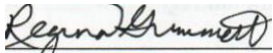


Family Guide to Independent Services

Updated: April 18, 2022

Approved By: Regina Grimmert, Senior Deputy Chief, Specialized Instruction



Regina Grimmert
Senior Deputy Chief
Division of Specialized Instruction

4/18/2022

Date

Overview	3
IEE Guidance for Families	4
What is an Independent Educational Evaluation (IEE)?	4
What are the steps to getting a funded independent educational evaluation?.....	4
Types of Evaluations	6
Washington, D.C. Area IEE Providers.....	6
Independent Services Guidance for Families	10
What are compensatory education services?	10
Steps to Use Independent Services	10
Independent Service Provider Directory	12
Reimbursement Guidance for Families	18
Reimbursement Types	18
Frequently Asked Questions.....	18
Reimbursement Checklist—Compensatory Education Services	20
Reimbursement Checklist – Independent Educational Evaluation (IEE)	22
Reimbursement Checklist – Other Compensatory Education Services (Outside of School Day).....	23
Reimbursement Checklist - Transportation (Privately Owned Vehicle).....	25
Reimbursement Checklist – Transportation	27
Reimbursement Checklist – Tuition	29
Billing Guidance for Vendors	30
IEE Billing Guidance.....	30
Independent Service Billing Guidance	34
Invoice Submission Cover Sheet	37
Invoice Service Log for Independent Services	38
Master Supplier Form -- ONLY REQUIRED FOR CORPORATIONS	40

Overview

Dear Parent or Guardian,

Your child has been authorized to receive an independent education evaluation (IEE), independent compensatory education services, and/or a reimbursement. The duration, intensity, and maximum cost of any authorized evaluations, services, or reimbursement are detailed in the authorization letter(s) provided along with this letter.


This Family Guide includes step-by-step guidelines for obtaining an IEE or independent services, including a list of types of evaluations as well as known independent service providers. This guide also includes guidelines for vendors, including submission guidelines and directions for receiving payments. **The evaluation(s) and/or services listed in your authorization letter are intended to be provided at no cost to you. Any providers selected by you will submit invoices and other necessary information to DCPS directly for payment.** Please provide a copy of the billing guidance included in this guide to any provider(s) you select to evaluate or provide services to your student.

You may select any provider, including those not listed in this guide, as long as they are: 1. not employed by the Government of the District of Columbia, 2. meet the licensure requirements for the awarded service, and 3. work within the cost and other guidelines contained in the authorization letter. DCPS does not endorse any independent evaluators, service providers or tutors. This guide is merely to assist you in selecting a provider. You are also able to change providers if you are not satisfied with their services.

If you change providers, please update the DCPS point of contact included on your authorization letter. Additionally, please notify DCPS if an unusual circumstance prevents your chosen provider from billing DCPS directly. Also, contact your DCPS point of contact *before* your student is evaluated or begins receiving any independent services.

Our team is happy to assist in any way that we can and answer any questions that you may have. If you have any concerns or need any help in this process, you may contact the DCPS point of contact listed on your authorization letter.

Regards,



Regina Grimm

Senior Deputy Chief, Specialized Instruction

IEE Guidance for Families

What is an Independent Educational Evaluation (IEE)?

An Independent Educational Evaluation (IEE) is an evaluation conducted by a certified professional who is not employed by the school district (DCPS). An IEE can be done in a number of areas or disciplines, including: audiology, adaptive physical education, assistive technology, psychology, speech-language, social-emotional, occupational therapy, and physical therapy.

Review and complete the steps in this guide to ensure that an appropriately qualified individual evaluates your student. Additionally, ensure that the evaluator(s) you select review the [billing guidance included in this section](#) prior to beginning any evaluations or submitting any invoice packets to DCPS or the Office of the State Superintendent of Education (OSSE).

If you have any questions during this process, contact the DCPS point of contact included on your authorization letter.

NOTE: Independent providers conducting evaluations through an authorization letter are not DCPS employees. DCPS makes no guarantees or representations regarding the quality of the evaluation and assumes no liability, whether by way of contribution or otherwise, for any damages incurred by the student or family in connection with the independent provider.

What are the steps to getting a funded independent educational evaluation?

The steps below outline how to use the IEE(s) authorized for your student. Please review all steps prior to contacting a provider, and reach out to the DCPS point of contact listed on your authorization letter for any questions.

Step 1 – Confirm the type of evaluation recommended for your child

The authorization letter you received lists the type of evaluations that have been approved for your student. See [this chart](#) to learn more about the different types of evaluations.

Step 2 – Review the type of assessments and covered costs

A provider conducting a funded IEE will bill DCPS directly. Providers may only bill up to the DCPS Maximum Evaluation Costs listed [here](#). If you choose a provider not on the IEE vendor list, please ensure the provider accepts these rates and agrees to bill DCPS directly for payment. If an extenuating circumstance prevents a provider from billing DCPS directly, please contact your DCPS point of contact *before* beginning the evaluation.

For low incidence evaluations such as: Assistive Technology, Adaptive Physical Education, and Vocational Assessments not addressed by the rate guidelines [listed here](#), payment will be made on a case-by-case basis in conjunction with DCPS, the OSSE, and provider(s). DCPS or the OSSE will pay reasonable rates for these assessments.

Step 3 – Select a provider

After you review the type(s) of evaluation recommended for your student ([Step 1](#)), select a provider and schedule an evaluation. This guide includes a list of *some* [Washington, D.C. Area IEE Providers](#). This list is meant to help you start your search, and you may select a provider who is not included not on this list, as long as they meet the following criteria:

1. The provider is qualified to conduct the assessment your child will receive;
2. The provider accepts the prescribed DCPS rates [listed here](#); and
3. The provider is not a DCPS employee.

When selecting a provider, consider the following:

- **Capability:** Is the provider able to deliver the recommended evaluation?
- **Location:** Is the provider located somewhere that you can easily get to?
- **Availability:** Is the provider able to schedule an evaluation session at a time that you can attend and will not delay the process for your child?
- **Approval:** Is the provider willing to accept DCPS rates for services? Please see the DCPS Maximum Evaluation Rates [listed here](#).

Step 4—Schedule the evaluation(s)

After selecting an appropriate provider, schedule the date(s) needed for your student's evaluation(s). When scheduling the appointment, be sure to:

- Explain that you have an authorization from DCPS for an independent educational evaluation (IEE). Providers regularly conduct independent educational evaluations when provided with an authorization form and bill DCPS/OSSE directly.
- Confirm the specific evaluation the provider will conduct.
- Verify where the evaluation will be conducted.
- Let your student's school know when the evaluation has been scheduled. This will allow DCPS to anticipate receipt of the completed evaluation.

Step 5 – Attend the evaluation(s)

Give the provider a copy of the [“Billing Guidance for Vendors”](#) section of this guide. The provider must follow these steps and submit the completed evaluation to ensure timely payment for services.

Be sure to arrive on time for your scheduled evaluation. When you attend your scheduled evaluation, your provider will meet with you and your child, which may include testing and interviews. Many evaluations take a full day to complete and require your participation.

Step 6 – Review the evaluation with your student's school

- Once completed, the provider must send their evaluation report to the appropriate DCPS contact. **If you receive a copy of the evaluation, send it to the DCPS point of contact listed on your authorization letter to ensure that DCPS receives a copy of the evaluation in a timely manner.**
- Upon receipt, the DCPS local education agency (LEA) representative (e.g., the Special Education Coordinator, Nonpublic Monitoring Specialist, or Resolution Specialist) assigned to your student will contact you to schedule a meeting to review the evaluation(s).
 - At the review meeting, your child's DCPS LEA representative will discuss the evaluation findings with you and other DCPS and school personnel. If appropriate, an individualized education program (IEP) for your child may also be created or updated.

