



SYSTEM TO TRACK AND ACCOUNT FOR CHILDREN  
(STAC)

**INTRODUCTION TO  
PRESCHOOL PROCESSING**

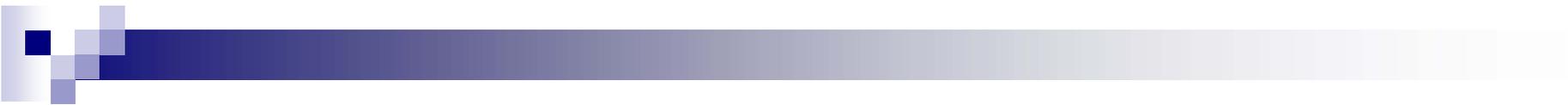
*Spring 2015*



# STAC

## **System to Track and Account for Children (STAC)**

*The STAC and Medicaid Unit is the unit within the NYS Education Department responsible for processing requests for Commissioner's approval for reimbursement. This includes reimbursement approval for the costs of providing services to preschool and school-age students placed in special education programs at public and SED-approved private schools, special-act school districts, BOCES, and at state-supported and state-operated schools for the deaf and blind. It also includes reimbursement approvals for students who have been determined to be homeless or runaway youth and for education services provided to incarcerated youth. This year STAC will process over 270,000 requests for reimbursement to school districts and municipalities.*



# STAC ACRONYMS AND COMMON TERMS

- APR      Approved Payment Report
- AVL      Automated Verification Listing
- CPSE     Committee on Preschool Special Education
- FTE      Full Time Equivalent
- IEP      Individualized Education Program
- LEA      Local Educational Agency
- P-12     NYSED Special Education Office
- SEIT     Special Education Itinerant Teacher Services (SEIS)
- STAC     System to Track and Account for Children



