10-Month Public High Cost STAC Claiming for the 2018-19 Enrollment Year

STAC Homepage:  http://www.oms.nysed.gov/stac/
10-MONTH PUBLIC HIGH COST

1. STAC REIMBURSEMENT APPROVAL
   • Districts file STACs on students whose 10-Month rates exceed district threshold
     – Listed as “Deduction” on line 5 of the Public Excess Cost Aid Output (PUB) report
     – Also listed on DCPUB, DCPOD, and DVPUB screens

2. HIGH COST WORKSHEET (DCPUB SCREEN FOR IN-DISTRICT PLACEMENTS)
   • Districts complete high cost worksheet to calculate actual 10-month annualized cost for placements.

3. EDUCATION VERIFICATION
   • Online verification for In-District, Other-District, and BOCES placements for prior year enrollment
     – October 2019: In-District
     – December 2019: “Other District” (anticipated)
     – February 2020: BOCES (anticipated)
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


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);
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.
13. "Adult Support" and "Adult Supervision" 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.

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

**Additional guidelines for inclusion or exclusion of services**

1. Aides, nurses, and interpreters must be excluded unless the student's IEP clearly defines the type, staffing ratio, frequency, and duration.
2. Services provided after the regular school day must be excluded unless the student's IEP clearly defines what special education services are being provided, whether the services are provided individually or in a small group setting, and the duration of each of those services. Districts should avoid vague descriptions on IEPs such as:
   - “Extended School Day” or “Extended School Hours”
   - “Home-Based Services” or “Home Instruction”
3. Recreation therapy must be excluded unless the student's IEP clearly defines what specific treatments are being provided, staffing ratio, frequency, and duration of those services, and the narrative outlines how the recreation therapy is furthering the student's educational needs.
10-MONTH PUBLIC HIGH COST—“STAC FACTS”

- **Statute of Limitations:** Two years. School year 2018-19 will close out for STACing and verification 06/30/21. However, to receive “current year” funding 06/30/20 is the STACing and verification deadline.

- **State Aid:**
  - **Example:** Aid for current year is based on prior year’s enrollment and cost. For the 19/20 school year, public excess cost aid is received based on the 18/19 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

1. “Go to DCPUB/DCPOD” 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.
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

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. IEP Ratio: Stud:Teach + Para</td>
<td>Ratio of students to special education teachers and paraprofessionals of the student’s primary classroom, per the IEP.</td>
</tr>
<tr>
<td>12. Actual Students in Class</td>
<td>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.</td>
</tr>
<tr>
<td>13. Special Ed Teachers – Classroom Salaries</td>
<td>Enter the percentage of the teacher’s salary directly related to classroom special education instruction, plus class prep. See note below.*</td>
</tr>
<tr>
<td>14. Special Ed Teachers – Fringe Benefits</td>
<td>Enter the percentage of the teacher’s salary directly related to classroom special education instruction, plus class prep. See note below.*</td>
</tr>
<tr>
<td>15. Classroom Aides/T.A.s – Classroom Salaries</td>
<td>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.</td>
</tr>
<tr>
<td>16. Classroom Aides/T.A.s – Fringe Benefits</td>
<td>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.</td>
</tr>
<tr>
<td>17. Total Cost of Special Classroom</td>
<td>Total cost for all students in the special education classroom. A calculated field that does not permit data entry.</td>
</tr>
<tr>
<td>18. Classroom Cost for this Student</td>
<td>Total Cost of Special Classroom / Actual Students in Class. A calculated field that does not permit data entry.</td>
</tr>
</tbody>
</table>

* 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

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>Total Salaries</th>
<th>Total Fringe</th>
<th>Length in Mins</th>
<th>Group Size</th>
<th>Sessions Per Cycle</th>
<th>Sessions Length (Mins)</th>
<th>Frequency</th>
<th>Total Child Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO-TEACH MATH</td>
<td>7240.00</td>
<td>18120.80</td>
<td>390</td>
<td>5</td>
<td>1</td>
<td>40</td>
<td>Daily Cycle</td>
<td>1858.4f</td>
</tr>
<tr>
<td>CO-TEACH ENGLISH LA</td>
<td>59404.00</td>
<td>14851.84</td>
<td>390</td>
<td>5</td>
<td>1</td>
<td>40</td>
<td>Daily Cycle</td>
<td>1523.19</td>
</tr>
<tr>
<td>CO-TEACH SOCIAL STUDIES</td>
<td>33395.50</td>
<td>8348.75</td>
<td>195</td>
<td>4</td>
<td>2</td>
<td>40</td>
<td>4-Day Cycle</td>
<td>1070.36</td>
</tr>
<tr>
<td>Consultant Teacher Services</td>
<td>71580.00</td>
<td>17895.80</td>
<td>390</td>
<td>5</td>
<td>4</td>
<td>40</td>
<td>6-Day Cycle</td>
<td>1223.84</td>
</tr>
<tr>
<td>Resource Room</td>
<td>49648.67</td>
<td>12412.17</td>
<td>240</td>
<td>1</td>
<td>1</td>
<td>30</td>
<td>Weekly Cycle</td>
<td>1723.73</td>
</tr>
<tr>
<td>Adaptive Phys Ed</td>
<td>65236.00</td>
<td>16309.56</td>
<td>390</td>
<td>3</td>
<td>3</td>
<td>30</td>
<td>Weekly Cycle</td>
<td>1393.80</td>
</tr>
</tbody>
</table>

