

***Survey of Children who are Medically Fragile and Receiving Education in a Licensed Nursing Home, Long-stay Acute Care Hospital or Intermediate Care Facility-Mental Retardation during the period July 1, 2000 through June 30, 2001***

Enter your school division name and 3-digit number below.

School Division Name: \_\_\_\_\_

School Division Number: \_\_\_\_\_

Enter name, phone number and email address of person completing report.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you have no children to report, enter an "x" on the line below, leave sections A & B blank, and return this report.

None reported: \_\_\_\_\_

If you do have children to report proceed to the instructions (below) for completing sections A and B.

***Instructions for Completing Sections A and B***

The following definitions apply to this report:

Children who are Medically Fragile - Children with one or more conditions requiring continuous, on-going specialized health care procedures.

Intermediate Care Facility/Mental Retardation (ICF/MR) - Community facility that delivers active habilitation and training services to people with mental retardation who are not in need of skilled nursing care, but who need more intensive training and supervision than would be available in group homes, apartments or adult care residences.

Long-stay Acute Care Hospital - Hospitals certified as long-stay acute care hospitals and who have a provider agreement with the Department of Medical Assistance Services for such services. The services are of greater acuity than those services typically offered in a general nursing facility, but the provision of care is for long-term care services.

Nursing Facility - Any institution or identifiable component of any institution, as defined in section 32.1-123 of the Code of Virginia, with permanent facilities that include inpatient beds, whose primary function is the provision, on a continuing basis, of nursing and health related services for the treatment of individuals who may require various types of long-term care, including facilities known by varying nomenclatures or designation such as convalescent homes, nursing homes, nursing homes or nursing care facilities, skilled nursing or skilled care facilities, and intermediate care operation of a nursing facility.

### **Section A - Children Whose Parent(s) Reside in the School Division**

Report data for the period July 1, 2000 through June 30, 2001. Section A is intended to capture information on children, regardless of their geographic location, for whom you are fiscally responsible for education and related services because the parent(s) reside within the geographic boundaries of your school division. Do not include children receiving foster care services in this section.

Date of Birth: Provide the child's date of birth in the format MM/DD/YY.

Gender: Provide the child's gender. M = Male, F = Female

Disability Code: Provide the abbreviation for the child's special education category, or enter the word "NONE" if the child has not been identified as receiving or in need of special education and related services.

Special Education Categories:

- AUT -Autism
- DB -Deaf-blindness
- DD -Developmental Delay
- ED -Emotional Disturbance
- HI/D -Hearing Impairment/Deaf
- LD -Learning Disabilities
- MR -Mental Retardation
- MD -Multiple Disabilities
- OI -Orthopedic Impairment
- OHI -Other Health Impairment
- SD -Severe Disabilities
- SLI -Speech or Language Impairment
- TBI -Traumatic Brain Injury
- VI -Visual Impairment

Facility Name: Provide the name of the facility where the child is placed.

County/City & State: Provide the location (county/city and state) of the facility where the child is placed.

Education Code: Provide the type of education service/placement provided to the child using the numeric codes below.

- 1 - Public School in your school division
- 2 - Public School in another school division
- 3 - Homebound/Itinerant Services in your school division
- 4 - Homebound/Itinerant Services in another school division
- 5 - Private Provider on-site
- 6 - Private Provider off-site
- 7 - No education service provided

Total \$: Provide the actual cost (i.e. expenditures) to your school division for the education service provided to the child. Indirect costs (e.g. administrative case management) and services covered by Medicaid should not be included. Travel expenses associated with case management are actual costs to the school division and should be included in the total costs per child.

Days: Provide the actual number of days for which services were paid. Note: One school year typically equals 180 days.

### **Section B - Children Receiving Foster Care Services Placed in a Facility Within School Division**

Report data for the period July 1, 2000 through June 30, 2001. Section B is intended to capture information on children who are receiving foster care services and are placed in a facility within the geographic boundaries of your school division.

Date of Birth: Provide the child's date of birth in the format MM/DD/YY.

Gender: Provide the child's gender. M = Male, F = Female

Disability Code: Provide the abbreviation for the child's special education category, or enter the word "NONE" if the child has not been identified as receiving or in need of special education and related services.

Special Education Categories

- AUT -Autism
- DB -Deaf-blindness
- DD -Developmental Delay
- ED -Emotional Disturbance
- HI/D -Hearing Impairment/Deaf
- LD -Learning Disabilities
- MR -Mental Retardation
- MD -Multiple Disabilities
- OI -Orthopedic Impairment
- OHI -Other Health Impairment
- SD -Severe Disabilities
- SLI -Speech or Language Impairment

TBI -Traumatic Brain Injury  
VI -Visual Impairment

Custodian Location: Provide the location (county/city and state) of the dept. of social services agency or other entity having custody of the child.

Facility Name: Provide the name of the facility where the child is placed.

County/City & State: Provide the location (county/city and state) of the facility where the child is placed.

Education Code: Provide the type of education service/placement provided to the child using the numeric codes below.

- 1 - Public School in your school division
- 2 - Public School in another school division
- 3 - Homebound/Itinerant Services in your school division
- 4 - Homebound/Itinerant Services in another school division
- 5 - Private Provider on-site
- 6 - Private Provider off-site
- 7 - No education service provided

Total \$: Provide the actual cost (i.e. expenditures) to your school division for the education service provided to the child. Indirect costs (e.g. administrative case management) and services covered by Medicaid should not be included. Travel expenses associated with case management are actual costs to the school division and should be included in the total costs per child.

Days: Provide the actual number of days for which services were paid. Note: One school year typically equals 180 days.

This report is due Friday, August 17, 2001

Return to: Jerry Mathews  
Office of Special Education  
Virginia Department of Education  
P. O. Box 2120  
Richmond, VA 23218-2120