# Section 4410 Preschool Reimbursements

## ■ PRESCHOOL SERVICES:

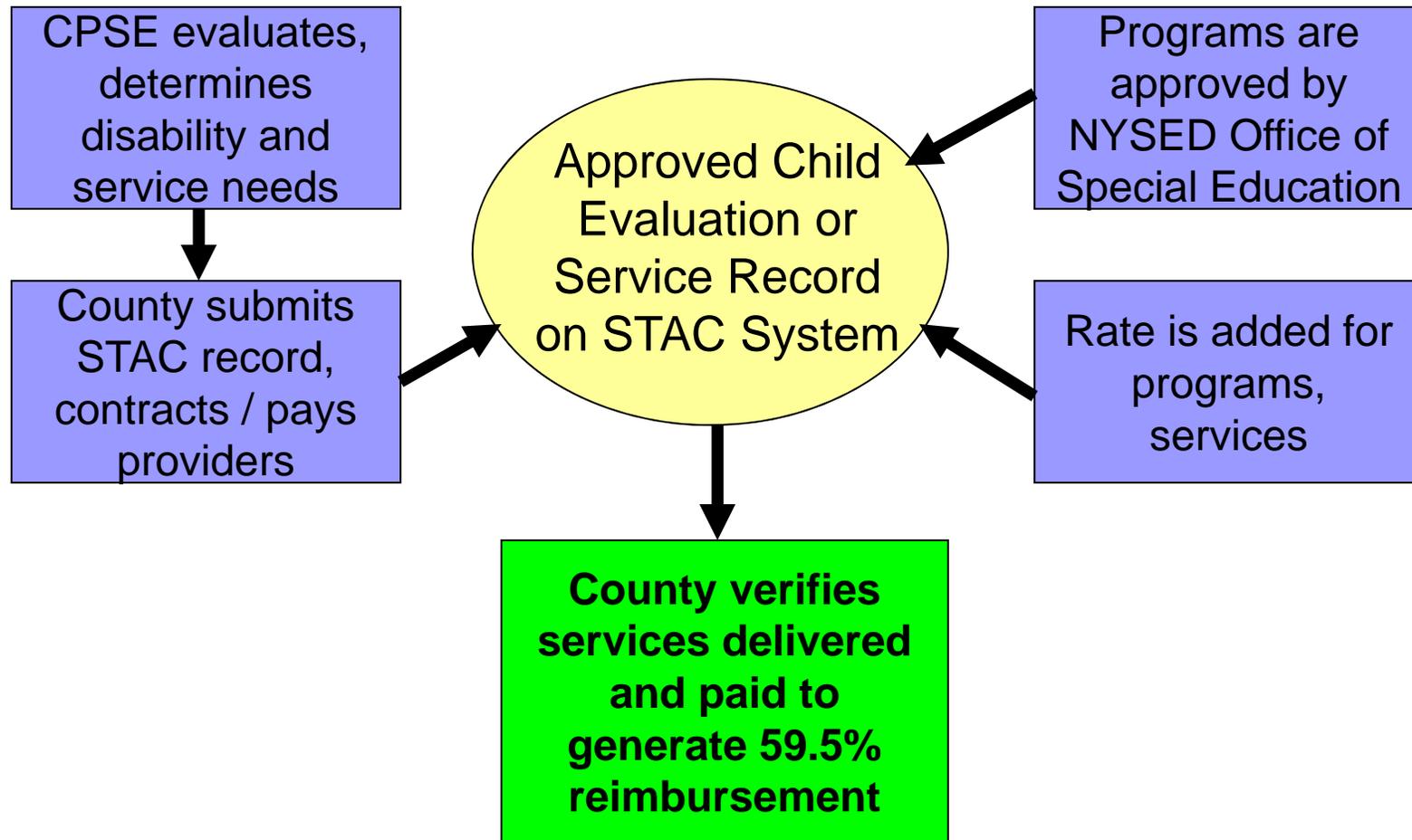
- CENTER-BASED SERVICES
- SEIS SERVICES
- RELATED SERVICES
- TRANSPORTATION

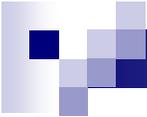
## ■ PRESCHOOL EVALUATIONS

## ■ ADMINISTRATIVE COSTS:

- CPSE ADMINISTRATIVE COSTS
- COUNTY ADMINISTRATIVE COSTS

# Basic Process – Preschool Services and Evaluations





# STAC Online System

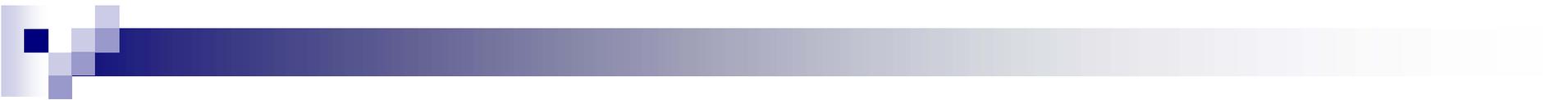
## Electronic Record Access

### STAC Online (EFRT) System

- review, add or verify approvals (providers review only)
- User IDs must be authorized by Agency head
- User IDs and passwords must not be shared
- STAC Unit can suspend rights when aware of violations
- Use request form on website to add new users or delete users
  - Effective 2014 – User IDs may be authorized for consultants

### FTP site

- Submit bulk files – format available on STAC website
- Download summary files
- Must have FTP password and EFRT User ID to create file



# STAC Online System

## Resource Screens

- DQCLD List of child's STAC service approvals
- DQEVL List of child's STAC evaluation approvals
- DQAPP List of agency's approvals by year, provider, placement type
- DQPRT Print screen for STAC-3 approvals
- DQPR5 Print screen for STAC-5A approvals
- DQPRG Provider / Program Search
- DRPRS STAC AVL Information
- DVPRS Preschool service verification
- XAUTH STAC Online Users

