



# **10-Month Public High Cost In-District STAC Claiming for the 2020-21 Enrollment Year**

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

September 23, 2021

# Outline

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- Section E - High Cost Public Verification
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& Utilizing the SED File Transfer Manager
- Section G - Conclusion



# Section A. Overview



# What Makes High Cost Public Different?

- For 10-month private and Summer 4408 programs, the Rate Setting Unit establishes an approved tuition rate. The approved cost is calculated automatically in the STAC Online (EFRT) System based on the selected program and entered program dates.
- For High Cost Public placements, a school district submits a 10-Month Annualized Cost.



# 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)
- **Committee on Special Education (CSE):** A team, including a child's parents, that identifies, evaluates, classifies, and creates an IEP for children over the age of 5, suspected of having an educational disability.



# What makes a Public Placement High Cost?

- A public placement is considered “high cost” if the total eligible 10-month special education costs exceed the school district’s threshold.
  - The school district’s threshold is exceeded if the student costs more than three times the district average
  - District average: School district’s Approved Operating Expense divided by the school district’s total number of aidable pupils.
- If a student only attends for part of the program, the costs should be “annualized” as if the student had attended for all 10 months when determining whether the placement meets the threshold.



# **10-MONTH PUBLIC HIGH COST SCREENS**

## **DSPUB: STAC REIMBURSEMENT APPROVAL**

### **FIRST STEP**

- School district files a STAC for each special education student in a public placement whose 10-Month Annualized Cost is anticipated to exceed the District Threshold
- The 10-Month Annualized Cost and service dates entered on DSPUB are initial estimates.
- Reapplications processed on DRPUB



## 10-MONTH PUBLIC HIGH COST SCREENS

# DCPUB: STAC HIGH COST WORKSHEET

### SECOND STEP

- Provides a breakdown of costs for each special education service
- School district completes a DCPUB worksheet for all in-district placements whenever:
  - the actual 10-Month Annualized Cost needs to be calculated (offline version prior to verification or online version during verification)
  - the record is flagged as “DCPUB Required”
  - requested by the STAC/Medicaid Unit



**Down the Road** BOCES and “Other District” verification will open at a later date. School districts only complete the DCPUB screen for students educated by a BOCES if the student had additional costs not reported on the BOCES year-end final cost report. The DCPOD screen will be required for all “other district” placements.





# 10-MONTH PUBLIC HIGH COST SCREENS

## DVPUB: STAC EDUCATION VERIFICATION

### THIRD STEP

- School district verifies actual dates and 10-Month Annualized Costs for prior year enrollment
  - 2021 In-District opened September 22, 2021
  - 2021 “Other District” will open December 2021 or January 2022
  - 2021 BOCES will open February or March 2022
  - 1920 In-District, Other District, and BOCES open again for prior year funding until 06/30/2022
- Only claims verified by school district on DVPUB that have been locked by SED are included in August payment



# Resources for Calculating High Cost STACs

- Calculating 10-Month “Annualized Cost” Education Rates for Students with Disabilities Educated in a District-Operated Program  
[http://www.oms.nysed.gov/stac/schoolage/avl-payment\\_reports\\_and\\_chargebacks/annualized\\_cost\\_calculation.html](http://www.oms.nysed.gov/stac/schoolage/avl-payment_reports_and_chargebacks/annualized_cost_calculation.html)
- DCPUB Quick Reference Guide  
[http://www.oms.nysed.gov/stac/stac\\_online\\_system/online\\_instructions/guide\\_DCPUB.html](http://www.oms.nysed.gov/stac/stac_online_system/online_instructions/guide_DCPUB.html)
- DVPUB Online Instruction Guide:  
[http://www.oms.nysed.gov/stac/stac\\_online\\_system/online\\_instructions/guide\\_DVPUB.pdf](http://www.oms.nysed.gov/stac/stac_online_system/online_instructions/guide_DVPUB.pdf)



# In-District Student 10 Month Annualized Cost Calculation 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. For the 30 weeks the student was enrolled, the special education teacher and classroom aide had combined salaries and fringes of \$112,500 and \$37,500. John also received \$4,500 in related services, and his IEP required an assistive-technology device costing \$2,500.

