

eSTACs Amending versus Rescinding

Amending or Rescinding a STAC-5

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Amending a STAC-5

- * Once you sign & submit the STAC-5, you can "Amend" the evaluation date or check the "Bilingual" box.
- * This is amended under the Evaluation Components tab.

) CPSI Stud Last STA	E: 142101 lent Inform t Name: / CID:	040000 / ation First Name: CIN:	Tripp DC Stu)B: 7/18/ Jdent Number: 1	2019 Eligibili	ty: 7/1/20	22 - 8/31/202	4 Edit SED	Summ	ary Resync								
ST	TAC-5s	Evaluation Comp	onents	IEP Placements	IEP Manda	tes D	ocuments	Forms	Eligi	bility Waivers								
(eSTACs E	valuation Number	eSTACs	Evaluation Compo	nent Number	County		Provider		Component	Ev	al Date	Bilingual	Status	Submitted By	Submitted Date		
E	V0005268	51	EC00157	'995		ERIE	DIVERSIFI	ED SERVICE	S LLC	Education	4/5/2023			Submitted	mmachelski	4/18/2023	Update	Cancel
E	V0005265	1	EC00157	996		ERIE	DIVERSIFI	ED SERVICE	S LLC	Psychological	4/5/2023		No	Submitted	mmachelski	4/18/2023	Amend	Rescind
E	V0005265	1	EC00157	997		ERIE	DIVERSIFI	ED SERVICE	S LLC	Social	4/5/2023		No	Submitted	mmachelski	4/18/2023	Amend	Rescind
E	V0005265	1	EC00157	998		ERIE	DIVERSIFI	ED SERVICE	S LLC	Speech/Language	3/20/2023		No	Submitted	mmachelski	4/18/2023	Amend	Rescind

Add New STAC-5

Rescinding a STAC-5

Once you sign & submit the STAC-5, you can "Rescind" the entire STAC-5 under the STAC-5 tab.

2 C	PSE: 142101	040000														
۲S	tudent Inform	nation														
ι	ast Name:	First Name:	DC	B: 7/18/2	019 Eligibility: 7/	1/2022 - 8/31/2024	4									
5	STACID:	CIN:	Stu	ident Number:			Edit SED	Summ	nary Res	ync						
	STAC-5s	Evaluation Comp	onents	IEP Placements	IEP Mandates	Documents	Forms	Elig	ibility Wai	/ers						
															T	
	eSTACs E	valuation Number	County		Descrip	tion			Status	Submitted By	Submitted Date					
	EV0005265	51	ERIE	DIVERSIFIED SERV	/ICES LLC Mar 202	3 - Apr 2023 (EDU	J, PSY, SOC	, SPT)	Submitted	mmachelski	4/18/2023	Viev	v Rescind Pr	int	Submission Histor	y Resync
	Add New	Evaluation		•							•				•	

* Or you can "Rescind" 1 component of the evaluation under the Evaluation Components tab.

CPSE: 142101040000											
Last Name: / First Name:	DOB: 7/18/2019 Eligibi	ity: 7/1/2022 - 8/	8/31/2024								
STACID: CIN:	Student Number:		Edit SED Sumn	ary Resync							
STAC-5s Evaluation Comp	onents IEP Placements IEP Manda	ites Docum	nents Forms Elig	ibility Waivers							
eSTACs Evaluation Number	eSTACs Evaluation Component Number	County	Provider	Component	Eval Date	Bilingual	Status	Submitted By	Submitted Date		
EV00052651	EC00157995	ERIE DIV	/ERSIFIED SERVICES LLC	Education	4/5/2023	No	Submitted	mmachelski	4/18/2023	Amend	Rescind
EV00052651	EC00157996	ERIE DIV	/ERSIFIED SERVICES LLC	Psychological	4/5/2023	No	Submitted	mmachelski	4/18/2023	Amend	Rescind
EV00052651	EC00157997	ERIE DIV	/ERSIFIED SERVICES LLC	Social	4/5/2023	No	Submitted	mmachelski	4/18/2023	Amend	Rescind
EV00052651	EC00157998	ERIE DIV	/ERSIFIED SERVICES LLC	Speech/Language	3/20/2023	No	Submitted	mmachelski	4/18/2023	Amend	Rescind
Add New STAC-5											



Adding New Center Based Placements

Adding a new CB Placement STAC-1

Go to the IEPPlacementstab

*	Click Add CB
	Placement

Home	Activities -	IEP eS	STACs A	Attendance	Billing	Lookup	Documents	Reports
CPSE: 5	00101060000 CL	ARKSTOWN CS	D					
Last Nar STACID	me: Ants F : J99999 0	irst Name: Bar NN:	bara DOB: Student	8/1 Number: 9	7/2018 Eligibi 000099999	lity: 7/1/2021 - 8	/ 31/2023 Edit	SED Summary
STAC	-5s Evaluatio	on Components	IEP Plac	ements	IEP Mandates	Documents	Forms	
Schoo	I Year Session 2	021 - 2022 Wint	er 🗸					
Sch	ool Year Sessior	Placement	Description	Status	Submitted By	Submitted Da	te	
No Pl	acements	1		· · ·				
Add	d CB Placement	Add SEIT/	RS Placement	1				

Entering Program Information

- Check this box if the child has multiple
 STACs for the same time period (CB + SEIT/RS, CB morning + CB afternoon)
- 2. Specify school year / session
- 3. Indicate if the child is placed in foster care
- 4. Choose the Provider
- **5.** Indicate whether the Provider is the same provider that performed the most recent evaluation
- **6.** Select the specific program the child will attend
- **7.** This populates with the dates and hours the selected program runs
- **8.** Enter the dates and hours that this student will attend this program, and click *Save*

