



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

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

02/06/2019

Outline of Slide Show

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Section A. Overview



10-MONTH PUBLIC HIGH COST

1. DSPUB: STAC REIMBURSEMENT APPROVAL—Step A

- File STAC for each special education student in a public placement whose 10-Month Annualized Costs for IEP-mandated services exceed the district threshold

2. DCPUB/DCPOD: STAC HIGH COST WORKSHEET—Step B

- Complete the DCPUB worksheet for all in-district placements where the final cost needs to be calculated, where the record is flagged as “DCPUB Required”, or per SED notification
- Complete the DCPUB worksheet for all BOCES placements where the student received additional services not included on the year-end final cost reports.
- Complete the DCPOD worksheet for all “other district” placements.

3. DV PUB: STAC EDUCATION VERIFICATION—Step C

- Verify actual dates and 10-Month Annualized Costs for prior year enrollment
 - 17/18 In-District opened in September, 17/18 Other District and BOCES open February 15.
 - 16/17 In-District, Other District, and BOCES open again for prior year funding until 06/30/2019.



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	(1/5 th of \$150,000)
Fringe Benefits	+ 10,000	(1/5 th 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. The 17/18 school year will close out for STACing and verification 06/30/20. However, to receive “current year” funding 06/30/19 is the STACing 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 may not be claimed on STAC for High Cost aid.



DSPUB Screen

ONLINE PROCESSING OF 10-MONTH HIGH COST STAC APPROVALS

Date 02/04/19		New York State Education Department		Go to <input type="text"/>	
Time 12:57		High Cost - Public (3602.19)		<input type="button" value="Menu"/>	
STAC ID	Name	Date of Birth	Mode		
B18826	HIGHCOST HEATHER	H 01/02/09	Change		
School Year	Record Number	Disability	1		
1718	01 02	Multiple Disabilities	<input type="button" value="GO TO DCPUB/DCPOD"/>		
CSE District	281230040000	EXAMPLETOWN CSD	2	NEED DCPUB	
District of Residence	EXAMPLETOWN UFSD				
Agency to be Paid	EXAMPLETOWN UFSD				
Education	Provider	NASSAU BOCES	289000000000		
Get ED Programs	8000I 10-MONTH HIGH COST 05-21 09/06/17-06/22/18 DAY				
Student Enrollment	Enrolled Full Year (Sept-June)				
Start Date	End Date	FTE	10-Month Annualized Cost	Actual Cost	(SED use only)
09/06/17	06/22/18	1.000	138159.00	138159.00	1/2 Placement <input type="checkbox"/>
					DCPUB Required <input checked="" type="checkbox"/>
Variance <input type="checkbox"/>	Ent 02/04/19	STAC	Upd 02/04/19	STAC	User ALENHARD
<input type="button" value="Required for Inquiry"/>	<input type="button" value="Inquire"/>	<input type="button" value="Add"/>	<input type="button" value="Change"/>		

MAKE SURE TO NOTE:

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

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.



Section B. Timeline for High Cost Public Claiming



High Cost Public Timeline

Month	Task/Milestone
September	September 1: DCPUB High Cost Worksheet Available for Prior Enrollment Year In-District Placements
	Early September: Prior Year In-District Placements Open for Verification
October	Mid-October: Have Prior Year In-District Placements Entered (and, where possible, Verified) for Executive Budget Aid Projections Have Prior Year "Other District" and BOCES Placement Estimates Entered for Executive Budget Aid Projections Have Current Year In-District, "Other District", and BOCES Placement Approvals Entered for Executive Budget Aid Projections
January	Mid-January: Have Prior Year In-District Placements Verified for Legislative Budget Aid Projections Have Prior Year "Other District" and BOCES Placement Approvals Entered for Legislative Budget Aid Projections Have Current Year In-District, "Other District", and BOCES Placement Approvals Entered for Legislative Budget Aid Projections
February	Mid-February: DCPOD High Cost Worksheet Available for "Other District" Placements DCPUB High Cost Worksheet Available for BOCES Placements BOCES and "Other District" Placements Open for Verification
April	Mid-April: Have Prior Year In-District, "Other District", and BOCES Placements Verified (to minimize chance of non-payment if issues are identified during review)
June	June 30: Statutory Deadline to Verify Prior Year In-District, "Other District", and BOCES Placements (to receive current year funding) Statutory Deadline to Verify In-District, "Other District", and BOCES Placements from Two Years Prior (to qualify for prior year funding)

