



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

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

10/03/2019

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

<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);
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.

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	

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:
 - o "Extended School Day" or "Extended School Hours"
 - o "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:** Aid for current year is based on prior year’s enrollment and cost
 - **Example:** 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

Date: 10/01/19 Time: 12:51 New York State Education Department High Cost - Public (3602.19) Go to Menu

STAC ID	Name	Date of Birth	Mode Change
B17824	HIGHCOST HENRIETTA	01/02/00	
School Year	Record Number	Disability	
1819	01 02	Other Health Impairment	1 GO TO DCPUB/DCPO
CSE District	281230040000	EXAMPLETOWN UFSD	2 NEED DCPUB
District of Residence	EXAMPLETOWN UFSD		
Agency to be Paid	EXAMPLETOWN UFSD		
Education	Provider	281230040000	
Get ED Programs	8000I 10-MONTH HIGH COST 05-21 09/05/18-06/21/19 DAY		
Student Enrollment	Enrolled Full Year (Sept-June)		
Start Date	End Date	FTE	10-Month Annualized Cost
09/05/18	06/21/19	1.000	80000.00
			Actual Cost 80000.00
			(SED use only)
			1/2 Placement <input type="checkbox"/>
			Multi Services <input type="checkbox"/>
			DCPUB/DCPOD Required <input checked="" type="checkbox"/>
Variance <input type="checkbox"/>	Ent 09/30/19	DIST	Upd DIST User DISTRICT
Required for Inquiry	Inquire	Add	Change

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.



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: 1819 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.



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 10/01/19		New York State Education Department			Go to <input type="text"/>	
Time 01:05		1 HIGH COST STUDENT WORKSHEET (BOCES/In-District)				Menu
STAC ID	School Year	Rec Num	Name	Date of Birth	Mode Change	
B17321	1819	01 03	HIGHCOST	01/02/00		
Inquire		Set browser to 57% to print as single page			Other Health Impairment	6
					Public Excess Cost Aid Ratio	.700
					District Threshold	5 41,667
Start Date	End Date	To Amend Start or End Dates:	GO TO DSPUB	4	FTE	CSE District
09/05/18	06/21/19				1.000	ALBANY CITY SD
					Ed Provider	7 010100010000
						010100010000
		8 Previous Annualized Rate			3	9 Current 10-Month Annualized Cost
		80,000.00				55,996.57

- 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"/>	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. The InDistrict Classroom – Full Day Self-Contained

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

II. InDistrict Classroom - Totals		SECTION II-A. Full Day Self Contained Special Education Classroom			
IEP Ratio: Stud:Teach + Para	Actual Students in Class	Special Ed Teachers	Classroom Aides/T.A.s		
11 0: 0 + 0	12 0	13 Classroom Salaries: 0	15 Classroom Aides/T.A.s: 0	17 Total Cost of Special Classroom:	
		14 Classroom Fringe Benefits: 0	16 Classroom Aides/T.A.s: 0	18 Classroom Cost for this Child:	

11. IEP Ratio: Stud:Teach + Para

Ratio of students to special education teachers and paraprofessionals of the student's primary classroom, per the IEP.

12. Actual Students in Class

The number of special ed. students that were actually educated in the class. For partial day students, round up to the nearest whole number. Cannot exceed the stated classroom ratio on the IEP.

13. Special Ed Teachers – Classroom Salaries

Enter the percentage of the teacher's salary directly related to classroom special education instruction, plus class prep. See note below.*

14. Special Ed Teachers – Fringe Benefits

Enter the percentage of the teacher's salary directly related to classroom special education instruction, plus class prep. See note below.*

15. Classroom Aides/T.A.s – Classroom Salaries

Enter total salaries of classroom aides and T.A.s. If less than full-day, prorate accordingly. Do not include any aides assigned to specific students.

16. Classroom Aides/T.A.s – Fringe Benefits

Enter total value of the fringe benefits for classroom aides and T.A.s. If less than full-day, prorate accordingly. Do not include any aides assigned to specific students.

17. Total Cost of Special Classroom

Total cost for all students in the special education classroom. A calculated field that does not permit data entry.

18. Classroom Cost for this Student

Total Cost of Special Classroom / Actual Students in Class. A calculated field that does not permit data entry.

