

PUTTING STUDENTS FIRST



November STAC Talk

Extended School Year (ESY) Overview

Special Education Aid Assistance Service

Mary Mosher, Alyssa Scarcella, Tyler Gates,
Robert Rabideau, Angie Beber, Caroline Christopher & Maria Huerta



www.questar.org

Agenda

1. Full & Half-Day Programs
2. 9015 A-D Programs
3. Chapter Placements
4. 4201 State-Supported Placements
5. Supplemental Forms
6. Helpful Reports
7. Payments and Receivables

Summer School Placements

3

1

- Identify Student & Placement & Program

2

- File Appropriate STAC

3

- Verify Education

4

- Verify Transportation Costs

5

- Receive Aid

4 Summer 4408 Placements

Full Day or Half Day Programs

Summer 4408 Placements

5

Definition:

School-age students (public and private) with disabilities educated during July and August

Formula:

Reimbursed at 80% of the approved cost of education, maintenance and transportation

- Exception: Chapters 47, 66 and 721 are reimbursed at 100% of the approved cost

Aid Claim Process & Facts:

- Education Rates – set by NYS Education Department's Rate Setting Unit
- Maintenance Rates – set by NYS Office of Children & Family Services
- File STAC
- Verify students' placement, enrollment dates and transportation (after summer school is complete)
- Current year placements receive a maximum of 56% aid in current State fiscal year (first payment issued in March)

Statute of Limitations:

Three years

STAC Reapplications

6

Special Education Main Menu		
	DMNUM	Choice
		Description
<input type="checkbox"/>	DMQRY	STAC SCHOOLAGE&PRESCHOOL INQUIRY SCREENS
<input type="checkbox"/>	DMNUS	ADD/AMEND REIMBURSEMENT APPROVALS
<input type="checkbox"/>	DMNUR	PROCESS A REAPPLICATION
<input type="checkbox"/>	DMNUV	ONLINE AVL VERIFY,PAYMENTS & CHARGEBACKS
<input type="checkbox"/>	DMNAC	CPSE ADMINSTRATIVE COST SCREENS
<input type="checkbox"/>	DCPUB	HIGH COST WORKSHEET (IN-DISTRICT/BOCES)

Reapplications

7

DMNUR REAPPLICATION MENU		
	Choice	Description
<input type="checkbox"/>	DRPRV	PRIVATE EXCESS COST REAPP (10 MONTH)
<input type="checkbox"/>	DRPUB	PUBLIC HIGH COST REAPP (10 MONTH)
<input type="checkbox"/>	DRSUM	SPECIAL CLASS REAPP (2 MONTH)
<input type="checkbox"/>	DRCHP	SCHOOL AGE CHAPTER PLACEMENT (10 MONTH)
<input type="checkbox"/>	DRC SM	SCHOOL AGE CHAPTER PLACEMENT (2 MONTH)
<input type="checkbox"/>	DRSSY	4201 STATE SUPPORTED REAPP (10 MONTH)
<input type="checkbox"/>	BYE	SIGN OFF THE SYSTEM
<input type="checkbox"/>		

Reapp by Provider

8

School Year	CSE District	Your District Threshold Amount		
<input type="text"/>	280220030000	LYNBROOK UFSD		
Education Provider		Provider Code	Number of Records	
<input type="text"/>		<input type="text"/>		
Get Providers				
Get Reapps		First 4 Letters of Last Name (Optional) <input type="text"/>		
STAC ID	Reapply	----- Name -----	Education	Annualized Cost
	<input type="checkbox"/>			0 <input type="text"/> 0
	<input type="checkbox"/>			0 <input type="text"/> 0
	<input type="checkbox"/>			0 <input type="text"/> 0
	<input type="checkbox"/>			0 <input type="text"/> 0
	<input type="checkbox"/>			0 <input type="text"/> 0
	<input type="checkbox"/>			0 <input type="text"/> 0
	<input type="checkbox"/>			0 <input type="text"/> 0
	<input type="checkbox"/>			0 <input type="text"/> 0
	<input type="checkbox"/>			0 <input type="text"/> 0
	<input type="checkbox"/>			0 <input type="text"/> 0
	<input type="checkbox"/>			0 <input type="text"/> 0
<input type="button" value="View"/> <input type="button" value="Submit"/>				

9

- 

Date 11/20/23

New York State Education Department

Go to

Time 10:06

School Age Summer Placement (4408)

Menu

STAC ID

Name

Date of Birth

Mode

Z12345

SMITH

HUNTER

02/10/16

Add

School Year

Record Number

Disability

2324

Inquire

Other Health Impairment

CSE District

100005400000

GERMANTOWN CSD

District of Residence

County of Residence

Agency to be Paid

COLUMBIA

Education

Provider

QUESTAR III (R-C-G) BOCES

499000000000

Get ED Program

9000A FULL-DAY 5 HOUR CLAS 05-21 07/06/23-08/16/23 DAY

Change	Start Date	End Date	Percent Aide	Education Rate	Educ Aide Rate	DA Rate	Total Rate
<input type="checkbox"/>	07/06/23	08/16/23	<input type="text"/>	0	0	0	0

1/2 Placement (SED use only)

☐

Total Rate

X

FTE

=

Total Cost

0

0

0

Maintenance

Provider

Get MA Program

Change	Start Date	End Date	Aide	FTE	Rate	Cost
<input type="checkbox"/>			<input type="checkbox"/>	0	0	0

