

PUTTING STUDENTS FIRST



October STAC Talk

Extended School Year (ESY) Overview

Special Education Aid Assistance Service

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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

Adding a Full or Half Day STAC

6

□ Use the DSUMR Screen

Date 09/27/22 Time 09:05 New York State Education Department
School Age Summer Placement (4408) Go to Menu

STAC ID Name ALEXANDER Date of Birth Mode

School Year Record Number Disability

CSE District AMITYVILLE UFSD

District of Residence County of Residence

Agency to be Paid

Provider

Education Provider

Change	Start Date	End Date	Percent Aide	Education Rate	Educ Aide Rate	DA Rate	Total Rate
<input type="text" value=""/>	<input type="text" value="07/08/19"/>	<input type="text" value="08/16/19"/>	<input type="text" value=""/>	0	0	0	0

1/2 Placement (SED use only) ☐

Total Rate	X	FTE	=	Total Cost
0		0		0

Maintenance Provider

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

Transportation Cost TOTAL COST 0
Includes cost of aide on bus

SED use only

Variance ☐ 1 Year ☐ DCERT Appr DT Enter Upd User

Education Verification

7

□ Use the DVSUM Screen

Date 08/27/19
Time 09:36

New York State Education Department

Go to

Summer Placement Verification Screen

Menu

School Year: 1920
CSE District: 281230040000 EXAMPLETOWN UFSD

Get Providers: NASSAU BOCES 2890000000000

First 4 Letters of Last Name (Optional) Get AVL

☒ Unverified
☐ Verified
☐ All Records

Last and First Name	Half	Program	Service	1to1	Aide	FTE							
STAC-ID	Rec	DOB	Time	Code	Type	100%	50%	From	To	Days	Rate	Cost	Verify
ASTOR ALICE													
B54321	01	07/29/03		9000-A	EDUC	N		07/08/19	08/16/19	1.000	4,634	4634	<input type="checkbox"/>
BEGONIA BRUCE													
B37873	01	04/05/00		9000-A	EDUC	N		07/08/19	08/16/19	1.000	4,634	4634	<input type="checkbox"/>
CACTUS CHRISTINA													
G07502	01	08/20/12		9000-A	EDUC	N		07/08/19	08/16/19	1.000	4,634	4634	<input type="checkbox"/>

Transportation Verification

8

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

Date 08/27/19 Time 03:44 New York State Education Department

Go to Menu

Summer Trans. Cost Verification for DSUMR

School Year: 1920 CSE District: 010101010 EXAMPLETOWN UFSD

Get Providers GREATER SOUTHERN TIER BOCES 559000000000

First 4 Letters of Last Name (Optional) Get AVL

☒ Unverified
☐ Verified
☐ All Records

Last and First Name	STAC-ID	DOB	Rec	Educ. Dates	Day or Previously	Cost			
				From	To	Res. Approved	Approved	Verified	Verify
JONES SARAH	Z12345	01/21/98	02	07/08/19	08/16/19	D	0	0	<input type="text"/> 0 <input type="checkbox"/>

*Select Type for Year 1718 and forward: ☐ District-Operated Trans ☐ Contracted Transporter

9

9015A-D Programs

Summer Placements RSO & SDI

10

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

11

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 a 9015 A-D STAC

12

□ Use the DSSRS Screen

Date: 09/26/22
Time: 09:24
New York State Education Department
Go to:
Menu

School Age Summer Related / SDI Service (4408)

STAC ID: Z12348
Name: SMITH ALEXANDER
Date of Birth: 09/29/13
Mode: Add

School Year: 1920
Record Number:
Disability: Learning Disability
Inquire

CSE District: 281230040000
EXAMPLETOWN UFSD

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

Provider: EXAMPLETOWN UFSD 281230040000
Get Programs

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

9015C SPEC INSTRC W/REL SV 05 21 07/08/19-08/16/19 DAY

Start Date: 07/08/19
End Date: 08/16/19
Group Size:
Number of 1/2 Hour Units: 0
Prorated Number of 1/2 Hour Units:

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

9015C SPEC INSTRC W/REL SV 05 21 07/08/19-08/16/19 DAY

Act	Type	Start Date	End Date	Group Size	Number of Half Hour Units	Prorated Number of Half Hour Units
<input type="checkbox"/>	Physical Therapy	07/08/19	08/16/19	1	6	
<input type="checkbox"/>	Speech Therapy	07/08/19	08/16/19	2	12	
<input type="checkbox"/>					0	
<input type="checkbox"/>					0	

Half Hour Unit Rate:
Transportation Cost: 0
Includes cost of aide on bus

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

Enter:
Update:
User:

Required for Inquiry:
Inquire: Add: Change:

Education Verification

13

□ Use the DVSRL

Date 09/26/22
Time 02:01
New York State Education Department
Go to
Menu

Summer Related Services Verification Screen

School Year: 1920
CSE District: 281230040000
EXAMPLETOWN UFSD
Get Providers: EXAMPLETOWN UFSD 281230040000
First 4 Letters of Last Name (Optional) Get AVL
District-Operated 9015 Program-Education Costs Only 0

☐ Unverified
☐ Verified
☒ All Records

Last and First Names STAC-ID Rec DOB	Program Code	Service Type	From	To	1/2 HR Units	Rate	Cost	Verify
BLUEBERRY BRANDON G69096 02 11/10/09	9015-A	RSO	07/08/19	08/16/19	102	0	0	<input checked="" type="checkbox"/>
LENTIL LAWRENCE A29692 01 03/03/03	9015-B	SIO	07/08/19	08/16/19	8	0	0	<input checked="" type="checkbox"/>
MELON MATTHEW C25952 01 05/07/09	9015-B	SIO	07/08/19	08/16/19	8	0	0	<input checked="" type="checkbox"/>
NECTARINE NICK D98089 02 07/07/07	9015-C	SIWRS	07/08/19	08/16/19	22	0	0	<input checked="" type="checkbox"/>
RASPBERRY REGINA F03830 01 04/03/02	9015-B	SIO	07/08/19	08/16/19	3	0	0	<input checked="" type="checkbox"/>

Required for Inquiry View Submit

Transportation Verification

14

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

Date 08/27/19 Time 03:44 New York State Education Department

Go to Menu

Summer Trans. Cost Verification for DSUMR

School Year: 1920 CSE District: 010101010 EXAMPLETOWN UFSD

Get Providers GREATER SOUTHERN TIER BOCES 559000000000

First 4 Letters of Last Name (Optional) Get AVL

☒ Unverified
☐ Verified
☐ All Records

Last and First Name	STAC-ID	DOB	Rec	Educ. Dates	Day or Previously	Cost	
				From	To	Res. Approved	Approved
JONES SARAH	Z12345	01/21/98	02	07/08/19	08/16/19	D	0
							0

*Select Type for Year 1718 and forward: ☐ District-Operated Trans ☐ Contracted Transporter

9015 A-D Form

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School Age Summer Related / SDI Service (4408)				
School Year		District		
<input type="text"/>		<input type="text"/>		
First Name		Last Name		
<input type="text"/>		<input type="text"/>		
Provider		<input type="text"/>		
Specially Designed Instruction				
Please check one: 9015B <input type="checkbox"/> 9015C <input type="checkbox"/> 9015D <input type="checkbox"/>				
Start Date	End Date	Group Size	Total Number of 1/2 Hour Units	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Related Services				
Please check one: 9015A <input type="checkbox"/> 9015C <input type="checkbox"/> 9015D <input type="checkbox"/>				
Type	Start Date	End Date	Group Size	Total Number of 1/2 Hour Units
<small>(Please use key below for service types)</small>			<small>(1-5)</small>	
<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"/>
Key				
Related Services Only		9015A	Related Service Types	
Specially Designed Instruction		9015B	Audiological Therapy	
Specially Designed Instruction with Related Services		9015C	Counseling Services	
Home/Hospital Instruction		9015D	Occupational Therapy	
			Physical Therapy	
			Psychological Therapy	
			Social Work	
			Speech Therapy	
			Other	

