DCPOD High Cost Student Worksheet (Other District) Quick Reference

Guidance for Calculating 10-Month Annualized Costs for Other District Verifications:
A list of allowable costs for special education services which may be claimed for High Cost Aid and a list of other costs which may not be claimed can be found by clicking on the link below:
https://www.oms.nysed.gov/stac/schoolage/payments/annualized_cost_calculation.html
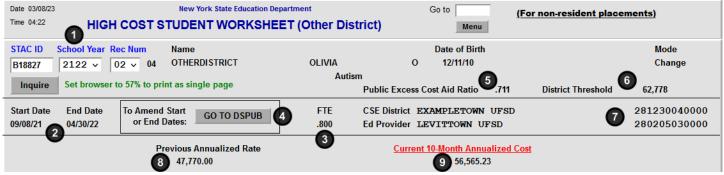
To print this screen on one page in Internet Explorer:

1. Alt+F to bring up the File menu.
2. Select the "Print preview…" option.
3. In the dropdown to the right of the Page View dropdown, select "Custom".
4. In the percentage box, type "57".

To print this screen on one page in Google Chrome:

1. Ctrl+P to bring up the Print panel.
2. Click the down arrow to the right of "More settings" (or the plus sign to left, depending on your version of Chrome)
3. Enter "61" in the box to the right of "Scale"

Depending on your printer's default margins, you might need to make the scale number slightly larger or slightly smaller.

The top section of the DCPOD Screen

Contains the information entered on the approval on DSPUB.

1. **STAC ID**, **School Year**, and **Rec Num**
   The student's STAC ID and the school year and record number of the DSPUB approval.

2. **Start Date and End Date**
   Taken directly from DSPUB. To change, update on DSPUB.

3. **FTE**
   Full Time Equivalent, from DSPUB.

4. **The Go to DSPUB button**
   Takes the user to DSPUB to amend start and end dates.

5. **Public Excess Cost Aid Ratio**
   Ratio is used in the calculation of Public Excess Cost Aid.

6. **District Threshold**
   The minimum 10-month annualized cost that will generate High Cost Aid.

7. **CSE District** and **Ed Provider**
   CSE school district and the education provider, taken directly from DSPUB.

8. **Previous Annualized Rate**
   If the 10-Month Annualized Cost has changed, the previous value is displayed here. This will update whenever this screen is submitted.

9. **Current 10-Month Annualized Cost**
   Before DCPOD screen has been submitted, this is the amount entered on DSPUB. After the screen has been submitted, this is the amount calculated by the worksheet.

I.   The NRT Section

I. NRT	○ Non Resident Tuition (NRT) Rate (Full Day K-6 Student with Disabilities)	○ Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disablilities)	⦿ Other Educating District Billed Using Actual Costs (Provide Cost Breakdown Below)
	10 53610	**11** 58614	**12**

This section is used to indicate whether the other educating district billed using an NRT rate or billed using actual costs.

10. **Non Resident Tuition (NRT) Rate (Full Day K-6 Student with Disabilities)**
If the student is within the age range for grades kindergarten through sixth grade and the non-resident district has billed using the Non Resident Tuition Rate, select this option.

11. **Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities)**
If the student is within the age range for seventh grade through twelfth grade and the non-resident district has billed using the Non Resident Tuition Rate, select this option.

12. **Other Educating District Billed Using Actual Costs (Provide Cost Breakdown Below)**
If the non-resident district has billed using actual costs, select this option and fill out the remaining sections of the screen.

PLEASE NOTE:
If the other educating district has billed using the NRT rate, the aid available for services provided by the other educating district is capped at the NRT rate!
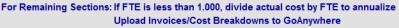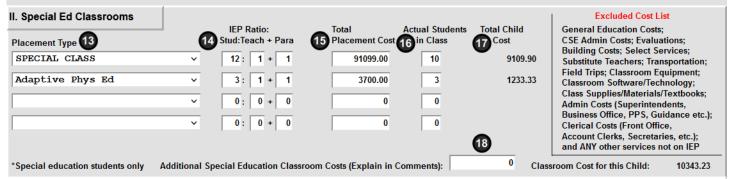
II.   The Special Education Classrooms Section

For Remaining Sections: If FTE is less than 1.000, divide actual cost by FTE to annualize
Upload Invoices/Cost Breakdowns to GoAnywhere

