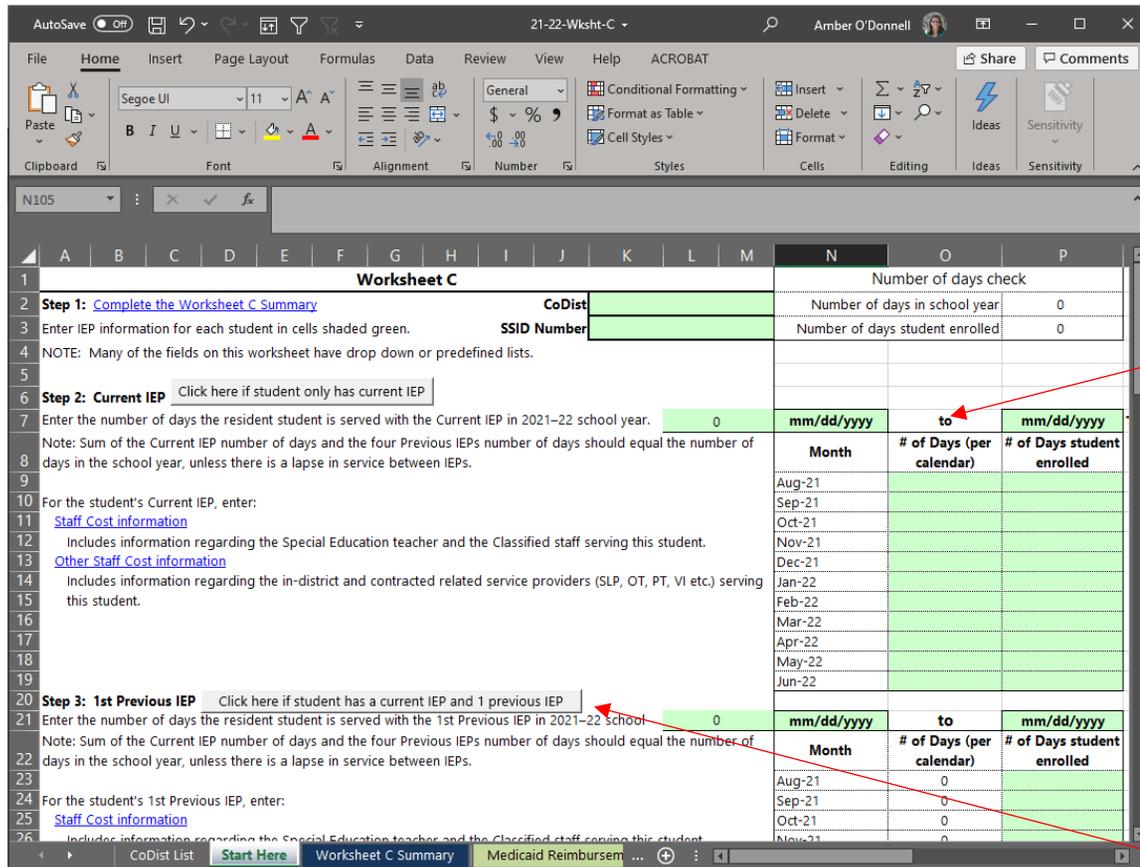


Worksheet C –Instructions

Self-review by completing the IEP Review Form to ensure the submission of a properly formulated IEP before preparing Worksheet C. The IEP Review Form used in self-review is not required as part of the student’s High-Need Individual application submission.

[Use the Worksheet C Excel workbook posted on the Safety Net website. Download the Safety Net Bulletin \(B075-22\) here.](#)

This year, there is only one version of WORKSHEET C. Additional tabs for up to six previous IEPs are now available within the Start Here Tab. A new LEA-specific calendar grid, which will automatically populate the number of days a resident student is served under each IEP during the 2022–23 school year, is also available.



Start Here Tab:

- It is recommended that Worksheet C is saved as a macro-enabled workbook to your network and updated to include the LEAs 2022–23 calendar in the Start Here Tab prior to starting any student-specific Worksheet C application.
- Columns N–P are optional tools. To use, fill in the number of days from the LEA’s calendar in column O. Adding the number of days will autofill the table below for the previous IEPs.
- After saving Worksheet C with LEA’s calendar data, Worksheet C can be used for individual student applications. Enter the number of days the student is served each month during the current IEP. Use the same process for previous IEPs.
- Enter the SSID and number of days for each applicable IEP (unless using the auto-population grid tool) on the tab labeled Start Here.
- After determining how many IEPs the student is served by in the 2022–23 school year, click the applicable button to populate the appropriate amount of worksheet tabs.