Transportation Cost

0

TOTAL COST 0

Includes cost of aide on bus

SED use only

Variance

☐ 1 Year

☐ DCERT Appr DT

Enter

Upd

User

Required for Inquiry

Inquire

Add

Change

Reapp

Transportation Verification

11

- Use the DVSTR Screen
 - ▣ Education must be verified first

Date 11/20/23 Time 10:21 New York State Education Department

Go to Menu

Summer Trans. Cost Verification for DSUMR

School Year: 2324 CSE District: 100005400000 EXAMPLETOWN CSD

Get Providers QUESTAR III (R-C-G) BOCES 499000000000

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	Approved	Cost Verified	Verify
SMITH HUNTER	Z12345	02/10/16	01	07/06/23	08/16/23	D	0	0	<input type="text" value="0"/>	<input type="checkbox"/>

*Select Type for Year 1718 and forward:

☐ District-Operated Trans ☒ Contracted Transporter

12

9015A-D Programs

Summer Placements RSO & SDI

13

Definition:

School-age students with disabilities educated during July and August receiving related services and/or specially designed instruction.

Program Key:

- 9015A: Related Services Only (RSO)
- 9015B: Specially Designed Instruction Only (SDI)
- 9015C: Specialized Instruction with Related Services (SIWRS)
- 9015D: Home or Hospital Instruction (HHI)

Formula:

Reimbursed at 80% of the approved cost

Aid Claim Process & Facts:

- Education Rates – set by NYS Education Department's Rate Setting Unit
- File STAC
- Verify students' services, enrollment dates and transportation costs (after summer school is complete)
- Current year placements receive a maximum of 56% aid in current State fiscal year (first payment issued in March)

Statute of Limitations:

Three years

9015 Program Key on STAC Screen

14

9015 Program Key

9015A – Complete the **Related Services Section**.

Select blank line from the **Specially Designed Instruction** dropdown.

9015B – Complete the **Specially Designed Instruction Section**.

Select blank line from the **Related Services** dropdown.

9015C – Complete both the **Specially Designed Instruction** and the **Related Services Sections**.

9015D – Complete either the **Specially Designed Instruction Section** or the **Related Services Section** or both.

Select blank line from the dropdown of the section NOT being completed.

Requires SED Approval

Adding 9015 A-D STACs

15

□ Use the DSSRS Screen

Date: 10/29 Time: 10:29 New York State Education Department School Age Summer Related / SDI Service (4408) Go to: [] Menu

STAC ID: Z12346 Name: DOE TYLER Date of Birth: 07/31/13 Mode: Add

School Year: 2324 Record Number: [] Disability: [] Other Health Impairment: [] Inquire

CSE District: 100005400000 EXAMPLETOWN CSD

District of Residence: EXAMPLETOWN CSD Agency to be Paid: EXAMPLETOWN CSD County of Residence: COLUMBIA

Provider: [] Get Programs

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

9015C SPEC INSTRC W/REL SV 05 21 07/10/23-08/18/23 DAY

Start Date: 07/10/23 End Date: 08/18/23 Group Size: 1 Number of 1/2 Hour Units: 30 Prorated Number of 1/2 Hour Units: []

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

9015C SPEC INSTRC W/REL SV 05 21 07/10/23-08/18/23 DAY

Act	Type	Start Date	End Date	Group Size	Number of Half Hour Units	Prorated Number of Half Hour Units
<input type="checkbox"/>	Speech Therapy	07/10/23	08/18/23	1	12	[]
<input type="checkbox"/>	[]	[]	[]	[]	0	[]
<input type="checkbox"/>	[]	[]	[]	[]	0	[]
<input type="checkbox"/>	[]	[]	[]	[]	0	[]

Half Hour Unit Rate: [] Total Num of Pro-Rated Rel Service Half Hour Units: 0 Cost: []

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

Includes cost of aide on bus

Enter: [] Update: [] User: []

Required for Inquiry Inquire Add Change

Education Verification

16

□ Use the DVSRL

Date 11/20/23
Time 10:38

New York State Education Department

Go to

Summer Related Services Verification Screen

School Year
2324 ▼

CSE District
100005400000 EXAMPLETOWN CSD

EXAMPLETOWN CSD ▼

☐ Unverified
☐ Verified
☒ All Records

First 4 Letters of Last Name (Optional)

District-Operated 9015 Program-Education Costs Only

Last and First Names	STAC-ID	Rec	DOB	Program Code	Service Type	From	To	1/2 HR Units	Rate	Cost	Verify
DOE TYLER	Z12346	01	07/31/13	9015-A	RSO	07/07/23	08/17/23	6	52.00	312	<input checked="" type="checkbox"/>

Transportation Verification

17

- Use the DVST2 Screen
 - ▣ *Education must be verified first*

Date 11/20/23
Time 10:46

New York State Education Department

Go to

Summer Related Service Trans. Cost Verification

School Year
2324

CSE District
100005400000
EXAMPLETOWN CSD

First 4 Letters of Last Name (Optional)

☐ Unverified
☐ Verified
☒ All Records

Last and First Name	STAC-ID	DOB	Rec	Educ. Dates		Day or Previously Res.	Approved		Cost	
				From	To		Approved	Approved	Verified	Verify
DOE TYLER	ZI2346	07/31/13	01	07/07/23	08/17/23	D	0	0	<input type="text" value="0"/>	<input checked="" type="checkbox"/>

*Select Type for Year 1718 and forward:

☒ District-Operated Trans

☐ Contracted Transporter

18

Summer Chapter Placements

Summer Chapter Placements

19

- ❑ **OPWDD – Chapter 47, 66 & 721**
 - ❑ Chapter 47- Group or Family Care Homes
 - ❑ Chapter 66- Developmental Center
 - ❑ Chapter 721- ICF/IRA
- ❑ 2-Month 100% tuition reimbursement and 100% transportation reimbursement for Ch. 47 & 721
- ❑ Ch. 66 paid by developmental center

Adding a Summer Chapter STAC

20

□ Use the DSCSM Screen

Date: 11/20/23
Time: 11:01
New York State Education Department
School Age Summer Chapter Placement
Go to: DOCLD
Menu

STAC ID: Z12348
Name: JOHNSON, NICHOLAS
Date of Birth: A 02/09/03
Mode: Inquiry

School Year: 2324
Record Number: 02 01
Disability: Autism
Inquire

CSE District: 100005400000 EXAMPLETOWN CSD
District of Residence: EXAMPLETOWN CSD
County of Residence: COLUMBIA
Chapter Type: Individualized Residential Alternative
ICF/IRA Provider: INDEPENDENT GROUP HM LIVING 580234890121

Education
Provider: QUESTAR III BOCES
Get ED Programs: 9000A J/A NO 1:1 AIDES ALL 05-21 07/03/23-08/11/23 DAY

Start Date	End Date	Aide Percentage	Education Rate	Educ Aide Rate	DA Rate	Total Rate
07/03/23	08/11/23	000	9032.00	0	0	9032.00

1/2 Placement (SED use only)
☐

Total Rate	X	FTE	=	Cost
9032.00		1.000		9032.00

Transportation: 0
Includes cost of aide on bus
TOTAL COST: 9032.00

Variance: ☐ 1 Year Only: ☐
Ent: 11/20/23 REAP Upd User: B93TGATE

Required for Inquiry
Inquire Change Add Reapp

21

[illegible][illegible]

Transportation Verification

22

- Use the DVSTC Screen
 - ▣ Education must be verified first

Date 11/20/23
Time 11:14

New York State Education Department

Go to

Summer Chap. 2 mos. Trans. Cost Verification

School Year
2324 ▼

CSE District
100005400000
EXAMPLETOWN CSD

☐ Unverified
☐ Verified
☐ All Records

First 4 Letters of Last Name (Optional)

Last and First Name	STAC-ID	DOB	Rec	From	To	Res.	Approved	Approved	Cost	Verify
JOHNSON NICHOLAS	Z12348	02/09/03	02	07/03/23	08/11/23	D	0	0	<input type="text" value="0"/>	<input type="checkbox"/>

*Select Type for Year 1718 and forward:

☐ District-Operated Trans

☐ Contracted Transporter

Summer 4201 State-Supported Placements

2-Month tuition paid by NYS; chargeback district of current location 20% for education and maintenance; **80% aid for transportation costs.**

4201 State-Supported Placements

24

- ❑ Cleary School for the Deaf
- ❑ Henry Viscardi School
- ❑ Lavelle School for the Blind
- ❑ Lexington School for the Deaf
- ❑ Mill Neck Manor School for the Deaf
- ❑ New York Institute for Special Education (NYISE)
- ❑ New York School for the Deaf (Fanwood)
- ❑ Rochester School for the Deaf
- ❑ St. Francis de Sales School for the Deaf
- ❑ St. Joseph School for the Deaf
- ❑ St. Mary's School for the Deaf

Transportation Verification

25

□ Use the DVST3 Screen

Date 11/20/23
Time 11:23

New York State Education Department

Go to

Menu

Summer Section 4201 Trans. Cost Verification

School Year
2324

CSE District
100005400000 EXAMPLETOWN CSD

☒ Unverified
☐ Verified
☐ All Records

Get Providers

ROCHESTER SCHOOL FOR THE DEAF 261600997046

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	Cost Verified	Verify
JONES SARAH	Z12349	12/01/19	01	07/10/23 08/18/23	D 0	0	<input type="text" value="0"/>	<input type="checkbox"/>

*Select Type for Year 1718 and forward:

☐ District-Operated Trans

☐ Contracted Transporter

Supplemental Forms

Transportation Costs Over \$6,500/7,000*

27

- Stop Payment Flags “S” issued on student transportation costs above \$6,500/7,000*
- Supplemental form required:
http://www.oms.nysed.gov/stac/forms/trans_stop_form.pdf
- Back-up documentation required
 - District-operated cost calculation breakdown
 - Contract/Invoices

Required for Inquiry

View

Submit

“S” means a “stop payment flag” is placed on this 5,499 cost record.

Hit the SUBMIT key again to confirm verified costs on screen are correct.

To remove the “stop” and be paid, submit cost backup/invoices to:

STAC, Special Aids, and Medicaid Unit Fax: --

The “stop” will be removed, after SED approves/recalculates your cost.

28

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

Supplemental Forms for Student Specific Aide, Nurse or Interpreter

29

- Required for:
 - All 1:1 Nurses
 - RN
 - LPN
 - All 1:1 Interpreters
 - All 1:1 Maintenance Aides
 - All out-of-state 1:1 Aides
- Not for in-state education aides
 - Enter percentage for aide on screen

**** School Age ** Request for Reimbursement for Student-Specific
Nurses, Interpreters, Maintenance Aides & Out-of-State Education Aides**

STAC-ID

--	--	--	--	--	--

Do NOT submit this form for:

- a) In-State Education Aides
(Enter aide percentage on EFRT service approval screen)
- b) Aides for 10-Month Public Placements
(Include in Section III of DCPUB High Cost Worksheet)

Scan and upload completed forms to SED File Transfer Manager (FTM) "inbasket".
Email OMSSTAC@nysed.gov with the SED FTM location and filename. Do NOT attach completed forms to emails.