* NOTE: Example for 13 and 14: If a teacher has 5 instruction periods, plus 1 class preparation period, plus 1 administrative period per day, you would prorate the salary and fringe at 6/7ths of the total.
Salary: \$80,000 x (6/7) = \$65,571.43; Fringe: \$34,000 x (6/7) = \$29,142.86



II-B. The InDistrict Classroom - Period-Based

SECTION II-B. Period-Based Special Education Placements									
Placement Type 19	(Spec. Ed Teachers/Classroom 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	18120.80	390	5	1	40	Daily Cycle	1858.47	
CO-TEACH ENGLISH LA	59404.00	14851.84	390	5	1	40	Daily Cycle	1523.19	
CO-TEACH SOCIAL STUDIES	33395.50	8348.75	195	4	2	40	4-Day Cycle	1070.36	
Consultant Teacher Services	71580.00	17895.80	390	5	4	40	6-Day Cycle	1223.84	
Resource Room	49648.67	12412.17	240	1	1	30	Weekly Cycle	1723.73	
Adaptive Phys Ed	65236.00	16309.56	390	3	3	30	Weekly Cycle	1393.80	
*Special education students only Additional Special Education Classroom Costs (Explain in Comments): <input type="text" value="0"/>								Placement Cost for this Child:	8793.39

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	12309.56	2	30,772.78
	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	(District) 42	(Other Provider) 43
0	0	0

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 **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 transmits directly to hearing aid	Contact Name	District Senior Clerk Typist 48
Comments:	47	E-mail Address	District.Typist@examplestown.k12.ny.us 49
Enter	10/01/19	DIST	Update
User		DISTRICT	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
51 BOCES Subtotal			Total 10-Month Annualized Cost (Verify this amount on DV PUB) 57
52 In-District Subtotal	8793.39		55,996.57
53 1:1/Shared Aide Subtotal	30772.78		High Cost Aid Available 58
54 Related Services Subtotal	15348.40		10,030.69
55 Other Child-Specific Costs Subtotal	1082.00		

SED use only: **56** Lock Record

SED Changes:

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)	\$55,996.57
- District Threshold (5)	\$41,667.00
Annualized Excess Cost	\$14,329.57
x FTE (3)	1.000
Aidable Excess Cost	\$14,329.57
x Public Excess Cost Aid Ratio (6)	0.700
High Cost Aid Available	\$10,030.69



Date: 10/03/19 New York State Education Department
 Time: 01:55 HIGH COST STUDENT WORKSHEET (BOCES/In-District)

STAC ID: B17321 School Year: 1819 Rec Num: 01 of 03 Name: HIGHCOST HENRIETTA Date of Birth: 01/02/00 Mode Change

Other Health Impairment: Public Excess Cost Aid Ratio: .700 District Threshold: 41,667

Start Date: 09/05/18 End Date: 06/29/19 To Amend Start or End Dates: GO TO DSPUB FTE: 1.000 CSE District: ALBANY CITY SD Ed Provider: ALBANY CITY SD

Previous Annualized Rate: 80,000.00 Current 10 Month Annualized Cost: 55,996.57

I. BOCES: BOCES 10 Month Annualized Cost (from Year-End Final Cost Report): 0

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

IEP Ratio: Stud-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
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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	Session Length (Min)	Frequency	Total Child Cost
CO-TEACH MATH	72480.00 18120.80	390	5	1	40	Daily Cycle	1858.47
CO-TEACH ENGLISH LA	59484.00 14851.84	390	5	1	40	Daily Cycle	1523.19
CO-TEACH SOCIAL STUDIES	33395.50 8348.75	195	4	2	40	4 Day Cycle	1070.36
Consultant Teacher Services	71580.00 17895.80	390	5	4	40	6 Day Cycle	1223.84
Resource Room	49648.67 12412.17	240	1	1	30	Weekly Cycle	1723.73
AdapLive Phys Ed	65236.00 16309.56	390	3	3	30	Weekly Cycle	1393.88

Placement Cost for this Child: 8793.39

III. Child-Specific: 1 Aide/Nurse/Interpreter (Not included in District or BOCES reported cost above)

Type of 1:1 Aide/Teaching Asst	Annual Salary: 49236.00	Annual Fringe: 12309.56	# of Students Served: 2	Student Annual Cost: 30,772.78
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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

V. Other Child Specific Costs

Cost Category: ASSISTIVE TECHNOLOGY	Additional Information: FM System	Total Other Child Specific Costs: 1082.00
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VI. District Contact Information

