

STAC Verification and Payments

A Presentation for School Business Officials
and Staff Responsible for Verification

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

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SECTION A

Introduction

STAC

System to Track and Account for Children (STAC)

The STAC and 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.

In the morning session, the basics of STAC processing were covered. This presentation will focus on verifying submitted STAC approvals for reimbursement.

Electronic Record Access

There are two systems important to STAC reimbursement:

1. STAC Online (EFRT) System

Employee Form: http://www.oms.nysed.gov/stac/forms/stac_access_form.pdf

Consultant Form: http://www.oms.nysed.gov/stac/forms/stac_access_form_consultants.pdf

- 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
- District Superintendents can renew or suspend users directly on EFRT.

2. SED Secure File Transfer Manager (FTM)

Authorization Form: http://www.oms.nysed.gov/stac/forms/stac-603_form_authorization_ftp.pdf

- Submit bulk files – format available on STAC website
- Download STAC-3 amendment reports, summary files, and other reports
 - 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

SECTION B

Relevant Query Screens and Reports for School Business Officials

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
Time: 01:43
New York State Education Department
Go to:
Menu

Agency Approvals List

School Year: 2122
DISTRICT: 281230040000 EXAMPLETOWN UFSD

Agency Type (Internal use only): DISTRICT

Get Providers: All Providers

Placement Type: DSUMR 4408 Public/Private Full/Half-Day - 2-Mo.

Record Count: 99

Get Records

Send File to SED FTM

Required for Inquiry

NAME	STAC ID	REC	Provider	ISPEC	PRO -GRAM	SERVICE DATES BEGIN	END	FTE/ UNITS	Aide %	RATE	COST	VER DR	SIP ET	A DR	W DR	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		

 **Did You Know?** “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%		DR	DR	DR	DR	DR	DR
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 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

Did You Know?

- VER: Indicates whether record has been verified
- STP: Indicates whether record has a pay stop
- ED: Education component
- TR: Transportation component
- AUD: Indicates whether record has been reviewed & locked (DSPUB)
- WDW: Indicates whether record has been withdrawn

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**

School Year Provider Code Search Provider Name Search

EXAMPLETOWN UFSD

Telephone Contact From Through
 Evaluator

Choose One All Programs Pre School Programs School Age Programs

Select	Code	Program Name	Appr.
<input type="checkbox"/>	8000 I	S/Y-PUBLIC EXCESS COST 10-MONTH HIGH COST	
<input type="checkbox"/>	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 type="checkbox"/>	09/08/21 - 06/24/22		Appr- Y
<input type="checkbox"/>	8500 L	S/Y-SCHOOL AGE HOMELESS 7-12 REGULAR ED	
<input type="checkbox"/>	09/08/21 - 06/24/22		Appr- Y
<input type="checkbox"/>	8501 K	S/Y-SCHOOL AGE HOMELESS K-6 SPECIAL ED	
<input type="checkbox"/>	09/08/21 - 06/24/22		Appr- Y
<input type="checkbox"/>	8501 L	S/Y-SCHOOL AGE HOMELESS 7-12 SPECIAL ED	
<input type="checkbox"/>	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 type="checkbox"/>	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 type="checkbox"/>	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 type="checkbox"/>	07/05/21 - 08/13/21	DAY Age 05 - 21	Appr- Y

DQCDI Screen

DISTRICT 10-MONTH CHARGEBACK SCREEN

Date 09/22/21 New York State Education Department Go to
 Time 04:04 10 Month Chargeback Information Page Menu

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)



DQHOM Screen

HOMELESS ELIGIBILITY LIST

Date 09/30/21 New York State Education Department
 Time 01:34 Go to
Menu

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
 UnVerified Service Records: 0

To obtain Homeless State Aid, District of Attendance must:
 1) Toggle through multiple school years to view all eligible 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.

Review DQAPP screen multiple listings of all homeless approvals (DSHOM) for confirmation by: ALL, VERIFIED, or UNVERIFIED Records.

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

Did You Know? Students are listed under the School Year associated with the Eligible Begin Date. Review multiple years to find all open eligibility records.

DQPAY Screen

DISTRICT SCHOOL AGE PAYMENT DETAIL SCREEN

Date 09/22/21 New York State Education Department
 Time 03:13 Go to
Menu

School Age APR View

School Year	District	Fund	PAY Num	Service	Gross Amt	Pay Percent
2021	281230040000	Summer	02	<input checked="" type="radio"/> Educ <input type="radio"/> Tran	9,164.64+	80.0000
<input type="button" value="Inquire"/> EXAMPLETOWN UFSD					Adjust Amt	
					Net Amt	9,164.64+
					APR Issue Date 07/21/21	Adjustment Detail
To obtain an original Approved Payment Report (APR) for this payment, click:						<input type="button" value="Send to SEDFTM"/>

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							
						EXAMPLETOWN	522.72-
						UPSTATE CERE	9687.36+

 **Did You Know?** “Send File to SEDFTM” option generates an easily printable PDF copy of the Approved Payment Report (APR) with child detail.

Child-specific detail for chargebacks against summer for 4201 & State Operated (educ/main) placements and Chapter 721 placements (educ/tran) is available on the EFH404 report.

EFH691 REPORT

Approved Payment Report with Child Detail

STAC-ID CHILD NAME	DOB	SERV	DATE FROM	DATE TO	FTE / UNITS	ANNUAL COST/RATE	TOTAL COST	EARNED TO DATE	TOTAL YTD PAID	AMOUNT DUE	WTH- DRN			
EFH691 NEW YORK STATE EDUCATION DEPARTMENT ISSUE DATE: 07/21/21 P SCHOOL YEAR: 202021 STAC AND MEDICAID UNIT ISSUE TIME: 11:06 APPROVED PAYMENT REPORT FOR 4408 PLACEMENTS SED PAGE: 1 PAY PERCENT: 80.0000% CORRESPONDING TO THE SERVICE TYPE: EDUCATION/MAIN DISTRICT PAGE: 1 PAYMENT NUMBER: 02 PAYMENT COVERING TIME PERIOD: 07/01/20 - 08/31/20 DISTRICT: 281230040000 - EXAMPLETOWN UFSD														
EDUCATIONAL PROVIDER: 2812300040000- EXAMPLETOWN UFSD														
E56858	2021	0104	ADAM	01/01/01	EDUC	07/01/20	08/11/20	1.000	3,267.00	3,267.00	2,613.60	1,829.52	784.08	
G53358	2021	0107	BEAU	02/02/02	EDUC	07/01/20	08/11/20	1.000	3,267.00	0.00	0.00	1,829.52	1,829.52-	WD
C34479	2021	0105	CORA	03/03/03	EDUC	07/01/20	08/11/20	1.000	3,267.00	0.00	0.00	1,829.52	1,829.52-	WD
G97522	2021	0104	DANNY	04/04/04	EDUC	07/01/20	08/11/20	1.000	3,267.00	3,267.00	2,613.60	1,829.52	784.08	
G23068	2021	0104	EDDIE	05/05/05	EDUC	07/01/20	08/11/20	1.000	3,267.00	3,267.00	2,613.60	1,829.52	784.08	
D13890	2021	0104	FATIMA	06/06/06	EDUC	07/01/20	08/11/20	1.000	3,267.00	3,267.00	2,613.60	1,829.52	784.08	
EDUCATIONAL PROVIDER: 412300999379- UPSTATE CEREBRAL PALSY INC														
997906	2021	0107	GARY	07/07/07	EDUC	07/13/20	08/21/20	1.000	10,091.00	10,091.00	8,072.80	5,650.96	2,421.84	
844562	2021	0106	HEIDI	08/08/08	EDUC	07/13/20	08/21/20	1.000	10,091.00	10,091.00	8,072.80	5,650.96	2,421.84	
E38205	2021	0106	IAN	09/09/09	EDUC	07/13/20	08/21/20	1.000	10,091.00	10,091.00	8,072.80	5,650.96	2,421.84	
D94771	2021	0106	JUDE	10/10/10	EDUC	07/13/20	08/21/20	1.000	10,091.00	10,091.00	8,072.80	5,650.96	2,421.84	
										TOTAL DUE :	9,164.64			
										ADJUSTED PAYMENT DUE :	9,164.64			
										CURRENT PAYMENT DUE :	9,164.64			
* NO CHECKS ISSUED FOR LESS THAN \$1000.00. "TOTAL DUE" OF LESS THAN \$1000.00 WILL BE ADDED TO THE NEXT 4408 PAYMENT.														