II. Special Ed Classrooms

Excluded Cost List
General Education Costs; CSE Admin Costs; Evaluations; Building Costs; Select Services; Substitute Teachers; Transportation; Field Trips; Classroom Equipment; Classroom Software/Technology; Class Supplies/Materials/Textbooks; Admin Costs (Superintendents, Business Office, PPS, Guidance etc.); Clerical Costs (Front Office, Account Clerks, Secretaries, etc.); and ANY other services not on IEP

Placement Type **13**	IEP Ratio: **14** Stud:Teach + Para	Total **15** Placement Cost	Actual Students **16** in Class	Total Child **17** Cost
SPECIAL CLASS	12 : 1 + 1	91099.00	10	9109.90
Adaptive Phys Ed	3 : 1 + 1	3700.00	3	1233.33
	0 : 0 + 0	0	0	
	0 : 0 + 0	0	0	

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*Special education students only   Additional Special Education Classroom Costs (Explain in Comments): 0   Classroom Cost for this Child: 10343.23

Only to be used if the nonresident district billed using actual costs. If the student did not attend for the entire program period, enter the costs as if the student had attended for the whole year.

13. **Placement Type**
The type of period-based special education placement the student is in, per the IEP

14. **IEP Ratio: Stud:Teach + Para**
The ratio of students to teachers and paraprofessionals. This should match the student's IEP.

15. **Total Placement Cost**
The total cost of the special education classroom, less excluded costs.

16. **Actual Students in Class**
The number of special education students in the classroom. If the non-resident district has billed on a per student basis, and the number of students in the class has not been provided, enter a group size of 1 and explain in the comments.

17. **Total Child Cost**
The total cost of the special education classroom attributable to this student. This calculated field does not permit data entry.

18. **Additional Special Education Classroom Costs**
For use if the student has more than four special education classroom placements. Enter as a lump sum and provide a breakdown in the comments.

PLEASE NOTE:
Only special education services mandated by the student's IEP are eligible for High Cost Public aid! Even if a cost doesn't appear on the Excluded Cost List, it still may not be eligible for High Cost Public aid.

III.   The Child-Specific 1:1 Aide/Shared Aide/Nurse/Interpreter Section

III. Child-Specific1:1 Aide/Shared Aide/Nurse/Interpreter   (Not included In-District or BOCES reported cost above)

Type of 1:1 **19**	Provider Type **20**	Total Cost **21**	# of Students Served **22**	Student Annual Cost **23**
Aide/Teaching Asst	CSE District	25622.00	1	25,622.00
		0	0	

Only to be used for aides, LPNs, RNs and interpreters assigned to specific students.

19. **Type of 1:1**
    Indicate type: Aide/Teaching Asst, LPN, RN, or Interpreter.

20. **Provider Type**
    Indicate where this student aide, nurse, or interpreter is provided by the non-resident district, the CSE district, a BOCES, or some other provider.

21. **Total Cost**
    Enter billed amount, or salary and value of fringe benefits if provided by CSE district. Annualize if student's FTE is less than 1.

22. **# of Students Served**
    Enter the number of students assigned during the time period covered by IEP. If assigned solely to this student (1:1), enter 1 in this field

23. **Student Annual Cost**
    Student Annual Cost = (Annual Salary + Annual Fringe) / # of Students Served. A calculated field that does not permit data entry

IV.   The Related/Other Services Section

IV. Related/Other Services   (Not included in reported cost above)   (As indicated on IEP)

Service Type **24**	Provider Type **25**	Total Amount Billed Per Student **26**	IEP Session Length **27** (Mins)	Provided to: **28**		Actual # of Sessions Billed **29**	Session Cost Per Child **30**
Speech/Language Therapy	Non-Resident District	2918.80	30	● Individual	○ Group	40	72.97
Speech/Language Therapy	Non-Resident District	583.60	30	● Individual	○ Group	40	14.59
Occupational Therapy	Other Provider	1567.50	30	● Individual	○ Group	55	28.50
Teacher for the Deaf	BOCES Extra	54720.00	360	● Individual	○ Group	180	304.00
		0	0	● Individual	○ Group	0	
		0	0	● Individual	○ Group	0	

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

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

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

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Services entered in this section cannot have been claimed in any of the sections above. You can enter up to six services in this section, with space to enter lump sum totals by provider type for any additional services.

24. **Service Type**
    Select type of service from the dropdown. If the service is not listed, select "Other -- Explain in Comments".

25. **Provider Type**
    Indicate whether service was provided by the non-resident district, the CSE district, a BOCES, or some other provider.

