



An Overview of Recent Changes to High Cost Public Verification

STAC Homepage: <http://www.oms.nysed.gov/stac/>

April 2018

SECTION A

Introduction & Overview



Important Terminology

- **10-Month Annualized Cost:** The amount the student's special education services would have cost if provided for all 10 months, based on the lesser of the student's IEP-mandated level of services or the actual level of services provided.
- **District Threshold:** The annualized cost that must be exceeded to generate State aid for High Cost Public placements. (Line 5 on PUB report)
- **Public Excess Cost Aid Ratio:** The percentage of aid generated on costs exceeding the district threshold. (Line 4 on PUB report)



Resources for Calculating High Cost STACs

Calculating 10-Month “Annualized Cost” Education Rates for Students with Disabilities Educated in a District-Operated Program

http://www.oms.nysed.gov/stac/schoolage/avl-payment_reports_and_chargebacks/annualized_cost_calculation.html

DCPUB Quick Reference Guide

http://www.oms.nysed.gov/stac/stac_online_system/online_instructions/guide_DCPUB.html

Instructions on how to find your School District’s Threshold

http://www.oms.nysed.gov/stac/schoolage/schoolage_placement_summary/public_excess_cost/how_to_find_threshold.pdf



SECTION B

New on DSPUB Screen



What is the purpose of the DSPUB Screen?

The DSPUB screen is where the record is entered initially.

- The screen opens up each year in mid-April
- Where you select the student's disability type
- Where you select the education provider
- Where you enter the service start and end dates
- Where you enter the initial estimate for the student's 10-Month Annualized Cost



What's new on the DSPUB screen?

Date 03/16/18 New York State Education Department
 Time 10:46 High Cost - Public (3602.19)

STAC ID: B18081 | Name: HAMILTON ALEXANDER | Date of Birth: 01/11/04 | Mode Change

School Year: 1617 | Record Number: 01 02 | Disability: Other Health Impairment

CSE District: 010100010000 ALBANY CITY SD **NEED DCPUB**

District of Residence: ALBANY CITY SD

Agency to be Paid: ALBANY CITY SD

Education: Provider ALBANY CITY SD 010100010000

Get ED Programs: 8000I 10-MONTH HIGH COST 05-21 09/07/16-06/23/17 DAY

Student Enrollment: Enrolled Partial Year

Start Date	End Date	FTE	10-Month Annualized Cost	Actual Cost	(SED use only)
09/07/16	06/15/17	.974	80000.00	77920.00	1/2 Placement <input type="checkbox"/> DCPUB Required <input checked="" type="checkbox"/>

Variance Ent 03/16/18 DIST Upd 03/16/18 DIST User DISTRICT

Required for Inquiry | Inquire | Add | Change

1. "Go to DCPUB" button. This is a new button that will take you the new DCPUB screen to calculate the actual 10-Month Annualized Cost.
2. "NEED DCPUB" label. If the record meets one of the criteria where the DCPUB screen must be filled out and submitted, this new label will appear.



SECTION C

New DCPUB Screen



What is the new DCPUB Screen?

This new screen serves two purposes for In-District and BOCES placements:

1. It replaces the paper High Cost Student Data Report for reporting a breakdown of the student's component costs.
2. It's a tool for school districts to use when calculating the actual 10-Month Annualized Costs for their students. While the screen **must** be completed for some students, it **can** be completed for any student educated in-district or by a BOCES.

In the future, our intention is to open the DCPUB screen up around July 1, for the school year which would have just ended on June 30.



