

**INTER-AGENCY CONTRACT FOR  
REGULAR OR SPECIAL EDUCATION INSTRUCTIONAL PROGRAM  
2021-2022 School Year**

The MASON CITY COMMUNITY SCHOOL DISTRICT hereby agrees to accept students from the sending district and to provide them with an appropriate regular or special education instructional program at Mason City Community School District. The program shall be appropriate to the student's needs and shall be approved by the Director of Special Education in accordance with the State Department of Education, Rules of Special Education and in accordance with state laws governing such services and the delivery thereof (Chapters 273, 281 and 442).

- I. The Mason City Community School District agrees to:
  - A. Administer/Supervise appropriate Special Education Instructional Programs and Services for referred student in accordance with the Department of Education rules of Special Education and state laws governing these services.
  - B. If necessary, provide proper identification, diagnosis and staffing of students to be placed in Special Education programs.
  - C. Provide physical facilities to house the instructional program which meets the standards of the Department of Education.
  - D. Submit semi-annual tuition statements to the sending district during February and July of the contracted school year in accordance with the Department of Education Tuition-In billing.
  - E. Submit, upon request, reports or other data requested by the Sending District.
  - F. The sending district agrees to observe the calendar of the receiving district for students covered by this contract. Transportation to the receiving district, if required, will be provided by the sending district.
- II. The Sending District agrees to:
  - A. Assist the Mason City Community School District, if necessary, in the identification, diagnosis and placement of students.
  - B. Forward semi-annual tuition payments to the Mason City Community School District prior to February 28<sup>th</sup> and July 31<sup>st</sup> of the current contracted school year.

Contract Services provided for:

[REDACTED]

Grade: 8

Special Education Weighting:

L2

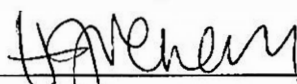
Resident District:

Ankeny CSD

Start Date: 08.23.2021

\_\_\_\_\_  
Authorized Designee – Sending Agency

\_\_\_\_\_  
Date



\_\_\_\_\_  
Authorized Designee – Mason City Community School District

\_\_\_\_\_  
09/23/2021

\_\_\_\_\_  
Date

One copy for sending District – One copy to be returned to Mason City Community School District  
Questions - Contact Sue Hennagir – Email: [shennagir@masoncityschools.org](mailto:shennagir@masoncityschools.org) Phone: 641-450-5022

**INTER-AGENCY CONTRACT FOR  
REGULAR OR SPECIAL EDUCATION INSTRUCTIONAL PROGRAM  
2021-2022 School Year**

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  - F. The sending district agrees to observe the calendar of the receiving district for students covered by this contract. Transportation to the receiving district, if required, will be provided by the sending district.
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  - A. Assist the Mason City Community School District, if necessary, in the identification, diagnosis and placement of students.
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Contract Services provided for: [REDACTED] Grade: 8  
Special Education Weighting: L2  
Resident District: Ankeny CSD Start Date: 08.23.2021

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Authorized Designee – Sending Agency

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Date



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Authorized Designee – Mason City Community School District

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09/23/2021

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Date

One copy for sending District – One copy to be returned to Mason City Community School District  
Questions - Contact Sue Hennagir – Email: [shennagir@masoncityschools.org](mailto:shennagir@masoncityschools.org) Phone: 641-450-5022

CAM Community School District  
1000 Victory Park Road  
Anita, IA 50020

2021-2022 Special Education Contract

This agreement is entered into by Ankeny CSD and CAM CSD.

Student Information:

Name	Resident School District	Grade	Level
	Ankeny CSD	8	1.72

We, the undersigned agencies for each special education student being provided services or programs by other than the student's agency of resident, hereby do consent and agree to the conditions:

**CONDITION I**

The CAM Community School District shall provide instructional services and programs for the student(s) referred for special education classes in accordance with the State of Iowa Department of Education Rules and Regulations and in accordance with Federal and State laws governing such services and the delivery thereof. (Chapters 273, 281 and 442).