File Home Insert Page Layout Formulas Data Review View Help Acrobat

Default

Keep Exit New Options

Normal Page Break Preview Page Layout Custom Views

Workbook Views

Ruler Formula Bar

Gridlines Headings

Show

Zoom 100% Zoom to Selection

New Window

Sheet View

B61 Medicaid revenue attributable to this student. For Medicaid Reimbursement Calculator click here

2022-23 Worksheet C Summary												
1	Additional Comments											Next
2	CoDist											Previous
3	District											
4	SSID											
5	Date of Birth											
6	Age as of submission											
7	Disability Category											
8	Grade											
9	Medicaid Eligibility											
10	Last Evaluation Date											
11	Last IEP Date											
12	Number of Days in Standard School year with Properly	0	Transition Plan Required?	No								
13	Was student involved in a complaint or due process that included a corrective action plan?											
14	School Name (where student is served)	Annual Hours for this Student	Total Dollars Expended for this Student									
15	Special Education Certificated Staff (Special Education Teachers)											
16	1	0	\$0									
17	2	0	\$0									
18	3	0	\$0									
19	Special Education Classified Staff											
20	4	0	\$0									
21	5	0	\$0									
22	6	0	\$0									
23	7	0	\$0									
24	8	0	\$0									
25	9	0	\$0									
26	Contracted 1:1 Provider (paraeducators, interpreters, nurses)											
27	10	0	\$0	Hourly Rate #1: C								
28	11	0	\$0	Hourly Rate #2: C								
29	12	0	\$0	Daily Rate #1: Cli								
30	13	0	\$0	Daily Rate #2: Cli								
31	Related Services Required to implement the IEP (In-District Staff)											
32	14	SLP	0	\$0								
33	15	OT	0	\$0								
34	16	PT	0	\$0								
35	17	VI	0	\$0								
36	18	Other, please select	0	\$0								
37	Related Services Required to implement the IEP (Contracted Staff)											
38	19	SLP	0	\$0								
39	20	OT	0	\$0								
40	21	PT	0	\$0								

Ready Accessibility: Investigate

NPA Placements CoDist List Import Sheet - do not delete Start Here Worksheet C Summary Medicaid Re

Worksheet C Summary Tab:

- Enter the demographic information for the student in the cells shaded green on the tab labeled Worksheet C Summary. Please note and complete the added question – “Was the student involved in a complaint or due process that included a corrective action plan?”
- Note:** When a student is served in an out of district placement, the number of school days in cell G12 does not affect the calculation for the placement cost. If the student is served out of district, filling in the number of days is not required.
- Lines 1–23 will populate based on entries from applicable workbook tabs unless the student is receiving services in an out-of-district placement.
- Manually complete lines 24–27 if the student is receiving services outside the resident LEA. These fields now contain a drop-down menu with all current NPAs as well as other placements seen on past applications. Use the drop-down when you can, if placement is not listed it may be typed in.
- Manually complete lines 28–29 for transportation costs associated with the application. Regular school year transportation costs can only be claimed for students attending school outside of the district. ESY transportation costs can be claimed for all students receiving ESY services. Special transportation must be specified in the IEP.
- Line 30 will populate based on the entries from the ESY Staff Costs and Other Staff Costs tabs.
- Manually complete lines 31–33 if claiming equipment, supplies, assistive technology, or other costs for the student. Items claimed here must be specified in the IEP.
- Update threshold on Line 35 if the student was not enrolled and receiving services in any applicable month. This will prorate the threshold.

	A	B	C	D	E	F	G	H	I	J	K
4											
5	How to use this calculator:										
6	1. Locate the Code that corresponds to the service being provided.										
7	2. If the service billing unit is Flat Rate , insert Encounters per Week and # of Weeks Receiving Services .										
8	3. If the service billing unit is in minutes, insert Duration of Encounter in Minutes , Encounters per Week and # of Weeks Receiving Services .										
9	4. The MEDICAID REIMBURSEMENT CALCULATOR will automatically compute all totals.										
10											
11		0									
12	Service	Code	Brief Description	Maximum Allowable Fee	Duration of Encounter in Minutes	Encounters Per Week	# of Weeks Receiving Services	Billing Unit in Minutes	Total Encounters	Medicaid Reimbursement	
89	SL Therapy	92507	Speech/hearing therapy, individual	\$45.60	NA			Flat Rate	0	\$0.00	
90	SL Therapy	92508	Speech/hearing therapy, group	\$13.52	NA			Flat Rate	0	\$0.00	
91	SL Therapy	92521	Evaluation of speech fluency	\$66.58	NA			Flat Rate	0	\$0.00	
92	SL Therapy	92522	Evaluate speech production	\$53.26	NA			Flat Rate	0	\$0.00	
93	SL Therapy	92523	Speech sound lang comprehen	\$115.60	NA			Flat Rate	0	\$0.00	
94	SL Therapy	92524	Behavioral qualit analys voice	\$51.04	NA			Flat Rate	0	\$0.00	
95	SL Therapy	92551	Pure tone hearing test air	\$7.46	NA			Flat Rate	0	\$0.00	
96	SL Therapy	92568	Acoustic reflex testing, threshold	\$9.08	NA			Flat Rate	0	\$0.00	
97	SI Therapy	92570	Acoustic immittance testing	\$18.56	NA			Flat Rate	0	\$0.00	
98	SL Therapy	92607	Ex for speech device rx 1hr	\$76.67				50	0	\$0.00	
99	SL Therapy	92608	EX for speech device rx addl	\$30.87				30	0	\$0.00	
105									Total	\$0.00	
106										70% of total (for use on Worksheet C Summary)	\$0.00
107											
108											