Link to form

<https://www.questar.org/wp-content/uploads/2019/12/SDI-and-RSO-Summer-Form-1.pdf>

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Summer Chapter Placements

Summer Chapter Placements

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- ❑ **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

18

□ Use the DSCSM Screen

Date: 08/24/20
Time: 11:25
New York State Education Department
School Age Summer Chapter Placement
Go to:
Menu

STAC ID	Name	Date of Birth	Mode
Z12348	SMITH JOHN	02/05/94	Add

School Year: 2021
Record Number:
Inquire
Disability: Autism

CSE District: 0101010101 APPLE CSD
District of Residence: APPLE CSD
County of Residence: FRUIT
Chapter Type: Individualized Residential Alternative
ICF/IIRA Provider: ARC INC CHEMUNG CO CHAPTER 070600997710

Education
Provider: GREATER SOUTHERN TIER BOCES 559000000000
Get ED Programs: 9000B 05-21 07/06/20-08/14/20 DAY

Start Date	End Date	Aide Percentage	Education Rate	Educ Aide Rate	DA Rate	Total Rate
07/06/20	08/14/20	<input type="text"/>	0	0	0	0

1/2 Placement (SED use only)
☐

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

Variance ☐ 1 Year Only ☐ Ent Upd User

Required for Inquiry
Inquire Change Add Reapp

19

Date 09/26/22
Time 10:29

New York State Education Department

Go to

Menu

School Year CSE District

1920 ▾ 281230040000 EXAMPLETOWN UFSD

Get Providers NASSAU BOCES 2890000000000 ▾

First 4 Letters of Last Name (Optional) Get AVL

☒ Unverified
☐ Verified
☐ All Records

Last and First Name	Half	Program	Service	1to1	Aide	FTE							
STAC-ID	Rec	DOB	Time	Code	Type	100%	50%	From	To	Days	Rate	Cost	Verify
Last and First Name													
Half Program Service 1to1 Aide FTE													
STAC-ID Rec DOB Time Code Type 100% 50% From To Days Rate Cost Verify													
ASTOR ALICE				9000-A	EDUC	N		07/08/19	08/16/19	1.000	4,634	4634	<input type="checkbox"/>
B54321	01	07/29/03											
BEGONIA BRUCE													
Half Program Service 1to1 Aide FTE													
STAC-ID Rec DOB Time Code Type 100% 50% From To Days Rate Cost Verify													
B37873	01	04/05/00		9000-A	EDUC	N		07/08/19	08/16/19	1.000	4,634	4634	<input type="checkbox"/>

Transportation Verification

20

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

Date 09/26/22³
Time 10:15

New York State Education Department

Go to

Menu

Summer Chap. 2 mos. Trans. Cost Verification

School Year
1920

CSE District
010101010
EXAMPLETOWN UFSD

☒ Unverified
☐ Verified
☐ All Records

Get Providers

GREATER SOUTHERN TIER BOCES

559000000000

▼

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	Approved	Cost Verified	Verify
JONES SARAH	Z12345	01/21/98	02	07/08/19	08/16/19	D	0	0	<input type="text"/> 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

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- ❑ 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

23

□ Use the DVST3 Screen

Date 09/26/22
Time 10:40

New York State Education Department

Go to

Summer Section 4201 Trans. Cost Verification

School Year

CSE District

1920

010101010

EXAMPLETOWN UFSD

Get Providers

GREATER SOUTHERN TIER BOCES

559000000000

First 4 Letters of Last Name (Optional)

Get AVL

☒ Unverified
☐ Verified
☐ All Records

Last and First Name	STAC-ID	DOB	Rec	Educ. Dates	Day or Previously	Cost				
				From	To	Res. Approved	Approved			
JONES SARAH	Z12345	01/21/98	02	07/08/19	08/16/19	D	0	0	0	<input type="checkbox"/>

*Select Type for Year 1716 and forward:

☐ District-Operated Trans

☐ Contracted Transporter

24

Supplemental Forms

Transportation Costs Over \$6,500

25

- Stop Payment Flags “S” issued on student transportation costs above \$6,500
 - ▣ 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.