EFH404 REPORT

20% Verified Chargeback Listing with Child Detail

STAC-ID	NAME	DOB	CSE DISTRICT	SERV TYPE	SCHOOL OF PLACEMENT	SERVICE DATE BEGIN	SERVICE DATE END	VERIFIED FTE/DAYS	PROGRAM RATE	ACTUAL COST AID	
EFH404 ACTUAL RUN JULY & AUGUST:2017 NEW YORK STATE EDUCATION DEPARTMENT STAC & SPECIAL AIDS 20% VERIFIED CHARGEBACK LISTING RUN:07/08/20 AT 13 : 05 p DISTRICT PAGE: 1 SED PAGE: 30 CHARGEBACK DISTRICT: 281230040000 EXAMPLETOWN UFSD											
PLACEMENT TYPE: HSCSM CHAPTER 721 PRIVATE											
843434 01	BEET BETTY	10/11/00	132201040000	EDUC	132201998894	07/10/17 - 08/18/17		1.000	8,264.00	8,264.00	
				TRAN	132201998894	07/10/17 - 08/18/17			1,027.31	1,027.31	
										9,291.31	
E36563 01	TURNIP TROY	10/04/09	132201040000	EDUC	132201998894	07/10/17 - 08/18/17		1.000	8,264.00	8,264.00	
				TRAN	132201998894	07/10/17 - 08/18/17			1,027.31	1,027.31	
										9,291.31	
TOTAL PLACEMENT CHAPTER 721 PRIVATE								:	EDUC FTE	2.000	18,582.62
PLACEMENT TYPE: HSSOS 4201 COMMISSIONERS APPT. SCHOOLS											
E34518 01	SQUASH SALLY	12/27/07	132101060000	EDUC	660407997118	07/10/17 - 08/18/17		1.000	13,865.00	13,865.00	
TOTAL PLACEMENT 4201 COMMISSIONERS APPT. SCHOOLS								:	EDUC FTE	1.000	13,865.00
TOTAL DISTRICT VERIFIED FTE'S AND COSTS: 132101060000 - WAPPINGERS CSD								:		3.000	32,447.62

20% CHARGEBACK AMOUNT CALCULATED										=====>: 6,489.52	
LESS ALL PRIOR CHARGEBACK AMOUNTS APPLIED										=====>: 0.00	

* CURRENT SECTION 4408 CHARGEBACK AMOUNT										=====>: 6,489.52	
* THE CURRENT SECTION 4408 CHARGEBACK AMOUNT WILL BE POSTED TO DISTRICT'SSECTION 4408 JULY/AUGUST PROGRAM BALANCE ADJUSTMENT FILE FOR: 2017-18 AND WILL BE RECOUPED AGAINST (A) FUTURE SECTION 4408 PAYMENT(S).											

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

Service Type

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 10/08/21 New York State Education Department
 Time 11:37 Go to
Menu

4408 and 4201 District Summary Report (2-mo)

School Year District Code
Based on EFH670
Run on 10/01/21

EXAMPLETOWN UFSD

To obtain the child-level detail underlying these summary-level totals, click:

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	764,900.00	764,900.00	610,792.00
	RELS	14,484.00	14,484.00	11,587.00
	MAIN	224,294.00	224,294.00	160,222.00
	TRAN	243,552.00	243,552.00	169,831.00
	TOTAL \$	1,247,230.00 \$	1,247,230.00 \$	952,432.00

ESTIMATED RECEIVABLES

MAXIMUM AID RECEIVABLE = + \$ 45,352.00
 = (\$ 1,247,230.00 TOTAL APPROVED COST * 80%) - \$ 952,432.00 TOTAL AID PAID

CURRENT AID RECEIVABLE = + \$ 45,352.00
 = (\$ 1,247,230.00 TOTAL VERIFIED COST * 80%) - \$ 952,432.00 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



Did You Know?

“Send to SEDFTM” option generates EFH670 report with child-specific detail sorted by provider as a printable PDF.

EFH670 REPORT

Child-Specific Detail (2-Mo.) by Provider Underlying DQSUM Screen

SCHOOL YEAR:202021		NEW YORK STATE EDUCATION DEPARTMENT					DIST PAGE: 1	
EFH670		SUMMARY OF 4408 & 4201 STAC APPROVAL AND ON-LINE VERIFIED COSTS AND STATE AID PAID					SED PAGE: 2095	
		DISTRICT SUMMARY REPORT AS OF 10/01/21						
DISTRICT: 281230040000		EXAMPLETOWN UFSD						
EDUCATIONAL PROVIDER:151102999844		MOUNTAIN LAKE CHILDRENS RESIDENCE						
CHILD ID & NAME	SERV TYPE	-- STAC APPROVAL DATES	SERVICE -- COSTS	-- ON-LINE VERIFIED DATES	INFORMATION -- FTE/UNITS	COSTS	AID ** PAID	STOP
E56858 2021 0104	ED	07/20-08/21/20	3197.29	07/20-08/21/20	0.714	3197.29	2557.83	N
APPLES ADAM	MA	07/20-08/31/20	14405.00	07/20-08/31/20	43.000	14405.00	12128.06	N
SUMMARY OF COSTS - EDUCATIONAL PROVIDER		SERV	STAC	ON-LINE	AID**			
151102999844 MOUNTAIN LAKE CHILDRENS RESIDENCE		TYPE	APPROVED COSTS	VERIFIED COSTS	PAID			
		ED	3,197.29	3,197.29	2,557.83			
		MA	14,405.00	14,405.00	12,128.06			

EFH670 REPORT

District-Wide Summary At End of Report (Matches DQSUM)

SCHOOL YEAR:202021	NEW YORK STATE EDUCATION DEPARTMENT	DIST PAGE: 22		
EFH670	SUMMARY OF 4408 & 4201 STAC APPROVAL AND ON-LINE VERIFIED COSTS AND STATE AID PAID	SED PAGE: 2116		
	DISTRICT SUMMARY REPORT AS OF 10/01/21			
DISTRICT: 281230040000 EXAMPLETOWN UFSO				
=====				
SUMMARY OF COSTS - CSE DISTRICT	SERV	STAC	ON-LINE	AID**
281230040000 EXAMPLETOWN UFSO	TYPE	APPROVED COSTS	VERIFIED COSTS	PAID
	ED	764,900.29	764,900.29	610,792.23
	RS	14,484.00	14,484.00	11,587.20
	MA	224,294.84	224,294.84	160,222.73
	TR	243,552.65	243,552.65	169,831.50
	TOTAL	\$ 1,247,231.78	\$ 1,247,231.78	\$ 952,433.66
ESTIMATED RECEIVABLES				
MAXIMUM AID RECEIVABLE = (\$ 1,247,231.78 TOTAL APPROVED COST * 80%) - \$ 952,433.66 TOTAL AID PAID = \$ 45,351.76 CURRENT AID RECEIVABLE = (\$ 1,247,231.78 TOTAL VERIFIED COST * 80%) - \$ 952,433.66 TOTAL AID PAID = \$ 45,351.76				
NOTE: "MAXIMUM AID RECEIVABLE & CURRENT AID RECEIVABLE" TOTALS INCLUDE TR COSTS FROM STOPPED STACS. TO GET FULL TR AID, YOU NEED TO PROVIDE STAC WITH TR COST BACKUP, SO STAC CAN REMOVE YOUR TR STOPS. REFER TO THE DSTPD (DISTRICT STOPPED) SCREEN TO 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.				

SECTION C

High Cost Worksheets

Resources for Calculating High Cost STACs

Calculating 10-Month “Annualized Cost” Education Rates for Students with Disabilities Educated in a District-Operated Program

[http://www.oms.nysed.gov/stac/schoolage/avl-payment reports and chargebacks/annualized cost calculation.html](http://www.oms.nysed.gov/stac/schoolage/avl-payment%20reports%20and%20chargebacks/annualized%20cost%20calculation.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

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.

DCPUB Screen: PDF Calculation Tool

Alternative to Online Screen in STAC Online (EFRT) System

The DCPUB screen in EFRT opens at the same time as in-district verification. If you want to use the DCPUB screen as a calculation tool prior to verification opening, a standalone version is available from the Forms page of the STAC website as a PDF document.

This PDF calculation tool is available at:

http://www.oms.nysed.gov/stac/forms/DCPUB_accessible.pdf

This version of the DCPUB screen should also be submitted for all in-district and BOCES claims submitted after the enrollment year closes for current year funding.

The top section of the DCPUB Screen

STAC ID	School Year	Rec Num	Name	Date of Birth	Mode
A12345	2021	02 01	EXAMPLE JOSHUA Autism	01/02/03	Add
Inquire		Set browser to 57% to print as single page			
Start Date	End Date	To Amend Start or End Dates:	FTE	CSE District	Ed Provider
09/08/20	06/25/21	GO TO DSPUB	1.000	EXAMPLETOWN UPSD	EXAMPLETOWN UPSD
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.