Medicaid Reimbursement Calculator Tab:

- Per [WAC 392-140-602](#), LEAs must either submit verification of Medicaid billing for each high need student application, if applicable, or receive a deduction.
- Fill out any applicable services LEA has submitted Medicaid billing on behalf of the student. Update duration of encounter in minutes (if allowable), encounters per week, and number of weeks the student has been receiving the services. The tabulated amount, less 30 percent, will auto-populate on Worksheet C. The maximum capacity demonstrated for the student will be reduced by this amount.
- Complete using the number of weeks in the school year – not the number of weeks you’ve billed for thus far in the school year.

Contracted 1:1 Cost and Billing Calculator - For providers who have an hourly rate							
Note: This worksheet is linked to the Worksheet C Summary. (Used to complete line 10 on Worksheet C Summary)							
Use this form to calculate costs for contracted 1:1 paraeducators, 1:1 interpreters, 1:1 nurses, or 1:1 behavior technicians							
Enter data in green cells.							
SSID	0	Provider Name				Position	
	# of days per calendar	MPW in IEP for direct services	# of IEP hours (MPW/60/5)	Potential Hours for Month (# of days*# of hours)	Amount billed per month based on invoices for direct services	Hours billed per invoice (Amt billed per invoice/hourly rate)	Hourly Rate=
August	0		0.0	0.00		#DIV/0!	
September	0		0.0	0.00		#DIV/0!	
October	0		0.0	0.00		#DIV/0!	
November	0		0.0	0.00		#DIV/0!	
December	0		0.0	0.00		#DIV/0!	
January	0		0.0	0.00		#DIV/0!	
February	0		0.0	0.00		#DIV/0!	
	0			0.00		#DIV/0!	
						Billing %	#DIV/0!
	Hourly rate	MPW in IEP for direct services	Hours per week (MPW/60)	# of weeks (from Start Here tab)	Maximum Potential		
Potential - current IEP	\$0		0.00	0.0	\$0		
Potential - 1st previous IEP	\$0		0.00	0.0	\$0		
Potential - 2nd previous IEP	\$0		0.00	0.0	\$0		
Potential - 3rd previous IEP	\$0		0.00	0.0	\$0		
Potential - 4th previous IEP	\$0		0.00	0.0	\$0		
Potential - 5th previous IEP	\$0		0.00	0.0	\$0		
Potential - 6th previous IEP	\$0		0.00	0.0	\$0		
Potential cost for 21-22 school year					\$0		
Billing %					#DIV/0!		
Adjusted amount					\$0		
This will only adjust based on the billing percentage if the billing percentage is less than 94%.							

Contracted 1 on 1 Billing Tabs:

- Any contracted 1:1 nurse, 1:1 paraeducator, 1:1 interpreter, or 1:1 behavior technician should be reported on this tab.
- Number of days in Column B will auto-populate if the LEA calendar grids are used on the Start Here Tab.
- Ensure the hourly rate for the contractor is entered in Column I.
- Insert the MPW noted on the student's IEP for the contracted 1:1 in Column C.
- In Column F, report the amount billed by the contract agency each month through February. This billing percentage will be used to determine projected billing through the end of the year. If the amount is less than 94 percent, an adjusted amount will be used on Worksheet C.
- If invoices have not been received through February, complete the form using all the invoices received to date.
- If invoices through February have not been received, change the number of days per calendar column to reflect the number of days for which you have invoices.
- There is a second Contracted 1on 1 Billing tab if there is more than one contracted 1:1 provider serving the student. There are also two 1:1 Billing Daily Rate tabs for contractors that have a daily rate instead of an hourly rate.

