

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

The top section of the DCPUB Screen

Date 02/15/18	New York State Education Department		Go to <input type="text"/>
Time 03:12	HIGH COST STUDENT WORKSHEET (BOCES/In-District)		<input type="button" value="Menu"/>
1	STAC ID	School Year	Rec Num
	B18079	1617	01
<input type="button" value="Inquire"/>	Name	STUDENT	Date of Birth
	EXAMPLE		01/01/11
	District Threshold	39,900	5
	Public Excess Cost Aid Ratio	.690	6
2	Start Date	End Date	FTE
	09/07/16	03/15/17	.692
	CSE District	ALBANY CITY SD	7
	Ed Provider	ALBANY CITY SD	
	To Revise Dates or Chg Approval Data:	<input type="button" value="GO TO DSPUB"/>	4
	Previous Annualized Rate		8
	Current 10-Month Annualized Cost	50,000.00	9

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.
- The **Go to DSPUB** button
This button takes you directly to the associated approval on DSPUB.
- 5. District Threshold**
Your district's threshold for the selected school year.
- 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 type="text" value="0"/>	10	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. The InDistrict Classroom - Totals Section

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

II. InDistrict Classroom - Totals		Special Ed Teachers	Classroom Aides/T.A.s
IEP Ratio: 11	Actual Students in Class	Classroom Salaries:	Classroom Aides/T.A.s
Stud:Teach + Para		65571.43 13	50162.16 15
8 : 1 + 1	5 12	Classroom Fringe Benefits:	20180.00 16
		29142.86 14	Total Cost of Special Classroom: 17 165,056.45
			Classroom Cost for this Student: 18 33,011.29

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.

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| <p>11. IEP Ratio: Stud:Teach + Para
Ratio of students to teachers and paraprofessionals of the student's primary classroom, per the IEP.</p> <p>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.</p> <p>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.*</p> <p>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.*</p> | <p>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.</p> <p>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.</p> <p>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.</p> <p>18. Classroom Cost for this Student
Total Cost of Special Classroom / Actual Students in Class. A calculated field that does not permit data entry.</p> |
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* 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. 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 20	Annual Fringe 21	# of Students Served	Student Annual Cost
Aide 19	46972.84	8289.32	2 22	23 27,631.08
	0	0	0	

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

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| <p>19. Type of 1:1
Indicate type: Aide, LPN, RN, or Interpreter.</p> <p>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.</p> <p>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.</p> | <p>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.</p> <p>23. Student Annual Cost
Student Annual Cost = (Annual Salary + Annual Fringe) / # of Students Served. A calculated field that does not permit data entry.</p> |
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IV. The Related/Other Services Section

IV. Related/Other Services		(Not included in reported cost above)		26	27	28	29	30	31
Service Type	Provider Type	Length of Sessions (Mins)	Total Cost Per Session	Group Size	Session Cost Per Child	** Actual Sessions	Total Child Cost		
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)
0	0	2040.00

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 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		Additional Information		Total Other Child-Specific Costs
Cost Category	ASSISTIVE TECHNOLOGY	Braille Printer/Embosses		4426.77

Only to be used for 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:

Comments:

36

37 Contact Name **38** Phone#

39 E-mail Address

Enter 02/22/18 DIST Update User DISTUSER

Required for Inquiry

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.
- 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.

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

BOCES Subtotal 40		Total 10-Month Annualized Cost 45	98,560.34
In-District Subtotal	33011.29 41	(Verify this amount on DVPUB)	
1:1/Shared Aide Subtotal	27631.08 42	High Cost Aid Available 46	28,009.13
Related Services Subtotal	33491.20 43		
Other Child-Specific Costs Subtotal	4426.77 44		

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

- 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 the 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 DVPUB. Verify this amount on DVPUB.
- 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)	\$98,560.34
- District Threshold	(5)	\$39,900
Annualized Excess Cost		\$58,660.34
x FTE	(3)	0.692
Aidable Excess Cost		\$40,592.95
x Public Excess Cost Aid Ratio	(6)	0.690
High Cost Aid Available		\$28,009.13