STUDENT AND SCHOOL DISTRICT INFORMATION					
Student Name:			Date of Birth (mm/dd/yy):		
Name of School District with CSE Responsibility:			School District SED Code:		
SCHOOL AGE EDUCATION PLACEMENT					
Education Provider Name:			Education Provider SED Code:		
Program Name:			Program Code:		
Program Runs:			Student Attends:		
Hours/Day		Days/Week	Hours/Day		Days/Week
AIDES/NURSES/INTERPRETERS DURING EDUCATION HOURS					
<input type="checkbox"/> Aide	Requested Start:	Requested End:	Hours 1:1 Requested:	Days 1:1 Requested:	Shared by multiple students:
	to		Hours / Day	Days / Week	<input type="checkbox"/> No <input type="checkbox"/> Yes: students
<input type="checkbox"/> RN	Requested Start:	Requested End:	Hours 1:1 Requested:	Days 1:1 Requested:	Shared by multiple students:
	to		Hours / Day	Days / Week	<input type="checkbox"/> No <input type="checkbox"/> Yes: students
<input type="checkbox"/> LPN	Requested Start:	Requested End:	Hours 1:1 Requested:	Days 1:1 Requested:	Shared by multiple students:
	to		Hours / Day	Days / Week	<input type="checkbox"/> No <input type="checkbox"/> Yes: students
<input type="checkbox"/> Interpreter	Requested Start:	Requested End:	Hours 1:1 Requested:	Days 1:1 Requested:	Shared by multiple students:
	to		Hours / Day	Days / Week	<input type="checkbox"/> No <input type="checkbox"/> Yes: students
AIDE WAGE INFO (FOR MAINTENANCE & OUT OF STATE EDUCATION)		SCHOOL AGE MAINTENANCE PLACEMENT			
Salary & Fringe Benefits (Per Hour):		Maintenance Provider Name:		Maintenance Provider SED Code:	
\$		Program Name:		Program Code:	
MAINTENANCE AIDES OUTSIDE EDUCATION HOURS					
<input type="checkbox"/> Aide	Requested Start:	Requested End:	Hours 1:1 Requested (Monday through Friday):	Hours 1:1 Requested (Saturday & Sunday):	Shared by multiple students:
	to		Hours / Day	Hours / Day	<input type="checkbox"/> No <input type="checkbox"/> Yes: students
DISTRICT OF RESIDENCE/DISTRICT OF SERVICE ASSURANCE:					
I have reviewed the above named student's records and assure that the student's Individualized Education Program (IEP) specifically requires that a 1:1 Aide/Nurse/Interpreter be provided for the period indicated above.					
Signature: Superintendent of Schools				Date	
PERSON COMPLETING THIS FORM					
Name	Phone	Fax	Email		

9015 A-D Half-Hour Unit Cap

31

- Student-related services cannot exceed 120 half-hour units on screen
 - Supplemental form required:
http://www.oms.nysed.gov/stac/related_service_stops.pdf
 - Back-up documentation required
 - Copy of student IEP showing service frequencies

Supplemental RSO Form

32

STAC-702RS

Explanation/Correction of Summer 9015 Programs (Half-Hour Units > 120 Units) Verified and Stopped Online for Summer Section 4408

Rev. 8/2018

ENTER YEAR	CSE DISTRICT CODE	CSE DISTRICT NAME	DATE RETURNED TO STAC
July/Aug <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ENTER 6-DIGIT STAC ID	LAST NAME, FIRST NAME	EDUCATION PROVIDER	# OF HALF-HOUR UNITS ENTERED & VERIFIED ON SYSTEM	ACTUAL # OF HALF-HOUR UNITS (AS PER IEP)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the number of verified units is 120+ half-hour units, attach a copy of the student's IEP pages indicating the number and length of the service units and whether the services were provided in a group or individual setting.

THIS FORM MUST BE COMPLETED AND SIGNED BY:

- DISTRICT SUPERINTENDENT/SCHOOL BUSINESS OFFICIAL
- CSE CHAIRPERSON

Superintendent/Business Official Signature

Title

Telephone #

Date

CSE Chairperson Signature

Title

Telephone #

Date

Return by mail to:

New York State Education Department
STAC and Medicaid Unit
89 Washington Avenue, Room 514 EB
Albany, NY 12234

Attention: Kelly Mason

Or by Fax (518) 402-5047

For questions, call (518) 474-7116.

Summer School Applications

33

- Districts who are looking to begin a summer special education program or modify existing approval must receive SED approval in order to run such programs
- Applications (due June 1) and additional ESY guidance can be found here:
<https://www.nysed.gov/special-education/extended-school-year>
- ▣ *Note: modification applications are not required of districts to increase or decrease the number of classes at currently approved staff/student ratios*

Latest Updates

34

- A new form has been introduced to track changes to operating hours for the extended school year - **Less Than Full Day (9010) Special Class program(s)**. The new form can be filled out digitally and then emailed to the STAC/Medicaid Unit at OMSSTAC@nysed.gov for processing, generally within one business day
- Memo: [New Process for Modifying Operating Hours for Approved 9010 Less than Full Day School Age Summer 4408 Programs](#)
- Form: [Notice of Modified Instructional Hours for School Age Approved 9010 Summer 4408 Program](#)

35

Helpful STAC Reports for ESY

Payment Stops by District (DSTPD)

