DCPUB High Cost Student Worksheet (BOCES/In-District)   Quick Reference

Guidance for Calculating 10-Month Annualized Costs for In-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:
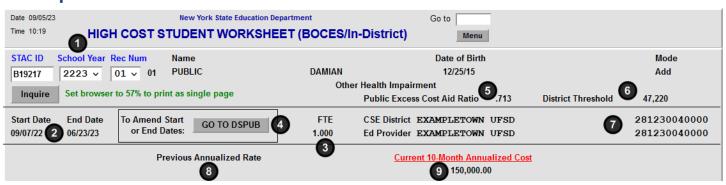**https://www.oms.nysed.gov/stac/schoolage/payments/annualized_cost_calculation.html**

To print this screen on one page in 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 "57" 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 DCPUB 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 Enrollment, from DSPUB

4. **The Go to DSPUB button**
   To change service dates, go to DSPUB.

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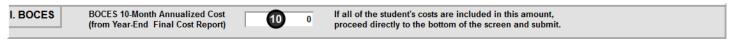
8. **Previous Annualized Rate**
   If the 10-Month Annualized Cost has changed, the previous value is displayed here. This will update whenever this screen is submitted

9. **Current 10-Month Annualized Cost**
   Before the 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
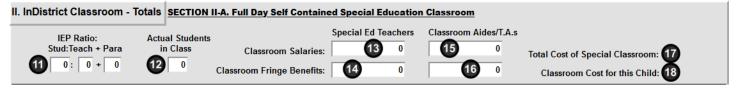
I.   The BOCES Section

I. BOCES	BOCES 10-Month Annualized Cost (from Year-End Final Cost Report)	**10** 0	If all of the student's costs are included in this amount, proceed directly to the bottom of the screen and submit.

Only to be used if the student is listed on the year-end final cost report from a BOCES.

10. **BOCES 10-Month Annualized Cost (from Year-End Final Cost Report)**
Enter the 10-Month Annualized Cost from the BOCES year-end final cost report. If there were additional BOCES costs that were not included in the year-end final cost report, do not enter them here; instead, enter them in the appropriate section below.

II-A. The InDistrict Classroom - Full Day Self-Contained Section

II. InDistrict Classroom - Totals | **SECTION II-A. Full Day Self Contained Special Education Classroom**

			Special Ed Teachers	Classroom Aides/T.A.s	
IEP Ratio: Stud:Teach + Para	Actual Students in Class	Classroom Salaries:	**13** 0	**15** 0	Total Cost of Special Classroom: **17**
11 0 : 0 + 0	**12** 0	Classroom Fringe Benefits:	**14** 0	**16** 0	Classroom Cost for this Child: **18**

Only to be used if the student is in a special education classroom within your district. If the student did not attend for the entire program period, enter the costs as if the student had attended for the whole year.

11. **IEP Ratio: Stud:Teach + Para**
Ratio of students to teachers and paraprofessionals of the student's primary classroom, per the IEP

12. **Actual Students in Class**
The number of students that were actually educated in the class. For partial day students, round up to the nearest whole number. Cannot exceed the stated classroom ratio on the IEP

13. **Special Ed Teachers – Classroom Salaries**
Enter the percentage of the teacher's salary directly related to classroom special education instruction, plus class prep. See note below.*

14. **Special Ed Teachers – Fringe Benefits**
Enter the percentage of the teacher's salary directly related to classroom special education instruction, plus class prep. See note below.*

15. **Classroom Aides/T.A.s – Classroom Salaries**
Enter total salaries of classroom aides and T.A.s. If less than full-day, prorate accordingly. Do not include any aides assigned to specific students

16. **Classroom Aides/T.A.s – Fringe Benefits**
Enter total value of the fringe benefits for classroom aides and T.A.s. If less than full-day, prorate accordingly. Do not include any aides assigned to specific students

17. **Total Cost of Special Classroom**
Total cost for all students in the special education classroom. A calculated field that does not permit data entry

18. **Classroom Cost for this Student**
Total Cost of Special Classroom / Actual Students in Class. A calculated field that does not permit data entry

> * NOTE: Example for 13 and 14: If a teacher has 5 instruction periods, plus 1 class preparation period, plus 1 administrative period per day, you would prorate the salary and fringe at 6/7ths of the total.
> Salary: $80,000 x (6/7) = $65,571.43; Fringe: $34,000 x (6/7) = $29,142.86