BOCES Year-End Final Cost Report

BOCES Eastern Suffolk
Summary-Level Year-End Final Cost Report for High Cost Students
 2020-2021

BOCES: BOCES Nassau (Cont'd)

District: Exampletown UFSD

Page 1 of 1

	<u>Start Date</u>	<u>End Date</u>	<u>Weeks Billed</u>			<u>Calculated On</u>	<u>Printed On</u>
BOCES Program Year:	09/03/2020	06/25/2021	40 (Assumes 4 weeks per month)			02/12/2022	02/16/2022
<u>Student Name (D.O.B)/STAC ID</u>	<u>Start Date</u>	<u>End Date</u>	<u>BOCES Billing FTE</u>	<u>Amt Billed</u>	<u>Year End Adj Surplus/(Deficit)</u>	<u>Final Net Cost</u>	<u>Annualized Cost</u>
Delta, Dellah (d.o.b. 2/14/2006) F62626	09/03/2020	11/29/2020	0.300	\$45,398.76	\$2,462.25	\$42,936.51	\$143,121.71
Total for Delta, Dellah:			0.300	\$45,398.76	\$2,462.25	\$42,936.51	\$143,121.71
Epsilon, Edgar (d.o.b. 5/23/2007) H70590	09/03/2020	06/25/2021	1.000	\$85,018.20	\$10,706.06	\$74,312.14	\$74,312.14
Total for Epsilon, Edgar:			1.000	\$85,018.20	\$10,706.06	\$74,312.14	\$74,312.14
Zeta, Zoe (d.o.b. 5/12/2010) J64246	09/03/2020	06/25/2021	1.000	\$219,751.58	\$8,207.49	\$211,544.09	\$211,544.09
Total for Zeta, Zoe:			1.000	\$219,751.58	\$8,207.49	\$211,544.09	\$211,544.09
Total for Exampletown UFSD:				\$350,168.54	\$21,375.80	\$328,792.75	

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 ($\$80,000 \times \frac{6}{7} = \$65,571.43$) + Fringe ($\$20,000 \times \frac{6}{7} = \$17,142.86$) = 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) <input style="width: 100%;" type="text" value="0"/>	(District) <input style="width: 100%;" type="text" value="0"/>	(Other Provider) <input style="width: 100%;" 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 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@examplestown.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
BOCES Subtotal			Total 10-Month Annualized Cost (Verify this amount on DVPUB)
In-District Subtotal	8793.39		55,996.57
1:1/Shared Aide Subtotal	30772.78		High Cost Aid Available
Related Services Subtotal	15348.40		10,030.69
Other Child-Specific Costs Subtotal	1082.00		

SED use only: Lock Record

SED Changes:

- 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
- District Threshold	\$41,667.00
Annualized Excess Cost	\$14,329.57
x FTE	1.000
Aidable Excess Cost	\$14,329.57
x Public Excess Cost Aid Ratio	0.700
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

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"/>		
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 Autism	01/02/03	Add		
<input type="button" value="Inquire"/>	Set browser to 57% to print as single page			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	
09/08/20	06/25/21			1.000	EXAMPLETOWN UFSD	EXAMPLETOWN UFSD	
						281230040000	
						281230040000	
Previous Annualized Rate				Current 10-Month Annualized Cost			
				55,956.57			

- 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.

DCPOD Screen: PDF Calculation Tool

Alternative to Online Screen in STAC Online (EFRT) System

The DCPOD screen in EFRT opens at the same time as “other district” verification. If you want to use the DCPOD screen as a calculation tool prior to verification opening, a standalone version is available from the Forms page of the STAC website as a PDF document.

This PDF calculation tool is available at:

http://www.oms.nysed.gov/stac/forms/DCPOD_form.pdf

This version of the DCPOD screen should also be submitted for all “other district” claims submitted after the enrollment year closes to receive current year funding.

I. The NRT Section

I. NRT

Non Resident Tuition (NRT) Rate
(Full Day K-6 Student with Disabilities)

74445

Non Resident Tuition (NRT) Rate
(Grade 7-12 Student with Disabilities)

85035

Other Educating District Billed Using Actual Costs
(Provide Cost Breakdown Below)

- 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		IEP Ratio: Stud:Teach + Para			Total Placement Cost	Actual Students in Class	Total Child Cost	Excluded Cost List
Placement Type		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
<input type="text" value="SPECIAL CLASS"/>		0 :	0 +	0	0	0		
<input type="text"/>		0 :	0 +	0	0	0		
<input type="text"/>		0 :	0 +	0	0	0		
*Special education students only		Additional Special Education Classroom Costs (Explain in Comments):			<input type="text" value="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	Non-Resident District	53637.00	1	53,637.00
		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) <input style="width: 100%;" type="text" value="0"/>	(BOCES Extra) <input style="width: 100%;" type="text" value="0"/>	(CSE District) <input style="width: 100%;" type="text" value="0"/>	(Other Provider) <input style="width: 100%;" 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				SED Changes:
Special Classrooms Subtotal	23695.03		Total 10-Month Annualized Cost (Verify this amount on DV PUB)	
1:1/Shared Aide Subtotal	53637.00		144,954.15	
Related Services Subtotal	66540.12		High Cost Aid Available	
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	\$41,667.00
Annualized Excess Cost	\$103,287.15
x FTE	1.000
Aidable Excess Cost	\$103,287.15
x Public Excess Cost Aid Ratio	0.700
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 D

Verifying Service Approvals

Online STAC Verification Status

Enrollment Year

2019-20 and 2020-21

2019-20

2020-21

2020-21

2018 to 2021

2018 to 2021

2018 to 2021

2018 to 2021

2018 to 2021

2018 to 2021

2020-21

Enrollment Year

2021-22

2020-21

2021-22

Programs Verifiable Online as of September 2020

10-Mo. School Year Private Section 4405 Program
(Verify after year ends on 6/30 using DVPRV)

10-Mo. High Cost Public Verification

10-Mo. High Cost Public Verification

- In-District (opens October)

- "Other District" and BOCES (opens Jan-Feb)

10-Mo. Nonresident & Runaway Homeless Program
(Verify after year ends on 6/30 using DVHOM)

Summer Sec. 4408 (After 8/31 verify Educ & Main using
DVSUM and verify Summer Trans. Costs using DVSTR)

Summer Section 4408 9015 Programs (1/2 Hr Unit Reporting) DVSRL
Summer Section 4408 9015 Transportation DVST2

Summer Sec. 4201 Transportation Cost use DVST3

Summer Ch. 66, & 721 Education Only use DVCSM
Summer Ch. 66 & 721 Transportation Costs DVSTC

10-Mo. Ch. 66 & 721 (Education, Transportation, Administrative, CSE)

Programs With Different Online Verification Schedules

Incarcerated Youth 12-Mo. Program
(Verify after 3 Periods: 7/1-11/30, 7/1-3/31, and 7/1-6/30 using DVINC)

10-Mo. Sec. 4201 (Sept-June, verify by 12/1/21)

10-Mo. Sec. 4201 (Sept-Dec, opens Jan, verify by 6/1/22)

Online Verification Deadlines (Print Out and Keep Handy)

BASED ON STATUTE OF LIMITATIONS UNDER 3604(5) OF THE STATE EDUCATION LAW

School Age Programs Aided in Following School Year	STAC Year	First Year Aid Payable	Additional Years to Claim Aid	Current Year Aid Online Verify Deadline	**Prior Year Aid Online Verify Deadline
Public High Cost (DSPUB)	2019-20	2020-21	1 YEAR	06/30/21	06/30/22
Private Excess Cost (DSPRV)	2020-21	2021-22	1 YEAR	06/30/22	06/30/23
	2021-22	2022-23	1 YEAR	06/30/23	06/30/24

School Age Programs Aided in Current School Year	STAC Year	First Year Aid Payable	Additional Years to Claim Aid	Current Year Aid Online Verify Deadline
10-Mo.CH 47,66,721 (DSCHP)	2019-20	2019-20	1 YEAR	06/30/21
Homeless (DSHOM)	2020-21	2020-21	1 YEAR	06/30/22
	2021-22	2021-22	1 YEAR	06/30/23
July/August Section 4408 (DSUMR)	2018-19	2018-19	3 YEARS	06/30/22
July/August Section 4201 (DSSOS)	2019-20	2019-20	3 YEARS	06/30/23
02-Mo.CH 47,66,721 (DSCSM)	2020-21	2020-21	3 YEARS	06/30/24
	2021-22	2021-22	3 YEARS	06/30/25

Other	STAC Year	First Year Aid Payable	4-Month (Sept.-Dec.) Online Verify Deadline	10-Month (Sept.-June) Online Verify Deadline
10-Mo. State Supported §4201 (DSSSY)	2021-22	2021-22	06/01/22	12/01/22

DMNVS Screen

SCHOOL DISTRICT VERIFICATION MENU

Date 09/27/19 GO TO

DMNVS	SCHOOL AGE ONLINE AVL PROCESSING MENU	
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
 Time 10:20 Go to
Menu

Summer Placement Verification Screen

School Year CSE District

First 4 Letters of Last Name (Optional)

Unverified
 Verified
 All Records

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

View Submit

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.



