
REGION, COUNTY, DISTRICT, TYPE CODE		
RESIDENT DISTRICT NAME AND NUMBER AND ADDRESS (Street, City, ZIP Code)		
NAME AND TITLE OF CONTACT PERSON AND LOCATION	TELEPHONE NUMBER (Include Area Code)	EMAIL OF CONTACT PERSON

Use the codes at right to indicate the disability(ies) of the student. (This information should be the same as on I-Star.)

Primary Disability, (i.e. the one that has the most adverse impact on the education of the student.)

Secondary Disability, if identified

DISABILITY KEY

- | | | | |
|---|--|------------------------------------|-----------------------------------|
| A = Intellectual Disability | F = Hearing Impairment | K = Emotional Disturbance | O = Autism |
| C = Orthopedic Impairment | G = Deafness | L = Other Health Impairment | P = Traumatic Brain Injury |
| D = Specific Learning Disability | H = Deaf-Blindness | M = Multiple Disabilities | |
| E = Visual Impairment | I = Speech and/or Language Impairment | N = Developmental Delay | |



Section I – DCFS Interstate Compact; In-State Prior to Out-of-State

For initial out-of-state applications, has a DCFS Interstate Compact been initiated for an initial Out-of-State Application if the student is under the age of 18?

Yes No Email for Compact is: DCFS.InterstateCompactGeneral@illinois.gov

Initial or Continuing Out-of-State Placement for all Students – complete the following:

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	For a child who is placed in an out-of-state special education residential facility, prior to the placement, the school district referred to the child and/or the parent/guardian the option to place the child in a special education residential facility located within this State, if any, that provides treatment and services comparable to those provided by the out-of-state special education residential facility.
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Section II: Placement Information

	DISABILITY CODE (Key on pg.1)	EE CODE (Key at Right)	Beginning Date		Discontinued Date	
			Month	Year	Month	Year
Most recent placement:	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATIONAL ENVIRONMENT CODES AND BRIEF DESCRIPTION KEY

For additional details see EE codes in Instructions for the Special Education Funding and Child Tracking Systems (FACTS).

- 01 = Sp. Ed. 80% or more of day inside regular classroom
- 02 = Sp. Ed. 40-79% of day inside regular classroom
- 03 = Sp. Ed. less than 40% of day inside regular classroom
- 04 = Full-time sp. ed. class in a separate public day school that does not house programs for students without disabilities
- 05 = Full-time sp. ed. class in a separate public day school that does not house programs for students without disabilities in conjunction with a student's placement in a residential facility
- 06 = Phillip J. Rock Center and School
- 07 = Detention center or jail
- 08 = Private day or out-of-state public day program
- 09 = Private residential in-state
- 10 = Private residential out-of-state
- 11 = Homebound instructional program
- 12 = Hospital instructional program
- 13 = Illinois School for the Deaf (ISD)
- 14 = Illinois School for the Visually Impaired (ISVI)
- 15 = Department of Human Services
- 16 = Department of Human Services



Section II: Placement Information

SERVICES INFORMATION

SERVICES PROVIDED IN MOST RECENT PLACEMENT. (This includes hospital instructional program if applicable.) Use the keys below to indicate the services and amount of time provided on a weekly basis **in the most recent placement** described in Section II. **List services in order of importance.**

RELATED AND OTHER SERVICES CODES (Key Below)	AMOUNT OF TIME PER WEEK (Key Below)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

REQUESTED SERVICES. Use the keys below to indicate the services and amount of time these are to be provided each week by the requested residential placement. This information should be in the student's current IEP.

RELATED AND OTHER SERVICES CODES (Key Below)	AMOUNT OF TIME PER WEEK (Key Below)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>



Section II: Placement Information

OTHER SERVICES

Use this space to describe other services (code 16) indicated in Section II, including services provided by other agencies in cooperation with the school program. Attach additional pages, if needed. Number of pages attached for this section is .

OTHER SERVICES	DESCRIPTION OF SERVICES	OTHER AGENCY(IES) (If applicable)



Section III: IEP and Evaluation Dates

SECTION III IEP AND EVALUATION DATES

Month Day Year * Required

*Date of the most recent Eligibility/Evaluation/Re-evaluation Conference

Dates of supplemental evaluations (if applicable) – specify type.

Supplemental Evaluation

Supplemental Evaluation

*Date (e.g., mm/dd/yy not mm/yy) of the most recent Individualized Education Program (IEP) meeting which recommended this residential placement be made or continued.

*If different from above, most recent IEP Annual review date.



Section IV: Agency Contact

SECTION IV AGENCY CONTACT

AGENCIES CONTACTED

The district must show appropriate contacts with state or local agencies including but not limited to those listed below that provide community support programs and services to students and their families. **Applications that do not show evidence that consideration was given to the appropriate services potentially available will be returned for further clarification. Attach additional pages as necessary and indicate the number of pages attached for this section** .

Use the codes provided in the key below to indicate the department(s) and agency(ies) contacted. Check the appropriate box(es) below to indicate services/assistance provided. Explain the results of all contacts and any resulting financial assistance. Copies of all correspondence regarding agency contacts, district requests, and agency responses should be maintained at the district level and **are subject to review upon request**.