26. **Total Amount Billed Per Student**
    Enter the billed amount for the service.

27. **IEP Session Length (Mins)**
    Enter the session length in minutes, as specified on the student's IEP.

28. **Provided to Individual / Group**
    Indicate whether the service was provided to the student individually, or as part of a group. Should match the student's IEP.

29. **Actual # of Sessions Billed**
    Enter the actual number of sessions billed for this student. *Cannot* exceed the IEP.

30. **Session Cost Per Child**
    Total Amount Billed For Student, divided by the Actual # of Sessions Billed. A calculated field that does not permit data entry.

31. **Non-Resident District**, **BOCES Extra**, **CSE District**, and **Other Provider**
    If more than six related services, calculate and enter total cost by provider type of any additional services not included above. Explain in comments.

V.   The Other Child Specific Costs Section

V. Other Child Specific Costs	Cost Category ③②	Additional Information ③③	Total Other Child-Specific Costs
Provided by CSE District Only	ASSISTIVE TECHNOLOGY ⌄	FM System	1082.00 ③④

Only to be used for non-recurring costs *not* claimed in sections I through IV.

32. Cost Category
Select type of cost from dropdown. If not listed, or if more than one cost, select "OTHER -- Explain in Comments".

33. Additional Information
Provide additional detail on cost.

34. Total Other Child-Specific Costs
Enter total amount of all non-recurring costs. Since this section is for non-recurring costs, this amount should *not* be annualized.

The Comments Section

If you entered additional Related Services or Other Child-Specific costs, please explain below:	District Contact Information
Comments: Student is hard of hearing; FM system communicates with hearing aid ③⑤	Contact Name District Senior Clerk Typist ③⑥
Comments:	E-mail Address District.Typist@exampletown.k12.ny.us ③⑦
Enter 03/20/23 STAC Update User DSENIORC	Phone# 5165555555 ③⑧ (Ex: 5181235555 - 10 digits)

To be used to provide additional clarification and explanation, and to provide contact information in case there are questions.

35. Comments
Use to provide explanations for anything that is unclear from the standardized fields above.

36. Contact Name
Name of the person who can answer questions about this High Cost Student Worksheet (DCPOD) submission for the STAC and Medicaid Unit.
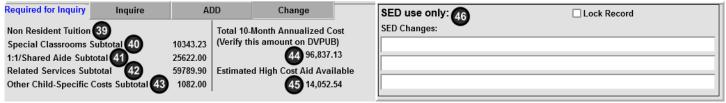
37. E-mail Address
E-mail address for the person indicated in Contact Name field.

38. Phone#
Phone number for the person indicated in Contact Name field.

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

The Summary Section   Will populate once screen has been submitted.

Required for Inquiry	Inquire	ADD	Change		SED use only: ④⑥	☐ Lock Record
Non Resident Tuition ③⑨			Total 10-Month Annualized Cost (Verify this amount on DVPUB)		SED Changes:	
Special Classrooms Subtotal ④⓪	10343.23					
1:1/Shared Aide Subtotal ④①	25622.00		④④ 96,837.13			
Related Services Subtotal ④②	59789.90		Estimated High Cost Aid Available			
Other Child-Specific Costs Subtotal ④③	1082.00		④⑤ 14,052.54			

39. Non Resident Tuition
The non-resident tuition rate, if selected in section I.

40. Special Classrooms Subtotal
Calculated Classroom Cost for this Student from section II.

41. 1:1/Shared Aide Subtotal
Sum of the two calculated Student Annual Cost values from the section III.

42. Related Services Subtotal
Sum of the calculated Total Child Cost values for 6 services, plus 4 lump sum fields, from section IV.

43. Other Child-Specific Costs Subtotal
Total Other Child-Specific Costs from section V.

44. Total 10-Month Annualized Cost
Sum of the five subtotals on left. A calculated value that will update both DSPUB and DVPUB. Verify this amount on DVPUB.

45. Estimated High Cost Aid Available
An estimate of the Public High Cost Aid your district would receive for this record, based on current district threshold and public excess cost aid ratio.

46. "SED use only" Section
Used by SED staff to note adjustments resulting from review.