**CONDITION II**

The cost of all special education and related services shall be paid by the sending agency to the receiving agency and shall be the actual costs incurred in providing all such special education and related services and programs. Payment of these actual costs will be determined and paid in the following manner:

- A. The CAM Community School District will bill the sending agency estimated cost at the end of the first semester. Estimated costs shall be determined by multiplying the special education weighting (1.72, 2.21, and 3.74) times CAM Community School District's per pupil cost for first semester. Costs will be prorated if services are less than a full school year.
- B. The CAM Community School District shall provide the sending agency with an itemized final statement of actual costs of service and itemized payments received toward that cost prior to July 1 of the current school year.
- C. The CAM Community School District will document and submit for reimbursement those services that are Medicaid eligible. The final invoice will reflect a discount of any net reimbursement amount received by CAM Community School District.
- D. The sending agency shall pay CAM Community School District within thirty-one (31) calendar days of receipt of invoice.

  
Name & Title  
CAM CSD

11/4/2021  
Date

\_\_\_\_\_  
Name & Title  
Ankeny CSD

\_\_\_\_\_  
Date

CAM Community School District  
1000 Victory Park Road  
Anita, IA 50020

2021-2022 Special Education Contract

This agreement is entered into by Ankeny CSD and CAM CSD.

Student Information:

Name	Resident School District	Grade	Level
[REDACTED]	Ankeny CSD	10	1.72

We, the undersigned agencies for each special education student being provided services or programs by other than the student's agency of resident, hereby do consent and agree to the conditions:

**CONDITION I**

The CAM Community School District shall provide instructional services and programs for the student(s) referred for special education classes in accordance with the State of Iowa Department of Education Rules and Regulations and in accordance with Federal and State laws governing such services and the delivery thereof. (Chapters 273, 281 and 442).

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- C. The CAM Community School District will document and submit for reimbursement those services that are Medicaid eligible. The final invoice will reflect a discount of any net reimbursement amount received by CAM Community School District.
- D. The sending agency shall pay CAM Community School District within thirty-one (31) calendar days of receipt of invoice.

  
Name & Title  
CAM CSD

11/4/2021  
Date

\_\_\_\_\_  
Name & Title  
Ankeny CSD

\_\_\_\_\_  
Date

# Storm Lake Community Schools

# INTER-AGENCY CONTRACT FOR SPECIAL EDUCATION INSTRUCTIONAL PROGRAM

This agreement is entered into by the **ANKENY CSD** and the Storm Lake Community School District.

We, the undersigned agencies, for each special education student being provided services or programs by other than the student's agency of residence, hereby do consent and agree to the following conditions:

### CONDITION I

The receiving agency shall provide instructional services and programs for the students referred for special education classes in accordance with the State of Iowa Department of Education Rules and Regulations and in accordance with state laws governing such services and the delivery thereof (Chapters 273, 281 and 442). The receiving agency shall retain the right to limit enrollment.

## CONDITION II

The cost of the above services shall be paid by the sending agency to the receiving agency and shall be the actual costs incurred in providing these services and programs beginning on date listed by each student below and continuing as long as the student(s) is/are enrolled. Payment of those actual costs will be determined and paid in the following manner:

- A. The receiving agency shall provide the sending agency with an estimate of the actual cost of the services and programs by December 1 of the current contracted school year. The estimated cost shall be determined by multiplying the special education weighting times by the receiving agency's per pupil cost times the number of students served by the receiving agency for each weighted category. Cost will be prorated if service is for less than one full year.
- B. Tuition invoices shall be forwarded to the sending agency at the close of each semester. The final payment shall be made no later than August 31 to the receiving district.
- C. The receiving agency shall provide the sending agency with an itemized final statement of actual costs of service and itemized payments received toward that cost by July 31 of the current school year.
- D. The receiving agency in conjunction with AEA personnel shall provide the sending agency with a quarterly report on the student's progress.