STACID:	DelFuego First Nam CIN:	e: Anthony DOB: 3/12/20	16 Eligibility: 1/1/2019 - 8/31 Edit	//2021
Program	Aide / Nurse / Int	erpreter Related Servi	ces Transportation	
Click if t	his is a multiple servic	e STAC (two or more concu	rrent STACs)	
School Vez	r Session 2019 201	0 Summer T		
	2019-202	o summer v		
Is this stud	ent placed in Foster C	are? 🔍 Yes 🖲 No		
4	HEBREW ACADEMY	FOR SPEC CHLDRN	¥	
 Provider 				
Provider	Same as Evaluation P	rovider? 🔍 Yes 🖲 No		
• Provider 5 5 6 Program	Same as Evaluation P 9101(C) 07/08/19 - 0	rovider?	PECIAL CLASS OVER 2.5 N	ASSAU COUNTY WOODMERE •
Provider 5 6 ^{Program}	Same as Evaluation P 9101(C) 07/08/19 - 0 Start Date	rovider? OYes No 8/14/19 J/A-PRESCHOOL S End Date	PECIAL CLASS OVER 2.5 N Hours Per Day	ASSAU COUNTY WOODMERE 🔻 Days per Week
Provider 5 6 ^{Program} 7 Program	Same as Evaluation P 9101(C) 07/08/19 - 08 Start Date 07/08/2019	rovider? Ves No 8/14/19 J/A-PRESCHOOL S End Date 08/14/2019	PECIAL CLASS OVER 2.5 N Hours Per Day 5.00	ASSAU COUNTY WOODMERE V Days per Week 5

Adding Aides / Nurse / Interpreter

- * To add an aide / nurse or Interpreter
 - 1. Select the type (Aide, LPN, RN, or Interpreter)
 - 2. Select whether this service is shared with another student
 - 3. Indicate the hours per day this service is provided
 - 4. Indicate the days per week this service is provided
 - 5. Click Add



Adding Related Services INCLUDED in Tuition

Program	Alde / Nurse / In	erpreter	Relate	d Services	Transporta	tion										
3	Service		Start D	ate	End D	ate	IND/GF	RP	Frequency		Minutes	Period	Location			
Occupation	al Therapy	07/0	8/2019		08/14/2019		L		2	30		WEEKLY	Therapy Room	Edi	t Delete	e Amend
Physical Th	erapy Group	07/0	8/2019		08/14/2019		G		3	45		WEEKLY	Gym	Edi	Delete	Amend
Speech The	erapy 1	07/0	8/2019	2	08/14/2019	3	1 4	4	3 <mark>5</mark>	30	6	WEEKLY7	Classroom 8	Edi	t Delete	e Amend

- **1.** The type of service
- 2. The start date of this particular service
- 3. The end date for this particular service
- 4. Whether the service is Individual (I)

or Group (G)

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- 5. The number of sessions per period
- 6. The number of minutes for each session
- **7.** The period of time for this service
- **8.** Location where service will be performed

When IEP has no Related Services

- * If the IEP does not specify any related services, check the box at the top of the related services tab that says
 - "There are no recommended related services for this student on this Placement / IEP"

	Program	Aide / Nurse / Interpre	eter Relat	ted Services	Transporta	tion								
Ľ	There are	e no recommended related Service	d services for Start Date	this student on End Date	this Placement	/IEP	Frequency	Minutes	Period	Location	Submitted Date	Status		
		~	07/12/2022	08/20/2022	~				``	~			Add	

Adding Transportation

Related Services

Aide / Nurse / Interpreter

Program

 A list of types of transportations indicated in IEP (Bus or Parent reimbursement).

2. If transportation is needed, choose the provider.

3. If your county requires transportation documents then you will need to upload them.

The IEP does not authorize reimbursement for transportation/ No parent reimbursement will be sought Start Date End Date Submitted Date Service Provider Status 08/20/2022 Bus STUDENT BUS CO 07/12/2022 Not Submitted Edit Delete Rockland Parent Transportation 07/12/2022 Not Submitted Edit Delete 08/20/2022 Parent V 07/12/2022 08/20/2022 Add v Upload Transportation Document Document Type: Effective Date: Comment Choose File No file chosen Upload Transportation Files Uploaded DocumentType Comments Effective Date

Transportation

When IEP has no Transportation

If the student will not be bussed, and the parent will not be submitting for mileage reimbursement, check the box at the top of the transportation tab that says
 "The IEP does not authorize reimbursement for transportation"

Program Aide / Nurse / Inte	rpreter Related Service	s Transportation				
The IEP does not authorize reir	nbursement for transportation	/ No parent reimbursement w	ill be sought			_
Service Provider	Start Date	End Date	Submitted Date	Status		
~	07/12/2022	08/20/2022			Add	
Upload Transportation Documen	t	·	·			_
Document Type:	~	Effective Date:	Comment:			
Choose File No file chosen						
Transportation Files						
Uploaded DocumentType	Comments Effective D	ate				



Adding New SEIT/RS Placements

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Adding a new STAC-1 for SEIT/Related Services

- * Go to the IEP Placements tab
- * Click Add SEIT/RS Placement

CF	PSE: 112806060000 RYD	ELL CSD										
Lá S'	ast Name: Balmudo Firs TACID: CIN	st Name: Leo N:	DOB: 3/19/2 Student Number: 50000	2017 Eligibility: 1/ 039718	1/2020 - 8/31/202	Edit						
	STAC-5s Evaluation	Components	IEP Placements	IEP Mandates	Documents	Forms						
	School Year Session All	Sessions	~									
	School Year Session	Placement		Description		Status	Submitted By	Submitted Date				
	2021 - 2022 Winter	СВ	09/08/2021-06/22/2022	FRED S KELLER S	CHOOL-9100(J)	Not Submitted			Edit Del	ete Print	Sign and Subm	nit
	Add CB Placement	Add SEIT/F	RS Placement									<u> </u>

For SEIT or RS

- 1. Select the School Year and Session
- **2.** Indicate if this student has two or more concurrent STACs
- 3. Indicate if the child is in Foster Care

School Year Session	2020 - 2021 Summer 🗸 1	
Click if this is a mu	Itiple service STAC (two or more concurrent ST	ACs) 2
Is this student placed	in Foster Care? OYesONo 3	

- * Multiple Service / Concurrent STACs
 - Student has a center based placement at the same time as having SEIT or fee for service related services
 - * Student has two separate center based placements
 - * Student has SEIT at the same time from two separate SEIT Providers