Date 03/08/23
Time 04:22

New York State Education Department
HIGH COST STUDENT WORKSHEET (Other District)

Go to [____]   **(For non-resident placements)**
[Menu]

STAC ID	School Year	Rec Num	Name		Date of Birth		Mode
B18827	2122 ⌄	02 ⌄ 04	OTHERDISTRICT	OLIVIA O	12/11/10		Change

[Inquire] Set browser to 57% to print as single page

Autism

Public Excess Cost Aid Ratio .711   District Threshold   62,778

Start Date	End Date	To Amend Start or End Dates: [GO TO DSPUB]	FTE	CSE District EXAMPLETOWN UFSD	281230040000
09/08/21	04/30/22		.800	Ed Provider LEVITTOWN UFSD	280205030000

Previous Annualized Rate   **Current 10-Month Annualized Cost**
47,770.00   56,565.23

I. NRT

○ Non Resident Tuition (NRT) Rate (Full Day K-6 Student with Disabilities) 53610

○ Non Resident Tuition (NRT) Rate (Grade 7-12 Student with Disabilities) 58614

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

For Remaining Sections: If FTE is less than 1.000, divide actual cost by FTE to annualize
Upload Invoices/Cost Breakdowns to GoAnywhere

II. Special Ed Classrooms

Excluded Cost List
General Education Costs; CSE Admin Costs; Evaluations; Building Costs; Select Services; Substitute Teachers; Transportation; Field Trips; Classroom Equipment; Classroom Software/Technology; Class Supplies/Materials/Textbooks; Admin Costs (Superintendents, Business Office, PPS, Guidance etc.); Clerical Costs (Front Office, Account Clerks, Secretaries, etc.); and ANY other services not on IEP

Placement Type	IEP Ratio: Stud:Teach + Para	Total Placement Cost	Actual Students in Class	Total Child Cost
SPECIAL CLASS ⌄	12 : 1 + 1	91099.00	10	9109.90
Adaptive Phys Ed ⌄	3 : 1 + 1	3700.00	3	1233.33
⌄	0 : 0 + 0	0	0	
⌄	0 : 0 + 0	0	0	

*Special education students only   Additional Special Education Classroom Costs (Explain in Comments): [0]   Classroom Cost for this Child: 10343.23

III. Child-Specific 1:1 Aide/Shared Aide/Nurse/Interpreter   (Not included In-District or BOCES reported cost above)

Type of 1:1	Provider Type	Total Cost	# of Students Served	Student Annual Cost
Aide/Teaching Asst ⌄	CSE District ⌄	25622.00	1	25,622.00
⌄	⌄	0	0	

IV. Related/Other Services   (Not included in reported cost above)   (As indicated on IEP)

Service Type	Provider Type	Total Amount Billed Per Student	IEP Session Length (Mins)	Provided to:	Actual # of Sessions Billed	Session Cost Per Child
Speech/Language Therapy ⌄	Non-Resident District ⌄	2918.80	30	◉ Individual ○ Group	40	72.97
Speech/Language Therapy ⌄	Non-Resident District ⌄	583.60	30	◉ Individual ○ Group	40	14.59
Occupational Therapy ⌄	Other Provider ⌄	1567.50	30	◉ Individual ○ Group	55	28.50
Teacher for the Deaf ⌄	BOCES Extra ⌄	54720.00	360	◉ Individual ○ Group	180	304.00
⌄	⌄	0	0	◉ Individual ○ Group	0	
⌄	⌄	0	0	◉ Individual ○ Group	0	

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

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

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

V. Other Child Specific Costs

Provided by CSE District Only

Cost Category	Additional Information	Total Other Child-Specific Costs
ASSISTIVE TECHNOLOGY ⌄	FM System	1082.00

If you entered additional Related Services or Other Child-Specific costs, please explain below:

Comments: Student is hard of hearing; FM system communicates with hearing aid

Comments: [____]

District Contact Information

Contact Name: District Senior Clerk Typist
E-mail Address: District.Typist@exampletown.k12.ny.us
Phone#: 5165555555 (Ex: 5181235555 - 10 digits)

Enter 03/20/23   STAC   Update   User DSENIORC

Required for Inquiry   [Inquire]   [ADD]   [Change]

Non Resident Tuition		Total 10-Month Annualized Cost (Verify this amount on DVPUB)
Special Classrooms Subtotal	10343.23	96,837.13
1:1/Shared Aide Subtotal	25622.00	
Related Services Subtotal	59789.90	Estimated High Cost Aid Available
Other Child-Specific Costs Subtotal	1082.00	14,052.54

SED use only: ☐ Lock Record
SED Changes:
[____]
[____]
[____]