



Introduction to School Age STAC Processing

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

Fall 2021 STAC Workshop
Session 1

Outline of Slide Show

- [Section A](#) - Introduction
- [Section B](#) - Requesting Access
- [Section C](#) - Accessing the STAC Online (EFRT) System & Finding a STAC ID
- [Section D](#) - Pre-Approval: Private Placement Certifications, Initial Eligibility, Initial Applications
- [Section E](#) - Entering Service Approvals
- [Section F](#) – High Cost Worksheets
- [Section G](#) – Verifying Service Approvals
- [Section H](#) - Reapplying Continuing Placements for the Next School Year
- [Section I](#) - Looking Up Information on the STAC Online (EFRT) System
- [Section J](#) - School Age Payments
- [Section K](#) - Navigating the SED File Transfer Manager and Retrieving Available Reports
- [Section L](#) - ListServ and NYSED Contacts



SECTION A

Introduction



What is STAC?

System to Track and Account for Children (STAC)

The STAC/Medicaid Unit is the unit within the NYS Education Department responsible for processing requests for Commissioner's approval for reimbursement.

This includes reimbursement approval for the costs of providing services to preschool and school-age students placed in special education programs at public and SED-approved private schools, special-act school districts, BOCES, and at state-supported and state-operated schools for the deaf and blind.

It also includes reimbursement approvals for students who have been determined to be homeless or runaway youth and for education services provided to incarcerated youth.

The STAC Unit collects data needed for processing reimbursements on over 270,000 placements each year. This data includes:

- Who is arranging placement of the child*
- What provider will deliver the services*
- Which district has financial responsibility*
- Prior approvals and private placement certifications*
- Verification that services were delivered*
- State Aid Reimbursements based on STAC verifications*



Why was the STAC Online (EFRT) System Created?

- **Streamline Access to Data:** School districts, municipalities, and SED-approved education providers can access live data seven days a week in a secure manner.
- **Empower School Districts & Municipalities:** School districts and municipalities can submit their own requests for reimbursement for the vast majority of placements.
- **Reduce redundancies and costs:** Instead of having school districts and municipalities submit paperwork that must be entered by SED staff, the claims can be submitted directly.
- **Improve Accuracy:** When the claims are submitted directly, there are fewer opportunities for mistakes to be introduced. As students' placements change, these changes can be implemented immediately by the responsible Local Education Agency (LEA).
- **Facilitate Optimization and Analysis:** With all of the data stored electronically, SED can generate reports and track trends for budgeting and quality control purposes.



Steps to Claim Reimbursement Using EFRT

Step 1: Preapproval/Notification of Fiscal Responsibility (from field to SED)

Online process: Private Placement Certification (DCERT) for 10-month private placements

Paper process: Annual Out-of-State placements, initial State operated/State supported placements, initial CRP placements, initial OPWDD Chapter placements/OMH/OCFS (STAC-200 or LDSS 3424), Homeless/Runaway placements (STAC 202)

Step 2: Completion of Initial STAC Approval

Online process: Enter service approval on service screens (start with “DS”)

Paper process: School Age STAC-1s (submitted with annual out of state packet, initial State operated/State supported placements, initial CRP placements)

Step 3: Amendment of STAC Approvals (by District or STAC Unit)

Step 4: Completion of High Cost Worksheets for 10-Month Public Placements

Online process: Complete on DCPUB for in-district and BOCES placements
Complete on DCPOD for “other district” placements

Step 5: Verification of Services by District

Online process: Verify on verification screens (start with “DV”)

Step 6: STAC Review of Verified Services



SECTION B

Requesting Access



Did You Know? STAC Utilizes Two Different Systems

STAC Online (EFRT) System

- Review, add, amend or verify approvals (providers review only)
- User IDs must be authorized by District Superintendent (agency directors for providers)
- User IDs and passwords must not be shared
- STAC Unit can suspend rights when aware of violations
- Use request form on website to add new users or delete users
 - Separate forms for employees and third-party consultants
 - Consultant form should be used to give BOCES users district rights
- Online functionality allows District Superintendents to renew or suspend users directly

SED Secure File Transfer Manager (FTM)

- Submit bulk files – format available on STAC website
- Most reports now available exclusively as PDFs in the “outbasket”
- Two accounts required to create file:
 - SED FTM username and password
 - EFRT Usercode and password
- SED FTM Authorization Form required:

[http://www.oms.nysed.gov/stac/forms/stac-603 form authorization ftp.pdf](http://www.oms.nysed.gov/stac/forms/stac-603_form_authorization_ftp.pdf)

- Register and access through SED FTM web client
- Or access through FTP client using SFTP protocol.



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:

- SED FTM 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)
- Use the STAC Online (EFRT) System and FTP site – 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



Request Form for Online Access to the STAC Database (Consultants)

STAC-602C The University of the State of New York THE STATE EDUCATION DEPARTMENT Rev. 9/2021

Request Form for Online Access to the STAC Database (Consultants)

This form is used by School Districts, Municipalities (including Counties), and other SED-approved Education Providers ("educational entities") who wish to authorize SED to allow their consultants to access data directly from the STAC Online (EFRT) System. This application is required to obtain a valid Usercode and password, change access rights or delete a consultant-user. By signing this application, Superintendents (for school districts), Program Directors (for SED-approved special education providers) and Section 4410 Municipality Representatives (for municipality/county access) are assuring the STAC/Medicaid Unit that individuals listed are: (1) designees of the education entity, authorized to view data on the STAC database and can be contacted directly by SED; and (2) working pursuant to a written contract with the educational entity, that includes confidentiality provisions that comply with FERPA, PPPs, and all applicable state and federal privacy and security laws and authorizes consultant(s) to perform necessary services for the educational entity that requires this access.

The Usercodes and passwords are issued to the educational entity which is responsible for making sure that only authorized consultants are granted access to the STAC Online (EFRT) System. **Therefore, educational entities must request a unique Usercode and password for each authorized consultant-user, must prohibit the sharing of passwords, and must notify SED immediately if the authorized consultant relationship is terminated.**

PUBLIC OR SED-APPROVED EDUCATIONAL ENTITY CONTRACTING WITH THIRD-PARTY CONSULTANT			
Agency Name: _____		Education Entity 12-digit SED (BEDS) Code: _____	
Type of Education Entity: <input type="checkbox"/> School District <input type="checkbox"/> Municipality <input type="checkbox"/> I.Y. Program <input type="checkbox"/> Other SED-Approved Education Provider			

CONSULTANT-USER UNDER WRITTEN CONTRACT WITH EDUCATIONAL ENTITY (TYPE OR PRINT CLEARLY)	STAC APPROVALS INQUIRY ONLY	INC. ADD & UPDATE	STAC VERIFICATIONS VIEW ONLY	VIEW & VERIFY
User Name: _____ Firm or BOCES: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User Name: _____ Firm or BOCES: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User Name: _____ Firm or BOCES: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User Name: _____ Firm or BOCES: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name, Firm (if applicable) and E-mail address are required for all consultant requests.
 Check one STAC Approvals box AND one STAC Verifications box for new users and existing users seeking a change in access rights.

THIS FORM MUST BE COMPLETED AND SIGNED BY: * DISTRICT SUPERINTENDENT (SCHOOL DISTRICT & I.Y. PROGRAM) * PROGRAM DIRECTOR (PROVIDER) * MUNICIPALITY REPRESENTATIVE (COUNTY)		EMAIL SIGNED/COMPLETED FORM TO: OMSSTAC@nysed.gov Attention: Cameron Reynolds Adam Lenhard
Access to the STAC database will comply with the requirements of the federal Family Educational Rights and Privacy Act (20USC § 1232-g) and 8 NYCRR §200.2 (b)(6).		
Signature _____	Title _____	Date ____/____/____
Print Name _____	Telephone (Area Code) (Number) _____	
Email Address _____	Fax (Area Code) (Number) _____	

Get STAC Unit Forms Online:
http://www.oms.nysed.gov/stac/contact_us_form_requests.html

All Usercodes will be emailed directly to the consultant-user with the Superintendent, Program Director, or Municipality Representative indicated in the signature section of this application copied on the email. Request forms signed by anyone other than the appropriate individual will be rejected. Please notify the STAC/Medicaid Unit of any unauthorized sharing or use of Usercodes and passwords, so that the STAC/Medicaid Unit can discontinue access to any affected Usercodes and passwords. **Note that all consultant accounts will be disabled on a yearly basis on January 15th if the educational entity has not reauthorized them prior to that date.**



Authorization Form for Access to the STAC SED File Transfer Manager

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)		
<p>The <i>SED File Transfer Manager (FTM)</i> 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 <i>SED FTM</i>. School districts and counties must utilize the <i>SED FTM</i> in order to submit bulk special education reimbursement data to the NYSED STAC Unit.</p>		
AGENCY INFORMATION		
Agency Name:	Agency SED (BEDG) Code: -----	Agency Type: <input type="checkbox"/> County <input type="checkbox"/> School District <input type="checkbox"/> BOCES or RIC
APPLICANT INFORMATION		AUTHORIZING OFFICIAL INFORMATION
Applicant Name:		Authorizing Official's Name:
Email Address:		Type of Official: <input type="checkbox"/> Superintendent <input type="checkbox"/> Municipality Representative <input type="checkbox"/> Director
Telephone Number: () -	Fax Number: () -	Telephone Number: () -
Address		Fax Number: () -
Address		
This user is being: <input type="checkbox"/> Added <input type="checkbox"/> Deleted		
Applicant's Signature _____ / / Date		Authorizing Official's Signature _____ / / Date
<p>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 <i>SED File Transfer Manager</i>. A copy of the "<i>SED File Transfer Manager (FTM) Web User Guide</i>" is available on the STAC Unit website: http://www.oms.nysed.gov/stac/electronic_data_transfer_options/online_instructions/guide_SEDFTM.pdf</p>		
<p>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.</p>		
<p><i>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 SNYCRR §200.2(b)(6).</i></p>		
<p>Return to: New York State Education Department STAC and Medicaid Unit 89 Washington Avenue – RM 514 West EB Albany, NY 12234 Attention: Andrew Kitzrow</p>		



SECTION C

Accessing the STAC Online (EFRT) System & Finding a STAC ID




The STAC Online System (EFRT) Welcome Screen

<https://efrt.nysed.gov/efrt>

Date 09/10/18 GO TO


Welcome

STATE EDUCATION DEPARTMENT FINANCE INFORMATION SYSTEM

 **New York State Education Department**

Please enter your User Code and Password and press Enter

User Code Password

 **Did You Know?** All EFRT users expire every year on January 15. Superintendents, municipality representatives, and executive directors must reauthorize users annually.



DMNUM Screen

SCHOOL DISTRICT MAIN MENU

Date 09/09/19 GO TO

DMNUM	Special Education Main Menu
Choice	Description
<input type="checkbox"/> S	DMQRY STAC SCHOOLAGE&PRESCHOOL INQUIRY SCREENS
<input type="checkbox"/> S	DMNUS ADD/AMEND REIMBURSEMENT APPROVALS
<input type="checkbox"/> S	DMNUR PROCESS A REAPPLICATION
<input type="checkbox"/> S	DMNUV ONLINE AVL VERIFY,PAYMENTS & CHARGEBACKS
<input type="checkbox"/> S	DMNAC CPSE ADMINSTRATIVE COST SCREENS
<input type="checkbox"/> S	DCPUB HIGH COST WORKSHEET (IN-DISTRICT/BOCES)
<input type="checkbox"/> S	DCPOD HIGH COST WORKSHEET (OTHER DISTRICT)
<input type="checkbox"/> S	DCERT ADD A PRIVATE PLACEMENT CERTIFICATION
<input type="checkbox"/> S	DSRWD SERVICE APPROVAL WITHDRAWAL
<input type="checkbox"/> S	DCHSR FIND A STAC ID FOR A STUDENT
<input type="checkbox"/> S	DQCLD VIEW/AMEND CHILD SERVICE APPROVALS
<input type="checkbox"/> S	DQAPP APPROVAL LISTS
<input type="checkbox"/> S	DQSBO APPROVAL/VERIFICATION SUMMARY (3 YEAR)
<input type="checkbox"/> S	DQSUM 4408/4201 SUMMER DISTRICT SUMMARY REPORT
<input type="checkbox"/> S	DDATE PROGRAM DATE CHANGES



There Are Two Ways To Navigate EFRT

- **Navigate Using the GO TO Box**

- Enter the four- or five-character screen identifier in the GO TO BOX in the top-right corner of each screen, then press Enter on keyboard.

1. **Navigate Using the Menu**

- Select screens from the menus by clicking the “S” button to the left.

**Did You Know?**

Everything in EFRT is Uppercase. Leave your Caps Lock on while using EFRT.



Understanding Commonly Used Screen Identifiers

- Service Approval screens start with “DS”
 - DSUMR, DSPUB, DSPRV, DSPRE, etc.
- Verification screens start with “DV”
 - DVSUM, DVSTR, DVPUB, DVPRV, etc.
- Query screens start with “DQ”
 - DQCLD, DQPAY, DQSBO, DQPRT, etc.
- Reapplication screen start with “DR”
 - DRSUM, DRPUB, DRPRV, DRSSY, etc.

A more comprehensive list of screen identifiers is available at:
http://www.oms.nysed.gov/stac/training_materials/stac_acronyms.html



What is a STAC ID?

A unique six-character identifier assigned to each student

- STAC reimbursement is generated based on services provided to individual students.
- Each student is assigned a STAC ID the first time they qualify for STAC reimbursement.
- Each student keeps the same STAC ID for their entire PreK-12 education, from the first preschool evaluation until they graduate or age out at 21.
- When contacting the STAC Unit via email or over the phone, reference individual students exclusively using these STAC IDs to protect student privacy and personally identifiable information.



LOCATING/CREATING A STAC ID on the STAC ONLINE SYSTEM—DCHSR Screen (Step 1)

Date 09/07/17
Time 11:24

New York State Education Department
STAC Child Search

Go to Menu

Last Name (first 3 letters) First Name (first 3 letters) MI Date of Birth SIS ID

EXA JOS

Select S = Service Summary E = Evaluation Summary Search Assign a New STAC ID

Select	STAC-ID	W/D	Date of Birth	Last Name (first 3 letters)	First Name (first 3 letters) MI	From	To
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

ATTENTION 12 No matches for District,click Assign a New STAC ID

Message in Internet Explorer Only

* In the example above, there were no students associated with this district that met the search criteria.