Adding SEIT

SEI and Stu	dent Rela	ted Services								
s this studen	placed in Fost	er Care? 🔍 Ye	s 🖲 No							
Provider BR	OOKVILLE CEN	NTER F/ CHIL	DREN'S SERI	* 1		2				
s this the san	ne provider that	t conducted the	e most recent e	evaluation for t	his student?	Ves No				
s this the sar Program SE	ne provider that IT 09/01/18 - 06	t conducted the 5/30/19 9135(T	e most recent e	evaluation for t	his student?	Yes No				
s this the san Program SE 4	ne provider that IT 09/01/18 - 06 5	t conducted the 6/30/19 9135(T 6	e most recent e) ▼ 3 7	evaluation for t	his student?	Ves® No −	0			
s this the sar Program SE 4 Start Date	ne provider that IT 09/01/18 - 06 5 End Date	t conducted the 5/30/19 9135(T 6 IND/GRP	e most recent e) ▼ 3 7 Frequency	8 Minutes	9 Period	Yes No - 1 Location	0			
s this the san Program SE 4 Start Date 09/01/2018	1T 09/01/18 - 06 5 End Date 06/30/2019	6 IND/GRP	e most recent e) ▼ 3 7 Frequency 5	8 Minutes 60	9 Period WEEKLY	Yes No 1 Location Universal Pre-K	0	Edit	Delete	Ameno

1. Select Provider

- 2. Indicate if Provider was same provider that did most recent evaluation
- **3.** Select the program (should be only 1)
- 4. Edit the Start Date
- 5. Edit the End Date

- 6. Indicate individual or group
- 7. Indicate number of sessions per IEP
- 8. Indicate number of minutes per IEP (do not convert to 30 min)
- **9.** Enter the period for the frequency

10. Select the location where the service will be performed

Adding Related Services

SEIT and Student Related Services											
1	2	3	4	5	6	7	8	9			
Provider	Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location			
BROOKVILLE CTR FOR CHILDREN'S SVCS, INC	Speech Therapy	09/01/2018	06/30/2019		2	30	WEEKLY	Universal Pre-K	Edit	Delete	Amend
KIDZ THERAPY SERVICES	Parent Couseling and Training	09/01/2018	06/30/2019	1	1	60	WEEKLY	Home	Edit	Delete	Amend
Y	T	9/1/2018	6/30/2019	•			•	T	Add		

- **1.** Choose the provider
- **2.** Select the service
- 3. When does service start
- 4. When does service end
- 5. Indicate Individual or Group

- 6. Indicate number of sessions per IEP
- 7. Enter minutes per session per IEP
- 8. Choose the time period for the frequency
- 9. Indicate where the service will happen

Service Coordination

- * If there are no SEIT services and there are two or more related services, and service coordination is needed:
 - * Choose provider, and Coordination under Service tab, and complete other information.
- * If there are no SEIT services and Service Coordination is not needed:
 - * Mark the checkbox "No Service Coordinator".

SEIT and Student Related Services											
No Service Coordinator											
Provider	Service	Start Date	End Date	IND/GRP	Bilingual	Frequency	Minutes	Period	Location	Status	
FRED S KELLER SCHOOL	Physical Therapy Indiv	09/01/2021	06/30/2022			2	30	WEEKLY	Home	Ed	it Delete
DEREK FERST, SLP	Speech Therapy Indiv	09/01/2021	06/30/2022			3	30	WEEKLY	Preschool	Ed	it Delete
DEREK FERST, SLP	Coordination	09/01/2021	06/30/2022			1	30	MONTHLY	Home/Community	Ed	it Delete
×	×	09/01/2021	06/30/2022	~				~	`	Ad	d

eSTACs Uploading Documents

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Uploading a Document

- Every County requires certain documents to be uploaded, before you can sign and submit your STAC-5 and/or STAC-1.
- * Select Documents tab on Student Details screen.
- This will also show any Missing Documents that need to be uploaded.
- Click "Upload" button at bottom of screen or "Upload" at the end of the missing document line.

CPSE: 500402060000								
Student Information								
Last Name: First Name:	DOB: 3/9/2017 E	ligibility: 1/1/2020 - 8/31/2	2022					
STACID: CIN: Student Number: 5000038460 Edit SED Summary Resync								
STAC-5s Evaluation Components IEP Placements IEP Mandates Documents Forms								
Uploaded Documents								
Document Type Uploaded Date	Applied To Submitted Date	SubmittedUser Co	omments					
No Documents								
Missing Documents								

Category	Туре	DocumentDescription	Applies To			
CHILD	MEDICAID CONSENT	Medicaid Parental Consent		Show Document List	Uploa	ad
PLACEMENT	IEP	Copy of IEP for Placement	09/10/2021-06/24/2022 RS (ST(I))	Show Document List	Uploa	ad

Upload Upload Multiple Documents

Uploading a Document

- * Click "Choose File" button.
- * Browse to the file location and select the file.
- * Click the "Open" button on the file dialog
- * The filename will appear next to "Choose File" button.
- * Click "Upload".

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Child Informa	tion	
Last Name:	Rizzo First Name: Franl	k DOB: 12/18/2016 Eligibility: 7/1/2019 - 8/31/2022
STACID:	CIN:	Edit

T 🚺 / IN	is PC 7 Ebcarbisk (cl) 7 EstiAcs 7 DE	neoocuments > Patricia sim	cox.	V 0 5	earch Patricia Simcox	
Organize - New folde	tr				100 v	
eSTACsDemoDo ^	Name	Date modified	Туре	Size		
Patricia Simcox	🔁 Birth Certificate	3/18/2019 1:43 PM	Adobe Acrobat D	93 KB		
SandyOlsson	🔁 Consent	3/18/2019 2:10 PM	Adobe Acrobat D	58 KB		
Webinars	🔁 EvalVerification	3/18/2019 2:02 PM	Adobe Acrobat D	466 KB		
a OneDrive	🔁 TRF Englsih refised 08-2018	3/19/2019 5:41 PM	Adobe Acrobat D	78 KB		
This PC						
3D Objects						
Desktop						
Documents						
Downloads						
Music						
E Pictures						
Videos						
Local Disk (C:)						
New Volume (D:						
TimsBackup (E:)						
T						

Child Information	00 RYDELL CSD			
Last Name: Rizzo STACID:	First Name: Frank CIN:	DOB: 12/18/201	BEligibility: Edit	7/1/2019 - 8/31/2022
Choose File Conse	nt.pdf		Upload	

Uploading a Document

- Right had side shows the * document being uploaded.
- * If uploading the entire IEP, then check box "Enter **Details for Entire** Document".
- * Choose document type.
- * Choose correct school year and placement.