# EFRT Preschool Menu - County

Date 10/16/13

GO TO

	DMNUP	PRESCHOOL SERVICE REIMBURSMNT MENU
	Choice	Description
<input type="checkbox"/>	DQAPP	APPROVAL LISTS
<input type="checkbox"/>	DCHSR	FIND A STAC ID
<input type="checkbox"/>	DQCLD	VIEW CHILD SERVICE PROFILE
<input type="checkbox"/>	DQEVL	VIEW/ADD/CHG CHILD EVALUATON
<input type="checkbox"/>	DQPRT	VIEW/PRINT CHILD SERVICE STAC APPROVAL
<input type="checkbox"/>	DQPR5	VIEW/PRINT CHILD PRESCHOOL EVAL APPROVAL
<input type="checkbox"/>	DSRWD	WITHDRAW STAC APPROVAL
<input type="checkbox"/>	DSPRE	ADD/CHANGE SERVICE APPROVAL (SPEC CLASS)
<input type="checkbox"/>	DSSEI	ADD/CHANGE SERVICE APPROVAL (SEIT/RS)
<input type="checkbox"/>	DVPRS	PROCESS ONLINE AVL
<input type="checkbox"/>	DRPRS	STAC AVL INFORMATION SCREEN
<input type="checkbox"/>	DPRES	PRESCHOOL PROGRAM DATE CHANGE
<input type="checkbox"/>	DQPRG	PROVIDER/PROGRAM SEARCH
<input type="checkbox"/>	CHPWD	CHANGE YOUR PASSWORD
<input type="checkbox"/>	BYE	SIGN OFF THE SYSTEM



# PRESCHOOL PROCESSING

## School District Role

- STAC approval forms are created by school districts based on the student's IEP
- Separate STAC forms for Preschool Services (STAC-1) and Preschool Evaluations (STAC-5)
- Paper STAC forms are completed and forwarded to the district's respective county
- School district submits a signed STAC-3 to the county for all revisions to preschool approvals



# PRESCHOOL PROCESSING

## School District Role

### **Effective 2014-15 school year:**

- CPSE is required to report whether service provider also conducted the most recent evaluation
- Applies to center-based class (special class and SCIS) and SEIS placements – does not apply to related services
- District includes answer on STAC-1 submitted to county
- County submits to SED with reimbursement approval request
- Answer of “Y” or “N” does not affect approval, but must be included



# PRESCHOOL PROCESSING

## County Role

- Counties review and approve STAC forms submitted by School Districts
- Counties electronically sign and forward the approved STAC forms either directly on the STAC Online system or through the FTP Batch file processing
  - STAC Unit reviews and processes certain approvals (Assistive Technology, partial aide/nurse/interpreter)
- Counties electronically process all preschool amendments submitted to them by the school district



# PRESCHOOL PROCESSING

## Provider Role

- Preschool SED-approved providers and evaluators (with a STAC Online User Code and Password) can VIEW all classroom and SEIS STAC approvals associated with their agency
- Preschool SED-approved providers and evaluators (with a STAC Online User Code and Password) cannot ADD or AMEND any STAC approvals on the system
- Related Service therapists cannot view approvals on the STAC system.



# PRESCHOOL PROCESSING

## Requests / Notices of Approvals

- STAC-5 – Request for approval (evaluations)
- STAC-5A – Notice of approval (evaluations)
  
- STAC-1 – Request for reimbursement approval (education services and transportation)
- STAC-3 – Notice of approval (for STAC-1s)



# Data Submission to STAC Unit

## Online

- Service approvals (Classes, SEIS, Related Services)
- AVL Verification of services for payment

## FTP

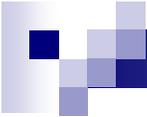
- Service approvals (Classes, SEIT, Related Services)
- Evaluation approvals
- AVL Verification of services and evaluations for payment

## Paper

- Evaluation approvals and verification for payment

## Paper, additional review by STAC Unit

- Partial 1:1 Aides (1/2 time aide processing online 7/1/15)
- Interpreter, RN, LPN
- Other Evaluations, second psychological or social
- Related Service – Assistive Technology, OPT (only MD)
- “Triple” Services



# Protecting STAC Data and Personally Identifiable Information (PII)

Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), NYS Personal Privacy Protection Law and other statutes all require that PII is kept secure and only shared on a “need to know” basis

## Exchanging student data with the STAC Unit:

- Fax during business hours and advise recipient when will be sent
- Emails with PII other than STAC ID need to be encrypted with password sent separately
- Paper documents sent US Mail 1<sup>st</sup> class/priority, or other service with tracking (e.g., UPS, FedEx, DHL)
- Use the STAC Online (EFRT) System and FTP site – log out when not active
- When calling STAC Unit be prepared with your STAC Online User Code and password to confirm authorization to share data