<b>STUDENT:</b>	<b>DOB:</b>	<b>LEVEL:</b>	<b>GRADE:</b>	<b>BEGIN DATE:</b>
		3	10	8/25/2021

Stacey R Cole  
Dr. Stacey Cole, Superintendent SLCS

8/31/21  
Date

Name and Title Sending Agency

Date \_\_\_\_\_

# Storm Lake Community Schools

## INTER-AGENCY CONTRACT FOR SPECIAL EDUCATION INSTRUCTIONAL PROGRAM

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- D. The receiving agency in conjunction with AEA personnel shall provide the sending agency with a quarterly report on the student's progress.

STUDENT:	DOB:	LEVEL:	GRADE:	BEGIN DATE:
		3	10	8/25/2021

Stacey R Cole  
Dr. Stacey Cole, Superintendent SLCS

8/31/21  
Date

\_\_\_\_\_  
Name and Title Sending Agency

\_\_\_\_\_  
Date

# Storm Lake Community Schools

## INTER-AGENCY CONTRACT FOR SPECIAL EDUCATION MEDICAID DATA COLLECTION

This agreement is entered into by **ANKENY CSD** and the Storm Lake Community School District.

We, the undersigned agencies, for each special education student being provided services or programs by other than the student's agency of residence, hereby do consent and agree to the following conditions:

### CONDITION I

The receiving agency shall collect and provide the sending agency with Medicaid claims data for eligible special education students beginning on the date listed below for each student and continuing as long as the student(s) is/are enrolled. The sending agency will submit and process the Medicaid claims for their eligible students.

### CONDITION II

There will not be a cost to the sending agency for the Medicaid Data Collection services in the 2021-2022 fiscal year.

#### MEDICAID PROCESSING CONTACT INFORMATION

Tracey Bailey – Storm Lake CSD

Receiving Agency Medicaid Contact Person

419 Lake Avenue, Storm Lake, IA 50588

Address

tbailey@slcsd.org

Email

712-732-8060

Phone

712-732-8063

Fax

#### ENTER YOUR DISTRICT'S CONTACT INFORMATION:

Sending Agency Medicaid Contact Person

address

Email

Phone

Fax

STUDENT NAME

MEDICAID #

BEGIN DATE

ACCEPT

DECLINE

8/25/2021

☐

☐

**RETURN THIS FORM TO TRACEY BAILEY EVEN IF YOU ARE  
DECLINING COLLECTION SERVICES**

Stacey R Cole

Dr. Stacey Cole, Superintendent SLCS

8/31/2021

Date

Name and Title Sending Agency

Date

# Storm Lake Community Schools

## INTER-AGENCY CONTRACT FOR SPECIAL EDUCATION **MEDICAID DATA COLLECTION**

This agreement is entered into by **ANKENY CSD** and the Storm Lake Community School District.

We, the undersigned agencies, for each special education student being provided services or programs by other than the student's agency of residence, hereby do consent and agree to the following conditions:

### CONDITION I

The receiving agency shall collect and provide the sending agency with Medicaid claims data for eligible special education students beginning on the date listed below for each student and continuing as long as the student(s) is/are enrolled. The sending agency will submit and process the Medicaid claims for their eligible students.

### CONDITION II

There will not be a cost to the sending agency for the Medicaid Data Collection services in the 2021-2022 fiscal year.

#### MEDICAID PROCESSING CONTACT INFORMATION

Tracey Bailey – Storm Lake CSD

Receiving Agency Medicaid Contact Person

419 Lake Avenue, Storm Lake, IA 50588

Address

tbailey@slcsd.org

Email

712-732-8060

Phone

712-732-8063

Fax

#### ENTER YOUR DISTRICT'S CONTACT INFORMATION:

Sending Agency Medicaid Contact Person

address

Email

Phone

Fax

STUDENT NAME

MEDICAID #

BEGIN DATE

ACCEPT

DECLINE

8/25/2021

☐

☐

**RETURN THIS FORM TO TRACEY BAILEY EVEN IF YOU ARE  
DECLINING COLLECTION SERVICES**

Stacey R Cole

Dr. Stacey Cole, Superintendent SLCS

8/31/2021

Date

Name and Title Sending Agency

Date