Enter Details for E Page 1 to 1	intire Document 🗹	≡ eSTACsFil	eHandler.ashx		1 / 11 - 100% + 1	: \$	
Document Type School Year Placement 07/05/2021-08/13	Serv : IEP				Blind Brook-Rye Union Free Scho 390 North Ridge Street Rye Brook, NY 10573-110	ol District 5	
Comments TEP	Medicaid : Medicaid Parental Consent Medicaid : Parent Refused Medicaid Consent Medicaid : Failed to obtain Medicaid Consent Medicaid : Parent Revoked Consent Foster Care : LDSS2999 Eval : Evaluation Justification Letter Eval : Justification For Eval Outside Eligibility Dates Trans : TAF Trans : Parent Acknowledgement Form Serv : Aide		Student: Address: Contacts: School Year: 2021-2022 Special Alerts:		Date of Birth: 12/22/2017 Age as of meeting date: 3:4 Native County: Westchester Interpreter Home/Mobile #: H: (914) 539-5147 M: (914) 420-6713 Home/Mobile #: H: (914) 539-5147 M: (914) 539-5147 Placement: Approved Preschool Special Education Program	Gender: Male Language: English Required: No Work #: Work #: School: Preschool Itinerant Services Only	ID #: 112201514 Email: Email: Grade: Preschool
	Serv : Nurse Serv : IEP		IEP INFORMATION		SUMMARY-SPECIAL EDUCATION PROGRAMS A	ND RELATED SERVICES	
OK Cance	Serv : Interpreter Serv : Summer Regression Justification Serv : Explanation for not having a STAC-5		Projected IEP Start Date: Projected IEP End Date: Projected Date of Annual Review: Projected Date for Reevaluation: Extended School Year: Behavior Intervention Plan: Supplementary Aids and Services: Assistive Technology: Supports for School Personnel: Testing Accommodations: Participate State/District Assessments: Snecial Transportation:	07/05/2021 06/25/2022 06/24/2022 03/18/2024 Yes No No No No No No No No No No No No No	Special Class in an Integrated Setting: 6:1+1 Speech/Language Therapy: Individual Occupational Therapy: Individual Physical Therapy: Individual Special Class in an Integrated Setting: 6:1+1 Speech/Language Therapy: Individual Occupational Therapy: Individual Physical Therapy: Individual	09/01/2021 - 06/24/2022 2 x* 09/01/2021 - 06/24/2022 2 x* 09/01/2021 - 06/24/2022 2 x* 09/01/2021 - 06/24/2022 2 x* 07/05/2021 - 06/13/2021 5 x* 07/05/2021 - 08/13/2021 2 x* 07/05/2021 - 08/13/2021 2 x*	Weekly, 5hr. School Weekly, 30min. School Weekly, 30min. School Weekly, 30min. School Weekly, 5hr. School Weekly, 30min. School Weekly, 30min. School

Documents for Aide / Nurse / Interpreter

- * There are occasions when you will need to upload the Request For Reimbursement For Partial Aide/Nurse/Interpreter form.
- eSTACs will inform you when this form is needed when completing the Sign and Submit process.
- * Go to the Aide/Nurse/Interpreter tab and click Print.
- * Have form signed by the Superintendent and upload form to eSTACs.

CPSE: 1128 Student Info	CPSE: 112806060000 RYDELL CSD Student Information										
Last Name: STACID:	Last Name:BalmudoFirst Name:LeoDOB:3/19/2017Eligibility:1/1/2020 - 8/31/2022STACID:CIN:Student Number:500039718Edit										
Placement Information Session: From Date: 09/08/2021 To Date: 06/22/2022 Hrs/Day: 5.00 Days/Wk: 5 Aide/RN/LPN: Provider: FRED S KELLER SCHOOL Program: 9100											
Program	Aide / Nurse / Interpreter	Related Serv	vices Tr	ansportation							
Туре	Sharing	Start Date	End Date	Hours Per Day	Days Per Week	Submitted Date	Status				
Aide	Shared with 3 other students	09/08/2021	06/22/2022	5.00	5		Not Submitted Edit Delete	Print			
~		09/08/2021	06/22/2022	5.00	5 🗸		Add				
Return to S	Student Details							Í			

Comparison eSTAC to Paper Form

Request for Reimbursement for Student-Specific Nurses and Interpreters

For Preschool Use Only

STAC-ID				
		-		

Do NOT submit this form for:

Education Aides

(Enter aide percentage on EFRT service approval screen)

A completed and signed Preschool STAC-1 form should be submitted along with this form. Scan and upload both completed forms to SED File Transfer Manager (FTM) "inbasket". Email <u>OMSSTAC@nysed.gov</u> with the SED FTM location and filenames. Do <u>NOT</u> attach completed forms to emails.

STUDENT, COUNTY, AND SCHOOL DISTRICT INFORMATION										
Student Name: Date of Birth (mm/dd/yy):										
John Smith	01/01/2019									
County of Residence Name:										
ROCKLAND										
Name of School District with CPSE Responsibility:	School District SED Code:									
ABBOT	6 6 0 4 1 3 0	2 0 0 0 0								

	AIDES/NURSES/INTERPRETERS DURING EDUCATION HOURS								
Aide	Requested Start: Requested End: 09/07/2022 to 06/23/2023	Hours 1:1 Requested: 3.50 Hours / Day	Days 1:1 Requested: <u>4</u> Days / Week	Shared by multiple students:					
	Requested Start: Requested End: to	Hours 1:1 Requested: Hours / Day	Days 1:1 Requested: Days / Week	Shared by multiple students: No Yes:students					
	Requested Start: Requested End: to	Hours 1:1 Requested: Hours / Day	Days 1:1 Requested: Days / Week	Shared by multiple students: No Yes:students					
Interpreter	Requested Start: Requested End: to	Hours 1:1 Requested: Hours / Day	Days 1:1 Requested: Days / Week	Shared by multiple students: No Yes:students					

PRESCHOOL EDUC	CATION PLACEMENT
Education Provider Name:	Education Provider SED Code:
Head Start of Rockland	5 0 0 3 0 4 8 8 0 2 2 2
Program Name:	Program Code:
S/Y-PRESCH-INTGRTD SPEC CLS OVER 2.5	9 1 6 0 - I
Program Runs:	Student Attends:
<u>3.50 Hours/Day</u> <u>5 Days/Week</u>	3.50 Hours/Day <u>4</u> Days/Week

CPSE DISTRICT OF RESIDENCE/NYC DISTRICT OF SERVICE ASSURANCE:

I have reviewed the above named student's records and assure that the student's Individualized Education Plan (IEP) specifically requires that a 1:1 Aide/Nurse/Interpreter be provided for the period indicated above.