# PRESCHOOL PROCESSING

## STAC-5 Evaluations

- Referred for evaluation by Committee on Preschool Education (CPSE)
- STAC-5 form generated by School District, authorized by the district and sent to municipality for signature
- Municipality authorizes STAC-5 and forwards info to STAC Unit – either in hard copy or electronically
- STAC-5A evaluation approval is available for printing from the STAC mainframe using Screen DQPR5

NOTE: Functional Behavioral Assessment (FBA) and Applied Behavioral Analysis (ABA) are methods of conducting evaluations, not evaluation types.



# Preschool Evaluation Rates

- Preschool Evaluation Rates are developed by the New York State Department of Health
- Issued through the NYS Education Department's Rate Setting Unit
- Applicable rate is determined by the county of residence of the student, not by the county of the approved evaluator

\_\_\_\_\_  
STAC ID

**Request for Commissioner's Approval of Reimbursement for the Cost of Evaluations**

**Please Print Clearly**

NAME OF CHILD (Last)		(First)		(M.I.)	
DATE OF BIRTH ____/____/____ Month Day Year	3. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		4. SOCIAL SECURITY NUMBER		
Racial/Ethnic Category of Child (Definitions on the reverse side of this form)		5. SIS CHILD ID NUMBER			
Amer. Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/>					
The child named above is: <input type="checkbox"/> PD - Preschool Student With a Disability <input type="checkbox"/> ND - Non-Disabled					
School District with CPSE Responsibility		_____			
County of Child's Current Location (where child resides)				____	
County at time of Placement in Foster Care				____	
Approved Evaluator		_____			

10. List the date each evaluation component was completed (use four digit indicate month and year). For bilingual evaluations indicate on line provided

EVALUATION COMPONENT		Month / Year	Check if Bilingual
Physical/Medical	PHY	____/____	_____
Social	SOC	____/____	_____
Psychological	PSY	____/____	_____
Audiological	AUD	____/____	_____
Education	EDU	____/____	_____
Neurological	NEU	____/____	_____
Neuropsychological	NPY	____/____	_____
Occupational Therapy	OCT	____/____	_____
Optometric (visual)	OPT	____/____	_____
Orthopedic	ORT	____/____	_____
Otolaryngology	OTO	____/____	_____
Physical Therapy	PHT	____/____	_____
Psychiatric	PYC	____/____	_____
Speech / Language	SPT	____/____	_____

11. Cost of translation/transmittal of evaluation documentation or summary report for monolingual evaluations only. \$ \_\_\_\_\_

**CERTIFICATION OF EVALUATION:** I certify that the preschool child herein named received a multidisciplinary evaluation as indicated above and in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education.

Signature CPSE Chairperson \_\_\_\_\_ Date \_\_\_\_\_ CPSE Review Date (if different) \_\_\_\_\_

**MUNICIPALITY SIGNATURE SECTION:**

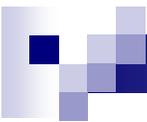
Municipality of \_\_\_\_\_ has received on \_\_\_\_/\_\_\_\_/\_\_\_\_ the STAC-5 Request for Commissioner's Approval of Reimbursement for the Cost of Evaluations for above named child pursuant to Section 4410 of the Education Law.

Signature of Authorized Representative of the Municipality \_\_\_\_\_ Date \_\_\_\_\_



# Processing “OTHER” Evaluations

- Many “OTHER” evaluations are typically processed as part of a recognized evaluation component listed in our “Glossary of Terms” (see list on following slide)
- When “OTHER” evaluations are reimbursed as a stand alone evaluation, these specialty evaluations require a special explanation from the CPSE attached to the STAC-5 (identify type on form)
- All “OTHER” evaluations are reviewed and processed manually by the STAC Unit
  - In development – add most frequently used “OTHER” evaluation types to list of recognized components



# Recognized “OTHER” Evaluation Components

## Evaluation for:

Adaptive PE  
Art Therapy/Play Therapy  
Augmented Communication  
Cleft Palate  
Physical Coordination & Balance  
Counseling  
  