Did You Know? 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
Time 10:50

New York State Education Department
Summer Related Services Verification Screen

Go to

School Year: 2122
CSE District: 281230040000 EXAMPLETOWN UFSD

Get Providers: EXAMPLETOWN UFSD 281230040000

First 4 Letters of Last Name (Optional):

District-Operated 9015 Program-Education Costs Only:

Last and First Names	Program Code	Service Type	From	To	1/2 HR Units	Rate	Cost	Verify
STAC-ID Rec DOB								
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

Section (3602.19) High Cost-Public Verification Screen

School Year: 2021 | CSE District: 281230040000 | District Count - Total records / Records Verified: 78

Selection Type: Unverified Unverified DCPUB/DCPOD Required* Verified and Not Reviewed by SED Reviewed and Locked by SED** All Records

Record Counts: 31 (Unverified), 12 (Unverified DCPUB/DCPOD Required*), 0 (Verified and Not Reviewed by SED), 0 (Reviewed and Locked by SED**), 31 (All Records)

COMPLETION OF 10-MONTH VERIFICATION FOR ALL PUBLIC PROVIDERS

Last and First Names	From	To	Current Appr	10-Month Annualized Cost	Verified	Verify	Reviewed and Locked by SED
Education Provider Name and Code	Half	FTE	Date Rec Entered	Prev Verified	Unverified DCPUB/DCPOD Required	Verified Date	Date Locked
APPLES ADAM EXAMPLETOWN UFSD	09/08/20	06/25/21	53,479.36		DCPUB Required		
BANANA BEAU EXAMPLETOWN UFSD	09/08/20	06/25/21	62,184.21	0	DCPUB Required		
COOKIE CORA EXAMPLETOWN UFSD	09/08/20	06/25/21	72,442.50	0	DCPUB Required		
DELI DANNY EXAMPLETOWN UFSD	09/08/20	06/25/21	70,563.34	70563.34	DCPUB on		
EGGMAN EDDIE EXAMPLETOWN UFSD	09/08/20	06/25/21	80,261.60	0	DCPUB Required		
FLAN FATMA EXAMPLETOWN UFSD	09/08/20	06/25/21	60,539.09	60539.09	DCPUB on		
GOOSE GARY EXAMPLETOWN UFSD	09/08/20	06/25/21	97,847.48	97047.48	DCPUB on		

Buttons: 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	Last and First Names	Program Half	Code	Service Type	% Aide	From	To	FTE	Rate	Cost	Verify
APPLE5	ADAM	03/01/01/01	APPLES ADAM	H	9000-I	EDUC		09/24/20	06/24/21	.474	37,825	17,929	<input type="checkbox"/>
G64497	04	01/01/01	APPLES ADAM		9000-I	EDUC		09/10/20	09/23/20	.051	37,825	1,929	<input type="checkbox"/>
BANANA	BEAU	02/02/02	BANANA BEAU		9000-I	EDUC		04/12/21	06/24/21	.282	37,825	10,686	<input type="checkbox"/>
H09465	02	02/02/02	BANANA BEAU		9000-I	EDUC		04/12/21	06/24/21	.282	37,825	10,686	<input type="checkbox"/>
COOKIE	CORA	02/03/03	COOKIE CORA		9000-I	EDUC	100	09/10/20	04/27/21	.769	57,308	44,069	<input type="checkbox"/>
B65297	02	03/03/03	COOKIE CORA		9000-I	EDUC	100	09/10/20	04/27/21	.769	57,308	44,069	<input type="checkbox"/>
DELI	DANNY	01/04/04	DELI DANNY		9000-I	EDUC		09/10/20	01/21/21	.461	37,825	17,437	<input type="checkbox"/>
B04096	01	04/04/04	DELI DANNY		9000-I	EDUC		09/10/20	01/21/21	.461	37,825	17,437	<input type="checkbox"/>
EGGMAN	EDDIE	02/05/05	EGGMAN EDDIE		9000-I	EDUC	50	09/10/20	06/24/21	1.000	47,567	47,567	<input type="checkbox"/>
E32311	02	05/05/05	EGGMAN EDDIE		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 Go to Menu

Time 04:36 Homeless/Runaway Youth Verification Screen

School Year CSE District
 2021 281230040000 EXAMPLETOWN UFSD
 Unverified
 Verified
 All Records

Get Providers EXAMPLETOWN UPSD 281230040000
 First 4 Letters of Last Name (Optional) Get AVL

STAC-ID	Rec	DOB	Half Time	Program Code	Service Type	From	To	FTE	Rate	Cost	Verify
APPLES	ADAM			8500-K	EDUC	09/05/19	06/26/20	.975	1,383	1348	<input checked="" type="checkbox"/>
155276	01	01/02/03									
BANANA	BEAU			8501-L	EDUC	09/10/19	06/26/20	.975	35,647	34755	<input checked="" type="checkbox"/>
B14649	01	02/03/04									
COOKIE	CORA			8500-L	EDUC	09/10/19	06/26/20	.975	3,757	3663	<input checked="" type="checkbox"/>
A36413	01	03/04/05									
DELI	DANNY			8500-L	EDUC	09/10/19	06/26/20	.975	3,757	3663	<input type="checkbox"/>
149892	01	05/06/07									
EGGMAN	EDDIE			8500-K	EDUC	09/12/19	06/26/20	.950	1,383	1313	<input type="checkbox"/>
149897	01	06/07/08									
											<input type="checkbox"/>
											<input type="checkbox"/>

Required for Inquiry View Submit

- 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: 08/23/21 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	Rec	DOB	District of Residence	Half-time	Prog Code	Serv Type	1to1 Aide	Service Dates Begin	End	4-Mo	10-Mo	FTE	Verify
APPLES C86231	ADAM	02	05/15/08	EXAMPLETOWN UFSD	N	9260-I	EDUC	N	09/14/20	06/25/21	1,000			<input checked="" type="checkbox"/>
Y/N VERIFIED: Y N														
BANANA A82708	BEAU	01	07/15/03	EXAMPLETOWN UFSD	N	9260-I	EDUC	N	09/14/20	01/26/21	.461			<input checked="" type="checkbox"/>
Y/N VERIFIED: Y N														
COOKIE D68138	CORA	02	08/14/05	EXAMPLETOWN UFSD	N	9260-I	EDUC	N	09/14/20	06/25/21	1,000			<input checked="" type="checkbox"/>
Y/N VERIFIED: Y N														
DELL A55573	DANNY	02	01/22/14	EXAMPLETOWN UFSD	N	9260-I	EDUC	N	10/19/20	06/25/21	.871			<input checked="" type="checkbox"/>
Y/N VERIFIED: Y N														
EGGMAN F99955	EDDIE	02	08/05/12	EXAMPLETOWN UFSD	N	9260-I	EDUC	N	09/14/20	06/25/21	1,000			<input type="checkbox"/>
Y/N VERIFIED: Y N														
FLAN F20233	FATIMA	01	08/12/12	EXAMPLETOWN UFSD	N	9260-I	EDUC	N	09/14/20	06/25/21	1,000			<input type="checkbox"/>
Y/N VERIFIED: Y N														
GOOSE D06824	GARY	02	12/12/01	EXAMPLETOWN UFSD	N	9260-I	EDUC	N	09/14/20	06/25/21	1,000			<input type="checkbox"/>
Y/N VERIFIED: Y N														

Required for Inquiry

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

DVMNC Menu (To Access DVCHP, DVCSM, & DVSTC)

ONLINE VERIFICATION OF CHAPTER STAC APPROVALS

Date 09/27/19 GO TO

DMNVC	CHAPTER PLACEMENTS VERIFICATION SCREENS
Choice	Description
<input type="checkbox"/> S	DVCHP CHAPTER 10-MONTH PLACEMENT VERIFICATION
<input type="checkbox"/> S	DVCSM CHAPTER SUMMER PLACEMENT VERIFICATION
<input type="checkbox"/> S	DVSTC CHAPTER SUMMER TRANS VERIFICATION
<input type="checkbox"/> S	
<input type="checkbox"/> S	
<input type="checkbox"/> S	
<input type="checkbox"/> S	
<input type="checkbox"/> S	
<input type="checkbox"/> S	
<input type="checkbox"/> S	
<input type="checkbox"/> S	
<input type="checkbox"/> S	
<input type="checkbox"/> S	
<input type="checkbox"/> S	
<input type="checkbox"/> S	
<input type="checkbox"/> S	
<input type="checkbox"/> S	

What's different about DVCHP?

- No Maintenance on STAC.
- Admin. Cost.: Cannot exceed 5% of education cost
- CSE Cost: Cannot exceed \$100
- Only 10-Month Program with STAC Aid for Transportation

What's different about DVCSM?

- No Maintenance on STAC

What's different about DVSTC?