- All student information on the STAC Online system is linked to a child-specific identifier (STAC ID)
- To search for a STAC ID: Enter **the first three letters only** of the student's last and first names on the DCHSR screen
 - Only the STAC IDs associated with your district that meet the search criteria will be displayed.*
 - If there is an exact match on first name, last name and DOB, use that STAC ID.
 - If there is a close match (see next slide for examples), please call the STAC and Medicaid Unit for clarification.
 - If there are no STAC IDs listed that meet your search criteria, you will be prompted to the DKIDS screen to complete the ID process.



Examples of Close Matches (Call STAC Unit)

Student's actual first name, last name, and date of birth: **EXAMPLE, JOSHUA 01/02/03**

Examples of students (associated with your district) that will result from a three and three search on the DCHSR screen:

- EXAMPLE, JOSEPH, DOB 01/02/03 (Same last name and DOB, different first name)
- EXAMPLE, JOSHUA, DOB 06/02/03 (Same first and last name, close DOB)
- EXAMPLESMITH, JOSHUA, DOB 01/02/03 (Compound surname or multiple surnames – system does not accommodate hyphens)
- EXATRAVIA, JOSHUA, DOB 01/02/03 (Different last name, same first name and DOB)
- EXAMPLE, JOSH, DOB 01/02/03 (Same last name and DOB, truncated first name)
- EXAMPLE, JOSHUA, DOB 01/02/03 (Exact match: USE THIS STAC ID)

If you have reason to suspect a student has an existing STAC ID and you cannot identify it on our system, please contact the STAC Unit.



Common reasons for creation of duplicate IDs

Scenarios that often result in the creation of duplicate STAC IDs:

- Student transitioning from pre-school to school-age.
- Failure to search compound names using both surnames. (ExampleSmith vs SmithExample)
- Student moves from one district to another.
- Failure to enter complete names on DKIDS.
- Failure to enter correct DOB (transposed dates, off by one digit, etc.)
- Typographical errors (districts cannot edit DKIDS information once the STAC ID has been created.)
- Name changes (adoption, etc.)



LOCATING/CREATING A STAC ID on the STAC ONLINE SYSTEM—DKIDS Screen (Step 2)

Date 09/22/21 Time 11:42 New York State Education Department
 Go to Menu
STAC Child Update

STAC ID **Complete Last Name** **Complete First Name** MI **Date of Birth** Mode
 EXAMPLE JOSHUA 01/02/03 (MM/DD/YY) Inquiry

SIS ID **Gender** **Race/Ethnicity**
 Male Female NATIVE AMERICAN/ALASKAN NATIVE

Former Name **Non-binary**

Required for Add Enter Upd User

Exact match on Student Name and Date of Birth. If you have reason to believe the student displayed is not your district's/county's student, please contact the STAC and Medicaid Unit for assistance.

STAC ID	Gender	Race/Ethnicity	SIS ID	DOB
B18019	Male	Amer. In		010203

For SED Internal Staff Use Only First and Last Name Complete? Bypass name exact match error?

Comments

Years this STAC-ID is valid From To Other STAC-ID Name Chg Effective Date (MM/DD/YY) Withdraw This ID

1. The required data items for the student are indicated with a BLUE label on the screen. The **FULL** first and last names must be completed.
2. After the required data items have been entered, click on the ADD button
3. If an exact match (last name, first name, and date of birth) exists, the STAC ID will be listed below the buttons.
4. If you have reason to believe the student displayed is not your district's child, please contact the STAC and Medicaid Unit.
5. If no such combination exists, the system will assign a new STAC ID for the student.



SECTION D

**Pre-Approval:
Private Placement
Certifications, Initial Eligibility,
Initial Applications**



Do All Placement Types Require Pre-Approval?

NO! For most placement types, you can start on the service approval screen, covered in the next section.

Why is Preapproval Sometimes Required?

- The placement is more restrictive, and districts must certify that they have ruled out less restrictive options (example: Private Excess Cost)
- The placement has very specific criteria for admission that must be met (example: § 4201 State-supported Schools)
- Other State Agencies are involved (examples: Chapter placements, CRP placements)
- The student is homeless.



DCERT “STAC FACTS”

- Required for all ten-month private placements: day and residential; in-state and out-of-state
- Required on an annual basis for 10-month Private placement
- Required if student changes private placement type (day to residential, in-state to out-of-state, etc.)
- Required if student changes districts
- Must be completed prior to adding a 10-month Private STAC approval in order to maximize state reimbursement
- Link to DCERT guidelines:
[http://www.oms.nysed.gov/stac/stac_online_system/online_instructions/guide DCERT.pdf](http://www.oms.nysed.gov/stac/stac_online_system/online_instructions/guide_DCERT.pdf)



DCERT Screen – Top of Screen

ONLINE PROCESSING OF PRIVATE PLACEMENT CERTIFICATION APPROVALS

Date 09/22/21	New York State Education Department			Go to <input type="text"/>
Time 11:57	PRIVATE PLACEMENT CERTIFICATION			<input type="button" value="Menu"/>
STAC ID <input type="text" value="B18019"/>	Name <input type="text" value="EXAMPLE"/>	<input type="text" value="JOSHUA"/>	Date of Birth <input type="text" value="01/02/03"/>	Mode <input type="text" value="Inquiry"/>
School Year <input type="text" value="2122"/>	CSE District <input type="text" value="281230040000"/>	<input type="text" value="EXAMPLETOWN UFSD"/>		
Placement Type <input type="text" value="Day/In-State"/>	Certification Date <input type="text" value="09/22/21"/>	User <input type="text" value="NEXAMPLE"/>	CSE Meeting Date (MM/DD/YY) <input type="text" value="09/15/21"/>	
<input type="button" value="Required for Inquiry"/> <input type="button" value="Inquire"/>				
(Please Check ALL that apply)				
<u>Certification</u> (For all Private Placements):				
Upon submission of this form, the school district representative of the Committee on Special Education (CSE) or his/her designee hereby certifies that all of the information on this form is true and accurate. All information is subject to verification by the New York State Education Department.				
<u>Certification</u> (For all placements of students in an in-state or out-of-state approved private school):				
<input checked="" type="checkbox"/> The CSE has provided a current individual evaluation or reevaluation of the student.				
<input checked="" type="checkbox"/> The student has a current individualized education program (IEP).				
<input checked="" type="checkbox"/> The student is of school-age and has a disability or combination of disabilities such that appropriate public facilities for instruction are not available.				
<input checked="" type="checkbox"/> The CSE has documentation of its efforts to place the student in a public facility and the outcomes of those efforts, and/or of CSE findings regarding the lack of suitability of each currently available and geographically accessible public placement.				
<input checked="" type="checkbox"/> The CSE has documentation of all efforts to enable the student to benefit from instruction in less restrictive settings using support services and supplementary aids and special education services, and/or for those services not used, a statement of reasons why such services were not recommended.				
<input checked="" type="checkbox"/> The CSE has detailed evidence of the student's lack of progress in previous less restrictive programs and placements or a statement of reasons that such evidence is not available.				
<input checked="" type="checkbox"/> In the case of a reapplication for reimbursement, the CSE has documentation of the continuing need for placement of the student in a private school.				
<input type="checkbox"/> For NYC only: Initial Year Nickerson Day Placements - The CSE is not able to make one or more of the above assurances because the student has an IEP recommendation for a public day program and the student was placed in a private school by the parent pursuant to a Nickerson Letter for the first time this school year.				



DCERT Screen – Bottom of Screen

ONLINE PROCESSING OF PRIVATE PLACEMENT CERTIFICATION APPROVALS

Additional Certification required for all Residential Placements - (in-state or out-of-state):

The CSE recommends placement of a student in residential program.

- Documentation is on record that residential services are necessary to meet the student's educational needs as identified in the student's IEP.
- Documentation is on record that includes a proposed plan and timetable for enabling the student to return to a less restrictive environment or a statement of reasons why such a plan is not currently appropriate.
- For **out-of-state** placement recommendations, documentation is on record that demonstrates that there are no appropriate public or private facilities for instruction available within this State.

Additional Certification (For all initial placements in residential care):

Documentation is on record that, upon determination that the student was first at risk of residential placement, the district:

- Provided information to the parent on community support services that may be available to the family, including the name and address of agencies which can perform an assessment of a family's community support needs, where such a list had been made available to the CSE.
- Sought parental consent (or consent of the student if 18 or older) to invite county or State agency representatives to the CSE meeting to make recommendations concerning the appropriateness of residential placement and other program and placement alternatives. For students in a foster care placement, the local social services district was notified when the student was determined to be at risk of residential placement.
- Obtained parental (or student) consent and other agency representative(s) were invited to the CSE meeting.

Invited county or State agency representative attended the CSE meeting.

Choose One Yes No

NOTE: In order to obtain a timely determination of approval of State reimbursement, the certification must be received by the Department prior to requesting reimbursement. If the district fails to submit a certification, requests for State reimbursement for ten-month private placements will not be processed.

Date Transferred Into District

Inquire

Add



SECTION E

Entering Service Approvals



STEP ONE: (DSUMR)

INQUIRE ON STAC ID, NAME, AND SCHOOL YEAR

Date 09/22/21 New York State Education Department Go to

Time 01:13 School Age Summer Placement (4408) Menu

STAC ID	Name	Date of Birth	Mode
<input type="text" value="B18019"/>	<input type="text" value="EXA"/>		Inquiry
School Year	Record Number	Disability	
<input type="text" value="2122"/>	<input type="text"/>	<input type="text"/>	
	<input type="button" value="Inquire"/>		

1. **STAC ID:** Enter the unique six-character identifier assigned to each student that follows him or her from preschool to age 21.
2. **Name:** Enter the first three letters of the student's last name.
3. **School Year:** Select the appropriate school year from the dropdown. Each school year starts July 1 and runs through June 30.
4. **Record Number:** Leave this blank. It will be assigned automatically when the record is added.
5. **Inquire:** You must click this button before proceeding further.
6. **Mode:** After clicking the Inquire button, this changes from "Inquiry" to "Add". Once in Add mode, you can proceed.



STEP TWO: (DSUMR)

SELECT DISABILITY, SCHOOL DISTRICTS, AND COUNTY

STAC ID	Name	Date of Birth	Mode
B18019	EXAMPLE JOSHUA	01/02/03	Add
School Year	Record Number	Disability	
2122 <input type="button" value="v"/>	<input type="button" value="v"/>	Inquire <input type="text" value="Deafness"/> <input type="button" value="7"/> <input type="button" value="v"/>	
	CSE District	281230040000	EXAMPLETOWN UFSD <input type="button" value="8"/>
	District of Residence	EXAMPLETOWN UFSD <input type="button" value="9"/> <input type="button" value="v"/>	County of Residence
	Agency to be Paid	EXAMPLETOWN UFSD <input type="button" value="10"/> <input type="button" value="v"/>	NASSAU <input type="button" value="11"/> <input type="button" value="v"/>

7. **Disability:** Select the student's disability (as indicated on the IEP) from the dropdown.
8. **CSE District:** Pre-filled by EFRT based on your Usercode.
9. **District of Residence:** Select the district in which the student resides. Generally the same as the CSE District.
10. **Agency to be Paid:** Generally the same as the CSE District.
11. **County of Residence:** The county in which the student resides. If your district crosses multiple counties, confirm the correct county using the student's home address.



STEP THREE: (DSUMR)

ENTER EDUCATION SERVICE INFORMATION

Education		Provider	LA SALLE SCHOOL	010100115705				12	
Get ED Program			9002A	11-21	07/05/21-08/13/21	DAY RES	13		
Change	Start Date	End Date	Percent Aide	Education Rate	Educ Aide Rate	DA Rate	Total Rate		
14	15	16		7386.00	0	0	7386.00		
					Total Rate	X	FTE	=	Total Cost
					7386.00		1.000		7386.00
1/2 Placement (SED use only)									
<input type="checkbox"/>									

- 12. Provider:** Select the education provider.
- 13. Get ED Program:** Click the button and then select the appropriate program.
- 14. Change:** Leave blank for initial approvals; enter "C" in this box if revising the record.
- 15. Start Date and End Date:** Enter the first day the student arrived and the anticipated last day of attendance.
- 16. Aide:** If the student as an Aide, enter the percentage. Otherwise, leave blank.
- * For all other aides, nurses, and interpreters, submit [the School Age 1:1 Aide Form](#).



STEP FOUR: (DSUMR)

ENTER MAINTENANCE SERVICE INFORMATION

(FOR RESIDENTIAL PLACEMENTS ONLY)

Maintenance	Provider LA SALLE SCHOOL	010100115705	17	▼		
Get MA Program	9266A HTP	11-21 07/01/21-08/31/21	18	▼		
Change	Start Date	End Date	Aide	FTE	Rate	Cost
<input type="checkbox"/>	07/01/21	08/31/21	<input type="checkbox"/>	62	510.29	31637.98
19	20	21				

- 17. Provider:** Select the maintenance provider.
- 18. Get MA Program:** Click the button and then select the appropriate program.
- 19. Change:** Leave blank for initial approvals; enter “C” in this box if revising the record.
- 20. Start Date and End Date:** Enter the first day the student arrived and the anticipated last day of attendance. Education dates must fall within maintenance dates.
- 21. Aide:** SED use only. Must submit [the School Age 1:1 Aide Form](#) for all maintenance aides.

NOTE: For students in Children’s Residential Project (CRP) placements, the maintenance component is the responsibility of the Office for People With Developmental Disabilities (OPWDD). As a result, the Maintenance section should be left blank for CRP kids even though the placement is residential.



STEP FIVE: (DSUMR)

TRANSPORTATION COST AND RECORD SUBMISSION

Transportation Cost <input style="width: 80px;" type="text" value="0"/> 22	TOTAL COST 9216.00
Includes cost of aide on bus	
SED use only	
Variance <input type="checkbox"/> 1 Year <input type="checkbox"/> DCERT Appr DT 23	Enter 08/13/19 DIST Upd 24
Required for Inquiry	User DISTUSER 25
<input type="button" value="Inquire"/> <input type="button" value="Add"/> <input type="button" value="Change"/> <input type="button" value="Reapp"/>	

- 22. Transportation Cost:** If you know the transportation cost, enter it. Otherwise, leave as zero. You will be able to claim the transportation on the verification screen later.
- 23. Variance, 1 Year, and DCERT Appr DT:** SED use only.

- 24. Add:** Click this button to submit the record.
- 25. Enter, Upd, and User:** You will know that the submission was successful if the Enter date shows today's date, and the User field shows your Usercode.



