Guidance for Calculating 10-Month Annualized Costs for Other District Verifications:
A list of allowable costs for special education services which may be claimed for High Cost Aid and a list of other costs which may not be claimed can be found by clicking on the link below:
https://www.oms.nysed.gov/stac/schoolage/payments/annualized_cost_calculation.html

To print this screen on one page in Internet Explorer:
1. Alt+F to bring up the File menu.
2. Select the “Print preview…” option.
3. In the dropdown to the right of the Page View dropdown, select “Custom”.
4. In the percentage box, type “57”.

To print this screen on one page in Google Chrome:
1. Ctrl+P to bring up the Print panel.
2. Click the down arrow to the right of “More settings” (or the plus sign to left, depending on your version of Chrome).
3. 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.

The top section of the DCPOD Screen

Contains the information entered on the approval on DSPUB.

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

6. **District Threshold**
The minimum 10-month annualized cost that will generate High 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 DCPOD screen has been submitted, this is the amount entered on DSPUB. After the screen has been submitted, this is the amount calculated by the worksheet.
I. The NRT Section

This section is used to indicate whether the other educating district billed using an NRT rate or billed using actual costs.

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.

PLEASE 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

<table>
<thead>
<tr>
<th>Special Ed Classrooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement Type</td>
</tr>
<tr>
<td>SPECIAL CLASS</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

*Special education students only Additional Special Education Classroom Costs (Explain in Comments): 6 Classroom Cost for this Child: 19,036.00

Only to be used if the student is in a special education classroom within your district. If the student did not attend for the entire program period, enter the costs as if the student had attended for the whole year.

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.

PLEASE NOTE:
   Only special education services mandated by the student’s IEP are eligible for High Cost Public aid! Even if a cost doesn’t appear on the Excluded Cost List, it still may not be eligible for High Cost Public aid.
III. The Child-Specific 1:1 Aide/Shared Aide/Nurse/Interpreter Section

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 = (Annual Salary + Annual Fringe) / # of Students Served. A calculated field that does not permit data entry.

IV. The Related/Other Services Section

Services entered in this section cannot have been claimed in any of the sections above. You can enter up to six services in this section, with space to enter lump sum totals by provider type for any additional services.

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

31. **Non-Resident District, BOCES Extra, CSE District, and Other Provider**
   If more than six related services, calculate and enter total cost by provider type of any additional services not included above. Explain in comments.
V. The Other Child Specific Costs Section

Only to be used for non-recurring costs not claimed in sections I through IV.

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

33. Additional Information
Provide additional detail on cost.

The Comments Section

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

35. Comments
Use to provide explanations for anything that is unclear from the standardized fields above.

36. Contact Name
Name of the person who can answer questions about this High Cost Student Worksheet (DCPOD) submission for the STAC and Medicaid Unit.

37. E-mail Address
E-mail address for the person indicated in Contact Name field.

38. Phone#
Phone number for the person indicated in Contact Name field.

Once you have completed all of the sections, click the ADD button to submit. If updating an existing DCPOD worksheet, click Change to submit your changes.

The Summary Section

Will populate once screen has been submitted.

39. Non Resident Tuition
The non-resident tuition rate, if selected in section I.

40. Special Classrooms Subtotal
Calculated Classroom Cost for this Student from section II.

41. 1:1/Shared Aide Subtotal
Sum of the two calculated Student Annual Cost values from the section III.

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

43. Other Child-Specific Costs Subtotal
Total Other Child-Specific Costs from section V.

44. Total 10-Month Annualized Cost
Sum of the five subtotals on left. A calculated value that will update both DSPUB and DVPU.B. Verify this amount on DVPU.B.

45. 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.

46. “SED use only” Section
Used by SED staff to note adjustments resulting from review.
### HIGH COST STUDENT WORKSHEET (Other District)

**STAC ID:** 010627  
**Year:** 01  
**Term:** 02  
**Name:** OLIVIA  
**Date of Birth:** 12/11/10  
**Mode:** Change

#### I. NRT
- [ ] Non Resident Tuition (NRT) Rate (Full Day K-8 Student with Disabilities)
- [ ] Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities)
- [ ] Other Educating District Billed Using Actual Costs
  - (Provide Cost Breakdown Below)

**Previous Annualized Rate:** 48,000.00  
**Current 10 Month Annualized Cost:** 135,657.20

#### II. Special Ed Classrooms

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>IEP Ratio</th>
<th>Total Placement Cost</th>
<th>Actual Students</th>
<th>Total Child Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIAL CLASS</td>
<td>12 : 1</td>
<td>15448.00</td>
<td>8</td>
<td>19386.00</td>
</tr>
</tbody>
</table>

*Special education students only

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

**Classroom Cost for this Child:** 19386.00

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

<table>
<thead>
<tr>
<th>Type of 1:1</th>
<th>Provider Type</th>
<th>Total Cost</th>
<th># of Students Served</th>
<th>Student Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aide/Teaching Aide</td>
<td>Non-Resident District</td>
<td>55479.30</td>
<td>1</td>
<td>55,479.30</td>
</tr>
</tbody>
</table>

**Not included in District or BOCES reported cost above**

#### IV. Related/Other Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider Type</th>
<th>Total Amount Billed Per Student</th>
<th>IEP Session Length (Minutes)</th>
<th>Actual # of Sessions Billed</th>
<th>Session Cost Per Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech/Language Therapy</td>
<td>Non-Resident District</td>
<td>2948.80</td>
<td>30 Individual</td>
<td>40</td>
<td>72.97</td>
</tr>
<tr>
<td>Speech/Language Therapy</td>
<td>Non-Resident District</td>
<td>561.00</td>
<td>30 Individual</td>
<td>40</td>
<td>14.99</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Other Provider</td>
<td>1567.50</td>
<td>30 Individual</td>
<td>55</td>
<td>28.50</td>
</tr>
<tr>
<td>Teacher for the Deaf</td>
<td>BOCES Extra</td>
<td>54240.00</td>
<td>360 Individual</td>
<td>180</td>
<td>304.00</td>
</tr>
</tbody>
</table>

**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 service: (and provide explanation in comments)

- [ ] Non-Resident District
- [ ] BOCES Extra
- [ ] CSE District
- [ ] Other Provider

#### V. Other Child Specific Costs

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Additional Information</th>
<th>Total Other Child Specific Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided by CSE District Only</td>
<td>ASSISTIVE TECHNOLOGY</td>
<td>FM System</td>
</tr>
</tbody>
</table>

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

**Enter:** 12/09/19  
**STAC:** Update  
**User:** AKITZROW  
**Required for Inquiry:** Inquire  
**Add:** Change  

**Non Resident Tuition**  
**Special Classrooms Subtotal:** 19396.00  
**1:1 Shared Aide Subtotal:** 55479.30  
**Related Services Subtotal:** 56789.99  
**Other Child Specific Costs Subtotal:** 1082.00  
**High Cost Aid Available:** 65,783.14

**SED use only:** Lock Record  
**SED Changes:**

**District Contact Information**

- **Contact Name:** District Senior Clerk Typist  
- **E-mail Address:** District.Typist@exampltown.k12.ny.us  
- **Phone:** 5185555555 (Ex: 5181235555 - 10 digits)