36

- Transportation and/or related service stops

Date 11/20/23
Time 11:28

New York State Education Department
Payment Stops by District
View Only for Districts

Go to

School Year
2324 ▼

District
 EXAMPLETOWN CSD

All Providers ▼

Placement Type

(DSUMR) School Age Summer Placement ▼

Last and First Name			Provider Name		Educ Dates		FTE or Units	Education Rate/	Educ/ Maint	Trans	
STAC-ID	Rec	DOB	PlacementType		From	To		Education Cost	Payment Stop	Trans Cost	Payment Stop
JACKSON LIZ			MONROE 1 BOCES		07/03/23	08/11/23	1.000	7786.00			
Z12351	02	Z12349	DSUMR				0	7786.00	<input type="checkbox"/>	8675.00	<input checked="" type="checkbox"/>

Approval Lists (DQAPP)

37

Date 11/20/23
Time 11:32

New York State Education Department

Go to
Menu

Agency Approvals List

School Year DISTRICT

2324 ▼ 100054000000 EXAMPLETOWN CSD

Get Providers All Providers ▼

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

Record Count 2

Agency Type (Internal use only)
DISTRICT ▼

☒ All
☐ Verified
☐ Unverified

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 ET DR	STP ET DR	A U D	W D W
	01	WILDWOOD SCHOOL	DSUMR	9000B	070323	081123	1.000	000	9946	9946	NN	NN	N	
	01	WILDWOOD SCHOOL	DSUMR	9000C	070323	081123	1.000	000	9946	9946	NN	NN	N	

Approval 3-Year Summary (DQSBO)

38

Date 11/20/23
New York State Education Department
Go to
Time 11:39
Menu

Special Education Approval Summary

School Year
District Code Search
District Name Search
Get Districts

2223

Service Type
(DSUMR) School Age Summer Placement

Choose One
☐ 1 Year selected
☒ Year selected and prior 2 years
Get Summary Data

Education Data		2020-21	% change	2021-22	% change	2022-23
Approval Data	Number	80	35+	108	0	108
	FTE	79.666	34+	106.666	1+	108.000
	Educ. Cost	340,338	53+	520,401	35-	337,907
Verified Data	Number	80	35+	108	0	108
	% Verified	100	0	100	0	100
	FTE	79.666	34+	106.666	1+	108.000
	% Verified	100	0	100	0	100
	Educ. Cost	340,338	53+	520,401	35-	337,907+
	% Verified	100	0	100	0	100
Unverified Data + Rate Changes *	Number	0	0	0	0	0
	% Unverified	0	0	0	0	0
	FTE	0	0	0	0	0
	% Unverified	0	0	0	0	0
	Educ. Cost	0	0	0	0	0
	% Unverified	0	0	0	0	0

Approval 3-Year Summary (DQSBO)

39

Maintenance Data					
Approval Data	Number	0	0	0	0
	Maint. Cost	0	0	0	0
Verified Data	Number	0	0	0	0
	Maint. Cost	0	0	0	0
	% Verified	0	0	0	0
Unverified Data + Rate Changes *	Number	0	0	0	0
	Maint. Cost	0	0	0	0
	% Unverified	0	0	0	0
Transportation Data					
Transportation applies only to 2-mth programs and 10-mth Chapter 721					
Approval Data	Number	0	999+	82	24- 62
	Trans. Cost	0	999+	132,691	14- 113,705
Verified Data	Number	0	999+	82	24- 62
	Trans. Cost	0	999+	132,691	14- 113,705
	% Verified	0	999+	100	0 100
Unverified Data	Number	0	0	0	0
	Trans. Cost	0	0	0	0
	% Unverified	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.					

ESY Payments & Receivables

DQPAY and DQSUM Reports

School Age APR View (DQPAY)

41

Date 11/20/23
Time 11:42

New York State Education Department

Go to

Menu

School Age APR View

School Year
2223

District
100005400000

Fund
Summer

PAY Num
01

Service
☒ Educ ☐ Tran

Gross Amt
162,995.84+

Adjust Amt

Net Amt
162,995.84+

Pay Percent
56.0000

Inquire

EXAMPLETOWN CSD

APR Issue Date
03/06/23

Adjustment Detail

To obtain an original Approved Payment Report (APR) for this payment, click: [Send to SEDFTM](#)

STAC ID	Last Name/First Name	Provider	Start Date	End Date	Service	Amt this APR	Total to Date
	VILLA OF HOPE	07/04	08/12	EDUC	4394.88	8175.20	
	VILLA OF HOPE	07/04	08/12	EDUC	4394.88	8175.20	
	MARY CARIOLA C	07/04	08/12	EDUC	5388.88	7612.80	
	MARY CARIOLA C	07/04	08/12	EDUC	5388.88	7612.80	
	MARY CARIOLA C	07/04	08/12	EDUC	5388.88	7612.80	
	MARY CARIOLA C	07/04	08/12	EDUC	5388.88	7612.80	
	MARY CARIOLA C	07/04	08/12	EDUC	5388.88	7612.80	