Developmental Assessment  
Ear/Nose/Throat  
Feeding  
Oral Motor  
Orientation and Mobility  
  
Eval by Teacher of the Deaf  
Eval by Teacher of the Blind

## May be part of:

Physical/Medical or PT Eval  
Psychological Eval  
Speech/Language Eval  
Physical/Medical Eval  
Physical/Medical or PT Eval  
Psychological Eval or other assessment  
of social functioning  
Physical/Medical Eval  
Physical/Medical Eval  
Physical/Medical or Speech/Language  
Physical/Medical Eval  
Psychiatric, Optometric, OT, PT or  
Audiological Eval  
Education Eval  
Education Eval



# PRESCHOOL PROCESSING

## Placement for Educational Services – STAC-1

- Placement by Committee on Preschool Special Education
- STAC-1 generated by school district, authorized by BOE, and sent to municipality for signature
- Municipality authorizes STAC-1 and forwards to STAC Unit, either in hard copy or electronically
- STAC-3 generated for all approved STAC-1's; approval notices sent to School District, County and SED-approved provider

NOTE: STAC-3 is available for viewing and printing via DQPRT – otherwise, these are mailed on a monthly basis.



# PRESCHOOL PROCESSING

## Placement for Educational Services – STAC-1

- Related Services must list begin/end dates and type, number of sessions and rate (county rate is a cap)
- Coordination as related service requires two other related services approved, not allowed concurrent with SEIS approval (included in SEIS rate)
- SEIS must list begin/end dates and number of sessions and rate
- Center based program begin/end dates generate a FTE.

# STAC-1 Submitted from District to County

## PRESCHOOL STAC-1

(Updated February 2014)

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Albany, New York 12234

Request for Commissioner's Approval of Reimbursement for Services for Students with Disabilities Pursuant to Section 4410 of the Education Law

STAC-ID

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Public School District that has Committee on Preschool Special Education Responsibility	
County of Child's Current Location (where child resides)	
County at Time of Placement in Foster Care or in Temporary Housing or in a residential facility licensed or operated by another State Agency	
Service Provider for Special Class, SCIS or SEIT	
a. _____	
b. Is this the same provider that conducted the most recent evaluation for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Program	

STUDENT INFORMATION		
Last Name	First Name	Middle Initial
_____		
Date of Birth (mm/dd/yy)	Student Identification Number (if applicable)	Gender
____/____/____	____-____-____	<input type="checkbox"/> Female <input type="checkbox"/> Male

PLACEMENT TYPE	RACIAL ETHNIC CATEGORY OF STUDENT
<b>Approved Program (DSPRE)</b> <input type="checkbox"/> Special Class <input type="checkbox"/> Special Class Integrated Setting (SCIS)	<input type="checkbox"/> Hispanic or Latino <b>Not of Hispanic Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more Races
<b>Related Services and/or SEIT (DSSEI)</b> <input type="checkbox"/> Related Services only <input type="checkbox"/> Special Education Itinerant Teacher and/or SEIT plus Related Services	(see explanation on reverse side)

RELATED SERVICE OR SEIT PROVIDER	TYPE OF RELATED SERVICE	HRS PER DAY	DAYS PER WK

SERVICE INFORMATION	FROM (Mo./Day/Yr.)	TO (Mo./Day/Yr.)	HRS. PER DAY	DAYS PER WEEK	SEIT OR RELATED SERVICES		NUMBER OF HALF HOUR SESSIONS	RATE PER HALF HOUR SESSION	TRANSPORTATION	
					INDIVIDUAL	GROUP			Dates of Transportation	Total Cost of Transportation
Education or SEIT	____/____/____	____/____/____								
Related Service 1	____/____/____	____/____/____	Indicate ReLServ Type							
Related Service 2	____/____/____	____/____/____	Indicate ReLServ Type							
Related Service 3	____/____/____	____/____/____	Indicate ReLServ Type							
Related Service 4	____/____/____	____/____/____	Indicate ReLServ Type							
Related Service 5	____/____/____	____/____/____	Indicate ReLServ Type							

**AUTHORIZATION OF PLACEMENT:** I certify that the preschool student with a disability herein named is being provided the educational services indicated and that such services have been recommended by the Committee on Preschool Education and the child is eligible for such placement in accordance with the Regulations of the Commissioner and Section 4410 of the Education Law.