Types of Evaluations

Washington, D.C. Area IEE Providers

Evaluation Type	PROVIDER NAME AND CONTACT
Psychological	Acumen Behavioral Consulting, David Cranford 1629 K St. NW, Washington, DC 20006 P: 240.303.2141 E: davie@acumenbehavioral.com
Psychological	Alina Assessment Services, Joette James 412 First St. SE, Washington, DC 20003 P: 240.424.0073 E: joettedj@aol.com
Psychological	Behavioral and Educational Solutions 8609 2 nd Ave #506B, Silver Spring, MD 20910 P: 240.398.3514 E: info@besdc.com
Psychological	Campbell Psychological Services 8607 2 nd Ave. Silver Spring, MD 20910 P: 301.589.5533 E: kcampbell@CamPsychServ.com
Psychological	COMPASS Mental Health Consultants, LLC 11140 Rockville Pike, Ste. 400, Rockville, MD 20852 P: 240.630.4048 E: pojevwe@gmail.com
Psychological	Education Due Process Solutions 711 Bain Dr, Hyattsville, MD 20785 P: 301.502.4838 E: jessica@educationdps.com
Psychological	George Washington Meltzer Center 2125 G St NW #101K, Washington, DC, 20052 P: 202.994.9072 E: meltzercenter@gwu.edu
Psychological	Golden Assessments 1487 Chain Bridge Rd. Ste 303, McLean, VA 22101 P: 571.316.1529 E: drgolden@goldenassessments.com
Psychological	Inner City Family Services 2307 Martin Luther King Jr. Ave SE, Washington DC 20020 P: 202.525.4855 E: karena.smith@innercityfamilyservices.com
Psychological	Lifelong Wellness 8403 Colesville Rd, Suite 1100, Silver Spring, MD 20910 P: 301.367.4827 E: drsanders@lifelongwellnessdc.com
Psychological	Ling Wu 15807 Crabbs Branch Way, Ste A, Rockville, MD 20855 P: 240.285.0047 E: LingLouiWu@gmail.com
Psychological	Mid-Atlantic Children's Services 9658 Baltimore Ave #240 College Park, MD 20740 P: 240.297.9857 E: admin@mid-atlanticservices.com
Psychological	Morgan Holdings Group, LLC 4309 Travancore Ct., Randallstown, MD 21133 P: 443.413.9484 E: kwylie21@aol.com
Psychological	Quince Orchard Psychotherapy 60 Market St. Ste. 207, Gaithersburg, MD 20878 P: 240.750.6467 E: schedule@qopsych.com
Psychological	Solutions Educational Consultants 14760 Nain St, Suite 118, Upper Marlboro, MD 20772 P: 240.274.1497 E: c2bells@verizon.net
Psychological	The Child and Family Practice 4800 Hampden Ln. Ste. 200 Bethesda, MD 20814 P: 703.647.4197 E: info@childandfamilypractice.com

Evaluation Type	PROVIDER NAME AND CONTACT
Speech and Language	Behavior and Education Solutions 8609 2 nd Ave., Suite 404B, Silver Spring, MD 20910 P: 240.398.3514 E: info@besdc.com
Speech and Language	Capitol Kids Speech Therapy 201 8 th St. NE, Washington, DC 20017 P: 202.544.5469
Speech and Language	Children's Speech and Language Services 6231 Leesburg Pike, Falls Church, VA 22044 P: 703.685.1070 E: info@csls.us
Speech and Language	District Speech and Language Therapy 2604 Connecticut Ave. NW, Suite 202, Washington, DC 20017 P: 202.417.6676 E: info@districtspeech.com
Speech and Language	Gallaudet University Hearing and Speech Center Sorenson Language and Communication Center 2200 800 Florida Ave. NE, Washington, DC 20002 P: 202.250.2119 E: guhsc@gallaudet.edu
Speech and Language	HSC Pediatric Center 1731 Bunker Hill Rd. NE, Washington, DC 20017 P: 202.832.4400 E: sbowles@hschealth.org
Speech and Language	My Brother's Keeper Transitional Living Service (www.MBKDC.org) 2616 Georgia Avenue NW Washington DC 20001 P: 202-386-6311 E: awashington@mbkdc.org
Speech and Language	Solutions Educational Consultants 14760 Nain St, Suite 118, Upper Marlboro, MD 20772 P: 240.274.1497 E: c2bells@verizon.net
Speech and Language	Something 2 Talk About 9470 Annapolis Rd., Suite 409, Lanham, MD 20706 P: 301.661.4729 E: admin@s2talkabout.net
Speech and Language	The Connections Therapy Center 9470 Annapolis Rd., Suite 416, Lanham, MD 20706 P: 301.577.4333 E: info@thectcenter.com
Speech and Language	The Reading and Language Learning Center 8229 Boone Blvd., Suite 660, Vienna, VA 22182 P: 703.821.1363 E: info@readingllcenter.com
Speech and Language	Unlimited Expressions 3414 Summit Ct. NE, Washington, DC 20018 P: 202.744.8158
Physical Therapy	HSC Pediatric Center 1731 Bunker Hill Road, NE Washington, DC 20017 P: 202.832.4400 E: sbowles@hschealth.org
Physical Therapy	Sensational Kids Therapy 4400 Jenifer St NW #280 Washington, DC 20015 P: 202.244.8089 E: office@sensationalkids-therapy.com
Physical Therapy	Solutions Educational Consultants 14760 Nain St, Suite 118, Upper Marlboro, MD 20772 P: 240.274.1497 E: c2bells@verizon.net
Physical Therapy	My Brother's Keeper Transitional Living Service (www.MBKDC.org) 2616 Georgia Avenue NW Washington DC 20001 P: 202-386-6311 E: awashington@mbkdc.org

Evaluation Type	PROVIDER NAME AND CONTACT
Physical Therapy	The Connections Therapy Center 9470 Annapolis Road, Suite 416 Lanham, MD 20706 P: 301.577.4333 E: info@thectcenter.com
Physical Therapy	Unlimited Expressions 3414 Summit Ct. NE Washington, DC 20018 P: 202.744.8158
Physical Therapy	Weinfeld Education Group 104 Northwood Avenue, Silver Spring, MD 20901 P: 301.681.6233 E: admin@weinfelddeducationgroup.com
Occupational Therapy	HSC Pediatric Center 1731 Bunker Hill Rd. NE Washington, DC 20017 P: 202.832.4400 E: sbowles@hschealth.org
Occupational Therapy	Jeter Rehab Therapy 1900 L St NW #607 Washington, DC 20036 P: 202.528.7223 E: JeterRehab@aol.com
Occupational Therapy	Sensational Kids Therapy Group 4400 Jenifer Street New Suite 280 Washington, DC 20015 P: 202.244.8089 E: office@sensationalkids-therapy.com
Occupational Therapy	Something 2 Talk About 9470 Annapolis Road Suite 409 Lanham, MD 20706 P: 301.661.4769 E: admin@s2talkabout.net
Occupational Therapy	The Connections Therapy Center 9470 Annapolis RD, Suite 416 Lanham, MD 20706 P: 301.577.4333 E: info@thectcenter.com
Occupational Therapy	Weinfeld Education Group 104 Northwood Avenue, Silver Spring, MD 20901 P: 301.681.6233 E: admin@weinfelddeducationgroup.com
Occupational Therapy	My Brother's Keeper Transitional Living Service (www.MBKDC.org) 2616 Georgia Avenue NW Washington DC 20001 P: 202-386-6311 E: awashington@mbkdc.org
Social History	My Brother's Keeper Transitional Living Service (www.MBKDC.org) 2616 Georgia Avenue NW Washington DC 20001 P: 202-386-6311 E: awashington@mbkdc.org
Social History Functional Behavioral Assessment (FBA)	The Mecca Group, LLC 1629 K Street NW, Suite 300 Washington, DC 20006 P: 202.529.3117 E: administrator@themeccagroupllc.com
Social History Functional Behavioral Assessment (FBA)	Weinfeld Education Group 104 Northwood Avenue, Silver Spring, MD 20901 P: 301.681.6233 E: admin@weinfelddeducationgroup.com
Assistive Technology	Columbia Lighthouse for the Blind 1825 K Street NW, Suite 1103, Washington, DC 20006 P: 202.454.6400 E: info@clb.org
Assistive Technology	HSC Pediatric Center 1731 Bunker Hill Road, NE, Washington DC 20017 P: 202.832.4400 E: sbowles@hschealth.org
Assistive Technology	My Brother's Keeper Transitional Living Service (www.MBKDC.org) 2616 Georgia Avenue NW Washington DC 20001 P: 202-386-6311 E: awashington@mbkdc.org

Evaluation Type	PROVIDER NAME AND CONTACT
Assistive Technology	Out of the Box Accessibility Solutions P: 571.439.5697
Assistive Technology	Weinfeld Education Group 104 Northwood Avenue, Silver Spring, MD 20901 P: 301.681.6233 E: admin@weinfelddeducationgroup.com
Auditory Processing Disorder Audiology	Chattering Children 4880 MacArthur Blvd, NW Washington, DC 20007 P: 202.333.1403 E: info@chatteringchildren.org
Adaptive Physical Education (APE)	My Brother's Keeper Transitional Living Service (www.MBKDC.org) 2616 Georgia Avenue NW Washington DC 20001 P: 202-386-6311 E: awashington@mbkdc.org

Independent Services Guidance for Families

What are independent education services?

