

DCPUB High Cost Student Worksheet (BOCES/In-District) Quick Reference

Guidance for Calculating 10-Month Annualized Costs for In-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 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 DCPUB Screen

Date 09/21/18		New York State Education Department		Go to <input type="text"/>		
Time 03:29		HIGH COST STUDENT WORKSHEET (BOCES/In-District)				Menu
STAC ID	School Year	Rec Num	Name	Date of Birth	Mode Change	
B17321	1718	01 02	HIGHCOST HENRIETTA	01/02/03		
Inquire		Public Excess Cost Aid Ratio		.690	District Threshold	
					39,900	
Start Date	End Date	To Amend Start or End Dates:	GO TO DSPUB	FTE	CSE District	
09/06/17	06/22/18			1.000	EXAMPLETOWN UFSD	
					Ed Provider	
					EXAMPLETOWN UFSD	
		Previous Annualized Rate		Current 10-Month Annualized Cost		
		96,000.00		63,354.37		

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 Enrollment, from DSPUB
4. The **Go to DSPUB** button
This button takes you directly to the associated approval on DSPUB
5. **District Threshold**
The minimum 10-month annualized cost that will generate High Cost Aid
6. **Public Excess Cost Aid Ratio**
Ratio is used in the calculation of Public Excess 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 the 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 BOCES Section

I. BOCES	BOCES 10-Month Annualized Cost (from Year-End Final Cost Report) <input style="width: 80%;" type="text" value="0"/>	If all of the student's costs are included in this amount, proceed directly to the bottom of the screen and submit.
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Only to be used if the student is listed on the year-end final cost report from a BOCES.

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-A. The InDistrict Classroom - Full Day Self-Contained Section

For Remaining Sections: If FTE is less than 1.000, divide actual cost by FTE to annualize

II. InDistrict Classroom - Totals SECTION II-A. Full Day Self Contained Special Education Classroom					
IEP Ratio: Stud:Teach + Para 11 <input style="width: 20px;" type="text" value="0"/> : <input style="width: 20px;" type="text" value="0"/> + <input style="width: 20px;" type="text" value="0"/>	Actual Students in Class 12 <input style="width: 40px;" type="text" value="0"/>	Special Ed Teachers 13 <input style="width: 40px;" type="text" value="0"/>	Classroom Aides/T.A.s 15 <input style="width: 40px;" type="text" value="0"/>	Classroom Salaries: <input style="width: 40px;" type="text" value="0"/>	Classroom Fringe Benefits: <input style="width: 40px;" type="text" value="0"/>
				Total Cost of Special Classroom: 17 <input style="width: 40px;" type="text" value="0"/>	Classroom Cost for this Child: 18 <input style="width: 40px;" type="text" value="0"/>

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.

11. IEP Ratio: Stud:Teach + Para

Ratio of students to teachers and paraprofessionals of the student's primary classroom, per the IEP

12. Actual Students in Class

The number of 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 – Fringe Benefits

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

II-B. The InDistrict Classroom - Period-Based Section

NEW FOR 1718

SECTION II-B. Period-Based Special Education Placements				Teacher Work Day (Exclude Lunch) Length in Mins:	Group Size*	Sessions Per Cycle	Sessions Length: (Mins)	Frequency	Total Child Cost
Placement Type	(Spec. Ed Teachers/Classrooms Aides) Total Salaries	Total Fringe							
CO-TEACH MATH	72480.00	33340.80	390	5	1	40	Daily Cycle	2170.68	
CO-TEACH ENGLISH LA	59404.00	27325.84	390	5	1	40	Daily Cycle	1779.07	
CO-TEACH SCIENCE	71580.00	32926.80	390	5	4	40	6-Day Cycle	1429.43	
CO-TEACH SOCIAL STUDIES	33395.50	30723.86	195	4	2	40	4-Day Cycle	1644.08	
Resource Room	49648.67	34257.58	240	1	1	30	Weekly Cycle	2330.49	
Adaptive Phys Ed	65236.00	30008.56	390	3	3	30	Weekly Cycle	1627.94	
*Special education students only			Additional Special Education Classroom Costs (Explain in Comments):			0	Placement Cost for this Child:		10981.69

19. Placement Type

Ratio of students to teachers and paraprofessionals of the student's primary classroom, per the IEP

20. Spec. Ed Teachers/Classroom Aides Total Salaries

The combined salaries for the special education teacher(s) and classroom aides. Do NOT include general education teacher salaries

21. Special Ed Teachers/Classroom Aides Total Fringe

The combined cost of fringe benefits for the special education teacher(s) and classroom aides. Do NOT include general education teacher fringe benefits

22. Teacher Work Day (Exclude Lunch) Length in Mins

The length of the teacher's work day in minutes, excluding lunch.

