



State of Arizona
Department of Education



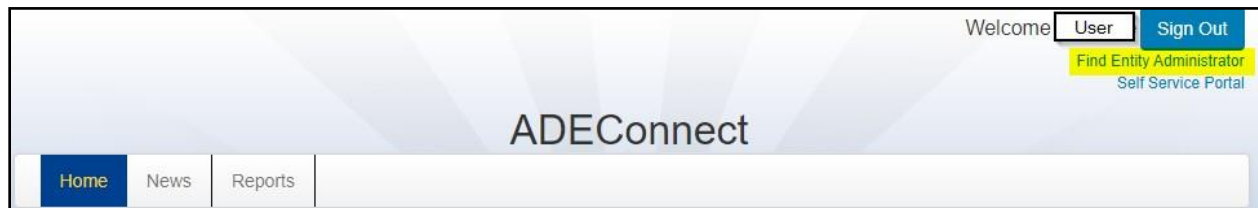
High Cost Child and Compensatory Services Claims
Quick Reference Guide

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Role Assignments

Entity administrators at your PEA will need to assign roles for the ESS Vouchers Application in the ESS Portal of ADEConnect. To identify your entity administrator, click “Find Entity Administrator” on the ADEConnect home page. If you have further questions or are having difficulties, [email the ESS Program Management Unit](#) or [visit ADE Support online](#).



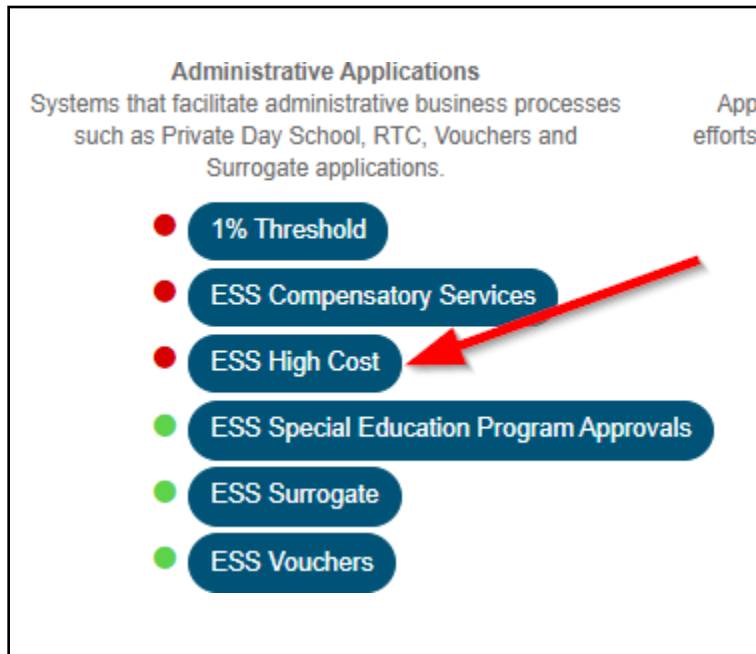
The necessary roles for the ESS Vouchers application in ADEConnect are as follows:

- **High Cost Child** will need the role of **ESS High Cost :: PEA User**
- **Compensatory Services** will need the role of **ESS Compensatory Services Claims :: Entity User**

Please be sure your entity administrator assigns you the correct role for your entity.

Submitting a High Cost Child Claim

Enter the ESS Portal from ADEConnect under your PEA's name.



Begin a New Application



1. Hover over the High Cost Menu
2. Select New Application
3. Enter the State Student Identification Number, and click Search

If you have any questions regarding the application process, please contact essprogpmgmt@azed.gov.

The following information will be presented to you.

The Individuals with Disabilities Education Act (IDEA) allow states to use 10% or more of their Part B funds reserved for state-level activities to establish and make disbursements from a high-cost fund to public education agencies (PEA) for students meeting the criteria of high-risk. Any state that wants to use Part B funds to support a local risk pool needs to follow IDEA provisions for risk pools, including the following requirements:

- Define a high-need child with a disability as a child for which the cost of providing special education and related services is greater than 3 times the APPE (average per pupil expenditure) in the state;
- Develop a state plan establishing eligibility criteria for PEAs to participate in the risk pool system that takes into account the number and percentage of high-need children with disabilities served by a PEA; and
- Allow PEAs to only use disbursements from risk pools to provide direct services outlined in the individualized education programs (IEPs) of high-cost children with disabilities.