Signature: CPSE Superintendent of Schools/NYC Superintendent of Clinical Services Date

PERSON COMPLETING THIS FORM									
Name	Phone								
Fax	Email								

Program Aide / Nurse / Interpreter		Related Ser	rvices T	ransportation							
Туре	Sharing	Start Date	End Date	Hours Pe	er Day	Days Per We	ek Submitted Date	Status			
Aide 1	Shared with 3 other students 2	09/08/2021	06/22/2022	5.00) 3	5 4		Not Submitted	Edit	Delete	Print
•	•	09/08/2021	06/22/2022	5.00		5 🗸			Add		

Forms Tab

* The Forms tab has a list of generic forms that when chosen, will populate with the child's information on them.

CPSE: 660413020000 ABBOT	
Last Name: Smith First Name: John DOE	Eligibility: 1/1/2022 - 8/31/2024
STACID: CIN: Stud	ent Number: 5000067785 Edit Resync
STAC-5s Evaluation Components	IEP Placements IEP Mandates Documents Forms Eligibility Waivers
School Year 🗸	
Forms	
Form	Description
Medicaid Parental Consent	Consent to Access Medicaid
Medicaid Parental Consent (Spanish)	Consent to Access Medicaid (Spanish)
U Written Order	Generic Written Order / Prescription / Referral
Unable to obtain consent	Notification of not being able to obtain Medicaid Parental Consent
Generate Forms	



Amendments

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Amendments

* Prior to submitting a STAC to the County, you can **Edit** a placement and make any

necessary changes.	STAC-5s	Evaluation Comp	onents	IEP Placements	IEP Mandates	Documents	Forms						
	eSTACs I	Evaluation Number	County ROCKLANE) SHARON A JOLLY	Descripti Y & ASSOCIATES Ja	on an 2022 (OCT, PH	IT, PSY, SOC	Status Not Submitted	Submitted By	Submitted Date	Edit Delete Pr	int Sign and Submi	it
	Add New	/ Evaluation											

* After you submit a STAC to the County, you must **Amend** the placement to make any

changes.	STAC-5s Evaluation Components IEP Placements IEP Mandates Documents Forms														
	School Year Session All Sessions														
	eSTACs Placement Number School Year Session Placement Description Status Submitted By Submitted Date														
	2021 - 2022 Winter SEITRS 09/09/2021-06/24/2022 RS (OT(I), ST(I)) SUBMITTED Amend Rescind Print Submission History Resync														
	Add CB Placement Add SEIT/RS Placement														

* Once a STAC is submitted, you are limited as to what changes can be made.

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Corrections – For All STAC Types

* Fields that **cannot** be corrected:

- * Child's foster care status and foster care county
- * School Year Session
- * Fields that **can** be corrected:
 - * Multiple Service STAC

Corrections for Center Based (CB)

Provider	HEBREW ACAD FOR SPEC	CHLDRN 🗸 🔸											
Same as Evaluation Provider? O Yes No													
Program 9165(J) 09/08/20 - 06/24/21 S/Y-PRESCHOOL-INTGRTD SPEC CLASS 2.5													
	Start Date	End Date	Hours Per Day	Days per Week									
Program	09/08/2020	06/24/2021	2.50	5									
This Child	09/08/2020	06/24/2021	2.50	5 •									

- * Fields that **cannot** be corrected:
 - * Provider

- * Fields that **can** be corrected:
 - * Program (within same provider)
 - * From Date, To Date
 - * Hours Per Day, Days Per Week

Correction for CB – Changing the Program

	Aide / Nurse / Interp	reter Related Services	Transportation		
Click if th	nis is a multiple service S	TAC (two or more concurrent S	STACs)		
Is this stude	ent placed in Foster Care	? Yes No			
Provider	JUST KIDS	~			
S	ame as Evaluation Prov	ider? OYes No			
Program	9160(1) 09/01/21 - 06/24	22 S/Y-PRESCH-INTGRTD SF	PEC CLS OVER 2.5 MIDD	LE ISLAND/LINDENHURST/M	ATT-CUTCH V
	Start Date	End Date	Hours Per Day	Days per Week	
Program	09/01/2021	06/24/2022	5.00	5	
This Child	09/01/2021	08/27/2021	5.00	5 🗸	

- * If your child is in a Class Assignment, you will not be able to change the Program until you Edit the Class Assignment.
- * This will remove the child from the assignment, and then the Program will be available to change.
- * You can then change the program, and put the child back into a Class Assignment.

Correction for CB – Changing Classroom Assignment

rogram	Aide / Nurse / Inter	preter Related Services	Transportation		
Click if t	his is a multiple service	STAC (two or more concurrent	STACs)		
s this stud	ent placed in Foster Ca	re? Yes No			
Drouidor	ULICT KIDS				
Tovider	Same as Evaluation Pro	vider2 Ves No			
Program	9160(1) 09/01/21 - 06/2	4/22 S/Y-PRESCH-INTGRTD S	SPEC CLS OVER 2.5 MIDD	LE ISLAND/LINDENHURST/	MATT-CUTCH ~
	Start Date	End Date	Hours Per Day	Days per Week	
Program	09/01/2021	06/24/2022	5.00	5	
This Child	09/01/2021	08/27/2021	5.00	5 -	

- * If your child is only changing Classroom Assignments:
 - * Edit the current Classroom and enter a new End Date.
 - * Choose a new Classroom with a new Start & End Date, and click Add.
 - * You are essentially moving the child from one Class to another.

