Introduction to Preschool STAC Processing

STAC Homepage: https://www.oms.nysed.gov/stac/

Rev. October 2023

STAC

System to Track and Account for Children (STAC)

The STAC and Medicaid Unit is the unit within the NYS Education Department responsible for processing requests for Commissioner's approval for reimbursement.

This includes reimbursement approval for the costs of providing services to preschool and school-age students placed in special education programs at public and SED-approved private schools, special-act school districts, BOCES, and at state-supported and state-operated schools for the deaf and blind.

It also includes reimbursement approvals for students who have been determined to be homeless or runaway youth and for education services provided to incarcerated youth.

Did You Know? STAC Utilizes Two Different Systems

EFRT

STAC Online System

Approvals submitted one at a time, processed immediately.

Used to access real time data.

Used by counties and school districts to verify claims.

Allows submission of data in a consistent, standard format for each placement type.

Used to submit claims for reimbursement

SED FTM

Secure File Transfer Manager

Approvals submitted in large batches, processed overnight.

Used to retrieve reports generated by the STAC/Medicaid Unit.

Used by most counties to submit preschool AVLs.

Provides flexibility to securely submit documentation containing PII in many formats.

STAC ACRONYMS AND COMMON TERMS

- AVL Automated Voucher Listing
- CPSE Committee on Preschool Special Education
- FTE Full Time Equivalent
- IEP Individualized Education Program
- LEA Local Educational Agency
- P-12 NYSED Special Education Office
- SEIS Special Education Itinerant Teacher Services
- **STAC** System to Track and Account for Children

Section 4410 Preschool Reimbursements

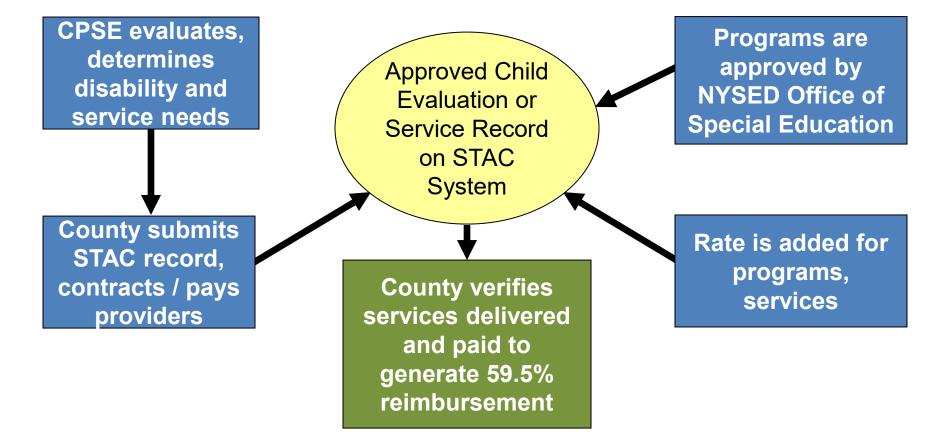
PRESCHOOL SERVICES:

- PRESCHOOL EVALUATIONS
- CENTER-BASED SERVICES
- SEIS SERVICES
- RELATED SERVICES
- **TRANSPORTATION**

ADMINISTRATIVE COSTS:

- CPSE ADMINISTRATIVE COSTS
- COUNTY ADMINISTRATIVE COSTS

Basic Process – Preschool Services and Evaluations



Electronic Record Access

There are two systems important to STAC reimbursement:

1. STAC Online (EFRT) System

Employee Form: <u>https://www.oms.nysed.gov/stac/forms/stac_access_form.pdf</u> Consultant Form:<u>https://www.oms.nysed.gov/stac/forms/stac_access_form_consultants.pdf</u>

Review, add, amend or verify approvals (providers review only). User IDs must be authorized by Municipality Representatives. User IDs and passwords must not be shared. STAC Unit can suspend rights when aware of violations. County Super User can renew or suspend users directly on EFRT.

2. SED Secure File Transfer Manager (FTM)

Authorization Form: https://www.oms.nysed.gov/stac/forms/stac-603_form_authorization_ftp.pdf

Submit bulk files – format available on STAC website.

Download STAC-3 amendment reports, summary files, and other reports.

Register and access through SED FTM web client.

Or access through FTP client using SFTP protocol.

Protecting STAC Data and Personally Identifiable Information (PII)

Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), NYS Personal Privacy Protection Law and other statutes all require that PII is kept secure and only shared on a "need to know" basis.

Exchanging student data with the STAC Unit:

- SED FTM is the most secure method for transmitting documentation with PII.
- Fax during business hours and advise recipient when will be sent.
- Emails with PII other than STAC ID need to be encrypted with password sent separately.
- Paper documents sent US Mail 1st class/priority, or other service with tracking (e.g., UPS, FedEx, DHL).
- Use the STAC Online (EFRT) System and FTP site log out when not active.
- When calling STAC Unit be prepared with your STAC Online User Code and password to confirm authorization to share data.

STAC-703 Form: Child Information Change Form

Rev. 08/2023

STAC-703

The University of the State of New York THE STATE EDUCATION DEPARTMENT

Child Information Change Form

This form is used by representatives of School Districts and Municipalities to request changes in how a child's name or other identifying information is recorded on the STAC Online (EFRT) System. The STAC Unit will apply the change on EFRT.

District forms must be signed by the district superintendent, director of pupil personnel services, or registrar. County forms must be signed by the municipality representative.

Scan and upload completed forms to SED File Transfer Manager (FTM) "inbasket". Email OMSSTAC@pysed.gov with the SED FTM location and filename. Do <u>NOT</u> attach completed forms to emails.

| CHILD INFORMATION AS CURRENTLY DISPL | AYED ON THE STAC | ONLINE (EFRT) SYSTEM |
|--|---------------------------------|---|
| | id's <u>First</u> Name as liste | as listed on EFRT |
| Child's STAC ID Date of Birth as listed on EFR.T Rat | ce-Ethnicity as listed or | Female |
| Change Child's First Name to: | | |
| Change Child's Middle Initial to: | | |
| Change Child's Last Name to: | | |
| Change Child's Date of Birth to: | 1 | 1 |
| Change Child's Gender Identity to: | Male | Female Non-Bina |
| Change Child's Race-Ethnicity to: | | <u>-</u> |
| (NYC Only) Change Child's SIS ID to: | | |
| | - | |
| | | |
| Information on EFRT was entered incorrectly | r | |
| Information on EFRT was entered incorrectly Student was adopted on:// | <i>y</i> | STAC Use Only Processed By: |
| Information on EFRT was entered incorrectly | r | Processed By: |
| Student was adopted on:// | // | |
| Information on EFRT was entered incorrectly Student was adopted on: / / / Student identifies as a different gender | / | Processed By: Date Processed: |
| Information on EFRT was entered incorrectly Student was adopted on: / / / Student identifies as a different gender Other: Effective: / I certify that the information on this form is compleverified against the appropriate legal documentation | // | Processed By: Date Processed: |
| Information on EFRT was entered incorrectly Student was adopted on: / / / Student identifies as a different gender Other: Effective: // I certify that the information on this form is comple verified against the appropriate legal documentation | / | Processed By: Date Processed: and that the information has been |
| Information on EFRT was entered incorrectly Student was adopted on: / / / Student identifies as a different gender Other: Effective: / I certify that the information on this form is compleverified against the appropriate legal documentation | / | Processed By: Date Processed: and that the information has been |
| Information on EFRT was entered incorrectly Student was adopted on: / / / Student identifies as a different gender Other: Effective: / I certify that the information on this form is comple verified against the appropriate legal documentation <u>Superintendent/Municipality Representative/Director of Print Name</u> | te and accurate, a | Processed By: Date Processed: and that the information has been re |
| Information on EFRT was entered incorrectly Student was adopted on: / / / Student identifies as a different gender Other: Effective: / I certify that the information on this form is comple verified against the appropriate legal documentation SuperintendentMuncipally Representative/Director of f | / | Processed By: Date Processed: and that the information has been |