Salary	\$ 22,500	(1/5 <sup>th</sup> of \$112,500)
Fringe Benefits	+ 7,500	(1/5 <sup>th</sup> of \$37,500)
Related Services	+ 4,500	
Actual Cost Before Assistive Tech.	\$ 34,500	
Divided by FTE Enrollment	÷ 0.750	(30 weeks/40 weeks)
Annualized Cost Before Assist. Tech	\$ 46,000	
Assistive Technology Device	+ 2,500	
10-Month Annualized Cost	\$48,500	



# Important Reimbursement Facts

- **Statute of Limitations:**

Two years. The 2020-21 enrollment school year will close out for STACing and verification on 06/30/23. However, to receive “current year” funding 06/30/22 is the STACing and verification deadline

- **State Aid:**

Aid for current year is based on prior year’s enrollment and cost

- **Example:** 2021-22 public excess cost aid is received based on verified STAC approvals for the 2020-21 enrollment year

## Payment Procedures:

Percentage	Paid In	Based On
up to 25%	December	approval data
additional 45%	March	approval data
additional 15%	June	approval data
additional 15%	August	verified data
remaining balance (if any)	September	verified data



### Did You Know?

There is currently a lengthy backlog for “prior year” – approximately two decades! Make sure to meet the “current year” funding deadline for timely reimbursement.



# Section B. COVID Update



# COVID Update: September 2021

## The Good News:

- More students returned to in-classroom learning
- Regular verification windows restored for 2020-21 enrollment after significant delays for 2019-20 verification.

## The Bad News:

- Delivery impacts to many students' special education services continued
- Updated guidance for student-specific support personnel still in effect
  - Aides
  - Nurses
  - Interpreters
- Continue to expect the unexpected when it comes to this pandemic



# COVID Impacts on Aides/Nurses

- Pursuant to a NYS Division of the Budget directive, costs for student-specific aides, nurses, and interpreters are not eligible for excess cost aid for periods where the student was not provided either in-person or remote services consistent with the student's IEP for the 19/20 and 20/21 enrollment years.
- If the student did not receive student-specific aide/nurse/interpreter services during school closures or remote learning periods, the costs should reflect this in Section III of the DCPUB or DCPOD High Cost Worksheet.
- If billed for the entire school year, use the Aide Percentage Calculation Worksheet to determine the percentage by which the costs should be prorated:

[http://www.oms.nysed.gov/stac/forms/aide\\_percentage\\_worksheet.pdf](http://www.oms.nysed.gov/stac/forms/aide_percentage_worksheet.pdf)



# Claiming for Partial Year

- If a student's services were reduced or scaled back as a result of the COVID-19 pandemic, the cost for the 10-month period may no longer exceed the school district's threshold.
- If the cost of student's services would have otherwise exceeded the threshold, the school district may be able to meet the requirements for reimbursement by only claiming for the period prior to closure of schools and/or transition to remote learning.
- If so, the end date on the DSPUB record should be cut back to the last day services were provided normally prior to school closures or transitions to remote learning. On the DCPUB or DCPOD, all of the components should be annualized:
  - Annualize costs in Sections I through III
  - Annualize number of sessions in Section IV
  - Do not annualize Section V





# Section C. DSPUB or DRPUB Reimbursement Approval



# DSPUB Screen

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

Date 09/10/21 Time 01:24 New York State Education Department  
High Cost - Public (3602.19) Go to DQCLD Menu

STAC ID Name Date of Birth Mode  
H13579 HIGHCOST HENRIETTA 01/25/01 Inquiry

School Year Record Number Disability  
2021 02 01 Inquire Intellectual Disability GO TO DCPUB/DCPOD

CSE District 281230040000 EXAMPLETOWN UFSD **2 NEED DCPUB**

District of Residence EXAMPLETOWN UFSD

Agency to be Paid EXAMPLETOWN UFSD

Education Provider EXAMPLETOWN UFSD 281230040000

Get ED Programs 8000I 10-MONTH HIGH COST 05-21 09/09/20-06/24/21 DAY

Student Enrollment Enrolled Full Year (Sept-June)