Provider Totals

VILLA OF HOP	8789.76+
MARY CARIOLA	37722.16+
SCHOOL OF TH	11760.00+
MONROE 1 BOC	3111.36+

Retrieve APRs through SED FTM

42

- ❑ <https://sedftm.nysed.gov/webclient/Login.xhtml>
- ❑ Outbasket folder

Files

B

↑ Upload




↺ Refresh

🖥 Applet

📁 Navigate

🔍 Search

/ (Home) > STAC430300 > outbasket

<input type="checkbox"/>	Name ▾	Date Modified ▾	Size ▾
<input type="checkbox"/>	<div><div>⚙</div><div><div> EFH691_4408_2223_EDUC_01_202311201148.pdf</div></div></div>	11/20/23 11:48:54 AM	14.81 KB
<input type="checkbox"/>	<div><div>⚙</div><div><div> EFH670_2223_202311011000.pdf</div></div></div>	11/1/23 10:00:41 AM	20.42 KB
<input type="checkbox"/>	<div><div>⚙</div><div><div> EFH670_2122_202311010958.pdf</div></div></div>	11/1/23 9:58:09 AM	19.73 KB

EFH691 NEW YORK STATE EDUCATION DEPARTMENT ISSUE DATE: 03/06/23 p
 SCHOOL YEAR: 202223 STAC AND MEDICAID UNIT ISSUE TIME: 11:48
 APPROVED PAYMENT REPORT FOR 4408 PLACEMENTS
 PAY PERCENT: 56.0000% CORRESPONDING TO THE SERVICE TYPE: EDUCATION/MAIN SED PAGE: 1
 PAYMENT NUMBER: 01 PAYMENT COVERING TIME PERIOD: 07/01/22 - 08/31/22 DISTRICT PAGE: 1

DISTRICT:

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
-----------------------	-----	------	--------------	------------	----------------	---------------------	---------------	-------------------	-------------------	---------------	-------------

EDUCATIONAL PROVIDER: 260501996191- VILLA OF HOPE

02/19/05	EDUC	07/04/22	08/12/22	1.000	7,848.00	7,848.00	4,394.88	0.00	4,394.88
----------	------	----------	----------	-------	----------	----------	----------	------	----------

08/27/06	EDUC	07/04/22	08/12/22	1.000	7,848.00	7,848.00	4,394.88	0.00	4,394.88
----------	------	----------	----------	-------	----------	----------	----------	------	----------

EDUCATIONAL PROVIDER: 261600997048- MARY CARIOLA CHILDRENS CENTER

11/12/07	EDUC	07/04/22	08/12/22	1.000	9,623.00	9,623.00	5,388.88	0.00	5,388.88
----------	------	----------	----------	-------	----------	----------	----------	------	----------

05/30/16	EDUC	07/04/22	08/12/22	1.000	9,623.00	9,623.00	5,388.88	0.00	5,388.88
----------	------	----------	----------	-------	----------	----------	----------	------	----------

11/20/11	EDUC	07/04/22	08/12/22	1.000	9,623.00	9,623.00	5,388.88	0.00	5,388.88
----------	------	----------	----------	-------	----------	----------	----------	------	----------

04/28/04	EDUC	07/04/22	08/12/22	1.000	9,623.00	9,623.00	5,388.88	0.00	5,388.88
----------	------	----------	----------	-------	----------	----------	----------	------	----------

03/30/05	EDUC	07/04/22	08/12/22	1.000	9,623.00	9,623.00	5,388.88	0.00	5,388.88
----------	------	----------	----------	-------	----------	----------	----------	------	----------

10/08/03	EDUC	07/04/22	08/12/22	1.000	9,623.00	9,623.00	5,388.88	0.00	5,388.88
----------	------	----------	----------	-------	----------	----------	----------	------	----------

07/25/06	EDUC	07/04/22	08/12/22	1.000	9,623.00	9,623.00	5,388.88	0.00	5,388.88
----------	------	----------	----------	-------	----------	----------	----------	------	----------

EDUCATIONAL PROVIDER: 261701167030- SCHOOL OF THE HOLY CHILDHOOD

09/02/10	EDUC	07/11/22	08/19/22	1.000	7,000.00	7,000.00	3,920.00	0.00	3,920.00
----------	------	----------	----------	-------	----------	----------	----------	------	----------

12/18/12	EDUC	07/11/22	08/19/22	1.000	7,000.00	7,000.00	3,920.00	0.00	3,920.00
----------	------	----------	----------	-------	----------	----------	----------	------	----------

08/16/01	EDUC	07/11/22	08/19/22	1.000	7,000.00	7,000.00	3,920.00	0.00	3,920.00
----------	------	----------	----------	-------	----------	----------	----------	------	----------

APR Types and Payment Numbers

44

- Available on STAC Unit's website:
http://www.oms.nysed.gov/stac/schoolage/payments/Schoolage_payments_on_SEDFTM.html

School Age Payments Available for Export to SED File Transfer Manager (FTM) - Calendar Year 2023

School Year	APR Type	Pay #	SED FTM File Name Begins With: (Please see below table for detail on file naming conventions*)	Date Report Issued
2022-23	4408 2-month Education	02	EFH691_4408_2223_EDUC_02	8/8/23
2022-23	4408 2-month Transportation	02	EFH691_4408_2223_TRAN_02	8/14/23
2022-23	2-month Chapter Education	02	EFH691_CH02_2223_EDUC_02	8/14/23
2022-23	2-month Chapter Transportation	01	EFH691_CH02_2223_TRAN_01	8/14/23
2021-22	4408 2-month Education	05	EFH691_4408_2122_EDUC_05	8/14/23
2021-22	4408 2-month Transportation	05	EFH691_4408_2122_TRAN_05	8/14/23
2021-22	2-month Chapter Education	05	EFH691_CH02_2122_EDUC_05	8/14/23
2021-22	2-month Chapter Transportation	04	EFH691_CH02_2122_TRAN_04	8/14/23
2020-21	4408 2-month Education	08	EFH691_4408_2021_EDUC_08	8/15/23
2020-21	4408 2-month Transportation	08	EFH691_4408_2021_TRAN_08	8/15/23
2020-21	2-month Chapter Education	08	EFH691_CH02_2021_EDUC_08	8/15/23
2019-20	4408 2-month Education	10	EFH691_4408_1920_EDUC_10	8/15/23