- Located on <u>STAC</u> website under <u>Forms</u>.
- Submit form to request changes to a child's name or other identifying information.
- Municipality Representative may sign form.
- After form is completed and signed:
 - 1) Upload form to your county's SED File Transfer Manager (SED FTM) inbasket.
 - Send Email notification to <u>OMSSTAC@nysed.gov</u> to request processing.
 - Email should include name of form, SED FTM location and filename.
 - <u>DO NOT</u> include personally identifiable information (PII) in email nor filename. STAC-ID is acceptable.
- <u>DO NOT</u> upload any additional supporting documentation (e.g. adoption paperwork or birth certificates).

STAC Online (EFRT) System – Resource Screens

| Screen | Description |
|--------|---|
| DCHSR | STAC Child Search |
| DQAPP | Approvals List (agency approvals by year, provider, and placement type) |
| DQEVL | STAC Child Evaluation Profile (list of DSEVL records by STAC-ID) |
| DQCLD | STAC Child Service Profile (list of DSPRE and DSSEI records by STAC-ID) |
| DQPR5 | STAC Child Evaluation Print Search (list of STAC-5A reports by STAC-ID) |
| DQPRT | STAC Child Print Search (list of STAC-3 reports by STAC-ID) |
| DQPRG | Special Education Program Listing (approved programs by provider) |
| DREVL | STAC Evaluation AVL Information Page (Evaluation AVL Report) |
| DLEVL | 4410 Evaluation Payment Ledger Screen (student specific ledger) |
| DRPRS | STAC AVL Information Screen (Programs & Services AVL Report) |
| DLPRS | Preschool Payment Ledger Screen (student specific ledger) |
| XTEND | EFRT Access Renewal/Suspension Screen (super user access only) |

DMNUP - Preschool Reimbursement Menu

| Date | 05/01/23 | | | GO TO |
|------|----------|--------|--|-------|
| | Г | DMNUP | Preschool Service Reimbursement Menu | |
| | | Choice | Description | |
| | 5 | DMNAC | ADMINSTRATIVE COST SCREENS | |
| | <u>s</u> | DQAPP | APPROVAL LISTS | |
| | 5 | DCHSR | FIND A STAC ID | |
| | 5 | DQCLD | VIEW CHILD SERVICE PROFILE | |
| | 5 | DQEVL | VIEW/ADD/CHG CHILD EVALUATON | |
| | 5 | DQPRT | VIEW/PRINT CHILD SERVICE STAC APPROVAL | |
| | 5 | DQPR5 | VIEW/PRINT CHILD PRESCHOOL EVAL APPROVAL | |
| | 5 | DSRWD | WITHDRAW STAC APPROVAL | |
| | 5 | DSPRE | ADD/CHANGE SERVICE APPROVAL (SPEC CLASS) | |
| | 5 | DSSEI | ADD/CHANGE SERVICE APPROVAL (SEIT/RS) | |
| | 5 | DMNVP | PROCESS ONLINE AVLS | |
| | <u>s</u> | DPRES | PRESCHOOL PROGRAM DATE CHANGE | |
| | 5 | DQPRG | PROVIDER/PROGRAM SEARCH | |
| | 5 | CHPWD | CHANGE YOUR PASSWORD | |
| | 5 | BYE | SIGN OFF THE SYSTEM | |
| | | | | |

- This is the Home Menu for county EFRT users.
- The five-character code for the Home Menu is in the upper left-hand corner of the page.
- Enter "DMNUP" into "GO TO" box then press enter to get back to this menu.
- Select "S" or enter fivecharacter code into "GO TO" box to bring up a specific screen.

DMNVP - Preschool Online AVL Processing Menu

| Date | 05/01/23 | | | GO TO |
|------|----------|--------|--------------------------------------|-------|
| | | DMNVP | PRESCHOOL ONLINE AVL PROCESSING MENU | |
| | | Choice | Description | |
| | 5 | DVPRS | SERVICE AVL/UPDATE/DISPLAY | |
| | 5 | DRPRS | SERVICE AVL INFORMATION SCREEN | |
| | 5 | DLPRS | SERVICE PAYMENT LEDGER SCREEN | |
| | 5 | DVEVL | EVALUATION AVL/UPDATE/DISPLAY | |
| | 5 | DREVL | EVALUATION AVL INFORMATION PAGE | |
| | 5 | DLEVL | EVALUATION PAYMENT LEDGER SCREEN | |
| | 5 | | | |
| | 5 | | | |
| | 5 | | | |
| | 5 | | | |
| | 5 | | | |
| | 5 | | | |
| | 5 | | | |
| | 5 | | | |
| | 5 | | | |
| | | | | |

- This is the Menu that contains the screens associated with Preschool AVL processing.
- The five-character code for this menu is in the upper left-hand corner of the page.
- Select "S" on DMVUP Home Menu or enter "DMNVP" into "GO TO" box then press enter to bring up this menu.
- Select "S" or enter five-character code into "GO TO" box to open a specific screen.
- Both Online and FTP verification counties should be reviewing processed AVL info via "DR" screens as well as student specific ledger records via "DL" screens.

PRESCHOOL PROCESSING School District Role

- STAC approval forms are created by school districts based on the student's IEP.
- There are separate STAC forms for Preschool Services (STAC-1) and Preschool Evaluations (STAC-5).
- Paper STAC forms are completed and forwarded to the district's respective county.
- School district submits a signed STAC-3 to the county for all revisions to preschool approvals.

PRESCHOOL PROCESSING School District Role

The CPSE is required to report whether service provider also conducted the most recent evaluation.

- Applies to center-based class (special class and SCIS) and SEIS placements does not apply to related services.
- District includes answer on STAC-1 submitted to county.
- □ County submits to SED with reimbursement approval request.
- Answer of "Y" or "N" does not affect approval but must be included.

PRESCHOOL PROCESSING County Role

- Counties review and approve STAC forms submitted by School Districts.
- Annually, each county is responsible to receive a signature authorization form from each of their individual school districts. A reminder is sent out by STAC each April.
 - This authorization allows a county to electronically transmit preschool information to STAC and Medicaid Unit (either through the STAC Online (EFRT) System or via electronic file).
- Counties electronically sign and forward the approved STAC forms either directly on the STAC Online (EFRT) System or through the FTP Batch file processing.
 - STAC Unit reviews and processes certain approvals (assistive technology, nurse, and interpreter).
- Counties electronically process all preschool amendments submitted to them by the school district.