Current IEP-Staff Costs Tabs:

- Complete each applicable tab of the workbook for the Current IEP. Enter data for certificated, classified, and related service personnel providing direct services to the student as specified and quantified in the student's IEP. The provider and costs associated with the provision of the services will transfer to Lines 1–23 on the Worksheet C Summary tab.

Special Education Certificated Staff (Special Education Teachers) (used to complete lines 1–3 on Worksheet C Sur

1. Name		2. Name	
Annual Special Education Base Salary		Annual Special Education Base Salary	
Annual Caseload in Minutes for all students		Annual Caseload in Minutes for all students	
Cost per Minute	0	Cost per Minute	0
MPW of direct service provided to this student per IEP		MPW of direct service provided to this student per IEP	
Number of weeks staff member served student	0.0	Number of weeks staff member served student	0.0
Benefit Rate	1.3769	Benefit Rate	1.3769
Total Cost for this student	\$0	Total Cost for this student	\$0

Special Education Classified Staff (used to complete lines 4–9 on Worksheet C Summary)

4. Name		5. Name	
Position		Position	
Hourly Rate		Hourly Rate	
MPW of direct service provided to this student per IEP		MPW of direct service provided to this student per IEP	
Number of weeks staff member served student	0.0	Number of weeks staff member served student	0.0
Benefit Rate	1.5934	Benefit Rate	1.5934
Number of Students served at the same time		Number of Students served at the same time	
Total Cost for this student	\$0	Total Cost for this student	\$0

On the Staff Costs tab of the workbook, for each **certificated instructional staff member** enter:

- the staff member's name;
- the staff member's annual base salary charged to programs 21, 23, 24, 26, and/or 29);
- use the staff member's **November** caseload to calculate their annualized caseload (weekly caseload multiplied by 36 weeks of school) **OR** if the applicant is not listed on the November caseload report, provide the first caseload report that the student appears on;
- the number of weekly IEP minutes the certificated instructional staff provides direct special education services required and quantified in the student's IEP; and,
- the number of weeks the provider served the student, if different than the number of weeks at the top of the worksheet. These cells are shaded blue.

On the Staff Costs tab of the workbook, for each **classified staff member** enter:

- the name and position of the staff member;
- the staff member's hourly rate based on the S-275 (Programs 21, 23, 24, 26, and/or 29);
- the number of weekly IEP minutes the classified staff provides direct special education services required and quantified in the student's IEP. For shared staff, insert the number of students served simultaneously by the classified staff (*Shared staff* applies when two or more students share the same staff member at the same time.); and
- the number of weeks the provider served the student, if different than the number of weeks at the top of the worksheet. These cells are shaded blue.

Current IEP – Other Staff Costs Tab

Related Services Required to implement the IEP									
In-District Staff (used to complete lines 14–18 on Worksheet C Summary)									
SLP		OT		PT		VI		Other, please select	
14. Name		15. Name		16. Name		17. Name		18. Name	
Annual Special Education Base Salary		Annual Special Education Base Salary		Annual Special Education Base Salary		Annual Special Education Base Salary		Annual Special Education Base Salary	
Contract Hours		Contract Hours		Contract Hours		Contract Hours		Contract Hours	
Cost per hour	\$0.00	Cost per hour	\$0.00	Cost per hour	\$0.00	Cost per hour	\$0.00	Cost per hour	\$0.00
MPW of direct service provided to this student per IEP		MPW of direct service provided to this student per IEP		MPW of direct service provided to this student per IEP		MPW of direct service provided to this student per IEP		MPW of direct service provided to this student per IEP	
Number of weeks staff member served student	0.0	Number of weeks staff member served student	0.0	Number of weeks staff member served student	0.0	Number of weeks staff member served student	0.0	Number of weeks staff member served student	0.0
Benefit Rate	1.3769	Benefit Rate	1.3769	Benefit Rate	1.3769	Benefit Rate	1.3769	Benefit Rate	1.3769
# of students served at the same time		# of students served at the same time		# of students served at the same time		# of students served at the same time		# of students served at the same time	
Total IEP costs for this student	\$0	Total IEP costs for this student	\$0	Total IEP costs for this student	\$0	Total IEP costs for this student	\$0	Total IEP costs for this student	\$0

On the Other Staff Costs tab of the workbook, for each **related service provider employed by the district** enter:

- the staff member’s name;
- the staff member’s annual base salary charged to special education programs (Programs 21, 23, 24, 26, and/or 29);
- the staff member’s contract hours;
- the number of weekly IEP minutes the certificated instructional staff provides direct special education services required and quantified in the student’s IEP;
- the number of weeks the provider served the student (cells shaded blue), if different than the number of weeks at the top of the worksheet; and,
- the number of students served at the same time.
- Related service provider assignment titles may be changed on the template, if needed.

