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

DCPUB Quick Reference Guide

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

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	(1/5th of $150,000)
Fringe Benefits	+ 10,000	(1/5th 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:** Aid for current year is based on prior year's enrollment and cost
  - **Example:** 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 <u>may not be claimed</u> on STAC for High Cost aid.

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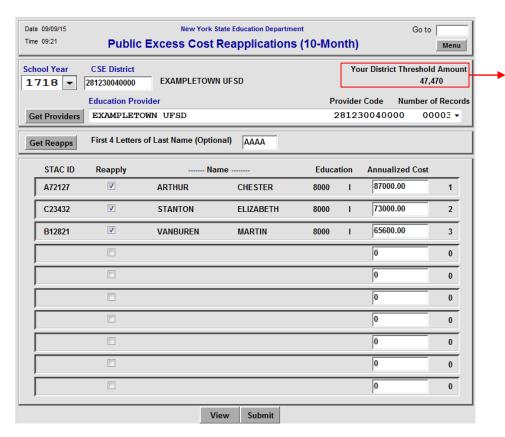## ONLINE PROCESSING OF 10-MONTH HIGH COST STAC APPROVALS

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

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

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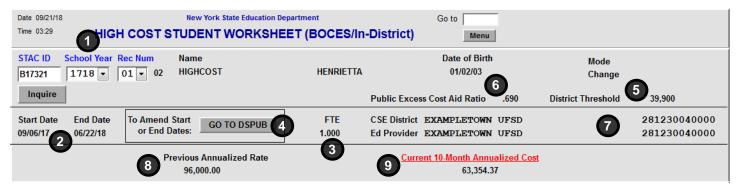
DCPUB Screen

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

1. **STAC ID**, **School Year**, and **Rec Num**
   The student's STAC ID and the school year and record number of the DSPUB approval.

2. **Start Date** and **End Date**
   Taken directly from DSPUB. To change, update on DSPUB.

3. **FTE**
   Full Time Equivalent, from DSPUB.

4. **The Go to DSPUB button**
   Takes the user to DSPUB to amend start and end dates.

5. **District Threshold**
   The minimum 10-month annualized cost that will generate High Cost Aid

6. **Public Excess Cost Aid Ratio**
   Ratio is used in the calculation of Public Excess Cost Aid.

7. **CSE District** and **Ed Provider**
   CSE school district and the education provider, taken directly from DSPUB.

8. **Previous Annualized Rate**
   If the 10-Month Annualized Cost has changed, the previous value is displayed here. This will update whenever this screen is submitted.

9. **Current 10-Month Annualized Cost**
   Before 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

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**
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 [19]		(Spec. Ed Teachers/Classrooms Aides) Total Salaries [20]	Total Fringe [21]	Teacher Work Day (Exclude Lunch) Length in Mins: [22]	Group Size* [23]	Sessions Per Cycle [24]	Sessions Length: (Mins) [25]	Frequency [26]	Total Child Cost [27]
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
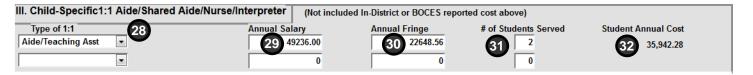The length of the cycle specified on the student's IEP. The Sessions Per Cycle repeats on this interval:
- Daily Cycle
- 4-Day Cycle
- Weekly Cycle
- 6-Day Cycle

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-Specific1:1 Aide/Shared Aide/Nurse/Interpreter	(Not included In-District or BOCES reported cost above)			
Type of 1:1	**Annual Salary**	**Annual Fringe**	**# of Students Served**	**Student Annual Cost**
Aide/Teaching Asst	49236.00	22648.56	2	35,942.28
	0	0	0	

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

**Actual number of sessions cannot exceed the number of sessions specified on IEP.

If more than six, enter total annual cost by type of remaining services:
(and provide explanation in comments)

(BOCES Extra) (41) 0   (District) (42) 0   (Other Provider) (43) 0

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

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

35. Length of Sessions (Mins)
Enter number of minutes per session for service.
Should not exceed IEP.

36. Total Cost Per Session
Enter total cost per session for service for all students.

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

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

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

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

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

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

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

V. The Other Child Specific Costs Section

V. Other Child Specific Costs	Cost Category **44**	Additional Information **45**	Total Other Child-Specific Costs
	ASSISTIVE TECHNOLOGY ▾	FM System	**46** 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:	**District Contact Information**
Comments: Student is hard of hearing; FM system communicates with hearing aid	Contact Name District Senior Clerk Typist **48**
Comments: **47**	E-mail Address District.Typist@exampletown.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

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

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)
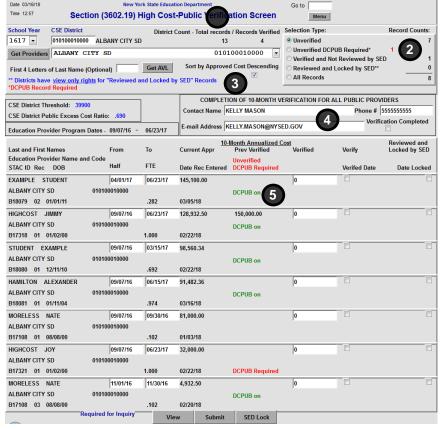- Enter "61" in the box to the right of "Scale"

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

FOR 2016-17 FORWARD:

1. 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.

2. There is a new selection type, "Unverified DCPUB Required*" that allows districts to zero in on the in-district records that require a DCPUB.

3. The ability to sort the list of records in descending order by approved cost has been made available to districts.

4. 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.

5. 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		Cost Billed By BOCES	/	FTE Enrollment =	10-Month Annualized Cost
	Start	End				
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)	
-	$39,900	Deduction Amount **	**(2017-18 PUB Line 5)**
	$40,100	Annualized Excess Cost	
x	0.600	Student FTE	
	$24,060	Aidable Excess Cost	
x	0.690	Public Excess Cost Aid Ratio	**(2017-18 PUB Line 4)**
	$16,601.40	**High Cost Apportionment Aid**	

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

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

- 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

– PRESCHOOL (ages 3-5)
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

– MEDICAID IN EDUCATION (P/SSHSP)
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

- 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.

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

- 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

School Age Payment Issues:

*   Ed Truax

518-486-2293

School Age STAC Reimbursement Approvals:

*   Adam Lenhardt

518-473-7124

*   Kelly Mason

518-402-5218

*   Andrew Kitzrow

518-486-1681

*   Tom Hitchcock

518-474-3412