PRESCHOOL PROCESSING Provider Role

- Preschool SED-approved providers and evaluators (with a STAC online user code and password) can <u>VIEW</u> all classroom and SEIS STAC approvals associated with their agency.
- Preschool SED-approved providers and evaluators (with a STAC online user code and password) <u>cannot</u> ADD or AMEND any STAC approvals on the system.
- Related Service therapists cannot view approvals on the STAC Online (EFRT) System.
 - The county is listed as the provider for preschool related service approvals in EFRT.

PRESCHOOL PROCESSING Requests / Notices of Approvals

- STAC-5 Request for Approval (evaluations)
 STAC-5A Notice of Approval (evaluations)
- STAC-1 Request for Reimbursement Approval (education services and transportation)
- □ STAC-3 Notice of Approval (for STAC-1s)

Data Submission to STAC Unit

<u>Online</u>

- Evaluation approvals.
- Service approvals (special class, SCIS, SEIS, related services, and Transportation).
- AVL verification of evaluations and services for payment.

<u>FTP</u>

- Evaluation approvals.
- Service approvals (special class, SCIS, SEIS, related services, and Transportation).
- AVL verification of evaluations and services for payment.

Additional review and manual entry by STAC Unit

- Interpreter, RN, LPN.
- "Other" Evaluations, second psychological or social evaluation.
- Assistive Technology Device (entered in as "Other" related service).
- "Triple" Services".

PRESCHOOL PROCESSING STAC-5 Evaluations

- Referred for evaluation by Committee on Preschool Special Education (CPSE).
- STAC-5 form generated by school district, authorized by the CPSE Chairperson and sent to municipality for signature.
- Municipality authorizes STAC-5 and forwards info to STAC Unit either electronically (through the Online or FTP process) or hard copy (as necessary).
- STAC-5A evaluation approval is available for printing from the STAC Online System using Screen DQPR5.
- NOTE: A separate rate is not established for Functional Behavioral Assessment (FBA) and Applied Behavioral Analysis (ABA). Since the specific assessment techniques and components vary based on the identification of an individual student's challenging behavior, the CPSE must determine which evaluation components will be used and enter each component separately on the STAC-5 form.

Preschool Evaluation Rates

- Preschool Evaluation Rates are developed by the New York State Department of Health.
- Issued through the NYS Education Department's Rate Setting Unit.
- Applicable rate is determined by the county of residence of the student, not by the county of the approved evaluator.

STAC-5 Form – Request for Commissioner's Approval of Reimbursement for Evaluations

| Request for Con | missioner' | | | licaid Unit Reimbursement 1 | for the (| Cost of Ev | aluations |
|---|-----------------------------------|---------------------|---------|--|----------------|-------------------------|---|
| STAC-ID | | | | date each evaluation component v gual evaluations indicate on line p | | use four digits to indi | ate month and year). |
| STUDENT | NFORMATION | | | EVALUATION COMPONEN | π | MONTH/YEAR | CHECK IF BILINGUAL |
| Last Name First I | Name | Middle Initial | Audiolo | gical | AUD | / | |
| | | | Counse | ling | CSL | / | |
| | tification Number | Gender Identity | Educat | on | EDU | , | |
| (if a | oplicable) | Female Male | Functio | nal Vision | FUV | | |
| | | Non-Binary | Music | | MUS | | |
| DISABILITY | RACIAL/ETHN | IC CATEGORY | Neurolo | gical | NEU | | |
| | OF ST | | Neurop | sychological | NPY | | |
| The child named above is: | Hispanic or Latin | 10 | Occupa | tional Therapy | ост | | |
| PD - Preschool Student with a Disability | Not of Hispanic Orig | in: | Optome | etric (visual) | OPT | | |
| - | American Indian or Alaskan Native | Orthop | edic | ORT | | | |
| | Asian or Pacific I | | Physica | al/Medical | PHY | | |
| ND - Non-Disabled | Black or African | | Physica | al Therapy | PHT | | |
| | Pacific Islander | or other | Psychia | tric | PYC | | |
| | White | | Psycho | logical | PSY | | |
| | See explanation on | | Social | | SOC | | |
| | <u> </u> | | | / Language | SPT | | |
| School District with CPSE Responsibility | CPSE Distr | ict SED (BEDS) Code | Teache | r of Visually Impaired | TVI | | |
| | | | Other: | | | | |
| County of Child's Current Location (where o | hild resides) | County Code | | translation/transmittal of evaluation or monolingual evaluations only. | n documentatio | on or summary | |
| County at time of Placement in Foster Care | | County Code | | PERSO | | IG THIS FORM | |
| - | | | Name | | Title | 2 | |
| Approved Evaluator | | Evaluator SED Code | Phone | | Ema | | |
| | | | rione | | Ema | | |
| RTIFICATION OF EVALUATION: I certii tidisciplinary evaluation as indicated above ication Law and the Regulations of the Com | and in accordance with | Section 4410 of the | ved a | MUNCIPALITY: The municipa /// the STAC-5 Cost of Evaluations for the abo | Request for Co | | has received on oval of Reimbursement for th |

Processing "OTHER" Evaluations

- Many "OTHER" evaluations are typically processed as part of a recognized evaluation component listed in our "Glossary of Terms" (see list on following slide).
- When "OTHER" evaluations are reimbursed as a stand-alone evaluation, these specialty evaluations require a special explanation from the CPSE attached to the STAC-5 (identify type on form).
- All "OTHER" evaluations are reviewed and processed manually by the STAC Unit.
- Counseling, Functional Vision, Music Therapy, and an evaluation by a teacher of the blind/visually impaired are no longer considered "Other" Evaluations.

Recognized "OTHER" Evaluation Components

Evaluation for:

Adaptive PE Art Therapy/Play Therapy Augmented Communication Cleft Palate Physical Coordination & Balance Developmental Assessment Ear/Nose/Throat Feeding Oral Motor Orientation and Mobility

Eval by Teacher of the Deaf

May be part of:

Physical/Medical or PT Eval **Psychological Eval** Speech/Language Eval Physical/Medical Eval Physical/Medical or PT Eval Physical/Medical Eval Physical/Medical Eval Physical/Medical or Speech/Language Physical/Medical Eval Psychiatric, Optometric, OT, PT or Audiological Eval **Education Eval**

PRESCHOOL PROCESSING Placement for Educational Services – STAC-1

- □ Placement by Committee on Preschool Special Education (CPSE).
- STAC-1 generated by school district, authorized by Board of Education Representative, and sent to municipality for signature.
- Municipality authorizes STAC-1 and forwards info to STAC Unit either electronically (through the Online or FTP process) or hard copy (as necessary).
- STAC-3 report generated for all approved STAC-1's; approval notices sent to School District, County and SED-approved provider.
- NOTE: Child specific STAC-3 is available to view and print via DQPRT screen, otherwise a summary report is made available inside the SED FTM outbasket once every 4 weeks. The filename begins with EFHMAIL.