High-need children with a disability are narrowed down to students with disabilities identified with at least one of the following needs; as such, the following identified disabilities will get priority of approval:

- Deaf-Blind
- Severe Intellectual Disability (SID)
- Moderate Intellectual Disability (MID)
- Traumatic Brain Injury (TBI)
- Multiple Disabilities (including Severe Sensory Impairment) (MD, MDSSI)
- Orthopedic Impairment (OI)
- Preschool Severe Delay (PSD)

Every student in all submitted claims must meet a minimum presumption of cost to be eligible for this fund, that cost is:

- \$25,602¹ a year (\$142.23 a day using a 180-day calendar or \$176.79 a day using a 144-day calendar)

Students who meet the financial requirement but are not eligible in the disabilities categories described above must wait a *minimum of two weeks* before being processed so that claims with priority can be reviewed and processed. PEAs can submit claims for a date range of services for a student or the whole year; this is up to the discretion of the PEA.

Information submitted into AzEDS must be accurate to the services provided, aligned to the IEP, and passing integrity for it to be considered eligible for claim reimbursement. Any programmatic holds, fiscal holds, or items of non-compliance with the IDEA can cause your claims to be delayed for approval or rejected completely.

1 - Common Core of Data (CCD) Fiscal Data School Year 2017 - 2018

If you have any questions regarding the application process, please contact essprogpmgmt@azed.gov.

Submit Student Data

High Cost Child Application Details

District: [New Mexico \(000002504980\)](#)
SSID: [12345678](#) Student Name: [Anna, Daniel](#) Birth Date: [8/14/1991](#)

* IEP Date:

* Requested Claim Amount:

Claim Date Range: **Start: **End:

Comments:

Upload Document:

Select Document Type(s):*

IEP Invoice Other No file chosen

*** Field is mandatory.**

By checking the box and submitting your signature, you certify that you have read and understand the provisions of this application and the potential financial consequences. Your typed signature is considered an electronic record with legal effect, validity, and enforceability as defined in S.2107 of the Government Paperwork Elimination Act.

From this page, you will enter the Effective Date of the student’s IEP, the requested claim amount, and date range of claim.

At least two files are required for the submission of your application, the student’s IEP and an invoice. You may also submit a narrative to describe the reason for applying for High Cost Child funds.

Dates may be entered by typing MM/DD/YYYY format or using the calendar in the application. Please ensure that the student's claim date does not go beyond the date you submit this application.

High Cost Child Application Details

District: [REDACTED]
SSID: [REDACTED] Student Name: [REDACTED] Birth Date: [REDACTED]

*IEP Date:

*Requested Claim Amount:

Claim Date Range:

Comments:

Upload Document:

