

HIGH COST STUDENT DATA REPORT FOR SELECT STUDENTS

DO NOT COMPLETE IF STUDENT ONLY RECEIVED BOCES SERVICES
(As reported on the BOCES Year-End Final Cost Report)
DO NOT COMPLETE BEFORE FINAL ACTUAL COSTS ARE KNOWN

CSE DISTRICT: _____

BEDS CODE:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|

DIRECTIONS:

For the high cost student listed below, please provide a detailed breakdown of the _____ school year 10-Month Annualized Cost Education Rate.

Student Name _____

Date of Birth: ____/____/____ 10-Month Education Rate: \$ _____ Final Actual Rates Only
Month Day Year

STAC ID#:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 Start Date ____/____/____
 End Date ____/____/____

Primary Educational Provider:
BOCES: _____ (Complete Parts I and II)
 (Only complete if BOCES Final Cost Report rate did not include all IEP services received.)

School District: _____ (Complete Parts I and III)
 (Complete for district placements, if requested)

Attach your completed High Cost Student Data Report form to a signed DV PUB Signature Form before submitting it to the STAC and Medicaid Unit.

PART I. Related Services (RS) Detail – (Provider Codes: BE = “BOCES Extra” only list a BOCES RS omitted from the BOCES Year-End Final Cost Report 10-Mo. Education Rate; DIS = “District” list all RS ; and OP = “Other Provider” list all RS.

| Type w/ example | Length of Sessions | Cost Per Session | Number of Sessions | Cost / Provider Code |
|-----------------|--------------------|------------------|--------------------|----------------------|
| Home ABA | 60 minutes | \$100 | 80 | \$8,000 / BE |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Cost of Related Services \$ _____

(Report Part I Total Cost of Related Services under BOCES Part II. Line B or District Part. III Line E.)

PART II. BOCES Primary Provider – (Only complete Parts I. & II. if a student received extra services not included in the BOCES Yr.-End Final Cost Report 10- Mo. EDUC Rate.)

Title of Program: _____

- A. BOCES Final Cost Report Rate \$_____
 - B. Extra Rel. Services from Part I* \$_____ *
 - C. Non-BOCES 1:1/Shared Aide \$_____
 - D. Other (specify)_____ \$_____
- _____

TOTAL \$_____

*Part II. Line B. should exclude all BOCES related services already reflected in the Part II. Line A. “BOCES Year-End Final Cost Report 10-Month Education Rate”.

PART III. School District Primary Provider – (Complete Parts I and III)

Class Ratio: Stated Ratio:_____ Actual # of Students in Class:_____ (Example 8:1:1)

- A. Professional Salary \$_____
 - B. Nonprofessional Salary \$_____
 - C. Supplies and Equipment \$_____
 - D. Fringe Benefits \$_____
 - E. Extra Related Services from Part I \$_____
 - F. Other (specify)_____ \$_____
- _____

TOTAL \$_____

SIGNATURES REQUIRED :

| | | | |
|--------------------------------------|------------------|---------|-------|
| _____ | _____ | _____ | _____ |
| Bus. Official or Sup't (circle 1) | Email | Phone # | Date |
| _____ | _____ | _____ | _____ |
| CSE Chairperson Signature | Email | Phone # | Date |
| _____ | _____ | _____ | _____ |
| Print Name of Person Completing Form | Email (required) | Phone # | Date |