

PUTTING STUDENTS FIRST



March STAC Talk

Special Education Aid Assistance Service

Mary Mosher, Angela Beber, Maria Huerta, Tyler Gates,
Robert Rabideau & Alyssa Scarcella

Agenda

2

*Verification
is now open
for ALL 10-
Month High
Cost Public
Placements*

DVPUB
Verifications



```
graph TD; A[DVPUB Verifications] --> B[DCPUB Screen]; B --> C[DCPOD Screen];
```

DCPUB Screen

DCPOD Screen

Online Verification for 10-Month Placements (DVPUB)

3

- DVPUB verification for all 2022-23 10-month High-Cost Public placements
 - ▣ In-District (*may require DCPUB screen*)
 - ▣ Other Public District (*will require DCPOD screen*)
 - ▣ BOCES Placements (*may require DCPUB screen*)
- *Must use SED approved BOCES Year End Final Cost Reports: **Verification Due: June 30, 2024***
(current year aid)

SED Approved BOCES Reports

4

Questar III BOCES Example

https://www.oms.nysed.gov/stac/schoolage/schoolage_placement_summary/public_excess_cost/202223_boces_yearend_report_table.html

499000	BOCES Questar III (Renn-Colum-Greene)	09/06/2022	06/23/2023	Summary-Level Year-End Final Cost Report for High Cost Students 2022-2023	01/08/2024
509000	BOCES Rockland	09/06/2022	06/23/2023	Summary-Level Year-End Final Cost Report for High Cost Students 2022-2023	02/20/2024
519000	BOCES St. Lawrence- Lewis	09/06/2022	06/23/2023	Summary-Level Year-End Final Cost Report for High Cost Students 2022-2023	12/01/2023

Questar III BOCES									
Summary-Level Year-End Final Cost Report for High Cost Students									
2022-2023									
District: Germantown CSD									
		Start Date	End Date	Weeks Billed					
BOCES Program Year:		09/06/2022	06/23/2023	40	(Assumes 4 weeks per month)				
Student Name (D.O.B)/STAC ID		Start Date	End Date	BOCES Billing FTE	Amt Billed	Year End Adj. Surplus/(Deficit)	Final Net Cost	Annualized Cost	

Page 1 of 1

Printed On 01/08/2024

Calculated On 01/08/2024

DVPUB Verification Process

5

- ❑ **All Public Placements**
- ❑ Amendments in the To/From date fields and Annualized Costs field
 - If student was enrolled for a 1.0 FTE, you do not need to adjust dates
- ❑ Verification needs to be completed one provider at a time
- ❑ Review dates and cost, and check verify box on DVPUB if record is correct

DVPUB Verification Screen

6

Date 03/11/24
Time 08:00

New York State Education Department
Section (3602.19) High Cost-Public Verification Screen

Go to
Menu

School Year
2223

CSE District
123456789101

District Count - Total records / Records Verified
EXAMPLETOWN CSD 139 25

Selection Type:
☒ Unverified 15
☐ Unverified DCPUB/DCPOD 5
☐ Verified and Not Reviewed by SED 25
☐ Reviewed and Locked by SED** 0
☐ All Records 40

Record Counts:

Get Providers DUTCHESS BOCES 139000000000

First 4 Letters of Last Name (Optional) Get AVL Sort by Approved Cost Descending ☐

** Districts have [view only rights](#) for "Reviewed and Locked by SED" Records
*DCPUB/DCPOD Record Required

CSE District Threshold: 52242
CSE District Public Excess Cost Ratio: .585

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

Education Provider Program Dates - 09/06/22 - 06/22/23

Last and First Names	From	To	Current Appr	10-Month Annualized Cost	Prev Verified	Verified	Verify	Reviewed and Locked by SED
Education Provider Name and Code	Half	FTE	Date Rec Entered	Unverified			Verified Date	Date Locked
STAC ID Rec DOB				DCPUB/DCPOD Required				
Last and First Names	From	To	Current Appr	10-Month Annualized Cost	Prev Verified	Verified	Verify	Reviewed and Locked by SED
Education Provider Name and Code	Half	FTE	Date Rec Entered	Unverified			Verified Date	Date Locked
STAC ID Rec DOB				DCPUB/DCPOD Required				
Jones Dylan	09/06/22	06/22/23	85,168.79			85168.79	<input type="checkbox"/>	<input type="checkbox"/>
DUTCHESS BOCES								
Z12345			1.000					