20 Contracted Staff (used to complete lines 19–23 on Worksheet C Summary)									
21 SLP		OT		PT		VI		Other, please select	
22 16. Name		17. Name		18. Name		19. Name		20. Name	
23 Hourly Rate		Hourly Rate		Hourly Rate		Hourly Rate		Hourly Rate	
MPW of direct service provided to this student per IEP		MPW of direct service provided to this student per IEP		MPW of direct service provided to this student per IEP		MPW of direct service provided to this student per IEP		MPW of direct service provided to this student per IEP	
24 Number of weeks staff member served student	0.0	Number of weeks staff member served student	0.0	Number of weeks staff member served student	0.0	Number of weeks staff member served student	0.0	Number of weeks staff member served student	0.0
25 Annual Hours for this student	0.00	Annual Hours for this student	0.00	Annual Hours for this student	0.00	Annual Hours for this student	0.00	Annual Hours for this student	0.00
26 # of students served at the same time		# of students served at the same time		# of students served at the same time		# of students served at the same time		# of students served at the same time	
27 Total IEP costs for this student	\$0	Total IEP costs for this student	\$0	Total IEP costs for this student	\$0	Total IEP costs for this student	\$0	Total IEP costs for this student	\$0

On the Other Staff Costs tab of the workbook, for each **contracted related service provider** enter:

- the personal service contractor's name, and name of staff;
- the personal service contractor's hourly rate;
- the number of IEP minutes the personal service contractor provides direct special education services required and quantified in the student's IEP;
- the number of weeks the provider served the student (cells shaded blue), if different than the number of weeks at the top of the worksheet; and,
- the number of students served at the same time.

All Previous IEP-Staff Costs and Previous IEP-Other Staff Costs Tabs:

- For each additional active IEP, repeat the process for Current IEP-Staff Costs Tab and Previous IEP-Other Staff Costs Tab identified above.
- **Note:** The name, salary/hourly rate and contract hours for each Previous IEP worksheet are linked to the Current IEP worksheet. The link can be over-riden if the information is different for any of the Previous IEPs.

ESY-Staff Costs and ESY-Other Staff Costs:

- If ESY services are required and quantified on the current IEP, enter the number of days per week the resident student will be served in ESY in the 2022-23 school year on the Start Here tab.
- Enter the name of the service provider, the hourly rate of the service provider, and the number of students served (at the same time) by the provider on the ESY Staff Costs tab. The combined cost of all ESY services provided will be calculated on Line 20 of the Worksheet C Summary.
- Complete ESY – Other Staff Cost tabs as needed.
- If the ESY service provider is unknown use TBD for the staff name and the average hourly rate for the job classification.

Items required for each High Need Individual Application:

- Worksheet C (including Staff Costs and Other Staff Costs Tabs, if applicable).
- Transportation Cost Calculator, if applicable.
- Student's complete current IEP(s) in effect for the 2022–23 school year. If more than one IEP is in effect for 2022–23, submit previous IEP(s).
- Purchase Order, contracts, and invoices for any expenditure claimed for contracted staff and/or purchased materials for students as required and quantified on the IEP.

Electronic Submission:

The OSPI Special Education Division has a Secure File Transfer Protocol (SFTP) site for LEAs to use to submit their Safety Net applications. This is the preferred submission method. There are many versions of this type of software, but OSPI recommends the free version CoreFTP. Work with your LEA's IT department to install this software.

- [Download the free version of CoreFTP here.](#)
- [Download OSPI's CoreFTP User Guide here.](#)

All LEAs must transfer files through the SFTP to OSPI by 5 p.m. on the deadline date. Once the application files are uploaded to the SFTP, [complete the application submission form](#). This form notifies the Safety Net team of your submission. A confirmation email will be sent within three business days of receipt.

Other important information:

In September of this school year, LEAs were notified that iGrants Form Package 442 is available to use for correction of issues of identified non-compliance. IEPs submitted for Safety Net reimbursement in 2021–22 that were identified as non-compliant are listed on Page 2 – Student Specific Corrections of iGrants Form Package 442. Should the LEA wish to submit the IEP for Safety Net reimbursement in 2022–23, the IEP must be corrected by the LEA prior to submission. All non-compliant IEPs may be prorated from the date of 442 correction, if not corrected prior to the beginning of the 2022-23 school year.



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