Signature: \_\_\_\_\_ AUTHORIZED REPRESENTATIVE OF THE BOARD OF EDUCATION-BOE Date of BOE Authorization \_\_\_\_\_

# DSPRE Screen – Center Based Programs

Date 10/01/14  
Time 12:45  
New York State Education Department  
Go to   
**CPSE Preschool Service Request (4410)**  
Menu

STAC ID	Name	Date of Birth	Mode
<input type="text"/>	<input type="text"/>		Inquiry
School Year	Record Number		
<input type="text"/>	<input type="text"/>		
<input type="button" value="Inquire"/>			

County of Residence   
CPSE District   
Foster Care Placement County

**Education** Provider   
Is this the same provider that conducted the most recent evaluation for this child?

Start Date	End Date	Hours	Days	Aide	Cost Proration	Rate	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>			

Transportation Cost  Total Cost

Multiple Services  Variance  Enter Update User

Required for Inquiry

# DSSEI Screen – SEIS and Related Services

Date 10/01/14 New York State Education Department Go to   
 Time 12:47 **SEIT/Related Service Approval Request (4410)**

**STAC ID**  **Name**  **Date of Birth**  **Mode**

**School Year**  **Record Number**

**County of Residence**   
**CPSE District**   
**Foster Care Placement County**

**Education** **Provider**

Is this the same provider that conducted the most recent evaluation for this child?

Start Date	End Date	Group	Sessions	Rate	Cost	Withdrawn
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>			

**Related Services** **Provider**

Act	Type	Start Date	End Date	Group	Sessions	Rate	Cost	Withdrawn
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		

**Transportation Cost**  **Total Cost**

**Multiple Services**  **Variance**  **Enter**

[Required for Inquiry](#)

← SEIS Services

← For STAC approval, County is provider for all Related Services



## Multiple Service STAC's

- Dual services are a combination of two concurrent placements. Examples include two half-time center-based placements (possibly one special class combined with a second integrated class), a half-time center-based placement and SEIS services, or a half-time center based placement an additional related services not included as part of the center-based placement. Two placements not to exceed 5 hours/day.
- A STAC-1 needs to be completed for each placement. Each STAC-1 needs to be clearly marked as a “Multiple Service”



# Requesting 1:1 Aides

- 1:1 Aide forms are not required for full time aides, or 1:1 related service aide.
  - Effective 7/1/15– option for county to add 50% aide without filing paper form with STAC Unit
  
- A “Request for Reimbursement for Partial 1:1 Aide, 1:1 Nurse, 1:1 Interpreter” form must be completed for:
  - Part-time 1:1 Aides
  - All shared 1:1 Aides
  - All 1:1 Nurses and Interpreters (Full time and part time)
  - Must indicate RN or LPN on form

**REQUEST FOR REIMBURSEMENT FOR  
Partial 1:1 AIDE, 1:1 NURSE, 1:1 INTERPRETER**

**\*\*FOR PRESCHOOL USE ONLY\*\***

**STAC ID#** \_\_\_\_\_ (if known)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preschool Provider Name: \_\_\_\_\_

Preschool Program Type/Name: \_\_\_\_\_

Type of 1:1: Partial 1:1 Aide \_\_\_\_\_ 1:1 Nurse RN \_\_\_\_\_ 1:1 Nurse LPN \_\_\_\_\_ 1:1 Interpreter \_\_\_\_\_  
(check one)

➤ Is this 1:1 Aide/Nurse/Interpreter Shared? NO \_\_\_\_\_ YES \_\_\_\_\_

If YES, Number of Students Sharing the 1:1: \_\_\_\_\_

<b><u>1:1 AIDE/NURSE/INTERPRETER--FOR PRESCHOOL EDUCATION:</u></b>	
Start Date of 1:1 Aide/Nurse/Interpreter: ____/____/____	Projected End Date: ____/____/____
Hours Per Day Program Runs: _____	
Hours Per Day Student in Program: _____	Days Per Week Student in Prog: _____
1:1 Aide/Nurse/Interpreter Hrs/Day Requested: _____	1:1 Days/Week Requested: _____

**CPSE District of Residence/NYC District of Service Assurance**

I have reviewed the above named student's records and assure that the student's Individualized Education Plan (IEP) specifically requires that a 1:1 Aide/Nurse/Interpreter be provided for the period indicated.