DSSRS Screen

ONLINE PROCESSING OF SUMMER RELATED SERVICES STAC APPROVALS

Date: 08/27/21
Time: 03:47
New York State Education Department
School Age Summer Related / SDI Service (4408)

Go to

STAC ID	Name	Date of Birth	Mode
A12345	EXAMPLE JOSHUA	01/02/03	Inquiry
School Year	Record Number	Disability	
2122	01 01 <input type="button" value="Inquire"/>	Multiple Disabilities	

CSE District: 281230040000 EXAMPLETOWN UFSD

District of Residence: EXAMPLETOWN UFSD Agency to be Paid: EXAMPLETOWN UFSD County of Residence: NASSAU

Provider: EXAMPLETOWN UFSD 281230040000

Specially Designed Instruction *Approved Programs - 9015B, 9015C, and 9015D*

9015C 05-21 07/05/21-08/13/21 DAY

Start Date	End Date	Group Size	Number of 1/2 Hour Units	Prorated Number of 1/2 Hour Units
07/05/21	08/13/21	3	18	6

Related Services *Approved Programs - 9015A, 9015C, and 9015D*

9015C 05-21 07/05/21-08/13/21 DAY

Act	Type	Start Date	End Date	Group Size	Number of Half Hour Units	Prorated Number of Half Hour Units
	Occupational Therapy	07/05/21	08/13/21	3	9	3
					0	
					0	
					0	

Half Hour Unit Rate: Total Num of Pro-Rated Rel Service Half Hour Units: 3 Cost:

Transportation Cost: 0 Total Num of Pro-Rated (SDI and RS) Half Hour Units: 9

Includes cost of aide on bus

Enter: 07/12/21 DIST Update User: DISTRICT

Districts may claim special class on DSUMR OR specially designed instruction and related services on DSSRS.

What's different than DSUMR?

- No Maintenance Section
- Need to report Group Size
- Need to report related services individually
- Need to report number of Half Hour Units



DSPUB Screen

ONLINE PROCESSING OF 10-MONTH HIGH COST STAC APPROVALS

Date 09/27/21 Time 03:28 New York State Education Department High Cost - Public (3602.19) Go to Menu

STAC ID **Name** **Date of Birth** **Mode**
 A12345 EXAMPLE JOSHUA 01/02/03 Inquiry

School Year **Record Number** **Disability** **1**
 2021 02 02 Inquire Autism GO TO DCPUB/DCPO

CSE District 2812300040000 EXAMPLETOWN UFSD **2** **NEED DCPUB**

District of Residence EXAMPLETOWN UFSD

Agency to be Paid EXAMPLETOWN UFSD

Education **Provider** EXAMPLETOWN UFSD 2812300040000

Get ED Programs 8000I 10-MONTH HIGH COST 05-21 09/08/20-06/24/21 DAY

Student Enrollment Enrolled Full Year (Sept-June)

Start Date	End Date	FTE	10-Month Annualized Cost	Actual Cost	(SED use only)
09/08/20	06/24/21	1.000	85000.00	85000.00	1/2 Placement <input type="checkbox"/> Multi Services <input type="checkbox"/> DCPUB/DCPOD Required <input checked="" type="checkbox"/>

Variance Ent 09/16/21 DIST Upd 12/21/20 DIST User DISTRICT

Required for Inquiry Inquire Add Change

What's different than DSUMR?

- No Transportation Cost: 10-Month Transportation is Claimed in Aggregate on ST-3.
- No County of Residence
- No Maintenance Section
- Student Enrollment: If the student is enrolled for a full FTE, you do not need to enter Start and End Dates



DSPRV Screen

ONLINE PROCESSING OF 10-MONTH PRIVATE EXCESS COST STAC APPROVALS

Date: 09/27/21 Time: 04:02
 New York State Education Department
 Private Excess Cost (4405)

Go to Menu

STAC ID: A12345 Name: EXAMPLE JOSHUA Date of Birth: 01/02/03 Mode: Inquiry

School Year: 2122 Record Number: 02 01 Disability: Autism

CSE District: 281230040000 EXAMPLETOWN UFSD

District of Residence: EXAMPLETOWN UFSD County of Residence: NASSAU

Agency to be Paid: EXAMPLETOWN UFSD

Education Provider: DEVEREUX IN NY 131701999086

Get ED Programs: 9000M RDHK CAP DAY:24 RES: 05-21 09/08/21-06/24/22 DAY RES

Change	Start Date	End Date	Aide Percentage	Educ Rate	Educ Aide Rate	DA Rate	Total Rate
<input type="checkbox"/>	09/08/21	06/24/22		53878.00			53878.00
1/2 Placement (SED use only)							
<input type="checkbox"/>					Total Rate X FTE = Total Cost:		
				53878.00	1.000		53878.00

Maintenance Provider: DEVEREUX IN NY 131701999086

Get MA Programs: 9269I HTP 05-21 09/01/21-06/30/22

Change	Start Date	End Date	FTE	Aide
<input type="checkbox"/>	09/01/21	06/30/22	1.000	<input type="checkbox"/>

TOTAL COST: 53878.00

SED use only

Variance 1 Year DCERT Appr DT Enter 09/14/21 DIST Upd User DISTRICT

Required for Inquiry Inquire Add Change Reapp

What's different than DSUMR?

- No Transportation Cost: 10-Month Transportation is Claimed in Aggregate on ST-3.

NOTE: For students in Children's Residential Project (CRP) placements, the maintenance component is the responsibility of the Office for People With Developmental Disabilities (OPWDD). As a result, the Maintenance section should be left blank for CRP kids even though the placement is residential and you need to file a private in-state residential DCERT.



DSINC Screen

ONLINE PROCESSING OF INCARCERATED YOUTH STAC APPROVALS

Date 09/27/21 New York State Education Department
 Time 04:12 Go to
Incarcerated Youth Reimbursement Request Menu

STAC ID	Name	Date of Birth	Mode
A12345	EXAMPLE JOSHUA	01/02/03	Inquiry
School Year	Record Number	Disability	
2122	01 01	Learning Disability	

Facility District 280203030000 EAST MEADOW UFSD

To search school district names, type partial name in left box and click on "Search"

Partial Name District of Residence at Time of Incarceration

Search EXAMPLETOWN UFSD 281230040000

Education Provider EAST MEADOW UFSD 0280303030000

Get ED Programs 8050Y NASSAU COUNTY JAIL 15-21 07/01/21-06/30/22 DAY

Start Date	End Date	FTE
09/22/21	06/30/22	.791

Address at Time of Incarceration (Do Not Enter Jail Address)

Address 123 EXAMPLE LANE

City EXAMPLEVILLE

State NY **Zip(+4)** 12345

Enter 07/09/21 DIST Upd User DISTRICT

Required for Inquiry **Inquire** **Add** **Change**

Incarcerated Youth Placements are entered on behalf of the school district within which the county jail is located.

What is different than DSUMR?

- No Maintenance Section
- No Transportation Cost
- Address at Time of Incarceration: Determines responsible Chargeback district.



DSCHP Screen

ONLINE PROCESSING OF 10-MONTH CHAPTER STAC APPROVALS

Date 09/28/21 Time 08:19 New York State Education Department School Age 10 Month Chapter Placement

Go to Menu

STAC ID	Name	Date of Birth	Mode
A12345	EXAMPLE JOSHUA	01/02/03	Inquiry
School Year	Record Number	Disability	
2021	02 03	Autism	
CSE District 281230040000 EXAPLETOWN UFSD			
Admission District 281230050000 OTHER DISTRICT C.S.D.			
Chapter Type Individualized Residential Alternative			
ICF/IRA Provider EXAMPLE IRA PROVIDER 888000057395			
Education	Provider	ROCKLAND INST FOR SPEC EDUC 500402229315	
Get ED Program	9000I 05-21 09/09/20-06/24/21 DAY		
Start Date	End Date	Half	FTE
09/09/20	06/24/21	<input type="checkbox"/>	1.000
Rate	Aide Percentage	Cost	
105000.00	100	105000.00	
Additional Costs	Transportation	Administrative	CSE
	12670.99	5000.00	100.00
			TOTAL COST
			122770.99
Includes cost of aide on bus			
Variance <input type="checkbox"/>	1 Year Only <input type="checkbox"/>	Ent 07/24/20 DIST	Upd 04/06/21 DIST User DISTRICT
Required for Inquiry			
Inquire Add Change Reapp			

What's different than DSUMR?
Chapter 721 (ICF/IRA) are the only 10-month students with Trans Aid claimed on STAC.

- Admission District
- Chapter Type (66 or 721)
- ICF/IRA Provider
- No Maintenance Section (paid by OPWDD)
- Admin Cost (max. 5% of tuition)
- CSE Cost (capped at \$100)

Chapter 66: Developmental Center
Chapter 721: Intermediate Care Facility (ICF)
Chapter 721: Individualized Residential Alternative (IRA)



DSCSM Screen

ONLINE PROCESSING OF 2-MONTH (SUMMER) CHAPTER STAC APPROVALS

Date 09/28/21 Time 09:37 Go to

New York State Education Department
School Age Summer Chapter Placement

STAC ID	Name	Date of Birth	Mode
A12345	EXAMPLE JOSHUA	01/02/03	Inquiry
School Year	Record Number	Disability	
2122	01 02 <input type="button" value="Inquire"/>	Autism	

CSE District	281230040000 EXAMPLETOWN UFSD
District of Residence	EXAMPLETOWN UFSD
County of Residence	NASSAU
Chapter Type	Individualized Residential Alternative
ICF/IRA Provider	COMMUNITY SERVICES F/THE DEV. DIS. 800000058851

Education	
Provider	BAKER HALL SCHOOL 141800137227
Get ED Programs 9003A J/A BAKER HALL-FORME 11-21 07/05/21-08/13/21 DAY RES	

Start Date	End Date	Aide Percentage	Education Rate	Educ Aide Rate	DA Rate	Total Rate
07/05/21	08/13/21	000	7205.00	0	0	7205.00

1/2 Placement (SED use only) <input type="checkbox"/>		Total Rate	X	FTE	=	Cost
		7205.00		1.000		7205.00

Transportation 0	TOTAL COST 7705.00
<i>Includes cost of aide on bus</i>	

Variance <input type="checkbox"/>	1 Year Only <input type="checkbox"/>	Ent 06/22/21	REAP Upd	User DISTRICT
--	---	---------------------	-----------------	----------------------

Required for Inquiry

What's different than DSUMR?

- Chapter Type
- ICF/IRA Provider
- No Maintenance Section
(Paid by OPWDD)



SECTION F

High Cost Worksheets



Do all placement types require a high cost worksheet?

NO! Only 10-month public placements require a high cost worksheet.

For many placement types, the Rate Setting Unit calculates tuition rates. The costs for these placements are calculated by multiplying the approved tuition rate by an FTE that is based on the student's start and end dates.

But SED doesn't issue approved tuition rates for 10-month public placements.

The high cost worksheets are both a tool for schools to use to calculate 10-month annualized costs and a mechanism for school districts to “show their work” so that SED can review and validate the calculated costs.



Do all 10-month public placements require a high cost worksheet?

NO! A high cost worksheet is only required when:

- The student's 10-month annualized cost exceeds the district threshold.
 - If the 10-month annualized cost doesn't meet the threshold, no reimbursement will be generated so there's no point in STACing the student.
- The “**DCPUB Required**” message is triggered after entering the DSPUB record.
- The record is selected for review by the STAC/Medicaid Unit.
- The student was educated by another school district.
- The student was educated by a BOCES and had additional costs that were not included on the BOCES year-end final cost 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



DCPUB Screen

HIGH COST STUDENT WORKSHEET (IN-DISTRICT/BOCES)

This screen serves two purposes for In-District and BOCES placements:

1. 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.
2. It's a tool for the State Education Department to use when reviewing and validating claims for timely reimbursement.



The top section of the DCPUB Screen

Date 09/28/21		New York State Education Department			Go to <input type="text"/>	
Time 09:54		HIGH COST STUDENT WORKSHEET (BOCES/In-District)			<input type="button" value="Menu"/>	
STAC ID	School Year	Rec Num	Name	Date of Birth	Mode	
A12345	2021	02 01	EXAMPLE JOSHUA	01/02/03	Add	
<input type="button" value="Inquire"/>	Set browser to 57% to print as single page			Autism	Public Excess Cost Aid Ratio .700	District Threshold 41,667
Start Date	End Date	To Amend Start or End Dates:	<input type="button" value="GO TO DSPUB"/>	FTE	CSE District EXAMPLETOWN UFSD	281230040000
09/08/20	06/25/21			1.000	Ed Provider EXAMPLETOWN UFSD	281230040000
Previous Annualized Rate				Current 10-Month Annualized Cost		
				55,956.57		

- This section of the DCPUB screen auto-fills the information originally entered on the DSPUB screen when the original approval was added to the system.
- The District Threshold will help you determine whether the student will qualify for High Cost Aid or not.

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.
-----------------	--	--------------------------------	---

- For BOCES placement, enter the 10-Month Annualized Cost from the year-end final cost report in this section.



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

IEP Ratio: Stud:Teach + Para	Actual Students in Class	Special Ed Teachers	Classroom Aides/T.A.s	
0: 0 + 0	0	Classroom Salaries: 0	0	Total Cost of Special Classroom:
		Classroom Fringe Benefits: 0	0	Classroom Cost for this Child:

- Use this section to report costs for students educated by your district who spend the day in a self-contained special education classroom.
- Report the ratio of students to teachers to paraprofessionals from the student’s IEP, and then report the number of students who were actually in the class.
- Report the salaries and fringe benefits for the special education teachers* and classroom paraprofessionals. Do **NOT** include the cost of aides and teaching assistants assigned to specific students.
- If the student attends more than one special class, use the next section to report costs instead.

* NOTE: 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 (\$20,000 x 6/7 = \$17142.86) = Total (\$82,714.29)



II-B. InDistrict Classroom - Period-Based Placements

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 Mins:	Group Size*	Sessions Per Cycle	Sessions Length: (Mins)	Frequency	Total Child Cost		
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):			0	Placement Cost for this Child:	8793.39	

- Use this section for students who were enrolled in multiple special education placements at your district throughout the day.
- Unlike the previous section, the costs for the special education teachers and classroom paraprofessionals are combined.
- The cost attributable to this placement will be calculated automatically by the screen.
- The Session Length, Sessions Per Cycle, and Frequency cannot exceed frequency and duration specified on the student's IEP.