4408 & 4201 Summary Report (DQSUM)

45

Date 11/20/23
Time 11:54

New York State Education Department

Go to

Menu

4408 and 4201 District Summary Report (2-mo)

School Year
2223

District Code
100054000000

Inquire

CANANDAIGUA CITY SD

Based on EFH670
Run on 11/01/23

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

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

SUMMARY OF COSTS - CSE DISTRICT
430300050000 CANANDAIGUA CITY SD

SERV TYPE	STAC APPROVED COST	ON-LINE VERIFIED COST	AID PAID**
EDUC	337,907.00	337,907.00	270,325.00
RELS	5,150.00	5,150.00	4,120.00
MAIN			
TRAN	113,705.00	113,705.00	90,963.00
TOTAL \$	456,762.00 \$	456,762.00 \$	365,408.00

ESTIMATED RECEIVABLES

MAXIMUM AID RECEIVABLE = + \$ 1.00
= (\$ 456,762.00 TOTAL APPROVED COST * 80%) - \$ 365,408.00 TOTAL AID PAID

CURRENT AID RECEIVABLE = + \$ 1.00
= (\$ 456,762.00 TOTAL VERIFIED COST * 80%) - \$ 365,408.00 TOTAL AID PAID

NOTE: THE "MAXIMUM AID RECEIVABLE AND CURRENT AID RECEIVABLE" TOTALS INCLUDE TRANSPORTATION (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) 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.

4408 & 4201 Detail Report (EFH670)

46

SCHOOL YEAR:202223 EFH670		NEW YORK STATE EDUCATION DEPARTMENT SUMMARY OF 4408 & 4201 STAC APPROVAL AND ON-LINE VERIFIED COSTS AND STATE AID PAID *****RICT SUMMARY REPORT AS OF 11/01/23					DIST PAGE: 1 SED PAGE: 4376		p
DISTRICT: ----- EDUCATIONAL PROVIDER:260501996191 VILLA OF HOPE									
CHILD ID & NAME	SERV TYPE	-- STAC APPROVAL SERVICE -- DATES	COSTS	-- ON-LINE VERIFIED INFORMATION -- DATES	FTE/UNITS	COSTS	AID ** PAID	STOP	
	ED	07/04-08/12/22	10219.00	07/04-08/12/22	1.000	10219.00	8175.20	N	
	TR	07/04-08/12/22	1852.91	07/04-08/12/22	1.000	1852.91	1482.32	N	
	ED	07/04-08/12/22	10219.00	07/04-08/12/22	1.000	10219.00	8175.20	N	
	TR	07/04-08/12/22	1852.91	07/04-08/12/22	1.000	1852.91	1482.32	N	

SUMMARY OF COSTS - EDUCATIONAL PROVIDER 260501996191 VILLA OF HOPE			SERV TYPE	STAC APPROVED COSTS	ON-LINE VERIFIED COSTS	AID** PAID			
			ED	20,438.00	20,438.00	16,350.40			
			TR	3,705.82	3,705.82	2,964.64			

EDUCATIONAL PROVIDER:261600997048 MARY CARIOLA CHILDRENS CENTER									
CHILD ID & NAME	SERV TYPE	-- STAC APPROVAL SERVICE -- DATES	COSTS	-- ON-LINE VERIFIED INFORMATION -- DATES	FTE/UNITS	COSTS	AID ** PAID	STOP	
	ED	07/04-08/12/22	9516.00	07/04-08/12/22	1.000	9516.00	7612.80	N	
	TR	07/04-08/12/22	1852.91	07/04-08/12/22	1.000	1852.91	1482.32	N	
	ED	07/04-08/12/22	9516.00	07/04-08/12/22	1.000	9516.00	7612.80	N	
	TR	07/04-08/12/22	1852.91	07/04-08/12/22	1.000	1852.91	1482.32	N	
	ED	07/04-08/12/22	9516.00	07/04-08/12/22	1.000	9516.00	7612.80	N	
	TR	07/04-08/12/22	1852.91	07/04-08/12/22	1.000	1852.91	1482.32	N	
	ED	07/04-08/12/22	9516.00	07/04-08/12/22	1.000	9516.00	7612.80	N	
	TR	07/04-08/12/22	1852.91	07/04-08/12/22	1.000	1852.91	1482.32	N	
	ED	07/04-08/12/22	9516.00	07/04-08/12/22	1.000	9516.00	7612.80	N	
	TR	07/04-08/12/22	1852.91	07/04-08/12/22	1.000	1852.91	1482.32	N	
	ED	07/04-08/12/22	9516.00	07/04-08/12/22	1.000	9516.00	7612.80	N	
	TR	07/04-08/12/22	1852.91	07/04-08/12/22	1.000	1852.91	1482.32	N	
	ED	07/04-08/12/22	9516.00	07/04-08/12/22	1.000	9516.00	7612.80	N	
	TR	07/04-08/12/22	1852.91	07/04-08/12/22	1.000	1852.91	1482.32	N	

4408 & 4201 Detail Report (EFH670)

47

- Updated monthly (first of each month)
- Does the 'approved cost' match the 'verified cost'?
 - ▣ If verified cost is '0', then student can be verified in STAC
 - ▣ If approved cost is '0' then determine why rate hasn't been set yet, (example: supplemental schedules)
- Have you made changes to STACs since the report was last updated?