Other District and BOCES Verification
for 2017-18 Enrollment will open **February 15, 2019.**



Section C. DCPUB High Cost Worksheet (In-District/BOCES)



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		New York State Education Department		Go to <input type="text"/>	
Time 03:29		1 HIGH COST STUDENT WORKSHEET (BOCES/In-District)		<input type="button" value="Menu"/>	
STAC ID	School Year	Rec Num	Name	Date of Birth	Mode Change
B17321	1718	01 02	HIGHCOST HENRIETTA	01/02/03	
<input type="button" value="Inquire"/>		Public Excess Cost Aid Ratio .690		District Threshold 5 39,900	
Start Date	End Date	To Amend Start or End Dates:	<input type="button" value="GO TO DSPUB"/> 4	FTE	CSE District
09/06/17 2	06/22/18			1.000	EXAMPLETOWN UFSD 7
		Ed Provider		EXAMPLETOWN UFSD	
		Previous Annualized Rate 8 96,000.00		Current 10-Month Annualized Cost 9 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

I. BOCES	BOCES 10-Month Annualized Cost (from Year-End Final Cost Report)	<input type="text" value="0"/> 10	If all of the student's costs are included in this amount, proceed directly to the bottom of the screen and submit.
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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. 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	12	Actual Students in Class	13	Special Ed Teachers	14	Classroom Salaries:	15	Classroom Aides/T.A.s	16	17	Total Cost of Special Classroom:
	0 : 0 + 0		0		0		0		0			0

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. 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-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	
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	** 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	38	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 46
	ASSISTIVE TECHNOLOGY	FM System	1082.00

Primarily to be used for reporting one-time/non-recurring costs, and only 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@examplestown.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 DV PUB)	56
52	In-District Subtotal	10981.69			SED Changes:
53	1:1/Shared Aide Subtotal	35942.28			
54	Related Services Subtotal	15348.40		High Cost Aid Available	
55	Other Child-Specific Costs Subtotal	1082.00			

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 DV PUB. Verify this amount on DV PUB.

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
Time 03:29 HIGH COST STUDENT WORKSHEET (BOCES/In-District)

Go to

STAC ID School Year Rec Num Name HIGHCOST HENRIETTA Date of Birth 01/02/03 Mode Change

Inquire Public Excess Cost Aid Ratio .000 District Threshold 39,900

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

Previous Annualized Rate 96,000.00 Current 18 Month Annualized Cost 63,354.37

I. BOCES BOCES 18 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/Teach + Para 0 | 0 + 0 Actual Students in Class 0 Classroom Salaries: 0 Classroom Fringe Benefits: 0 Special Ed Teachers 0 Classroom Aides/T.A.s 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	Total Fringe	Teacher Work Day (Exclude Lunch) Length in Min:	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	27235.84	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: 19981.69

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
	4926.00	2268.56	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	Session Cost 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) 0 (District) 0 (Other Provider) 0

V. Other Child Specific Costs

Cost Category	Additional Information	Total Other Child-Specific Costs
ASSISTIVE 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 18 Month Annualized Cost (Verify this amount on DSPUB)	19981.69	35942.28	15348.40	1082.00	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.



Section D. DCPOD High Cost Worksheet (Other District)



DCPOD Screen

NEW FOR 17/18 ENROLLMENT YEAR!

This screen serves two purposes for “Other District” placements:

1. It provides a standard method for reporting and breaking down costs for students educated by another district, where the other district billed using actual costs.
2. It provides information about Actual Nonresident Tuition Report (NRT) rates for students educated by another district, where the other district billed using the NRT rate.