Correction for CB Aide/RN/LPN



- * Fields that **cannot** be corrected:
 - * Type (AIDE/LPN/RN)
 - * Sharing

- * Fields that **can** be corrected:
 - * Hours Per Day
 - * Days Per week

Corrections for CB Related Services

Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location
Occupational Therapy Indiv	09/08/2020	06/24/2021	Individual	3	30	Weekly 🗸	Preschool
Psychological Counseling (CSL)	09/08/2020	06/24/2021	G	1	60	WEEKLY	Preschool
Speech Therapy Group	09/08/2020	10/24/2020	G	3	45	WEEKLY	Classroom
Speech Therapy Indiv	10/25/2020	06/24/2021	I	3	45	WEEKLY	Classroom
`	09/08/2020	06/24/2021	~			~	~

- * Fields that **cannot** be corrected
 - * Service
 - * Individual vs Group
 - * Frequency
 - * Duration
 - * Period

- * Fields that **can** be corrected
 - * From Date
 - * To Date
 - * Location

Corrections for CB Transportation

Service	Provider	Start Date	End Date								
Parent 📕 🗸	WESTCHESTER PARENT TRANSPORTATION V	09/08/2020	06/24/2021								
Bus	521 HASC (ASTRA)	09/08/2020	06/24/2021								
~		09/08/2020	06/24/2021								

- * Fields that **cannot** be corrected
 - * Service (Bus, Parent, RN, LPN, etc.)
 - * Provider

- * Fields that **can** be corrected
 - * From Date
 - * To Date

Corrections for SEIT

Provider BILINGUALS INC.	Provider BILINGUALS INC. DBA ACHIEVE BEYOND													
Is this the same provider that conducted the most recent evaluation for this student? OYes No														
Program SEIT 09/01/20 - 06/30/21 9135(T) V														
Start Date End Date	IND/GRP	Frequency	Minutes	Period		Location								
09/08/2020 06/18/2021	Individual 🗸	5	60 📕	Weekly	Daycare		-	~						
09/08/2020 06/18/2021	~			~				~						
· · · · · · · · · · · · · · · · · · ·														

- * Fields that **cannot** be corrected
 - * Provider
 - * Individual vs Group
 - * Frequency, Duration & Period

- * Fields that can be corrected
 - * From Date
 - * To Date
 - * Location

Corrections for Related Services

Provider	Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Perior	Location
ALL ABOUT KIDS	Physical Therapy Indiv 🗸	9/8/2020	10/18/2020	Individual 🗸	2	30	Week, 🗸	Community Setting 🗸
ALL ABOUT KIDS	Physical Therapy Indiv	10/19/2020	06/18/2021	I	3	30	WEEKLY	Community Setting
CREATIVE WONDERS OT PT SLP PLLC	Speech Therapy Indiv	10/19/2020	12/18/2020	I	2	45	WEEKLY	Community Setting
FELICITY AWERBUCH-SCHWARTZ, SLP	Speech Therapy Indiv	12/19/2020	06/18/2021	I	3	45	WEEKLY	Nursery School
Ç*	~	09/08/2020	06/18/2021	~			~	

- * Fields that **cannot** be corrected
 - * Provider
 - * Service
 - * Individual vs Group
 - * Frequency, Duration & Period

- * Fields that **can** be corrected
 - * From Date
 - * To Date
 - * Location
Amendments From IEP Changes

Amendments From IEP Changes

* There are three basic types of amendments:

- * Ending a detail service is no longer needed
- * Adding a detail child now qualifies for another service
- * Changing a service by ending one detail and adding another child was receiving group and now is going to receive individual

Amending Levels



Amending at IEP Placement Level

* All instances below will need to have the Placement End Dated:

- * Child moved out of district mid-year
- Child changed SEIT providers mid-year
- * Child changed CB programs mid-year
- * Child added an AIDE mid year
- * Parent withdrew their student mid year
- * Child switched from CB to SEIT/RS mid-year (or vice-versa)
- * Other child declassified



STAC-5s	AC-5s Evaluation Components IEP Placements IEP Mandates Documents Forms Eligibility Waivers														
School Year	ool Year Session All Sessions														
eSTACs Placement Number School Year Session Placement Description Status Submitted By Submitted Date V A A A A A A A A A A A A A A A A A A															
PL0008184	8	2021 - 2022 Winter	СВ	09/10/2021	-06/24/2022 ARC	PRIME T	IME FOR KIDS-9100(I)	SUBMITTED			Amend	Rescind Print	Su	bmission History F	Resync

Amending at IEP Placement Level

- * When you Amend Specific Mandate, you can:
 - * Change programs
 - Change in frequency for a related service end date old RS & frequency and create new RS
 - * Add new related service
 - * End date a related service
 - * Change transportation mid-year
 - * Switch from one related service provider to another mid-year (Not for CB)

-	STAC-5s	Evaluation Comp	onents IEP Placeme	ents IEP N	landates	Documents	Forms	Eligibility Waivers				1				
ç	School Year	ool Year Session All Sessions 🗸														
	eSTACs P	s Placement Number School Year Session Placement Description Description Status Submitted By Submitted Date V I I I I I I I I I I I I I I I I I I														
	PL0008184	8	2021 - 2022 Winter	СВ	09/10/2021	-06/24/2022 ARC	PRIME T	ME FOR KIDS-9100(I)	SUBMITTED			Ameno	Rescind	Print	Submission Histor	y Resync

Amend Placement	×
Amend Specific Mandate OAmend Program's End Date	
ок	Cancel

Amending at Detail Level / Mandate

- * All instances below can be amended on current Placement:
 - * Change in frequency for a related service end date old RS & frequency and create new RS
 - * Add new related service
 - * Switch from one related service provider to another mid-year
 - * Changing transportation mid-year
 - * Change in frequency for SEIT (only if same provider)
 - * Ending a related service

STAC-5s	Evaluation Components	IEP Placements	EP Mandates	Docu	ments Forms	Eligibility Waivers										
School Year Placement	Session 2021 - 2022 Winte	er 🗸			·										I	
Placement	eSTACs Placement Number	eSTACs Placement Detail Number	From Date	To Date	Provider	Service	Program	Location	ESID	Rate	Description	Status	Submitted By User	Submitted Date	•	
202122W_0	1 F	PD00194613	09/10/21	06/24/22	ARC PRIME TIME FOR KIDS	Speech Therapy Indiv	9100	Classroom	(33964.00	ST(I) 3x30 (Classroom)	Submitted			Amend	Rescind Resync
202122W_0	1	PD00194614	09/10/21	06/24/22	ARC PRIME TIME FOR KIDS	Classroom	9100	Classroom	(33964.00	Classroom 5.00 hrs/day 5 days/wk	Submitted			Amend	Rescind Resync
202122W_0	1	PD00199967	09/10/21	06/24/22	STUDENT BUS CO	Bus					Transportation: Bus	Submitted			Amend	Rescind Resync

End Date Entire Placement

Remember - you should End Date the entire CB or SEITRS Placement by amending the program end date for:

- * Child moved out of district
- * Child changed program
- * Aide/RN/LPN was added to IEP
- * Aide/RN/LPN was removed from IEP
- * Parent withdrew student from Program
- * Other