\_\_\_\_\_  
Date CPSE Superintendent of Schools/NYC- Superintendent of Clinical Services

\_\_\_\_\_  
Name of CPSE School District/NYC-District of Service

School District Contact Person: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

PRESCHOOL REQUESTS: Submit this form and a signed STAC-1 form to the authorized municipality for signature. The municipality should then forward the 1:1 Aide/Nurse/Interpreter form to the STAC Unit.



# Age Eligibility for 4410 Preschool

## ■ Evaluations

- Born Jan – Jun 2012: September 2014
- Born Jul – Dec 2012: March 2015
- August evaluation not reimbursable when eligible for school age services in September

## ■ Services

- Born Jan – Jun 2012: January 2015 - August 2017
- Born Jul – Dec 1, 2012: July 2015 – August 2017
  - Born Dec 2011 may be eligible until August 2017



# PRESCHOOL PROCESSING

## Rate Sources

- Evaluation (DOH)
- Related Service (County)
- Special Education Itinerant Teacher (RSU)
- Center Based Program (RSU)
- Aide (DOB)
  - Nurse
  - 1:1 Aide
  - Interpreter
- Transportation (DOB)



# PRESCHOOL PROCESSING

## Claiming

- Counties are responsible for claiming preschool services costs
- AVL (Automated Verification Listings) are created by the STAC Unit for counties to use for claiming
  - Center based programs verify enrollment (FTE)
  - SEIS and Related Services verify sessions
  - Transportation verify actual cost
  - Claim via FTP file or directly on the STAC Online System, using the DVPRS screen
- Once preschool services have been delivered and paid for, a county can claim costs

# DVPRS – 4410 Preschool Service Verification

Date 10/17/13 Time 08:24	New York State Education Department <b>4410 AVL/Update/Display</b>	Go to <input style="width: 50px;" type="text"/> <input type="button" value="Menu"/>						
Year <input style="width: 50px;" type="text"/>	County <input style="width: 150px;" type="text"/>							
AVL Number 0	First 4 Letters of Last Name (Optional) <input style="width: 50px;" type="text"/>	<input type="button" value="Get AVL"/>						
STAC ID	Rec No	Name	App Sess	App Cost Available	Claimed	Rate	Claimed	Selection
Service Typ	Approved Dates		YTD/FTE	YTD Cost	Sessions	Avail Amt	Amount	
			0	0	0		0	<input type="button" value="Service"/> <input type="button" value="Ledger"/>
			0	0	0		0	<input type="button" value="Service"/> <input type="button" value="Ledger"/>
			0	0	0		0	<input type="button" value="Service"/> <input type="button" value="Ledger"/>
			0	0	0		0	<input type="button" value="Service"/> <input type="button" value="Ledger"/>
			0	0	0		0	<input type="button" value="Service"/> <input type="button" value="Ledger"/>
<b>AVL Claim Total</b>							<b>(*)FINAL CLAIM</b>	
<b>Required For Inquiry</b>			<input type="button" value="View"/> <input type="button" value="Add"/>					



# PRESCHOOL PROCESSING

## Statute of Limitations

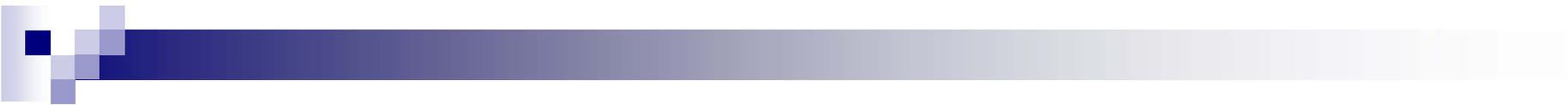
- All preschool service and evaluation approvals have a three-year statute of limitations for STAC'ing and claiming
- 2011-12 processing will close out June 2015 – last AVL will be prepared in May 2015
- A rate change supersedes the statute of limitations
  - Reductions recovered without county action
  - County must claim add'l amounts made available by close of school year following the school year in which the rate change was made