- Transportation Stop Above \$6,500 for all open school years (2018-19 to 2021-22)

100 Percent Aid Available for Both 10-Month & 2-Month Chapters

DVSTR Screen

ONLINE PROCESSING OF 4408 TRANSPORTATION COSTS

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

School Year: 2122 CSE District: 281230040000 EXAMPLETOWN 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 From	Educ. Dates To	Day or Previously Res.	Approved	Cost Verified	Cost Verify
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	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

2018-19	\$6,500
2019-20	\$6,500
2020-21	\$6,500
2021-22	\$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, District: 281230040000 EXAMPLETOWN UFSD

Providers: NASSAU BOCES, ID: 289000000000

Unverified (Selected), Verified, All Records

Last and First Name	STAC-ID	DOB	Rec	Educ. Dates From	To	Day or Previously Res.	Approved	Cost Approved	Cost Verified	Verify
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		<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="checkbox"/>
*Select Type for Year 1718 and forward: <input type="checkbox"/> District-Operated Trans <input type="checkbox"/> Contracted Transporter										
							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")

2018-19	\$6,500
2019-20	\$6,500
2020-21	\$6,500
2021-22	\$6,500

80% Aid Ratio

DVST3 Screen

ONLINE VERIFICATION OF SUMMER § 4201 TRANSPORTATION

Date: 09/23/21 Time: 03:35 New York State Education Department Summer Section 4201 Trans. Cost Verification

School Year: 2122 CSE District: 281230040000 EXAMPLETOWN UFSD

Get Providers: NEW YORK STATE SCHOOL FOR THE BLIND 180300877197

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

Last and First Name	STAC-ID	DOB	Rec	Educ. Dates From	To	Day or Previously Res.	Approved	Cost	Approved	Verified	Verify
S APPLS 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											
*Select Type for Year 1718 and forward: <input type="checkbox"/> District-Operated Trans <input type="checkbox"/> Contracted Transporter											
*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")	
2018-19	\$6,500
2019-20	\$6,500
2020-21	\$6,500
2021-22	\$6,500

80% Aid Ratio

District Operated Summer Transportation Worksheet (DRAFT)

New York State Education Department										
District-Operated Summer Transportation Worksheet										
STAC ID	School Year	Rec Num	Name	Date of Birth	Start Date	End Date	Calculated # of Education Days	Mode	Inquiry	
A12345	1718	01	JANE	07/31/09	07/01/19	08/09/19	30			
			CSE District: SHENENDEHOWA CSD		520302060000					
I. BUS/VEHICLE COSTS										
AM Run	Bus Run #	Vehicle Type		# of Students						
		Cut (Cutaway)		9						
PM Run		Cut (Cutaway)		4						
AM Run	Fuel Cost Per Mile*	Maint Per Mile*	Insur. Cost Per Mile*	Training Per Mile*	Admin. Cost Per Mile*	Bus Base Cost/Mile	Daily Bus Run Mileage	Base Bus Cost Per Run	NOTE: Since State Aid pays aid on bus/vehicle purchase-related costs, depreciation cannot be claimed for summer transportation.	
	0.25	0.71	0.14	0.12	0.20	1.42	19	26.98		
PM Run	0.25	0.71	0.14	0.12	0.20	1.42	7	9.94		
Daily Base Bus Cost w/o Driver & Attendant/Nurse/Monitor:							36.92 (Total)	5.48 (Per Student)		
x Number of Days Student Transported:							30.00			
* Average cost per mile over the full 12-month operation of the vehicle							Bus/Vehicle Cost Subtotal:	1107.50 (Total)	164.48 (Per Student)	
II. DRIVER/ATTENDANT COSTS FOR BUS/VEHICLE RUN										
Personnel Type	Hourly Wages	Hourly FICA/Medicare (7.65%)	Hourly Worker's Comp.	Hourly Individual* (Not Family) Health Insur.	Hourly Disability Insurance	ERS/Other Hourly Costs (Explain in Comments)	Total Hourly Sal & Frg Rate	Hours/Day on Bus	Days on Bus Run	Total Daily Bus Driver & Monitor Costs
AM Run Driver	24.95	1.91	0.00	6.04	0.00	0.00	32.90	2.00	30	1973.92
AM Run Attendant	20.47	1.57	0.00	6.04	0.00	0.00	28.08	2.00	30	1684.55
AM Run Dropdown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00
AM Run Dropdown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00
AM Run Driver & Attendant Cost Subtotal:									3658.48	
(Per Student)									406.50	
PM Run Driver	24.95	1.91	0.00	6.04	0.00	0.00	32.90	2.00	30	1973.92
PM Run Attendant	20.47	1.57	0.00	6.04	0.00	0.00	28.08	2.00	30	1684.55
PM Run Dropdown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00
PM Run Dropdown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00
PM Run Driver & Attendant Cost Subtotal:									3658.48	
(Per Student)									406.50	
Mo. Ind. Health Insur. Premium		% of Premium Paid by District		10-Mo. Min. Hrs./Wk. to Get 2-Mo. Health Insur.						
0.00		0.0%		0.00						
Per Student Driver & Attendant Cost Subtotal:									1321.12	
III. OTHER COSTS AND TOTALS										
Comments:							Bus/Vehicle Per Student Cost Subtotal:			164.48
This example utilizes data provided by Shenendehowa CSD.							Driver & Attendant Per Student Cost Subtotal:			1321.12
							Per Student Cost Subtotal:			1485.60
							Additional Costs to Transport This Student:			0.00
							(Provide Detail in Comments)			
Contact Person: Alfred A. Karam							Total Cost to Transport This Student:			1485.60
Phone #: 5188810240		Email Address: KaraAfr@SHENET.org								

SECTION E

School Age Payments

School Age Payments: Notification by ListServ

STAC NOTICE: School Age Payments



Individuals interested in receiving updates in regard to STAC processing for school age students. <STACSCHAGE@LISTSERV.NYSED.GOV> on behalf of OMSSTAC <OMSSTAC@nysed.gov>
To: ○ STACSCHAGE@LISTSERV.NYSED.GOV

STAC NOTICE: School Age Payments

The Division of the Budget has approved the following School Age payment(s):

School Year	APR	Placement Type	Service Type	Amt On Hold
2019/20	#01	\$4201 4-month	Educ./Main.	*
2018/19	#03	\$4201 10-month	Educ./Main.	Click Here
2019/20	#02	\$4408 Summer	Educ./Main.	Click Here
2019/20	#02	\$4408 Summer	Transportation	Click Here
2019/20	#02	Summer Chapter 47, 66 & 721	Educ./Main	Click Here
2019/20	#01	Summer Chapter 47, 66 & 721	Transportation	Click Here

\$4201 Education/Maintenance 4-month was run at 80%, so the current payment amounts listed in the APR reflect the 80% payment cap.

For questions on this notice, please email OMSSTAC@nysed.gov.



STAC and Medicaid Unit
New York State Education Department
Education Building - Room 514W, 89 Washington Ave., Albany, NY 12234
(518) 474-7116 - OMSSTAC@nysed.gov - www.oms.nysed.gov/stac

System Links:
[STAC Online \(EFRT\) System](#) | [SED File Transfer Manager \(FTM\)](#)

Reference:
[EFRT Guides](#) | [School Age Training](#) | [Preschool Training](#) | [Contact Us](#) | [Gold Star](#)



Did You Know? Every time a school age Approved Payment Report (APR) is generated, the STAC/Medicaid Unit sends out an announcement on the STAC SCHAGE ListServ.

School Age Payments: Notification by ListServ



Board of Regents | University of the State of New York

STAC

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STAC

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School Age Payments Available for Export to SED File Transfer Manager (FTM) - Calendar Year 2021

School Year	APR Type	Pay #	SED FTM File Name Begins With: (Please see below table for detail on file naming conventions*)	Date Report Issued
2019-20	10-month Chapter Education	02	EFH691_CH10_1920_EDUC_02	8/3/21
2018-19	10-month Chapter Education	02	EFH691_CH10_1819_EDUC_02	8/11/20
2020-21	4408 2-month Education	02	EFH691_4408_2021_EDUC_02	7/21/21
2020-21	4408 2-month Transportation	02	EFH691_4408_2021_TRAN_02	7/21/21
2020-21	2-month Chapter Education	02	EFH691_CH02_2021_EDUC_02	7/21/21
2020-21	2-month Chapter Transportation	01	EFH691_CH02_2021_TRAN_01	7/21/21
2019-20	4408 2-month Education	04	EFH691_4408_1920_EDUC_04	7/26/21
2019-20	4408 2-month Transportation	04	EFH691_4408_1920_TRAN_04	7/26/21
2019-20	2-month Chapter Education	04	EFH691_CH02_1920_EDUC_04	7/26/21
2019-20	2-month Chapter Transportation	03	EFH691_CH02_1920_TRAN_03	7/26/21
2018-19	4408 2-month Education	06	EFH691_4408_1819_EDUC_06	7/26/21
2018-19	4408 2-month Transportation	06	EFH691_4408_1819_TRAN_06	7/26/21

SUMMER 4408 — Full-Day and ½ Day

- **Education Rates:** SED’s Rate Setting Unit (518-474-3227) sets full-day and half-day rates
- **Maintenance Rates:** Set by NYC 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

Statute of Limitations: Three years.