STAC-5s Evaluation Comp	TAC-5s Evaluation Components IEP Placements IEP Mandates Documents Forms Eligibility Waivers													
School Year Session All Session	ool Year Session All Sessions 🗸													
eSTACs Placement Number	School Year Session	Placement	1	Description		Status	Submitted By	Submitted Date						
PL00129037	2022 - 2023 Winter S	SEITRS	05/10/2023	-06/23/2023 RS (ST(I))	Submittee) k	4/19/2023	Amend	Rescind Pri	nt S	ubmission Hi	story Resy	ync
Add CB Placement Add	SEIT/RS Placement				-		Amend Place	ment crific Mandate gram's End Date mon out of district d program I was added to IEP I was removed from rew student from Pro	IEP	ancel				



Rescinding

Rescinding

- Rescinding is the process for "deleting" a submitted entry that never should have been entered and / or never occurred:
 - * Parents moved out of County before services started
 - * Parents declined services before services started
 - * Entered wrong related service provider
 - * Entered individual service when it should have been group
 - * Entered OT when it should have been PT
- * If a particular incorrect field cannot be changed, then the detail must be rescinded and replaced.

Rescinding

- * Rescinding is **NOT** for modifications to an existing service such as:
 - * Change in frequency
 - * Addition / removal of a 1:1 Aide / RN / LPN mid-year
 - * Change from one center based program to another (half-day to full day)
- * If a service was started, you cannot rescind, you must amend.
- * Typically, rescinds happen because something was entered incorrectly, or the parents changed their mind prior to services starting.

* Some counties require that you contact them **before** you rescind.

Placement Level vs Detail Level

- * A Placement is a group of details. A placement is the equivalent of a paper STAC-1
- * A detail is the individual service such as:
 - * CB Program (SC / SCIS, Full day/half day)
 - * Related Service (OT, PT, ST)
 - * SEIT
 - * Transportation
- * The details are sometimes referred to as "mandates".
- * Both amending and rescinding can be done at either the placement level or detail level.

Rescinding at Placement Level

- * Rescinding at the placement level means none of the details on the placement ever occurred and should not be provided:
 - * Prior to services starting the family moves out of the district
 - Prior to services starting the family decides to opt out of services or change from CB to SEIT/RS or vice versa
 - * SEIT Provider is incorrect
 - * CB provider is incorrect
 - * Prior to services starting the family decides to switch to another CB provider

Rescinding at Placement Level

* Rescind entire CB or SEITRS Placement:

School Year Session A	I Sessions	~			Rescindin	g @ Placemen	t Leve	1
School Year Session	Placement	Des	cription	Status	Submitted By	Submitted Date	1	1
2020 - 2021 Summer	СВ	07/06/2020-08/14/20	20 Alcott School-9100(A)	Submitted	demodistrict	8/20/2020	Amend	Rescind

Rescinding at Detail Level / Mandate

* Rescind specific single detail:

STAC-5s	Evaluation Component	ts IEP Placements	IEP Manda	ites Dr	ocuments Forms	Eligibility Waiver	5										
School Year S Placement	School Year Session 2022 - 2023 Winter Placement																
Placement	eSTACs Placement Number	eSTACs Placement Detail Number	From Date	To Date	Provider	Service	Program	Location	ESID	Rate	Description	Status	Submitted By User	Submitted Date			
202223W_0ʻ	F	PD00275992	09/07/22	06/23/23	ARC PRIME TIME FOR KIDS	Classroom	9100			33964.00	Classroom 5.00 hrs/day 5 days/wk	Submitted		8/9/2022 12:58:31 PM	Amend	cind	Resync
202223W_0ʻ	F	PD00275993	09/07/22	06/23/23	ARC PRIME TIME FOR KIDS	Speech Therapy Indiv		Therapy Room			ST(I) 3x30 (Therapy Room)	Submitted		8/9/2022 12:58:31 PM	Amend	Rescind	Resync
202223W_0ʻ		PD00275994	09/07/22	06/23/23	ARC PRIME TIME FOR KIDS	Occupational Therapy Indiv		Therapy Room)		OT(I) 2x30 (Therapy Room)	Submitted		8/9/2022 12:58:31 PM	Amend	Rescind	Resync
202223W_0′	1	PD00275995	09/07/22	06/23/23	STUDENT BUS CO	Bus					Transportation: Bus	Submitted		8/9/2022 12:58:31 PM	Amend	Rescind	Resync

Eligibility Waivers

Eligibility Waivers Tab

 If you have an evaluation or services that are outside of the eligibility dates, you can choose the Date Type, enter date and click "Add". You can then upload any supporting documentation.

	CPSE: 6604	1302000	O ABBOT								
Г	Student Info	rmation -									
	Last Name:	Mouse	First Name:	Minnie	DOB:	1/1/2020	Eligibility: 1	/1/2023 - 8/31/202	5		
	STACID:		CIN:		Student Number:	50000677	86		Edit	Resync	
	STAC-5s	Eva	luation Com	ponents	IEP Placeme	nts IE	P Mandates	Documents	Forms	Eligibility	Waivers
	Waivers]						
		Date Typ	e	Date							
			- Ľ		Add						
Ľ	Earliest	t Eval Da t Service	Date								
	Latest I	Eval Date	e								
	Latest	Service [Date								© James M



Cheat Sheets

AMENDING VS. RESCINDING Corrections needed to correct data in eSTACs by PLACEMENT							
Placement Type	Service Category	Requires Rescinding entire placement	Requires Rescinding entire detail	Can correct data via amending			
	СВ	School Year Session Foster County Provider		Program (SC vs SCIS, half day vs full day) Start Date / End Date Hours Per Day / Days Per Week			
GR	AIDE		Type (AIDE/LPN/RN) Sharing	Hours Per Day Days Per Week			
	Related Services		Service Individual vs Group Frequency, Duration & Period	Start Date End Date			
	Transportation		Service (Bus, Parent, LPN, etc.) Provider	Start Date End Date			
	SEIT	School Year Session Foster County Provider	Individual vs Group Frequency, Duration & Period	Start Date End Date Location			
SEIT/RS	Related Services	School Year Session Foster County	Provider Service Individual vs Group Frequency, Duration & Period	Start Date End Date Location			

