



Impact Child Behavioral Services Inc.

Year-Round Tuition & Service Agreement

(Effective July 2024 – June 2025)

Student Name: _____





Date of Birth: _____

Parent/Guardian Name(s): _____

Service Start Date: _____

◆ Programs & Rates Overview

We offer year-round behavioral and academic support using our AB-Ed™ Framework. The following outlines rates by service category, aligned with NC Medicaid benchmarks and effective reimbursement structures:

Service	Hours/Day	NC Medicaid Benchmark	Provider Rate
 Full-Day AB-Ed School (In-School)	6 hrs	\$4.52/hr (↑Jan 2024)	\$270/day \$1,300/week \$5,200/month
 In-Home AB-Ed Instruction	4 hrs	\$4.52/hr	\$200/day \$900/week \$3,600/month
 In-Home TBI Support	4 hrs	Avg. \$11.50/hr (TBI Waiver)	\$250/day \$1,100/week \$4,400/month
 Paraprofessional In-School Support	6 hrs (1:1)	\$21.84/hr	\$130/day \$600/week \$2,400/month



Accepted Payment Sources & Schedules

Please check all that apply:

☐ **ESA Plus / ClassWallet (Monthly)**

- Parent submits tuition for approval through ClassWallet
- **Due:** 1st of each month
- **Parent must ensure timely submission for uninterrupted services**

☐ **Medicaid (Weekly)**

- Weekly billing based on actual service hours
- Medicaid must authorize services
- **Parent responsible for non-covered services**

☐ **Private Pay**

☐ **Weekly**

- **Due:** Each Monday
- Based on selected service(s)
- **Late Fee:** \$25 if unpaid by Wednesday

☐ **Monthly**

- **Due:** 1st of each month
- **Late Fee:** \$50 if unpaid after 5th

Payment Methods:

☐ Credit/Debit ☐ ACH Transfer ☐ Zelle ☐ ClassWallet ☐ Check/Money Order



Notes & Flexibility

- Sliding scale and sibling discounts available upon approval
 - Hybrid & part-time bundles offered based on availability
 - TBI services include cognitive rehab and caregiver training
 - Paraprofessional support includes classroom or 1:1 in-school aid
 - Invoices provided for Medicaid & ESA documentation
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Tuition Responsibility & Policies

- **All families** are responsible for full tuition unless otherwise stated in a signed third-party agreement.
 - A **30-day written notice** is required for withdrawal or schedule changes.
 - **Returned payments** incur a \$35 fee.
 - **Late pickups** may result in additional charges or removal from the program.
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Parent/Guardian Agreement

I acknowledge and agree to the terms outlined above and understand my responsibilities under this agreement.

Parent/Guardian Signature: _____

Date: _____

Administrator Signature: _____

Date: _____
