



# September STAC Talk

- Review 2021-22 10-Month STACs
- Calculating In-District Placements
- DCPUB Screen

Special Education Aid Assistance Service

Mary Mosher, Alyssa Scarcella, Tyler Gates,  
Agnes Bukala, Angela Beber, Robert Rabideau

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# 2021-22 School Year STACs



# Review 2021-22 10-Month STACs

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- Goal is to have all 2021-22 STACs submitted for Governor's database by mid-October
  - ▣ Public (BOCES, in-district)
  - ▣ Other public districts
    - Are costs above threshold?
    - How are they billing? NRT or Actual Costs?
  - ▣ Private (21-22 verification is open)
  - ▣ Homeless
  - ▣ 4201 placements (final 21-22 verification open)

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# In-District Calculations

[2021-22-Annual-Tuition-Summary.xls \(live.com\)](#)

Select 2021-22 Annual Tuition Summary Worksheet

- ❑ Enter the district BEDS code to populate the threshold and aid ratio

# Public Excess Cost Aid (PUB) Output Report for Calculations

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Tuition	75,000
-Threshold	<u>39,522</u>
Excess	35,478
x Aid Ratio	<u>0.751</u>
	26,643.97
X FTE	<u>1.0</u>
<b>PUB HC Aid</b>	<b>26,643.97</b>

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

### PART I: CALCULATION OF HIGH COST PUBLIC EXCESS COST AID

1	2018-19 APPROVED OPERATING EXPENSE (AOE)	(2019-20 AOE ENT 53)	77,542,645
2	2018-19 TOTAL AIDABLE PUPIL UNITS (TAPU) FOR EXPENSE	(2019-20 ATT ENT 134)	5,886
3	2018-19 AOE PER TAPU	(ENT 1 / ENT 2)	13.174
4	PUBLIC EXCESS COST AID RATIO	(GREATER OF [1.000 LESS (.510 * CWR) OR .250)	0.751
5	DEDUCTION = 3 * AOE/TAPU	(ENT 3 * 3)	39,522
6	ELIGIBILITY LEVEL	(LESSER OF \$10,000 OR (4 * ENT 3))	10,000
7	AIDABLE HIGH COST	(STAC)	1,945,626
8	HIGH COST APPORTIONMENT	(ENT 7 * ENT 4)	1,461,166

### PART II: CALCULATION OF SUPPLEMENTAL PUBLIC EXCESS COST AID

[Glossary](#)

0.751 **Aid Ratio**

39,522 **Threshold**

# In-District Calculations

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- Identify potential high-cost students using IEP specific information
  - ▣ Students with 1:1 and 2:1 aides
  - ▣ Students with full-time nurses (LPNs or RNs)
  - ▣ Students with full-time interpreters
  - ▣ Self-contained classrooms
    - *Low enrollment*
  - ▣ Related services that are high in cost
    - *Example: Vision or hearing services*

# In-District Calculations

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## Include:

All direct services to the student listed on IEP:

- ▣ Salaries and benefits of special education teachers and any aides/assistants in classrooms
- ▣ Salaries and benefits (or contracted costs) of 1:1 aides / TAs / nurses / interpreters
- ▣ Itinerant services (in-house or contracted)
- ▣ Related services (in-house or contracted)
- ▣ Special equipment (purchased in the same year)
- ▣ Consultations (must *directly* involve the student)

# In-District Calculations

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## Do Not Include:

- ▣ Costs for indirect services
  - Indirect Consultations / Evaluations
- ▣ Salaries and benefits of general education teachers
- ▣ Salaries and benefits of district staff paid out of grant funds
- ▣ Contracted services or special equipment paid out of grant funds
- ▣ Transportation costs

\*This link explains in-depth what can/cannot be included

[https://www.oms.nysed.gov/stac/schoolage/payments/annualized\\_cost\\_calculation.html](https://www.oms.nysed.gov/stac/schoolage/payments/annualized_cost_calculation.html)



# In-District Worksheet

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File Home Insert Page Layout Formulas Data Review View Help

