



**STAC and Medicaid Unit**

89 Washington Avenue, Room 514 EB  
Albany, New York 12234

Tel. (518) 474-7116 \* Fax (518) 402-5047

E-mail: [omsstac@nysed.gov](mailto:omsstac@nysed.gov) , Website: <http://www.oms.nysed.gov/stac/>

**Steven Wright, Director**

## DVPUB Signature Form (For Online Verification of High Cost Public Placements)

\_\_\_\_\_  
District Name - Print

\_\_\_\_\_  
LEA/BEDS Code

**REQUIRED**

**Section A: Please select either Initial or Follow-up:**

- Initial DVPUB Signature Form (Due no later than 03/31/17)  
 Backup Documentation Attached

\_\_\_\_\_  
Verification Date

- Follow-up DVPUB Signature Form  
 (For new STACs approved & verified using DVPUB after Initial Signature Form was filed with STAC)

\_\_\_\_\_  
Verification Date

**REQUIRED when verifying BOCES High Cost Placements**

**Section B:**

Please reference the "2015-16 BOCES Year-End Report Table" located on the STAC website (<http://www.oms.nysed.gov/stac/>) to identify the appropriate BOCES year-end report title and calculation date for the BOCES report(s) which must be used to verify the 2015-16 ten-month BOCES placements on the DVPUB screen.

BOCES NAME	BOCES CODE (first 4 digits)	TITLE OF BOCES REPORT	REPORT CALCULATION DATE
Example-Capital Region BOCES	0190	Summary Level Year End Final Cost Report for High Cost Students	11/22/2016

**REQUIRED**

**Section C:**

**Required Documentation for 2015-16 DVPUB Verification:**

**1. In-district Placements**

(Upon Request from STAC and Medicaid Unit)

- High Cost Student Data Report (rev. 02/2017)
- Pages from IEP indicating services
- Invoices/Cost calculation breakdown

**2. BOCES Placements with 10-month annualized costs greater than costs reported on year-end BOCES reports**

- High Cost Student Data Report (rev. 02/2017)
- Pages from IEP indicating services
- Invoices/Cost calculation breakdown

**3. Other District Placements**

(Upon Request from STAC and Medicaid Unit)

- Invoices from other district with tuition rate and itemized cost breakdown

**REQUIRED**

Section D: As per each student’s IEP, the district has corrected and verified the 2015-16 10-Mo. Annualized Costs and Service Dates using the DVPUB screen for High Cost Public Placements

_____	_____	_____
Superintendent Signature-Required	Print Name	Date
_____	_____	_____
Business Official Signature-Required	Print Name	Date
_____	_____	_____
Person completing this form-Signature	Print Name	Date
_____	_____	_____
Title of person completing form	Email Address-REQUIRED	Phone #-REQUIRED

Return completed Signature Form and required documentation after completion of district online verification using the DVPUB screen. Initial Signature Forms required no later than 03/31/17.

Mail or FAX to:

STAC and Medicaid Unit  
 89 Washington Avenue, Room 514 EB, Albany, NY 12234  
 518-474-7116 TEL 518-402-5047 FAX

Questions: Ask for Edwin Truax or Maureen McCarthy