DCPOD High Cost Student Worksheet (Other District)  
Quick Reference

Guidance for Calculating 10-Month Annualized Costs for Other District Verifications:
A list of allowable costs for special education services which may be claimed for High Cost Aid and a list of other costs which may not be claimed can be found by clicking on the link below:

To print this screen on one page in Internet Explorer:
1. Alt+F to bring up the File menu.
2. Select the “Print preview…” option.
3. In the dropdown to the right of the Page View dropdown, select “Custom”.
4. In the percentage box, type “57”.

To print this screen on one page in Google Chrome:
1. Ctrl+P to bring up the Print panel.
2. Click the down arrow to the right of “More settings” (or the plus sign to left, depending on your version of Chrome)
3. Enter “61” in the box to the right of “Scale”

Depending on your printer’s default margins, you might need to make the scale number slightly larger or slightly smaller.

The top section of the DCPOD Screen

Date 12/09/19  
Time 12:27  
New York State Education Department  
Go to Menu  
(For non-resident placements)

1. STAC ID, School Year, and Rec Num
The student’s STAC ID and the school year and record number of the DSPUB approval.

2. Start Date and End Date
Taken directly from DSPUB. To change, update on DSPUB.

3. FTE
Full Time Equivalent, from DSPUB.

4. The Go to DSPUB button
Takes the user to DSPUB to amend start and end dates.

5. Public Excess Cost Aid Ratio
Ratio is used in the calculation of Public Excess Cost Aid.

6. District Threshold
The minimum 10-month annualized cost that will generate High Cost Aid.

7. CSE District and Ed Provider
CSE school district and the education provider, taken directly from DSPUB.

8. 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.

9. Current 10-Month Annualized Cost
Before DCPOD screen has been submitted, this is the amount entered on DSPUB. After the screen has been submitted, this is the amount calculated by the worksheet.

Contains the information entered on the approval on DSPUB.

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I. **The NRT Section**

This section is used to indicate whether the other educating district billed using an NRT rate or billed using actual costs.

10. **Non Resident Tuition (NRT) Rate (Full Day K-6 Student with Disabilities)**
   If the student is within the age range for grades kindergarten through sixth grade and the non-resident district has billed using the Non Resident Tuition Rate, select this option.

11. **Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities)**
   If the student is within the age range for seventh grade through twelfth grade and the non-resident district has billed using the Non Resident Tuition Rate, select this option.

12. **Other Educating District Billed Using Actual Costs (Provide Cost Breakdown Below)**
   If the non-resident district has billed using actual costs, select this option and fill out the remaining sections of the screen.

**PLEASE NOTE:**
If the other educating district has billed using the NRT rate, the aid available for services provided by the other educating district is capped at the NRT rate!

II. **The Special Education Classrooms Section**

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>IEP Ratio: Stud:Teach + Para</th>
<th>Total Placement Cost</th>
<th>Actual Students in Class</th>
<th>Total Child Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIAL CLASS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Special education students only  
Additional Special Education Classroom Costs (Explain in Comments):  
Classroom Cost for this Child: 19308.00

**PLEASE NOTE:**
Only special education services mandated by the student’s IEP are eligible for High Cost Public aid! Even if a cost doesn’t appear on the Excluded Cost List, it still may not be eligible for High Cost Public aid.
### III. The Child-Specific 1:1 Aide/Shared Aide/Nurse/Interpreter Section

**Type of 1:1**
- Indicate type: Aide/Teaching Asst, LPN, RN, or Interpreter.

**Provider Type**
- Indicate where this student aide, nurse, or interpreter is provided by the non-resident district, the CSE district, a BOCES, or some other provider.

**Total Cost**
- Enter billed amount, or salary and value of fringe benefits if provided by CSE district. Annualize if student's FTE is less than 1.

**# 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.

**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

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

**Provider Type**
- Indicate whether service was provided by the non-resident district, the CSE district, a BOCES, or some other provider.