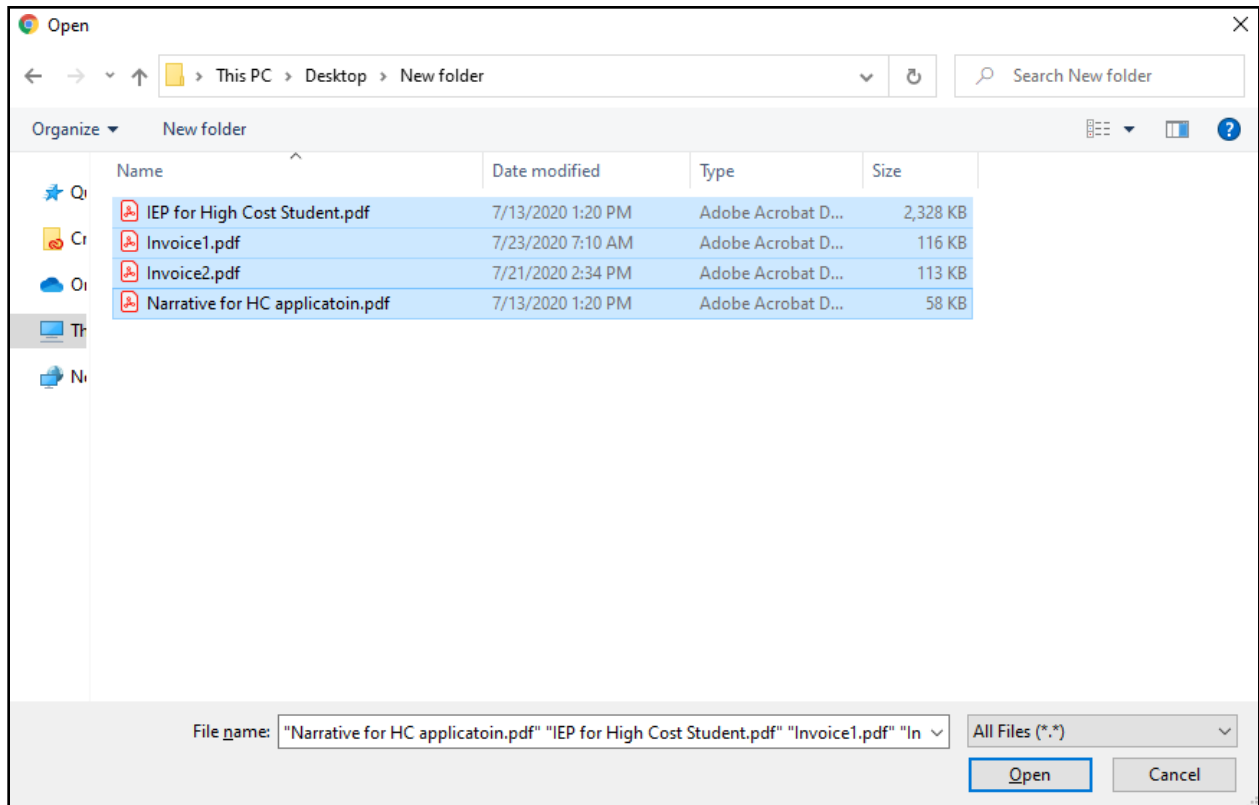
Select Document Type(s):*

IEP Invoice Other

* Field is mandatory.

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Select and Upload Files



You will need to use the CTRL or SHIFT key to select the files you intend to upload into the system.

Indicate what types of files have been chosen.

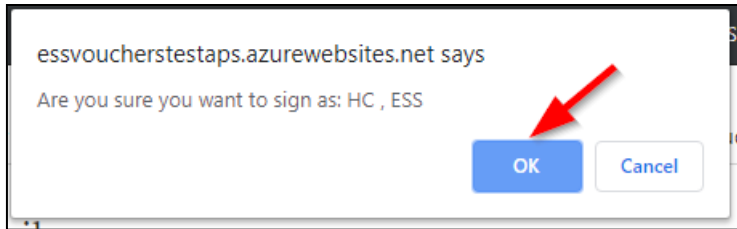
Note: an IEP and at least one invoice must be submitted.

The form is titled "Upload Document:". It contains the following elements:

- Select Document Type(s):*** with checkboxes for IEP, Invoice, and Other. A "Choose Files" button next to it shows "4 files".
- A certification statement: By checking the box and submitting your signature, you certify that you have read and understand the provisions of this application and the potential financial consequences. Your typed signature is considered an electronic record with legal effect, validity, and enforceability as defined in S.2107 of the Government Paperwork Elimination Act.
- A green "Signature" button.
- A note: * Field is mandatory.
- At the bottom, there are two buttons: "Submit For Approval" (green) and "Cancel" (orange).