Paste Clipboard Font Alignment Number Styles Cells Editing Analysis

Comments Share

B3

	A	B	C	D	E	F	G	H	I	J	K	L
1	<b>Annual Tuition Summary Worksheet</b>											
2	<b>BEDS Code</b>	491700										
3												
4												
5	Student Name:											
6	Date of Birth:											
7	Disability:											
8	Enrollment Dates:											
9	STAC ID:											
10												
11												
12	<b>Special Education Classroom(s)</b>						<b>Annualized Cost</b>					
13												
14	Type of Classroom(s):											
15	Self Contained Classrooms (from 'Self Contained SPED Classroom' tab)						\$0.00					
16	Period Based Classrooms (from 'Period Based SPED Classroom' tab)						#DIV/0!					
17												
18	<b>TOTAL ANNUALIZED COST FOR CLASSROOMS</b>						<b>#DIV/0!</b>					
19												
20												
21	<b>1:1 Aide / TA / Interpreter / Nurse</b>											
22												

Annual Tuition summary Self Contained SPED Classroom Period Based SPED Classroom Spec ...

Ready Accessibility: Unavailable 100%

## 10

	A	B	C	D	E	F
1	<b>Cost Detail for Special Education Classrooms</b>					
2						
3	Used for determining cost of the following:				= input fields	
4	Special Classes or Self-Contained Classrooms				= calculated fields	
5	Ex. 12:1:1, 8:1:2; 6:1:1 etc.					
6						
7						
8	IEP Classroom Ratio:	8:1:2				
9	Teacher:	Miss Teacher				
10	Assistant #1:	Mr. Assistant				
11	Assistant #2:	Mrs. Assistant				
12						
13						
14	Classroom teacher salary +		\$85,000.00			
15	benefits +		\$35,000.00			
16	Teaching Assistant(s) salary +		\$41,000.00			
17	benefits =		\$34,000.00			
18	Total salary & benefits		\$195,000.00			
19						
20	Divided by:					
21	Actual classroom enrollment =			7		
22						
23	Special Education Classroom Cost per Pupil		\$27,857.14			



# In-District Calculations

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	A	B	C	D	E	F	G	H	I	J
1	<b>Session Cost Breakdown</b>									
2										
3	Used for determining cost of the following:									
4	Related Services Session Costs									
5										
6	Type of Service: Speech									
7										
8	Provider Name(s)	Salary	Soc. Sec.	Unemploy.	Work Comp	Disability	Health/Dental	ERS/TRS	Other	Total Benefits
9	Speech Therapist	\$82,000								\$32,000.00
10										\$0.00
11	Totals	\$82,000								\$32,000.00
12										
13										
14	Salaries of all providers +	\$82,000.00								
15	Benefits of all providers =	\$32,000.00								
16	Total compensation for all providers	\$114,000.00								
17										
18	Divided by:									
19	Number of providers =	1								
20	Average cost of salary & benefits	\$114,000.00								
21										
22	Divided by:									
23	Number of days in year =	180								
24	Average cost per day	\$633.33								
25										
26	Multiplied by:									
27	Length of session (in minutes) divided by:	30								
28	Teacher Work Day Length (in minutes)	390								
29	Percentage of day for session	0.0769								
30										
31										
32	Average cost per session	\$48.72								

# In-District Calculations

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	A	B	C	D	E	F	G	H	I	J
1	<b>Session Cost Breakdown</b>									
2										
3	Used for determining cost of the following:									
4	Related Services Session Costs									
5										
6	Type of Service: Counseling									
7										
8	Provider Name(s)	Salary	Soc. Sec.	Unemploy.	Work Comp	Disability	Health/Dental	ERS/TRS	Other	Total
9	Counselor 1	\$75,000								\$35,000.00
10	Counselor 2	\$68,000								\$27,000.00
11										\$0.00
12	<b>Totals</b>	<b>\$143,000</b>								<b>\$62,000.00</b>
13										
14										
15	Salaries of all providers +	\$143,000.00								
16	Benefits of all providers =	\$62,000.00								
17	Total compensation for all providers	\$205,000.00								
18										
19	Divided by:									
20	Number of providers =	2								
21	Average cost of salary & benefits	\$102,500.00								
22										
23	Divided by:									
24	Number of days in year =	180								
25	<b>Average cost per day</b>	<b>\$569.44</b>								
26										
27	Multiplied by:									
28	Length of session (in minutes) divided by:	30								
29	Teacher Work Day Length (in minutes)	390								
30	<b>Percentage of day for session</b>	<b>0.0769</b>								
31										
32										
33	<b>Average cost per session</b>	<b>\$43.80</b>								