The top section of the DCPUB Screen

Date 03/16/18
Time 10:59

New York State Education Department

Go to Menu

1 HIGH COST STUDENT WORKSHEET (BOCES/In-District)

STAC ID	School Year	Rec Num	Name	Date of Birth	Mode
B18081	1617	01 02	HAMILTON ALEXANDER	01/11/04	Add
Inquire			District Threshold	39,900	5
			Public Excess Cost Aid Ratio	.690	6
Start Date	End Date	FTE	CSE District	ALBANY CITY SD	010100010000
09/07/16	06/15/17	.974	Ed Provider	ALBANY CITY SD	010100010000
To Amend Start or End Dates: <input type="button" value="GO TO DSPUB"/>		Previous Annualized Rate	Current 10-Month Annualized Cost		
		8	80,000.00 9		

- STAC ID, School Year, and Rec Num**
The student's STAC ID and the school year and record number of the DSPUB approval.
- Start Date and End Date**
Taken directly from DSPUB. To change, update on DSPUB.
- FTE**
Full Time Equivalent Enrollment, from DSPUB.
- The **Go to DSPUB** button
Takes the user to DSPUB to amend start and end dates.
- District Threshold**
Your district's threshold for the selected school year.
- Public Excess Cost Aid Ratio**
Ratio is used in the calculation of Public Excess Cost Aid.
- CSE District and Ed Provider**
CSE school district and the education provider, taken directly from DSPUB.
- Previous Annualized Rate**
If the 10-Month Annualized Cost has changed, the previous value is displayed here. This will update whenever this screen is submitted.
- Current 10-Month Annualized Cost**
Before the screen has been submitted, this is the amount entered on DSPUB. After the screen has been submitted, this is the 10-Month Annualized Cost calculated by the worksheet.

I. The BOCES Section

I. BOCES BOCES 10-Month Annualized Cost (from Year-End Final Cost Report) If all of the student's costs are included in this amount, proceed directly to the bottom of the screen and submit.

10

- BOCES 10-Month Annualized Cost (from Year-End Final Cost Report)**
Enter the 10-Month Annualized Cost from the BOCES year-end final cost report. If there were additional BOCES costs that weren't included in the year-end final cost report, don't enter them here; instead, enter them in the appropriate section below.



II. The InDistrict Classroom - Totals Section

II. InDistrict Classroom - Totals		Special Ed Teachers	Classroom Aides/T.A.s
IEP Ratio: Stud:Teach + Para	Actual Students in Class	Classroom Salaries: 65571.43	50162.16
12: 1 + 1	11	Classroom Fringe Benefits: 29142.86	20180.00
		Total Cost of Special Classroom:	165,056.45
		Classroom Cost for this Student:	15,005.13

11. IEP Ratio: Stud:Teach + Para

Ratio of students to special education teachers and paraprofessionals of the student’s primary classroom, per the IEP.

12. Actual Students in Class

The number of special ed. students that were actually educated in the class. For partial day students, round up to the nearest whole number. Cannot exceed the stated classroom ratio on the IEP.

13. Special Ed Teachers – Classroom Salaries

Enter the percentage of the teacher’s salary directly related to classroom special education instruction, plus class prep. See note below.*

14. Special Ed Teachers – Fringe Benefits

Enter the percentage of the teacher’s salary directly related to classroom special education instruction, plus class prep. See note below.*

15. Classroom Aides/T.A.s – Classroom Salaries

Enter total salaries of classroom aides and T.A.s. If less than full-day, prorate accordingly. Do not include any aides assigned to specific students.

16. Classroom Aides/T.A.s – Classroom Salaries

Enter total value of the fringe benefits for classroom aides and T.A.s. If less than full-day, prorate accordingly. Do not include any aides assigned to specific students.

17. Total Cost of Special Classroom

Total cost for all students in the special education classroom. A calculated field that does not permit data entry.

18. Classroom Cost for this Student

Total Cost of Special Classroom / Actual Students in Class. A calculated field that does not permit data entry.