Independent education services are educational services, including specialized instruction and related services, provided to students to make up for or compensate for services not provided by a school. The authorization letter you received along with this guide includes the specific type and amount of independent services that have been awarded to your student. Please note that these services often have a “deadline for completion” and will expire if not used by the specified date.

Types of independent education services

Independent education services can include many different types of services to assist your student in compensating for any missed specialized instructional time and/or related services. Specific types of services may require specific licensing requirements. See the chart below for a list of required licenses needed to perform independent services in Washington D.C.¹

Service Type	CREDENTIAL REQUIREMENT
Tutoring	Provider resume
Counseling	DC Department of Health Professional Counseling License, or DC Department of Health Social Work License, or DC Department of Health Psychology License
Mentoring	Provider resume
Occupational Therapy	DC Department of Health Occupational Therapy License
Physical Therapy	DC Department of Health Physical Therapy License
Behavior Support Services	DC Department of Health Psychology License, or DC Department of Health Social Work License, or DC Department of Health Professional Counseling License
Speech-Language Pathology	DC Department of Health Speech-Language Pathology License
Applied Behavioral Analysis	Provider resume

Steps to Use Independent Services

Step 1 –Review the authorization letter

The authorization letter specifies the type and number of independent services your student is authorized to receive. Keep a copy of the authorization document for your records.

Step 2—Select a service provider

This guide includes [a list of some known providers](#) in the Washington, D.C. area. You may select providers from this list or choose another provider who will best serve your student. Please keep in mind that the provider must meet the licensure or certification requirements contained in this guide. Additionally, ensure that your selected provider will perform the services for the rate specified. Rates for services are set by the OSSE and are updated yearly.²

¹ Providers working in other jurisdictions (e.g., Maryland or Virginia) must meet the equivalent license requirements for the area in which they practice.

² <https://osse.dc.gov/publication/nonpublic-services-rate-chart>

Step 3—Notify DCPS of service provider(s)

Once you have selected a provider, provide your DCPS point of contact (Resolution Specialist or Nonpublic Monitoring Specialist) with the name and current contact information, including email address, of the vendor you have selected.

Step 4—Provide a copy of your authorization letter to your selected service provider

Keep a copy of the authorization letter for your records.

Schedule and participate in service sessions

PLEASE NOTE: Independent education services **MAY NOT** be provided on school property or during school hours (8:30am-3:30pm Monday-Friday). Your student **MAY NOT** receive independent service sessions during normal school hours if absent from school.

Track your student's hours

Although the service provider will bill DCPS for the hours serviced, families should also track the date and time of each hour used to ensure your student receives all hours authorized. Additionally, a DCPS representative may reach out to verify the dates and times submitted by the service provider.

Step 5—Verify services

At the end of each service session, you must sign a service log verifying the date and time in which services occurred. **You should not sign the service log prior to any service sessions.** If your student is at least 16 years old at the time of service, they may sign the log at the end of each service session.

Step 6—Notify DCPS of any changes.

You may change providers at any point. Please notify any new providers of the number of authorized hours that have already been completed and give them a copy of the authorization letter. Additionally, notify the DCPS staff member who authorized the services of any changes to service providers.

Independent Service Provider Directory

This directory includes a list of *some* known service providers in the Washington, D.C. area. DCPS does not endorse any providers or companies, and this list is merely meant as an aid to begin your search to identify providers who can support your student. You may select providers who are not included on this list as long as they meet the any applicable credentialing requirement [outlined above](#).

Tutoring – Maximum Hourly Rate: \$71.90

Name	Contact Information	Notes
Advent Educational Specialists, Inc	Ron Mills 202.787.0036	<ul style="list-style-type: none"> Hours of Operation: Sunday - Friday (8:30am - 6:30pm) Language(s): English Services can be provided at the student's home
Club Z Tutoring	Ron Joiner 202.269.2718 www.clubztutoring.com	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (9:00am - 5:00pm) Language(s): English, Spanish, French, and German Services can be provided at the student's home
C-3 Solutions	Elizabeth Smith 443.404.5101	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (8:00am - 6:00pm) Language(s): English Services can be provided at the student's home or closest library
Future Leaders of America	240.770.7153 www.leadersfirst.us	<ul style="list-style-type: none"> Hours of Operation: Based on student's availability Language(s): English
H.E.L.P/Educational Support Services	Shawn Strader 202.232.1137	<ul style="list-style-type: none"> Hours of Operation: Monday – Friday (after school, last client seen at 7pm) Language(s): Spanish, Amharic, and French
Pathway to Success	Terrance Jackson 202.469.0944	<ul style="list-style-type: none"> Hours of Operation: Monday – Saturday (flexible hours) Language(s): English and Spanish Services can be provided at the student's home
Prodigy Student Support Services	202.510.5192	<ul style="list-style-type: none"> Hours of Operation: Monday - Saturday Language(s): English
Project MBrace	Ms. Simpson 202.621.3447	<ul style="list-style-type: none"> Hours of Operation: Monday – Saturday (flexible hours) Language(s): English Services can be provided at the student's home
Ravizee Education Consulting	Charmaine Ravizee 202.497.5003	<ul style="list-style-type: none"> Hours of Operation: Flexible hours Language(s): English
Educational Resources	Derek Marryshow 301.661.2348	<ul style="list-style-type: none"> Hours of Operation: Flexible hours Language(s): English
Education Due Process Solutions	Jessica Williams 240.294.6047 jessica@educationdps.com	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (8:00am - 8:00pm) Language(s): English

Name	Contact Information	Notes
Education Solutions	Jay Michney 703.312.5300 jmichney@verizon.net	<ul style="list-style-type: none"> Hours of Operation: Monday - Saturday (flexible hours) Language(s): English
R&J Consulting	Ron Joiner 202.269.2718	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday Language(s): English
Martha's Table	202.328.6608	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday Language(s): English
Georgetown Tutoring	Lisa Kolovich 301.919.4469 support@georgetowntutoring.com	<ul style="list-style-type: none"> Hours of Operation: Monday - Saturday Language(s): English
Latin American Youth Center Programs (LAYC)	202.319.2225 www.layc-dc.org	<ul style="list-style-type: none"> Hours of Operation: Monday, Wednesday, and Friday (8am-7pm) and Tuesday and Thursday (8am-8pm) Language(s): English and Spanish
Lynn Kaplan (SPED Math Tutor)	301.300.6425 mathkaplan@gmail.com	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (flexible hours) Language(s): English

Counseling & Behavior Support Services—Hourly Rate Dependent on Provider Qualifications

Rates for counseling and behavior support services (BSS) depend on the provider's qualifications. See the [OSSE COA guidance](#) for the current hourly rates and corresponding certifications. Generally, a Licensed Social Worker (LCSW, LICSW, etc.) provides counseling or behavior support in a school setting, but others, including a mental health counselor, psychologist or psychiatrist could also provide these services.

Please note: a Hearing Officer Determination (HOD) may specify a certain rate that differs from those included on the most recent OSSE COA guidance.