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STAC-705

Explanation/Correction of Student Transportation Costs of \$6,500+ Verified with Pay Stops for Summer Section 4408 & 4201 Students

Rev. 6/2021

ENTER YEAR	CSE DISTRICT CODE	CSE DISTRICT NAME	DATE RETURNED TO STAC
July/Aug ____/____/____	<div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> </div>		____/____/____

STAC ID	RECORD NUMBER	STUDENT NAME (LAST, FIRST)	EDUCATION PROVIDER	VERIFIED ACTUAL STUDENT TRANS. COST**	TYPE		TRANSPORTATION VERIFICATION SCREEN
					District Operated	Contract	
<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>				<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	▼
<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>				<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	▼
<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>				<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	▼
<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>				<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	▼
<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>				<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	▼
<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>				<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	▼
<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>				<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	▼
<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>				<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	▼
<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div>				<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div>	▼

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

THIS FORM MUST BE COMPLETED AND SIGNED BY:

- DISTRICT SUPERINTENDENT/SCHOOL BUSINESS OFFICIAL
- CSE CHAIRPERSON

Student Specific Aides, Nurses or Interpreters Supplemental Form

27

- 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

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- 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

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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

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- 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 are due no later than June 1st of each year and can be found here:
<http://www.p12.nysed.gov/specialed/applications/documents/extended-school-year-application-june-2020.docx>
 - *Note: even though the ESY application available is dated 2020, it is still applicable*
 - *Note: modification applications are not required of districts to increase or decrease the number of classes at currently approved staff/student ratios*
- Additional guidance and forms can be found here:
<http://www.p12.nysed.gov/specialed/applications/>

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Helpful STAC Reports for ESY

Payment Stops by District (DSTPD)

33

- Transportation and/or related service stops

Date 07/22/20
Time 02:20

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

Go to
Menu

School Year
1718

District
01010101010 EXAMPLETOWN UFSD

Get Providers

All Providers

Placement Type
(DSUMR) School Age Summer Placement

Get Payment Stops

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		07/10/17		1.000	7786.00			
Z12351	02	12/20/92	DSUMR		08/18/17		0	7786.00	<input type="checkbox"/>	8675.00	<input checked="" type="checkbox"/>

Approval Lists (DQAPP)

34

Date 09/29/21
Time 10:36

New York State Education Department

Go to

Menu

Agency Approvals List

School Year DISTRICT

2021 010101010101 EXAMPLETOWN UFSD

Get Providers All Providers

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

Record Count 21

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 OR	A W D U D W
JONES SARAH	Z12345	02	WESTCHESTER BOC	DSUMR	9000E	070620 081420	1.000	000	4949	4949	YY	NN	N
SCOTT ALEX	Z12346	01	GRAPE CSD	DSUMR	9000A	070120 081120	1.000	100	8294	8294	YY	NN	N
SHORE KIM	Z12347	02	WESTCHESTER BOC	DSUMR	9000E	070620 081420	1.000	000	4949	4949	YY	NN	N
SMITH JOHN	Z12348	02	GREEN CHIMNEYS	DSUMR	9000A	070620 081420	1.000	000	8277	8277	YY	NN	N
TURNER DAN	Z12349	01	APPLE CSD	DSUMR	9010A	070620 081420	1.000	000	2980	2980	YY	NN	N

Approval 3-Year Summary (DQSBO)

35

Date 09/26/22 New York State Education Department Go to

Time 10:06 **Special Education Approval Summary** Menu

School Year District Code Search District Name Search

2122 Get Districts

EXAMPLETOWN UFSD 281230040000

Service Type (DSUMR) School Age Summer Placement

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

Education Data		2019-20	% change	2020-21	% change	2021-22
Approval Data	Number	95	16-	80	35+	108
	FTE	92.665	14-	79.666	34+	106.666
	Educ. Cost	497,930	22-	386,207	26-	285,246
Verified Data	Number	95	16-	80	35+	108
	% Verified	100	0	100	0	100
	FTE	92.665	14-	79.666	34+	106.666
	% Verified	100	0	100	0	100
	Educ. Cost	497,930	23-	383,306	26-	285,246+
	% Verified	100	1-	99	1+	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	999+	2,901+	100-	0
	% Unverified	0	999+	1+	100-	0

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* "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.