* NOTE: Example for 13 and 14: If a teacher has 5 instruction periods, plus 1 class preparation period, plus 1 administrative period per day, you would prorate the salary and fringe at 6/7ths of the total.
Salary: \$80,000 x (6/7) = \$65,571.43; Fringe: \$34,000 x (6/7) = \$29,142.86



III. Child-Specific 1:1 Aide/Shared Aide/Nurse/Interpreter Section

III. Child-Specific 1:1 Aide/Shared Aide/Nurse/Interpreter				(Not included In-District or BOCES reported cost above)
Type of 1:1	Annual Salary	Annual Fringe	# of Students Served	Student Annual Cost
Aide	55360.00	21117.23	1	76,477.23
	0	0	0	

Only to be used for aides, LPNs, RNs and interpreters assigned to specific students.

19. Type of 1:1

Indicate type: Aide, LPN, RN, or Interpreter.

20. Annual Salary

Enter salary. If the person is assigned for only part of the day, prorate by number of hours assigned to this student. Annualize if student's FTE is less than 1.

21. Annual Fringe

Enter value of fringe benefits. If the person is assigned for only part of the day, prorate by number of hours assigned to this student. Annualize if student's FTE is less than 1.

22. # of Students Served

Enter the number of students assigned during the time period covered by IEP. If assigned solely to this student (1:1), enter 1 in this field.

23. Student Annual Cost

Student Annual Cost = (Annual Salary + Annual Fringe) / # of Students Served. A calculated field that does not permit data entry.



IV. The Related/Other Services Section (Screenshot)

IV. Related/Other Services		(Not included in reported cost above)		26	27	28	29	30	31
Service Type 24	Provider Type 25	Length of Sessions (Mins) 26	Total Cost Per Session 27	Group Size 28	Session Cost Per Child 29	** Actual Sessions 30	Total Child Cost 31		
Physical Therapy	District	30	44.00	1	44.00	120	5280.00		
Occupational Therapy	District	30	39.75	1	39.75	160	6360.00		
Speech Therapy	BOCES Extra	45	55.26	1	55.26	120	6631.20		
Music Therapy	BOCES Extra	40	79.75	1	79.75	80	6380.00		
ABA Services	Other Provider	60	96.00	1	96.00	40	3840.00		
Other -- Explain in Comments	Other Provider	30	74.00	1	74.00	40	2960.00		

****Actual number of sessions cannot exceed the number of sessions specified on IEP.**

If more than six, enter total annual cost by type of remaining services:
(and provide explanation in comments)

	(BOCES Extra)	(District)	(Other Provider)
32	0	0	2040.00

(Explanations on next slide)



IV. The Related/Other Services Section (Descriptions)

24. Service Type

Select type of service from the dropdown. If the service is not listed, select "Other -- Explain in Comments".

25. Provider Type

Indicate whether service was provided by a school district, a BOCES, or some other provider.

26. Length of Sessions (Mins)

Enter number of minutes per session for service.
Should not exceed IEP.

27. Total Cost Per Session

Enter total cost per session for service for all students.

28. Group Size

Select number of students receiving service. For individual services, use 1 as the group size.

29. Session Cost Per Child

Total Cost Per Session / Group Size. A calculated field that does not permit data entry.

30. Actual Sessions

Actual number of sessions student received for service.
Cannot exceed the IEP.

31. Total Child Cost

Total cost attributable to student. A calculated field that does not permit data entry.

32. BOCES Extra, District, and Other Provider

If more than six services, calculate and enter lump sum costs by provider type. Explain in comments.



V. The Other Child Specific Costs Section

V. Other Child Specific Costs		
Cost Category 33	Additional Information 34	Total Other Child-Specific Costs
ASSISTIVE TECHNOLOGY	Braille Printer/Embosser	4426.77 35

Primarily to be used for reporting one-time/non-recurring costs **not** claimed in sections I through IV.

33. Cost Category

Select type of cost from dropdown. If not listed, or if more than one cost, select “OTHER -- Explain in Comments”.

34. Additional Information

Provide additional detail on cost.

35. Total Other Child-Specific Costs

Enter total amount of all non-recurring costs. Since this section is for non-recurring costs, this amount should **not** be annualized.



