

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:

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

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 <input type="text"/>	(For non-resident placements)	
1 HIGH COST STUDENT WORKSHEET (Other District)						
STAC ID B18827	School Year 1819	Rec Num 01 02	Name OTHERDISTRICT	OLIVIA	Date of Birth O 12/11/10	Mode Change
Inquire		Set browser to 57% to print as single page		Other Health Impairment	5	District Threshold 6 41,667
Start Date 09/05/18	End Date 06/26/19	To Amend Start or End Dates:	4 GO TO DSPUB	FTE 1.000	CSE District EXAMPLETOWN UFSD	7 280216020000
					Ed Provider LEVITTOWN UFSD	280205030000
8 Previous Annualized Rate 48,000.00		3		9 Current 10-Month Annualized Cost 135,657.20		
I. NRT						
<input type="radio"/> Non Resident Tuition (NRT) Rate (Full Day K-6 Student with Disabilities) 64835		<input type="radio"/> Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities) 72825		<input checked="" type="radio"/> Other Educating District Billed Using Actual Costs (Provide Cost Breakdown Below)		

Contains the information entered on the approval on DSPUB.

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.

I. The NRT Section

I. NRT <input type="radio"/> Non Resident Tuition (NRT) Rate (Full Day K-6 Student with Disabilities) 10 74445	<input type="radio"/> Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities) 11 85035	<input checked="" type="radio"/> Other Educating District Billed Using Actual Costs (Provide Cost Breakdown Below) 12
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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

II. Special Ed Classrooms				Excluded Cost List	
Placement Type 13 SPECIAL CLASS	IEP Ratio: Stud:Teach + Para 14 12 : 1 + 1	Total Placement Cost 15 154448.00	Actual Students in Class 16 8	Total Child Cost 17 19306.00	General Education Costs; CSE Admin Costs; Evaluations; Building Costs; Select Services; Substitute Teachers; Transportation; Field Trips; Classroom Equipment; Classroom Software/Technology; Class Supplies/Materials/Textbooks; Admin Costs (Superintendents, Business Office, PPS, Guidance etc.); Clerical Costs (Front Office, Account Clerks, Secretaries, etc.); and ANY other services not on IEP
*Special education students only Additional Special Education Classroom Costs (Explain in Comments): 18 0				Classroom Cost for this Child: 19306.00	

Only to be used if the student is in a special education classroom within your district. If the student did not attend for the entire program period, enter the costs as if the student had attended for the whole year.

- 13. **Placement Type**
 The type of period-based special education placement the student is in, per the IEP

- 14. **IEP Ratio: Stud:Teach + Para**
 The ratio of students to teachers and paraprofessionals. This should match the student's IEP.

- 15. **Total Placement Cost**
 The total cost of the special education classroom, less excluded costs.

- 16. **Actual Students in Class**
 The number of special education students in the classroom. If the non-resident district has billed on a per student basis, and the number of students in the class has not been provided, enter a group size of 1 and explain in the comments.

- 17. **Total Child Cost**
 The total cost of the special education classroom attributable to this student. This calculated field does not permit data entry.

- 18. **Additional Special Education Classroom Costs**
 For use if the student has more than four special education classroom placements. Enter as a lump sum and provide a breakdown in the comments.

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

III. Child-Specific 1:1 Aide/Shared Aide/Nurse/Interpreter		(Not included In-District or BOCES reported cost above)		
Type of 1:1 19	Provider Type 20	Total Cost 21	# of Students Served 22	Student Annual Cost 23
Aide/Teaching Asst	Non-Resident District	55479.30	1	55,479.30
		0	0	

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

- 19. **Type of 1:1**
Indicate type: Aide/Teaching Asst, LPN, RN, or Interpreter.
- 20. **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.
- 21. **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.
- 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

IV. Related/Other Services			(Not included in reported cost above)			(As indicated on IEP)		
Service Type 24	Provider Type 25	Total Amount Billed Per Student 26	IEP Session Length (Mins) 27	Provided to: 28	Actual # of Sessions Billed 29	Session Cost Per Child 30		
Speech/Language Therapy	Non-Resident District	2918.80	30	<input type="radio"/> Individual <input type="radio"/> Group	40	72.97		
Speech/Language Therapy	Non-Resident District	583.60	30	<input type="radio"/> Individual <input checked="" type="radio"/> Group	40	14.59		
Occupational Therapy	Other Provider	1567.50	30	<input type="radio"/> Individual <input checked="" type="radio"/> Group	55	28.50		
Teacher for the Deaf	BOCES Extra	54720.00	360	<input checked="" type="radio"/> Individual <input type="radio"/> Group	180	304.00		
		0	0	<input checked="" type="radio"/> Individual <input type="radio"/> Group	0			
		0	0	<input checked="" type="radio"/> Individual <input type="radio"/> Group	0			
**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)			(Non-Resident District)	(BOCES Extra 31)	(CSE District)	(Other Provider)		
			0	0	0	0		

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.

- 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 the non-resident district, the CSE district, a BOCES, or some other provider.
- 26. **Total Amount Billed Per Student**
Enter the billed amount for the service.
- 27. **IEP Session Length (Mins)**
Enter the session length in minutes, as specified on the student's IEP.
- 28. **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.
- 29. **Actual # of Sessions Billed**
Enter the actual number of sessions billed for this student. **Cannot** exceed the IEP.
- 30. **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.
- 31. **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 not included above. Explain in comments.

V. The Other Child Specific Costs Section

V. Other Child Specific Costs	Cost Category 32	Additional Information 33	Total Other Child-Specific Costs
Provided by CSE District Only	ASSISTIVE TECHNOLOGY	FM System	34 1082.00

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".