Summer	Verify By
2018-19	06/30/2022
2019-20	06/30/2023
2020-21	06/30/2024
2021-22	06/30/2025

In-State Education Aides:

Enter the percentage of time that the aide is with the student in the Aide Percentage box.

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

School districts must complete a School Age Student-Specific Aides, Nurses, and Interpreters form and submit to the STAC Unit for processing:
http://www.oms.nysed.gov/stac/forms/1to1_aide_form_schoolage.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 (2020-21 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 STACing and verification deadline
- **State Aid:**
 - **Example:** Aid for current year is based on prior year’s enrollment and cost
For the 2021-22 school year, public excess cost aid is received based on the 2020-21 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. Enrollment school year 2020-21 will close out for STACing 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:

In-State Education Aides: Enter the percentage of time that the aide is with the student in the Aide Percentage box

**All 1:1 Maintenance Aides,
All RNs, LPNs, and Interpreters,
Out of State Educ Aides:** School districts must complete a paper 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 paper 1:1 aide form to the STAC Unit)

http://www.oms.nysed.gov/stac/forms/1to1_aide_form_schoolage.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.

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.

Private Excess Cost Aid Calculation Example

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

10-Month Private Rate Components Set by SED

<u>Education</u>	<u>Dormitory Authority</u>	<u>1-1 Aide</u>	<u>*10-Month Rate</u>	
\$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 *	(2021-22 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	(2021-22 PRI Line 8)
\$35,700	Private Excess Cost Aid	

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

Private Excess Cost (For Foster Care Pupils)

After the CSE responsible district claims Private Excess Cost Aid, it should bill the “District Share of Cost for Pupil” back to the District of Residence (Origin) identified on the Foster Care Billing Form LDSS 2999.

Amount Billable to District of Residence (Origin)*

	Actual Cost for Pupil	\$48,060.67 (Tuition+1:1Aide+DA Cost)
-	<u>Less Private Excess Cost Aid*</u>	<u>-\$21,102.26</u>
	District Share of Cost of Pupil**	\$26,958.41

* **2021-22 Private Excess Cost Aid Output Report (PRI) release date: Nov./Dec. 2021.**

** **For a Foster Care Pupil**, after the CSE responsible district claims Private Excess Cost Aid, it should bill the “District Share of Cost for Pupil” back to the District of Residence (Origin) identified on the Foster Care Billing Form LDSS 2999.

Foster Care Billing Worksheet

Key variable that changes from year to year:

Increase in Consumer Price Index (CPI) between current year and 2006-07 + 1 from 2020-21 PUB output report entry #11

1.3090

2020-21 State Aid Calculation and Billing Worksheet for 2019-20 SY		10/1/2021
Foster Care Student Claimed by the CSE Responsible School District		
NOTE: Questions regarding foster care placements should be referred to Karen Hollowood in Student Support Services via email to: Karen.Hollowood		
District:	Name of Student:	
District Code:		
COST OF EDUCATION		
10 MONTH ANNUALIZED COST	\$0.00	
x FTE Enrollment	0.000	
ACTUAL COST		\$0.00
Less: AID FOR REGULAR EDUCATION		
Foundation Aid Per Pupil (2020-21 GEN #115)	0.00	
Regular Education Weighting (.50 for 1/2 day & 1.00 full day)	0.00	
x FTE Enrollment	0.000	
AID FOR REGULAR EDUCATION		\$0.00
Less: PUBLIC EXCESS COST AID		
Part I. Data required for Calculation of Public Excess Cost Aid Attributable		
A Approved operating expense per pupil for 2006-07 aid as of SA0708 (from 2007-08 PUB entry #4) (See link above to complete)	0.00	
B Public Excess Cost Aid ratio for 2006-07 aid as of SA0708 (from 2007-08 PUB entry #5) (See link above to complete)	0.000	
Service Level Weighting for the current school year:		
C Enter 1.65 for student receiving svcs. more than 60% of the school day		
Enter .90 for student receiving consultant teacher svcs.		
Enter .90 for student receiving svcs. 20% or more of the school week, but less than 60% of the school day	0.00	
D Full time Equivalent enrollment (FTE) of the student (e.g. 1.0 if svcs were provided for 10 months, .5 for half year, etc.):	0.00	
E Enter the number 1 ONLY if Service Level Weighting in C. above equals 1.65 AND if the student receives services in a general education classroom for 60% or more of each school day. Otherwise, enter zero.		
F Approved operating expense per pupil for current year aid from 2020-21 PUB output report entry #5	0.00	
G Public Excess Cost Aid ratio for current year aid from 2020-21 PUB output report entry #4	0.000	
H 10-month annualized cost of direct special education services	0.00	
I Increase in Consumer Price Index (CPI) between current year and 2006-07 + 1 from 2020-21 PUB output report entry #11	1.3090	
J Supplemental Public Excess Cost Aid (SPCA) from 2020-21 PUB output report entry #9	0.00	
Enter 0 if J above is zero; otherwise, enter Total Unweighted Resident Students with Disabilities (Current aid year attendance (ATT) output report:		
K Sum of Column D for entries #32, 34, 35, 36, 42, 44, 45, 46, 52, 54, 55, 56.)	0.00	
Part II. Calculation of Public Excess Cost Aid Attributable		
1 Formula Excess Cost Aid Attributable		0.00
((Lesser of A or \$9,250) x B x C x D x I):		
2 Integrated Settings Aid Attributable		0.00
((Lesser of A or \$9,250) x .50 x B x D x E x J):		
NOTE: 2. should be 0 for any student for which a zero was entered in Part I, item E above.		
3 PUBLIC EXCESS COST AID SETASIDE [1 - 2]:		0.00
4 Enter greater of zero or [H minus (three x F)]:		0
5 Entry 4 x D if Entry 4 is greater than zero; otherwise, enter zero:		0
6 PUBLIC EXCESS COST HIGH COST AID		0.00
Entry 5 x G if Entry 5 is greater than 0; otherwise, enter zero:		
7 SUPPLEMENTAL PUBLIC EXCESS COST AID		0.00
Enter zero if J is zero; otherwise J divided by K:		
8 GRAND TOTAL PUBLIC EXCESS COST AID (3 + 6 + 7):		\$0.00
9 TOTAL EDUCATION AID (REGULAR EDUCATION AID + Entry 8)		\$0.00
NET BILLABLE COST FOR EDUCATION (ACTUAL COST - Entry 9)		\$0.00

To request a copy of the Foster Care Billing Worksheet, email OMSSTAC@nysed.gov.

Parentally Placed Billing Worksheet

CALCULATION OF PUBLIC EXCESS COST AID ATTRIBUTABLE TO PARENTALLY-PLACED NONRESIDENT AND CHARTER SCHOOL STUDENTS FOR THE 2019-20 SCHOOL YEAR

The below worksheet is to be used to calculate the Public Excess Cost Aid to be deducted from the billing of actual costs for parentally-placed nonpublic school students receiving services during the 2018-19 school year. For additional information refer to the VESID memo titled Guidance on Reimbursement Claims for the Cost of Providing Special Education Services to Parentally-Placed Nonresident Students Pursuant to Education Law Section 3602-c dated June 2008.

<http://www.p12.nysed.gov/specialed/publications/policy/reimbursement608.htm>

Note: This worksheet can also be used to calculate State Aid attributable to a student with a disability attending a Charter School.

Part I: Data Required for Calculation of Public Excess Cost Aid Attributable

To complete items A and B, enter School District BEDS code

A. Enter the 2004-05 approved operating expense (AOE) per pupil for 2006-07 aid as of SA0708 (See link above to complete)

B. Enter the Public Excess Cost Aid Ratio for 2006-07 aid as of SA0708 (See link above to complete)

C. Enter the Service Level Weighting for the 2019-20 School Year:

- a. Enter 1.65 for students receiving services 60% or more of the day, or
- b. Enter .90 for students receiving consultant teacher services or
- c. Enter .90 for students receiving services 20% or more of the school week, but less than 60% of the school day

Note: If student does not meet any of the criteria in a. b. or c. above, then enter 0 for C. and no further calculation is required.

D. Enter the Full Time Equivalent (FTE) Enrollment of the Student (e.g. 1.000 FTE if services were provided for entire Sept - June school year, 0.500 FTE for half of the school year, etc...) to three decimal places.

E. Enter the number 1 ONLY IF service weighting in C. above equals 1.65 AND if the student receives services in a general education classroom for 60% or more of each school day. Otherwise, enter 0.