DEPARTMENT/AGENCY KEY

- | | | | |
|-----|--|-----|---|
| A = | Department of Public Aid | K = | Local Mental Health Center |
| B = | Department of Human Services | L = | Local Youth Services Provider |
| C = | Department of Children and Family Services | M = | Local Recreation Services Provider |
| F = | Department of Corrections | N = | Local Substance Abuse Services Provider |
| G = | County Probation Agency | O = | Private Counseling Service |
| H = | Department of Public Health | P = | State Psychiatric Hospital/Zone Center |
| I = | Division of Specialized Care for Children | Q = | Other State/Local Agency |
| J = | Community and Residential Services Authority | | |



Section IV: Agency Contact

<p><input type="text"/> Department/Agency Contacted (Use key above.)</p> <ul style="list-style-type: none"><input type="checkbox"/> Participated in IEP Meeting<input type="checkbox"/> Assessment<input type="checkbox"/> Technical Assistance<input type="checkbox"/> Financial Assistance<ul style="list-style-type: none"><input type="checkbox"/> Medical<input type="checkbox"/> Other (Explain at right.)	<p>RESULTS OF CONTACT/COMMENTS:</p> <div style="background-color: #e6f2ff; height: 150px;"></div>
<p><input type="text"/> Department/Agency Contacted (Use key above.)</p> <ul style="list-style-type: none"><input type="checkbox"/> Participated in IEP Meeting<input type="checkbox"/> Assessment<input type="checkbox"/> Technical Assistance<input type="checkbox"/> Financial Assistance<ul style="list-style-type: none"><input type="checkbox"/> Medical<input type="checkbox"/> Other (Explain at right.)	<p>RESULTS OF CONTACT/COMMENTS:</p> <div style="background-color: #e6f2ff; height: 150px;"></div>

Section V: Need for Residential Placement

- Provide a narrative of the history of the student that led up to the student requiring residential placement as the least restrictive environment to provide a free appropriate public education.
- Include any relevant data, such as number of psychiatric hospitalizations, etc.

Section VI: Reintegration Plan

REINTEGRATION PLAN – Complete for Requested Application Period

Use the Reintegration Plan form to complete this section for all applications for the upcoming year or application period (if different). (For students 18 through 21 years of age, please note community resource connections that have been completed with the student's home community in preparation to transition to post-school services.)

ANTICIPATED DATE/ TIMELINE OF ACTIVITY	PARTICIPANTS	BRIEF DESCRIPTION OF ACTIVITY

Reintegration Plans

- Discuss at IEP meetings
- Plan for move to an approved facility
- Plan for move to a lesser restrictive environment
- Consider what community supports need to be in place; Include plans to work with community agencies
- If 18-21, include plans to transition to adult services; Consider impact if student is own guardian at age 18
- Plan for what will happen if student reaches the maximum age for a facility
- Plan for unexpected discharge



Section VIII: Emergency and Student-Specific Placement

- Name and address of residential facility
- Name and address of residential school
- Documentation that no appropriate facility would accept the student or no immediate placement available (Excel Spreadsheet)
- Narrative of IEP discussion for continued placement annually; Every three years documentation of efforts to locate approved facility
- Satisfactory Proof



Section VIII: Satisfactory Proof

SATISFACTORY PROOF

The district must attach a narrative to demonstrate the following:

1. THE FACILITY DEMONSTRATES APPROPRIATE CERTIFICATION OF TEACHERS FOR THE STUDENT POPULATION. Describe how the district has verified that the teachers are certified for the student population it serves. ISBE reserves the right to ask for documentation.
2. THE FACILITY DEMONSTRATES AGE-APPROPRIATE CURRICULUM. Provide a description of the facility's curriculum and its appropriateness to the specific student. This description should also include how academic assessments administered by the non-public facility to the student are the same as those administered to other individuals served in the program who are of approximately the same age.
3. THE FACILITY PROVIDES ENROLLMENT AND ATTENDANCE DATA. Provide a description of how the facility will provide enrollment and attendance data to the district.
4. THE FACILITY DEMONSTRATES THE ABILITY TO IMPLEMENT THE CHILD'S IEP. Describe how the facility will implement the entirety of the child's IEP. Specifically describe how the special education and related services will be provided



Section IX and X

Section IX:

Start date of reimbursement requested (Cannot be before February 4, 2022.)

Calendar submission information.

Section X:

Assurances & Signatures by District Superintendent and State-Approved Director of Special Education

ISTAR Entries

Instructions on completing ISTAR entries for students placed in nonapproved facilities are forthcoming.
New Fund Codes are being created.



Reimbursement Processes

After submission of Form 34-34, district will receive notification within 10 days if the placement is approved for reimbursement.

Information on procedures for submitting reimbursement claims for emergency and student-specific placements are forthcoming.

No room and board claims will be paid for students who have reached age 22.

Contract between Facility and District

ISBE will not be issuing a form equivalent to the Form 19-83 – Nonpublic Facility Placement Contract. Form 19-83 is specific for placements in approved facilities.



Final Helpful Hints

- Involve other agencies early on
- Prep for form completion in advance
- Start using the Excel sheet once contacts begin
- Keep the “Satisfactory Proof” items in mind when contacting facilities
- Don’t forget the DCFS Interstate Compact
- Discuss reintegration plans during IEP meeting
- District remains responsible for the IEP and FAPE
- Ensure you are getting progress reports, report cards, etc.

ISBE Contact Information

- General Questions and Support - ISBESpecEd@isbe.net
- Form 34-37 – Approval for Reimbursement for Placements in Approved Facilities – 3437RnB@isbe.net
- Form 34-34 - Approval for Reimbursement for Emergency and Student-Specific Placements in Nonapproved Placements – 34_34Reimb@isbe.net
- Form 51-77– Approval for Reimbursement of Placements in Nonapproved Facilities Ordered by Hearing Officer
51_77Reimb@isbe.net



QUESTIONS