34. 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.

33. Additional Information

Provide additional detail on cost.

The Comments Section

If you entered additional Related Services or Other Child-Specific costs, please explain below:		District Contact Information	
Comments: Student is hard of hearing; FM system communicates with hearing aid		Contact Name: District Senior Clerk Typist 36	
Comments: 35		E-mail Address: District.Typist@examplestown.k12.ny.us 37	
Enter 12/09/19 STAC Update	User AKITZROW	Phone#: 5185555555 38 (Ex: 5181235555 - 10 digits)	

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.

37. E-mail Address

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

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.

38. Phone#

Phone number for the person indicated in Contact Name field.

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

Will populate once screen has been submitted.

Required for Inquiry	Inquire	ADD	Change
39 Non Resident Tuition			
40 Special Classrooms Subtotal	19306.00		
41 1:1/Shared Aide Subtotal	55479.30		
42 Related Services Subtotal	59789.90		
43 Other Child-Specific Costs Subtotal	1082.00		
		Total 10-Month Annualized Cost (Verify this amount on DVPUB) 44	
		135,657.20	
		High Cost Aid Available 45	
		65,793.14	

SED use only: **46** Lock Record

SED Changes:

39. Non Resident Tuition

The non-resident tuition rate, if selected in section I.

44. Total 10-Month Annualized Cost

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

40. Special Classrooms Subtotal

Calculated Classroom Cost for this Student from section II.

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.

41. 1:1/Shared Aide Subtotal

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

46. "SED use only" Section

Used by SED staff to note adjustments resulting from review.

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.

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

HIGH COST STUDENT WORKSHEET (Other District)

Menu

STAC ID School Year Rec Num Name

B18827 1819 01 02 OTHERDISTRICT

Inquire [Set browser to 57% to print as single page](#)

Date of Birth

0 12/11/10

Other Health Impairment

Public Excess Cost Aid Ratio .700 District Threshold 41,667

Mode

Change

Start Date End Date To Amend Start or End Dates:

09/05/18 06/26/19

FTE CSE District Ed Provider

1.000 EXAMPLETOWN UFSD LEVITTOWN UFSD

280216020000
280205030000

Previous Annualized Rate
48,000.00

Current 10-Month Annualized Cost
135,657.20

I. NRT

Non Resident Tuition (NRT) Rate (Full Day K-6 Student with Disabilities) Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities) Other Educating District Billed Using Actual Costs (Provide Cost Breakdown Below)

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

Placement Type	IEP Ratio: Stud:Teach + Para	Total Placement Cost	Actual Students in Class	Total Child Cost	
SPECIAL CLASS	12 : 1 + 1	154448.00	8	19306.00	Excluded Cost List General Education Costs; CSE Admin Costs; Evaluations; Building Costs; Select Services; Substitute Teachers; Transportation; Field Trips; Classroom Equipmnet; Classroom Software/Technology; Class Supplies/Materials/Textbooks; Admin Costs (Superintendents, Business Office, PPS, Guidance etc.); Cleical Costs (Front Office, Account Clerks, Secretaries, etc.); and ANY other services not on IEP
	0 : 0 + 0	0	0		
	0 : 0 + 0	0	0		
	0 : 0 + 0	0	0		

*Special education students only Additional Special Education Classroom Costs (Explain in Comments): Classroom Cost for this Child: 19306.00

III. Child-Specific 1:1 Aide/Shared Aide/Nurse/Interpreter (Not included In-District or BOCES reported cost above)

Type of 1:1	Provider Type	Total Cost	# of Students Served	Student Annual Cost
Aide/Teaching Asst	Non-Resident District	55479.30	1	55,479.30
		0	0	

IV. Related/Other Services (Not included in reported cost above)

Service Type	Provider Type	Total Amount Billed Per Student	IEP Session Length (Mins)	Provided to:	Actual # of Sessions Billed	Session Cost Per Child
Speech/Language Therapy	Non-Resident District	2918.80	30	<input checked="" type="radio"/> Individual <input type="radio"/> Group	40	72.97
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Teacher for the Deaf	BOCES Extra	54720.00	360	<input checked="" type="radio"/> Individual <input type="radio"/> Group	180	304.00
		0	0	<input checked="" type="radio"/> Individual <input type="radio"/> Group	0	
		0	0	<input checked="" type="radio"/> Individual <input type="radio"/> Group	0	

**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)

(Non-Resident District)	(BOCES Extra)	(CSE District)	(Other Provider)
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

V. Other Child Specific Costs

Provided by CSE District Only	Cost Category ASSISTIVE TECHNOLOGY	Additional Information FM System	Total Other Child-Specific Costs 1082.00
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If you entered additional Related Services or Other Child-Specific costs, please explain below:

Comments: Student is hard of hearing; FM system communicates with hearing aid

Comments:

District Contact Information

Contact Name: District Senior Clerk Typist

E-mail Address: District.Typist@examplestown.k12.ny.us

Phone#: 5185555555 (Ex: 5181235555 - 10 digits)

Enter 12/09/19 STAC Update User AKITZROW

Required for Inquiry

Non Resident Tuition

Special Classrooms Subtotal 19306.00

1:1/Shared Aide Subtotal 55479.30

Related Services Subtotal 59789.90

Other Child-Specific Costs Subtotal 1082.00

Total 10-Month Annualized Cost
(Verify this amount on DVPUB)

135,657.20

High Cost Aid Available 65,793.14

SED use only: Lock Record

SED Changes: