



# **10-Month Public High Cost STAC Claiming for the 2017-18 Enrollment Year**

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

**10/17/2018**

# 10-MONTH PUBLIC HIGH COST

## 1. STAC REIMBURSEMENT APPROVAL—Step A

- Districts file STACs on students whose 10-Month rates exceed district threshold

## 3. EDUCATION VERIFICATION

- Online verification for In-District, Other-District, and BOCES placements for prior year enrollment
  - October 2018: In-District & Other District
  - February 2019: BOCES

## 2. DISTRICT THRESHOLDS

- Listed as “Deduction” on line 5 of the Public Excess Cost Aid Output (PUB) report.
- Refer to State Aid’s SAMS website:  
<http://STATEAID.NYSED.GOV>  
(518-474-2977)

**NOTE:** 10-month transportation costs reported in aggregate on the SAMS system – NOT on STAC



# Important Terminology

- **10-Month Annualized Cost:** The amount the student's special education services would have cost if provided for all 10 months, based on the lesser of the student's IEP-mandated level of services or the actual level of services provided.
- **District Threshold:** The annualized cost that must be exceeded to generate State aid for High Cost Public placements. (Line 5 on PUB report)
- **Public Excess Cost Aid Ratio:** The percentage of aid generated on costs exceeding the district threshold. (Line 4 on PUB report)



# Resources for Calculating High Cost STACs

**Calculating 10-Month “Annualized Cost” Education Rates for Students with Disabilities Educated in a District-Operated Program**

[http://www.oms.nysed.gov/stac/schoolage/avl-payment\\_reports\\_and\\_chargebacks/annualized\\_cost\\_calculation.html](http://www.oms.nysed.gov/stac/schoolage/avl-payment_reports_and_chargebacks/annualized_cost_calculation.html)

**DCPUB Quick Reference Guide**

[http://www.oms.nysed.gov/stac/stac\\_online\\_system/online\\_instructions/guide\\_DCPUB.html](http://www.oms.nysed.gov/stac/stac_online_system/online_instructions/guide_DCPUB.html)

**DVPUB Online Instruction Guide:**

[http://www.oms.nysed.gov/stac/stac\\_online\\_system/online\\_instructions/guide\\_DVPUB.pdf](http://www.oms.nysed.gov/stac/stac_online_system/online_instructions/guide_DVPUB.pdf)



## Calculating 10-Month “Annualized Cost” Education Rates for Students with Disabilities Educated in a District-Operated Program

To calculate the 9/1 – 6/30 “10-Month Annualized Cost” for an in-district High Cost student, include only the cost of direct special education services provided to the student according to his/her “Individualized Education Plan” (IEP). These costs are as follows:

### Costs which may be included in the “Annualized Cost” Calculation for In-District Student Placements

1. Pro-rata share of special education classroom/consultant teacher salary & fringe benefits;
2. Pro-rata share of special education classroom/individual aide salary plus fringe benefits;
3. Pro-rata share of special education certified teaching assistant salary plus fringe benefits;
4. Pro-rata share of special education related services specified on the student IEP;
5. Cost of assistive technology devices/services used by just this child.

### Costs excluded from Annualized Cost” Calculation for In-District Student Placements

None of the following costs may be included on an In-District High Cost Public STAC:

1. Non-Resident Tuition Worksheet base grade level and special education rates are excluded;
  2. Special education transportation costs are excluded;
  3. CSE or Pupil Personnel Services salary and fringe benefits are excluded;
  4. Evaluation costs are excluded;
  5. Regular education teacher salary and fringe benefit costs are excluded;
  6. District administrative or building overhead costs are excluded;
  7. Due process (impartial hearing) costs are excluded;
  8. Costs for non-special education or indirect services are excluded;
  9. Costs for permanent building fixtures/equipment (like a strobe light fire alarm system);
- Newly added\*
10. \* Home & hospital instruction provided on weekends, holidays, and during school year vacations is excluded;
  11. \* Services provided that were not included on the IEP or which exceed the level (individual vs. group) or frequency of service specified on the IEP
  12. \* Special education costs claimed for aid on a federal grant are excluded.

### In-District Student “10 Month Annualized Cost” Example:

John was enrolled in a 6:1:1 special education class. There were only 5 students enrolled and John was enrolled for 30 out of the 40 weeks. The special education teacher and classroom aide had combined salaries and fringes for the 30 weeks of \$150,000 and \$50,000. John also received \$4,500 in related services, and his IEP required an assistive-technology device costing \$2,500.

Salary	\$ 30,000	(1/5 <sup>th</sup> of \$150,000)
Fringe Benefits	+ 10,000	(1/5 <sup>th</sup> of \$50,000)
Related Services	+ 4,500	
Actual Cost Before Assistive Tech.	\$ 44,500	
Divided by FTE Enrollment	0.750	(30 weeks/40 weeks)
Annualized Cost Before Assist. Tech	\$ 59,333	
Assistive Technology Device	+ 2,500	
10-Month Annualized Cost	\$61,833	



# 10-MONTH PUBLIC HIGH COST— “STAC FACTS”

- **Statute of Limitations:** Two years. School year 2017-18 will close out for STACing and verification 06/30/20. However, to receive “current year” funding 06/30/19 is the STAC’ing and verification deadline
- **State Aid:**
  - **Example:** Aid for current year is based on prior year’s enrollment and cost  
For the 18/19 school year, public excess cost aid is received based on the 17/18 enrollment year verified STAC approvals
- **Payment Procedures:** up to 25% in December  
additional 45% in March  
additional 15% in June  
additional 15% in August  
remaining balance if any in September
- **1:1 aides:** Cost should be included in the 10-month annualized cost (no 1:1 aide form required)  
**Note:** The 1:1 Aide/Nurse/Monitor costs which are incurred while on a bus are transportation costs which may not be claimed on STAC for High Cost aid.



# DSPUB Screen

## ONLINE PROCESSING OF 10-MONTH HIGH COST STAC APPROVALS

Date 03/16/18 New York State Education Department Go to  Time 10:46 High Cost - Public (3602.19) Menu

STAC ID Name Date of Birth Mode Change  
B18081 HAMILTON ALEXANDER 01/11/04

School Year Record Number Disability  
1617 01 02 Inquire Other Health Impairment GO TO DCPUB

CSE District 010100010000 ALBANY CITY SD 2 NEED DCPUB

District of Residence ALBANY CITY SD

Agency to be Paid ALBANY CITY SD

Education Provider ALBANY CITY SD 010100010000

Get ED Programs 8000I 10-MONTH HIGH COST 05-21 09/07/16-06/23/17 DAY

Student Enrollment Enrolled Partial Year

Start Date End Date FTE 10-Month Annualized Cost Actual Cost (SED use only)  
09/07/16 06/15/17 .974 80000.00 77920.00 1/2 Placement ☐  
DCPUB Required ☒

Variance ☐ Ent 03/16/18 DIST Upd 03/16/18 DIST User DISTRICT

Required for Inquiry Inquire Add Change

### FOR 2016-17 FORWARD:

1. “Go to DCPUB” button. This is a new button that will take you the new DCPUB screen to calculate the actual 10-Month Annualized Cost.
2. “NEED DCPUB” label. If the record meets one of the criteria where the DCPUB screen must be filled out and submitted, this new label will appear. Once DCPUB has been added, a green “DCPUB on” label will be visible.



# DRPUB Screen

## ONLINE PROCESSING OF 10-MONTH HIGH COST STAC REAPPLICATION APPROVALS

Date 09/09/15 Time 09:21 New York State Education Department

Go to  Menu

**Public Excess Cost Reapplications (10-Month)**

School Year **1718** CSE District **281230040000** EXAMPLETOWN UFSD

Your District Threshold Amount **47,470**

Education Provider **EXAMPLETOWN UFSD** Provider Code **281230040000** Number of Records **00003**

Get Providers

Get Reapps First 4 Letters of Last Name (Optional) **AAAA**

STAC ID	Reapply	Name	Education	Annualized Cost
A72127	<input checked="" type="checkbox"/>	ARTHUR CHESTER	8000 I	87000.00 1
C23432	<input checked="" type="checkbox"/>	STANTON ELIZABETH	8000 I	73000.00 2
B12821	<input checked="" type="checkbox"/>	VANBUREN MARTIN	8000 I	65600.00 3
	<input type="checkbox"/>			0 0
	<input type="checkbox"/>			0 0
	<input type="checkbox"/>			0 0
	<input type="checkbox"/>			0 0
	<input type="checkbox"/>			0 0
	<input type="checkbox"/>			0 0
	<input type="checkbox"/>			0 0

View Submit

Only students whose 10-month annualized costs are anticipated to be equal to or above the District Threshold should be reappplied for the new school year.

If amount *is* substantially below the threshold, you will get an error message.





## DCPUB Screen

This screen serves two purposes for In-District and BOCES placements:

1. It replaces the paper High Cost Student Data Report for reporting a breakdown of the student's component costs.
2. It's a tool for school districts to use when calculating the actual 10-Month Annualized Costs for their students. While the screen **must** be completed for some students, it **can** be completed for any student educated in-district or by a BOCES.



# The top section of the DCPUB Screen

Date 09/21/18 Time 03:29 New York State Education Department

Go to  Menu

## 1 HIGH COST STUDENT WORKSHEET (BOCES/In-District)

STAC ID	School Year	Rec Num	Name	Date of Birth	Mode
B17321	1718	01 02	HIGHCOST HENRIETTA	01/02/03	Change
			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		281230040000
					281230040000
			Previous Annualized Rate	Current 10-Month Annualized Cost	
			96,000.00	63,354.37	

- STAC ID, School Year, and Rec Num**  
The student's STAC ID and the school year and record number of the DSPUB approval.
- Start Date and End Date**  
Taken directly from DSPUB. To change, update on DSPUB.
- FTE**  
Full Time Equivalent, from DSPUB.
- The Go to DSPUB button**  
Takes the user to DSPUB to amend start and end dates.
- District Threshold**  
The minimum 10-month annualized cost that will generate High Cost Aid
- Public Excess Cost Aid Ratio**  
Ratio is used in the calculation of Public Excess Cost Aid.
- CSE District and Ed Provider**  
CSE school district and the education provider, taken directly from DSPUB.
- 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.
- Current 10-Month Annualized Cost**  
Before DCPUB submitted, this is the amount entered on DSPUB. After DCPUB submitted, this is the 10-Month Annualized Cost calculated by the worksheet.

## I. The BOCES Section

<b>I. BOCES</b>	BOCES 10-Month Annualized Cost (from Year-End Final Cost Report)	<input 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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### 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

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	
11 IEP Ratio: Stud:Teach + Para 0 : 0 + 0	12 Actual Students in Class 0	13 Special Ed Teachers Classroom Salaries: 0 Classroom Fringe Benefits: 0	15 Classroom Aides/T.A.s Classroom Salaries: 0 Fringe Benefits: 0
		14	16
		17 Total Cost of Special Classroom: 17	
		18 Classroom Cost for this Child: 18	

### 11. IEP Ratio: Stud:Teach + Para

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

### 12. Actual Students in Class

The number of special ed. 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 **NEW FOR 1718!**

SECTION II-B. Period-Based Special Education Placements									
Placement Type <b>19</b>	(Spec. Ed Teachers/Classrooms Aides) Total Salaries <b>20</b>	Total Fringe <b>21</b>	Teacher Work Day (Exclude Lunch) Length in Mins: <b>22</b>	Group Size* <b>23</b>	Sessions Per Cycle <b>24</b>	Sessions Length: (Mins) <b>25</b>	Frequency <b>26</b>	Total Child Cost <b>27</b>	
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

The type of period-based special education placement the student is in, 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. 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
<div>28</div> <div>Aide/Teaching Asst</div>	<div>29</div> <div>49236.00</div>	<div>30</div> <div>22648.56</div>	<div>31</div> <div>2</div>	<div>32</div> <div>35,942.28</div>
	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/Teaching Asst, 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 <b>33</b>	Provider Type <b>34</b>	Length of Sessions (Mins) <b>35</b>	Total Cost Per Session <b>36</b>	Group Size <b>37</b>	Session Cost Per Child	** Actual Sessions <b>39</b>	Total Child Cost <b>40</b>
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	<b>38</b>	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) <b>41</b>	(District) <b>42</b>	(Other Provider) <b>43</b>
0	0	0

### 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 <b>44</b>	Additional Information <b>45</b>	Total Other Child-Specific Costs
	ASSISTIVE TECHNOLOGY	FM System	<b>46</b> 1082.00

Primarily to be used for reporting one-time/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:				<b>District Contact Information</b>	
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.

*Examples:* Detail for lump sums when more than six related services, additional explanation of other child-specific costs entered in section V, any other outside provider information.

### 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. Required field. The DCPUB screen will retain the information from the previous DCPUB submitted.

### 49. E-mail Address

E-mail address for the person indicated in Contact Name field. Required field. The DCPUB screen will retain the information from the previous DCPUB submitted.

### 50. Phone#

Phone number for the person indicated in Contact Name field. Required field. The DCPUB screen will retain the information from the previous DCPUB submitted.





# The Summary Section

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

## 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 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)	\$39,900.00
Annualized Excess Cost		\$23,454.37
x FTE	(3)	1.000
Aidable Excess Cost		\$23,457.37
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 [ ]

**HIGH COST STUDENT WORKSHEET (BOCES/In-District)**

STAC ID: 017321 School Year: 1718 Rec Num: 01 of 02 Name: HIGHCOST HENRIETTA Date of Birth: 01/02/83 Mode: Change

Inquire Public Excess Cost Aid Ratio: .600 District Threshold: 35,900

Start Date: 09/06/17 End Date: 06/22/18 To Amend Start or End Date: GO TO DSPUB FTE: 1.000 CSE District: EXAMPLETOWN UFSD Ed Provider: EXAMPLETOWN UFSD 281230040000 281230040000

Previous Annualized Rate: 96,000.00 Current 10 Month Annualized Cost: 63,354.37

I. BOCES BOCES 10-Month Annualized Cost (from Year End Final Cost Report): 0 If all of the student's costs are included in this amount, proceed directly to the bottom of the screen and submit.

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

II. In-District Classroom - Totals SECTION II-A. Full Day Self Contained Special Education Classroom

IEP Ratio: Student/Teacher/Para: 0/0/0 Actual Students in Class: 0 Special Ed Teachers: 0 Classroom Aides/T.A.s: 0 Classroom Salaries: 0 Classroom Fringe Benefits: 0 Total Cost of Special Classroom: 0 Classroom Cost for this Child: 0

SECTION II-B. Period-Based Special Education Placements

Placement Type	(Spec. Ed Teachers/Classrooms Aides) Total Salaries	Teacher Work Day (Exclude Lunch) Length in Mins	Group Size*	Sessions Per Cycle	Sessions Length (Min)	Frequency	Total Child Cost
CO-TEACH MATH	72480.00	33340.80	390	5	1	40 Daily Cycle	2170.68
CO-TEACH ENGLISH LA	59484.00	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	38723.86	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

III. Child-Specific: 1 Aide/Shared Aide/Nurse/Interpreter (Not included in District or BOCES reported cost above)

Type of 1:1 Aide/Teaching Asst	Annual Salary	Annual Fringe	# of Students Served	Student Annual Cost
	49236.00	22648.56	2	35,942.28

IV. Related/Other Services (Not included in reported cost above)

Service Type	Provider Type	Length of Sessions (Min)	Total Cost Per Session	Group Size	Sessions 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
		0	0	1	0	0	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) 0 0 0

V. Other Child Specific Costs

Cost Category	Additional Information	Total Other Child-Specific Costs
ADMINISTRATIVE 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: ALENIARD Phone#: 5181235555 (Ex: 5181235555 - 10 digits)

Required for Inquiry Inquire ADD Change

	BOCES Subtotal	In-District Subtotal	1:1/Shared Aide Subtotal	Related Services Subtotal	Other Child-Specific Costs Subtotal
Total 10 Month Annualized Cost (Verify this amount on DSPUB)		10981.69	35942.28	15348.40	1082.00
High Cost Aid Available					16,183.51

SED use only: SED Changes:

## To print this screen on one page in Google Chrome:

- Ctrl+P to bring up the Print panel.
- Click the down arrow to the right of “More settings” (or the plus sign to left, depending on your version of Chrome)
- 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.

*For Internet Explorer, use a Custom print size of 57% as a starting point.*



# DVPUB Screen (High Cost claiming)

## ONLINE VERIFICATION OF IN-DISTRICT, OTHER-DISTRICT & BOCES HIGH COST APPROVALS

Date: 03/16/18  
Time: 12:57  
New York State Education Department  
Section (3602.19) High Cost-Public Verification Screen

Go to:

School Year: 1617  
CSE District: 010100010000 ALBANY CITY SD  
District Count - Total records / Records Verified: 13 / 4  
Selection Type: ☒ Unverified ☐ Unverified DCPUB Required\* ☐ Verified and Not Reviewed by SED ☐ Reviewed and Locked by SED\*\* ☐ All Records  
Record Counts: 7, 1, 0, 8

Get Providers: ALBANY CITY SD  
First 4 Letters of Last Name (Optional):   
Get AVL  
Sort by Approved Cost Descending ☒

CSE District Threshold: 39900  
CSE District Public Excess Cost Ratio: .690  
Education Provider Program Dates - 09/07/16 - 06/23/17

COMPLETION OF 10-MONTH VERIFICATION FOR ALL PUBLIC PROVIDERS  
Contact Name: KELLY MASON  
Phone #: 5555555555  
E-mail Address: KELLY.MASON@NYSED.GOV  
Verification Completed ☐

Last and First Names	From	To	Current Appr	Prev Verified	Verified	Verify	Reviewed and Locked by SED
Education Provider Name and Code	Half	FTE	Date Rec Entered	Unverified DCPUB Required	Verified Date	Date Locked	
EXAMPLE STUDENT	04/01/17	06/23/17	145,100.00	0	<input type="checkbox"/>		
ALBANY CITY SD	010100010000			DCPUB on			
B18079 02	01/01/11	.282	03/05/18				
HIGHCOST JIMMY	09/07/16	06/23/17	128,932.50	150,000.00	0	<input type="checkbox"/>	
ALBANY CITY SD	010100010000			DCPUB on			
B17318 01	01/02/00	1.000	02/22/18				
STUDENT EXAMPLE	09/07/16	03/15/17	98,560.34	0	<input type="checkbox"/>		
ALBANY CITY SD	010100010000			DCPUB on			
B18080 01	12/11/10	.692	02/22/18				
HAMILTON ALEXANDER	09/07/16	06/15/17	91,482.36	0	<input type="checkbox"/>		
ALBANY CITY SD	010100010000			DCPUB on			
B18081 01	01/11/04	.974	03/16/18				
MORELESS NATE	09/07/16	09/30/16	81,000.00	0	<input type="checkbox"/>		
ALBANY CITY SD	010100010000						
B17108 01	08/08/00	.102	01/03/18				
HIGHCOST JOY	09/07/16	06/23/17	32,000.00	0	<input type="checkbox"/>		
ALBANY CITY SD	010100010000						
B17321 01	01/02/00	1.000	02/22/18	DCPUB Required			
MORELESS NATE	11/01/16	11/30/16	4,932.50	0	<input type="checkbox"/>		
ALBANY CITY SD	010100010000			DCPUB on			
B17108 03	08/08/00	.102	02/20/18				

Required for Inquiry

### FOR 2016-17 FORWARD:

- The "District Count" display lists the total number of records and the number of records verified. Ideally, these numbers should match once verification is complete.
- There is a new selection type, "Unverified DCPUB Required\*" that allows districts to zero in on the in-district records that require a DCPUB.
- The ability to sort the list of records in descending order by approved cost has been made available to districts.
- Paper DVPUB Signature form no longer required. When completed with verification, please check the "Verification Completed" box, enter contact information, and click on "Submit" button at bottom of screen.
- For in-district records, a label will identify which records already have a DCPUB record and which records need one before they can be verified.



## Public High Cost Apportionment Aid Calculation Example

Public Excess Cost Aid Ratio (PUB Line 4)	Enrollment Dates <u>Start</u> <u>End</u>	Cost Billed By BOCES	FTE <u>Enrollment</u>	10-Month Annualized <u>Cost</u>
69.0%	9/7/17      2/24/18	\$48,000	0.600	\$80,000

### High Cost Apportionment Aid Calculation

(Example: Student with an \$80,000 10-Month Annualized Cost who was enrolled for a 0.600 FTE)

\$80,000	Annualized Cost (\$48,000 BOCES Cost / 0.600 FTE Enrollment)	
- <u>\$39,900</u>	Deduction Amount **	(2017-18 PUB Line 5)
\$40,100	Annualized Excess Cost	
x <u>0.600</u>	Student FTE	
\$24,060	Aidable Excess Cost	
x <u>0.690</u>	Public Excess Cost Aid Ratio	(2017-18 PUB Line 4)
<b>\$16,601.40</b>	<b>High Cost Apportionment Aid</b>	

\*\* Deduction Amount = 3 x Approved Operating Expense Per Pupil



# Authorization Form for Access to the STAC GoAnywhere (FTP) Site

STAC-603 The University of the State of New York  
THE STATE EDUCATION DEPARTMENT Rev. 02/2018

**Authorization Form for Access  
to the STAC GoAnywhere (FTP) Site**

*GoAnywhere* is a web-based system that makes uploading and downloading files easier for both users and administrators. In order to receive important correspondence, all school districts and counties must have at least one active user registered with the *GoAnywhere* system. School districts and counties must utilize the *GoAnywhere* system in order to submit bulk special education reimbursement data to the NYSED STAC Unit.

AGENCY INFORMATION			
Agency Name:		Agency SED (BEDS) Code:	Agency Type:
		-----	<input type="checkbox"/> County <input type="checkbox"/> School District <input type="checkbox"/> BOCES or RLC

APPLICANT INFORMATION		AUTHORIZING OFFICIAL INFORMATION	
Applicant Name:		Authorizing Official's Name:	
		Type of Official: <input type="checkbox"/> Superintendent <input type="checkbox"/> Municipality Representative <input type="checkbox"/> Director	
Email Address:		Email Address:	
Telephone Number: ( ) -	Fax Number: ( ) -	Telephone Number: ( ) -	Fax Number: ( ) -
Address		Address	
This user is being: <input type="checkbox"/> Added <input type="checkbox"/> Deleted			
Applicant's Signature / / Date		Authorizing Official's Signature / / Date	

Once the STAC Unit has received the completed and signed form, an email invitation will be sent to the email address listed in the Applicant Information section above. The email invitation will contain a personalized link to register in the *GoAnywhere* system. A copy of the "GoAnywhere Web User Guide" is available on the STAC Unit website: [http://www.cms.nysed.gov/stac/electronic\\_data\\_transfer\\_options/online\\_instructions/guide\\_GoAnywhere.pdf](http://www.cms.nysed.gov/stac/electronic_data_transfer_options/online_instructions/guide_GoAnywhere.pdf)

It is the Authorizing Official's responsibility to monitor and ensure that only appropriate users have access to confidential student information on the STAC FTP site. Please utilize this form to remove access as necessary.

*Access to files placed on the STAC FTP site will comply with the requirements of the Federal Family Educational Rights and Privacy Act (20USC §1232-g) and 8NYCRR §200.2(b)(6)*

Return to:  
 New York State Education Department  
 STAC and Medicaid Unit  
 89 Washington Avenue – RM 514 West EB  
 Albany, NY 12234  
 Attention: Andrew Kitzrow,  
 Adam Lenhardt,  
 Kelly Mason

- For students educated by other school districts, and for students selected for additional review, it will be necessary to submit additional documentation to the STAC and Medicaid Unit.
- The best, most reliable way to submit this additional documentation is electronically via the GoAnywhere secure file transfer system.
- The form to register for the GoAnywhere system is available on the STAC Unit website.
- The STAC-3 mailing is now available via GoAnywhere, and other reports including Approved Payment Reports (APRs) will be transitioning soon.



# 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:

- GoAnywhere is 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



# 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:

- **SCHOOL-AGE** (ages 5-21)  
[http://www.oms.nysed.gov/stac/listserv/listserv\\_schoolage\\_registration.html](http://www.oms.nysed.gov/stac/listserv/listserv_schoolage_registration.html)
- **PRESCHOOL** (ages 3-5)  
[http://www.oms.nysed.gov/stac/listserv/listserv\\_provider\\_registration.html](http://www.oms.nysed.gov/stac/listserv/listserv_provider_registration.html)
- **PROVIDER** (SED-Approved Education Providers)  
[http://www.oms.nysed.gov/stac/listserv/listserv\\_provider\\_registration.html](http://www.oms.nysed.gov/stac/listserv/listserv_provider_registration.html)
- **MEDICAID IN EDUCATION (P/SSHSP)**  
[http://www.oms.nysed.gov/medicaid/listserv\\_registration.html](http://www.oms.nysed.gov/medicaid/listserv_registration.html)

## To Subscribe to the School-Age ListServ:

- To begin a subscription, please send an e-mail message to [LISTSERV@LISTSERV.NYSED.GOV](mailto:LISTSERV@LISTSERV.NYSED.GOV)
- The **body** of the message must read:  
**SUBSCRIBE STACSCHAGE 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 [STACSCHAGE@LISTSERV.NYSED.GOV](mailto:STACSCHAGE@LISTSERV.NYSED.GOV).

## 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 [LISTSERV@LISTSERV.NYSED.GOV](mailto:LISTSERV@LISTSERV.NYSED.GOV)
- The **body** of the message must read:  
**SIGNOFF STACSCHAGE GLOBAL**



# STAC AND MEDICAID UNIT SCHOOL AGE CONTACTS

STAC & Medicaid Unit

518-474-7116

General STAC Unit e-mail address:

[OMSSTAC@NYSED.GOV](mailto:OMSSTAC@NYSED.GOV)

*School Age Payment Issues:*

- Ed Truax

518-486-2293

*School Age STAC Reimbursement Approvals:*

- Adam Lenhardt
- Kelly Mason
- Andrew Kitzrow
- Tom Hitchcock

518-473-7124

518-402-5218

518-486-1681

518-474-3412