The top section of the DCPOD Screen

Date 02/04/19		New York State Education Department		Go to <input type="text"/>		(For non-resident placements)		
Time 01:24		1 HIGH COST STUDENT WORKSHEET (Other District)						<input type="button" value="Menu"/>
STAC ID	School Year	Rec Num	Name	Date of Birth	Mode	Change		
B18827	1718	01 02	OTHERDISTRICT OLIVIA	O 12/11/10				
<input type="button" value="Inquire"/>	Set browser to 57% to print as single page			5 Public Excess Cost Aid Ratio	.690	6 District Threshold	39,900	
Start Date	End Date	To Amend Start or End Dates:	<input type="button" value="GO TO DSPUB"/>	4 FTE	CSE District	Ed Provider	7	
09/06/17	06/22/18			1.000	EXAMPLETOWN UFSD	COMMACK UFSD	281230040000 580410030000	
8	Previous Annualized Rate		3	9 Current 10-Month Annualized Cost				
	48,000.00			159,409.65				

- 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
- Public Excess Cost Aid Ratio**
Ratio is used in the calculation of Public Excess Cost Aid.
- District Threshold**
The minimum 10-month annualized cost that will generate High 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 DCPOD submitted, this is the amount entered on DSPUB. After DCPOD submitted, this is the 10-Month Annualized Cost calculated by the worksheet.



I. The NRT Section

I. NRT		
<input type="radio"/> Non Resident Tuition (NRT) Rate (Full Day K-6 Student with Disabilities) 10 74445	<input type="radio"/> Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities) 11 85035	<input checked="" type="radio"/> Other Educating District Billed Using Actual Costs (Provide Cost Breakdown Below) 12

10. Non Resident Tuition (NRT) Rate (Full Day K-6 Student with Disabilities)

If the student is within the age range for grades kindergarten through sixth grade and the non-resident district has billed using the Non Resident Tuition Rate, select this option.

11. Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities)

If the student is within the age range for seventh grade through twelfth grade and the non-resident district has billed using the Non Resident Tuition Rate, select this option.

12. Other Educating District Billed Using Actual Costs (Provide Cost Breakdown Below)

If the non-resident district has billed using actual costs, select this option and fill out the remaining sections of the screen.

NOTE: If the other educating district has billed using the NRT rate, the aid available for services provided by the other educating district is capped at the NRT rate!



II. The Special Education Classrooms Section

II. Special Ed Classrooms		IEP Ratio: Stud:Teach + Para	Total Placement Cost	Actual Students in Class	Total Child Cost	Excluded Cost List General Education Costs; CSE Admin Costs; Evaluations; Building Costs; Select Services; Substitute Teachers; Transportation; Field Trips; Classroom Equipment; Classroom Software/Technology; Class Supplies/Materials/Textbooks; Admin Costs (Superintendents, Business Office, PPS, Guidance etc.); Clerical Costs (Front Office, Account Clerks, Secretaries, etc.); & ANY other services not on IEP
Placement Type 13	14 8 : 1 + 1	15 142170.15	16 6	17 23695.03		
SPECIAL CLASS	0 : 0 + 0	0	0			
	0 : 0 + 0	0	0			
	0 : 0 + 0	0	0			
	0 : 0 + 0	0	0			
*Special education students only Additional Special Education Classroom Costs (Explain in Comments):		18 0	Classroom Cost for this Child: 23695.03			

13. Placement Type

The type of period-based special education placement the student is in, per the IEP

14. IEP Ratio: Stud:Teach + Para

The ratio of students to teachers and paraprofessionals. This should match the student's IEP.

15. Total Placement Cost

The total cost of the special education classroom, less excluded costs.

16. Actual Students in Class

The number of special education students in the classroom. If the non-resident district has billed on a per student basis, and the number of students in the class has not been provided, enter a group size of 1 and explain in the comments.

17. Total Child Cost

The total cost of the special education classroom attributable to this student. This calculated field does not permit data entry.

18. Additional Special Education Classroom Costs

For use if the student has more than four special education classroom placements. Enter as a lump sum and provide a breakdown in the comments.



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 19	Provider Type 20	Total Cost 21	# of Students Served 22	Student Annual Cost 23
Aide/Teaching Asst	Non-Resident District	68092.50	1	68,092.50
		0	0	

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

19. Type of 1:1

Indicate type: Aide/Teaching Asst, LPN, RN, or Interpreter.

20. Provider Type

Indicate where this student aide, nurse, or interpreter is provided by the non-resident district, the CSE district, a BOCES, or some other provider.

21. Total Cost

Enter billed amount, or salary and value of fringe benefits if provided by CSE district. Annualize if student's FTE is less than 1.