Start Date End Date FTE 10-Month Annualized Cost Actual Cost  
09/09/20 06/24/21 1.000 70000.00 70000.00

(SED use only)  
1/2 Placement ☐  
Multi Services ☐  
DCPUB/DCPOD Required ☒

Variance ☐ Ent 07/02/21 DIST Upd User DISTRICT

Required for Inquiry Inquire Add Change

### MAKE SURE TO NOTE:

1. **“Go to DCPUB/DCPOD”** button. This is a button that will take you to the 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 High Cost Worksheet screen must be filled out and submitted, this label will appear. Once the High Cost Worksheet has been submitted, a green **“DCPUB on”** label will be displayed instead.



**Down the Road** Similar DCPOD warnings will appear for “Other District” claims.



# DRPUB Screen

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

Date 09/10/21 Time 01:53 New York State Education Department

Go to  Menu

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

School Year  CSE District  EXAMPLETOWN UFSD

Your District Threshold Amount

Education Provider  Provider Code  Number of Records

Get Providers

Get Reapps First 4 Letters of Last Name (Optional)

STAC ID	Reapply	Name	Education	Annualized Cost
A11428	<input type="checkbox"/>	ARTHUR CHESTER	8000 I	87000.00 1
D34794	<input type="checkbox"/>	STANTON ELIZABETH	8000 I	73000.00 0
F26698	<input type="checkbox"/>	VANBUREN MARTIN	8000 I	65600.00 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
	<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 reapplied for the new school year.

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



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



# DCPUB Screen

This screen serves two purposes for In-District placements:

1. It provides an efficient and secure method for school districts to report a breakdown of the student's component costs to the STAC/Medicaid Unit.
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.



## Down the Road

This screen should only be completed for students educated by BOCES if the student has additional costs that are not included on the BOCES Year-End Final Cost Report.



# The top section of the DCPUB Screen

Date 09/10/21 Time 01:45 New York State Education Department

Go to  Menu

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

STAC ID	School Year	Rec Num	Name	Date of Birth	Mode
H13579	2021	02 01	HIGHCOST	01/25/01	Add
Inquire			Set browser to 57% to print as single page		
			Other Health Impairment	6	
			Public Excess Cost Aid Ratio	.711	District Threshold 5 62,778
Start Date	End Date	To Amend Start or End Dates:	GO TO DSPUB 4	FTE	CSE District
09/09/20	06/24/21			1.000	EXAMPLETOWN UFSD
			Ed Provider	EXAMPLETOWN UFSD	7 281230040000
			8 Previous Annualized Rate	3	9 Current 10-Month Annualized Cost
					70,000.00

- 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)  10

If all of the student's costs are included in this amount, proceed directly to the bottom of the screen and submit.

### 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

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

#### 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:  $\$80,000 \times (6/7) = \$65,714.33$ ; Fringe:  $\$34,000 \times (6/7) = \$29,142.86$



## II-B. The InDistrict Classroom - Period-Based

SECTION II-B. Period-Based Special Education Placements										
Placement Type <b>19</b>	(Spec. Ed Teachers/Classrooms Aides) Total Salaries <b>20</b>	Total Fringe <b>21</b>	Teacher Work Day (Exclude Lunch) Length in Mins: <b>22</b>	Group Size* <b>23</b>	Sessions Per Cycle <b>24</b>	Sessions Length: (Mins) <b>25</b>	Frequency <b>26</b>	Total Child Cost <b>27</b>		
SPECIAL CLASS	107141.00	49334.00	360	8	1	42	Daily Cycle	2281.92		
CO-TEACH MATH	136488.00	.01	360	10	1	42	Daily Cycle	1592.36		
CO-TEACH ENGLISH LA	139325.00	.01	360	10	1	42	Daily Cycle	1625.45		
CO-TEACH SCIENCE	151734.00	.01	360	8	1	42	Daily Cycle	2212.78		
CO-TEACH SOCIAL STUDIES	130155.00	.01	360	2	1	42	Daily Cycle	7592.37		
Resource Room	148262.00	.01	360	1	3	42	6-Day Cycle	8650.34		
*Special education students only			Additional Special Education Classroom Costs (Explain in Comments): 0			Placement Cost for this Child:		23955.22		

