



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

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

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**TO:** Official State Aid Designee

December 2014

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

**SUBJECT:** New STAC On-Line Verification Screen (DVPUB) and Signature Form for 2013-14 School Year for School Age 10-Month Non-BOCES High Cost Public Student Placements – Deadline for Both: **January 30, 2015**

Beginning with the 2013-14 school year, the new DVPUB on-line verification screen replaces the paper High Cost STAC-3 Amendment Report (HCSAR) verification process for 10-month high cost school age students placed in an in-district or other-district public program. In 2013-14, 10-month high cost school age students placed in BOCES programs will continue to be verified on paper HCSARs (BOCES HCSAR #1 scheduled to be run in February 2015.)

**DVPUB Overview:**

- Before you begin your DVPUB online verifications, please read the enclosed copy of “**Guide to Online Verification of 10-Mo. High Cost Public Placements**” (also available on the STAC/Medicaid unit website: [http://www.oms.nysed.gov/stac/stac\\_online\\_system/online\\_instructions/guide\\_DVPUB.pdf](http://www.oms.nysed.gov/stac/stac_online_system/online_instructions/guide_DVPUB.pdf))
- Enrollment date changes must be made using the DQCLD / DSPUB screen **before** a DVPUB verification can take place.
- DVPUB verification is done one public (non-BOCES) educational provider at a time.
- For students with correct enrollment dates, amend the 10-Month Annualized Cost (if necessary) and click the “verify” box on DVPUB. A list of the unverified students can be obtained on either DQAPP or DVPUB.
- Submit a DVPUB Signature Form upon completion of DVPUB verification. The initial DVPUB Signature Form is **due by January 30, 2015**. A blank form is enclosed (also available on STAC/Medicaid Unit website at: [http://www.oms.nysed.gov/stac/forms/DVPUB\\_Signature\\_Form.pdf](http://www.oms.nysed.gov/stac/forms/DVPUB_Signature_Form.pdf).)
- Submit all required cost backup (see box below) together with your DVPUB Signature form. Same **January 30, 2015 initial filing deadline**.

**Required Documentation for all In-District Students whose verified 10-Month Annualized Costs Exceed \$105,000**

- a completed “High Cost Student Data Report”  
[http://www.oms.nysed.gov/stac/schoolage/schoolage\\_placement\\_summary/public\\_excess\\_cost/high\\_cost\\_student\\_data\\_rates\\_exceeding\\_rpt.pdf](http://www.oms.nysed.gov/stac/schoolage/schoolage_placement_summary/public_excess_cost/high_cost_student_data_rates_exceeding_rpt.pdf)
- selected pages from the student’s IEP that list the frequency and length of approved services;
- invoices or cost calculations for individual services costing \$15,000+ each.

**Required Documentation for ALL Other-District Placed Students**

- a monthly (or year-end) invoice and/or contract from the school district who served as the education provider to confirm the 10-month annualized cost being claimed.

**Following receipt of your DVPUB Signature Form and cost backup, the STAC/Medicaid Unit will review your district’s student verifications and mark each record as “Reviewed and Locked by SED”. Districts must contact STAC to request that a “Reviewed and Locked” record be unlocked, if it needs to be amended and re-verified. Calculating the “10-Month Annualized Cost” for a School Age High Cost Public In-District or Other District Placement Student**

The 10-Month Annualized Cost is the amount it would cost to educate a student for the entire school year. This full-year cost will exceed the actual cost, when a student was enrolled for only part of the school year.

**Allowable costs** - only the following direct special education service costs are eligible for High Cost Aid:

- Pro-rata share of special education classroom/consultant teacher salary plus fringe benefits;
- Pro-rata share of special education classroom/individual aide salary plus fringe benefits;
- Pro-rata share of costs for related services specified on the student IEP;
- Cost of assistive technology devices/services used by just this child.

**Excluded costs** – the following costs are not eligible for High Cost Aid:

- Non-Resident Tuition Worksheet base grade level and special education rates;
- Special education transportation costs;
- CSE or Pupil Personnel Services salary and fringe benefits;
- Evaluation costs;
- Regular education teacher salary and fringe benefit costs;
- District administrative or building overhead costs;
- Due process (impartial hearing) costs;
- Costs for non-special education or indirect services;
- Costs for permanent building fixtures/equipment (like a strobe light fire alarm system);
- Home & hospital instruction provided on weekends, holidays, and during school year vacations;
- Services provided that were not included on the IEP or which exceed the level (individual vs. group) or frequency of service specified on the IEP.
- Costs aided through IDEA or other federal grant programs.

### 10 Month Annualized Cost Example

John was 1 of 5 students enrolled in a 6:1:1 special education class for 30 out of 40 weeks. The special education teacher and classroom aide had combined salaries and fringe benefits for the 30 weeks of \$150,000 and \$50,000. John received \$5,000 in related services, and his IEP required an assistive-technology device costing \$2,500.

Salary	\$ 30,000	(1/5 <sup>th</sup> of \$150,000)
Fringe Benefits	10,000	(1/5 <sup>th</sup> of \$50,000)
Related Services	<u>5,000</u>	
Subtotal	\$45,000	
Divided by FTE Enrollment	<u>0.750</u>	(30 weeks/40 weeks)
Annualized Cost before Assist. Tech	\$60,000	
Assistive Technology Device	<u>2,500</u>	
10-Month Annualized Cost	<u>\$62,500</u>	

**January 30, 2015 is the deadline for completing the DVPUB verifications and to return your initial Signature Form (blank copy enclosed) plus any required documentation (see box on front page).**

Any questions on this memo can be directed to Edwin Truax, Anne Wolfgang or Maureen McCarthy at 518-474-7116.

Enclosure