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

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

Enter: 10/03/19 STAC: Update User: ALENHARD

Required for Inquiry: Inquire ADD Change

BOCES Subtotal	Total 10 Month Annualized Cost (Verify this amount on DSPUB)
In-District Subtotal	8793.39
1:1/Shared Aide Subtotal	30772.78
Related Services Subtotal	15348.40
Other Child-Specific Costs Subtotal	1082.00
	High Cost Aid Available
	55,996.57
	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

Date: 10/01/19
Time: 05:14
New York State Education Department
Section (3602.19) High Cost-Public Verification Screen

Go to:
Menu

School Year: CSE District
1819 | 010623060000 | EXAMPLETOWN UFSD | District Count - Total records / Records Verified: 76

Selection Type: Record Counts:
 Unverified 71
 Unverified DCPUB/DCPOD Required* 2
 Verified and Not Reviewed by SED 0
 Reviewed and Locked by SED** 0
 All Records 71

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

CSE District Threshold: 41667
CSE District Public Excess Cost Ratio: .700

Education Provider Program Dates - 09/05/18 - 06/21/19

COMPLETION OF 10-MONTH VERIFICATION FOR ALL PUBLIC PROVIDERS
 Contact Name: Phone #:
 E-mail Address: Verification Completed

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	STAC ID	Rec	DOB	Half	FTE	Date Rec Entered	Unverified DCPUB/DCPOD Required	Verified Date	Date Locked
ARTHUR CHESTER	EXAMPLETOWN UFSD	09/05/18	06/21/19	91,102.40	0	<input type="checkbox"/>			
EXAMPLETOWN UFSD	281230040000	1.000	01/09/19	DCPUB Required					
BLY NELLIE	EXAMPLETOWN UFSD	09/05/18	06/21/19	93,845.13	0	<input type="checkbox"/>			
EXAMPLETOWN UFSD	281230040000	1.000	02/25/19	DCPUB Required					
DEWEY THOMAS	EXAMPLETOWN UFSD	09/05/18	06/21/19	56,667.47	0	<input type="checkbox"/>			
EXAMPLETOWN UFSD	281230040000	1.000	01/04/19						
HIGHCOST HENRIETTA	EXAMPLETOWN UFSD	09/05/18	06/21/19	55,996.57	0	<input type="checkbox"/>			
EXAMPLETOWN UFSD	281230040000	1.000	01/04/19	DCPUB on					
ROCKEFELLER NELSON	EXAMPLETOWN UFSD	09/06/18	06/26/19	40,961.59	0	<input type="checkbox"/>			
EXAMPLETOWN UFSD	281230040000	1.000	01/10/19						
STANTON ELIZABETH	EXAMPLETOWN UFSD	09/05/18	06/21/19	54,778.04	0	<input type="checkbox"/>			
EXAMPLETOWN UFSD	281230040000	1.000	01/04/19						
VANBUREN MARTIN	EXAMPLETOWN UFSD	09/05/18	06/21/19	46,193.37	0	<input type="checkbox"/>			
EXAMPLETOWN UFSD	281230040000	1.000	01/07/19						

Required for Inquiry | View | Submit | SED Lock

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



Public High Cost Apportionment Aid Calculation Example

Public Excess Cost Aid Ratio (PUB Line 4)	Enrollment Dates <u>Start</u> <u>End</u>	Cost Billed By BOCES	FTE Enrollment	10-Month Annualized Cost
70.0%	9/7/18 2/24/19	\$48,000	0.600	\$80,000

High Cost Apportionment Aid Calculation

(Example: Student with an \$80,000 10-Month Annualized Cost who was enrolled for a 0.600 FTE)

\$80,000	Annualized Cost (\$48,000 BOCES Cost / 0.600 FTE Enrollment)	
- <u>\$39,900</u>	Deduction Amount **	(2019-20 PUB Line 5)
\$40,100	Annualized Excess Cost	
x <u>0.600</u>	Student FTE	
\$24,060	Aidable Excess Cost	
x <u>0.690</u>	Public Excess Cost Aid Ratio	(2019-20 PUB Line 4)
\$16,601.40	High Cost Apportionment Aid	

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



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

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"/> IPoces or PIC

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: () -
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.nysed.gov/stac/electronic_data_transfer/options/online_instructions/guide_SFDTM.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 NYCRR §200.2(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 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.



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
- Kelly Mason
- Andrew Kitzrow
- Tom Hitchcock

518-473-7124

518-402-5218

518-486-1681

518-474-3412