**Total Amount Billed Per Student**
- Enter the billed amount for the service.

**IEP Session Length (Mins)**
- Enter the session length in minutes, as specified on the student's IEP.

**Provided to Individual / Group**
- Indicate whether the service was provided to the student individually, or as part of a group. Should match the student's IEP.

**Actual # of Sessions Billed**
- Enter the actual number of sessions billed for this student. Cannot exceed the IEP.

**Session Cost Per Child**
- Total Amount Billed For Student, divided by the Actual # of Sessions Billed. A calculated field that does not permit data entry.

**Non-Resident District, BOCES Extra, CSE District, and Other Provider**
- If more than six related services, calculate and enter total cost by provider type of any additional services. Explain in comments.

Services entered in this section cannot have been claimed in any of the sections above. You can enter up to six services in this section, with space to enter lump sum totals by provider type for any additional services.
## V. The Other Child Specific Costs Section

<table>
<thead>
<tr>
<th>V. Other Child Specific Costs</th>
<th>Cost Category</th>
<th>Additional Information</th>
<th>Total Other Child-Specific Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided by CSE District Only</td>
<td>Assistive Technology</td>
<td>FM System</td>
<td>1082.00</td>
</tr>
</tbody>
</table>

Only to be used for non-recurring costs *not* claimed in sections I through IV.

32. **Cost Category**
   - Select type of cost from dropdown. If not listed, or if more than one cost, select "OTHER -- Explain in Comments".

33. **Additional Information**
   - Provide additional detail on cost.

### The Comments Section

<table>
<thead>
<tr>
<th>Comments:</th>
<th>Student is hard of hearing; FM system communicates with hearing aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter</td>
<td>12/09/19 STAC Update User AKITZROW</td>
</tr>
<tr>
<td>Contact Name</td>
<td>District Senior Clerk Typist</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:District.Typist@exampletown.k12.ny.us">District.Typist@exampletown.k12.ny.us</a></td>
</tr>
<tr>
<td>Phone#</td>
<td>5185555555 (Ex: 5181235555 - 10 digits)</td>
</tr>
</tbody>
</table>

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

35. **Comments**
   - Use to provide explanations for anything that is unclear from the standardized fields above.

36. **Contact Name**
   - Name of the person who can answer questions about this High Cost Student Worksheet (DCPOD) submission for the STAC and Medicaid Unit.

Once you have completed all of the sections, click the ADD button to submit. If updating an existing DCPOD worksheet, click Change to submit your changes.

### The Summary Section

<table>
<thead>
<tr>
<th>Required for Inquiry</th>
<th>Inquire</th>
<th>ADD</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>39 Non Resident Tuition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 Special Classrooms Subtotal</td>
<td>1936.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 1:1/Shared Aide Subtotal</td>
<td>55479.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 Related Services Subtotal</td>
<td>59789.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Other Child-Specific Costs Subtotal</td>
<td>1082.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

39. **Non Resident Tuition**
   - The non-resident tuition rate, if selected in section I.

40. **Special Classrooms Subtotal**
   - Calculated Classroom Cost for this Student from section II.

41. **1:1/Shared Aide Subtotal**
   - Sum of the two calculated Student Annual Cost values from the section III.

42. **Related Services Subtotal**
   - Sum of the calculated Total Child Cost values for 6 services, plus 4 lump sum fields, from section IV.

43. **Other Child-Specific Costs Subtotal**
   - Total Other Child-Specific Costs from section V.

44. **Total 10-Month Annualized Cost**
   - Sum of the five subtotals on left. A calculated value that will update both DSPUB and DVPU. Verify this amount on DVPU.

45. **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.