	A	B	C	D	E	F	G
4							
5	Student Name:	John Smith				District:	TROY
6	Date of Birth:	8/30/2020				Threshold:	40,383
7	Disability:	MD				Aid Ratio:	0.748
8	Enrollment Dates:	Full Year				School Year:	2020-21
9	STAC ID:	Z12345				Aid Year:	2021-22
10							
11							
12	<b>Special Education Classroom(s)</b>						Annualized Cost
13							
14	Type of Classroom(s):						
15	Self Contained Classrooms (from 'Self Contained SPED Classroom' tab)						\$27,857.14
16							
17	TOTAL ANNUALIZED COST FOR CLASSROOMS						\$27,857.14
18							
19							
20	<b>1:1 Aide / TA / Interpreter / Nurse</b>						
21							
22	Provider Name & Type of 1:1			Annual Salary	Annual Benefits	# of Students Served	Student Annual Cost
23	Mrs. Aide - 1:1 Aide			\$18,500.00	\$10,000.00	1	\$28,500.00
24							
25	TOTAL ANNUALIZED COST FOR 1:1 PROVIDER						\$28,500.00
26							
27							
28	<b>Related Services (from 'Related Services Session Cost Breakdown' tabs)</b>						
29							
30	Service Type &			Students	Session Cost		
31	Length of Session	Provider	Cost per session /	Per Session =	Per Child	X Actual Sessions =	Annualized Cost
32							
33	PT - 30 min.	Contracted	\$50.00	3	\$16.67	40	\$666.67
34							
35	Speech - 30 min.	District	\$48.72	1	\$48.72	80	\$3,897.60
36							
37	Speech - 30 min.	District	\$48.72	3	\$16.24	40	\$649.60
38							
39	Counseling - 30 min.	District	\$43.80	1	\$43.80	60	\$2,628.00
40							
41	TOTAL ANNUALIZED COST FOR IN-DISTRICT RELATED SERVICES						\$7,841.87
42							
43							
44							
45	GRAND TOTAL ANNUALIZED COST						\$64,199.01
46							

# FTE Calculator

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- Useful to calculate partial year FTEs for students, teachers, aides or placement

<https://stateaid.nysed.gov/ftecalc/calcfte.htm>

# FTE Calculator

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The table shows the State Aid Claim Year with the corresponding FTE Calculator you need to use for reporting. Click on the corresponding FTE Calculator year in the list to display the calculator.

**FTE Calculators**

<b>State Aid Claim Year</b>	<b>FTE Calculator Year</b>
2023-24	<a href="#">2022-23 Combined FTE Calculator</a>
2022-23	<a href="#">2021-22 Combined FTE Calculator</a>
2021-22	<a href="#">2020-21 Combined FTE Calculator</a>
2020-21	<a href="#">2019-20 Combined FTE Calculator</a>
2019-20	<a href="#">2018-19 Combined FTE Calculator</a>
2018-19	<a href="#">2017-18 Combined FTE Calculator</a>



# FTE Calculator

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**"Program Weeks", "Student Weeks", and "FTE" boxes in Table I are read-only. They will be filled when you select "Beginning" and "Ending" dates using the select boxes below the the table. The "LEA Code" and "Student Number" boxes are filled when you click on the "Retrieve Saved Records" button above**

**FTE Table I**

LEA Code	Student Number	Program Weeks	Student Weeks	FTE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Beginning Date of  
Program or Service**