PRESCHOOL PROCESSING

Placement for Educational Services – STAC-1

- Related Services must list begin/end dates, type, number of sessions, and rate (county rate is a cap).
- Coordination as a related service requires two other related services approved, not allowed if concurrent with SEIS approval (included in SEIS rate).
- SEIS must list begin/end dates and number of sessions and rate.
- Center based program begin/end dates generate an FTE.

Preschool STAC-1 Form - Request for Commissioner's Approval of Reimbursement for Services for Students with Disabilities Pursuant to Section 4410 of the Education Law

| equest for Commissioner | s Approval of Reimbu | Albany, New Y | Students with Disabilities | | | 1 | | | |
|--|----------------------|--------------------------------|---------------------------------------|--------------------------------|----------------------------|----------------------|---------------------|--------------------|-----------------|
| equest for Commissioner | Pursuant to Section | 4410 of the Education L | aw | County of Child's Co | irrent Location (where o | hild resides) | | | |
| STAC-ID | | | | County at Time of P | lacement in Foster Care | or in Temporary Hou | ising or in a | | |
| | STUDENT IN | FORMATION | | | ensed or operated by a | | | | |
| ast Name | First 1 | Name | Middle Initial | Service Provider for | Special Class, SCIS or | SEIS | | | |
| Date of Birth (mm/dd/yy) | Student Iden | tification Number | Gender Identity | a. b Is this the same | provider that conducted | the most recent eval | uation for this stu | dent? 🗆 Yes | |
| | (if ap | oplicable) | Female Male | Name of Program | | | | | am Code |
| | | | Non-Binary | | | | | | |
| PLACEMEN | П ТҮРЕ | | C CATEGORY OF | | ERVICES OR SEIS ROVIDER | TYPE RELATED | | HRS PER DAY F | DAYS ER WEEK |
| Approved Program (D | SPRE) | Hispanic or L | atino | | | | - | | |
| Special Class | | Not of Hispanic Or | - | | | | | | |
| Special Class Inte (SCIS) | egrated Setting | American Ind | ian or Alaskan Native fic Islander | | | | <u> </u> | | |
| Related Services and/ | or SEIS (DSSEI) | Black or Afric | | | | | - | | |
| Related Services | | Native Hawai Pacific Island | | | | - | | | |
| Special Education | Itinerant Teacher | White | - | | | | <u> </u> | | |
| and/or SEIT plus | Related Services | (see explanation o | | | | | - | | |
| SERVICE INFORMATION | FROM Mo/Day/Year | TO Mo /Day/Yea | | AYS PER SEIS OR WEEK INDIVI | RELATED SERVICES | | RATE PER HAL | | RTATION |
| ducation or SEIS | | | | | | | | Dates of Tra | |
| Related Service 1 | | | · · · | - | | | | | |
| Related Service 2 | | | | - | | | | То | c . |
| Related Service 3 | | | | • | | | | | |
| | | | | - | | | | Total C Transpo | |
| Related Service 4 | | | | - | | | | \$ | |
| Related Service 4 Related Service 5 | | | | | | | | | |

DSPRE Screen – Center Based Programs

| Date 04/05/23 | | New Yo | ork State Education De | partment | | | G | o to |
|-----------------|------------------|---------------|------------------------|-------------------|----------|----------|----------|------------|
| Time 01:44 | CPS | E Prescho | ool Service R | equest (4410 |) | | | Menu |
| STAC ID | Name | | | Date of B | irth | | | Mode |
| | | | | | | | 1 | nquiry |
| School Year | Record Number | | | | | | | |
| ~ | ~ | Inquire | | | | | | |
| Cou | nty of Residence | | | | | | | |
| | CPSE District | | | | | ~ | | |
| Foster Care P | lacement County | | | ~ | | | | |
| Education | Provider | | | | | | | |
| Education | Flovider | | | | | | | ~ |
| | Is this th | e same provid | er that conducted | the most recent e | valuatio | n for th | is child | ? ~ |
| Get ED Prog | rams | | | | | | | ~ |
| | | | | | Edu | - | | |
| Start Date | End Date H | -; | Aide Percentage | Educ Rate | Aid R | | То | tal Rate |
| | | 0 | | | | 0 | | 0 |
| | | | | Total Rate | x | FTE | = | Total Cost |
| | | | | 0 | 1 | | | |
| | | _ | | | | | | |
| Transportation | n Cost 0 | Includes | cost of aide on bu | IS | Total | Cost | | |
| Multiple Servic | es 🗌 Varianc | e 🗌 Ente | r | Update | | | User | |
| Required for | Inquiry | Inqu | ire Add Char | nge Reapp | | | | |

DSSEI Screen – SEIS and Related Services

| Date 04/05/23 | New York State | Education Department | Go to | |
|-----------------|-----------------------------------|--|----------------|--------------|
| Time 01:47 | SEIT/Related Servic | e Approval Request (4410) | Menu | |
| STAC ID | Name | Date of Birth | Mode | |
| | | | Inquiry | |
| School Year | Record Number | | | |
| | | | | |
| Cou | nty of Residence | | | |
| | CPSE District | ✓ | | |
| | acement County | ~ | | |
| Education | Provider | | ~ | |
| Get ED Prog | ams | | ~ | |
| | Is this the same provider that co | nducted the most recentevaluation for this o | child? | SEIS Service |
| Start Da | e End Date Group Sessions | s Rate Cost | Withdrawn | |
| Related Serv | ices Provider | ~ | | |
| Get RS Progr | ms | | ~ | |
| Act | Type Start Date | e End Date Group Sessions Rate | Cost Withdrawn | |
| | ~ | | | |
| | | | | |
| | | | | |
| | | tation Cost Total Cost st of aide on bus | | |
| | | 0 | | |
| Multiple Servic | es 🗌 Variance 🗌 Enter | Update | User | |
| Required for | Inquire Ad | d Change | | |

For STAC approval, County is provider for all Related Services

Multiple Service STAC's

- Dual services are a combination of two concurrent placements.
 Examples include:
 - Two half-time center-based placements (possibly one special class combined with a second integrated class).
 - Half-time center-based placement and SEIS services.
 - Half-time center-based placement and an additional related services not included as part of the center-based placement.

Note: Both placements not to exceed 5 hours/day.

A STAC-1 needs to be completed for each placement. Each STAC-1 needs to be clearly marked as a "Multiple Service."

Requesting 1:1 Aides

- With the addition of the Aide Percentage field in EFRT, 1:1 Aide forms are no longer required for full time aides nor partial 1:1 aides (including shared 1:1 aides).
- Users may enter an aide percentage from 1 to 100 percent (whole numbers only).
- Leave Aide Percentage field <u>blank</u>, if a student does not require an aide. Zero will not be accepted and will result in an error message.
- 1:1 aide as a related service may be entered into EFRT via the DSSEI screen without special processing by STAC.