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 <input type="text"/>	49236.00	12309.56	2	30,772.78
<input type="text"/>	0	0	0	

- Use this section for aides, LPNs, RNs and interpreters assigned to specific students. Do **NOT** include classroom paraprofessionals included in one of the prior sections.
- In order to be eligible for aid, the IEP must specify:
 - Type of aide, nurse, or interpreter
 - Frequency and duration that aide, nurse, or interpreter is assigned to the student



IV. The Related/Other Services Section

IV. Related/Other Services		(Not included in reported cost above)					
Service Type	Provider Type	Length of Sessions (Mins)	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
		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) 0	(District) 0	(Other Provider) 0
---	--------------------	-----------------	-----------------------

- Use this section to report related services not included in any of the prior sections.
- In order to be eligible for aid, the IEP must specify:
 - Type of service
 - Frequency and duration of service
 - Group size
- Actual Sessions cannot exceed recommended services in IEP
- Only use lump sum boxes if all six service rows are filled.
 - Costs in lump sum boxes **MUST** be explained in Comments section.



V. The Other Child Specific Costs Section

V. Other Child Specific Costs	Cost Category	Additional Information	Total Other Child-Specific Costs
	ASSISTIVE TECHNOLOGY	FM System	1082.00

- Use this section for reporting one-time/non-recurring costs, and only costs **not** claimed in sections I through IV.
- Use the Additional Information line to provide additional detail.
- 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:	<input type="text" value="Student is hard of hearing; FM system transmits directly to hearing aid"/>	Contact Name	<input type="text" value="District Senior Clerk Typist"/>
Comments:	<input type="text"/>	E-mail Address	<input type="text" value="District.Typist@example town.k12.ny.us"/>
Enter	10/01/19	DIST	Update
User		DISTRICT	Phone# <input type="text" value="5181235555"/> (Ex: 5181235555 - 10 digits)

- Use this section to provide additional clarification and explanation for anything that is unclear from the sections above.
- The District Contact Information is required.
- It will be blank for the first worksheet of each school year.
- All subsequent worksheets will pre-fill with the information from the most recently completed worksheet.
 - If a new person is assigned to completing the worksheets, he or she should update the district contact information with their own contact information on their first submission.



The Summary Section

Required for Inquiry	Inquire	ADD	Change	SED use only: <input type="checkbox"/> Lock Record
BOCES Subtotal			Total 10-Month Annualized Cost (Verify this amount on DVPUB)	SED Changes:
In-District Subtotal	8793.39		55,996.57	
1:1/Shared Aide Subtotal	30772.78			
Related Services Subtotal	15348.40		High Cost Aid Available	
Other Child-Specific Costs Subtotal	1082.00		10,030.69	

- This section tabulates all of the component costs to calculate the new 10-Month Annualized Cost.
- It also provides an estimate of the High Cost Aid that will be generated for this record.
- An example of the formula used to calculate this aid is as follows:

Total 10-Month Annualized Cost	\$55,996.57
- <u>District Threshold</u>	<u>\$41,667.00</u>
Annualized Excess Cost	\$14,329.57
x <u>FTE</u>	<u>1.000</u>
Aidable Excess Cost	\$14,329.57
x <u>Public Excess Cost Aid Ratio</u>	<u>0.700</u>
High Cost Aid Available	\$10,030.69

- The SED use only section will be utilized by the State Education Department to note any adjustments resulting from review.



DCPOD Screen

HIGH COST STUDENT WORKSHEET (OTHER DISTRICT)

This screen serves two purposes for “Other District” placements:

1. It provides a standard method for reporting and breaking down costs for students educated by another district, where the other district billed using actual costs.
2. It provides information about Actual Nonresident Tuition Report (NRT) rates for students educated by another district, where the other district billed using the NRT rate.



The top section of the DCPOD Screen

Date 09/28/21		New York State Education Department		Go to <input type="text"/>		(For non-resident placements)	
Time 10:03		HIGH COST STUDENT WORKSHEET (Other District)				<input type="button" value="Menu"/>	
STAC ID	School Year	Rec Num	Name	Date of Birth	Mode		
<input type="text" value="A12345"/>	<input type="text" value="2021"/>	<input type="text" value="02"/> 09	EXAMPLE JOSHUA	01/02/03	Change		
<input type="button" value="Inquire"/>	Set browser to 57% to print as single page				Multiple Disabilities		
				Public Excess Cost Aid Ratio	.700	District Threshold	41,667
Start Date	End Date	To Amend Start or End Dates:	<input type="button" value="GO TO DSPUB"/>	FTE	CSE District	Ed Provider	
09/06/20	06/17/21			1.000	EXAMPLETOWN UFSD	OTHER DISTRICT CSD	281230040000 123456000000
Previous Annualized Rate				Current 10-Month Annualized Cost			
48,000.00				144,954.15			

- This section of the DCPOD screen auto-fills the information originally entered on the DSPUB screen when the original approval was added to the system.
- The District Threshold will help you determine whether the student will qualify for High Cost Aid or not.



I. The NRT Section

I. NRT	<input type="radio"/> Non Resident Tuition (NRT) Rate (Full Day K-6 Student with Disabilities)	<input type="radio"/> Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities)	<input checked="" type="radio"/> Other Educating District Billed Using Actual Costs (Provide Cost Breakdown Below)
	74445	85035	

- If the educating district billed using a Non Resident Tuition (NRT) rate, select either the first option or the second option based the student's age.
- If the educating district billed using actual costs, select the third option.



II. The Special Education Classrooms Section

II. Special Ed Classrooms			Excluded Cost List		
Placement Type	IEP Ratio: Stud:Teach + Para	Total Placement Cost	Actual Students in Class	Total Child Cost	
SPECIAL CLASS	8 : 1 + 1	142170.15	6	23695.03	General Education Costs; CSE Admin Costs; Evaluations; Building Costs; Select Services; Substitute Teachers; Transportation; Field Trips; Classroom Equipment; Classroom Software/Technology; Class Supplies/Materials/Textbooks; Admin Costs (Superintendents, Business Office, PPS, Guidance etc.); Clerical Costs (Front Office, Account Clerks, Secretaries, etc.); & ANY other services not on IEP
	0 : 0 + 0	0	0		
	0 : 0 + 0	0	0		
	0 : 0 + 0	0	0		
*Special education students only Additional Special Education Classroom Costs (Explain in Comments):			0	Classroom Cost for this Child: 23695.03	

- This section will generally only be used if the third option was selected above.
- Only special education expenses are eligible to be claimed. The educating district may have billed for additional expenses in accordance with the cross-contract agreement, but those additional expenses are not eligible for excess cost aid.
- The services must match up against the student’s IEP.
- If the educating district didn’t provide the full cost of the classroom, enter the student’s cost as the Total Placement Cost and use “1” as the Actual Number of Students in Class. Explain the Comments section.



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	Provider Type	Total Cost	# of Students Served	Student Annual Cost
Aide/Teaching Asst <input type="button" value="v"/>	Non-Resident District <input type="button" value="v"/>	53637.00	1	53,637.00
<input type="button" value="v"/>	<input type="button" value="v"/>	0	0	

- Use this section for aides, LPNs, RNs and interpreters assigned to specific students. Do **NOT** include classroom paraprofessionals included in one of the prior sections.
- If the educating district billed using an NRT rate, aides provided by the “Non-Resident District” cannot be claimed in this section.
- In order to be eligible for aid, the IEP must specify:
 - Type of aide, nurse, or interpreter
 - Frequency and duration that aide, nurse, or interpreter is assigned to the student



IV. The Related/Other Services Section

IV. Related/Other Services <small>(Not included in reported cost above)</small>			(As indicated on IEP)			
Service Type	Provider Type	Total Amount Billed Per Student	IEP Session Length (Mins)	Provided to:	Actual # of Sessions Billed	Session Cost Per Child
Speech/Language Therapy	Non-Resident District	10429.38	30	<input checked="" type="radio"/> Individual <input type="radio"/> Group	117	89.14
Speech/Language Therapy	Non-Resident District	1390.74	30	<input type="radio"/> Individual <input checked="" type="radio"/> Group	78	17.83
Teacher for the Deaf	BOCES Extra	54720.00	360	<input checked="" type="radio"/> Individual <input type="radio"/> Group	180	304.00
		0	0	<input checked="" type="radio"/> Individual <input type="radio"/> Group	0	
		0	0	<input checked="" type="radio"/> Individual <input type="radio"/> Group	0	
		0	0	<input checked="" type="radio"/> Individual <input type="radio"/> Group	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)

(Non-Resident District)	(BOCES Extra)	(CSE District)	(Other Provider)
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

- Use this section to report related services not included in any of the prior sections.
- In order to be eligible for aid, the IEP must specify:
Type of service, frequency and duration of service, group size
- Actual # of Billed Sessions cannot exceed recommended services in IEP
- Only use lump sum boxes if all six service rows are filled.
 - Costs in lump sum boxes **MUST** be explained in Comments section.



V. The Other Child Specific Costs Section

V. Other Child Specific Costs	Cost Category	Additional Information	Total Other Child-Specific Costs
Provided by CSE District Only	ASSISTIVE TECHNOLOGY	FM System	1082.00

- Use this section for reporting one-time/non-recurring costs, and only costs **not** claimed in sections I through IV.
- Use the Additional Information line to provide additional detail.
- 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:	<input type="text" value="Student is hard of hearing; FM system communicates with hearing aid"/>	Contact Name	<input type="text" value="District Senior Clerk Typist"/>
Comments:	<input type="text"/>	E-mail Address	<input type="text" value="District.Typist@examplestown.k12.ny.us"/>
Enter	02/04/19	STAC	Update
User		Phone#	<input type="text" value="5181235555"/> (Ex: 5181235555 - 10 digits)
DISTUSER			

- Use this section to provide additional clarification and explanation for anything that is unclear from the sections above.
- The District Contact Information is required.
- It will be blank for the first worksheet of each school year.
- All subsequent worksheets will pre-fill with the information from the most recently completed worksheet.
 - If a new person is assigned to completing the worksheets, he or she should update the district contact information with their own contact information on their first submission.



The Summary Section

Required for Inquiry	Inquire	ADD	Change	SED use only: <input type="checkbox"/> Lock Record
Non Resident Tuition			Total 10-Month Annualized Cost (Verify this amount on DVPUB)	SED Changes:
Special Classrooms Subtotal	23695.03		144,954.15	
1:1/Shared Aide Subtotal	53637.00		High Cost Aid Available	
Related Services Subtotal	66540.12			
Other Child-Specific Costs Subtotal	1082.00		72,301.00	

- This section tabulates all of the component costs to calculate the new 10-Month Annualized Cost.
- It also provides an estimate of the High Cost Aid that will be generated for this record.
- An example of the formula used to calculate this aid is as follows:

Total 10-Month Annualized Cost	\$144,954.15
- District Threshold	<u>\$41,667.00</u>
Annualized Excess Cost	\$103,287.15
x FTE	<u>1.000</u>
Aidable Excess Cost	\$103,287.15
x Public Excess Cost Aid Ratio	<u>0.700</u>
High Cost Aid Available	\$72,301.00

- The SED use only section will be utilized by the State Education Department to note any adjustments resulting from review.



SECTION G

VERIFYING SERVICE APPROVALS



How Long Do School Districts Have to Verify Claims for Reimbursement?

- Less than one year (from program end date)
 - Incarcerated Youth – Online (07/01-08/31) (09/01-06/30)
 - §4201 State Supported (September – June) - Online
 - State Operated – by Provider
- One Year (from program end date)
 - Homeless
 - OPWDD 10-Month Chapter
 - Private Excess Cost (**one year for current year funding)
 - Public Excess Cost (**one year for current year funding)
- Two Years (from program end date)
 - Private Excess Cost (**two years for prior year funding)
 - Public Excess Cost (**two years for prior year funding)
 - CRP (Children’s Residential Project) - by Provider and District
- Three Years (from 10-month program end date)
 - 4408 Summer (Public and Private)
 - Summer Related Services
 - §4201 State Supported Summer Transportation

**Current Year Funding

While Public and Private Excess (High) Cost records can be verified for payment for up to two years after the end of the school year, current year funding is only paid based on prior school year records verified by 06/30 (within one year of the SY close).

A record verified in the second year is processed as a prior year adjustment.

Actual payment of Aid for a prior year adjustments can take more than 10 years.

Only those records verified in the first year will be paid on a current year basis.



Resources for STAC Verification Deadlines

- **Gold Star - Online Verification Status Report**
[http://www.oms.nysed.gov/stac/schoolage/avl-payment reports and chargebacks/online verification status.html](http://www.oms.nysed.gov/stac/schoolage/avl-payment%20reports%20and%20chargebacks/online%20verification%20status.html)
- **STAC School Age Online Verification Deadlines**
<http://www.oms.nysed.gov/stac/schoolage/payments/deadlines.html>
- **STAC Aid Calculations**
Aid Ratios, Basis for Payments, and Timing of Payments
<http://www.oms.nysed.gov/stac/schoolage/payments/calculations.html>



DMNVS Screen

SCHOOL DISTRICT VERIFICATION MENU

Date 09/27/19 GO TO

DMNVS Choice	Description
<input type="checkbox"/> S DVPUB	PUBLIC HIGH COST VERIFICATION
<input type="checkbox"/> S DVPRV	PRIVATE PLACEMENT VERIFICATION
<input type="checkbox"/> S DVSUM	4408 SUMMER PLACEMENT VERIFICATION
<input type="checkbox"/> S DVSRL	4408 SUMMER RELATED SERVICE VERIFICATION
<input type="checkbox"/> S DMNVC	CHAPTER PLACEMENTS VERIFICATION SCREENS
<input type="checkbox"/> S DVSSY	4201 STATE-SUPPORTED 10-MO VERIFICATION
<input type="checkbox"/> S DVHOM	HOMELESS VERIFICATION
<input type="checkbox"/> S DVINC	INCARCERATED YOUTH VERIFICATION
<input type="checkbox"/> S DVSTR	4408 SUMMER PLACEMENT TRANS VERIFICATION
<input type="checkbox"/> S DVST2	4408 SUMMER REL SERV TRANS VERIFICATION
<input type="checkbox"/> S DVST3	4408 SUMMER 4201/SO TRANS VERIFICATION
<input type="checkbox"/> S DQSBO	APPROVAL/VERIFICATION SUMMARY (3 YEAR)
<input type="checkbox"/> S DQPAY	SCHOOL AGE PAYMENT REVIEW
<input type="checkbox"/> S DQCDI	10 MONTH DISTRICT CHARGEBACK SCREEN

Select Placement Type: DVSUM, DVSRL, DVPUB, DVPRV, etc.