Name	Contact Information	Notes
Pathways to Success:	Terrance Jackson 202.469.0944	<ul style="list-style-type: none"> Hours of Operation: Monday - Saturday (flexible hours) Language(s): English and Spanish
Latin American Youth Center Program (LAYC):	202.319.2225 www.layc-dc.org	<ul style="list-style-type: none"> Hours of Operation: Monday, Wednesday, and Friday (8am - 7pm) and Tuesday and Thursday (8am - 8pm) Language(s): English and Spanish
Affordable Behavioral Consultants:	301.386.7722 www.abcmaryland.com	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday Language(s): English
Inner City Family Services	202.525.4855 www.innercityfamilyservices.com	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday Language(s): English
My Brother's Keeper Transitional Living Service	202-386-6311 awashington@mbkdc.org	<ul style="list-style-type: none"> Contact for more information
Life Enhancement Services	202.269.2401 www.lifeenhancementservices.org/dc	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday Language(s): English
George Washington University Meltzer Center	202.944.5395	<ul style="list-style-type: none"> Hours of Operation: Monday – Friday (flexible hours) Language(s): English

Name	Contact Information	Notes
AAC Counseling Associates	Patricia Webbink 301.229.0044	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (flexible hours) Language(s): English
Advent Educational Specialists, Inc	Ron Mills 202.787.0036	<ul style="list-style-type: none"> Hours of Operation: Sunday - Friday (8:30am - 6:30pm) Language(s): English Services can be provided at the student's home
Crawford Consulting and Mental Health Services	Patrick A. Crawford 301.341.5111 www.crawfordconsulting.org	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (9:00am - 8:30pm) and Saturday (9:00am - 3:00pm) Language(s): English Services provided in office (DC: Anacostia Metro; MD: Cheverly Metro)

Mentoring Services- Maximum Hourly Rate: \$71.90

Name	Contact Information	Notes
MEL Mentoring Program	Melissa Patterson-Latson 240.504.2791	<ul style="list-style-type: none"> Hours of Operation: Flexible hours Language(s): English For youth girls 8-15
Life Enhancement Services	202.269.2401 www.lifeenhancementservices.org/dc	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday Language(s): English
Affordable Behavioral Consultants	301.386.7722	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday Language(s): English
Latin American Youth Center Program (LAYC)	202.319.2225 www.layc-dc.org	<ul style="list-style-type: none"> Hours of Operation: Monday, Wednesday, and Friday (8am - 7pm) and Tuesday and Thursday (8am - 8pm) Language(s): English
My Brother's Keeper Transitional Living Service	202-386-6311 awashington@mbkdc.org	<ul style="list-style-type: none"> Contact for more information
Pathways to Success	Terrance Jackson 202.469.0944	<ul style="list-style-type: none"> Hours of Operation: Monday – Saturday (flexible hours) Language(s): English and Spanish

Occupational Therapy (including Orientation and Mobility Services)—Maximum Hourly Rate: \$130.38

Orientation and mobility services can include services provided by the following qualified individuals: Low Vision Therapist, Orientation & Mobility Specialist, Vision Rehab Therapist. Orientation and mobility services are authorized at the same hourly rate as occupational therapy. If your student has been authorized to receive orientation and mobility services, please ensure your selected vendor can provide these services.

Name	Contact Information	Notes
Advent Educational Specialists, Inc	Ron Mills 202.787.0036	<ul style="list-style-type: none"> Hours of Operation: Sunday - Friday (8:30am - 6:30pm) Language(s): English Services can be provided at the student's home

Name	Contact Information	Notes
C-3 Solutions	Charles Thomas 443.404.5101	<ul style="list-style-type: none"> Hours of Operation: 8:00am - 6:00pm Language(s): English Services provided at the student's home or closest library
Skills on the Hill	Kristen Masci 202.544.5439	<ul style="list-style-type: none"> Hours of Operation: Based on student's availability Language(s): English
Something 2 Talk About	301-661-4729 www.s2talkabout.net	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday Language(s): English and Spanish
HSC Pediatric Center	202-832-4400 www.hscpediatriccenter.org	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday Language(s): English and Spanish
My Brother's Keeper Transitional Living Service	202-386-6311 awashington@mbkdc.org	<ul style="list-style-type: none"> Contact for more information
Jeter Rehab Therapy	202.528.7223	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday Language(s): English
Sensational Kids Group Therapy	202-244-8089	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday Language(s): English

Physical Therapy—Maximum Hourly Rate: \$115.05

Name	Contact Information	Notes
Advent Educational Specialists, Inc	Ron Mills 202.787.0036	<ul style="list-style-type: none"> Hours of Operation: Sunday - Friday (8:30am - 6:30pm) Language(s): English Services can be provided at the student's home
C-3 Solutions	Charles Thomas 443.404.5101	<ul style="list-style-type: none"> Hours of Operation: 8:00am - 6:00pm Language(s): English Services provided at the student's home or closest library
Jewel Therapy	Winfield White, Diana Davenport 301.520.9376	Hours of Operation: Monday - Friday (3:30pm - 5:30pm); Saturdays on request Language(s): English Services provided at the student's home
My Brother's Keeper Transitional Living Service	202-386-6311 awashington@mbkdc.org	<ul style="list-style-type: none"> Contact for more information
Multicultural Rehab, Inc	301.754.2003 www.mrehab.com	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (9:00am - 5:00pm) Language(s): English and Spanish Services can be provided at the student's home
HSC Pediatric Center	202-832-4400 www.hscpediatriccenter.org	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday Language(s): English

Applied Behavioral Analysis (ABA)— Hourly Rate Aligned to Counseling & Behavior Support Services

Name	Contact Information	Notes
Autism Outreach Inc	Leslie Smith and Kelli O'Donnell, 703.789.0019	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (8:00am - 7:00pm); Saturday by appointment Language(s): English Services can be provided at the student's home
The Connections Therapy Center	301.577.4333	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (9:00am - 5:00pm) Language(s): English
My Brother's Keeper Transitional Living Service	202-386-6311 awashington@mbkdc.org	<ul style="list-style-type: none"> Contact for more information
Early Autism Solutions	202-321-6305	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (9:00am - 5:00pm) Language(s): English
Jacob's Promise	301-576-5487 www.jacobspromise.com	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (9:00am - 5:00pm) Language(s): English

Speech Pathology Services—Maximum Hourly Rate \$114.10

Name	Contact Information	Notes
Advent Educational Specialists, Inc	Ron Mills 202.787.0036	<ul style="list-style-type: none"> Hours of Operation: Sunday - Friday (8:30am - 6:30pm) Language(s): English Services can be provided at the student's home
C-3 Solutions	Elizabeth Smith 443.404.5101	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (8:00am-5:30pm) Language(s): English Services can be provided at the student's home
My Brother's Keeper Transitional Living Service	202-386-6311 awashington@mbkdc.org	<ul style="list-style-type: none"> Contact for more information
On Target Speech and Language Consulting	Bradley M. Zambanini 202.421.6604 www.ontargetspeech.com	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (8:00am - 8:00pm); by appointment Language(s): English Services can be provided at the student's home
Outreach Solutions Inc	Mr. Bell 301.574.8027	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (8:00am - 6:00pm) Language(s): English Services can be provided at the student's home or closest library
Unlimited Expressions	Jennifer Brooks 202.744.8158	<ul style="list-style-type: none"> Hours of Operation: Monday - Friday (8:00am - 6:00pm)

Name	Contact Information	Notes
		<ul style="list-style-type: none"> • Language(s): English • Services can be provided at the student's home or closest library
Behavior and Education Solutions	240.398.3514	<ul style="list-style-type: none"> • Hours of Operation: Flexible hours • Language(s): English
Something 2 Talk About	301.661.4729 www.s2talkabout.net	<ul style="list-style-type: none"> • Hours of Operation: Monday - Friday • Language(s): English and Spanish
Pathways to Success	Terrance Jackson 202.469.0944	<ul style="list-style-type: none"> • Hours of Operation: Monday - Saturday (flexible hours) • Language(s): English and Spanish
HSC Pediatric Center	202.832.4400 www.hscpediatriccenter.org	<ul style="list-style-type: none"> • Hours of Operation: Monday - Friday • Language(s): English

Reimbursement Guidance for Families

Reimbursement Types

Some settlement agreements (SA) or Hearing Officer Determinations (HOD) require DCPS to reimburse families upon receipt of satisfactory proof of payment. The table below lists each reimbursement type and links to the corresponding reimbursement checklist that must be completed and submitted to the DCPS point of contact.