Verification Completed

7

- Once you review all verifications
 - ▣ **Click Verification Completed** button
 - ▣ **Click Submit** at bottom (date will be embedded)
- Verified records reviewed and approved by STAC will be locked
 - ▣ If district needs to amend and re-verify a locked record, contact the NYSED STAC Unit

CSE District Threshold: 52242		COMPLETION OF 10-MONTH VERIFICATION FOR ALL PUBLIC PROVIDERS	
CSE District Public Excess Cost Ratio: .585		Contact Name <input type="text" value="Tyler Gates"/>	Phone # <input type="text" value="5184796862"/>
Education Provider Program Dates - 09/06/22 - 06/22/23		E-mail Address <input type="text" value="tyler.gates@questar.org"/>	Verification Completed <input type="checkbox"/>





8

DCPUB Screen

High Cost Student Worksheet for BOCES/In-District

DCPUB Requirements

9

- ❑ **DCPUB:** cost calculation online screen
- ❑ Required for:
 - ▣ Pre-selected records identified by STAC Unit
 - Filter on Unverified DCPUB Required on DVPUB screen
 - ▣ BOCES records where verified costs exceed 10-month annualized cost listed on BOCES year-end final cost report
 - Without completion of DCPUB for BOCES students, records will be capped at BOCES report cost

DCPUB Required Records

10

- Records will appear under 'Unverified DCPUB Required' and a 'DCPUB Required' label will be added to the record (*BOCES students will not be flagged*)

Date 03/11/24
Time 08:33

New York State Education Department

Go to

Menu

Section (3602.19) High Cost-Public Verification Screen

School Year
2223

CSE District
123456789101

District Count - Total records / Records Verified
EXAMPLETOWN CSD 139 25

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

Record Counts:
15
5
25
0
40

Get Providers

EXAMPLETOWN CSD 123456789101

First 4 Letters of Last Name (Optional)

Get AVL

Sort by Approved Cost Descending ☐

** Districts have [view only rights](#) for "Reviewed and Locked by SED" Records

*DCPUB/DCPOD Record Required

CSE District Threshold: 52242

CSE District Public Excess Cost Ratio: .585

Education Provider Program Dates - 09/06/22 - 06/22/23

COMPLETION OF 10-MONTH VERIFICATION FOR ALL PUBLIC PROVIDERS

Contact Name

Phone #

E-mail Address

Verification Completed ☐

Last and First Names	From	To	Current Appr	10-Month Annualized Cost	Verify	Reviewed and Locked by SED
Education Provider Name and Code	Half	FTE	Date Rec Entered	Prev Verified	Verified	Date Locked
STAC ID Rec DOB				Unverified	DCPUB/DCPOD Required	Verified Date
RIDER FLYNN	09/06/22	06/22/23	110,000.00	0	<input type="checkbox"/>	<input type="checkbox"/>
EXAMPLETOWN CSD 123456789101						
Z07315		1.000	10/16/23	DCPUB Required		

DCPUB Required Records

11

- After DCPUB is completed, the label on DVPUB will display '**DCPUB On**' and the record can be verified from the unverified selection type

Date 03/11/24
Time 08:33

New York State Education Department

Go to

Menu

Section (3602.19) High Cost-Public Verification Screen

School Year
2223

CSE District
123456789101

District Count - Total records / Records Verified
EXAMPLETOWN CSD 139 25

Selection Type:
☒ Unverified 15
☐ Unverified DCPUB/DCPOD Required* 5
☐ Verified and Not Reviewed by SED 25
☐ Reviewed and Locked by SED** 0
☐ All Records 40