*Special education students only Additional Special Education Classroom Costs (Explain in Comments): 0

**Placement Cost for this Child:** 8793.39

### Notes:
- **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.
  - **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

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

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider Type</th>
<th>Length of Sessions (Mins)</th>
<th>Total Cost Per Session</th>
<th>Group Size</th>
<th>Session Cost Per Child</th>
<th>Actual Sessions</th>
<th>Total Child Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech/Language Therapy</td>
<td>BOCES Extra</td>
<td>30</td>
<td>64.32</td>
<td>1</td>
<td>64.32</td>
<td>80</td>
<td>5145.60</td>
</tr>
<tr>
<td>Speech/Language Therapy</td>
<td>BOCES Extra</td>
<td>30</td>
<td>128.64</td>
<td>3</td>
<td>42.88</td>
<td>120</td>
<td>5145.60</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>BOCES Extra</td>
<td>30</td>
<td>54.43</td>
<td>1</td>
<td>54.43</td>
<td>40</td>
<td>2177.20</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>District</td>
<td>30</td>
<td>36.00</td>
<td>1</td>
<td>36.00</td>
<td>80</td>
<td>2880.00</td>
</tr>
</tbody>
</table>

**Notes:**
- **Actual number of sessions cannot exceed the number of sessions specified on IEP.**
- If more than six related services, enter total annual cost by type of remaining services:
  - **BOCES Extra**
    - Calculate and enter total cost of any additional services provided by BOCES not included above. Explain in comments.
  - **District**
    - Calculate and enter total cost of any additional services provided by district not included above. Explain in comments.
  - **Other Provider**
    - Enter total cost of any additional services provided by an outside provider. Explain in comments.

**Fields:**
- **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.
V. The Other Child Specific Costs Section

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

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.
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:

\[
\text{High Cost Aid Available} = \frac{\text{Total 10-Month Annualized Cost} - \text{District Threshold}}{\text{Aidable Excess Cost}} \times \text{Public Excess Cost Aid Ratio}.
\]

\[
\text{Total 10-Month Annualized Cost} = 55,996.57
\]

\[
\text{District Threshold} = 41,667.00
\]

\[
\text{Annualized Excess Cost} = 14,329.57
\]

\[
\text{FTE} = 1.000
\]

\[
\text{Aidable Excess Cost} = 14,329.57
\]

\[
\text{Public Excess Cost Aid Ratio} = 0.700
\]

\[
\text{High Cost Aid Available} = 10,030.69
\]
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

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

<table>
<thead>
<tr>
<th>Public Excess Cost Aid Ratio (PUB Line 4)</th>
<th>Enrollment Dates</th>
<th>Cost Billed By BOCES</th>
<th>FTE Enrollment</th>
<th>10-Month Annualized Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>70.0%</td>
<td>9/7/18 to 2/24/19</td>
<td>$48,000</td>
<td>0.600</td>
<td>$80,000</td>
</tr>
</tbody>
</table>

#### 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**
  
- $40,100 Annualized Excess Cost
  
- $24,060 Aidable Excess Cost
  
- $16,601.40 High Cost Apportionment Aid

**Deduction Amount = 3 x Approved Operating Expense Per Pupil**
Authorization Form for Access to the SED File Transfer Manager (FTM) 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 SED File Transfer Manager (FTM).
- The form to register for the SED FTM is available on the STAC Unit website.
- The STAC-3 mailing, Approved Payment Reports (APRs), and the Public and Private backup reportings are all made available to districts via the SED FTM.

**COMING SOON:**
- School districts will be able to submit High Cost Worksheets to the SED File Transfer Manager in large batch files using a text file layout.

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**Authorization Form for Access to the SED File Transfer Manager (FTM)**

The SED File Transfer Manager (FTM) 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 enter at least one active year agreement with the SED FTM. School districts and counties must utilize the SED FTM in order to submit bulk special education reimbursement data to the NYS EDU Unit.

### Applicant Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name</td>
<td>[Agency Name]</td>
</tr>
<tr>
<td>Applicant Address</td>
<td>[Address]</td>
</tr>
<tr>
<td>From Date to Date</td>
<td>[Date to Date]</td>
</tr>
</tbody>
</table>

Once the STAC Unit has received the completed and signed form, an email notification will be sent to the email address listed on the Applicant Information section above. The email notification will contain a personalized link to register in the SED File Transfer Manager. A copy of the “SED File Transfer Manager (FTM) User Guide” is available on the STAC Unit website: [http://www.sends.ny.gov/stac/home/das_admin/parity/instructional.stac/STAC-FM.pdf](http://www.sends.ny.gov/stac/home/das_admin/parity/instructional.stac/STAC-FM.pdf)

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

A user of files uploaded to the SED FTM will comply with the requirements of the Federal Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g) and NYS RL (18A:38-38).

**Return to:**

New York State Education Department
STAC and Medicaid Unit
89 Washington Avenue, Annex B-16
Albany, NY 12234
Attention: Andrew Klimow.
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:
- The SED File Transfer Manager is the most secure method for transmitting documentation with PII.
- Fax during business hours and advise recipient when will be sent.
- Emails with PII other than STAC ID need to be encrypted with password sent separately.
- Paper documents sent US Mail 1st class/priority, or other service with tracking (e.g., UPS, FedEx, DHL).
- When using the STAC Online (EFRT) System and SED FTM, 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