46. **“SED use only” Section**
   - Used by SED staff to note adjustments resulting from review.
DCPOD High Cost Student Worksheet

New York State Education Department
Quick Reference

Date: 12/01/19
Time: 12:27

HIGH COST STUDENT WORKSHEET (Other District)

<table>
<thead>
<tr>
<th>STAC ID</th>
<th>School Year</th>
<th>Seq Num</th>
<th>Name</th>
<th>OLIVIA</th>
<th>Date of Birth</th>
<th>Mode</th>
<th>Other Health Impairment</th>
<th>Public Excess Cost Aid Ratio</th>
<th>Current 10 Month Annualized Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>01027</td>
<td>1915</td>
<td>01</td>
<td>OTHERDISTRICT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Inquire
Set browser to 571% to print as single page

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>To Arrive Start or End Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/05/18</td>
<td>06/26/19</td>
<td>GO TO DSPUB</td>
</tr>
</tbody>
</table>

FTE: CSF District: EXAMPLETOWN UFSD
Ed Provider: Levitorn UFSD
2802316020000
2802050530000

Previous Annualized Rate: 48,000.00
Current 10 Month Annualized Cost: 135,657.20

I. NRT
- Non Resident Tuition (NRT) Rate (Full Day K-5 Student with Disabilities)
- Other Educating District Billed Using Actual Costs

| 64835 | 72825 |

For Remaining Sections: If FTE is less than 1,000, divide actual cost by FTE to annualize
Upload Invoices/Cost Breakdowns to GoAnywhere

II. Special Ed Classrooms

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>IEP Ratio</th>
<th>Special Education Classrooms</th>
<th>Actual Students</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIAL CLASS</td>
<td>12 x 1</td>
<td></td>
<td>8</td>
<td>15448.00</td>
</tr>
<tr>
<td></td>
<td>0 x 0</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0 x 0</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0 x 0</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Exclude Cost List
- General Education Costs;
- CSE Admin Costs; Evaluation;
- Building Costs; Select Services;
- Substitute Teachers; Transportation;
- Field Trips; Classroom Equipment;
- Classroom Software/Technology;
- Class Supplies/Materials/Textbooks;
- Admit Costs (Subsidiaries, Business Office, PPS, Guidance etc.);
- Clinical Costs (Front Office);
- Account Clerks, Secretaries, etc.;
- ANY other services not on IEP

*Special education students only Additional Special Education Classroom Costs (Explain in Comments): 0
Classroom Cost for this Child: 19308.00

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

Type of 1:1 Provider Type Total Cost
Aide/Teaching Assist Non-Resident District 55479.30

IV. Related/Other Services

Service Type Provider Type Total Amount Billed Per Student IEP Session Length (Minutes) Actual # of Sessions Actual Cost Per Child
Speech/Language Therapy Non-Resident District 2918.00 30 Individual 40 72.97
Speech/Language Therapy Non-Resident District 583.00 30 Individual 40 14.59
Occupational Therapy Other Provider 1567.50 30 Individual 55 25.50
Teacher for the Deaf BOCES Extra 54720.00 360 Individual 180 304.00

**Actual number of sessions cannot exceed the number of sessions specified on IEP.
If more than 6, enter total annual cost by type of remaining services
(comment explanation in comments)

V. Other Child Specific Costs

Cost Category | Additional Information | Total Other Child Specific Costs
Provided by CSE District Only | ASSISTIVE TECHNOLOGY | FM System | 1082.00

District Contact Information
- Contact Name: District Senior Clerk Typist
- E-mail Address: District.Typist@exampltown.k12.ny.us
- Phone: 5185555555 (Ex: 5181255555 - 10 digits)

SED use only:
- Lock Record
- SED Changes:

Enter 12/01/19 STAC Update User AKITROW

Required for Inquiry
Inquire ADO Change
- Non Resident Tuition
- Special Classroom Subtotal 19398.00
- 1:1 Shared Aide Subtotal 55479.30
- Related Services Subtotal 50789.90
- Other Child-Specific Costs Subtotal 1082.00

Total 10 Month Annualized Cost: 135,657.20
High Cost Aid Available: 65,793.14