Select a Date... ▼

**Beginning Date of Student  
Enrollment in Program or Service**

Select a Date... ▼

**Ending Date of  
Program or Service**

Select a Date... ▼

**Ending Date of Student  
Enrollment in Program or Service**

Select a Date... ▼

Generate FTE

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# DCPUB Screen



# DCPUB: Section I BOCES

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Date: 07/19/19		New York State Education Department		Go to <input type="text"/>	
Time: 02:46		<b>HIGH COST STUDENT WORKSHEET (BOCES/In-District)</b>		<input type="button" value="Menu"/>	
STAC ID	School Year	Rec Num	Name	Date of Birth	Mode
212348	1718	01 05	SCOTT ALEX	05/10/02	Add
<input type="button" value="Inquire"/>	Set browser to 57% to print as single page				
			Public Excess Cost Aid Ratio	.557	District Threshold 42,171
Start Date	End Date	To Amend Start or End Dates:	<input type="button" value="GO TO DSPUB"/>	FTE	CSE District APPLE CSD
09/06/17	06/22/18			1.000	Ed Provider APPLE CSD
Previous Annualized Rate			Current 10-Month Annualized Cost		
58,349.35			58,348.85		
I. BOCES	BOCES 10-Month Annualized Cost (from Year-End Final Cost Report)		If all of the student's costs are included in this amount, proceed directly to the bottom of the screen and submit.		
	<input type="text" value="0"/>				
For Remaining Sections: If FTE is less than 1.000, divide actual cost by FTE to annualize					

## Notes:

Enter the 10-Month Annualized Cost from the BOCES year-end final cost report. If there were additional BOCES costs that weren't included in the year-end final cost report, don't enter them here; instead, enter them in the appropriate section below.

# DCPUB: Section II

## Full Day Self-Contained Classroom

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II. InDistrict Classroom - Totals		SECTION II-A. Full Day Self Contained Special Education Classroom			
IEP Ratio: Stud:Teach + Para	Actual Students in Class	Classroom Salaries:	Special Ed Teachers	Classroom Aides/T.A.s	
12 : 1 + 1	6		84056.00	28721.00	Total Cost of Special Classroom: 164,954.00
		Classroom Fringe Benefits:	39433.00	12744.00	Classroom Cost for this Child: 27,492.33

### Notes:

1. Actual students cannot exceed classroom ratio. Use average for year and round up to the nearest whole number.
2. Only use the percentage of the teacher's salary directly related to classroom special education instruction, plus class prep. Do not include any admin responsibilities.

# DCPUB: Section II

## Period-Based Classroom

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SECTION II-B. Period-Based Special Education Placements				Teacher Work Day (Exclude Lunch) Length in Mins:	Group Size*	Sessions Per Cycle	Sessions Length: (Mins)	Frequency	Total Child Cost
Placement Type	(Spec. Ed Teachers/Classrooms Aides) Total Salaries	Total Fringe							
Consultant Teacher Services ▾	71562.00	39307.27	420	8	5	30	Weekly Cycle ▾	989.90	
Resource Room ▾	71562.00	39307.27	420	5	5	40	Weekly Cycle ▾	2111.79	
▾	0	0	0	1	0	0	▾		
▾	0	0	0	1	0	0	▾		
▾	0	0	0	1	0	0	▾		
▾	0	0	0	1	0	0	▾		
*Special education students only    Additional Special Education Classroom Costs (Explain in Comments):			0		Placement Cost for this Child:		3101.69		

### Notes:

1. Length of teacher workday in min. Example: 7 hours = 420 minutes
2. The number of sessions per cycle cannot exceed IEP
3. If more than 6 classrooms, use the Additional Cost box to claim additional classroom costs & explain in comments
4. For ICT classrooms, only include special education teacher and special education students

# DCPUB: Section III

## Child-Specific Aide/Nurse/Interpreter

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III. Child-Specific 1:1 Aide/Shared Aide/Nurse/Interpreter		(Not included In-District or BOCES reported cost above)		
Type of 1:1	Annual Salary	Annual Fringe	# of Students Served	Student Annual Cost
Aide/Teaching Asst	23481.00	4097.00	1	27,578.00
	0	0	0	

### Notes:

1. Use prorated salary/benefits if aide services were not provided for the entire school year
2. Annualize if student's FTE is less than 1.0