### 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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">28</span>	49236.00 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">29</span>	12309.56 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">30</span>	2 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">31</span>	30,772.78 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">32</span>
	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. Related/Other Services

(Not included in reported cost above)

Service Type <b>33</b>	Provider Type <b>34</b>	Length of Sessions (Mins) <b>35</b>	Total Cost Per Session <b>36</b>	Group Size <b>37</b>	Session Cost Per Child <b>38</b>	** Actual Sessions <b>39</b>	Total Child Cost <b>40</b>
Speech/Language Therapy	Other Provider	30	64.32	1	64.32	80	5145.60
Speech/Language Therapy	Other Provider	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

-

## V. The Other Child Specific Costs Section

V. Other Child Specific Costs	Cost Category <b>44</b>	Additional Information <b>45</b>	Total Other Child-Specific Costs
	ASSISTIVE TECHNOLOGY ▼	FM System	<b>46</b> 1082.00

Primarily to be used for reporting one-time/non-recurring costs, 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:				<b>District Contact Information</b>	
Comments:	Student is hard of hearing; FM system transmits directly to hearing aid.			Contact Name	District User <b>48</b>
Comments:	<b>47</b>			E-mail Address	District.User@example town.k12.ny.us <b>49</b>
Enter	09/13/21	STAC	Update	User	ALENHARD
				Phone#	5161234567 <b>50</b> (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
51	BOCES Subtotal			
52	In-District Subtotal	23955.22		
53	1:1/Shared Aide Subtotal	30772.78		
54	Related Services Subtotal	15348.40		
55	Other Child-Specific Costs Subtotal	1082.00		
		Total 10-Month Annualized Cost (Verify this amount on DV PUB)		57
		Estimated High Cost Aid Available		58

**SED use only:** 56 ☐ Lock Record  
 SED Changes: 56  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 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	\$71,158.40
- District Threshold	5	\$62,778.00
Annualized Excess Cost		\$ 8,380.40
x FTE	3	1.000
Aidable Excess Cost		\$ 8,380.40
x Public Excess Cost Aid Ratio	6	0.711
High Cost Aid Available		\$ 5,958.46



Date: 09/10/21 New York State Education Department Go to:

Time: 01:45 HIGH COST STUDENT WORKSHEET (BOCES/In-District) Menu

STAC ID: H13578 School Year: 2021 Rsc Num: 02 Rsc: 01 Name: HENRIETTA Date of Birth: 09/25/01 Mode: Change

Inquire Set browser to 57% to print as single page

Start Date: 09/09/20 End Date: 06/24/21 To Amend Start or End Dates: GO TO DSPUB FTE: 1.000 CSE District: EDKAMPLETOWN UFPSD Ed Provider: EDKAMPLETOWN UFPSD Public Excess Cost Aid Ratio: .711 District Threshold: 62,778

Previous Annualized Rate: 70,000.00 Current 10 Month Annualized Cost: 71,158.40

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

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

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

REP Ratio: 0.0 Stud:Teach + Para: 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

SECTION II-B. Period-Based Special Education Placements (Spec. Ed Teachers/Classroom Aides)

Placement Type	Total Salaries	Total Fringe	Teacher Work Day Length in Mins	Group Size	Sessions Per Cycle	Sessions Length (Mins)	Frequency	Total Child Cost
SPECIAL CLASS	107141.00	49334.00	360	8	1	42	Daily Cycle	2281.92
CO-TEACH MATH	136488.00	.01	360	10	1	42	Daily Cycle	1592.36
CO-TEACH ENGLISH LA	139325.00	.01	360	10	1	42	Daily Cycle	1625.45
CO-TEACH SCIENCE	151734.00	.01	360	8	1	42	Daily Cycle	2212.78
CO-TEACH SOCIAL STUDIES	130155.00	.01	360	2	1	42	Daily Cycle	7592.37
Resource Room	146262.00	.01	360	1	3	42	6-Day Cycle	8650.34

\*Special education students only Additional Special Education Classroom Costs (Explain in Comments): 0 Placement Cost for this Child: 23955.22

III. Child-Specific: 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 Assistant	49236.80	12369.56	2	30,772.78
	0	0	0	

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

Service Type	Provider Type	Length of Sessions (Mins)	Total Cost Per Session	Group Size	Sessions Per Child	** Actual Sessions	Total Child Cost
Speech/Language Therapy	Other Provider	30	64.32	1	64.32	80	5145.60
Speech/Language Therapy	Other Provider	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	1	0	0	

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

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

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:

Comments: Student is hard of hearing; FM system transmits directly to hearing aid.