STEP ONE: (DVSUM)

INQUIRE ON PLACEMENT TYPE, SCHOOL YR, AND EDUCATION PROVIDER

Date 09/28/21 New York State Education Department Go to
 Time 10:20 Summer Placement Verification Screen Menu

School Year **CSE District**

Unverified
 Verified
 All Records

First 4 Letters of Last Name (Optional)

Last and First Name	STAC-ID	Rec	DOB	Half Time	Program Code	Service Type	% Aide	From	To	FTE Days	Rate	Cost	Verify

1. Select the school year.
2. Click **Get Providers**.
3. Select the desired education provider from the dropdown.
4. Select **Unverified**, **Verified**, or **All Records**.



STEP TWO: (DVSUM) REVIEW PLACEMENT AND VERIFY

Last and First Name			Half	Program Service	% Aide			FTE				
STAC-ID	Rec	DOB	Time	Code	Type	From	To	Days	Rate	Cost	Verify	
APPLES I79314	ADAM 01	01/01/01		9000-A	EDUC	07/05/21	08/13/21	1.000	4,355	4355	<input type="checkbox"/>	
BANANA H42212	BEAU 02	02/02/02		9000-A	EDUC	07/05/21	08/13/21	1.000	4,355	4355	<input type="checkbox"/>	
COOKIE F59116	CORA 01	03/03/03		9000-A	EDUC	07/05/21	08/13/21	1.000	4,355	4355	<input type="checkbox"/>	
DELI A54689	DANNY 02	04/04/04		9000-A	EDUC	100	07/05/21	08/13/21	1.000	4,355	4355	<input type="checkbox"/>
EGGMAN H18380	EDDIE 02	05/05/05		9000-A	EDUC	100	07/05/21	08/13/21	1.000	4,355	4355	<input type="checkbox"/>
FLAN I68074	FATIMA 01	06/06/06		9000-A	EDUC		07/05/21	08/13/21	1.000	4,355	4355	<input type="checkbox"/>
											<input type="checkbox"/>	

[Required for Inquiry](#)

1. Confirm that the education program (and, if applicable, maintenance program) is correct.
2. Confirm that the service start and end dates are correct.
3. Check the Verify box for the student.
4. Click the Submit button once all students have been reviewed.

If “Unverified” is your selection, STACs will disappear from the “Unverified” list once verified.



DVSRL Screen

ONLINE VERIFICATION OF SUMMER RELATED SERVICES

Date: 09/28/21 New York State Education Department
 Time: 10:50 Go to:

Summer Related Services Verification Screen Menu

School Year **CSE District**

2122 EXAMPLETOWN UFSD
 Unverified
 Verified
 All Records

Get Providers

First 4 Letters of Last Name (Optional)

District-Operated 9015 Program-Education Costs Only

Last and First Names STAC-ID Rec DOB	Program Code	Service Type	From	To	1/2 HR Units	Rate	Cost	Verify
APPLES ADAM H87080 01 01/01/01	9015-A	RSO	07/05/21	08/13/21	11	0	0	<input type="checkbox"/>
BANANA BEAU H86526 01 02/02/02	9015-B	SIO	07/05/21	08/13/21	2	0	0	<input type="checkbox"/>
COOKIE CORA H79852 01 03/03/03	9015-C	SIWRS	07/05/21	08/13/21	2	0	0	<input type="checkbox"/>
DELI DANNY B90211 01 04/04/04	9015-A	RSO	07/05/21	08/13/21	18	0	0	<input type="checkbox"/>
EGGMAN EDDIE I15288 01 05/05/05	9015-A	RSO	07/05/21	08/13/21	6	0	0	<input type="checkbox"/>

Required for Inquiry

What's different than DVSUM?

- District-Operated 9015 Program-Education Only
- ½ Hour Units and Rates
- Service Type:
 - 9015A - Related Services Only
 - 9015B - Specially Designed Instruction (SDI)
 - 9015C - SDI w/ Related Services
 - 9015D – Home/Hospital Instruction



DVPUB Screen (High Cost claiming)

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

Date: 09/28/21 Time: 11:33
 New York State Education Department
 Section (3602.19) High Cost-Public Verification Screen

School Year: 2021 CSE District: 281230040000 EXAMPLETOWN UFSD District Count - Total records / Records Verified: 78 Selection Type: Unverified 31
 Unverified DCPUB/DCPOD Required* 12
 Verified and Not Reviewed by SED 0
 Verified and Locked by SED** 0
 All Records 31

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

COMPLETION OF 10-MONTH VERIFICATION FOR ALL PUBLIC PROVIDERS
 CSE District Threshold: 32541
 CSE District Public Excess Cost Ratio: .611
 Education Provider Program Dates - 09/08/20 - 06/25/21
 Contact Name [] Phone # []
 E-mail Address [] Verification Completed []

Last and First Names	From	To	Current Appr	10-Month Annualized Cost		Verify	Reviewed and Locked by SED
				Prev Verified	Verified		
Education Provider Name and Code	Half	FTE	Date Rec Entered	Unverified DCPUB/DCPOD Required	Verified Date	Date Locked	
APPLES ADAM EXAMPLETOWN UFSD F12720 01 01/01/01	09/08/20	06/25/21	53,479.36				<input type="checkbox"/>
BANANA BEAU EXAMPLETOWN UFSD G52805 02 02/02/02	09/08/20	06/25/21	62,104.21	0			<input type="checkbox"/>
COOKIE CORA EXAMPLETOWN UFSD F67149 02 03/03/03	09/08/20	06/25/21	72,442.50	0			<input type="checkbox"/>
DELI DANNY EXAMPLETOWN UFSD A67716 01 04/04/04	09/08/20	06/25/21	70,563.94	70563.94		<input checked="" type="checkbox"/>	<input type="checkbox"/>
EGGMAN EDDIE EXAMPLETOWN UFSD G31482 03 05/05/05	09/08/20	06/25/21	80,261.60	0			<input type="checkbox"/>
FLAN FATIMA EXAMPLETOWN UFSD J38063 01 06/06/06	09/08/20	06/25/21	60,939.09	60939.09		<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOOSE GARY EXAMPLETOWN UFSD B03674 01 07/07/07	09/08/20	06/25/21	97,047.48	97047.48		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required for Inquiry View Submit SED Lock

What's different than the DVSUM Screen?

- Additional selection types:
 - Unverified DCPUB Required*
 - Verified and Not Reviewed by SED
 - Reviewed and Locked by SED
- The ability to sort the list of records in descending order by approved cost
- Contact information box
- From and To dates can be updated
- 10-Month Annualized Cost can be updated*
- DCPUB (in-district/BOCES) and DCPOD (other district) worksheet indicators (red or green)
- Date Locked checkbox (SED Use Only)

* Once a DCPUB or DCPOD has been submitted, costs can only be updated on that worksheet



DVPRV Screen

ONLINE VERIFICATION OF 10-MONTH PRIVATE EXCESS COST STAC APPROVALS

Date: 09/28/21
Time: 11:30
New York State Education Department
Section 4402 and 4405 Verification Screen

School Year: 2021
CSE District: 281230040000 EXAMPLETOWN UFSD
Get Providers: CHILDREN'S HOME OF WYOMING CONFER 030701998858
First 4 Letters of Last Name (Optional): Get AVL

Unverified
 Verified
 All Records

STAC ID	Rec	DOB	Half	Program Code	Service Type	% Aide	From	To	FTE	Rate	Cost	Verify
APPLES G64497	ADAM 03	01/01/01	H	9000-I	EDUC		09/24/20	06/24/21	.474	37,825	17,929	<input type="checkbox"/>
APPLES G64497	ADAM 04	01/01/01		9000-I	EDUC		09/10/20	09/23/20	.051	37,825	1,929	<input type="checkbox"/>
BANANA H09465	BEAU 02	02/02/02		9000-I	EDUC		04/12/21	06/24/21	.282	37,825	10,666	<input type="checkbox"/>
COOKIE B65297	CORA 02	03/03/03		9000-I	EDUC	100	09/10/20	04/27/21	.769	57,308	44,069	<input type="checkbox"/>
DELI B04096	DANNY 01	04/04/04		9000-I	EDUC		09/10/20	01/21/21	.461	37,825	17,437	<input type="checkbox"/>
EGGMAN E32311	EDDIE 02	05/05/05		9000-I	EDUC	50	09/10/20	06/24/21	1.000	47,567	47,567	<input type="checkbox"/>

Required for Inquiry

What's different than the DVSUM Screen?

- Verification period is September to June



DVHOM Screen

ONLINE VERIFICATION OF HOMELESS STAC APPROVALS

Date 09/23/21 New York State Education Department
 Time 04:36 Homeless/Runaway Youth Verification Screen

School Year: 2021 | CSE District: 281230040000 EXAMPLETOWN UFSD

Get Providers: EXAMPLETOWN UFSD | 281230040000

First 4 Letters of Last Name (Optional): |

Unverified
 Verified
 All Records

STAC-ID	Rec	DOB	Half Time	Program Code	Service Type	From	To	FTE	Rate	Cost	Verify
APPLES I55276	ADAM 01	01/02/03		8500-K	EDUC	09/05/19	06/26/20	.975	1,383	1348	<input checked="" type="checkbox"/>
BANANA B14649	BEAU 01	02/03/04		8501-L	EDUC	09/10/19	06/26/20	.975	35,647	34755	<input checked="" type="checkbox"/>
COOKIE A36413	CORA 01	03/04/05		8500-L	EDUC	09/10/19	06/26/20	.975	3,757	3663	<input checked="" type="checkbox"/>
DELI I49892	DANNY 01	05/06/07		8500-L	EDUC	09/10/19	06/26/20	.975	3,757	3663	<input type="checkbox"/>
EGGMAN I49897	EDDIE 01	06/07/08		8500-K	EDUC	09/12/19	06/26/20	.950	1,383	1313	<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>

[Required for Inquiry](#) | |

- What's different than the DVSUM Screen?
- Verification Period is September to June
 - No Maintenance on STAC



DVSSY Screen

ONLINE VERIFICATION OF § 4201 10-MONTH STATE-SUPPORTED STAC APPROVALS

Date: 09/23/21 Time: 04:16 New York State Education Department 4201 AVL/Update/Display

School Year: 2021 CSE District: 281230040000 EXAMPLETOWN UFSD

Get Providers: ROCHESTER SCHOOL FOR THE DEAF 261600997046

First 4 Letters of Last Name (Optional): [] Get AVL

Verification Period: 09/01/20 - 06/30/21

STAC-ID	Last and First Name	Half-time	Prog Code	Serv Type	1to1 Aide	Service Dates	4-Mo	10-Mo	FTE	Verify
Rec	DOB					Begin End				
APPLES ADAM		N	9260-I	EDUC	N	09/14/20 06/25/21		1.000		<input checked="" type="checkbox"/>
C86231	02 05/15/08									
EXAMPLETOWN UFSD Y/N VERIFIED: Y N										
BANANA BEAU		N	9260-I	EDUC	N	09/14/20 01/26/21		.461		<input checked="" type="checkbox"/>
A62708	01 07/15/03		9265-I	MAIN	N	09/15/20 01/26/21				
EXAMPLETOWN UFSD Y/N VERIFIED: Y N										
COOKIE CORA		N	9260-I	EDUC	N	09/14/20 06/25/21		1.000		<input checked="" type="checkbox"/>
D68138	02 08/14/05									
EXAMPLETOWN UFSD Y/N VERIFIED: Y N										
DELI DANNY		N	9260-I	EDUC	N	10/19/20 06/25/21		.871		<input checked="" type="checkbox"/>
A55573	02 01/22/14		9265-I	MAIN	N	10/19/20 06/25/21				
EXAMPLETOWN UFSD Y/N VERIFIED: Y N										
EGGMAN EDDIE		N	9260-I	EDUC	N	09/14/20 06/25/21		1.000		<input type="checkbox"/>
F99955	02 08/05/12									
EXAMPLETOWN UFSD Y/N VERIFIED: Y N										
FLAN FATIMA		N	9260-I	EDUC	N	09/14/20 06/25/21		1.000		<input type="checkbox"/>
F20233	01 08/12/12									
EXAMPLETOWN UFSD Y/N VERIFIED: Y N										
GOOSE GARY		N	9260-I	EDUC	N	09/14/20 06/25/21		1.000		<input type="checkbox"/>
D06824	02 12/12/01									
EXAMPLETOWN UFSD Y/N VERIFIED: Y N										

Required for Inquiry View Submit

What's different than the DVSUM Screen?

