



**System to Track and Account for Children (STAC) and Medicaid Unit**

Steven Wright, Director

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March 2, 2015

**TO:** Superintendent or State Aid Designee  
*Edwin Truax*

**FROM:** Edwin Truax, Associate in School Financial Aid

**SUBJECT:** 2013-14 BOCES High Cost STAC-3 Amendment Report (HCSAR) #1  
**Due – March 25, 2015**

Starting with the 2013-14 school year, the enclosed HCSAR #1 only lists your BOCES high cost 10-month public placement STACs. Any public students placed in a high cost in-district or other-district operated program for 2013-14 are verified on-line using the DVPUB screen. Please return a completed copy of the 2013-14 BOCES HCSAR #1 by the 3/25/15 deadline to avoid having your 2013-14 High Cost Aid for these BOCES students reset to \$0.

Your district will generate 2014-15 High Cost Aid on any 2013-14 BOCES students who have a 10-month Annualized Cost greater than the “Deduction/Threshold” amount displayed on the top of your HCSAR #1. Please verify or correct the STAC Approval enrollment dates and “10 Month Annualized Cost” for each high cost BOCES student listed. HCSAR changes generate amended STAC Approvals and update the backup pages of the following year’s Public Excess Cost Aid Output Report (PUB). Students may not be added to a HCSAR.

**Completing the HCSARs Correctly for BOCES Students**

If BOCES placement students are listed on a HCSAR, please attach copies of your BOCES year-end 9/1 – 6/30 billing/refund reports to the 2013-14 HCSAR#1, before you return the HCSAR to our office. You need the BOCES year-end information to check/correct the “10 Month Annualized Costs” listed on each HCSAR. **Contact the BOCES Business Office, if you cannot locate your 2013-14 year-end BOCES billing/refund report.** Below is the list of student data BOCES should include:

1. BOCES Student Enrollment Dates;
2. BOCES Original Amount Billed for the 9/1- 6/30 period;
3. BOCES Year-End Refund (or Additional Charge) made after 6/30;
4. BOCES Final Net Cost (Line 2 Amount Billed – Line 3 Refund);
5. BOCES FTE Billed = (Length of Time Billed/Length of BOCES Program)
6. 10-Mo. Annualized Cost = (Line 4 Final Net Cost / Line 5 BOCES FTE Billed)

“Annualized Cost” is the 10-month education rate or the amount you would have paid, if the student had been enrolled for the entire 9/1 – 6/30 period. Annualized cost exceeds actual cost, whenever a student was enrolled (and billed) for only part of the school year.

(OVER)

**Backup Required for BOCES-Only Placements Regardless of Cost**

If BOCES is the sole provider of educational services just include a copy of the 2013-14 BOCES year-end billing/refund report. Even if the 10-Month Annualized Cost is \$105,000+, that is all that is required.

**Additional Backup Required for BOCES Placements who also receive extra services from non-BOCES providers, such as outside nursing services, other related services, aides and/or after-school services.**

For BOCES placements who receive extra services from other providers include: a completed "High Cost Student Data Report"; the first few pages from the student Individualized Educational Plan (IEP) listing the approved extra services; and invoices or calculations of individual services costing \$15,000+ each. For a blank copy of the "High Cost Student Data Report", go to <http://www.oms.nysed.gov/stac/>, click the "Forms" tab and then click on "Rates Exceeding \$105,000/\$95,000".

**10-Mo. Annualized Cost Example: BOCES Student Receiving Additional Outside Services**

John was enrolled at Capital Region BOCES for 9 months. BOCES billed \$40,000 for his services, but returned a year-end \$750 surplus to Albany City SD reducing his net cost to \$39,250. Under John's IEP, Albany City SD provided a separate 1:1 nurse who cost \$27,000 for the 9 months, hired an outside vendor to provide after-school related services costing \$4,500 and purchased of an assistive technology device costing \$1,500. All the costs except the assistive technology device were annualized (converted to a 10-month rate), except the assistive technology device, which was a 1-time purchase.

CAPITAL REGION BOCES YEAR-END FINAL COST REPORT FOR HIGH COST STUDENTS FOR 2013-14 PROGRAM YEAR USING 40-WEEK BILLING PATTERN							
DISTRICT	BOCES			Calculated On:			Printed On:
ALBANY CITY SD	Start Date	End Date	Weeks Billed	11/03/14			11/06/14
BOCES Program Year :	09/04/13	06/26/14	40	(Assumes 4 weeks per month)			
Col.1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7 (Col. 5 - Col. 6)	Col. 8 (Col. 7 / Col. 4)
Alphabetical List of Students	Enrollment Dates		BOCES Billing FTE Enrollmt*	Original Amount Billed	Yr. End Adjustmt. Less Surplus or Plus (Deficit)	Final Net Cost	10-Month Annualized Cost
Last Name, First Name	Start	End	(40 wk Divisor)				
Wolf, John	10/01/13	06/26/14	0.900	\$40,000.00	\$750.00	\$39,250.00	\$43,611.11
<b>BOCES Totals</b>			<b>0.900</b>	<b>\$40,000.00</b>	<b>\$750.00</b>	<b>\$39,250.00</b>	<b>\$43,611.11</b>
<b>Extra Services from Other Providers</b>							
+ 1:1 Nurse supplied by Albany City SD (excludes time nurse spends on bus)			0.900	\$27,000.00		\$27,000.00 +	\$30,000.00
+ After School Related Services - Outside Vendor			0.900	\$4,500.00		\$4,500.00 +	\$5,000.00
<b>10-Mo. Annualized Cost Before Assistive Tech.</b>			<b>0.900</b>	<b>\$71,500.00</b>	<b>\$750.00</b>	<b>\$70,750.00</b>	<b>\$78,611.11</b>
+ Assistive Tech. Device (Do Not Annualize)			+	\$1,500.00		\$1,500.00 +	\$1,500.00
<b>10-Mo Annualized Cost Incl. Assistive Tech.</b>				<b>\$73,000.00</b>	<b>\$750.00</b>	<b>\$72,250.00</b>	<b>\$80,111.11</b>

To avoid losing 2014-15 High Cost Aid, please return your 2013-14 HCSAR #1's, a copy of the 2013-14 BOCES year-end billing/refund report and any required "High Cost Student Data Reports", IEP and backup invoices by no later than March 25, 2015 to: STAC, Special Aids and Medicaid Unit, 89 Washington Avenue, Room 514 EB, Albany, N.Y. 12234. For additional information call (518) 474-7116 and ask for Edwin Truax, Anne Wolfgang, or Maureen McCarthy.