F. Enter the Approved Operating Expense per Pupil (See Entry #3 of the 2019-20 PUB output report)

G. Enter the Public Excess Cost Aid Ratio (See Entry #4 of the 2019-20 PUB output report)

H. Enter the 10 Month Annualized Cost of Direct Special Education Services Provided

I. Increase in Consumer Price Index (CPI) between current year and 2006-07 plus 1 (See Entry #11 of the 2019-20 PUB output report)

J. Enter the Supplemental Public Excess Cost Aid (SPEC) (See Entry #9 of the 2019-20 PUB output report)

K. Enter 0 if J above is 0; otherwise, enter the Total Unweighted Resident Students with Disabilities FTEs (See 2019-20 ATT output report: Sum of entries 32, 34, 35, 36, 42, 44, 45, 46, 52, 54, 55 & 56)

Part II: Calculation of Public Excess Cost Aid Attributable

1 Formula Excess Cost Aid Attributable:
((Lesser of A or \$9,250) x B x C x D x I)

2 Integrated Setting Aid Attributable:
((Lesser of A or \$9,250) x .50 x B x D x E x I)

Note: This should be \$0 for any student for which a 0 was entered in item E above.)

3 Public Excess Cost Aid Setaside (Entry 1 + Entry 2):

4 Greater of 0 or [H minus (three x F)]:

5 If Entry 4 > 0, then Entry 4 x D, Else 0

6 PUBLIC EXCESS HIGH COST AID:
If Entry 5 > 0, Then Entry 5 x G, Else 0

7 SUPPLEMENTAL PUBLIC EXCESS COST AID:
If C and J = 0, Then 0, Else [(J divided by K) x D]

8 GRAND TOTAL PUBLIC EXCESS COST AID:
Entry 3 + Entry 6 + Entry 7

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 F

Navigating the SED File Transfer Manager and Retrieving Available Reports

What's on the SED File Transfer Manager (FTM)?

- 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.

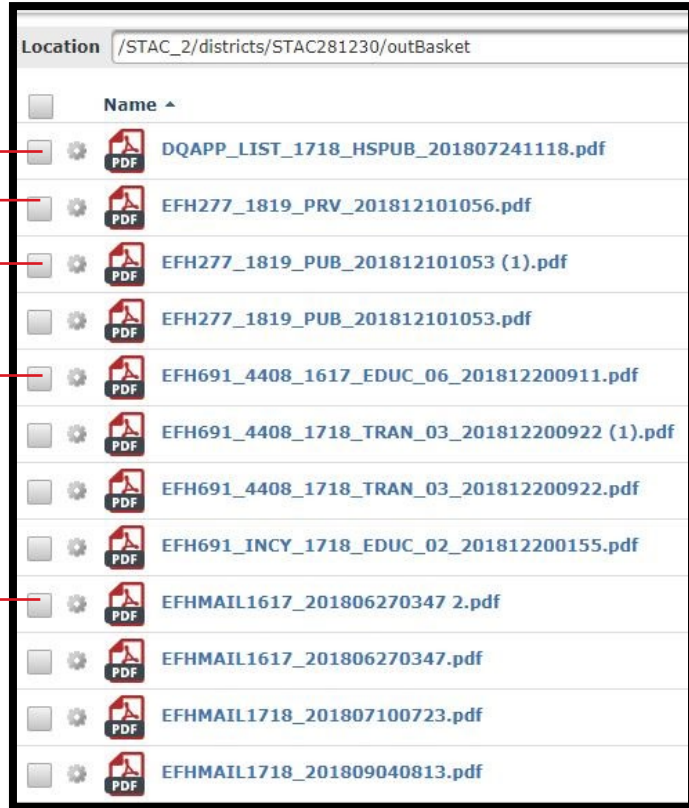
Eventually, **ALL** reports generated by the STAC Unit will **ONLY** be accessible electronically via the SED File Transfer Manager.

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 G

Placement Types With Nonstandard Reporting (CRP & Incarcerated Youth)

Approved Payment Report for CRP Placements

Approved Payment Report for CRP Placements for School Year 2018-19

EXAMPLETOWN UFSD

281230040000

<u>Provider Name</u>	<u>Student Nam</u>	<u>Stac ID</u>	<u>Education Program Dates</u>	<u>FTE</u>	<u>Current Rate</u>	<u>Current Cost</u>	<u>Year to Date Paid</u>	<u>Amount Due</u>
BROOKVILLE CENTER F/	BACON, BILLY	A78387	9/5/2018 6/26/2019	1.000	\$57,370.00	\$57,370.00	0.00	\$57,370.00
HEARTSHARE HUMAN SVCS	EGS, EVAN	E95459	9/5/2018 10/4/2018	0.128	\$49,050.00	\$6,278.00	0.00	\$6,278.00
				1.128		\$63,648.00	0.00	\$63,648.00

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

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

Incarcerated Youth Output Report (for Facility Districts Only)

2018-19 INCARCERATED YOUTH OUTPUT REPORT				
DISTRICT CODE: 010601		DATE: 01/29/20		
DISTRICT NAME: SOUTH COLONIE		TIME: 02:17 PM		
CLAIM PERIOD COVERED 07/01/18 - 06/30/19				
1.	12-MONTH VERIFIED FTE ENROLLMENT (FROM AVL)		23,948	
2.	16-17 AOE / 16-17 TAPU		13,859	
3.	MAX ALLOWED AID (ENT 1 * (ENT 2 * 1.2) * 1.25)		497,842	
4.	ANNUALIZED PROGRAM COST (FROM AVL)		327,708	
5.	ANNUALIZED ADMIN COST (<AVL AMT OR (ENT 4 * .05))		5,571	
6.	TOTAL ANNUALIZED COSTS (ENTRY 4 + ENTRY 5)		333,279	
7.	TOT APP PERIOD COSTS(ENTRY 6 * PERIOD ADJ FACTOR) (7/1-11/30 .417) (7/1-3/31 .75) (7/1-6/30 1.00)		333,279	
8.	CALCULATED AID (LESSER OF ENTRY 3 OR ENTRY 7)		333,279	
9.	MINIMUM AID (\$15,000 * PERIOD ADJ FACTOR)		15,000	
10.	TOTAL AID EARNED(GREATER OF ENTRY 8 OR ENTRY 9)		333,279	
1ST	CURRENT AID DUE	146,962	4TH CURRENT AID DUE	0
	OVERPAYMENT	0	OVERPAYMENT	0
	PAYMT AMOUNT	146,962	PAYMT AMOUNT	
	VOUCHERED	FEB 2019	VOUCHERED	
2ND	CURRENT AID DUE	117,358	5TH CURRENT AID DUE	0
	OVERPAYMENT	0	OVERPAYMENT	0
	PAYMT AMOUNT	117,358	PAYMT AMOUNT	
	VOUCHERED	DEC 2019	VOUCHERED	
3RD	CURRENT AID DUE	68,959	6TH CURRENT AID DUE	0
	OVERPAYMENT	0	OVERPAYMENT	0
	PAYMT AMOUNT	68,959	PAYMT AMOUNT	
	VOUCHERED	FEB 2020	VOUCHERED	

SECTION H

State Aid Output Reports Relevant for STAC

2021-22 General Formula Aid Output Report (GEN)

(Retrieve from SAMS or <https://eservices.nysed.gov/publicsams/> in December)

District Name: EXAMPLETOWN UFSD
 District Code: 2812300
 Data as of: 12/04/2021 12:00 AM

State Aid: 2021-2022
 Today's Date: 12/04/2021

GENERAL FORMULA AID OUTPUT REPORT (GEN)

[Glossary](#)

PART I: CALCULATED GENERAL AIDS SUMMARY

1	2021-22 FOUNDATION AID	(FA ENT 9)	9,017,041
2	2021-22 PUBLIC EXCESS COST AID SET-ASIDE	(PUB ENT 12)	1,262,671
3	2021-22 DEDUCT FOR LOCAL SHARE OF EDUCATION COSTS FOR CERTAIN STUDENTS	(ENT 74)	18,231

PART V: CALCULATION OF DEDUCT FOR LOCAL SHARE OF EDUCATIONAL COSTS FOR CERTAIN STUDENTS

63	BASIC CONTRIBUTION	(PRI ENT 5)	9,115.44
THE FOLLOWING CHILDREN ARE FROM THE STAC FILE:			
64	NOT USED		
65	FTE - PRIVATE AND PUBLIC GROUP HOMES (CHAPTER 47, LAWS OF 1977)	(STAC)	
66	FTE - PUBLIC DEVELOPMENTAL CENTER (CHAPTER 66, LAWS OF 1978)	(STAC)	
67	FTE - PRIVATE AND PUBLIC INTERMEDIATE CARE FACILITY (ICF) AND INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA) (CHAPTER 721, LAWS OF 1979 + CRP)	(STAC)	1,000
68	FTE - CHILD CARE INSTITUTIONS (CHAPTER 563, LAWS OF 1980)	(STAC)	1,000
69	FTE - RESIDENTIAL TREATMENT FACILITIES (CHAPTER 947, LAWS OF 1981) (OFFICE OF MENTAL HEALTH)	(STAC)	
70	FTE - RESIDENTIAL TREATMENT FACILITIES (CHAPTER 947, LAWS OF 1991) (OFFICE OF CHILDREN AND FAMILY SERVICES)	(STAC)	
71	FTE - INCARCERATED YOUTH * 1.2	(STAC)	0.000
72	FTE - HOMELESS YOUTH	(STAC)	
73	TOTAL PUPILS	(SUM OF ENTS 65 THROUGH 72)	2.00
74	LOCAL SHARE OF CERTAIN RESIDENT PUPIL COSTS	(ENT 63 * ENT 73, ROUND)	18,231