1. Verification Period

- Indicates whether you're verifying 09/01 - 12/31 or 09/01 - 06/30

2. 4-Mo and 10-Mo Verification Columns

- Active column identified by blue FTE label



DVSTR Screen

ONLINE PROCESSING OF 4408 TRANSPORTATION COSTS

Date: 09/29/21 New York State Education Department Go to:
 Time: 09:17 **Summer Trans. Cost Verification for DSUMR** Menu

School Year **CSE District**

2122 EXAPLETOWN UFSD

Get Providers GREEN CHIMNEYS SCHOOL-LITTLE FOLKS 480601996550

First 4 Letters of Last Name (Optional) **Get AVL**

Unverified
 Verified
 All Records

Last and First Name	STAC-ID	DOB	Rec	Educ. Dates		Day or Previously		Cost	
				From	To	Res.	Approved	Approved	Verified
APPLES ADAM	H78135	01/01/01	02	07/06/21	08/14/21	D	0	4256.27	4256.27 <input checked="" type="checkbox"/>
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			
S BANANA BEAU	E01622	02/02/02	02	07/06/21	08/14/21	D	0	8658.43	8658.43 <input type="checkbox"/>
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			
COOKIE CORA	E26562	03/03/03	02	07/06/21	08/14/21	D	0	3658.43	3658.43 <input checked="" type="checkbox"/>
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			
							0	0	<input type="text" value="0"/> <input type="checkbox"/>
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			
							0	0	<input type="text" value="0"/> <input type="checkbox"/>
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			
							0	0	<input type="text" value="0"/> <input type="checkbox"/>
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			

Required for Inquiry View Submit

Transportation Stop Amount by Year (Stop Indicated by "S")	
2016-17	\$6,500
2017-18	\$6,500
2018-19	\$6,500
2019-20	\$6,500

80% Aid Ratio



DVST2 Screen

ONLINE VERIFICATION OF SUMMER RELATED SERVICES TRANSPORTATION

Date 09/29/21 Time 09:35 New York State Education Department Summer Related Service Trans. Cost Verification

School Year: 1920 CSE District: 281230040000 EXAMPLETOWN UFSD

Get Providers: NASSAU BOCES 289000000000

Unverified (selected), Verified, All Records

Last and First Name	STAC-ID	DOB	Rec	Educ. Dates		Day or Previously	Cost	Verified	Verify
				From	To	Res.	Approved	Approved	
APPLES ADAM	F43497	01/01/01	01	07/01/21	08/09/21	D	0	2183.92	2183.92 <input checked="" type="checkbox"/>
*Select Type for Year 1718 and forward:				<input checked="" type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			
BANANA BEAU	F95665	02/02/02	01	07/01/21	08/09/21	D	0	2183.92	2183.92 <input checked="" type="checkbox"/>
*Select Type for Year 1718 and forward:				<input checked="" type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			
S COOKIE CORA	F10400	03/03/03	01	07/01/21	08/09/21	D		7183.92	7183.92 <input type="checkbox"/>
*Select Type for Year 1718 and forward:				<input checked="" type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			
S DELI DANNY	D27788	04/04/04	01	07/01/21	08/09/21	D		8185.95	8185.95 <input type="checkbox"/>
*Select Type for Year 1718 and forward:				<input checked="" type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			
							0	0	0 <input type="checkbox"/>
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			
							0	0	0 <input type="checkbox"/>
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			
							0	0	0 <input type="checkbox"/>
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter			

Required for Inquiry View Submit

Transportation Stop Amount by Year (Stop Indicated by "S")	
2016-17	\$6,500
2017-18	\$6,500
2018-19	\$6,500
2019-20	\$6,500

80% Aid Ratio



DVST3 Screen

ONLINE VERIFICATION OF SUMMER § 4201 TRANSPORTATION

Date: 09/23/21 New York State Education Department Go to:

Time: 03:35 Menu

Summer Section 4201 Trans. Cost Verification

School Year **CSE District**

First 4 Letters of Last Name (Optional)

Unverified
 Verified
 All Records

Last and First Name	STAC-ID	DOB	Rec	Educ. Dates		Day or Previously Res.	Approved	Cost		
				From	To			Approved	Verified	Verify
S APPLES ADAM	D28129	01/01/01	02	07/12/21	08/20/21	D	0	7958.26	7958.26	<input type="checkbox"/>
*Select Type for Year 1718 and forward:				<input checked="" type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter				
S BANANA BEAU	C49496	02/02/02	01	07/12/21	08/20/21	R	0	8267.23	8267.23	<input type="checkbox"/>
*Select Type for Year 1718 and forward:				<input checked="" type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter				
COOKIE CORA	A08016	03/03/03	02	07/12/21	08/20/21	D	0	5155.21	5155.21	<input checked="" type="checkbox"/>
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input checked="" type="checkbox"/> Contracted Transporter				
DELI DANNY	J00590	04/04/04	02	07/12/21	08/20/21	D	0	1550.25	0	<input type="checkbox"/>
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input checked="" type="checkbox"/> Contracted Transporter				
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter		0 0 0		
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter		0 0 0		
*Select Type for Year 1718 and forward:				<input type="checkbox"/> District-Operated Trans		<input type="checkbox"/> Contracted Transporter		0 0 0		

Required for Inquiry

Transportation Stop Amount by Year (Stop Indicated by "S")	
2016-17	\$6,500
2017-18	\$6,500
2018-19	\$6,500
2019-20	\$6,500

80% Aid Ratio



Form for Summer Transportation Costs \$6,500+ (cover sheet for required supporting transportation documentation)

STAC-705		Explanation/Correction of Student Transportation Costs of \$6,500+ Verified with Pay Stops for Summer Section 4408 & 4201 Students			Rev. 6/2021		
ENTER YEAR		CSE DISTRICT CODE			CSE DISTRICT NAME		DATE RETURNED TO STAC
July/Aug _____							____/____/____
STAC ID	RECORD NUMBER	STUDENT NAME (LAST, FIRST)	EDUCATION PROVIDER	VERIFIED ACTUAL STUDENT TRANS. COST**	TYPE		TRANSPORTATION VERIFICATION SCREEN
					District Operated	Contract	
					<input type="radio"/>	<input type="radio"/>	▼
					<input type="radio"/>	<input type="radio"/>	▼
					<input type="radio"/>	<input type="radio"/>	▼
					<input type="radio"/>	<input type="radio"/>	▼
					<input type="radio"/>	<input type="radio"/>	▼
					<input type="radio"/>	<input type="radio"/>	▼
					<input type="radio"/>	<input type="radio"/>	▼
					<input type="radio"/>	<input type="radio"/>	▼

**If corrected cost is greater than \$6,499, attach a copy of the student transportation invoice or a detailed calculation to support your transportation claim.

THIS FORM MUST BE COMPLETED AND SIGNED BY:

- DISTRICT SUPERINTENDENT/SCHOOL BUSINESS OFFICIAL
- CSE CHAIRPERSON

Superintendent/Business Official Signature	Title	Telephone #	Date
CSE Chairperson Signature	Title	Telephone #	Date

**Return Electronically:
Upload to "inbasket"
in SED File Transfer Manager**

After uploading,
send notification email to:
OMSSTAC@nysed.gov
Attention: Tom Hitchcock
Include Filename in Email!

Return by mail to:
 Thomas Hitchcock
 STAC and Medicaid Unit
 89 Washington Ave
 Room 514 EB
 Albany, New York 12234
 For questions call (518) 474-7116

or

**Return via SED File Transfer
 Manager:**
 Upload to district "inbasket"
 Notify
Thomas.Hitchcock@nysed.gov



SECTION H

Reapplying Continuing Placements for the Next School Year



STEP ONE: (DRSUM)

INQUIRE ON SCHOOL YEAR AND PROVIDER

Date 09/23/21 Time 03:04 New York State Education Department

Go to Menu

July/August Reimbursement Reapplications (Section 4408)

School Year: CSE District: EXAMPLETOWN UFSD

Education Provider: Provider Code: 281230040000 Number of Records: 00003

Get Providers

Get Reapps First 4 Letters of Last Name (Optional)

1. Select the school year from the dropdown menu.
2. Click **Get Providers**.
3. Select the provider from the dropdown menu.
4. Click **Get Reapps**.
5. To find a specific student, enter the first four letters of the student's last name.



STEP TWO: (DRSUM)

COMPLETE THE REAPPLICATION PROCESS

STAC ID	Reapply	----- Name -----	Education	Maintenance	Transportation Cost
A72127	<input type="checkbox"/>	ARTHUR CHESTER	9000 A		0 1
C23432	<input type="checkbox"/>	STANTON ELIZABETH	9000 A		0 2
A25652	<input type="checkbox"/>	TUBMAN HARRIET	9004 A		0 3

1. Check the **Reapply** box.
2. Confirm that the program information is correct.
3. Enter the student's transportation cost, if known.

<input type="checkbox"/>		0	0
<input type="button" value="View"/> <input type="button" value="Submit"/>			

4. Click **Submit**.



DRPUB Screen

ONLINE PROCESSING OF 10-MONTH HIGH COST STAC REAPPLICATION APPROVALS

Date 09/23/21 New York State Education Department
 Time 02:38 Go to
Public Excess Cost Reapplications (10-Month) Menu

School Year **CSE District** Your District Threshold Amount
 2021 281230040000 EXAMPLETOWN UFSD 41,664

Education Provider Provider Code Number of Records
 Get Providers EXAMPLETOWN UFSD 281230040000 00005

Get Reapps First 4 Letters of Last Name (Optional) AAAA

STAC ID	Reapply	Name	Education	Annualized Cost
E62630	<input checked="" type="checkbox"/>	APPLES ADAM	8000 I	75000.00 1
C94532	<input checked="" type="checkbox"/>	BANANA BEAU	8000 I	85000.00 2
B15132	<input checked="" type="checkbox"/>	COOKIE CORA	8000 I	100000.00 3
B00692	<input type="checkbox"/>	DELI DANNY	8000 I	0 4
I50030	<input type="checkbox"/>	EGGMAN EDDIE	8000 I	0 5
	<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

What's different from DRSUM?

- Your District Threshold Amount
 - Only students whose 10-month annualized costs are anticipated to be equal to or above the District Threshold should be reapplied for in the new school year.
- Annualized Cost
 - If amount is substantially below the threshold, you will get an error message.
- No Transportation Cost



DRPRV Screen

10-MONTH PRIVATE EXCESS COST STAC REAPPLICATIONS (for in-state placements)

Date 09/23/21 Time 02:28 New York State Education Department Go to

Private Excess Cost Reapplications (10-Month) Menu

School Year **CSE District**

2122 EXAMPLETOWN UFSD

Education Provider **Provider Code** **Number of Records**

Get Providers

Get Reapps

STAC ID	Reapply	----- Name -----		Education	Maintenance
I93785	<input type="checkbox"/>	APPLES	ADAM	9002 I	01
B10400	<input type="checkbox"/>	BANANA	BEAU	9003 I	02
I35950	<input type="checkbox"/>	COOKIE	CORA	9002 I	03
E71322	<input type="checkbox"/>	DELI	DANNY	9004 I	04
	<input type="checkbox"/>				00
	<input type="checkbox"/>				00
	<input type="checkbox"/>				00
	<input type="checkbox"/>				00
	<input type="checkbox"/>				00
	<input type="checkbox"/>				00

View Submit

What's different from DRSUM?

- No Transportation Cost



DRSSY Screen

10-MONTH § 4201 STATE-SUPPORTED STAC REAPPLICATIONS

What's different from DRSUM?

- No Transportation Cost

Date 09/23/21 New York State Education Department Go to
 Time 02:23 **4201 State-Supported Schools Reapplications (10-Month)**

School Year CSE District

Education Provider

First 4 Letters of Last Name (Optional)

STAC ID	Reapply	----- Name -----	Education	Maintenance
I30605	<input type="checkbox"/>	APPLES ADAM	9260 I	1
I30613	<input type="checkbox"/>	BANANA BEAU	9260 I	2
J39334	<input type="checkbox"/>	COOKIE CORA	9260 I	3
	<input type="checkbox"/>			0
	<input type="checkbox"/>			0
	<input type="checkbox"/>			0
	<input type="checkbox"/>			0
	<input type="checkbox"/>			0
	<input type="checkbox"/>			0
	<input type="checkbox"/>			0



DRCHP Screen

10-MONTH CHAPTER STAC REAPPLICATIONS

Date 09/23/21 New York State Education Department Go to
 Time 02:18 **School Age 10 Month Chapter Placement Reapplications**

School Year **CSE District** EXAMPLETOWN UFSD

Education Provider **Provider Code** **Number of Records**

First 4 Letters of Last Name (Optional)

STAC ID	Reapply	Name	Education	Chapter Type	Annual Rate	Transportation	Administrative	CSE COST
B29950	<input checked="" type="checkbox"/>	APPLES ADAM	9001	IRA	45447.85	10400.00	2272.00	100.00
B98257	<input type="checkbox"/>	BANANA BEAU	9001	IRA	0	0	0	0
	<input type="checkbox"/>				0	0	0	0
	<input type="checkbox"/>				0	0	0	0
	<input type="checkbox"/>				0	0	0	0
	<input type="checkbox"/>				0	0	0	0
	<input type="checkbox"/>				0	0	0	0
	<input type="checkbox"/>				0	0	0	0
	<input type="checkbox"/>				0	0	0	0
	<input type="checkbox"/>				0	0	0	0

What's different from DRSUM?

- Chapter Type
- Annual Rate
- Administrative
- CSE COST



DRCSM Screen

2-MONTH (SUMMER) CHAPTER STAC REAPPLICATIONS

Date 09/23/21
Time 02:04

New York State Education Department
School Age Summer Chapter Reapplications

Go to Menu

School Year **CSE District**
2122 281230040000 EXAMPLETOWN UFSD

Education Provider Provider Code Number of Records
Get Providers HILLSIDE CHILDRENS CENTER SCHOOL 261600997698 00002

Get Reapps First 4 Letters of Last Name (Optional) AAAA

STAC ID	Reapply	Name	Education	Chapter Type	Transportation Cost
978597	<input type="checkbox"/>	APPLES ADAM	9003 C	IRA	0 1
A66776	<input type="checkbox"/>	BANANA BEAU	9003 C	IRA	0 2
	<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
	<input type="checkbox"/>				0 0

View Submit

What's different from DRSUM?

- Chapter Type



SECTION I

Looking Up Information on the STAC Online (EFRT) System



DMQRY Screen

SCHOOL AGE INQUIRY SCREENS

Date 09/10/18 GO TO

DMQRY Menu of STAC School Age Inquiry Screens

Choice	Description
<input type="text" value="S"/>	DCHSR FIND A STAC ID FOR A STUDENT
<input type="text" value="S"/>	DQAPP APPROVAL LISTS
<input type="text" value="S"/>	DQCER PRIVATE PLACEMENT CERTIFICATION LIST
<input type="text" value="S"/>	DQCLD VIEW/AMEND CHILD SERVICE APPROVALS
<input type="text" value="S"/>	DQHOM HOMELESS ELIGIBILITY LIST
<input type="text" value="S"/>	DQPRG PROVIDER/PROGRAM SEARCH
<input type="text" value="S"/>	DQPRT VIEW/PRINT CHILD SERVICE APPROVALS
<input type="text" value="S"/>	DQPR5 VIEW/PRINT CHILD SERVICE EVALUATIONS
<input type="text" value="S"/>	DQCDI 10 MONTH DISTRICT CHARGEBACK SCREEN
<input type="text" value="S"/>	DQPAY SCHOOL AGE PAYMENT REVIEW
<input type="text" value="S"/>	DQSBO APPROVAL/VERIFICATION SUMMARY (3 YEAR)
<input type="text" value="S"/>	DQSUM 4408/4201 SUMMER DISTRICT SUMMARY REPORT
<input type="text" value="S"/>	
<input type="text" value="S"/>	
<input type="text" value="S"/>	



DQAPP Screen

LIST OF APPROVALS BY PROVIDER, YEAR, PLACEMENT TYPE

Date 09/23/21 New York State Education Department
 Time 01:43 Go to
Menu

Agency Approvals List

School Year DISTRICT

2122 EXAMPLETOWN UFSD

Get Providers

Agency Type (Internal use only)
 All
 Verified
 Unverified
 DISTRICT
 Get Records

Placement Type
 Record Count 99 Send File to SED FTM

Required for Inquiry

NAME	STAC ID	REC	Provider	ISPEC	PRO -GRAM	SERVICE DATES		FTE/ UNITS	Aide %	RATE	COST	VER STIP		A	W	
						BEGIN	END					ET DR	ET DR	U	D	D
APPLES ADAM	I21723	01	EXAMPLETOWN UF	DSUMR	9000A	070521	081321	1.000	000	4367	4367	NN	NN	N		
BANANA BEAU	D78187	01	NASSAU BOCES	DSUMR	9010A	070521	081321	1.000	000	2249	2249	NN	NN	N		
COOKIE CORA	953751	01	EXAMPLETOWN UF	DSUMR	9010A	070521	081321	1.000	000	2249	2249	NN	NN	N		
DELI DANNY	C43512	01	BROOKVILLE CENT	DSUMR	9000A	070221	081321	1.000	000	0	0	NN	NN	N		
EGGMAN EDDIE	G30309	01	EXAMPLETOWN UF	DSUMR	9000A	070521	081321	1.000	000	4367	4367	NN	NN	N		
FLAN FATIMA	983933	01	EXAMPLETOWN UF	DSUMR	9010A	070521	081321	1.000	000	2249	2249	NN	NN	N		
GOOSE GARY	G97151	01	EXAMPLETOWN UF	DSUMR	9010A	070521	081321	1.000	000	2249	2249	NN	NN	N		

NEW! “Send File to SED FTM” option generates an easily printable PDF version of the listing on screen.