II-B. The InDistrict Classroom - Period-Based Section

SECTION II-B. Period-Based Special Education Placements

Placement Type		(Spec. Ed Teachers/Classrooms Aides) Total Salaries	(Spec. Ed Teachers/Classroom Aides) Total Fringe	Teacher Work Day (Exclude Lunch) Length in Mins:	Group Size*	Sessions Per Cycle	Sessions Length: (Mins)	Frequency	Total Child Cost
SPECIAL CLASS (19)	⌄	(20) 107141.00	(21) 49334.00	(22) 360	(23) 8	(24) 1	(25) 42	Daily Cycle ⌄ (26)	(27) 2281.92
CO-TEACH MATH	⌄	86658.00	62784.48	360	10	1	42	Daily Cycle ⌄	1743.49
CO-TEACH ENGLISH LA	⌄	83746.00	38523.16	360	10	1	42	Daily Cycle ⌄	1426.47
CO-TEACH SCIENCE	⌄	92483.00	42542.18	360	8	1	42	Daily Cycle ⌄	1969.11
CO-TEACH SOCIAL STUDIES	⌄	80833.00	37183.18	360	2	1	42	Daily Cycle ⌄	6884.27
Resource Room	⌄	56013.00	25765.98	360	1	3	42	6-Day Cycle ⌄	4771.39

*Special education students only   Additional Special Education Classroom Costs (Explain in Comments): (28) 0   Placement Cost for this Child: 19076.65

19. **Placement Type**
Type of integrated/blended or special education class

20. **(Spec. Ed Teachers/Classroom Aides) Total Salaries**
The combined salaries for the special education teacher(s) and classroom aides. Do NOT include general education teacher salaries

21. **(Spec. Ed Teachers/Classroom Aides) Total Fringe**
The combined cost of fringe benefits for the special education teacher(s) and classroom aides. Do NOT include general education teacher

22. **Teacher Work Day (Exclude Lunch) Length in Mins**
The length of the teacher's work day in minutes, excluding lunch.
- 6.5 hours = 390 minutes
- 6 hours = 360 minutes
- 5.5 hours = 330 minutes

23. **Group Size**
The number of special education students in the classroom. Do NOT count general ed students

24. **Sessions Per Cycle**
The number of times the student attended this class during the cycle length specified in the frequency column. Cannot exceed IEP.

25. **Session Length (Mins)**
The length of each session, as specified on the student's IEP

26. **Frequency**
The length of the cycle specified on the student's IEP. The Sessions Per Cycle repeats on this interval:
- Daily Cycle
- 4-Day Cycle
- Weekly Cycle
- 6-Day Cycle

27. **Total Child Cost**
The cost of the placement, as calculated from the information provided. This calculated field does not permit data entry

28. **Additional Special Education Classroom Costs (Explain in Comments)**
If the student has more than six special classes, enter the cost of the remaining special classes as a lump sum.

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

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

Type of 1:1 (29)	Provider Type (30)	Annual Salary	Annual Fringe	# of Students Served	Student Annual Cost
Aide/Teaching Asst ⌄	CSE District ⌄	(31) 49236.00	(32) 12309.56	(33) 2	(34) 30,772.78
⌄	⌄	0	0	0	

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

29. **Type of 1:1**
Indicate type: Aide, LPN, RN, or Interpreter

30. **Provider Type**
Indicate type: Non-Resident District, CSE District, BOCES, or Other Provider

31. **Annual Salary**
Enter salary. If the person is assigned for only part of the day, prorate by number of hours assigned to this student. Annualize if student's FTE is less than 1

32. **Annual Fringe**
Enter value of fringe benefits. If the person is assigned for only part of the day, prorate by number of hours assigned to this student. Annualize if student's FTE is less than 1
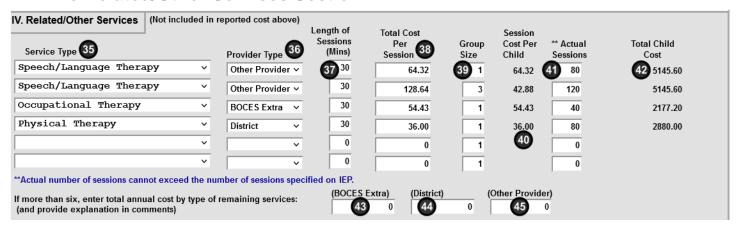
33. **# of Students Served**
Enter the number of students assigned during the time period covered by IEP. If assigned solely to this student (1:1), enter 1 in this field

34. **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)							
Service Type 35	Provider Type 36	Length of Sessions (Mins)	Total Cost Per Session 38	Group Size	Session Cost Per Child	** Actual Sessions		Total Child Cost
Speech/Language Therapy ⌄	Other Provider ⌄	37 30	64.32	39 1	64.32	41 80		42 5145.60
Speech/Language Therapy ⌄	Other Provider ⌄	30	128.64	3	42.88	120		5145.60
Occupational Therapy ⌄	BOCES Extra ⌄	30	54.43	1	54.43	40		2177.20
Physical Therapy ⌄	District ⌄	30	36.00	1	36.00	80		2880.00
⌄	⌄	0	0	1	40	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)
43 0	44 0	45 0

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.