Comments: District Contact Information

Contact Name: District User

E-mail Address: District.User@exampletown.k12.ny.us

Phone: 5161234567 (Ex: 516123555 - 10 digits)

Enter 09/13/21 STAC Update User ALENHARD

Required for Inquiry Inquire ADD Change

BOCES Subtotal: 23955.22 Total 10-Month Annualized Cost: 71,158.40

In-District Subtotal: 30772.78 Verify this amount on DSPUB

1:1/Shared Aide Subtotal: 15348.40 Estimated High Cost Aid Available: 5,958.46

Related Services Subtotal: 1082.00

Other Child-Specific Costs Subtotal: 1082.00

SED use only: ☐ Lock Record

SED Changes:

## To print the DCPUB 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 09/20/21 Time 09:15 New York State Education Department Section (3602.19) High Cost-Public Verification Screen

Go to

Menu

School Year: 2021 CSE District: 281230040000 EXAMPLETOWN UFSD District Count - Total records / Records Verified: 27 / 0

Get Providers: EXAMPLETOWN UFSD 281230040000

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: ☒ Unverified ☐ Unverified DCPUB/DCPOD Required\* ☐ Verified and Not Reviewed by SED ☐ Reviewed and Locked by SED\*\* ☐ All Records

Record Counts: 0 0 0 5

CSE District Threshold: 62778 CSE District Public Excess Cost Ratio: .711

Education Provider Program Dates - 09/09/20 - 06/24/21

COMPLETION OF 10-MONTH VERIFICATION FOR ALL PUBLIC PROVIDERS

Contact Name:  Phone #:  Verification Completed ☐

E-mail Address:

Last and First Names	From	To	Current Appr	10-Month Annualized Cost	Prev Verified	Verified	Verify	Reviewed and Locked by SED
Education Provider Name and Code	Half	FTE	Date Rec Entered	Unverified DCPUB/DCPOD Required	Unverified DCPUB/DCPOD Required	Verified Date	Date Locked	
ARTHUR CHESTER EXAMPLETOWN UFSD H19220 01 10/05/09	09/08/20	06/24/21	91,102.40	0	<input type="checkbox"/>	<input type="checkbox"/>		
BLY NELLIE EXAMPLETOWN UFSD I00593 02 05/05/04	09/09/20	06/24/21	93,845.13	0	<input type="checkbox"/>	<input type="checkbox"/>		
DEWEY THOMAS EXAMPLETOWN UFSD D29342 01 03/24/02	09/09/20	06/24/21	63,277.10	0	<input type="checkbox"/>	<input type="checkbox"/>		
HIGHCOST HENRIETTA EXAMPLETOWN UFSD H13579 02 01/25/01	09/09/20	06/24/21	48,762.43	0	<input type="checkbox"/>	<input type="checkbox"/>		
ROCKEFELLER NELSON EXAMPLETOWN UFSD G62863 02 07/08/13	09/09/20	06/24/21	44,731.10	0	<input type="checkbox"/>	<input type="checkbox"/>		

### MAKE SURE TO NOTE:

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. The "Unverified DCPUB/DCPOD Required\*" allows school districts to quickly identify the records for district-educated students that require a DCPUB or DCPOD high cost worksheet.
3. Sort the list of records in descending order by approved cost to prioritize the claims that will generate the most State reimbursement.
4. When verifying your last claim, please check the "Verification Completed" box and enter contact information before clicking "Submit".
5. This label will identify which records already have a DCPUB or DCPOD record. If the student was educated in-district, it will also identify the records that need DCPUBs before they can be verified.