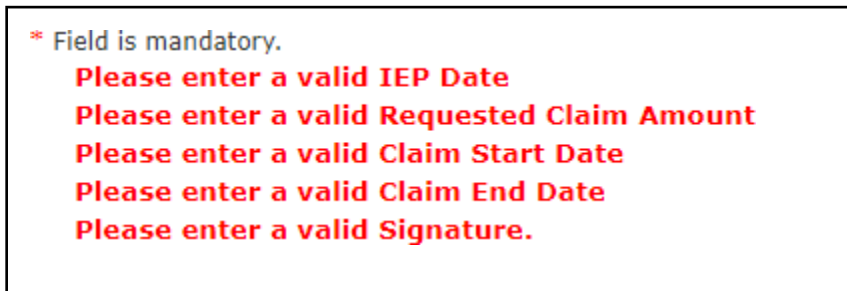
If you have any questions regarding the application process, please contact essprogpmgmt@azed.gov.

Check the box to submit your signature and confirm in the pop-up dialog box.



Submit for approval.

If there are any validation errors, you will see an error such as:



If the submission is successful, you'll be brought to a page to show your application with status information. Scroll from left to right to read all columns.

All Applications

Show 50 entries

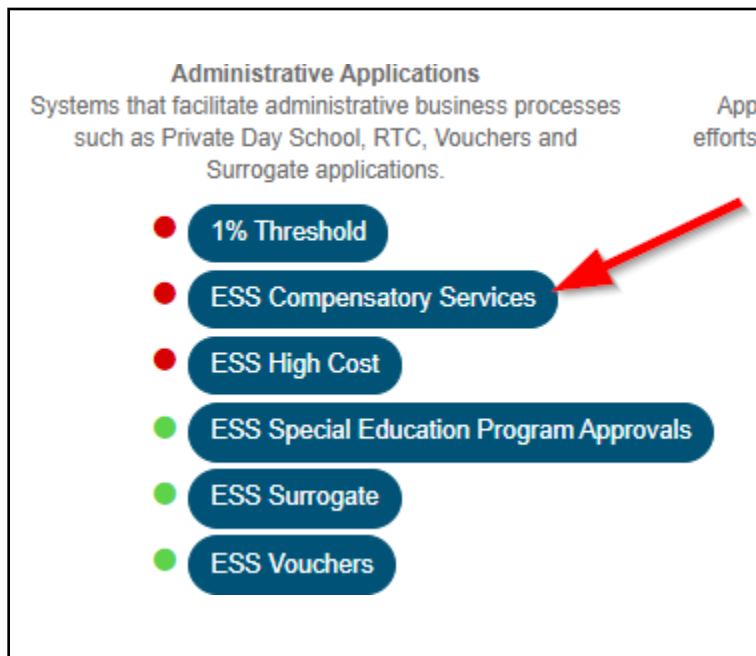
Application	SSID	Student Name	Birth Date	Application ID	Application Type
View	[REDACTED]	[REDACTED]	[REDACTED]	27509	High Cost Child
View	[REDACTED]	[REDACTED]	[REDACTED]	27589	High Cost Child
View	[REDACTED]	[REDACTED]	[REDACTED]	27609	High Cost Child
View	[REDACTED]	[REDACTED]	[REDACTED]	27610	High Cost Child
View	[REDACTED]	[REDACTED]	[REDACTED]	27628	High Cost Child
View	[REDACTED]	[REDACTED]	[REDACTED]	27675	High Cost Child
View	[REDACTED]	[REDACTED]	[REDACTED]	27686	High Cost Child

Showing 1 to 23 of 23 entries

If you have any questions regarding the application process, please contact essprogpmgmt@azed.gov.

Submitting a Compensatory Services Claim

Enter the ESS Portal from ADEConnect under your PEA's name.