22. # of Students Served

Enter the number of students assigned during the time period covered by IEP. If assigned solely to this student (1:1), enter 1 in this field.

23. Student Annual Cost

Student Annual Cost = Total Cost / # 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)		(As indicated on IEP)			
Service Type	Provider Type	Total Amount Billed Per Student	IEP Session Length (Mins)	Provided to:	Actual # of Sessions Billed	Session Cost Per Child	
Speech/Language Therapy	Non-Resident District	10429.38	30	<input checked="" type="radio"/> Individual <input type="radio"/> Group	117	89.14	
Speech/Language Therapy	Non-Resident District	1390.74	30	<input type="radio"/> Individual <input checked="" type="radio"/> Group	78	17.83	
Teacher for the Deaf	BOCES Extra	54720.00	360	<input checked="" type="radio"/> Individual <input type="radio"/> Group	180	304.00	
		0	0	<input checked="" type="radio"/> Individual <input type="radio"/> Group	0		
		0	0	<input checked="" type="radio"/> Individual <input type="radio"/> Group	0		
		0	0	<input checked="" type="radio"/> Individual <input type="radio"/> Group	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)

(Non-Resident District)	(BOCES Extra)	(CSE District)	(Other Provider)
0	0	0	0

24. Service Type

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

25. Provider Type

Indicate whether service was provided by the non-resident district, the CSE district, a BOCES, or some other provider.

26. Total Amount Billed Per Student

Enter the billed amount for the service.

27. IEP Session Length (Mins)

Enter the session length in minutes, as specified on the student's IEP.

28. Provided to Individual / Group

Indicate whether the service was provided to the student individually, or as part of a group. Should match the student's IEP.

29. Actual # of Sessions Billed

Enter the actual number of sessions billed for this student. **Cannot** exceed the IEP.

30. Session Cost Per Child

Total Amount Billed For/Per Student, divided by the Actual # of Sessions Billed. A calculated field that does not permit data entry.

31. Non-Resident District

If more than six related services, enter total cost of any additional services provided by the non-resident district not included above. Explain in comments.

32. 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.

33. CSE District

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

34. Other Provider

If more than six related services, enter total cost of any additional services provided by some other provider. Explain in comments.



V. The Other Child Specific Costs Section

V. Other Child Specific Costs	Cost Category 35	Additional Information 36	Total Other Child-Specific Costs 37
Provided by CSE District Only	ASSISTIVE TECHNOLOGY	FM System	1082.00

Primarily to be used for reporting one-time/non-recurring costs **not** claimed in sections I through IV.

35. Cost Category

Select type of cost from dropdown. If not listed, or if more than one cost, select "OTHER -- Explain in Comments".

36. Additional Information

Provide additional detail on cost.

37. 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 39
Comments:	38	E-mail Address	District.Typist@examplestown.k12.ny.us 40
Enter	02/04/19	STAC	Update
User		Phone#	5181235555 41 (Ex: 5181235555 - 10 digits)
DISTUSER			

To be used to provide additional clarification and explanation, and to provide contact information in case there are questions.

38. 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.

39. Contact Name

Name of the person who can answer questions about this High Cost Student Worksheet (DCPOD) submission for the STAC and Medicaid Unit. Required field. The DCPOD screen will retain the information from the previous DCPOD submitted.

40. E-mail Address

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

41. Phone#

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



The Summary Section

Required for Inquiry	Inquire	ADD	Change	SED use only:	<input type="checkbox"/> Lock Record
42 Non Resident Tuition				SED Changes:	47
43 Special Classrooms Subtotal	23695.03				
44 1:1/Shared Aide Subtotal	68092.50				
45 Related Services Subtotal	66540.12				
46 Other Child-Specific Costs Subtotal	1082.00				
			48 Total 10-Month Annualized Cost (Verify this amount on DV PUB)		
			49 High Cost Aid Available		

42. Non Resident Tuition

The non-resident tuition rate, if selected in section I.

43. Special Classrooms Subtotal

Calculated Classroom Cost for this student from section II.

44. 1:1/Shared Aide Subtotal

Sum of the two calculated Student Annual Cost values from section III.

45. Related Services Subtotal

Sum of the calculated Total Child Cost values for 6 services, plus 4 lump sum fields, from section IV.

46. Other Child-Specific Costs Subtotal

Total Other Child-Specific Costs from section V.

