



Application for Collaborative Funding

Howard County Public School System Support for
Supplemental In-Home ABA Therapy
2017-2018 School Year

In order to support intensive early intervention programs for young children diagnosed with Autism Spectrum Disorder or a related disorder, the Howard County Public School System (HCPSS), Department of Special Education and Student Services, Office of Early Intervention Services (OEIS) will provide limited reimbursement to families who have established in-home Applied Behavior Analysis (ABA) programs. The Collaborative Funding Agreement is available for children from birth through kindergarten. Beginning in the 18/19 school year, funding will be provided only through the summer prior to the kindergarten year.

This reimbursement is intended for families **not** receiving coverage for ABA services through their private insurance carrier or Medicaid. Reimbursement may be provided to families to cover a deductible payment. **Note:** HCPSS will no longer provide reimbursement for co-pays.

It is important to note that as a result of House Bill 798/Senate Bill 701, which went into effect on July 1, 2014, some families will be eligible to access additional habilitative services for their children through their private insurance carrier or Medicaid. To help you determine your insurance eligibility, please go to <http://www.pathfindersforautism.org/resources/understanding-insurance>

- *Applications will be accepted September 1, 2017– April 27, 2018. Applications will be date stamped when received by OEIS. Reimbursement will be available from the date marked received.
- *Applications received after January 26, 2018, will be eligible for a maximum of 12 hours of reimbursement for Consulting services.
- *Applications will be processed by OEIS when the following forms are received:
 - Completed application
 - Letter from the in-home ABA Consultant stating he/she will be supervising the program
 - Copy of your child's IFSP/IEP with 2-3 highlighted outcomes/objectives that will be targeted in the home program
- *Parents will receive a copy of the Agreement to sign and review. This must be returned to OEIS prior to receiving reimbursement.

DATE OF THIS REQUEST _____

Child's Name _____ Date of Birth _____

Address _____

Parent Name(s) _____

Phone Number _____ Email _____

HCPSS School or Program (e.g. Infants and Toddlers, RECC, Pals)

Case Manager/Teacher's Name _____

Hours of Service per week/month **recommended** by IFSP/IEP _____

Hours of IFSP/IEP Service per week/month child is **receiving** _____

Most recent date of IFSP/IEP Meeting to review program _____

.....
ABA Consultant supervising the in-home program _____

Letter from Consultant is enclosed _____ Highlighted IFSP/IEP is enclosed _____

Hours per month your Consultant provides (*CFA covers up to 24 a year at \$85/hour*) _____

Hours per week of in-home ABA therapy (*CFA covers up to 43/month at \$14.98/hour*) _____

- I will be submitting reimbursement through HCPSS for in-home ABA services.
- I will be submitting reimbursement for my deductible and I can provide EOBs upon request.

I agree that the above information is accurate and to submit reimbursement requests on a monthly basis. The Office of Early Intervention Services must receive reimbursement requests no later than 60 days after the end of each calendar month in which services are provided. I understand requests submitted after this deadline will not be reviewed or processed:

Signature Date

For office use only

Reviewed by: _____ Date: _____

The in-home program is projected to enhance and intensify the child's educational program by meeting the following criteria:

- _____ *Child is fully participating in recommended IFSP/IEP services*
- _____ *The in-home ABA program is targeting IFSP/IEP services*
- _____ *The Consultant has an application on file in OEIS*

Date of reimbursement: _____	End date of reimbursement: _____
Consultant Reimbursement Hours: _____	Rate: _____
Therapist Reimbursement Hours: _____	Rate: _____
Application is: ACCEPTED DENIED	
Reason for denial (if applicable):	