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ESY Payments & Receivables

DQPAY and DQSUM Reports

School Age APR View (DQPAY)

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Date 09/26/22
Time 10:14

New York State Education Department
School Age APR View

Go to
Menu

School Year District Fund PAY Num Service

2122 281230040000 Summer 01 Educ Tran

Inquire **EXAMPLETOWN UFSD**

APR Issue Date
03/07/22

Gross Amt 159,964.58+
Adjust Amt 268.80-
Net Amt 159,695.78+

Pay Percent 56.0000
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	07/05	08/13	EDUC	3959.20	5656.00	
	VILLA OF HOPE	07/05	08/13	EDUC	3959.20	5656.00	
	VILLA OF HOPE	07/05	08/13	EDUC	3959.20	5656.00	
	MARY CARIOLA C	07/12	08/20	EDUC	4844.00	6920.00	
	MARY CARIOLA C	07/12	08/20	EDUC	4844.00	6920.00	
	MARY CARIOLA C	07/12	08/20	EDUC	4844.00	6920.00	
	MARY CARIOLA C	07/12	08/20	EDUC	4844.00	6920.00	
	MARY CARIOLA C	07/12	08/20	EDUC	4844.00	6920.00	
	MARY CARIOLA C	07/12	08/20	EDUC	4844.00	6920.00	
	MARY CARIOLA C	07/12	08/20	EDUC	4844.00	6920.00	

Provider Totals

VILLA OF HOP	11877.60+
MARY CARIOLA	29064.00+
SCHOOL OF TH	10594.08+
MONROE 1 BOC	6401.92+
CANANDAIGUA	82594.98+
WAYNE-FINGER	19432.00+

Retrieve APRs through SED FTM

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

The screenshot displays the 'Files' section of a web client. At the top, there are buttons for 'Upload', 'Refresh', 'Applet', and 'Navigate'. Below these, the breadcrumb path is '/ (Home) [red box] outbasket'. The main area shows a table of files with columns for 'Name' and 'Date Modified'. A large yellow arrow points to the first file in the list.

	Name	Date Modified
<input type="checkbox"/>	EFH691_4408_2021_EDUC_01_202110051200.pdf	10/5/21 12:00:26 PM
<input type="checkbox"/>	EFH670_2021_202110010255.pdf	10/1/21 2:55:17 PM
<input type="checkbox"/>	EFH670_1920_202110010255.pdf	10/1/21 2:55:16 PM
<input type="checkbox"/>	EFH670_1819_202110010255.pdf	10/1/21 2:55:16 PM
<input type="checkbox"/>	EFH670_1718_202110010255.pdf	10/1/21 2:55:16 PM
<input type="checkbox"/>	EFH670_1617_202110010245.pdf	10/1/21 2:45:07 PM

EFH691
SCHOOL YEAR: 202021

PAY PERCENT: 56.0000%
PAYMENT NUMBER: 01

NEW YORK STATE EDUCATION DEPARTMENT
STAC AND MEDICAID UNIT
APPROVED PAYMENT REPORT FOR 4408 PLACEMENTS
CORRESPONDING TO THE SERVICE TYPE: EDUCATION/MAIN
PAYMENT COVERING TIME PERIOD: 07/01/20 - 08/31/20