47. "SED use only" Section

Used by SED staff to note adjustments resulting from review.

48. Total 10-Month Annualized Cost

Sum of the five subtotals on left. A calculated value that will update both DSPUB and DV PUB. Verify this amount on DV PUB.

49. 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	\$159,409.65
- District Threshold	5	\$39,900.00
Annualized Excess Cost		\$119,509.65
x FTE	3	1.000
Aidable Excess Cost		\$119,509.65
x Public Excess Cost Aid Ratio	6	0.690
High Cost Aid Available		\$82,461.65



Date: 02/04/19 New York State Education Department Go to: (For non-resident placements)

Time: 01:24

HIGH COST STUDENT WORKSHEET (Other District)

STAC ID: 117129 School Year: 01 Rec Num: 02 Name: OLIVIA O Date of Birth: 12/19/10 Mode Change

Inquire [Set browser to 57% to print as single page](#) Public Cost Aid Ratio: .690 District Threshold: 39,900

Start Date: 09/06/17 End Date: 06/22/18 To Amend Start or End Dates: [GO TO DSPUB](#) FTE: 1.000 CSE District: EXAMPLETOWN UFSD Ed Provider: COMACK UFSD 281230040000 580410030000

Previous Annualized Rate: 48,000.00 Current 10 Month Annualized Cost: 159,409.65

I. NRT Non Resident Tuition (NRT) Rate (Full Day K-6 Student with Disabilities): 7445 Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities): 8535 Education District Billed Using Actual Costs (Provide Cost Breakdown Below)

For Remaining Sections: If FTE is less than 1.000, divide actual cost by FTE to annualize. Upload Invoices/Cost Breakdowns to GoAnywhere

II. Special Ed Classrooms

Placement Type	IEP Ratio: Stud:Teach + Para	Total Placement Cost	Actual Students in Class	Total Child Cost	Excluded Cost List
SPECIAL CLASS	0 : 1 + 1	142170.15	6	23695.03	General Education Costs; CSE Admin Costs; Evaluations; Building Costs; Select Services; Substitute Teachers; Transportation; Field Trips; Classroom Equipment; Classroom Software/Technology; Class Supplies/Materials/Textbooks; Admin Costs (Superintendents, Business Office, PP's, Guidance, etc.); Clerical Costs (Front Office, Account Clerks, Secretaries, etc.); & ANY other services not on IEP
	0 : 0 + 0	0	0	0	
	0 : 0 + 0	0	0	0	
	0 : 0 + 0	0	0	0	

*Special education students only Additional Special Education Classroom Costs (Explain in Comments): 0 Classroom Cost for this Child: 23695.03

III. Child-Specific:1 Aide/Shared Aide/Nurse/Interpreter

(Not included in District or BOCES reported cost above)

Type of 1:1	Provider Type	Total Cost	# of Students Served	Student Annual Cost
Aide/Teaching Asst	Non-Resident District	6892.50	1	68,925.50
		0	0	0

IV. Related/Other Services

(Not included in reported cost above) (As indicated on IEP)

Service Type	Provider Type	Total Amount Billed Per Student	IEP Session Length (Mins)	Provided to:	Actual # of Sessions Billed	Session Cost Per Child
Speech/Language Therapy	Non-Resident District	10429.38	30	Individual Group	117	89.14
Speech/Language Therapy	Non-Resident District	1390.74	30	Individual Group	78	17.83
Teacher for the Deaf	BOCES Extra	54720.00	360	Individual Group	180	304.00
		0	0	Individual Group	0	0
		0	0	Individual Group	0	0
		0	0	Individual Group	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)

(Non-Resident District)	(BOCES Extra)	(District)	(Other Provider)
0	0	0	0

V. Other Child Specific Costs

Cost Category	Additional Information	Total Other Child-Specific Costs
ASST:SPV:TECHNOLOGY	FM System	1082.00

If you entered additional Related Services or Other Child-Specific costs, please explain below:

Comments: Student is hard of hearing; FM system communicates with hearing aid

District Contact Information

Contact Name: District Senior Clerk Typist
E-mail Address: District.Typist@exampletown.k12.ny.us
Phone# 5181235555 (Ex: 5181235555 - 10 digit)

Enter: 02/04/19 STAC Update User: DISTUSER

Required for Inquiry: Inquire ADD Change

Item	Amount	Notes
Non Resident Tuition	23695.03	Total 10 Month Annualized Cost
Special Classrooms Subtotal	23695.03	(Verify this amount on DSPUB)
1:1/Shared Aide Subtotal	6892.50	159,409.65
Related Services Subtotal	66540.12	High Cost Aid Available
Other Child-Specific Costs Subtotal	1082.00	82,461.65

SED use only: Lock Record

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.