35. **Service Type**
Select type of service from the dropdown. If the service is not listed, select "Other -- Explain in Comments". Exclude time on bus for skilled nursing.

36. **Provider Type**
Indicate whether service was provided by a school district, a BOCES, or some other provider.

37. **Length of Sessions (Mins)**
Enter number of minutes per session for service. Should not exceed IEP.

38. **Total Cost Per Session**
Enter total cost per session for service for all students.

39. **Group Size**
Select number of students receiving service. For individual services, use 1 as the group size.

40. **Session Cost Per Child**
Total Cost Per Session / Group Size. A calculated field that does not permit data entry.

41. **Actual Sessions**
Actual number of sessions student received for service. Cannot exceed the IEP.

42. **Total Child Cost**
Total cost attributable to student. A calculated field that does not permit data entry.

43. **BOCES Extra**
If more than six related services, calculate and enter total cost of any additional services provided by BOCES not included above. Explain in comments.

44. **District**
If more than six related services, calculate and enter total cost of any additional services provided by district not included above. Explain in comments.

45. **Other Provider**
If more than six related services, enter total cost of any additional services provided by an outside provider. Explain in comments.

V. The Other Child Specific Costs Section

V. Other Child Specific Costs	Cost Category 46	Additional Information 47	Total Other Child-Specific Costs
	ASSISTIVE TECHNOLOGY ⌄	FM System	48 1082.00

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

46. **Cost Category**
Select type of cost from dropdown. If not listed, or if more than one cost, select "OTHER -- Explain in Comments".
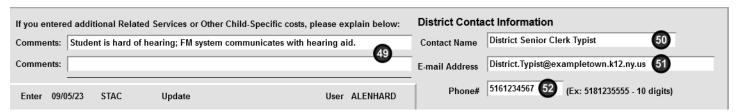
47. **Additional Information**
Provide additional detail on cost.

48. **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. **49**

Comments:

Contact Name   District Senior Clerk Typist **50**

E-mail Address   District.Typist@exampletown.k12.ny.us **51**

Enter   09/05/23   STAC   Update   User   ALENHARD

Phone#   5161234567 **52**   (Ex: 5181235555 - 10 digits)

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

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

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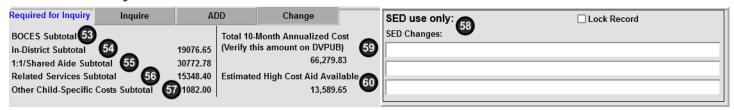
51. **E-mail Address**
E-mail address for the person indicated in Contact Name field.

52. **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 DCPUB worksheet, click Change to submit your changes.

The Summary Section

Required for Inquiry	Inquire	ADD	Change

BOCES Subtotal **53**

In-District Subtotal **54**   19076.65

1:1/Shared Aide Subtotal **55**   30772.78

Related Services Subtotal **56**   15348.40

Other Child-Specific Costs Subtotal **57** 1082.00

Total 10-Month Annualized Cost (Verify this amount on DVPUB) **59**   66,279.83

Estimated High Cost Aid Available **60**   13,589.65

SED use only: **58**

SED Changes:

☐ Lock Record

Will populate once screen has been submitted. All calculated fields that do not permit data entry.

53. **BOCES Subtotal**
BOCES 10-Month Annualized Cost (from Year-End Final Cost Report) field in section I.

54. **In-District Subtotal**
Calculated Classroom Cost for this Student from section II.

55. **1:1/Shared Aide Subtotal**
Sum of the two calculated Student Annual Cost values from the section III.

56. **Related Services Subtotal**
Sum of the calculated Total Child Cost values for 6 services, plus 3 lump sum fields, from section IV.

57. **Other Child-Specific Costs Subtotal**
Total Other Child-Specific Costs from section V.

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

59. **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.

60. **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.

Calculated as follows:

Total 10-Month Annualized Cost	**59**	$66,279.83
- District Threshold	**6**	$47,220
Annualized Excess Cost		$19,059.83
× FTE	**3**	1.000
Aidable Excess Cost		$19,059.83
× Public Excess Cost Aid Ratio	**5**	0.713
Estimated High Cost Aid Available		$13,589.65