STAC- 812 Form - Request for Reimbursement for Student-Specific Nurses and Interpreters **For Preschool Use Only**

| TAC-812 | 812 The University of the State of New York THE STATE EDUCATION DEPARTMENT | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| Request for Reimbursement for Student-Specific Nurses and Interpreters | | | | | | | | | |
| **For Preschool Use Only** | | | | | | | | | |
| STAC-ID | | > Educ | abmit this form for: ation Aides r aide percentage on i | EFRT service approval screen) | | | | | |
| can and uploa | d signed Preschool STAC-1 form d both completed forms to SED Fi <u>C@nysed.gov</u> with the SED FTM is | ile Transfer Manager | (FTM) "inbasket". | | | | | | |
| | STUDENT COUN | TY, AND SCHOOL DIST | RICT INCORMATION | | | | | | |
| | | | | | | | | | |
| Student Name: | 5105241, 0004 | | th (mm/dd/yy): | | | | | | |
| Student Name: | Brobert, obbr | | | | | | | | |
| | | | | | | | | | |
| County of Residen | ice Name: | Date of Bin | th (mm/dd/yy): | | | | | | |
| County of Residen | | Date of Bin | | | | | | | |
| County of Residen | ice Name: | Date of Bin | th (mm/dd/yy): | | | | | | |
| County of Residen | ice Name: | Date of Bin | th (mm/dd/yy): | | | | | | |
| County of Residen | ce Name: | Date of Bin | th (mm/dd/yy): | | | | | | |
| County of Residen | ce Name: | Date of Bir School Dis TERPRETERS DURING Hours 1:1 Requested: | th (mm/dd/yy): trict SED Code: EDUCATION HOURS Days 1:1 Requested: | Shared by multiple students: | | | | | |
| County of Residen | ce Name: isbict with CPSE Responsibility: AIDES/NURSES/IN | Date of Bir School Dis | th (mm/ddlyy): trict SED Code: EDUCATION HOURS Days 1:1 Requested: Days / Week | Shared by multiple students: | | | | | |
| County of Residen | ce Name: istrict with CPSE Responsibility: AIDES/NURSISIIN Requested Start: Requested End: | Date of Bir School Dis Hours 1:1 Requested: Hours / Day Hours / Day | th (mm/ddlyy): trict SED Code: EDUCATION HOURS Days 1:1 Requested: Days / W celc Days 1:1 Requested: | No Yes: students Shared by multiple students: | | | | | |
| County of Residen | ce Name: istrict with CPSE Responsibility: AIDEE/NURSES/IN Requested Start Requested Start Requested Start D | Date of Bir School Dis TERPRETERS OURING Hours 1:1 Requested: Hours / Day Hours / In Requested: Hours / Day | th (mm/ddlyy): arist SED Code: EDUCATION HOURS Days 1:1 Requested: Days 1:1 Requested: Days 1:1 Requested: Days 1:1 Requested: Days 1:1 Requested: | No Yes: | | | | | |
| County of Residen Name of School D Aide RN | ce Name: istrict with CPSE Responsibility: AIDESINURBESIN Requested Start: Requested End: to Requested Start: Requested End: | Echool Dis School Dis Hours 11 Requested Hours / Day Hours / Day Hours / Day Hours / Day | th (mm/ddlyy): arict SED Code: BOUCATION HOURS Days 1: 1: Requested: Days 1: 1: Requested: Days 1: 1: Requested: Days 1: 1: Requested: Days 1: 1: Requested: | No Yes: students Shared by multiple students: No Yes: students Shared by multiple students: | | | | | |
| County of Residen | ce Name: istrict with CPSE Responsibility: Requested Start Requested St | Date of Bir Bichool Dis Hours 11 Requested Hours 11 Requested Hours / Day Hours / Day Hours / Day | th (mm/ddlyy): drict SED Code: EDUGATION HOUES Darys 11: Requested: Darys 11: Reques | No Yes: students Shared by multiple students: No Yes: students Shared by multiple students: No Yes: students Shared by multiple students: No Yes: students | | | | | |
| County of Residen Name of School D Aide RN | ce Name: istrict with CPSE Responsibility: AIDE SMURSESIN Requested Start: Requested End: b Requested Start: Requested End: b Requested Start: Requested End: | Echool Dis School Dis Hours 11 Requested Hours / Day Hours / Day Hours / Day Hours / Day | th (mm/ddlyy): arict SED Code: BOUCATION HOURS Days 1: 1: Requested: Days 1: 1: Requested: Days 1: 1: Requested: Days 1: 1: Requested: Days 1: 1: Requested: | No Yes: students Shared by multiple students: No Yes: students Shared by multiple students: | | | | | |

| PRESCHOOL EDUCATION PLACEMENT | | | | | | | |
|-------------------------------|-----------|------------------------------|-----------|--|--|--|--|
| Education Provider Name: | | Education Provider SED Code: | | | | | |
| | | | | | | | |
| Program Name: | | Program Code: | | | | | |
| | | | - - | | | | |
| Program Runs: | | Student Attends: | | | | | |
| Hours/Day | Days/Week | Hours/Day | Days/Week | | | | |

CPSE DISTRICT OF RESIDENCE/NYC DISTRICT OF SERVICE ASSURANCE:

I have reviewed the above named student's records and assure that the student's Individualized Education Plan (IEP) specifically requires that a 1:1 Aide/Nurse/Interpreter be provided for the period indicated above.

Signature: CPSE Superintendent of Schools/NYC Superintendent of Clinical Services Date

| PERSON COMPLETING THIS FORM | | | | | |
|-----------------------------|-------|--|--|--|--|
| Name | Phone | | | | |
| Fax | Email | | | | |
| | | | | | |

- To be used for RN/LPN/Interpreters in a Preschool Special Class (or SCIS) setting.
- Costs are calculated based on enrollment through the DSPRE screen in EFRT.
- EXCEPTION: RN/LPN/Interpreters may be entered in as a related service under specific conditions. Each of the following must be true:
 - 1. Student's IEP lists the use of an RN/LPN/Interpreter.
 - 2. Student is <u>NOT</u> enrolled in a Special Class (or SCIS) program.
 - 3. Student is receiving SEIS and/or related services.

Age Eligibility for 4410 Preschool

| DATE OF BIRTH * | DATE FIRST ELIGIBLE FOR PRESCHOOL EVALUATION | DATE FIRST ELIGIBLE FOR PRESCHOOL SERVICES | DATE LAST ELIGIBLE FOR PRESCHOOL SERVICES | SCHOOL AGE ELIGIBLE |
|-----------------|--|--|---|------------------------|
| Jan-June 2017 | September 2019 | January 2, 2020 | Summer 2022 | September 2022 |
| Jul - Dec 2017 | March 2020 | July 1, 2020 | Summer 2022 | September 2022 |
| Jan-June 2018 | September 2020 | January 2, 2021 | Summer 2023 | September 2023 |
| Jul - Dec 2018 | March 2021 | July 1, 2021 | Summer 2023 | September 2023 |
| Jan-June 2019 | September 2021 | January 2, 2022 | Summer 2024 | September 2024 |
| Jul - Dec 2019 | March 2022 | July 1, 2022 | Summer 2024 | September 2024 |
| Jan-June 2020 | September 2022 | January 2, 2023 | Summer 2025 | September 2025 |
| Jul - Dec 2020 | March 2023 | July 1, 2023 | Summer 2025 | September 2025 |
| Jan-June 2021 | September 2023 | January 2, 2024 | Summer 2026 | September 2026 |
| Jul - Dec 2021 | March 2024 | July 1, 2024 | Summer 2026 | September 2026 |
| Jan-June 2022 | September 2024 | January 2, 2025 | Summer 2027 | September 2027 |
| Jul - Dec 2022 | March 2025 | July 1, 2025 | Summer 2027 | September 2027 |

* DOB's of December 2-31 are reviewed on an individual basis (see NYS Education Law § 4410. i. below)

NYS Education Law

§ 4410. i. "Preschool child" means a child with a disability as defined in section forty-four hundred one of this article who is first eligible for services as defined in paragraph for this subdivision but who will not have become five years of age on or before December first of the school year, or a later date if a board establishes such later date for eligibility to attend school. A child shall be deemed a preschool child through the month of August of the school year in which the child first becomes eligible to attend school pursuant to section thirty-two hundred two of this chapter.

- This chart is an extension of the information contained in the <u>Policy</u> <u>memo on Evaluation of 3 and 4 year</u> <u>olds</u>.
- The memo is posted on the STAC website under Pre-school / Preschool Policy.
- STACs submitted for evaluations of children entering kindergarten in September must indicate evaluation dates prior to August in order to be reimbursed via the STAC process.

PRESCHOOL PROCESSING Rate Sources

- Evaluation (DOH)
- Related Service (County)
- Special Education Itinerant Service (RSU)
- Center Based Program (RSU)
- □ Aide (DOB)
 - Nurse
 - 1:1 Aide
 - Interpreter
- Transportation (DOB)

STAC-710 Form – County List of Approved Rates for Preschool Related Services

| STAC-710 | | The University of the State of New York THE STATE EDUCATION DEPARTMENT | | | | | | | | | |
|--|--|---|---|--|--|--|--|--|--|--|--|
| COUNTY LIST OF APPROVED RATES FOR PRESCHOOL RELATED SERVICES | | | | | | | | | | | |
| County Name: | | | | | | | | | | | |
| Service | Maximum Individual Rate Per Half Hour | Maximum Group Rate Per Half Hour | Maximum Coordinator Rate Per Half Hour | cted with during the school year listed above. | | | | | | | |
| AIDE - 1:1 RELATED SERVICES | Hairfiour | Ferman nou | noui | cted with during the school year listed above. | | | | | | | |
| ASSISTIVE TECHNOLOGY SERVICES | | | | | | | | | | | |
| AUDIOLOGY | | | | | | | | | | | |
| COORDINATION | | | | | | | | | | | |
| COUNSELING SERVICES | | | | | | | | | | | |
| SCHOOL HEALTH SERVICES/NURSE | | | | | | | | | | | |
| NTERPRETER | | | | | | | | | | | |
| MUSIC THERAPY | | | | | | | | | | | |
| DRIENTATION AND MOBILITY | | | | | | | | | | | |
| DCCUPATIONAL THERAPY | | | | | | | | | | | |
| DCCUPATIONAL THERAPY ASSISTANT | | | | | | | | | | | |
| PLAY THERAPY | | | | | | | | | | | |
| PARENT COUNSELING AND TRAINING | | | | | | | | | | | |
| PSYCHOLOGICAL SERVICES | | | | | | | | | | | |
| PHYSICAL THERAPY | | | | | | | | | | | |
| PHYSICAL THERAPY ASSISTANT | | | | | | | | | | | |
| SCHOOL SOCIAL WORK | | | | | | | | | | | |
| SPEECH THERAPY | | | | | | | | | | | |
| TEACHER OF HEARING IMPAIRED | | | | | | | | | | | |
| TEACHER OF VISUALLY IMPAIRED | | | | | | | | | | | |

I, as representative of this county, duly certify that all providers contracted with are appropriately certified and/or licensed and are providing services in accordance with the student's Individualized Education Program.

| Signature | Title | Date |
|-----------|-------|------|

PRESCHOOL PROCESSING Claiming

- Counties are responsible for claiming costs associated with preschool services provided.
- Automated Voucher Listings (AVL) are created by the STAC Unit for counties to use for claiming.
 - Center based programs: verify enrollment (FTE) and costs paid.
 - SEIS and Related Services: verify sessions and costs paid.
 - Transportation: verify actual cost.
 - Claim via FTP file or directly on the STAC Online (EFRT) System, using the DVPRS screen.
- Once preschool services have been delivered and paid; a county may claim costs.

DVPRS – 4410 Preschool Service Verification

| Date 04/08/23 | New York State Education Department | | | | | | | | | | |
|--|-------------------------------------|---------------------------|-----|---|-------------------|-------------------|-------------------|--|--|--|--|
| Time 08:09 | 4410 AVL/Update/Display | | | | | | | | | | |
| Year 🗸 County | | | ~ | | | | | | | | |
| AVL Number 0 First 4 Letters of Last Name (Opti | onal) | Get | AVL |] | | | | | | | |
| STAC ID Rec No Name Service Typ Approved Dates | | App CostAv YTD Cost Se | | | Rate Avail Amt | Claimed Amount | Selection | | | | |
| | 0 | 0 | 0 | | | 0 | Service Ledger | | | | |
| | 0 | 0 | 0 | 0 | | 0 | Service Ledger | | | | |
| | 0 | 0 | 0 | 0 | | 0 | Service Ledger | | | | |
| | 0 | 0 | 0 | 0 | | 0 | Service Ledger | | | | |
| | 0 | 0 | 0 | 0 | | 0 | Service Ledger | | | | |
| AVL Claim Total (*)FINAL CLAII | | | | | | | | | | | |
| Required For Inquiry | | View | Add | | | | | | | | |

PRESCHOOL PROCESSING Statute of Limitations

- All preschool service and evaluation approvals have a three-year statute of limitations.
- □ 2020-21 school year will close out June 30, 2024.
- Final AVLs for 2020-21 school year will be prepared in mid-May 2024 and <u>MUST</u> be submitted to STAC for processing by close of business June 30, 2024.
- Change in tuition rate supersedes the Statute of Limitations.
 - Reductions recovered without county action.
 - County must claim additional amounts made available by close of school year following the school year in which the rate change was applied.

PRESCHOOL PROCESSING Payments

- STAC Unit processes the returned AVL (FTP file or Online version) completed by the county.
- □ State reimbursement rate is 59.5%.

□ STAC Unit collects proper signature through separate online system.

- Individual authorized to sign for municipality should be a different person than who processes the AVL.
- Registration and use instructions are posted on STAC website under Preschool AVL page:
 - Electronic Signature for Preschool AVL memo
- Electronic Signatures should be submitted as follows:
 - FTP Verifications: after receiving email notification to proceed.
 - Online Verifications: immediately after claim submission.

