



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

**System to Track and Account for Children (STAC) and Medicaid Unit**

89 Washington Avenue • Room 514 EB • Albany, NY 12234

Tel: (518) 474-7116 • FAX:(518) 402-5047

STAC E-mail: omsstac@nysed.gov

Medicaid E-mail: medined@nysed.gov

STAC Website: <http://www.oms.nysed.gov/stac>

Medicaid Website: <http://www.oms.nysed.gov/medicaid>

# Reapplication Instructions- Chapter 47, 66 and 721 2-Month Placements (OPWDD) (Screen DRCSM)

A User Guide for School Districts

---

STAC ONLINE SYSTEM (EFRT) REAPPLICATIONS

APRIL 2017

## Reapplication Instructions Chapter 2-Month Placements Screen (DRCSM)

This screen is used by school districts to re-apply for reimbursement approval for Chapter 2-Month Placements. Each April, the STAC and Medicaid Unit issues reapplications based on the current year's reimbursement approvals. If a student did not have an approval on the STAC database by April 1, a reapplication for the subsequent school year cannot be generated. Students without an approval on the system by April 1 require a full application. Listed below are instructions to retrieve and submit reapplication requests.

To retrieve the 2-Month Chapter reapplication screen:

- Enter **DRCSM** in the “Go to” box located at the top right hand corner of the screen or select the screen from the reapplication menu (DMNUR).
- Press the ENTER key on your keyboard.

Date 07/26/16  
Time 10:47  
New York State Education Department  
Go to   
**School Age Summer Chapter Reapplications** Menu

School Year: 1617  
CSE District: 010100010000 ALBANY CITY SD  
Education Provider:   
Provider Code:   
Number of Records:   
Get Providers

Get Reapps  
First 4 Letters of Last Name (Optional):

| STAC ID | Reapply                  | Name | Education | Chapter Type         | Transportation Cost      |
|---------|--------------------------|------|-----------|----------------------|--------------------------|
|         | <input type="checkbox"/> |      |           | <input type="text"/> | 0 <input type="text"/> 0 |
|         | <input type="checkbox"/> |      |           | <input type="text"/> | 0 <input type="text"/> 0 |
|         | <input type="checkbox"/> |      |           | <input type="text"/> | 0 <input type="text"/> 0 |
|         | <input type="checkbox"/> |      |           | <input type="text"/> | 0 <input type="text"/> 0 |
|         | <input type="checkbox"/> |      |           | <input type="text"/> | 0 <input type="text"/> 0 |
|         | <input type="checkbox"/> |      |           | <input type="text"/> | 0 <input type="text"/> 0 |
|         | <input type="checkbox"/> |      |           | <input type="text"/> | 0 <input type="text"/> 0 |
|         | <input type="checkbox"/> |      |           | <input type="text"/> | 0 <input type="text"/> 0 |
|         | <input type="checkbox"/> |      |           | <input type="text"/> | 0 <input type="text"/> 0 |
|         | <input type="checkbox"/> |      |           | <input type="text"/> | 0 <input type="text"/> 0 |

View Submit

To retrieve your district's 2-Month Chapter reapplication:

- Select School Year.
- CSE District will be displayed.
- Click on **Get Providers**.
- Choose Provider from the list.
- Click on **Get Reapps**.
- Enter first 4 letters of Last Name to retrieve specific students or leave blank to retrieve list from beginning.

Displayed will be the list of student(s) who generated a reapplication for the education provider you selected. The following columns will be shown: STAC ID, Name, Education Program, Chapter Type and Transportation Cost. The student list is continuous with 10 students displayed on the screen.

Date 07/26/16 Time 11:01 New York State Education Department Go to

### School Age Summer Chapter Reapplications

---

**School Year**  **CSE District**  **ALBANY CITY SD**

**Education Provider**  **Provider Code**  **Number of Records**

---

**First 4 Letters of Last Name (Optional)**

| STAC ID | Reapply                  | Name          | Education | Chapter Type                  | Transportation Cost             |
|---------|--------------------------|---------------|-----------|-------------------------------|---------------------------------|
| B17817  | <input type="checkbox"/> | PANN PETER    | 9000 A    | <input type="text" value=""/> | 0 <input type="text" value=""/> |
| B17739  | <input type="checkbox"/> | TRANS CHAPMAN | 9003 A    | <input type="text" value=""/> | 0 <input type="text" value=""/> |
| B17842  | <input type="checkbox"/> | WAYNE JOE     | 9003 A    | <input type="text" value=""/> | 0 <input type="text" value=""/> |
|         | <input type="checkbox"/> |               |           | <input type="text" value=""/> | 0 <input type="text" value=""/> |
|         | <input type="checkbox"/> |               |           | <input type="text" value=""/> | 0 <input type="text" value=""/> |
|         | <input type="checkbox"/> |               |           | <input type="text" value=""/> | 0 <input type="text" value=""/> |
|         | <input type="checkbox"/> |               |           | <input type="text" value=""/> | 0 <input type="text" value=""/> |
|         | <input type="checkbox"/> |               |           | <input type="text" value=""/> | 0 <input type="text" value=""/> |
|         | <input type="checkbox"/> |               |           | <input type="text" value=""/> | 0 <input type="text" value=""/> |
|         | <input type="checkbox"/> |               |           | <input type="text" value=""/> | 0 <input type="text" value=""/> |

To submit a reapplication for student(s) on the selected page:

- Enter a “” in the Reapply box for each continuing student.
- Select “Chapter Type” from the drop down.
- Enter “Transportation Cost” (not required).
- Repeat these steps for all appropriate providers.
- Click on  .

When complete, the student(s) **not** selected will remain on the reapplication list.

- To view the reimbursement approvals, retrieve the Profile of Services screen DQCLD.
- To retrieve a list of students for a different education provider, select a new provider from the list and click  .
- To return to the main menu enter DMNUM or type HOME in the “Go to” box.

**NOTE: ALL CHAPTER REAPPLICATIONS MUST HAVE A VALID STAC 200 ON THE STAC ONLINE SYSTEM.**