The Comments Section

If you entered additional Related Services or Other Child-Specific costs, please explain below:

36 Comments:

37 Contact Name Phone# **38**
 E-mail Address **39**

Enter 02/22/18 DIST Update User DISTUSER

[Required for Inquiry](#) [Inquire](#) [ADD](#) [Change](#)

To be used to provide additional clarification and explanation, and to provide contact information in case there are questions.

36. Comments

Use to provide explanations for anything that is unclear from the standardized fields above.

Examples: Detail for lump sums when more than six related services, additional explanation of other child-specific costs entered in section V, any other outside provider information.

37. Contact Name

Name of the person who can answer questions about this High Cost Student Worksheet (DCPUB) submission for the STAC and Medicaid Unit.

38. Phone#

Phone number for the person indicated in Contact Name field.

39. E-mail Address

E-mail address for the person indicated in Contact Name field.



The Summary Section

BOCES Subtotal 40		Total 10-Month Annualized Cost (Verify this amount on DV PUB) 45	128,920.42
In-District Subtotal	33011.29 41		
1:1/Shared Aide Subtotal 42	15005.13	High Cost Aid Available 46	59,827.06
Related Services Subtotal 43	76477.23		
Other Child-Specific Costs Subtotal 44	4426.77		

40. BOCES Subtotal

BOCES 10-Month Annualized Cost (from Year-End Final Cost Report) field in section I.

41. In-District Subtotal

Calculated Classroom Cost for this Student from section II.

42. 1:1/Shared Aide Subtotal

Sum of the two calculated Student Annual Cost values from section III.

43. Related Services Subtotal

Sum of the calculated Total Child Cost values for 6 services, plus 3 lump sum fields, from section IV.

44. Other Child-Specific Costs Subtotal

Total Other Child-Specific Costs from section V.

45. Total 10-Month Annualized Cost

Sum of the five subtotals on left. A calculated value that will update both DSPUB and DV PUB. Verify this amount on DV PUB.

46. High Cost Aid Available

An estimate of the Public High Cost Aid your district would receive for this record, based on current district threshold and public excess cost aid ratio. Calculated as follows:

Total 10-Month Annualized Cost (45)	\$128,920.42
- District Threshold (5)	\$39,900.00
Annualized Excess Cost	\$89,020.42
x FTE (3)	0.974
Aidable Excess Cost	\$86,705.89
x Public Excess Cost Aid Ratio (6)	0.690
High Cost Aid Available	\$59,827.06



SECTION D

New on DVPUB Screen



What is the purpose of the DVPUB Screen?

The DVPUB screen is where High Cost Public STACs are verified by the district to generate reimbursement.

- The screen opens up in the February/March of the following school year
- DCPUB, when utilized, should be completed prior to verification
- If the displayed cost is already correct, just check the verify box
- Verify up to seven records at a time



What's new on the DV PUB screen?

Date 03/16/18 New York State Education Department Go to Time 12:57 Section (3602.19) High Cost-Public **1** Information Screen

School Year: 1617 CSE District: 010100010000 ALBANY CITY SD District Count - Total records / Records Verified: 13 4 Selection Type: Unverified 7
 Unverified DCPUB Required* 1 **2**
 Verified and Not Reviewed by SED 1
 Reviewed and Locked by SED** 0
 All Records 8

Get Providers: ALBANY CITY SD 010100010000
 First 4 Letters of Last Name (Optional) Get AVL Sort by Approved Cost Descending
 ** Districts have view only rights for "Reviewed and Locked by SED" Records **3**
 *DCPUB Record Required

COMPLETION OF 10-MONTH VERIFICATION FOR ALL PUBLIC PROVIDERS
 Contact Name: KELLY MASON Phone #: 5555555555 **4**
 E-mail Address: KELLY.MASON@NYSED.GOV Verification Completed