# PRESCHOOL PROCESSING

## Payments

- STAC Unit processes the returned AVL (FTP file or Online version) completed by the county
- STAC Unit collects proper signature through online system
  - Individual authorized by municipality representative, must be different person than processes the AVL
  - <http://www.eservices.nysed.gov/countylogon/>
- NOTE: There is an established AVL schedule created by the STAC Unit for all Preschool AVLs (both Evaluation and Service AVLs) - See STAC webpage
- Reimbursed at 59.5%



# AVL ADJUSTMENTS

## ■ 4408 Chargeback

- 10% of verified July/August Special Education service costs for children ages 5-21 (multiple years initial/adj chargeback)
- Deduct from AVL#1, add'l AVLs until recovered

## ■ Medicaid Payments

- Non-federal share of PSHSP services and evaluations reimbursement is from 4410 funds
- Recent payments adjusted on each current year AVL



# AVL ADJUSTMENTS, continued

## ■ Transportation Cap

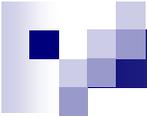
- Actual cost is reported, but total reimbursed cost can not exceed (trips x rate)
- Trips generated by verified services

## ■ Foster Care

- Local 40.5% share of costs charged back to county of origin, service county reimbursed @ 100%

## ■ State Operated Schools

- Rome / Batavia costs paid by NYS, 40.5% local share charged back to county of origin



# ANNUAL PRESCHOOL PROCESSES

## CPSE Admin Costs

- State Aid provides CPSE costs submitted by districts on the SAMS system---Schedules 31-34. (2013-14 CPSE Excess Admin online data filed by Summer 2015)
- Count of children for CPSE taken from State data
- Statewide average cost per child calculated
- Estimated cost approval sent to districts
  - Lesser of reported CSPE costs or (count x state average)
  - Districts may report/correct costs
- Administrative Cost Listing (ACL) prepared for districts to submit to count(ies) to reimburse their CPSE costs
- County submits matching AVL to STAC Unit for CPSE costs they have paid to a district (59.5% aid)



# ANNUAL PRESCHOOL PROCESSES

## County Administrative Costs

- Counties report Administrative Costs in March
- Unduplicated count of Children with services or evaluations made in April
- Counties receive lesser of reported costs or \$75 per child



# Preschool Resources

- **STAC Unit (518) 474-7116**
  - Preschool Coordinator – Sheila Costa
  - Reimbursement Approvals – Jim DeMeo
  - AVL Processing – Bob Wojtkiewicz
  
- **Office of Special Education (518) 473-6108**
  - Policy questions – Elina Tsenter
  
- **STAC Preschool Listserv**
  - <http://www.oms.nysed.gov/stac/listserv/>
  
- **STAC Homepage**
  - <http://www.oms.nysed.gov/stac/>



# Preschool Resources

- **SEIT / Related Service Policy Memo**

- <http://www.oms.nysed.gov/stac/preschool/policy/SEITrelatedservices.pdf>

- **Evaluation Policy Memo**

- <http://www.oms.nysed.gov/stac/preschool/policy/SEITrelatedservices.pdf>

- **Transportation Policy Memo**

- <http://www.p12.nysed.gov/specialed/publications/preschooltrans-811.pdf/>

- **STAC Online System Request for Access Form**

- [http://www.oms.nysed.gov/stac/stac\\_online\\_system/stac\\_access\\_form.pdf/](http://www.oms.nysed.gov/stac/stac_online_system/stac_access_form.pdf/)

- **Tuition Rates for Preschool Students with Disabilities**

- <http://www.oms.nysed.gov/rsu/WorkgroupDocs/AReportPursuanttoChapter545oftheLawsof2013.pdf>