**Down the Road** BOCES will not be listed on dropdown until year-end reports are approved.





# Section F. Protecting Student Privacy & Utilizing the SED File Transfer Manager (FTM)



# Protecting Student Privacy

- Personally Identifiable Information (PII) on individual students is protected under state and federal law.
- 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 (FTM) is most secure method for transmitting documentation with personally identifiable student information
- 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)
- STAC Online (EFRT) System and SED FTM: Make sure to 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



# SED File Transfer Manager (FTM)

STAC-603      The University of the State of New York  
THE STATE EDUCATION DEPARTMENT      Rev. 04/2019

**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 have at least one active user registered with the *SED FTM*. School districts and counties must utilize the *SED FTM* in order to submit bulk special education reimbursement data to the NYSED STAC Unit.

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

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

Once the STAC Unit has received the completed and signed form, an email invitation will be sent to the email address listed in the Applicant Information section above. The email invitation will contain a personalized link to register in the *SED File Transfer Manager*. A copy of the "*SED File Transfer Manager (FTM) Web User Guide*" is available on the STAC Unit website:  
[http://www.cms.nySED.gov/stac/electronic\\_data\\_transfer/options/online\\_instructions/guide\\_SEDFTM.pdf](http://www.cms.nySED.gov/stac/electronic_data_transfer/options/online_instructions/guide_SEDFTM.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.

*Access to files uploaded to the SED FTM will comply with the requirements of the Federal Family Educational Rights and Privacy Act (20USC § 1232-g) and 8NYCRR § 200.26(b)(6).*

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

- 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/Medicaid Unit.
- This additional documentation should be submitted electronically via the SED File Transfer Manager.
- The form to register for the SED FTM is available on the STAC Unit website.
- The reports generated by the STAC/Medicaid Unit are also available via SED FTM.



# 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](http://www.oms.nysed.gov/stac/listserv/listserv_schoolage_registration.html)
- Preschool (ages 3-5)  
[http://www.oms.nysed.gov/stac/listserv/listserv\\_provider\\_registration.html](http://www.oms.nysed.gov/stac/listserv/listserv_provider_registration.html)
- Provider (SED-Approved Education Providers)  
[http://www.oms.nysed.gov/stac/listserv/listserv\\_provider\\_registration.html](http://www.oms.nysed.gov/stac/listserv/listserv_provider_registration.html)
- Medicaid in Education (P/SSHSP)  
[http://www.oms.nysed.gov/medicaid/listserv\\_registration.html](http://www.oms.nysed.gov/medicaid/listserv_registration.html)

## To Subscribe to the School Age ListServ:

- To begin a subscription, please send an e-mail message to **[LISTSERV@LISTSERV.NYSED.GOV](mailto:LISTSERV@LISTSERV.NYSED.GOV)**
- The **body** of the message must read:  
**SUBSCRIBE STACSHAGE 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.
- Messages from LISTSERVs may be blocked by a spam filter or anti-virus program. Once you have subscribed, please notify your technical support staff that these notices with attachments will be coming from **[STACSHAGE@LISTSERV.NYSED.GOV](mailto:STACSHAGE@LISTSERV.NYSED.GOV)**.

## To Unsubscribe:

- If at any time you want to stop receiving announcements, you may be removed from the list by sending an email to **[LISTSERV@LISTSERV.NYSED.GOV](mailto:LISTSERV@LISTSERV.NYSED.GOV)**
- The **body** of the message must read:  
**SIGNOFF STACSHAGE GLOBAL**



# Contact the STAC/Medicaid Unit

- General Phone Number: 518-474-7116
- General STAC Unit E-mail Address: **OMSSTAC@NYSED.GOV**
- Individual E-mail Addresses: **[http://www.oms.nysed.gov/stac/contact\\_us/](http://www.oms.nysed.gov/stac/contact_us/)**
- Functional Directory: **[http://www.oms.nysed.gov/stac/contact\\_us/staff\\_assignments.html](http://www.oms.nysed.gov/stac/contact_us/staff_assignments.html)**

**Thank you for attending today's webinar!**

To request a copy of this presentation, email **OMSSTAC@nysed.gov**.

Questions and answers will be posted to the STAC Unit website along with a copy of this presentation in the near future.