- 6.5 hours = 390 minutes
- 6 hours = 360 minutes
- 5.5 hours = 330 minutes

23. Group Size

The number of special education students in the classroom. Do NOT count general ed students

24. Sessions Per Cycle

The number of times the student attended this class during the cycle length specified in the frequency column. Cannot exceed IEP

25. Session Length (Mins)

The length of each session, as specified on the student's IEP

26. Frequency

The length of the cycle specified on the student's IEP. The Sessions Per Cycle repeats on this interval:

- Daily Cycle
- 4-Day Cycle
- Weekly Cycle
- 6-Day Cycle

27. Total Child Cost

The cost of the placement, as calculated from the information provided. This calculated field does not permit data entry

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	Annual Salary	Annual Fringe	# of Students Served	Student Annual Cost	
Aide/Teaching Asst	49236.00	22648.56	2	35,942.28	
	0	0	0	0	

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

28. Type of 1:1

Indicate type: Aide, LPN, RN, or Interpreter

29. 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

30. 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

31. # 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

32. 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)

Service Type 33	Provider Type 34	Length of Sessions (Mins) 35	Total Cost Per Session 36	Group Size 37	Session Cost Per Child	** Actual Sessions 39	Total Child Cost 40
Speech/Language Therapy	BOCES Extra	30	64.32	1	64.32	80	5145.60
Speech/Language Therapy	BOCES Extra	30	128.64	3	42.88	120	5145.60
Occupational Therapy	BOCES Extra	30	54.43	1	54.43	40	2177.20
Physical Therapy	District	30	36.00	1	36.00	80	2880.00
		0	0	1	38	0	
		0	0	1		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)

(BOCES Extra) 41	(District) 42	(Other Provider) 43
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.

33. Service Type

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

34. Provider Type

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

35. Length of Sessions (Mins)

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

36. Total Cost Per Session

Enter total cost per session for service for all students.

37. Group Size

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

38. Session Cost Per Child

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

39. Actual Sessions

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

40. Total Child Cost

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

41. BOCES Extra

If more than six related services, calculate and enter total cost of any additional services provided by BOCES not included above. Explain in comments.

42. District

If more than six related services, calculate and enter total cost of any additional services provided by district not included above. Explain in comments.

43. Other Provider

If more than six related services, enter total cost of any additional services provided by an outside provider. Explain in comments.

V. The Other Child Specific Costs Section

V. Other Child Specific Costs

Cost Category 44	Additional Information 45	Total Other Child-Specific Costs 46
ASSISTIVE TECHNOLOGY	FM System	1082.00

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

44. Cost Category

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

45. Additional Information

Provide additional detail on cost.

46. 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:		District Contact Information	
Comments:	Student is hard of hearing; FM system communicates with hearing aid	Contact Name	District Senior Clerk Typist 48
Comments:	47	E-mail Address	District.Typist@example town.k12.ny.us 49
Enter	09/21/18	STAC	Update
User		ALENHARD	Phone#
		5181235555 50	(Ex: 5181235555 - 10 digits)

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

47. Comments

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

48. Contact Name

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

49. E-mail Address

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

50. 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 DCPUB worksheet, click Change to submit your changes.

The Summary Section

Required for Inquiry	Inquire	ADD	Change	SED use only:
BOCES Subtotal 51				SED Changes: 56
In-District Subtotal 52	10981.69		Total 10-Month Annualized Cost (Verify this amount on DVPUB) 57	
1:1/Shared Aide Subtotal 53	35942.28		63,354.37	
Related Services Subtotal 54	15348.40		High Cost Aid Available 58	
Other Child-Specific Costs Subtotal 55	1082.00		16,183.51	

Will populate once screen has been submitted. All calculated fields that do not permit data entry.

51. BOCES Subtotal

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

52. In-District Subtotal

Calculated Classroom Cost for this Student from section II.

53. 1:1/Shared Aide Subtotal

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

54. Related Services Subtotal

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

55. Other Child-Specific Costs Subtotal

Total Other Child-Specific Costs from section V.

56. "SED use only" Section

Used by SED staff to note adjustments resulting from review.

57. 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.

