DCPOD High Cost Student Worksheet (Other District)

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”

The top section of the DCPOD Screen

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

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

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

<table>
<thead>
<tr>
<th>Type of 1:1</th>
<th>Provider Type</th>
<th>Total Cost</th>
<th># of Students Served</th>
<th>Student Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aide/Teaching Asst</td>
<td>Non-Resident District</td>
<td>68092.50</td>
<td>1</td>
<td>68092.50</td>
</tr>
</tbody>
</table>

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

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.

*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).
V. The Other Child Specific Costs Section

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**

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**

Will populate once screen has been submitted.

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 DVPUB. Verify this amount on DVPUB.

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.
**High Cost Student Worksheet (Other District)**

**Date:** 03/01/19  
**Time:** 01:24  
**New York State Education Department**

**STAC ID:** 11009  
**School Year:** 17-18  
**Rec. Code:** 01  
**Name:** OLIVIA  
**Date of Birth:** 12/11/10  
**Mode:** 0  
**Private Excess Cost Aid Ratio:** 0.00  
**District Threshold:** 39,999

**Start Date:** 03/01/19  
**End Date:** 06/22/18  
**To Amend Start or End Dates:** GO TO DPSUB

**Previous Annualized Rate:** 48,900.00  
**Current 10 Month Annualized Cost:** 159,499.65

**I. NRT**
- Non Resident Tuition (NRT) Rate (Full Day K-12 Student with Disabilities)
- Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities)

**II. Special Ed Classrooms**

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>IEP Ratio</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>8:1:1</td>
<td>142170.15</td>
<td>6</td>
<td>23695.03</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of 1:1</th>
<th>Provider Type</th>
<th>Total Cost</th>
<th># of Students Served</th>
<th>Student Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aide/Teaching Aide</td>
<td>Non-Resident District</td>
<td>6892.50</td>
<td>1</td>
<td>68,925.00</td>
</tr>
</tbody>
</table>

**IV. Related/Other Services**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider Type</th>
<th>Total Amount Billed Per Student</th>
<th>IEP Session Length (Mins)</th>
<th># of Sessions Billed</th>
<th>Session Cost Per Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech/Language Therapy</td>
<td>Non-Resident District</td>
<td>10429.38</td>
<td>30</td>
<td>Individual</td>
<td>117</td>
</tr>
<tr>
<td>Speech/Language Therapy</td>
<td>Non-Resident District</td>
<td>1390.74</td>
<td>30</td>
<td>Individual</td>
<td>78</td>
</tr>
<tr>
<td>Speech/Language Therapy</td>
<td>BOCES Extra</td>
<td>57420.00</td>
<td>300</td>
<td>Individual</td>
<td>100</td>
</tr>
</tbody>
</table>

**V. Other Child Specific Costs**

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Total Other Child Specific Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSISTIVE TECHNOLOGY</td>
<td>1082.00</td>
</tr>
</tbody>
</table>

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

**ENTER:** 03/04/19  
**STAC:** 11009  
**Update:** ADD  
**User:** DISTUSER

**District Contact Information**
- **Contact Name:** District Senior Clerk Typist
- **E-mail Address:** District.Typist@exampltown.k12.ny.us
- **Phone:** 5187235555 (Ex: 5187235555 - 10 digits)

**SED use only:**

**SED Changes:**