PART X: CALCULATED EXCESS COST AID SUMMARY - PAYABLE UNDER 3609-B

123	2021-22 PUBLIC EXCESS COST AID SET-ASIDE	(PUB ENT 12)	1,262,671
124	2021-22 PUBLIC HIGH COST EXCESS COST AID	(PUB ENT 8)	45,243
125	2021-22 SUPPLEMENTAL PUBLIC EXCESS COST AID AS OF THE SCHOOL AID COMPUTER LISTING ENTITLED SA0910	(PUB ENT 9)	0
126	2021-22 PRIVATE EXCESS COST AID	(PRI ENT 13)	207,911
127	2021-22 TOTAL EXCESS COST AIDS	(ENT 123 + ENT 124 + ENT 125 + ENT 126)	1,515,825
128	TOTAL EXCESS COST AID AS SHOWN ON COMPUTER RUN SA2122	(SA2122)	1,493,065
129	AIDS USED FOR EXCESS COST AIDS THRU AUGUST 2022	(LESSER OF ENT 127 OR ENT 128)	1,493,065
130	BALANCE DUE SEPTEMBER 2022 FOR EXCESS COST AIDS	(ENT 127 - ENT 129, MIN 0)	22,760

EFH277 for 2020-21 PRI Enrollment Backup

EFH277

NEW YORK STATE EDUCATION DEPARTMENT
 STAC, SPECIAL AIDS & MEDICAID UNIT
202122 PRIVATE EXCESS COST AID OUTPUT REPORT (PRI)
 BASED ON **202021** ENROLLMENT YEAR VERIFIED STACs

DATE: 08/30/2022

DISTRICT PAGE 2
 SED PAGE 339

DISTRICT CODE: **281230010000**
 DISTRICT NAME: **EXAMPLETOWN UFSD**

SCHOOL CODE: 530515997783 - WILDWOOD SCHOOL

CHILD-ID	LAST/FIRST NAME	DATE OF BIRTH	FTE ENROLLMENTS			ANNUALIZED COST	BASIC CONTRIB	ANNUALIZED EXCESS COST	AIDABLE EXCESS COST	HALF TIME	NOT VERIFIED
			K-3	4-6	7-12						
J12345	WYOMING WENDY	05/06/07	0.000	0.000	1.000	55,069.00	9,115.44	45,953.56	42,552.99		

PROVIDER TOTAL	FTE =	K-3 0.000	4-6 0.000	7-12 1.000		AIDABLE EXCESS COST =		\$42,552.99
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DISTRICT TOTAL	FTE =	0.000	2.000	3.550	# STUDENTS =	6	\$224,525.45
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Public Excess High Cost Aid Output Report (PUB)

District Name: EXAMPLETOWN UFSD
 District Code: 2812300
 Data as of: 12/04/2021 12:00 AM

State Aid: 2021-2022
 Today's Date: 12/04/2021

PUBLIC EXCESS HIGH COST AID AND SUPPLEMENTAL
 PUBLIC EXCESS COST AID AND 2020-21 PUBLIC EXCESS
 COST AID SETASIDE (PUB)

[Glossary](#)

PART I: CALCULATION OF HIGH COST PUBLIC EXCESS
 COST AID

1	2019-20 APPROVED OPERATING EXPENSE (AOE)	(2020-21 AOE ENT 53)	15,826,084
2	2019-20 TOTAL AIDABLE PUPIL UNITS (TAPU) FOR EXPENSE	(2020-21 AIT ENT 134)	1,033
3	2019-20 AOE PER TAPU	(ENT 1 / ENT 2)	15,320
4	PUBLIC EXCESS COST AID RATIO	(GREATER OF [1.000 LESS (.510 * CWR) OR .250)	0.749
5	DEDUCTION = 3 * AOE/TAPU	(ENT 3 * 3)	45,960
6	ELIGIBILITY LEVEL	(LESSER OF \$10,000 OR (4 * ENT 3))	10,000
7	AIDABLE HIGH COST	(STAC)	60,404
8	HIGH COST APPORTIONMENT	(ENT 7 * ENT 4)	45,243
PART II: CALCULATION OF SUPPLEMENTAL PUBLIC EXCESS COST AID			
9	2021-22 SUPPLEMENTAL PUBLIC EXCESS COST AID AS OF THE SCHOOL AID COMPUTER LISTING ENTITLED SA0910	(2008-09 PUB ENT 10) (SA0910)	0

See EFH277 for 2020-21
 Enrollment Backup on Next Page

Excess Cost Total on EFH277
 Matches PUB Line 7

EFH277 for 2020-21 PUB Enrollment Backup

EFH277

NEW YORK STATE EDUCATION DEPARTMENT
 STAC, SPECIAL AIDS & MEDICAID UNIT
202122 PUBLIC EXCESS HIGH COST APPORTIONMENT AID (PUB)
 BASED ON **202021** ENROLLMENT YEAR **VERIFIED** STACS

DATE: 08/30/2022 p

DISTRICT PAGE 1
 SED PAGE 352

DISTRICT CODE: **281230040000**
 DISTRICT NAME: **EXAMPLETOWN UFSO**

SCHOOL CODE: 209000000000 - **NASSAU BOCES**

CHILD-ID	LAST/FIRST NAME		DATE OF BIRTH	ANNUALIZED COST	DEDUCTION (LINE 5)	ANNUALIZED EXCESS COST	FTE	AIDABLE EXCESS COST	NOT VERIFIED
H29803	ALBANY	ALANA	05/08/07	33,716.00	45,960.00	0.00	1.000	0.00	
G76138	BISMARCK	BARRY	10/14/04	51,723.00	45,960.00	5,763.00	0.800	4,610.40	
A98881	CHARLESTON	CHELSEY	E 07/30/03	51,723.46	45,960.00	5,763.46	0.425	2,449.47	
G35862	DENVER	DAVID	12/20/08	78,930.00	45,960.00	32,970.00	1.000	32,970.00	
E01601	FRANKFORT	FREDRIKA	08/30/09	33,716.00	45,960.00	0.00	1.000	0.00	
F80832	HARRISBURG	HENRY	08/08/12	47,946.00	45,960.00	1,986.00	1.000	1,986.00	
F14455	LANSING	LINDSAY	03/22/10	51,723.46	45,960.00	5,763.46	0.375	2,161.29	
G40385	MADISON	MARK	07/31/08	33,716.05	45,960.00	0.00	1.000	0.00	
D66356	OLYMPIA	OLIVIA	12/21/07	53,136.69	45,960.00	7,176.69	1.000	7,176.69	
G09607	PHOENIX	PHILIP	10/25/03	32,302.83	45,960.00	0.00	0.500	0.00	
C82995	RALEIGH	RITA	05/22/07	51,723.17	45,960.00	5,763.17	0.325	1,873.03	
H00379	SACRAMENTO	SAMUEL	03/01/10	53,136.69	45,960.00	7,176.69	1.000	7,176.69	

PROVIDER TOTAL = \$60,403.57

SCHOOL CODE: **280506060000** - **OYSTER BAY-EAST NORWICH CSD**

CHILD-ID	LAST/FIRST NAME		DATE OF BIRTH	ANNUALIZED COST	DEDUCTION (LINE 5)	ANNUALIZED EXCESS COST	FTE	AIDABLE EXCESS COST	NOT VERIFIED
G83281	ATLANTA	ANNA	09/17/03	8,136.00	45,960.00	0.00	0.950	0.00	

PROVIDER TOTAL =

SCHOOL CODE: **281230040000** - **EXAMPLETOWN UFSO**

CHILD-ID	LAST/FIRST NAME		DATE OF BIRTH	ANNUALIZED COST	DEDUCTION (LINE 5)	ANNUALIZED EXCESS COST	FTE	AIDABLE EXCESS COST	NOT VERIFIED
E17557	MONPELIER	MICHAEL	11/14/09	23,629.00	45,960.00	0.00	1.000	0.00	
H78659	PROVIDENCE	PETUNIA	09/02/05	29,930.00	45,960.00	0.00	1.000	0.00	
E58504	RICHMOND	RAYMOND	11/11/10	33,745.00	45,960.00	0.00	1.000	0.00	

PROVIDER TOTAL =

AIDABLE DISTRICT TOTALS	CHILDREN =	8	FTE =	5.925	EXCESS COST =	\$60,403.57
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SECTION I

STAC School-Age ListServ and NYSED Contacts

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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:

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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:

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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.