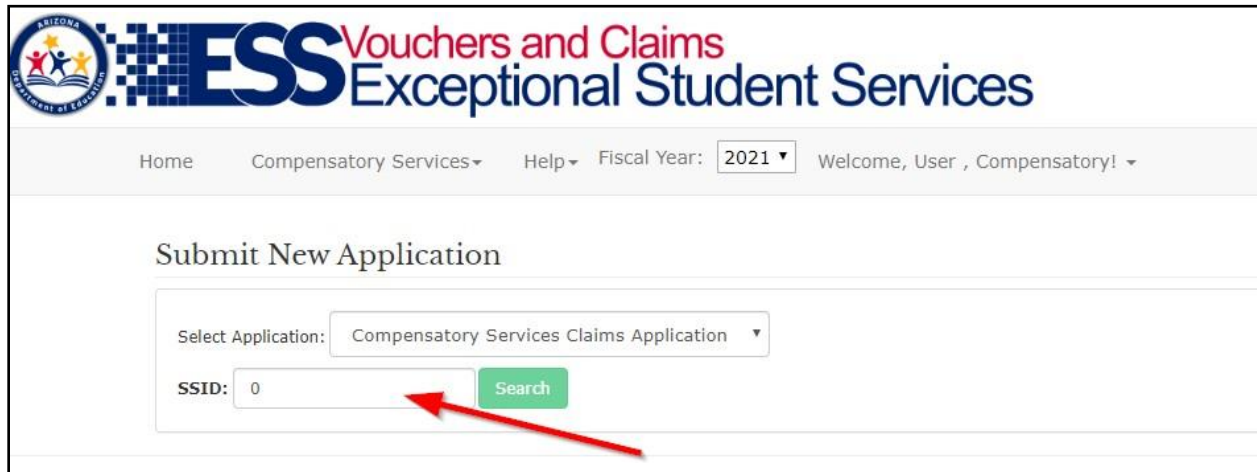


Begin a New Application



1. Hover over the Compensatory Services Menu
2. Select New Application
3. Enter the State Student Identification Number, click Search

If you have any questions regarding the application process, please contact essprogpmgmt@azed.gov.



ARIZONA
Department of Education

ESS Vouchers and Claims Exceptional Student Services

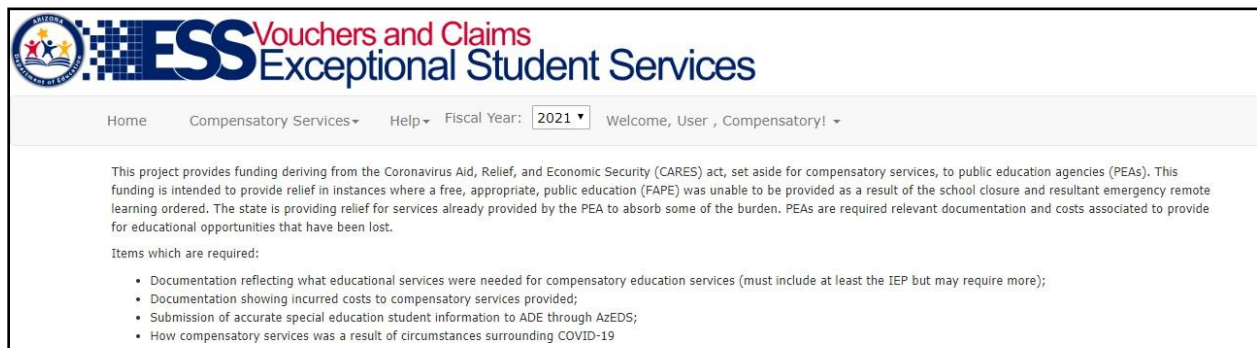
Home Compensatory Services ▾ Help ▾ Fiscal Year: 2021 ▾ Welcome, User , Compensatory! ▾

Submit New Application

Select Application: ▾

SSID:

The following information will be presented to you.



ARIZONA
Department of Education

ESS Vouchers and Claims Exceptional Student Services

Home Compensatory Services ▾ Help ▾ Fiscal Year: 2021 ▾ Welcome, User , Compensatory! ▾

This project provides funding deriving from the Coronavirus Aid, Relief, and Economic Security (CARES) act, set aside for compensatory services, to public education agencies (PEAs). This funding is intended to provide relief in instances where a free, appropriate, public education (FAPE) was unable to be provided as a result of the school closure and resultant emergency remote learning ordered. The state is providing relief for services already provided by the PEA to absorb some of the burden. PEAs are required relevant documentation and costs associated to provide for educational opportunities that have been lost.

Items which are required:

- Documentation reflecting what educational services were needed for compensatory education services (must include at least the IEP but may require more);
- Documentation showing incurred costs to compensatory services provided;
- Submission of accurate special education student information to ADE through AzEDS;
- How compensatory services was a result of circumstances surrounding COVID-19

If you have any questions regarding the application process, please contact essprogpmgmt@azed.gov.