ISSUE DATE: 03/10/21 p
ISSUE TIME: 12:00
SED PAGE: 1
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: 131701999086- DEVEREUX IN NY											
	03/16/09	EDUC	07/08/20	08/14/20	1.000	10,702.00	10,702.00	5,993.12	0.00	5,993.12	
EDUCATIONAL PROVIDER: 480601996550- GREEN CHIMNEYS SCHOOL-LITTLE FOLKS											
	12/03/03	EDUC	07/06/20	08/14/20	1.000	8,275.00	8,275.00	4,634.00	0.00	4,634.00	
	07/09/07	EDUC	07/06/20	08/14/20	1.000	8,275.00	8,275.00	4,634.00	0.00	4,634.00	
	06/26/09	EDUC	07/06/20	08/14/20	1.000	8,275.00	8,275.00	4,634.00	0.00	4,634.00	
EDUCATIONAL PROVIDER: 500304998107- SUMMIT SCHOOL (THE)											
	01/28/04	EDUC	07/06/20	08/14/20	1.000	6,949.00	6,949.00	3,891.44	0.00	3,891.44	
EDUCATIONAL PROVIDER: 591401997802- CENTER FOR DISCOVERY, INC (THE)											
	11/27/00	EDUC	07/06/20	08/14/20	1.000	14,482.00	14,482.00	8,109.92	0.00	8,109.92	
EDUCATIONAL PROVIDER:											
	09/05/13	SIO	07/06/20	08/14/20	4	68.00	272.00	152.32	0.00	152.32	
	06/21/11	SIO	07/06/20	08/14/20	4	68.00	272.00	152.32	0.00	152.32	
	08/25/14	SIO	07/06/20	08/14/20	4	68.00	272.00	152.32	0.00	152.32	
	03/12/06	SIWRS	07/06/20	08/14/20	6	68.00	408.00	228.48	0.00	228.48	
	06/20/13	SIO	07/06/20	08/14/20	2	68.00	136.00	76.16	0.00	76.16	
	01/12/09	RSO	07/06/20	08/14/20	6	68.00	408.00	228.48	0.00	228.48	

APR Types and Payment Numbers

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- 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 2022

School Year	APR Type	Pay #	SED FTM File Name Begins With: (Please see below table for detail on file naming conventions*)	Date Report Issued
2021-22	4408 2-month Transportation	02	EFH691_4408_2122_TRAN_02	7/25/22
2021-22	2-month Chapter Education	02	EFH691_CH02_2122_EDUC_02	7/25/22
2021-22	2-month Chapter Transportation	01	EFH691_CH02_2122_TRAN_01	7/25/22
2020-21	4408 2-month Education	05	EFH691_4408_2021_EDUC_05	7/22/22
2020-21	4408 2-month Transportation	05	EFH691_4408_2021_TRAN_05	7/22/22
2020-21	2-month Chapter Education	05	EFH691_CH02_2021_EDUC_05	7/22/22
2020-21	2-month Chapter Transportation	02	EFH691_CH02_2021_TRAN_02	7/22/22
2019-20	4408 2-month Education	07	EFH691_4408_1920_EDUC_07	7/22/22
2019-20	4408 2-month Transportation	07	EFH691_4408_1920_TRAN_07	7/22/22
2019-20	2-month Chapter Transportation	05	EFH691_CH02_1920_TRAN_05	7/22/22
2018-19	4408 2-month Education	09	EFH691_4408_1819_EDUC_09	7/22/22
2018-19	4408 2-month Transportation	09	EFH691_4408_1819_TRAN_09	7/22/22
2018-19	2-month Chapter Education	06	EFH691_CH02_1819_EDUC_06	7/22/22
2018-19	2-month Chapter Transportation	06	EFH691_CH02_1819_TRAN_06	7/22/22
2017-18	4408 2-month Education	11	EFH691_4408_1718_EDUC_11	7/22/22
2016-17	4408 2-month Education	12	EFH691_4408_1617_EDUC_12	7/22/22
2020-21	10-month Chapter Education	02	EFH691_CH10_2021_EDUC_02	7/20/22
2021-22	4408 2-month Education	02	EFH691_4408_2122_EDUC_02	7/13/22
2021-22	4201 04-Month Education	01	EFH691_4201_2122_EDUC_01	6/17/22
2020-21	4201 10-Month Education	03	EFH691_4201_2021_EDUC_03	6/17/22
2019-20	4201 10-Month Education	05	EFH691_4201_1920_EDUC_05	6/17/22