Record Counts:

Get Providers

EXAMPLETOWN CSD 123456789101

First 4 Letters of Last Name (Optional)

Get AVL

Sort by Approved Cost Descending ☐

** Districts have [view only rights](#) for "Reviewed and Locked by SED" Records

*DCPUB/DCPOD Record Required

CSE District Threshold: 52242

CSE District Public Excess Cost Ratio: .585

Education Provider Program Dates - 09/06/22 - 06/22/23

COMPLETION OF 10-MONTH VERIFICATION FOR ALL PUBLIC PROVIDERS

Contact Name

Phone #

E-mail Address

Verification Completed ☐

Last and First Names	From	To	Current Appr	10-Month Annualized Cost Prev Verified	Verified	Verify	Reviewed and Locked by SED
Education Provider Name and Code	Half	FTE	Date Rec Entered	Unverified DCPUB/DCPOD Required		Verified Date	Date Locked
STAC ID Rec DOB							
RIDER FLYNN	09/06/22	06/22/23	74,801.68		74801.68	<input type="checkbox"/>	<input type="checkbox"/>
EXAMPLETOWN CSD 123456789101				DCPUB on			
Z07315		1.000	10/16/23				

Student and District Information and Section I. BOCES

12

Date 03/11/24	New York State Education Department	Go to <input type="text"/>			
Time 08:50	HIGH COST STUDENT WORKSHEET (BOCES/In-District)	<input type="button" value="Menu"/>			
STAC ID	School Year	Rec Num	Name	Date of Birth	Mode
<input type="text" value="Z07315"/>	<input type="text" value="2223"/>	<input type="text" value="02"/> 03	RIDER FLYNN	07/31/12	Change
<input type="button" value="Inquire"/>	Set browser to 57% to print as single page				
			Intellectual Disability	Public Excess Cost Aid Ratio .585	District Threshold 52,242
Start Date	End Date	To Amend Start or End Dates:	FTE	CSE District Ed Provider	
09/06/22	06/22/23	<input type="button" value="GO TO DSPUB"/>	1.000	EXAMPLETOWN CSD EXAMPLETOWN CSD	123456789101 123456789101
Previous Annualized Rate			Current 10-Month Annualized Cost		
82,000.00			74,801.68		
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 Remaining Sections: If FTE is less than 1.000, divide actual cost by FTE to annualize					

Section II. A & B

Special Education Classroom

13

II. InDistrict Classroom - Totals

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

IEP Ratio:
Stud:Teach + Para
8 : 1 + 1

Actual Students
in Class
8

Special Ed Teachers
Classroom Salaries: 67303.00
Classroom Fringe Benefits: 25520.04

Classroom Aides/T.A.s
22106.63
30558.92

Total Cost of Special Classroom: 145,488.59

Classroom Cost for this Child: 18,186.07

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
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	

*Special education students only

Additional Special Education Classroom Costs (Explain in Comments):

0 Placement Cost for this Child:

Section III. Child-Specific Aide

14

III. Child-Specific1:1 Aide/Shared Aide/Nurse/Interpreter		(Not included In-District or BOCES reported cost above)			
Type of 1:1	Provider Type	Annual Salary	Annual Fringe	# of Students Served	Student Annual Cost
Aide/Teaching Asst ▼	CSE District ▼	21641.38	28086.53	1	49,727.91
▼	▼	0	0	0	



Section IV. Related Services

15

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 ▼	Other Provider ▼	30	24.39	1	24.39	60	1463.40
Occupational Therapy ▼	District ▼	30	28.32	1	28.32	60	1699.20
Physical Therapy ▼	BOCES Extra ▼	30	49.89	1	49.89	60	2993.40
Speech/Language Therapy ▼	Other Provider ▼	30	24.39	1	24.39	30	731.70
▼	▼	0	0	1		0	
▼	▼	0	0	1		0	