PRESCHOOL PROCESSING AVL Schedule

| THI | E STATE | | FION DE | | | | | | | F NEW Y | ORK | |
|--------------------|----------------|--------------|-----------------|----------|-------------|-----------|----------|-----|-----|---------|-----------------|-----|
| | | Syster | | VL Schee | lule – Sec | tion 4410 | - Presch | | | | | |
| | | | | - | oril 2023 - | | | | | | | |
| Evaluations | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| 2019-20 | | #12 Final | | | | | | | | | | |
| 2020-21 | | | | #09 | | | | #10 | | | #11 | |
| 2021-22 | | #05 | | | | #06 | | | #07 | | | #08 |
| 2022-23 | #01 | | | #02 | | | #03 | | | | #04 | |
| Services | | | | | | | | | | | | |
| 2019-20 | | #12 Final | | | * | | | | * | | | |
| 2020-21 | | | #09 | | | | #10 | | | #11 | | |
| 2021-22 | #05 | | | #06 | | | | #07 | | | #08 | |
| 2022-23 | | | #02 | | | #03 | | | | #04 | | |
| 2023-24 | | | | | | | | | | | | #01 |
| Back years | | | | | * | | | | * | | | |
| Administration | | | | | | | | | | | | |
| 2021-22 County | Child Count | | | | | | | | | | | |
| 2022-23 County | | | | | | | | | | | Report Costs | |
| 2021-22 CPSE | | | Costs Closed | | ACL/ AVL | | | | | | | |
| * Rate Change Only | | | | | | | | | | | | |

- Schedule lists claiming opportunities by school year and type, as well as important timeframes for the administrative cost processes.
- "Back years" notates when tuition rate change AVLs will be made available for school years that are beyond the statute of limitations.
- Posted on STAC website under Pre-school / Preschool AVL.

AVL Adjustments

4408 Chargeback

- 10% of verified July/August Special Education service costs for children ages 5-21 (multiple years initial/adjustment chargeback).
- Deducted from AVL #01 and additional current year AVLs, until recovered.

Medicaid Payments

- Non-federal share of Preschool Supportive Health Services Program (PSHSP) services and evaluations reimbursement is recouped from 4410 funds.
- Recent payments adjusted on each current year AVL.

AVL Adjustments, continued

Transportation Cap

- Actual cost is reported, but total reimbursed cost can not exceed (trips x rate).
- Trips generated by verified services.

Foster Care

 Local 40.5% share of costs charged back to county of origin, on the following AVL after servicing county is reimbursed at 100%.

State Operated Schools

 Rome Preschool costs paid by NYS; 40.5% local share charged back to county of origin.

ANNUAL PRESCHOOL PROCESSES County Administrative Costs

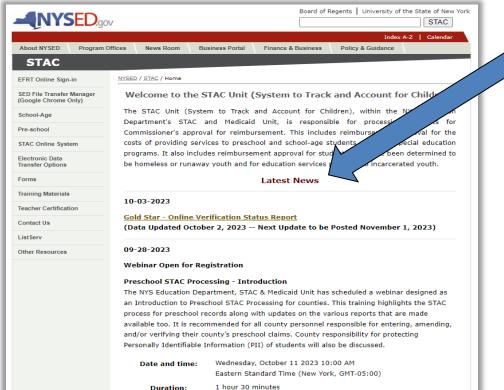
- Each County reports Administrative Costs associated with running its Preschool program in March.
- Report containing unduplicated count of Preschoolers Generating Administrative Costs is generated in April.

□ Counties receive lesser of reported costs or \$75 per child.

ANNUAL PRESCHOOL PROCESSES CPSE Administrative Costs

- State Aid provides CPSE costs submitted by districts through the State Aid Management System (SAMS) – Supplemental Schedules 31-34.
- Same report containing unduplicated count of Preschoolers Generating Administrative Costs generated for County Administrative Costs is also used for CPSE Administrative Cost reimbursement calculation.
- □ Per pupil cost calculated and approved by SED.
- Administrative Cost Listing (ACL) prepared for districts to submit to counties to reimburse their CPSE costs.
- County submits matching AVL to STAC Unit for CPSE costs they have <u>paid</u> to a district (59.5% aid rate).

STAC Unit - Preschool News



- STAC Unit routinely posts updates to the STAC website. Postings are listed on the main page under the "Latest News" section. Each post is dated with the most recent post at the top and an archive is available.
- In addition, each preschool posting is forwarded to recipients of the STACPRE LISTSERV distribution list.
- Every individual that works on Preschool for a municipality should subscribe to the STACPRE LISTSERV.

Subscribe to the STAC LISTSERV

Register to Receive Information from the STAC and Medicaid Unit

You can receive notification by electronic mail of the latest memoranda and other updates by subscribing to one or more of our LISTSERVs:

PRESCHOOL (ages 3-5) <u>https://www.oms.nysed.gov/stac/listserv/</u> <u>listserv_preschool_registration.html</u>

- SCHOOL-AGE (ages 5-21) <u>https://www.oms.nysed.gov/stac/listserv/</u> <u>listserv_schoolage_registration.html</u>
- PROVIDER (SED-Approved Education Providers) <u>https://www.oms.nysed.gov/stac/listserv/</u> listserv_provider_registration.html
- MEDICAID IN EDUCATION (P/SSHSP) <u>https://www.oms.nysed.gov/medicaid/listserv_registration.html</u>

To Subscribe to the Preschool ListServ:

- To begin a subscription, please send an e-mail message to <u>LISTSERV@LISTSERV.NYSED.GOV</u>
- The body of the message must read:
 SUBSCRIBE STACPRE firstname lastname
- You will receive a welcome message when you subscribe. Please save this message for future reference, especially if this is the first time you are subscribing to an electronic mailing list.
- Many Spam Filters and Virus software may block messages from LISTSERVs. Once you have subscribed, please notify your technical support staff that these notices with attachments will be coming from <u>STACPRE@LISTSERV.NYSED.GOV</u>.

To Unsubscribe:

- If at any time you want to stop receiving announcements, you may be removed from the list by sending the following command to <u>LISTSERV@LISTSERV.NYSED.GOV</u>
- The body of the message must read: SIGNOFF STACPRE GLOBAL

STACPRE Listserv: Preschool AVL Available for Claiming

09-13-2023

STAC NOTICE: §4410 Preschool AVL(s) Available for Claiming

The following §4410 Preschool AVL(s) are now available for claiming:

- 2021-22 §4410 Preschool Evaluatations AVL #06
- 2022-23 §4410 Programs & Services AVL #03

Each AVL listed is due back to STAC by October 13, 2023.

Informational memo is available: (PDF)(HTML)

For Online Verification:

 Instructions to access a printable version of each AVL via SED File Transfer Manager (FTM), as well as how to submit a claim online, are available under "Pre-School" through the following link: <u>Instructional Guides for help in entering and amending</u> <u>approvals and navigating throughout EFRT's online screens</u>.