DQAPP Screen

PRINTABLE PDFS AVAILABLE FROM SED FILE TRANSFER MANAGER (FTM)

DQAPP_LIST_2122_HSUMR

NAME	STAC ID	REC	PROVIDER	ISPEC	PROGRAM	SERVICE DATES		FTE/UNITS	AIDE		COST	VER	STP	A	W			
						BEGIN	END		1/1	50%		RATE	E	T	E	T	U	D
													D	R	D	R	D	W
APPLES ADAM	C43513	01	EXAMPLETOWN UFSD	DSUMR	9010A	070121	082021	1.000	000	2787	2787	Y	Y	N	N	N	N	
BANANA BEAU	D77329	01	EXAMPLETOWN UFSD	DSUMR	9000A	070121	081221	1.000	000	7162	7162	Y	Y	N	N	N	N	
COOKIE CORA	F10495	01	EXAMPLETOWN UFSD	DSUMR	9010A	070121	082021	1.000	000	2787	2787	Y	Y	N	N	N	N	
DELI DANNY	H07856	02	NASSAU BOCES	DSUMR	9000A	070621	081421	1.000	000	4801	4801	Y	Y	N	N	N	N	
EGGMAN EDDIE	B59739	02	NASSAU BOCES	DSUMR	9000A	070621	081421	1.000	000	4801	4801	Y	Y	N	N	N	N	
FLAN FATIMA	821612	01	OTHER PROVIDER	DSUMR	9010A	070121	082021	1.000	000	2787	2787	Y	Y	N	N	N	N	
GOOSE GARY	B14120	02	CENTER FOR DISC	DSUMR	9020A	070621	081421	1.000	000	14482	14482	Y	Y	N	N	N	N	
HERON HEIDI	G89403	01	EXAMPLETOWN UFSD	DSUMR	9010A	070121	082021	1.000	000	2787	2787	Y	Y	N	N	N	N	

- Unlike the online screen, all of the columns on the printable PDFs are properly aligned.
- The PDFs do not have a left margin, so you need to select the “Fit” option when printing in Adobe Acrobat or Adobe Reader



DQCER Screen

LIST OF A DISTRICT'S PRIVATE PLACEMENT CERTIFICATION APPROVALS

Date 09/23/21 New York State Education Department Go to
 Time 01:31 **Private Placement Certification List** Menu

School Year District EXAMPLETOWN UFSD

Record Count **22**

Last Name/First Name	STAC ID	Day/Res	In/Out of State	Certification Date/Time	CSE Meeting Date	User
APPLES ADAM	C10344	DAY	IN-STATE	04/22/21 09:51 AM	03/16/21	NEXAMPLE
BANANA BEAU	B52797	DAY	IN-STATE	04/22/21 10:50 AM	04/06/21	NEXAMPLE
COOKIE CORA	857219	DAY	IN-STATE	04/22/21 10:50 AM	04/06/21	NEXAMPLE
DELI DANNY	G84429	RES	IN-STATE	04/22/21 03:01 PM	02/24/21	NEXAMPLE
EGGMAN EDDIE	F46934	DAY	OUT-STATE	04/22/21 10:54 AM	03/16/21	NEXAMPLE
FLAN FATIMA	929032	RES	IN-STATE	04/22/21 10:55 AM	03/15/21	NEXAMPLE



DQHOM Screen

LIST OF HOMELESS ELIGIBILITY RECORDS BY DESIGNATED DISTRICT OF ATTENDANCE

Date 09/30/21 New York State Education Department Go to

Time 01:34 **Homeless Eligibility List**

School Year **District** EXAMPLETOWN UFSD

Open multiple school years to capture all eligible for the year open for payment. Record Count : 3

Attendance (educating - 9A)
 Last Permanently Housed Prior to Attendance (origin - 7A)

Verified Service Records: 0 To obtain Homeless State Aid, District of Attendance must:

UnVerified Service Records: 0 1) Toggle through multiple school years to view all eligible records.

[Review DQAPP screen multiple listings of all homeless approvals \(DSHOM\) for confirmation by: ALL, VERIFIED, or UNVERIFIED Records.](#) 2) Submit an approval (DSHOM) annually based on eligibility of student for open school year.

3) Verify (DVHOM) approvals after 6/30 to generate aid payment.

Last Name/ First Name	STAC ID	REC	District Last Permanently Housed	Eligible Date		W D W
				Begin	End	
APPLES ADAM	A12345	01	SOME DISTRICT SD	01/12/21-		N
BANANA BEAYA	B23456	01	OTHER DISTRICT CSD	12/11/20-		N
COOKIE CORA	C34567	01	SOME CITY SD	12/11/20-		N



DQPRG Screen

PROVIDER/PROGRAM SEARCH BY YEAR AND PROVIDER

Date 09/23/21 New York State Education Department Go to
 Time 11:50 Special Education Program Listing Menu

School Year Provider Code Search Provider Name Search
 Get Providers

EXAMPLE TOWN UFSU 280300010000 ▼

Telephone Contact From Through
 518-474-7116 DR STACEY STAC Evaluator 1617

Choose One
 All Programs
 Pre School Programs
 School Age Programs
Get Programs

Previous Page Next Page

Select	Code	Program Name	
<input type="checkbox"/>	8000 I	S/Y-PUBLIC EXCESS COST	10-MONTH HIGH COST
<input checked="" type="checkbox"/>	09/08/21 - 09/08/21	06/24/22 DAY Age 05 - 21	Appr- Y
<input type="checkbox"/>	8500 K	S/Y-SCHOOL AGE HOMELESS	K-6 REGULAR ED
<input checked="" type="checkbox"/>	09/08/21 - 09/08/21	06/24/22	Appr- Y
<input type="checkbox"/>	8500 L	S/Y-SCHOOL AGE HOMELESS	7-12 REGULAR ED
<input checked="" type="checkbox"/>	09/08/21 - 09/08/21	06/24/22	Appr- Y
<input type="checkbox"/>	8501 K	S/Y-SCHOOL AGE HOMELESS	K-6 SPECIAL ED
<input checked="" type="checkbox"/>	09/08/21 - 09/08/21	06/24/22	Appr- Y
<input type="checkbox"/>	8501 L	S/Y-SCHOOL AGE HOMELESS	7-12 SPECIAL ED
<input checked="" type="checkbox"/>	09/08/21 - 09/08/21	06/24/22	Appr- Y
<input type="checkbox"/>	9000 A	J/A-SCHOOL AGE-SPECIAL CLASS-F	FULL-DAY 5 1/2 HOUR CLASS
<input checked="" type="checkbox"/>	07/05/21 - 07/05/21	08/13/21 DAY Age 05 - 21	Appr- Y
<input type="checkbox"/>	9010 A	J/A-SCH AGE-SPEC CLS-LESS THAN	HALF-DAY 3 HOUR CLASS
<input checked="" type="checkbox"/>	07/05/21 - 07/05/21	08/13/21 DAY Age 05 - 21	Appr- Y
<input type="checkbox"/>	9015 A	J/A-SCHOOL AGE-NONSPECIAL CLAS	RELATED SVCS ONLY
<input checked="" type="checkbox"/>	07/05/21 - 07/05/21	08/13/21 DAY Age 05 - 21	Appr- Y



DQPRT Screen

PRINT SCREEN LIST OF STAC3S ON STAC SYSTEM FOR A STUDENT

Date: 09/23/21 New York State Education Department
 Time: 11:43 **STAC Child Print Search**

Go to

STAC ID **Name** **Date of Birth**

 EXAMPLE JOSHUA 01/02/03

SIS ID **Gender** **Race-Ethnicity**

 MALE NATIVE AMERICAN/ALASKAN NATIVE

Former Name **Name Chg Effective Date**

Start From Service Date ((MM/DD/YY))

Service/Claim History

Select	Service Dates	Record No	Plac	Provider	CSE or CPSE	Withdrawn
<input type="checkbox"/>	07/05/21 08/13/21	01	DSUMR	EXAMPLETOWN UFSD	EXAMPLETOWN UFSD	N
<input type="checkbox"/>	07/06/20 08/14/20	01	DSUMR	EXAMPLETOWN UFSD	EXAMPLETOWN UFSD	N
<input type="checkbox"/>	09/03/19 06/26/20	02	DSPUB	EXAMPLETOWN UFSD	EXAMPLETOWN UFSD	Y
<input type="checkbox"/>	07/08/19 08/16/19	01	DSUMR	EXAMPLETOWN UFSD	EXAMPLETOWN UFSD	N
<input type="checkbox"/>	09/04/18 06/26/19	02	DSPUB	EXAMPLETOWN UFSD	EXAMPLETOWN UFSD	N



DQCDI Screen

DISTRICT 10-MONTH CHARGEBACK SCREEN

Date 09/22/21 New York State Education Department
 Time 04:04 Go to
Menu

10 Month Chargeback Information Page

Chargeback

School Year	Chargeback District	Type of Placement	Total Records
1920	281230040000	ALL - Every 10 month chargeback	19
<input type="button" value="Inquire"/> EXAMPLETOWN UFSD		Chargeback run Date 09/01/21	Total FTE 13.055

Last Name/First Name	STAC ID /Num Rec	Type Placement /Chapter	Facility/CSE District	Provider	FTE
APPLES ADAM	938356 01	DSCHP IRA	OTHER-DISTRICT	MONROE 1 BOCES	0.475
BANANA BEAU	F28063 01	DSINC	SOME DISTRICT SD	GENESEE VALLEY	0.083
COOKIE CORA	F40513 01	DSOSA CCI	GEORGE JUNIOR R	GEORGE JUNIOR	1.000
DELI DANNY	H11800 01	DSHOM	SOME CITY SD	SOME CITY SD	1.000
EGGMAN EDDIE	I29186 01	DSOSA CCI	HILLSIDE CHILDR	HILLSIDE CHILD	0.675
FLAN FATIMA	G44298 01	DSHOM	ALEXANDER CSD	ALEXANDER CSD	1.000

Point in Time Report
Not Real Time

(Two most recent
years updated on the
first of each month)



DQPAY Screen

DISTRICT SCHOOL AGE PAYMENT DETAIL SCREEN

Date 09/22/21
Time 03:13

New York State Education Department

School Age APR View

Go to

School Year **District**

Fund **PAY Num**

Service Educ Tran

EXAMPLETOWN UFSD

APR Issue Date
07/21/21

Gross Amt 9,164.64+

Adjust Amt

Net Amt 9,164.64+

Pay Percent 80.0000

Adjustment Detail

To obtain an original Approved Payment Report (APR) for this payment, click:

STAC ID	Last Name/First Name	Provider	Start Date	End Date	Service	Amt this APR	Total to Date
E56858	01 APPLES ADAM	EXAMPLETOWN UF	07/01	08/11	EDUC	784.08	2613.60
G53358	01 BANANA BEAU	EXAMPLETOWN UF	07/01	08/11	EDUC	1829.52-	0.00
C34479	01 COOKIE CORA	EXAMPLETOWN UF	07/01	08/11	EDUC	1829.52-	0.00
G97522	01 DELI DANNY	EXAMPLETOWN UF	07/01	08/11	EDUC	784.08	2613.60
G23068	01 EGGMAN EDDIE	EXAMPLETOWN UF	07/01	08/11	EDUC	784.08	2613.60
D13890	01 FLAN FATIMA	EXAMPLETOWN UF	07/01	08/11	EDUC	784.08	2613.60
997906	01 GOOSE GARY	UPSTATE CEREBR	07/13	08/21	EDUC	2421.84	8072.80
844562	01 HERON HEIDI	UPSTATE CEREBR	07/13	08/21	EDUC	2421.84	8072.80
E38205	01 ICEBERG IAN	UPSTATE CEREBR	07/13	08/21	EDUC	2421.84	8072.80
D94771	01 JASMINE JUDE	UPSTATE CEREBR	07/13	08/21	EDUC	2421.84	8072.80

Provider Totals

Provider Totals	
EXAMPLETOWN	522.72-
UPSTATE CERE	9687.36+



DQSBO Screen – Top of Screen

DISTRICT APPROVAL/VERIFICATION SUMMARY (3 YEAR)

Date 09/22/21
Time 03:04
New York State Education Department
Go to

Special Education Approval Summary

School Year
District Code Search
District Name Search

2122
281230040000
EXAMPLETO

EXAMPLETOWN UFSD
281230040000

Service Type
(DSUMR) School Age Summer Placement

Choose One
 1 Year selected
 Year selected and prior 2 years

Education Data		2019-20	% change	2020-21	% change	2021-22
Approval Data	Number	58	22+	71	31+	93
	FTE	58.000	21+	70.333	31+	92.333
	Educ. Cost	234,265	20+	280,787	23-	215,943
Verified Data	Number	58	22+	71	31+	93
	% Verified	100	0	100	0	100
	FTE	58.000	21+	70.333	100-	0
	% Verified	100	0	100	100-	0
	Educ. Cost	235,348	19+	280,787	100-	0
Unverified Data + Rate Changes*	Number	0	0	0	0	0
	% Unverified	0	0	0	0	0
	FTE	0	0	0	999+	92.333
	% Unverified	0	0	0	999+	100
	Educ. Cost	1,083+	100-	0	999+	215,943+
% Unverified	0	0	0	999+	100+	



DQSBO Screen – Bottom of Screen

DISTRICT APPROVAL/VERIFICATION SUMMARY (3 YEAR)

Maintenance Data						
Approval Data	Number	7	0	7	14+	8
	Maint. Cost	166,787	29-	118,346	69+	200,512
Verified Data	Number	0	0	0	0	0
	Maint. Cost	0	0	0	0	0
	% Verified	0	0	0	0	0
Unverified Data + Rate	Number	7	0	7	14+	8
	Maint. Cost	166,787+	29-	118,346+	69+	200,512+
Changes *	% Unverified	100+	0	100+	0	100+

Transportation Data						
Transportation applies only to 2-mth programs and 10-mth Chapter 721						
Approval Data	Number	83	4+	86	22+	105
	Trans. Cost	218,611	1-	216,288	21+	261,001
Verified Data	Number	83	4+	86	22+	105
	Trans. Cost	218,611	1-	216,288	21+	261,001
	% Verified	100	0	100	0	100
Unverified Data	Number	0	0	0	0	0
	Trans. Cost	0	0	0	0	0
	% Unverified	0	0	0	0	0

* "Unverified Data + Rate Changes" includes rate changes for verified Educ + Maint not yet paid on an APR.
 Note: %change "999+" indicates 1,000 or greater, or an increase from prior year value of 0. All %s are rounded.