4408 & 4201 Summary Report (DQSUM)

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Date 09/26/22
Time 10:12

New York State Education Department

Go to
Menu

4408 and 4201 District Summary Report (2-mo)

School Year
2122

District Code
281230040000

Based on EFH670
Run on 09/01/22

Inquire

EXAMPLETOWN UFSD

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	SERV	STAC	ON-LINE	AID
430300050000 CANANDAIGUA CITY SD	TYPE	APPROVED	VERIFIED	PAID**
		COST	COST	
	EDUC	285,246.00	285,246.00	228,196.00
	RELS	405.00	405.00	324.00
	MAIN			
	TRAN	134,779.00	134,779.00	107,823.00
	TOTAL \$	420,430.00 \$	420,430.00 \$	336,343.00

ESTIMATED RECEIVABLES

MAXIMUM AID RECEIVABLE = + \$ 1.00

= (\$ 420,430.00 TOTAL APPROVED COST * 80%) - \$ 336,343.00 TOTAL AID PAID

CURRENT AID RECEIVABLE = + \$ 1.00

= (\$ 420,430.00 TOTAL VERIFIED COST * 80%) - \$ 336,343.00 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)

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SCHOOL YEAR:202021 EFH670		NEW YORK STATE EDUCATION DEPARTMENT SUMMARY OF 4408 & 4201 STAC APPROVAL AND ON-LINE VERIFIED COSTS AND STATE AID PAID DISTRICT SUMMARY REPORT AS OF 10/01/21						DIST PAGE: 1 SED PAGE: 6360	
DISTRICT: EDUCATIONAL PROVIDER:131701999086 DEVEREUX IN NY									
CHILD ID & NAME	SERV TYPE	-- STAC APPROVAL SERVICE -- DATES	COSTS	-- ON-LINE VERIFIED INFORMATION -- DATES	FTE/UNITS	COSTS	AID ** PAID	STOP	
	ED	07/08-08/14/20	10535.00	07/08-08/14/20	1.000	10535.00	8428.00	N	
SUMMARY OF COSTS - EDUCATIONAL PROVIDER 131701999086DEVEREUX IN NY			SERV TYPE	STAC APPROVED COSTS	ON-LINE VERIFIED COSTS	AID** PAID			
			ED	10,535.00	10,535.00	8,428.00			
EDUCATIONAL PROVIDER:480601996550 GREEN CHIMNEYS SCHOOL-LITTLE FOLKS									
CHILD ID & NAME	SERV TYPE	-- STAC APPROVAL SERVICE -- DATES	COSTS	-- ON-LINE VERIFIED INFORMATION -- DATES	FTE/UNITS	COSTS	AID ** PAID	STOP	
	ED	07/06-08/14/20	8277.00	07/06-08/14/20	1.000	8277.00	6621.60	N	
	TR	07/06-08/14/20	8049.06	07/06-08/14/20	1.000	8049.06	6439.24	N	
	ED	07/06-08/14/20	8277.00	07/06-08/14/20	1.000	8277.00	6621.60	N	
	ED	07/06-08/14/20	8277.00	07/06-08/14/20	1.000	8277.00	6621.60	N	
	TR	07/06-08/14/20	11179.25	07/06-08/14/20	1.000	11179.25	8943.40	N	
SUMMARY OF COSTS - EDUCATIONAL PROVIDER 480601996550 GREEN CHIMNEYS SCHOOL-LITTLE FOLKS			SERV TYPE	STAC APPROVED COSTS	ON-LINE VERIFIED COSTS	AID** PAID			
			ED	24,831.00	24,831.00	19,864.80			
			TR	19,228.31	19,228.31	15,382.64			

4408 & 4201 Detail Report (EFH670)

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- 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

45

- 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

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- 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

47

- 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

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Attachment II

2022-23 Regional Weighted Average Per Diem 1:1 Aide Tuition Rates

(Based on 2021-22 1:1 teacher aide rates + 11.0% growth)