# DCPUB: Section IV Related Services

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IV. Related/Other Services (Not included in reported cost above)		Length of Sessions (Mins)	Total Cost Per Session	Group Size	Session Cost Per Child	** Actual Sessions	Total Child Cost
Adaptive Phys Ed	District	40	56.98	2	28.49	36	1025.64
Physical Therapy	Other Provider	30	69.50	5	13.90	36	500.40
Speech/Language Therapy	District	30	50.17	3	16.72	72	1203.84
Counseling Services	District	30	45.74	3	15.24	36	548.64
		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)	(District)	(Other Provider)
0	0	0

## Notes:

1. Length of session cannot exceed IEP
2. Actual number of sessions cannot exceed IEP
3. If more than 6 related services, use the BOCES Extra, District and Other Provider boxes to claim additional costs & explain in comments

# DCPUB: Section V

## Other Child Specific Costs

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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"/>

### Notes:

1. Enter total amount of all non-recurring costs. Since this section is for non-recurring costs, this amount should **not** be annualized.



# DCPUB: Comments

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<b>If you entered additional Related Services or Other Child-Specific costs, please explain below:</b>		<b>District Contact Information</b>	
Comments:	<input type="text"/>	Contact Name	<input type="text" value="Alyssa M. Scarcella"/>
Comments:	<input type="text"/>	E-mail Address	<input type="text" value="alyssa.scarcella@questar.org"/>
Enter 10/18/18	DIST	Update	User B10ASTAL
		Phone#	<input type="text" value="5184772635"/> (Ex: 5181235555 - 10 digits)

## Notes:

Once you have completed all of the sections, click the ADD button to submit. If updating an existing DCPUB worksheet, click Change to submit your changes.

# DCPUB: Summary

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Required for Inquiry	Inquire	ADD	Change
BOCES Subtotal			
In-District Subtotal	27492.33		
1:1/Shared Aide Subtotal	27578.00		
Related Services Subtotal	3278.52		
Other Child-Specific Costs Subtotal			
		Total 10-Month Annualized Cost (Verify this amount on DVPUB)	
		58,348.85	
		High Cost Aid Available	
		10,766.72	

SED use only: **VERIFIED & LOCKED** ☒ Lock Record

SED Changes:

## Notes:

An estimate of the Public High-Cost Aid your district will receive for this record, based on current district threshold and public excess cost aid ratio, is calculated as follows:

Total 10-Month Annualized Cost  
- District Threshold  
x FTE  
x Public Excess Cost Aid Ratio  
= High-Cost Aid Available

# Fall Reminders / Questions

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- ❑ Secure all your 2021-22 PUB and PRI STACs
- ❑ On-line Verifications are now open starting September 2<sup>nd</sup>
  - ❑ Public In-district
  - ❑ Private
  - ❑ 4201 and Chapter
- ❑ Other Public will open late 2022 / Early 2023
- ❑ BOCES to open starting 2023
- ❑ September 21<sup>st</sup> NYSED STAC and Medicaid Unit is hosting a Webinar on Public High Cost In-district Claiming for 2021-22



# Next STAC Talk

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- October 11<sup>th</sup>, 2022
  - ▣ Topics:
    - ESY Overview:
      - Full & Half Day Programs
      - 9015 A-D Programs
      - Transportation Costs
      - Receivables
- View previous STAC Talk Webinars:
  - ▣ <https://www.questar.org/services/financial/stac/webinars/>

# Thank You!



# 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**

Questar STAC Services Team:

[mary.mosher@questar.org](mailto:mary.mosher@questar.org) *(Team Leader)*

[alyssa.scarcella@questar.org](mailto:alyssa.scarcella@questar.org)

[tyler.gates@questar.org](mailto:tyler.gates@questar.org)

[angela.beber@questar.org](mailto:angela.beber@questar.org)

[agnieszka.bukala@questar.org](mailto:agnieszka.bukala@questar.org)

[robert.rabideau@questar.org](mailto:robert.rabideau@questar.org)

STAC Webpage and Other Resources:

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