DQSUM Screen

4408/4201 District Summary Report (2-mo)

Date: 09/23/21 New York State Education Department
 Time: 11:37 Go to:
Menu

4408 and 4201 District Summary Report (2-mo)

School Year: **2021** | District Code: **281230040000**
 Inquire: **EXAMPLETOWN UFSD**

Based on EFH670
 Run on 09/01/21

To obtain the child-level detail underlying these summary-level totals, click: [Send to SEDFTM](#)

SUMMARY OF STAC 4408 AND 4201 (TRAN) APPROVAL AND ON-LINE VERIFIED COSTS AND STATE AID PAID

SUMMARY OF COSTS - CSE DISTRICT 281230040000 EXAMPLETOWN UFSD	SERV TYPE	STAC APPROVED COST	ON-LINE VERIFIED COST	AID PAID**
	EDUC	358,847.00	348,178.00	
	RELS	8,024.00	8,024.00	
	MAIN	131,471.00	131,471.00	
	TRAN	51,374.00	51,374.00	
	TOTAL \$	549,716.00 \$	539,047.00 \$	

ESTIMATED RECEIVABLES

MAXIMUM AID RECEIVABLE = + \$ 439,772.00
 = (\$ 549,716.00 TOTAL APPROVED COST * 80%) - \$ TOTAL AID PAID

CURRENT AID RECEIVABLE = + \$ 431,237.00
 = (\$ 539,047.00 TOTAL VERIFIED COST * 80%) - \$ TOTAL AID PAID

NOTE: THE "MAXIMUM AID RECEIVABLE AND CURRENT AID RECEIVABLE" TOTALS INCLUTRANSPORTATION (TRAN) COSTS FROM STOPPED STACS. TO GET FULL TRAN AID, YOU NEED TO PROVIDE STAC WITH TRAN COST BACKUP, SO STAC CAN REMOVE YOUR TRAN STOPS. REFER TO THE DSTPD (PAYMENT STOPS BY DISTRICT) SCRETO GET A REAL-TIME LIST OF YOUR TRANSPORTATION STOPS.

** AID PAID AMOUNTS ARE BASED ON A MAXIMUM 80% AID RATIO. THE ACTUAL TOTAL OF YOUR DISTRICT PAYMENTS RECEIVED MAY BE LESS THAN THE AMOUNT SHOWN DUE TO NEGATIVE BALANCE ADJUSTMENTS FROM OTHER YEARS.

Point in Time Report
Not Real Time



Cumulative Totals for

- Approved Costs
- Verified Costs
- Aid Paid

Plus

Estimated Aid Receivables



SECTION J

School Age Payments



SUMMER 4408 — Full-Day and ½ Day

- **Statute of Limitations:** Three years. Summer 2021 (2021-22 year) will close out for STACing and verification 06/30/25
- **Education Rates:** SED's Rate Setting Unit (518-474-3227) sets full-day and half-day rates
- **Maintenance Rates:** Set by NYS Office of Children & Family Services
- **State Aid:** Aid ratio is 80% of education, maintenance and transportation costs
- **County Role:** County of Residence incurs 10% chargeback, recouped against 4410 preschool
- **Payment:** Current year placements (Summer 2021) receive a maximum of 56% aid in current State fiscal year ending 03/31/22
- **1:1 Full and Half Time Education Aides:**
Full time and half time education aides can be entered online either at the time an approval is entered or at a later date by amending an existing approval.
- **All 1:1 Maintenance Aides, RNs, LPNs, and Interpreters, and 1:1 Education Aides (other than full/half-time):**
School districts must complete a 1:1 aide form and submit to the STAC Unit for processing
http://www.oms.nysed.gov/stac/schoolage/1to1_aides/1-1_aide_form.pdf
- If a previously verified record is amended in any way (education/maintenance) the district must re-verify both education/maintenance (DVSUM) and transportation (DVSTR)



SUMMER RELATED SERVICES —9015 Programs

- **Statute of Limitations:** Three years. Summer 2019 (2019-20 year) will close out for STACing and verification on 06/30/23
- **Program Code:** 9015 A through D
- **State Aid:** Aid ratio is 80% of verified costs
- **Payment:** Current Summer placements aidable in current State fiscal year with maximum initial aid at 56%
- **1:1 education/maintenance:** No 1:1 aides allowed with related services approvals



10-MONTH PUBLIC HIGH COST— “STAC FACTS”

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

- **Statute of Limitations:** Two years. School year 2020-21 will close out for STACing and verification 06/30/23. However, to receive “current year” funding 06/30/22 is the STAC’ing and verification deadline
- **State Aid:**
 - **Example:** Aid for current year is based on prior year’s enrollment and cost
For the 20/21 school year, public excess cost aid is received based on the 19/20 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.



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 <u>By BOCES</u>	FTE <u>Enrollment</u>	10-Month Annualized <u>Cost</u>
69.0%	9/7/20 2/24/21	\$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 **	(2021-22 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	(2021-22 PUB Line 4)
\$16,601.40	High Cost Apportionment Aid	

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



10-MONTH PRIVATE EXCESS COST— “STAC FACTS”

- **Statute of Limitations:** Two years. School year 2020-21 will close out for STAC'ing and verification 06/30/23. To receive “**current year funding, 06/30/22** is the STAC'ing and verification deadline
- **Education Rates:** Set by NYS Education Department's Rate Setting Unit
- **Maintenance Rates:** Set by NYS Office of Children & Family Services
- **State Aid:** Aid ratio is found on line 8 of the Private Excess Cost Aid Output Report. Minimum aid is 50%
- **Payment:** Current year aid payments are based on prior year enrollment and education costs. Payment Procedures:
 - up to 25% in December (approved costs)
 - additional 45% in March (approved costs)
 - additional 15% in June (approved costs)
 - additional 15% in August (verified costs)
 - remaining balance if any in September (verified costs)



10-MONTH PRIVATE EXCESS COST— “STAC FACTS” (continued)

10-MONTH AIDES, NURSES, AND INTERPRETERS:

Student-Specific Education Aides:

School districts can utilize the Aide Percentage box to claim reimbursement for an education aide/assistant when the cost is not included in the tuition rate. This box can be used to report fulltime, part-time, and shared education aides/assistants.

All 1:1 Maintenance Aides, All RNs, LPNs, and Interpreters, Out of State Education Aides

School districts must complete a 1:1 aide form and submit to the STAC Unit for processing. (Districts should file the education and maintenance STAC approval online; then submit the 1:1 aide form to the STAC Unit)

http://www.oms.nysed.gov/stac/schoolage/1to1_aides/1-1_aide_form.pdf

Note: If a previously verified record is amended in any way (education/maintenance aide is added, etc.) the district must re-verify the education on DVPRV.

10-MONTH MAINTENANCE:

Ten-month residential placements:

County social services pays the provider for 10-month maintenance costs and then bills backs the school district of residence 56.848% of the maintenance costs.



Private Excess Cost Aid Calculation Example

Private Excess Cost Aid Ratio (PRI Line 8)	Enrollment Dates Start	End	FTE Enrollment	Student has a 1-1 Aide?	Billed to District
85.0%	9/7/20	2/24/21	0.600	Yes*	\$48,000

10-Month Private Rate Components Set by SED

Education	Dormitory Authority	1-1 Aide	*10-Month Rate	
\$50,000	\$9,000	\$21,000	\$80,000	* Includes 1-1 Aide and DA

Private Excess Cost Aid Calculation

(Example: Student in a program with an \$80,000 rate who was enrolled for a 0.600 FTE)

\$80,000	10-Mo. Rate (\$48,000 Billed / 0.600 FTE Enrollment)	
- <u>\$10,000</u>	School District Basic Contribution *	(2019-20 PRI Line 5)
\$70,000	Annualized Excess Aidable Cost	
x <u>0.600</u>	Student FTE	
\$42,000	Aidable Excess Cost	
x <u>0.850</u>	Private Excess Cost Aid Ratio	(2019-20 PRI Line 8)
\$35,700	Private Excess Cost Aid	

* School District Basic Contribution = Average School Tax Per Resident Pupil



Current Year Funding

- Only those 10-month private and public high cost STAC approvals verified in the first year will be paid on a current year basis (i.e. a 2020-21 public/private 10-month STAC approval must be verified by 06/30/22 to receive current year Excess Cost Aid paid in full by no later than September 2022

Prior Year Funding

- Those 10-month private and public high cost approvals verified in the second year (i.e. a 2019-20 STAC approval verified in the 2021-22 year by 06/30/22) will be processed as a **PRIOR YEAR** Supplemental for Excess Cost Aid which could take ten years or more for payment to occur



Less Common Placement Types

For more information about **Homeless placements**, please see:

http://www.oms.nysed.gov/stac/schoolage/schoolage_placement_summary/homeless/home.html

For more information about **§4201 State-supported Schools placements**, please see:

<http://www.oms.nysed.gov/stac/4201/home.html>

For more information about **State Operated placements**, please see:

http://www.oms.nysed.gov/stac/schoolage/schoolage_placement_summary/state_operated/home.html

For more information about **Chapter placements**, please see:

http://www.oms.nysed.gov/stac/schoolage/schoolage_placement_summary/opwdd/

For more information about **CRP placements**, please see:

http://www.oms.nysed.gov/stac/schoolage/schoolage_placement_summary/opwdd/crp.html

For more information about **Incarcerated Youth placements**, please see:

http://www.oms.nysed.gov/stac/schoolage/schoolage_placement_summary/incarcerated_youth/

For more information about **Foster Care**, please see:

http://www.oms.nysed.gov/stac/schoolage/foster_care.html



SECTION K

Navigating the SED File Transfer Manager and Retrieving Available Reports



What's on the SED File Transfer Manager?

- Your Shared Folder
 - **School Districts and BOCES:** STAC#####
(STAC followed by six-digit SED code)
 - **Municipalities (Preschool):** STACXXXX
(STAC followed by the first four letters of the municipality name)
 - **Municipalities & Providers:** STAC#####
(STAC followed by full 12-digit SED code)
- When you click on your shared folder, you should then be able to see its contents, the three folders:
 - **“archive”**: Old documents from prior FTP server.
 - **“inbasket”**: Uploaded by outsiders. Data coming **in** to the STAC Unit.
 - **“outbasket”**: Uploaded by STAC Unit. Data sent **out** by the STAC Unit.



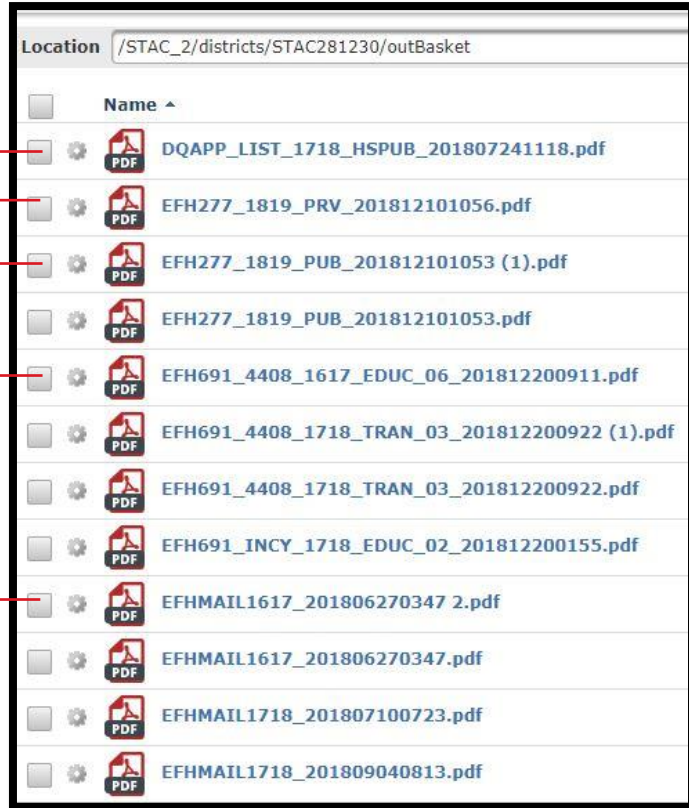
Eventually, **ALL** reports generated by the STAC Unit will **ONLY** be accessible electronically via the SED File Transfer Manager.

Approval Listing (sent by user from EFRT) ←
10-Mo. Private Listing ←
High-Cost Public Listing ←



SUMMER 4408 APR ←

STAC-3 ←
Approval Listing
(generated monthly)



SECTION L

STAC School-Age ListServ and NYSED Contacts



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



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/
- Functional Directory: http://www.oms.nysed.gov/stac/contact_us/staff_assignments.html

**Thank you for attending the morning session of
the Fall 2021 STAC Workshop!**

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.