Considerations for Reconciling Aid

48

- Reimbursed at 80% of **SED approved rate** (not 80% of actual cost)
 - ▣ Local share will be 20% of approved tuition rate + 20% of transportation costs + 100% of the difference between actual tuition cost and approved tuition cost.
- Related services and 1:1 aides are based on a **regional rates** not actual costs of the individual district
- Have you made changes to STAC since last summer school payment was issued?

Where to Find Rates

49

- Rate Setting Unit (General):
http://www.oms.nysed.gov/rsu/Rates_Methodology/
- Certified Tuition Rates: <https://eservices.nysed.gov/netrates/>
OR DQPRG STAC Online Screen
- 1:1 Aide Rates:
http://www.oms.nysed.gov/rsu/Rates_Methodology/Rates/RWAPD/OneToOneAides/home.html
- Related Service Rates:
http://www.oms.nysed.gov/rsu/Rates_Methodology/MethodLetters/home.html

Certified Tuition Rates

50

- Amounts shown are listed as 5 hours – prorate accordingly
- Example: 9010 program below is a 3 hour program:
 - $3/5 = 0.6$
 - $\$4,840 * 0.6 = \$2,904$ rate

School Name				
NASSAU BOCES				
Rate Type	Program	Version	Date	Cert 2 Mo
PROSP	9000	CURR	2019-11-01	\$4,801.00
PROSP	9102	CURR	2019-11-01	\$7,464.00
PROSP	9010	CURR	2019-11-01	\$4,840.00

1:1 Aide Rates

51

2023-24 Regional Weighted Average Per Diem Tuition Rates 1:1 Teacher Aides

County	1:1 Aides 2023-24 School Age
1 ALBANY	\$ 140.90
2 ALLEGANY	\$ 132.76
3 BROOME	\$ 132.76
4 CATTARAUGUS	\$ 132.76
5 CAYUGA	\$ 132.76
6 CHAUTAUQUA	\$ 132.76
7 CHEMUNG	\$ 132.76
8 CHENANGO	\$ 132.76
9 CLINTON	\$ 132.76
10 COLUMBIA	\$ 140.90
11 CORTLAND	\$ 132.76

County	1:1 Aides 2023-24 School Age
40 NIAGARA	\$ 131.59
41 ONEIDA	\$ 132.76
42 ONONDAGA	\$ 132.76
43 ONTARIO	\$ 136.39
44 ORANGE	\$ 163.70
45 ORLEANS	\$ 136.39
46 OSWEGO	\$ 132.76
47 OTSEGO	\$ 132.76
48 PUTNAM	\$ 163.70
49 RENSSELAER	\$ 140.90
50 ROCKLAND	\$ 163.70

Related Service Rates (9015 A-D)

52

2023-24 School Age Summer Non-Special Class Regional Average Rates for Program Code 9015

	County	2023-24 Regional Average Rates
1	ALBANY	\$ 60
2	ALLEGANY	\$ 49
3	BROOME	\$ 49
4	CATTARAUGUS	\$ 51
5	CAYUGA	\$ 51
6	CHAUTAUQUA	\$ 53
7	CHEMUNG	\$ 46
8	CHENANGO	\$ 47
9	CLINTON	\$ 58
10	COLUMBIA	\$ 58
11	CORTLAND	\$ 53
12	DELAWARE	\$ 47
13	DUTCHESS	\$ 66
14	ERIE	\$ 64
15	ESSEX	\$ 55
16	FRANKLIN	\$ 51
17	FULTON	\$ 55

	County	2023-24 Regional Average Rates
40	NIAGARA	\$ 62
41	ONEIDA	\$ 60
42	ONONDAGA	\$ 55
43	ONTARIO	\$ 53
44	ORANGE	\$ 66
45	ORLEANS	\$ 58
46	OSWEGO	\$ 55
47	OTSEGO	\$ 47
48	PUTNAM	\$ 82
49	RENSSELAER	\$ 60
50	ROCKLAND	\$ 80
51	ST. LAWRENCE	\$ 53
52	SARATOGA	\$ 64
53	SCHENECTADY	\$ 60
54	SCHOHARIE	\$ 53
55	SCHUYLER	\$ 53
56	SENECA	\$ 49

Wrap Up: Summer School Questions to Ask

53

- Are all STACs complete (and verified) prior to mid-February?
- Are 1:1 aides claimed and reflected in IEP?
- Have any rates not been established yet?
- Does the total transportation STAC amount claimed match ST-3 (5598)?
 - All eligible costs claimed?
 - Aides/Monitors on bus?
- Do you have information ready to complete supplemental Schedules SS10-SS16?
 - *(District-operated 4408 programs only)*

Next STAC Talk

54

- December 12, 2023
 - ▣ Open Forum/Live Discussion on STAC Topics
 - Annual Recertification of Users
 - BOCES Final Year End Billing
 - Q and A
- View previous STAC Talk Webinars:
 - ▣ <https://www.questar.org/services/financial/stac/webinars/>

Questions/Contact Us

55

Special Education Aid Assistance Service

Questar III BOCES
10 Empire State Boulevard
Castleton, NY 12033
518-477-2635 (p) **option 2**

Questar STAC Services Team:

mary.mosher@questar.org *(Team Leader)*

alyssa.scarcella@questar.org

tyler.gates@questar.org

robert.rabideau@questar.org

angela.beber@questar.org

caroline.christopher@questar.org

maria.huerta@questar.org

STAC Webpage and Other Resources:

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