Submit Student Data

Compensatory Services Claims Application Details

District:
SSID: Student Name: Birth Date:

*IEP Date:

*Requested Claim Amount:

Claim Date Range: *Start: *End:

Comments:

Upload Document:

Select Document Type(s):*

IEP Invoice Other

No file chosen

* Field is mandatory.

From this page, you will enter the Effective Date of the student's IEP, the requested claim amount, and date range of the claim.

Compensatory Services Claims Application Details

District:
SSID: Student Name: Birth Date:

*IEP Date:

*Requested Claim Amount:

Claim Date Range: *Start: *End:

Comments:

Upload Document:

Select Document Type(s):*

IEP Invoice Other

No file chosen

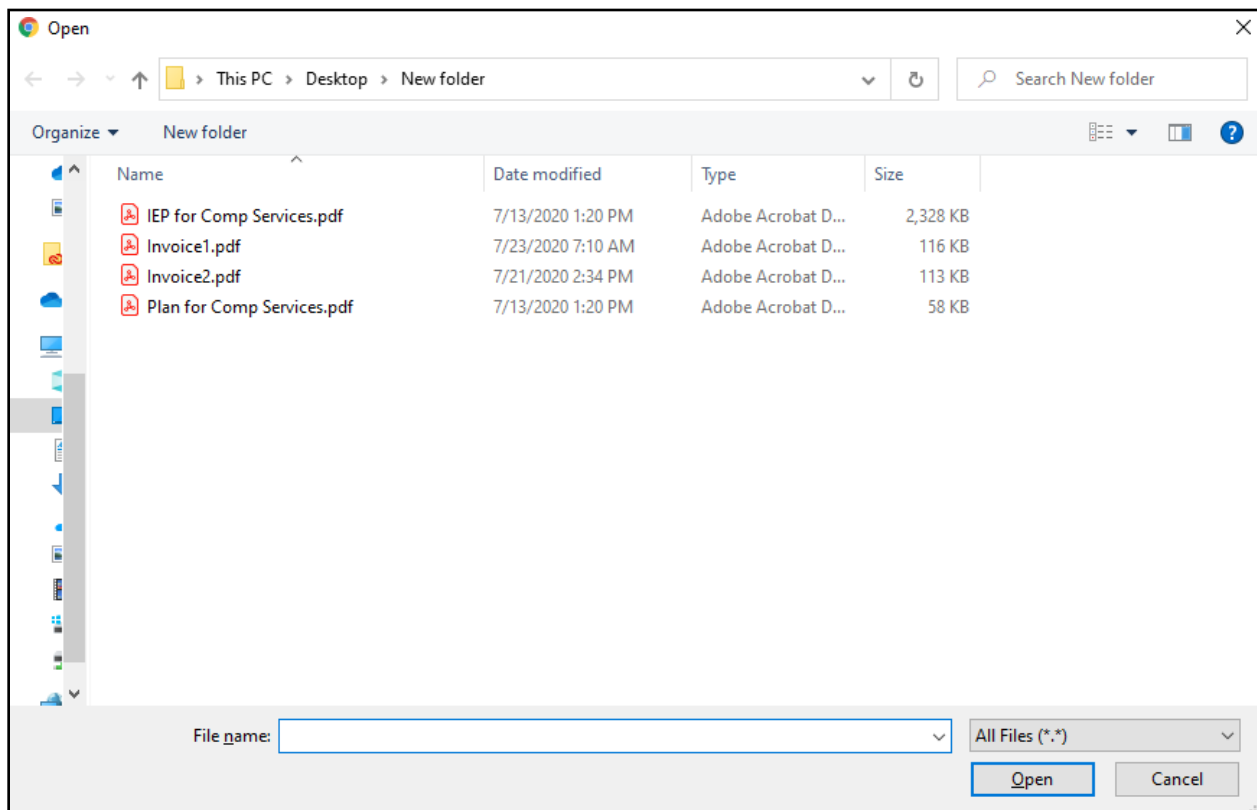
Calendar for July 2020:

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Select and Upload Files

Items that are required:

- Documentation reflecting what educational services were needed for compensatory education services (must include at least the IEP but may include more, if required);
- Documentation showing incurred costs to compensatory services provided;
- Submission of accurate special education student information to ADE through AzEDS;
- Documentation of how compensatory services were a result of circumstances surrounding COVID-19. Dates may be entered by typing MM/DD/YYYY format or using the calendar in the application.