Reimbursement Type	Reimbursement Checklist (Link)
Compensatory Education Services	Reimbursement Checklist – Compensatory Education Services
Independent Educational Evaluation (IEE)	Reimbursement Checklist – Independent Educational Evaluation
Other Compensatory Education Services (Outside of School Day)	Reimbursement Checklist – Other Compensatory Education Services (Outside of School Day)
Transportation (Privately Owned Vehicle)	Reimbursement Checklist – Transportation (Privately Owned Vehicle)
Transportation	Reimbursement Checklist - Transportation
Tuition	Reimbursement Checklist - Tuition

Frequently Asked Questions

The Frequently Asked Questions below address the most common questions related to reimbursement. **If you have any additional questions related to reimbursement, contact the DCPS point of contact included on the authorization document.**

Why do I need to submit a W-9 form? (www.irs.gov/FormW9)?

A W-9 form is required to ensure that payment is issued and tracked properly. Without a W-9 on file, payment cannot be issued.

Please allow up to 30 days for the Office of the Chief Financial Officer to input and confirm the accuracy of newly submitted W-9 forms. To ensure no additional delays in payment, submit your completed, signed W-9 form to your DCPS point of contact prior to submitting your reimbursement request.

Will my reimbursement be reported as income and/or taxed?

No. By receiving reimbursement for services provided to your student, you will not receive a 1099 form. The reimbursement payment will not be reported as income nor will taxes be applied. Should you have any questions about this form, please email 1099inquiries@dc.gov.

Why do I need to complete a Certification Form for Compensatory Education Services/Other Compensatory Education Services?

When vendors submit invoices for compensatory education services, they submit an invoice service log that demonstrates date, start time & end time, and parent or guardian signature verifying services. Since the compensatory education services hours authorized by the HOD or SA could span over a long period of time or occur during normal school hours, families can complete the certification form for compensatory education services/other compensatory education services upon requesting reimbursement.

How do I complete the “Service period” field?

Specify the dates in which services were provided as ordered by the HOD or SA (e.g., March 2017 – June 2017).

Why do I need to submit an itemized account statement AND proof of payment (canceled check, credit card statement, or bank statement)?

The itemized account statement provides a detailed description regarding payments that have been made. Proof of payment demonstrates the method in which payments were made. It is imperative that sufficient proof of payment is provided so that DCPS can verify that the payments were applied to the time period that is mentioned in the HOD or SA.

What is a canceled check?

A canceled check is a check that has been paid by the bank they are drawn on. After the money is deducted from your checking account, the bank will cancel the check so it can no longer be used.

How should I list and number my supporting documentation?

Number your supporting documentation in the order in which it included on the checklist (excluding your W-9 form). There is a space at the bottom of each checklist to number and list supporting documentation.

- Example: ☐ HOD
☐ Evaluation Report
☐ Itemized Account Statement/Invoice
☐ Proof of Payment

Then, write the corresponding numbers on the actual documents.

Reimbursement Checklist—Compensatory Education Services

STUDENT INFORMATION

Name: _____ DOB: _____

State ID (USI): _____ School: _____

PAYEE INFORMATION

☐ Attach a completed W-9 Request for Taxpayer Identification Number and Certification for payee. See [HERE](#) for instructions and the most recent version of this form.

AUTHORIZING DOCUMENT

☐ Indicate the type(s) of authorizing document and attach a full copy:

- ☐ Hearing Officer Determination (HOD)
- ☐ Settlement Agreement (SA)
- ☐ District Court Order
- ☐ Reimbursement Authorization Letter

List and number the type of document (number must be written on the document as well)

CERTIFICATION FORM

☐ Attach signed "[Certification Form for Compensatory Education Services](#)"

PAYMENT CONFIRMATION

☐ Submit payment confirmation from the provider on company letterhead. Payment confirmation must include the following information:

- ☐ Student name
- ☐ Service Type
- ☐ Service date(s)
- ☐ Start and end time(s)
- ☐ Hours completed
- ☐ Amount paid

PROOF OF PAYMENT

Select the proof(s) of payment from the list below that are included in your reimbursement packet:

- ☐ **Canceled check(s)**: Check number and amount(s) must match the provider's payment confirmation
- ☐ **Credit card statement** (filtered): Payment must be issued to the provider and amount(s) must match the provider's payment confirmation
- ☐ **Bank statement** (filtered): Payment must be issued to the provider and amount(s) must match the provider's payment confirmation

List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). If any proof of payment amount does not match the individual charges on the itemized account statement, there must be a breakdown of the payment amount (attach additional pages as needed).

Certification Form for Compensatory Education Services

STUDENT INFORMATION

Name: _____

DOB: _____

State ID (USI): _____

School: _____

SERVICE INFORMATION

Type of service: _____

Service period: _____

Hours Completed: _____

Authorized hourly rate: \$_____

Service Provider Signature

Date

Service Provider Printed Name

CERTIFICATION STATEMENT

I, _____, certify that the above information is true to the best of my knowledge and belief and I understand that my reimbursement request is subject to verification by DCPS upon receipt of additional documentation as required.

CERTIFICATION SIGNATURE

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the District of Columbia government, under circumstance which the statement could reasonably be expected to be relied upon as true (DC Code 22-2405)

Reimbursement Checklist – Independent Educational Evaluation (IEE)

STUDENT INFORMATION

Name: _____

DOB: _____

State ID (USI): _____

School: _____

PAYEE INFORMATION

☐ Attach a completed W-9 Request for Taxpayer Identification Number and Certification for payee. See [HERE](#) for instructions and the most recent version of this form.

AUTHORIZING DOCUMENT

☐ Indicate the type(s) of authorizing document at attach a full copy:

- ☐ Hearing Officer Determination (HOD)
- ☐ Settlement Agreement (SA)
- ☐ District Court Order
- ☐ Reimbursement Authorization Letter

List and number the type of document (number must be written on the document as well)

EVALUATION REPORT

☐ Attach a copy of the completed, signed evaluation report on company letterhead, with the evaluator's credentials (license/certification number).

ITEMIZED ACCOUNT STATEMENT/INVOICE

☐ Attach an itemized account statement/invoice from the evaluator on company letterhead. The account statement/invoice must include the following information:

- ☐ Student name
- ☐ Evaluation type
- ☐ Evaluation date
- ☐ Amount paid
- ☐ Method of payment

PROOF OF PAYMENT

Select the proof(s) of payment from the list below that are included in your reimbursement packet:

- ☐ **Canceled check(s)**: Check number and amount(s) must match the provider's payment confirmation
- ☐ **Credit card statement** (filtered): Payment must be issued to the provider and amount(s) must match the provider's payment confirmation
- ☐ **Bank statement** (filtered): Payment must be issued to the provider and amount(s) must match the provider's payment confirmation

List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). Include a breakdown of the payment amount for any proof of payment amount that does not match the individual charges on the itemized account statement.

Reimbursement Checklist – Other Compensatory Education Services (Outside of School Day)

STUDENT INFORMATION

Name: _____

DOB: _____

State ID (USI): _____

School: _____

PAYEE INFORMATION

☐ Attach a completed W-9 Request for Taxpayer Identification Number and Certification for payee. See [HERE](#) for instructions and the most recent version of this form.

AUTHORIZING DOCUMENT

☐ Indicate the type(s) of authorizing document and attach a full copy:

☐ Hearing Officer Determination (HOD)

☐ Settlement Agreement (SA)

☐ District Court Order

☐ Reimbursement Authorization Letter

List and number the type of document (number must be written on the document as well)

CERTIFICATION FORM

☐ Attach signed "[Certification Form for Compensatory Education Services](#)"

PAYMENT CONFIRMATION

☐ Submit payment confirmation from the provider on company letterhead. Payment confirmation must include the following information:

☐ Student name

☐ Service Type

☐ Service date(s)

☐ Start and end time(s)

☐ Hours completed

☐ Amount paid

PROOF OF PAYMENT

Select the proof(s) of payment from the list below that are included in your reimbursement packet:

☐ **Canceled check(s)**: Check number and amount(s) must match the provider's payment confirmation

☐ **Credit card statement** (filtered): Payment must be issued to the provider and amount(s) must match the provider's payment confirmation

☐ **Bank statement** (filtered): Payment must be issued to the provider and amount(s) must match the provider's payment confirmation

List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). Include a breakdown of the payment amount for any proof of payment amount that does not match the individual charges on the itemized account statement.