For FTP Verification:

- Instructions to access a printable version of each AVL via SED File Transfer Manager (FTM) is available under "Pre-School" through the following link: <u>Instructional Guides</u> for help in entering and amending approvals and navigating throughout EFRT's online <u>screens</u>.
- The following text files are available in your county's SED FTM outbasket*:

§4410 Preschool Evaluations AVL 2122 #06 CCCC_2122_AVL_20230912.txt

§4410 Programs & Services AVL 2223 #03 CCCC_2223_AVL_20230912.txt

*Note - "CCCC" represents the first four letters of a county's name, except for New York City (NEWY) and Saint Lawrence (STLA).

More information on the SED File Transfer Manager (FTM) is available <u>here</u>. For questions on this notice, or the AVLs listed, please email <u>OMSSTAC@nysed.gov</u>.

This type of message advises:

- § A list of each AVL available for claiming.
- § Due date back to STAC.
- § Information memo.
- § Link to the Instructional Guides posted on the STAC webpage.
- § (For FTP verification users only)
 - The name of AVL text file uploaded to a county's SED FTM outbasket.

STACPRE Listserv: Preschool Payments Posted to SED FTM

09-27-2023

STAC NOTICE: New Preschool Payment Reports Posted to SED File Transfer Manager (FTM)

The NYSED STAC and Medicaid Unit has placed <u>18</u> §4410 Preschool Payment Reports in county folders on the <u>SED File Transfer Manager (FTM)</u>.

The <u>Preschool Payment Reports Released to the SED File Transfer Manager (FTM)</u> listing has been updated with these Payment Reports, dated <u>09/26/2023</u>.

Counties will receive an Approved Payment Listing (APL) for each payment, however the other report types listed will only be available when applicable.

Payments will be distributed when funding becomes available.

More information on the SED File Transfer Manager (FTM) is available <u>here</u>. For questions on this notice, or the AVLs listed, please email <u>OMSSTAC@nysed.gov</u>.

This type of message advises:

- § Number of Preschool Payment Reports posted to a county's SED FTM outbasket.
- § Upload date(s)
- § Includes a link to the list of Preschool Payment Reports Released to the SED FTM.
 - Also available under the Preschool AVL page of STAC website.

Preschool Payment Reports Released to SED FTM in Calendar Year 2023

| INYS | ED.gov | | Board of Regents University of the State of New Y | | | | |
|--------------|--------------------------|-----------|---|--------------------|-------------------|----------------|--|
| | | | | | Index | A-Z Calendar | |
| About NYSED | Program Offices | News Room | Business Portal | Finance & Business | Policy & Guidance | | |
| STAC | | | | | | | |
| NYSED / STAC | / Preschool / AVL / Payr | ments | | | | | |

Preschool Payment Reports Released to the SED File Transfer Manager (FTM) in Calendar Year 2023

| School Year | AVL Type | Report Type | SED FTM File Name Begins With* | SED FTM File Date |
|----------------|--|---|-------------------------------------|----------------------|
| 2022- | §4410 Preschool | Approved | CCCC_EFH322_2223_01_APL_20230501 | 5/1/23 |
| 23 | Programs & Services | Payment Listing | | |
| 2022- 23 | §4410 Preschool Programs & Services | §4410 Placements Serviced in Other Municipalities | CCCC_EFH322_2223_01_FOSTER_20230501 | 5/1/23 |
| 2022- 23 | §4410 Preschool Programs & Services | §4410 Transportation Summary | CCCC_EFH322_2223_01_TRANS_20230501 | 5/1/23 |
| 2020- 21 | §4410 CPSE Administrative Expenses | Approved Payment Listing | CCCC_EFH805_2021_03_20230413 | 4/13/23 |
| 2019- 20 | §4410 CPSE Administrative Expenses | Approved Payment Listing | CCCC_EFH805_1920_07_20230413 | 4/13/23 |
| 2020- 21 | §4410 Preschool Evaluations | Approved Payment Listing | CCCC_EFH381_2021_08_APL_20230413 | 4/13/23 |
| 2020- 21 | §4410 Preschool Evaluations | §4410 Evaluations in Other Municipalities | CCCC_EFH381_2021_08_FOSTER_20230413 | 4/13/23 |

- Calendar of Payment Reports is organized by JAN – DEC calendar year.
- Other calendar years are available at the bottom of the screen.
- Most recent reports are listed at the top of the list.
- Information may be used to locate specific reports inside a counties SED FTM outbasket.

STACPRE Listserv: Preschool Payments Posted to SED FTM

08-09-2023

STAC NOTICE: Preschool Payments

The Division of the Budget (DOB) has approved disbursement of the following Preschool payment(s):

- 2019/2020 AVL #12 §4410 Programs & Services
- 2020/2021 AVL #09 §4410 Programs & Services
- 2021/2022 AVL #05 §4410 Programs & Services
- 2022/2023 AVL #01 §4410 Programs & Services
- 2022/2023 AVL #02 §4410 Programs & Services
- 2019/2020 AVL #12 §4410 Evaluations
- 2020/2021 AVL #08 §4410 Evaluations
- 2021/2022 AVL #05 §4410 Evaluations
- 2022/2023 AVL #01 §4410 Evaluations
- 2021/2022 PAY #01 §4410 County Administration
- 2019/2020 PAY #07 §4410 CPSE Administration
- 2019/2020 PAY #08 §4410 CPSE Administration
- 2020/2021 PAY #03 §4410 CPSE Administration
- 2020/2021 PAY #04 §4410 CPSE Administration

For questions on this notice, please email <u>OMSSTAC@nysed.gov</u>.

This type of message advises:

- § NYS Division of the Budget has approved funding for the AVLs listed.
- § Payments are processed through another SED office.
- § Generally, counties should begin to receive funds within 2-3 weeks of this notice.

Preschool Resources

STAC Unit

- □ Main Telephone Number | (518) 474-7116
- General Email Address | <u>OMSSTAC@nysed.gov</u>

All documentation containing personally identifiable information (PII) for students must be transmitted to the STAC and Medicaid Unit using the SED File Transfer Manager.

- Preschool Supervisor | Robert Wojtkiewicz
 - Robert.Wojtkiewicz@nysed.gov
- Preschool STAC & AVL Process | Nicholas Thayer
 - Nicholas.Thayer@nysed.gov

Office of Special Education – Preschool Policy Unit

- Main Telephone Number | (518) 473-6108
- Email Address | <u>SPECED@nysed.gov</u>

Preschool Resources

Evaluation Policy Memo

□ <u>https://www.oms.nysed.gov/stac/preschool/policy/eval3-4yr803.pdf</u>

SEIT / Related Service Policy Memo

https://www.oms.nysed.gov/stac/preschool/correspondence/SEIS_Data_Collection Guidance.pdf

Transportation Policy Memo

https://www.p12.nysed.gov/specialed/publications/preschooltrans-811.htm

STAC Online System Request for Access Form

- https://www.oms.nysed.gov/stac/forms/stac_access_form.pdf
- <u>https://www.oms.nysed.gov/stac/stac_online_system/stac_access_notice_consulta_nts.html</u>

SED File Transfer Manager Access Form

https://www.oms.nysed.gov/stac/forms/stac-603_form_authorization_ftp.pdf

Thank you for attending this training.

A downloadable version of this presentation is available on the STAC website:

https://www.oms.nysed.gov/stac/training_materials/

Rev. October 2023