Last and First Names		From	To	Current Appr	10-Month Annualized Cost	Prev Verified	Verified	Verify	Reviewed and Locked by SED
STAC ID	Rec	DOB	Half	FTE	Date Rec Entered	Unverified DCPUB Required	Verified Date	Date Locked	
EXAMPLE	STUDENT		04/01/17		06/23/17	145,100.00	0		<input type="checkbox"/>
ALBANY CITY SD			010100010000			DCPUB on 5			
B18079	02	01/01/11	.282		03/05/18				
HIGHCOST	JIMMY		09/07/16		06/23/17	128,932.50	150,000.00	0	<input type="checkbox"/>
ALBANY CITY SD			010100010000			DCPUB on			
B17318	01	01/02/00	1.000		02/22/18				
STUDENT	EXAMPLE		09/07/16		03/15/17	98,560.34	0		<input type="checkbox"/>
ALBANY CITY SD			010100010000			DCPUB on			
B18080	01	12/11/10	.692		02/22/18				
HAMILTON	ALEXANDER		09/07/16		06/15/17	91,482.36	0		<input type="checkbox"/>
ALBANY CITY SD			010100010000			DCPUB on			
B18081	01	01/11/04	.974		03/16/18				
MORELESS	NATE		09/07/16		09/30/16	81,000.00	0		<input type="checkbox"/>
ALBANY CITY SD			010100010000			DCPUB on			
B17108	01	08/08/00	.102		01/03/18				
HIGHCOST	JOY		09/07/16		06/23/17	32,000.00	0		<input type="checkbox"/>
ALBANY CITY SD			010100010000			DCPUB Required			
B17321	01	01/02/00	1.000		02/22/18				
MORELESS	NATE		11/01/16		11/30/16	4,932.50	0		<input type="checkbox"/>
ALBANY CITY SD			010100010000			DCPUB on			
B17108	03	08/08/00	.102		02/20/18				

Required for Inquiry

1. The "District Count" display lists the total number of records and the number of records verified. Ideally, these numbers should match once verification is complete.
2. There is a new selection type, "Unverified DCPUB Required*" that allows districts to zero in on the in-district records that require a DCPUB.
3. The ability to sort the list of records in descending order by approved cost has been made available to districts.
4. Paper DV PUB Signature form no longer required. When completed with verification, please check the "Verification Completed" box, enter contact information, and click on "Submit" button at bottom of screen.
5. For in-district records, a label will identify which records already have a DCPUB record and which records need one before they can be verified.



SECTION E

Conclusion



Additional High Cost Public Verification Resources

2016-17 DVPUB Memo:

http://www.oms.nysed.gov/stac/schoolage/correspondence/DVPUB_201516_Letter_final.pdf

DCPUB-Quick Reference Guide:

http://www.oms.nysed.gov/stac/stac_online_system/online_instructions/guide_DCPUB.pdf

DVPUB-Online Instruction Guide:

http://www.oms.nysed.gov/stac/stac_online_system/online_instructions/guide_DVPUB.pdf

2016-17 BOCES Year-End Report Table:

http://www.oms.nysed.gov/stac/schoolage/correspondence/201617_boces_yearend_report_table_EXTERNAL.pdf



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 1st 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.
- Non-relevant information (home address, parent name, phone numbers, email, etc.) on birth/registration certificate should be redacted/blacked out prior to sending.
- Under NO circumstances should students’ PII be transmitted via unsecured e-mail.



Useful STAC Contacts for High Cost Public Verification

STAC Main Phone: 518-474-7116

STAC Main Email: OMSSTAC@nysed.gov

STAC Main Fax: 518-402-5047

Ed Truax Edwin.Truax@nysed.gov 518-486-2293

Maureen McCarthy Maureen.McCarthy@nysed.gov 518-473-0541

Adam Lenhardt Adam.Lenhardt@nysed.gov 518-473-7124

Kelly Mason Kelly.Mason@nysed.gov 518-402-5218