Certification Form for Compensatory Education Services

STUDENT INFORMATION

Name: _____

DOB: _____

State ID (USI): _____

School: _____

SERVICE INFORMATION

Type of service: _____

Service period: _____

Hours Completed: _____

Authorized hourly rate: \$_____

Service Provider Signature

Date

Service Provider Printed Name

CERTIFICATION STATEMENT

I, _____, certify that the above information is true to the best of my knowledge and belief and I understand that my reimbursement request is subject to verification by DCPS upon receipt of additional documentation as required.

CERTIFICATION SIGNATURE

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the District of Columbia government, under circumstance which the statement could reasonably be expected to be relied upon as true (DC Code 22-2405)

Reimbursement Checklist - Transportation (Privately Owned Vehicle)

STUDENT INFORMATION

Name: _____ DOB: _____

State ID (USI): _____ School: _____

PAYEE INFORMATION

☐ Attach a completed W-9 Request for Taxpayer Identification Number and Certification for payee. See [HERE](#) for instructions and the most recent version of this form.

AUTHORIZING DOCUMENT

☐ Indicate the type(s) of authorizing document and attach a full copy:

- ☐ Hearing Officer Determination (HOD)
- ☐ Settlement Agreement (SA)
- ☐ District Court Order
- ☐ Reimbursement Authorization Letter

List and number the type of document (number must be written on the document as well)

VERIFICATION FORM

Submit a signed [Parental Verification of Transportation for Mileage Reimbursement](#) for the current year, unless a previous year's IRS rate is specified on the authorizing document.

MILEAGE PRINTOUT

☐ Submit a mileage printout that shows the distance from home to school (e.g., Google Maps or Apple Maps)

ATTENDANCE RECORDS

☐ Submit student's school attendance record; must be on official school letterhead.

SUPPORTING DOCUMENTATION

☐ List and number each type of supporting documentation below. The corresponding number must be written on the document as well. Attach additional pages as needed.

Parental Verification of Transportation for Mileage Reimbursement

I, _____ verify that I transported my child to/from my home located at:

_____ to/from his/her school located at:

_____ on the dates listed on the travel log attached to this verification. I

understand that reimbursement of the transportation requested on this form is subject to verification by DPCS upon receipt of official attendance records from the student's school, and if verified, it will be reimbursed at the 2017 standard IRS mileage rate of 53.5 cents per mile.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date

DCPS Representative

Date

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the District of Columbia government, under circumstance in which the statement could reasonably be expected to be relied upon as true. (DC Code 22-2405)

Reimbursement Checklist – Transportation

STUDENT INFORMATION

Name: _____ DOB: _____

State ID (USI): _____ School: _____

PAYEE INFORMATION

☐ Attach a completed W-9 Request for Taxpayer Identification Number and Certification for payee. See [HERE](#) for instructions and the most recent version of this form.

AUTHORIZING DOCUMENT

☐ Indicate the type(s) of authorizing document and attach a full copy:

- ☐ Hearing Officer Determination (HOD)
- ☐ Settlement Agreement (SA)
- ☐ District Court Order
- ☐ Reimbursement Authorization Letter

List and number the type of document (number must be written on the document as well)

VERIFICATION FORM

Submit a signed [Parental Verification of Transportation for Mileage Reimbursement](#) for the current year, unless a previous year's IRS rate is specified on the authorizing document.

PAYMENT CONFIRMATION

☐ Submit payment confirmation from the provider on company letterhead. Document(s) must include the following information:

- ☐ Student name
- ☐ Transportation date(s)
- ☐ Pick-up and drop-off location(s)
- ☐ Pick-up and drop-off time(s)
- ☐ Amount paid

PROOF OF PAYMENT

Select the proof(s) of payment from the list below that are included in your reimbursement packet:

- ☐ **Canceled check(s)**: Check number and amount(s) must match the provider's payment confirmation
- ☐ **Credit card statement** (filtered): Payment must be issued to the provider and amount(s) must match the provider's payment confirmation
- ☐ **Bank statement** (filtered): Payment must be issued to the provider and amount(s) must match the provider's payment confirmation

List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). Include a breakdown of the payment amount for any proof of payment amount that does not match the individual charges on the itemized account statement.

Parental Verification of Transportation for Mileage Reimbursement

I, _____ verify that I transported my child to/from my home located at:

_____ to/from his/her school located at:

_____ on the dates listed on the travel log attached to this verification. I

understand that reimbursement of the transportation requested on this form is subject to verification by DPCS upon receipt of official attendance records from the student's school, and if verified, it will be reimbursed at the 2017 standard IRS mileage rate of 53.5 cents per mile.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date

DCPS Representative

Date

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the District of Columbia government, under circumstance in which the statement could reasonably be expected to be relied upon as true. (DC Code 22-2405)

Reimbursement Checklist – Tuition

STUDENT INFORMATION

Name: _____ DOB: _____

State ID (USI): _____ School: _____

PAYEE INFORMATION

☐ Attach a completed W-9 Request for Taxpayer Identification Number and Certification for payee. See [HERE](#) for instructions and the most recent version of this form.

AUTHORIZING DOCUMENT

☐ Indicate the type(s) of authorizing document and attach a full copy:

- ☐ Hearing Officer Determination (HOD)
- ☐ Settlement Agreement (SA)
- ☐ District Court Order
- ☐ Reimbursement Authorization Letter

List and number the type of document (number must be written on the document as well)

ITEMIZED ACCOUNT STATEMENT

☐ Submit an itemized account statement from the school on official school letter head. Account statement must include the following information:

- ☐ Student's name
- ☐ Parent or Guardian's name
- ☐ Type of individual charge and the applicable time period (Example: Tuition – January 2022)
- ☐ Confirmation of payment
- ☐ Method of payment

PROOF OF PAYMENT

Select the proof(s) of payment from the list below that are included in your reimbursement packet:

- ☐ **Canceled check(s)**: Check number and amount(s) must match the provider's payment confirmation
- ☐ **Credit card statement** (filtered): Payment must be issued to the provider and amount(s) must match the provider's payment confirmation
- ☐ **Bank statement** (filtered): Payment must be issued to the provider and amount(s) must match the provider's payment confirmation

List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). Include a breakdown of the payment amount for any proof of payment amount that does not match the individual charges on the itemized account statement.

Billing Guidance for Vendors

If you are in receipt of this document, you have been asked to complete an independent educational evaluation (IEE) or provide independent services for a DCPS student. Please review the applicable sections below for guidance related to:

- [Independent Education Evaluations \(IEE\)](#)
- [Independent Services](#)

NOTE: Nothing in this Family Guide or in the accompanying Independent Services Authorization Letter shall be deemed to constitute a partnership or joint venture between you and DCPS, or constitute either you or DCPS to be an agent of one another for any purpose. Neither you nor DCPS shall have any authority to act for or bind the other in any way, or to represent that such authority is held.

IEE Billing Guidance

DCPS Requirements for Independent Educational Evaluations (IEEs)

If you are in receipt of this document, you have been asked to complete an independent educational evaluation (IEE) for a DCPS student. DCPS requires that all funded IEEs summarize in writing:

- Procedures used,
- Assessment instruments used,
- Results,
- Diagnostic impressions, **and**
- Relevant recommendations for meeting identified needs of the student.

DCPS expects that all IEE reports will contain an educational component, including an observation of the student in his or her educational environment. All reports should be clearly written and include a robust examination of the student and review of all pertinent historical information relating to the student.

All funded IEE reports must be completed by a professional who meets the licensure, certification, and credentialing criteria for his or her discipline in Washington, D.C., or the locality of practice, or is appropriately supervised by a clinician who meets this criteria. Licensure requirements for the District of Columbia are [listed here](#). Additionally, all IEE reports must be provided on the letterhead of the vendor (or provider) to include the evaluation date, evaluator's signature, and credentials.

The Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1400, et seq., mandates that all states and school districts must make available a free and appropriate education to all students with disabilities between the ages of three and twenty-one. States and school districts must ensure that each student receiving special education services must have an individualized education program (IEP) that identifies the special education and related services that must be provided to meet each child's individual needs.

IEE Billing Information and Invoicing Process

- Determine whether the student attends a Nonpublic, DCPS-LEA charter, or DCPS school.³

³ Details about this distinction may be found at the OSSE website <http://osse.dc.gov> under the section "Special Education."