1:1 Aides 2022-23			1:1 Aides 2022-23		
<u>County</u>	<u>BEDS</u>	<u>School Age</u>	<u>County</u>	<u>BEDS</u>	<u>School Age</u>
1 ALBANY	4	\$ 132.61	40 NIAGARA	13	\$ 123.85
2 ALLEGANY	11	\$ 124.95	41 ONEIDA	7	\$ 124.95
3 BROOME	9	\$ 124.95	42 ONONDAGA	8	\$ 124.95
4 CATTARAUGUS	11	\$ 124.95	43 ONTARIO	12	\$ 128.37
5 CAYUGA	8	\$ 124.95	44 ORANGE	3	\$ 154.07
6 CHAUTAUQUA	11	\$ 124.95	45 ORLEANS	12	\$ 128.37
7 CHEMUNG	10	\$ 124.95	46 OSWEGO	8	\$ 124.95
8 CHENANGO	9	\$ 124.95	47 OTSEGO	9	\$ 124.95
9 CLINTON	5	\$ 124.95	48 PUTNAM	3	\$ 154.07

Related Service Rates (9015 A-D)

Attachment III

2022-23 School Age Summer Non-Special Class Regional Average Rates for Program Code 9015

2022-23 Regional Average Rates		2022-23 Regional Average Rates	
County		County	
1 ALBANY	\$ 57	40 NIAGARA	\$ 58
2 ALLEGANY	\$ 46	41 ONEIDA	\$ 57
3 BROOME	\$ 46	42 ONONDAGA	\$ 52
4 CATTARAUGUS	\$ 48	43 ONTARIO	\$ 50
5 CAYUGA	\$ 48	44 ORANGE	\$ 62
6 CHAUTAUQUA	\$ 50	45 ORLEANS	\$ 55
7 CHEMUNG	\$ 43	46 OSWEGO	\$ 52
8 CHENANGO	\$ 45	47 OTSEGO	\$ 45
9 CLINTON	\$ 55	48 PUTNAM	\$ 77
10 COLUMBIA	\$ 55	49 RENSSELAER	\$ 57
11 CORTLAND	\$ 50	50 ROCKLAND	\$ 76
12 DELAWARE	\$ 45	51 ST. LAWRENCE	\$ 50
13 DUTCHESS	\$ 62	52 SARATOGA	\$ 60
14 ERIE	\$ 60	53 SCHENECTADY	\$ 57
15 ESSEX	\$ 52	54 SCHOHARIE	\$ 50
16 FRANKLIN	\$ 48	55 SCHUYLER	\$ 50
17 FULTON	\$ 52	56 SENECA	\$ 46
18 GENESEE	\$ 53	57 STEUBEN	\$ 48
19 GREENE	\$ 50	58 SUFFOLK	\$ 72
20 HAMILTON	\$ 48	59 SULLIVAN	\$ 57
21 HERKIMER	\$ 52	60 TIOGA	\$ 46
22 JEFFERSON	\$ 50	61 TOMPKINS	\$ 48
23 LEWIS	\$ 48	62 ULSTER	\$ 65
24 LIVINGSTON	\$ 48	63 WARREN	\$ 53
25 MADISON	\$ 50	64 WASHINGTON	\$ 53
26 MONROE	\$ 52	65 WAYNE	\$ 46
27 MONTGOMERY	\$ 55	66 WESTCHESTER	\$ 79
28 NASSAU	\$ 79	67 WYOMING	\$ 52
30 NEW YORK CITY	\$ 60	68 YATES	\$ 48

Wrap Up: Summer School Questions to Ask

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- 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

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- November 15th, 2022
 - ▣ Open Forum/Live Discussion on STAC Topics
 - What to Focus On
 - Q and A

- View previous STAC Talk Webinars:
 - ▣ <https://www.questar.org/services/financial/stac/webinars/>

Questions/Contact Us

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Special Education Aid Assistance Service

Questar III BOCES

10 Empire State Boulevard

Castleton, NY 12033

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

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STAC Webpage and Other Resources:

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