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

If more than six, enter total annual cost by type of remaining services:
(and provide explanation in comments)

(BOCES Extra)
0

(District)
0

(Other Provider)
0

Section V. Other Child Specific Costs and Comments & Summary Section

16

V. Other Child Specific Costs		Cost Category	Additional Information	Total Other Child-Specific Costs
		<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>
If you entered additional Related Services or Other Child-Specific costs, please explain below:			District Contact Information	
Comments: <input type="text"/>			Contact Name	<input type="text" value="Tyler Gates"/>
Comments: <input type="text"/>			E-mail Address	<input type="text" value="tyler.gates@questar.org"/>
			Phone#	<input type="text" value="5184796862"/> (Ex: 5181235555 - 10 digits)
Enter	02/29/24	DIST	Update	User DVPUB4
Required for Inquiry		<input type="button" value="Inquire"/>	<input type="button" value="ADD"/>	<input type="button" value="Change"/>
BOCES Subtotal		Total 10-Month Annualized Cost (Verify this amount on DVPUB)		
In-District Subtotal		18186.07	74,801.68	
1:1/Shared Aide Subtotal		49727.91	Estimated High Cost Aid Available	
Related Services Subtotal		6887.70	13,197.41	
Other Child-Specific Costs Subtotal				
SED use only: VERIFIED <input type="checkbox"/> Lock Record				
SED Changes:				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

SED Selected Records

17

- Submit additional back-up documentation for verified students selected by STAC unit for in-depth review
- ▣ Districts will receive email from the NYSED STAC Unit requesting IEPs and cost documentation for selected students identified for review

SED Selected Records

18

- SED will request the following
 - ▣ A DCPUB filled out (if you have not already)
 - ▣ A copy of the student's IEP
 - ▣ Invoices for any contracted related service
 - ▣ If a related service cost over \$15,000 then you will need back up documentation
 - ▣ Upload documentation to the SED FTM



19

DCPOD Screen

High-Cost Student Worksheet for Other District Placements

DCPOD Required Records

20

- Provides standard method for reporting and breaking down costs for students educated by another district, where the other district billed using actual costs
- Provides information about actual Nonresident Tuition Report (NRT) rates for students educated by another district, where the other district billed using the NRT rate

Student and District Information

21

Date 03/11/24	New York State Education Department	Go to <input type="text"/>	(For non-resident placements)		
Time 08:23	HIGH COST STUDENT WORKSHEET (Other District)				
<input type="button" value="Menu"/>					
STAC ID	School Year	Rec Num	Name	Date of Birth	Mode
Z34567	2223	02	FIELDS JUSTIN	11/27/12	Change
<input type="button" value="Inquire"/> Set browser to 57% to print as single page				Multiple Disabilities	
				Public Excess Cost Aid Ratio	.555
				District Threshold	59,784
Start Date	End Date	To Amend Start or End Dates:	<input type="button" value="GO TO DSPUB"/>	FTE	CSE District Ed Provider
09/06/22	06/23/23			1.000	
Previous Annualized Rate			<u>Current 10-Month Annualized Cost</u>		
100,000.00			155,034.04		

Section I. The NRT Section

22

I. NRT	<input type="radio"/> Non Resident Tuition (NRT) Rate (Full Day K-6 Student with Disabilities) 33971	<input type="radio"/> Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities) 39102	<input checked="" type="radio"/> Other Educating District Billed Using Actual Costs (Provide Cost Breakdown Below)
For Remaining Sections: If FTE is less than 1.000, divide actual cost by FTE to annualize Upload Invoices/Cost Breakdowns to GoAnywhere			

- ❑ You must select whether the other educating district billed using an NRT rate or billed using actual costs
- ❑ Note: If the other educating district has billed using the NRT rate, the aid available for services provided by the Non-Resident district is capped at the NRT rate.