Section E. High Cost Public Verification



DVPUB Screen (High Cost claiming)

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

Date: 02/04/19
Time: 04:18
New York State Education Department
Section (3602.19) High Cost-Public Verification Screen

Go to:
Menu

School Year: CSE District
1718 | 281230040000 | EXAMPLETOWN UFSD | District Count - Total records / Records Verified: 21 / 6

Get Providers: All Providers - SED Internal Use Only

First 4 Letters of Last Name (Optional): Get AVL | Sort by Approved Cost Descending

** Districts have view_only rights for "Reviewed and Locked by SED" Records
*DCPUB/DCPOD Record Required

Selection Type: Record Counts:
 Unverified: 21
 Unverified DCPUB/DCPOD Required*: 2
 Verified and Not Reviewed by SED: 6
 Reviewed and Locked by SED: 0
 All Records: 27

CSE District Threshold: 39900
CSE District Public Excess Cost Ratio: .690

Education Provider Program Dates - 09/06/17 - 06/22/18

COMPLETION OF 10-MONTH VERIFICATION FOR ALL PUBLIC PROVIDERS

Contact Name: Phone #:
E-mail Address: Verification Completed:

Last and First Names Education Provider Name and Code STAC ID Rec DOB	From Half	To FTE	Current Appr Date Rec Entered	10-Month Annualized Cost		Reviewed and Locked by SED
				Prev Verified Unverified DCPUB/DCPOD Required	Verified Verify Verified Date Date Locked	
ARTHUR CHESTER EXAMPLETOWN UFSD 281230040000	09/06/17	06/22/18	146,078.10	0	<input type="checkbox"/>	<input type="checkbox"/>
A72127 02 10/05/09		1.000	02/04/19	DCPUB Required		
BLY NELLIE EXAMPLETOWN UFSD 281230040000	09/06/17	06/22/18	40,692.00	0	<input type="checkbox"/>	<input type="checkbox"/>
936639 02 05/05/04		1.000	02/04/19	DCPUB Required		
DEWEY THOMAS EXAMPLETOWN UFSD 281230040000	09/06/17	06/22/18	71,727.59	0	<input type="checkbox"/>	<input type="checkbox"/>
904409 01 03/24/02		1.000	02/04/19			
HIGHCOST HEATHER CAPITAL REGION BOCES 049000000000	09/06/17	06/22/18	138,159.00	0	<input type="checkbox"/>	<input type="checkbox"/>
B18826 01 01/02/09		1.000	02/04/19			
HIGHCOST HENRIETTA EXAMPLETOWN UFSD 281230040000	09/06/17	06/22/18	63,354.37	63354.37	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B17321 01 01/02/00		1.000	09/21/18	DCPUB on	10/18/18	
OTHERDISTRICT OLIVIA COMMACK UFSD 580410030000	09/06/17	06/22/18	159,409.65	0	<input type="checkbox"/>	<input type="checkbox"/>
B18827 01 12/11/10		1.000	02/04/19	DCPOD on		
STANTON ELIZABETH EXAMPLETOWN UFSD 281230040000	09/06/17	06/22/18	61,542.63	0	<input type="checkbox"/>	<input type="checkbox"/>
C23432 02 11/12/05		1.000	02/04/19			

Required for Inquiry | View | Submit | SED Lock

MAKE SURE TO NOTE:

- 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/DCPOD Required**" that allows districts to zero in on the in-district records that require a DCPUB or DCPOD.
- 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 or DCPOD record and which records need one before they can be verified.



Section F. GoAnywhere and Personally Identifiable Information (PII)



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



Section G. Conclusion



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
- Kelly Mason
- Andrew Kitzrow
- Tom Hitchcock

518-473-7124

518-402-5218

518-486-1681

518-474-3412