58. 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	(57)	\$63,354.37
- District Threshold	(5)	\$39,900
Annualized Excess Cost		\$23,454.37
x FTE	(3)	1.000
Aidable Excess Cost		\$23,454.37
x Public Excess Cost Aid Ratio	(6)	0.690
High Cost Aid Available		\$16,183.51

Date 09/21/18		New York State Education Department		Go to <input type="text"/>				
Time 03:29		HIGH COST STUDENT WORKSHEET (BOCES/In-District)				Menu		
STAC ID	School Year	Rec Num	Name	Date of Birth	Mode Change			
B17321	1718	01 02	HIGHCOST	HENRIETTA	01/02/03			
<input type="button" value="Inquire"/>		Public Excess Cost Aid Ratio		.690	District Threshold 39,900			
Start Date	End Date	To Amend Start or End Dates:	<input type="button" value="GO TO DSPUB"/>	FTE	CSE District			
09/06/17	06/22/18			1.000	EXAMPLETOWN UFSD			
				Ed Provider	EXAMPLETOWN UFSD			
Previous Annualized Rate		Current 10-Month Annualized Cost						
96,000.00		63,354.37						
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.					
	<input type="text" value="0"/>							
For Remaining Sections: If FTE is less than 1.000, divide actual cost by FTE to annualize								
II. InDistrict Classroom - Totals SECTION II-A. Full Day Self Contained Special Education Classroom								
IEP Ratio: Stud:Teach + Para		Actual Students in Class	Special Ed Teachers	Classroom Aides/T.A.s				
0 : 0 + 0		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>				
Classroom Salaries:			<input type="text" value="0"/>	Total Cost of Special Classroom:				
Classroom Fringe Benefits:			<input type="text" value="0"/>	<input type="text" value="0"/>				
SECTION II-B. Period-Based Special Education Placements								
Placement Type	(Spec. Ed Teachers/Classrooms Aides) Total Salaries	Total Fringe	Teacher Work Day (Exclude Lunch) Length in Mins:	Group Size*	Sessions Per Cycle	Sessions Length: (Mins)	Frequency	Total Child Cost
CO-TEACH MATH	72480.00	33340.80	390	5	1	40	Daily Cycle	2170.68
CO-TEACH ENGLISH LA	59404.00	27325.84	390	5	1	40	Daily Cycle	1779.07
CO-TEACH SCIENCE	71580.00	32926.80	390	5	4	40	6-Day Cycle	1429.43
CO-TEACH SOCIAL STUDIES	33395.50	30723.86	195	4	2	40	4-Day Cycle	1644.08
Resource Room	49648.67	34257.58	240	1	1	30	Weekly Cycle	2330.49
Adaptive Phys Ed	65236.00	30008.56	390	3	3	30	Weekly Cycle	1627.94
*Special education students only		Additional Special Education Classroom Costs (Explain in Comments):			<input type="text" value="0"/>	Placement Cost for this Child:		10981.69
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/Teaching Asst	49236.00	22648.56	2	35,942.28				
	0	0	0					
IV. Related/Other Services (Not included in reported cost above)								
Service Type	Provider Type	Length of Sessions (Mins)	Total Cost Per Session	Group Size	Session Cost Per Child	** Actual Sessions	Total Child Cost	
Speech/Language Therapy	BOCES Extra	30	64.32	1	64.32	80	5145.60	
Speech/Language Therapy	BOCES Extra	30	128.64	3	42.88	120	5145.60	
Occupational Therapy	BOCES Extra	30	54.43	1	54.43	40	2177.20	
Physical Therapy	District	30	36.00	1	36.00	80	2880.00	
		0	0	1		0		
		0	0	1		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)			(BOCES Extra)	(District)	(Other Provider)			
			<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>			
V. Other Child Specific Costs				Cost Category	Additional Information	Total Other Child-Specific Costs		
				ASSISTIVE TECHNOLOGY	FM System	1082.00		
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				
Comments:			E-mail Address	District.Typist@exampletown.k12.ny.us				
Enter	09/21/18	STAC	Update	User	ALENHARD	Phone# 5181235555 (Ex: 5181235555 - 10 digits)		
Required for Inquiry				SED use only:				
<input type="button" value="Inquire"/>				<input type="button" value="ADD"/>				
<input type="button" value="Change"/>				SED Changes:				
BOCES Subtotal			Total 10-Month Annualized Cost (Verify this amount on DVPUB)					
In-District Subtotal	10981.69			63,354.37				
1:1/Shared Aide Subtotal	35942.28			High Cost Aid Available				
Related Services Subtotal	15348.40			16,183.51				
Other Child-Specific Costs Subtotal	1082.00							