- **DCPS** processes invoices for students attending **DCPS schools or a DCPS-LEA charter school**. See here for invoicing guidance for students attending DCPS schools and DCPS-LEA charter schools.
- The **Office of the State Superintendent of Education (OSSE)** processes invoices for **DCPS students attending Nonpublic schools**. See here for invoicing guidelines for Nonpublic students.
 - Send completed copies of completed evaluations to families, the DCPS staff member identified in the authorization letter as well as including it as part of any invoice packet submitted to DCPS or OSSE for payment.
 - By submitting your invoice, you represent and acknowledge that you meet the licensure, certification, and credentialing criteria for your evaluation discipline [outlined here](#).
 - Notify the family ***before beginning any evaluations*** if an extenuating circumstance will prevent you from billing DC Government (DCPS or OSSE) directly. The family will need to discuss this with their DCPS point of contact before proceeding.
 - Notify the family ***before beginning any evaluations*** if you cannot complete the evaluation for the rate or maximum total specified in the authorization letter. Maximum hourly rates and totals can be found [here](#).
 - Contact the DCPS staff member identified in the authorization letter if you have any questions prior to submitting your completed packet.

For students attending DCPS schools and DCPS-LEA charter schools

Submit completed invoice packets by email to: dcps.invoices@dc.gov (cc: comped.dcps@k12.dc.gov). As a note: dcps.invoices@dc.gov should only be used to submit a new invoice. If you would like to submit additional information after submitting an invoice or inquire about payment status, please email comped.dcps@k12.dc.gov and reference the invoice number and submission date.

All invoices **must** include the documents and information outlined in the table below:

Type of Document	Document MUST Include
Invoice Submission Cover Sheet (See here for template .)	
Invoice for services on company letterhead	Student's name Student's date of birth Student's attending school Student's DCPS ID number Invoice number
A copy of the entire IEE authorization letter/HOD/SA	
A copy of the evaluation report on company letterhead	Evaluator's signature Evaluator's credentials Evaluator's email address Evaluation date(s)
A copy of the evaluator's current license/credentials	
Completed W-9 tax form ⁴	

⁴ This is only required for providers who have never submitted invoices for payment to DCPS before. This form only needs to be submitted with your first invoice and when there is any change to the information contained therein (ex. address, telephone number). Providers may inquire whether there is a current W9 on file by emailing dcvendorsupport@dc.gov.

Type of Document	Document MUST Include
Master Supplier form ⁵ (See here for form)	All required fields

For students attending Nonpublic schools

Submit all invoice packets by mail to one of the addresses included below. If you have any questions prior to submitting your completed invoice packet, please contact Yvonne Smith via email: (yvonne.smith@dc.gov) or phone: (202) 741-5996.

If sent by **U.S. Mail:** Office of State Superintendent of Education
Nonpublic Payment Program
P.O. Box 77167
Washington, DC 20013-8167

If sent by **Express Mail or hand delivery:** Office of State Superintendent of Education
Nonpublic Payment Program
441 4th Street NW, Ste. 350 North
Washington, DC 20001

All invoices **must** include the documentation and required information outlined in the table below:

Type of Document	Information Document MUST Include
Invoice for services on company letterhead	Student's name Student's date of birth Student's attending school Student's DCPS ID number
A copy of the entire IEE authorization letter/HOD/SA	
A copy of the evaluation report on company letterhead	Evaluator's signature Evaluator's credentials Evaluator's email address Evaluation date(s)

District of Columbia Licensure Requirements

DISCIPLINE	EVALUATION TYPE	CREDENTIAL REQUIREMENT
Psychology	Psychological Assessment and Functional Behavior Assessment	DC Department of Health Psychology License
Social Work	Social History Assessment and Functional Behavior Assessment	DC Board of Social Work licensure as a social worker
Audiology	Audiological Assessment and Auditory Processing Disorder Assessment	DC Department of Health Audiology License
Speech Language Pathology	Speech Language Assessment and Assistive Technology Assessment (depending on referral questions)	DC Department of Health Speech Language Pathology License

⁵ This document is only required for corporations and must be submitted along with a completed W9 in order to receive payment. Please allow up to 30 days for the Office of the Chief Financial Officer to input and confirm the accuracy of newly submitted W-9 and Master Supplier forms.

DISCIPLINE	EVALUATION TYPE	CREDENTIAL REQUIREMENT
Occupational Therapy	Occupational Therapy Assessment and Assistive Technology Assessment (depending on referral questions)	DC Department of Health Occupational Therapy License
Physical Therapy	Physical Therapy Assessment and Assistive Technology Assessment (depending on referral questions)	DC Department of Health Physical Therapy License
Behavioral Analysis	Functional Behavior Assessment	Licensed by Behavior Analyst Certification Board (Master's degree + passing of BCBA exam)
Adaptive Physical Education	Adaptive Physical Education Assessment	Provider Resume

DCPS Maximum Evaluation Rates

The table below includes the maximum hourly rates and maximum total rates DCPS will pay for any assessment. These rates are set by the OSSE and are updated yearly.⁶ The specific rate cap for an assessment may also be stipulated on the IEE authorization letter for an assessment type not included on the below list. For assessments not on this list, DCPS will pay reasonable costs⁷.

Evaluation Type	Maximum Hourly Rate	Maximum Total Rate
Comprehensive Psychological (cognitive, achievement, social-emotional, possible depression/anxiety, educational component)	\$128.62	\$2,500.00
Neuropsychological (cognitive, achievement and comprehensive neuropsychological battery)	\$128.62	\$2,958.20
Educational	N/A	\$1,000.00
Occupational Therapy	\$130.38	\$782.25
Physical Therapy	\$115.05	\$460.20
Speech and Language	\$114.10	\$912.80
Audiological	\$121.63	\$486.50
Social History	\$80.00	\$160.00
Functional Behavior Assessment	N/A	\$1,200.00
Adaptive Physical Education	N/A	\$460.20
Assistive Technology	N/A	\$1,550.00
Vocational I	N/A	\$1,200.00
Vocational II	N/A	\$2,000.00

⁶ <https://osse.dc.gov/publication/nonpublic-services-rate-chart>

⁷ DCPS utilizes rates that are applicable to personnel utilized by public agencies pursuant to the District of Columbia Municipal Regulations. Reasonable and documented fees that exceed these rates may be allowed on a case-by-case basis at the discretion of the District of Columbia, when the evaluator can justify that excess costs were essential for educational and/or diagnostic purposes. **Evaluators should immediately reach out to the DCPS point of contact listed on the authorization letter to provide justification if they believe a higher rate is required to complete the evaluation.**

Independent Service Billing Guidance

Before Starting Services

Before beginning any work with a student, email comped.dcps@k12.dc.gov with the student's name and identifying information and attach a copy of the authorization letter.

Additionally, if an extenuating circumstance prevents you from billing DCPS directly, you must notify the family *before* beginning services. They will need to discuss this with their DCPS point of contact before proceeding.

Submitting Invoices to DCPS

Independent service providers bill DCPS directly and must submit all required information in order to request payment from the District of Columbia Public School (DCPS), Office of Teaching and Learning. Please submit one complete invoice packet per student, on single-sided, standard sized (8.5x11") paper. The [table below](#) details the documents and specific information required for each invoice packet.

Submit all completed invoice packets to dcps.invoices@dc.gov and copy (cc) comped.dcps@k12.dc.gov.⁸

Billing Reminders

Below are some reminders and tips related to submitting invoice packets. Please note, failing to abide by the guidelines included in this section may result in a delay or refusal of payment.

DO submit invoices in a timely manner. Invoices submitted **more than six (6) months after the date the services were provided shall not be accepted** unless specifically approved by, and at the discretion of, DCPS Cf. (5A DCMR 2901.9).

DO provide a copy of all credentials for independent service providers. Copies of the current license/certification of all providers who provided services to the student during the period covered by the invoice. An individual's specific credentials may impact the rate at which DCPS is authorized to pay for services. By submitting an invoice for payment, all providers represent and acknowledge that they meet the established qualifications to provide independent services in the related discipline. See the table below for a list of the qualifications required for each independent service type.

DO submit all invoice packets via email. Email completed invoice packets to dcps.invoices@dc.gov and copy (cc) comped.dcps@k12.dc.gov. DCPS cannot confirm receipt of invoice packets sent by mail, courier, or hand delivery.