Section II. Special Education Classrooms

23

II. Special Ed Classrooms

Placement Type	IEP Ratio: Stud:Teach + Para	Total Placement Cost	Actual Students in Class	Total Child Cost
SPECIAL CLASS ▾	8: 1 + 1	41113.16	1	41113.16
▾	0: 0 + 0	0	0	
▾	0: 0 + 0	0	0	
▾	0: 0 + 0	0	0	

Excluded Cost List

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.);
and ANY other services not on IEP

*Special education students only

Additional Special Education Classroom Costs (Explain in Comments):

0

Classroom Cost for this Child:

41113.16

Section III. Child-Specific Aide

24

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 ▼	61695.88	1	61,695.88
▼	▼	0	0	



Section IV. Related Services

25

IV. Related/Other Services		(Not included in reported cost above)		(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
Occupational Therapy	Non-Resident District	3600.00	30	<input checked="" type="radio"/> Individual	<input type="radio"/> Group	72	50.00
Physical Therapy	Other Provider	3100.00	30	<input checked="" type="radio"/> Individual	<input type="radio"/> Group	62	50.00
Speech/Language Therapy	Non-Resident District	6350.00	30	<input checked="" type="radio"/> Individual	<input type="radio"/> Group	127	50.00
Speech/Language Therapy	Other Provider	1700.00	30	<input type="radio"/> Individual	<input checked="" type="radio"/> Group	34	50.00
Parent Training	Other Provider	8500.00	60	<input checked="" type="radio"/> Individual	<input type="radio"/> Group	68	125.00
ABA/Behavior Intervention	BOCES Extra	28975.00	120	<input checked="" type="radio"/> Individual	<input type="radio"/> Group	144	201.22

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

If more than six, enter total annual cost by type of remaining services:
(and provide explanation in comments)

(Non-Resident District)	(BOCES Extra)	(CSE District)	(Other Provider)
0	0	0	0

Section V. Other Child Specific Costs and Comments & Summary Section

26

V. Other Child Specific Costs		Cost Category	Additional Information	Total Other Child-Specific Costs
		<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>
If you entered additional Related Services or Other Child-Specific costs, please explain below:			District Contact Information	
Comments: <input type="text"/>		Contact Name	<input type="text" value="Tyler Gates"/>	
Comments: <input type="text"/>		E-mail Address	<input type="text" value="tyler.gates@questar.org"/>	
Enter 02/29/24 DIST Update User DVPUB4		Phone#	<input type="text" value="5184796862"/> (Ex: 5181235555 - 10 digits)	
Required for Inquiry		<input type="button" value="Inquire"/>	<input type="button" value="ADD"/>	<input type="button" value="Change"/>
BOCES Subtotal		Total 10-Month Annualized Cost (Verify this amount on DVPUB)		
In-District Subtotal 18186.07		74,801.68		
1:1/Shared Aide Subtotal 49727.91		Estimated High Cost Aid Available		
Related Services Subtotal 6887.70		13,197.41		
Other Child-Specific Costs Subtotal				
		SED use only: VERIFIED <input type="checkbox"/> Lock Record		
		SED Changes:		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		

Next STAC Talk

27

- April 16, 2024 @ 9:00 a.m.
- Open Forum/Live Discussion on STAC Topics
 - Review March Payments
 - New School Year Prep:
 - 2024-25 Program Dates
 - Summer Program Applications (New or Amended)
- View previous STAC Talk Webinars:
<https://www.questar.org/services/financial/stac/webinars/>

Questions/Contact Us

28

Special Education Aid Assistance Service

Questar III BOCES

10 Empire State Boulevard

Castleton, NY 12033

518-477-2635 (p) **option 2**



mary.mosher@questar.org – *Team Leader*

angela.beber@questar.org

maria.huerta@questar.org

tyler.gates@questar.org

robert.rabideau@questar.org

alyssa.scarcella@questar.org

<https://www.questar.org/services/financial/stac/>