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

• **Section A** - Overview
• **Section B** - COVID Update
• **Section C** - DSPUB or DRPUB Reimbursement Approval
• **Section D** - DCPUB High Cost Worksheet (In-District/BOCES)
• **Section E** - High Cost Public Verification
• **Section F** - Protecting Student Privacy & 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

• 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
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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>$22,500</td>
<td>$112,500 / 5</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>+ $7,500</td>
<td>$37,500 / 5</td>
</tr>
<tr>
<td>Related Services</td>
<td>+ $4,500</td>
<td></td>
</tr>
<tr>
<td>Actual Cost Before Assistive Tech.</td>
<td>$34,500</td>
<td>$22,500 + $7,500 + $4,500</td>
</tr>
<tr>
<td>Divided by FTE Enrollment</td>
<td>÷ 0.750</td>
<td>33 weeks / 40 weeks</td>
</tr>
<tr>
<td>Annualized Cost Before Assist. Tech.</td>
<td>$46,000</td>
<td>$34,500 / 0.750</td>
</tr>
<tr>
<td>Assistive Technology Device</td>
<td>+ $2,500</td>
<td></td>
</tr>
<tr>
<td>10-Month Annualized Cost</td>
<td></td>
<td>$48,500</td>
</tr>
</tbody>
</table>
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

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### Payment Procedures:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Paid In</th>
<th>Based On</th>
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</thead>
<tbody>
<tr>
<td>up to 25%</td>
<td>December</td>
<td>approval data</td>
</tr>
<tr>
<td>additional 45%</td>
<td>March</td>
<td>approval data</td>
</tr>
<tr>
<td>additional 15%</td>
<td>June</td>
<td>approval data</td>
</tr>
<tr>
<td>additional 15%</td>
<td>August</td>
<td>verified data</td>
</tr>
<tr>
<td>remaining balance</td>
<td>September</td>
<td>verified data</td>
</tr>
</tbody>
</table>

💡 **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

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.
**ONLINE PROCESSING OF 10-MONTH HIGH COST STAC REAPPLICATION APPROVALS**

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 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

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. InDistrict Classroom – Full Day Self-Contained

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</tbody>
</table>

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.

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* 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 × (6/7) = $65,571.43; Fringe: $34,000 × (6/7) = $29,142.86
### II-B. The InDistrict Classroom - Period-Based

#### SECTION II-B. Period-Based Special Education Placements

<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>SPECIAL CLASS</td>
<td>107141.00</td>
<td>48334.00</td>
<td>360</td>
<td>8</td>
<td>1</td>
<td>42</td>
<td>Daily Cycle</td>
<td>2281.92</td>
</tr>
<tr>
<td>Core-Teach Math</td>
<td>136486.00</td>
<td>.01</td>
<td>360</td>
<td>10</td>
<td>1</td>
<td>42</td>
<td>Daily Cycle</td>
<td>1592.36</td>
</tr>
<tr>
<td>Core-Teach English LA</td>
<td>139325.00</td>
<td>.01</td>
<td>360</td>
<td>10</td>
<td>1</td>
<td>42</td>
<td>Daily Cycle</td>
<td>1625.45</td>
</tr>
<tr>
<td>Core-Teach Science</td>
<td>151734.00</td>
<td>.01</td>
<td>360</td>
<td>8</td>
<td>1</td>
<td>42</td>
<td>Daily Cycle</td>
<td>2242.78</td>
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<tr>
<td>Core-Teach Social Studies</td>
<td>130155.00</td>
<td>.01</td>
<td>360</td>
<td>2</td>
<td>1</td>
<td>42</td>
<td>Daily Cycle</td>
<td>7592.37</td>
</tr>
<tr>
<td>Resource Room</td>
<td>148262.00</td>
<td>.01</td>
<td>360</td>
<td>1</td>
<td>3</td>
<td>42</td>
<td>6-Day Cycle</td>
<td>8650.34</td>
</tr>
</tbody>
</table>

*Special education students only

Additional Special Education Classroom Costs (Explain in Comments): 

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

<table>
<thead>
<tr>
<th>Type of 1:1</th>
<th>Annual Salary</th>
<th>Annual Fringe</th>
<th># of Students Served</th>
<th>Student Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aide/Teaching Asst</td>
<td>$49,236.00</td>
<td>$12,309.56</td>
<td>2</td>
<td>$30,772.78</td>
</tr>
</tbody>
</table>

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>Other Provider</td>
<td>30</td>
<td>64.32</td>
<td>1</td>
<td>64.32</td>
<td>80</td>
<td>5145.80</td>
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<tr>
<td>Speech/Language Therapy</td>
<td>Other Provider</td>
<td>30</td>
<td>128.64</td>
<td>3</td>
<td>42.88</td>
<td>120</td>
<td>5145.80</td>
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<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>

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

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

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

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:

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

   - Total 10-Month Annualized Cost $71,158.40
   - District Threshold $62,778.00
   - Annualized Excess Cost $8,380.40
   - FTE 1.000
   - Aidable Excess Cost $8,380.40
   - Public Excess Cost Aid Ratio 0.711
   - High Cost Aid Available $5,958.46
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
September 23, 2021

DVPUB Screen (High Cost claiming)

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

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.
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

• **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.
• 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 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 an email to LISTSERV@LISTSERV.NYSED.GOV
• The body of the message must read:
  SIGNOFF STACSCHAGE 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/

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.