DO NOT provide independent services during school hours. Independent services are not intended to replace school-based services. **Services provided on DCPS school property or during normal school hours on days in which a student is absent will not be approved for payment.**

If services are provided during normal school hours (8:30am – 3:30pm), the following documentation is required:

- A copy of the school's calendar if services were provided on a weekday that was not a federal holiday demonstrating that the school was closed; AND

⁸ Note: dcps.invoices@dc.gov should only be used to submit a new invoice. If you would like to submit additional information after submitting an invoice or inquire about payment status, please email comped.dcps@k12.dc.gov.

- An email from the school regarding school hours if services were provided prior to 3:30PM to confirm that the school had an early dismissal or closure not reflected in the school's calendar.

DO NOT ask the parent, guardian or adult student to sign the service log prior to providing services. Service logs must be signed **after** all services included on the invoice have been provided to the student.

DO NOT submit an invoice that includes more than one service. Individual invoice packets may only include one type of provided service. For example, a company that provides BOTH occupational therapy and speech-language services to the same student would need to submit two different invoice packets, one for the occupational therapy services and a second for the speech-language services.

Required Documentation for Independent Service Invoice Packets

Required Document	Template Link	Information Document MUST Include
Invoice submission cover sheet	Cover Sheet	
Detailed Invoice		<ul style="list-style-type: none"> • Student's full name, date of birth (DOB), and DCPS ID number • Invoice number and date • The total cost and time period covered (time period may not exceed one month) • The date(s) and time(s) when the service was provided • Vendor email address
Service log signed by parent, guardian, or student if student is at least 16 years old	Service Log	<ul style="list-style-type: none"> • Student's full name • Student's date of birth (DOB) • Student's DCPS ID number • Student's attending school • Type of service – only one type of service per service log • Date(s), day(s), and time(s) when the service was provided • Signature of the parent, guardian or student, if at least 16 years old at the time of service, for each occurrence of the service – Service log may not be signed until after services have been rendered. • First and last name of the provider(s) who provided services • Parent or guardian's printed name and email address • Vendor's printed name and email address
Authorization Letter		<ul style="list-style-type: none"> • Letter must include the name, contact information, and signature of the DCPS staff who authorized the services
Credentials of the provider(s) who provided services to the student.		<ul style="list-style-type: none"> • Copy of the current license/certification of all providers who provided services to the student during the period covered by the invoice. • See the table below for the credentials required for each service type. • Please contact comped.dcps@k12.dc.gov if the authorized service provided is not included on the list below.

Required Document	Template Link	Information Document MUST Include
W-9 tax form	W-9 form	<ul style="list-style-type: none"> The W-9 form must be submitted with the first invoice and when there is any change to the information contained therein (ex. address, telephone number). Must include a valid, current telephone number Must include a physical address (even if the business uses a P.O. Box) The current W-9 form can be found at: www.irs.gov/FormW9.
Master Supplier form ⁹	DC Government Master Supplier Form	<ul style="list-style-type: none"> Linked form includes all required fields needed by DC Government to process payments for corporations.

Provider Credential Requirements

Providers working in Washington, DC must meet the following requirements. Providers working in other jurisdictions must meet the equivalent license requirements for the area in which they practice.

Service Type	CREDENTIAL REQUIREMENT
Tutoring	Provider resume
Counseling	DC Department of Health Professional Counseling License, or DC Department of Health Social Work License, or DC Department of Health Psychology License
Mentoring	Provider resume
Occupational Therapy	DC Department of Health Occupational Therapy License
Physical Therapy	DC Department of Health Physical Therapy License
Behavior Support Services	DC Department of Health Psychology License, or DC Department of Health Social Work License, or DC Department of Health Professional Counseling License
Speech-Language Pathology	DC Department of Health Speech-Language Pathology License
Applied Behavioral Analysis	Provider resume

⁹ This document is only required for corporations and must be submitted along with a completed W9 in order to receive payment. Please allow up to 30 days for the Office of the Chief Financial Officer to input and confirm the accuracy of newly submitted W-9 and Master Supplier forms.

Invoice Submission Cover Sheet

Division of Specialized Instruction – Special Education

Vendor Name (as shown on your income tax return):		Invoice Number:
Invoice Date:	Invoice Amount:	Period of Service:
Vendor Email Address:		Vendor Phone Number:

Check the box below to indicate the type of service covered by your invoice and ensure all required supporting documentation included in your invoice packet prior to submission.

☐ **Independent Educational Evaluation**

If the following information is not included, your invoice submission is incomplete and cannot be processed:

- A copy of the evaluation report on company letterhead that includes the evaluator's signature, evaluator's credentials, evaluation date, and evaluator's email address
- A copy of the evaluator's current license/credentials
- A detailed invoice
- Authorization for completion of evaluation
- W-9 tax form (for the first invoice and when there is any change to the information contained therein (ex. address, telephone number))

☐ **Independent Services**

If the following information is not included, your invoice submission is incomplete and cannot be processed:

- A detailed invoice
- A signed service log verifying the completion of services
- Authorization for completion of service
- Credentials of the provider(s) who provided services to the student
- W-9 tax form (for the first invoice and when there is any change to the information contained therein (ex. address, telephone number))

Please reference the "[Billing Guidance for Vendors](#)" section of the Family Guide for a detailed explanation of these invoice requirements before submitting an invoice to DCPS.INVOICES@DC.GOV.

Invoice Service Log for Independent Services

Student's Name:	Attending School:
Student's DOB/DCPS ID:	Type of Service:

[illegible]

Parent/Guardian's Name: _____ Email Address: _____

Vendor's Name: _____ Email Address: _____

Instructor's/Provider's Name: _____ Signature: _____

Invoice Service Log for One-to-One School Day Services

Student's Name:	Attending School:
Student's DOB/DCPS ID:	Type of Service:

[illegible]

Service Provider's Name: _____ Email Address: _____

School Official's Name: _____ Email Address: _____

School Official's Title: _____ Signature: _____

Master Supplier Form -- ONLY REQUIRED FOR CORPORATIONS

District of Columbia Government Master Supplier Information Collection Template

Vendor Name (Legal Name):

Vendor Number (I + Tax ID): 1 _____

Phone Number (including area codes and extensions): _____

General E-mail Address: _____

Website Address: _____

W9 Tax ID Number: _____

CBE?: Yes ☐ No ☐ CBE Number: _____ (Choose matching items for **Supplier** and **Ownership** Types).

Contact Name: _____

Contact E-Mail Address: _____

Supplier/Vendor Type: _____

Ownership Type: _____

Supplier/Vendor Type

1=DC Employee	4=Local Government	7=Other
2=Federal Agency	5=Vendor-Business	8=CBE
3=State Agency	6=Vendor=Individual	

Ownership Type

A=State Corporation	I=Individual Recipient	R=Foreign
C=Professional Corp.	L=CBE	S=Sole Ownership
E=State Employee	M=Medical Corporation	T=Partnership
F=Financial Institution	O=Out of State Corporation	U=Non-Profit
G=Government Entity	P=Professional Association	

Business License Information

Type: _____ (Business, Professional, Other)

License Number _____

Mail Code = 000 = Supplier Headquarters Address (Cannot be a PO Box)

Address: _____

City: _____ State: _____ Zip Code: _____

Mail Code = 200 = Payment Remittance Address if Different from 000

Address: _____

City: _____ State: _____ Zip Code: _____

Mail Code = 300 = Purchase Order Address if Different from 000 (Cannot be a PO Box)

Address: _____

City: _____ State: _____ Zip Code: _____

ALL ITEMS IN THIS AREA MUST BE COMPLETED TO RECEIVE ELECTRONIC PURCHASE ORDERS

DUN & Bradstreet No. (DUNS): _____

(To apply for a your DUNS number call 1-866-705-5711 Required for all Email and Fax Purchase Order forwarding requests.)

ANID Number:

(Please register at supplier.ariba.com; This is a required field.)

Do you want the purchase order forwarded by e-mail or fax? Email ☐ Fax ☐

(Please choose only one; We do not support the ARIBA Online option.)

Ordering E-Mail Address (Send Purchase Orders): _____

Ordering Fax Number (Send Purchase Orders): _____

Does the Vendor Accept Purchase Cards: Yes ☐ No ☐