If you have any questions regarding the application process, please contact essprogpmgmt@azed.gov.

You will need to use the CTRL or SHIFT key to select the files you intend to upload into the system.

Indicate what types of files have been chosen.


Note: an IEP and at least one invoice must be submitted.

Terms of agreement

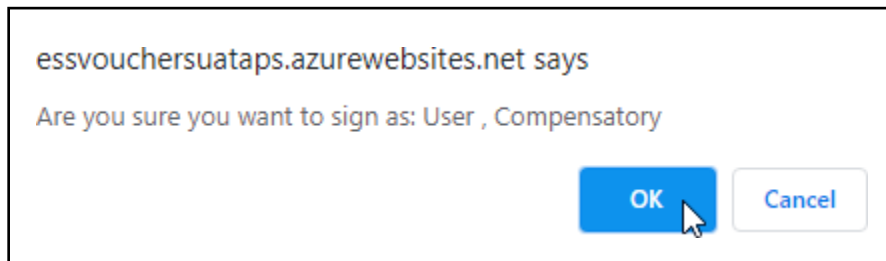
The PEA understands the compensatory education services funding will be provided for one year if the following occurs:

- 1.1 CARES funds are available to support this program;
- 1.2 Claims for reimbursement meet criteria outlined in instructions, guidance, or rubrics;
- 1.3 PEA maintains its commitments by adhering to the Contractor Responsibilities;
- 1.4 PEA provides sufficient documentation reflecting what educational services were needed for compensatory education services;
- 1.5 PEA provides sufficient documentation showing incurred costs to compensatory services provided;
- 1.6 PEA has submitted accurate special education student information to ADE;
- 1.7 Compensatory education services was a result of circumstances surrounding COVID-19

By checking the box and submitting your signature, you certify that you have read and understand the provisions of this application and the potential financial consequences. Your typed signature is considered an electronic record with legal effect, validity, and enforceability as defined in S.2107 of the Government Paperwork Elimination Act.

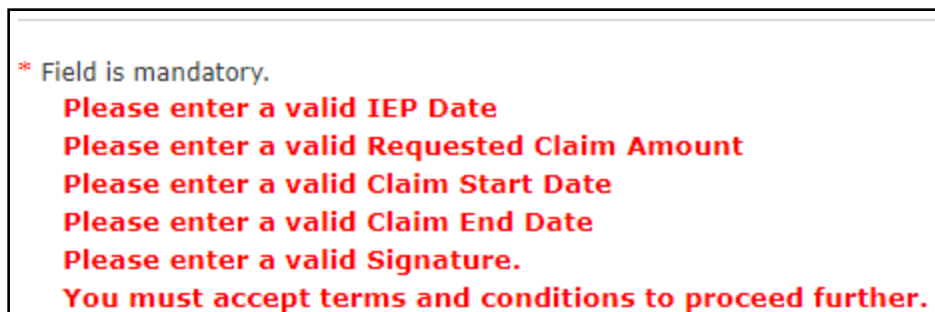
Signature 

Check the box to submit your signature and confirm in the pop-up dialog box.



Submit for Approval.

If there are any validation errors, you will see an error such as:



If the submission is successful, you'll be brought to a page to show your application with status information. Scroll from left to right to read all columns.

All Applications					
Show 50 entries					
Application	SSID	Student Name	Birth Date	Application ID	Application Type
View	[REDACTED]	Adriana, Rodriguez	[REDACTED]	36504	Compensatory Services Claims
View	[REDACTED]	[REDACTED]	[REDACTED]	36493	Compensatory Services Claims

Showing 1 to 2 of 2 entries

If you have any questions regarding the application process, please contact essprogmgmt@azed.gov.