AMENDING VS. RESCINDING Corrections needed to correct data in eSTACs by FIELD								
		Center Based	(CB) & (CBRS)		SEIT and/or F	Related Services		
	СВ	AIDE/RN/LPN	Related Service	Transportation	SEIT	Related Services		
School Year	Rescind Entire				Rescind Entire	Rescind Entire		
Session	Placement				Placement	Placement		
Foster Care	Rescind Entire				Rescind Entire	Rescind Entire		
County	Placement				Placement	Placement		
	Rescind Entire				Rescind Entire	Rescind Single		
Provider	Placement				Placement	Detail		
	Amond				Rescind Entire			
Program	Amenu				Placement			
		Rescind Single						
Sharing (AIDE)		Detail						
		Rescind Single	Rescind Single	Rescind Single		Rescind Single		
Service		Detail	Detail	Detail		Detail		
Start Date	Amend		Amend	Amend	Amend	Amend		
End Date	Amend		Amend	Amend	Amend	Amend		
Hours Per Day	Amend	Amend						
Days Per Week	Amend	Amend						
			Rescind Single		Rescind Single	Rescind Single		
Ind. Vs Group			Detail		Detail	Detail		
			Rescind Single		Rescind Single	Rescind Single		
Frequency			Detail		Detail	Detail		
			Rescind Single		Rescind Single	Rescind Single		
Duration			Detail		Detail	Detail		
			Rescind Single		Rescind Single	Rescind Single		
Period			Detail		Detail	Detail		
Location			Amend		Amend	Amend		

Center Based (CB) Amendments

CB Amendments

CPSE determines	What to do
An AIDE/RN/LPN should be added to the IEP	
An AIDE/RN/LPN should be removed from the IEP	End Placement and Create new placement with all
The student should be in a different program (different provider, SC vs SCIS, half day vs full day etc.)	necessary details
The student no longer needs a particular related service The student will no longer receive a type of transportation	End Placement detail by amending end date of detail
The student needs an additional related service	_
The student will get a new type of transportation service (No transportation -> bus, bus->Bus + Parent, Bus-> Bus + AIDE)	Add additional placement details as necessary
There should be a change to a related service (change in frequency, change from individual to group, change location)	End Placement detail by amending end date of detail, then add new placement detail
The child will change transportation (Bus->Parent, Parent->Bus)	

SEIT / RS Amendments

SEIT / RS Amendments

CPSE determines	What to do
The SEIT Provider should change	End Placement and Create new placement with all necessary details
The student no longer needs a particular related service The student no longer needs SEIT	End Placement detail by amending end date of detail
The student needs an additional related service	Add additional placement details as pecessary
The student needs to have SEIT in addition to just RS	Add additional placement details as necessary
There should be a change to a related service	
(change in frequency, change from individual to group, change location)	End Placement detail by amending end date of detail, then
There should be a change to the SEIT frequency or between individual and group.	



Miscellaneous Items

Common Errors

- * Common errors that we at McGuinness see through Portal tickets:
 - * School District dates not changed therefore start & end dates do not match IEP.
 - * Always change your school district dates each year to help prevent date errors.
- * Attaching documents you can either attach one page or all pages.
 - * When attaching documents, choose 1 page or all pages.
- * Overlapping placements more than one placement has been created.
 - * Somewhere you have one or more services that have overlapping dates, or you may have created another placement when you only needed to amend the current placement (see next slide).
- * School district signed & submitted, but the agency doesn't see changes.
 - * Once the SD signs & submits the placement, the agency WILL NOT see the change immediately. The county will then synch the change(s) into their Preschool program, and then upload or change the enrollments.

Overlapping Placements

In most cases, you will only have one CB Placement and/or one SEITRS Placement.

- * In the example below, SEIT services were being added to the child.
 - The district created another SEITRS Placement and added OT & ST to this placement. This created overlapping placements since the OT & ST were in the original SEITRS Placement that was created.
 - * The original placement should have been Amended and the SEIT provider needed to be entered within here. The additional placement needs to be deleted.

STAC-5s Evaluation Components IEP Placements IEP Mandates Documents Forms												
School Year Session All Sessions												
School Year Session	Placement	Desc	ription		Status	Submitted By	Submitted Date					
2021 - 2022 Winter	SEITRS	09/13/2021-06/24/2022 R	S (OT(I), ST(I))		Submitted	-	9/9/2021	Amend	Rescind	Print		Submission History
2021 - 2022 Winter	SEITRS	11/08/2021-06/24/2022 SE	EIT (Alcott School)	RS (OT(I))	Not Submitted			Edit	Delete	Print	Sign and Submit	
									-			
Add CB Placement Add SEIT/RS Placement												

Changing District School Dates

* School district yearly dates are defaulted to:

- * Summer dates: July 1 August 31
- * Winter dates: September 1 June 30

* Go to eSTACs -> Maintenance -> Default Session Dates for District

Home	File Transfer	IEP	eSTACs	Lookup		Documen	ts –	Repor	ts	Medic	aid
Filters											
District		Retrie	ve								
·											1
School	Year Session	Descripti	on Sess	sion Start	Sessio	on End	Distric	t Start	Distric	tEnd	
202122	WIN	2021 - 2022 W	Vinter 09/	01/2021	06/30	/2022	09/01/20	21	06/30/20)22	Edit
202122	SUM	2021 - 2022 S	ummer 07/	01/2021	08/31	/2021	07/01/20	21	08/31/20	021	Edit
202021	WIN	2020 - 2021 M	Vintor 00/	01/2020	06/20	12024	00/01/20	20	06/20/20	121	
202021		2020 - 2021 1	vinter 09/	01/2020	00/30	2021	09/01/20	20	00/30/20	121	Edit

Attaching Documents

- * When attaching documents:
 - * You can choose to upload the entire document by checking the checkbox.
 - * Or you can upload certain pages by choosing the page numbers to upload.

nter Details for Entire Do age 1 to 1	cument 🗆		
ocument Type		~	
omments			

Assistive Technology Services

- * Assistive Technology Services will be added to the Related Services tab.
- * This can be either under the CB Placement or the SEITRS Placement.

Program Aide / Nurse / Interpr	eter Relat	ted Services	Transporta	tion						
There are no recommended relate	d services for t	this student on	this Placement	/IEP		_	_			
Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location	Submitted Date	Status	
Speech Therapy Indiv	12/01/2020	04/02/2021	I	3	30	WEEKLY	Preschool		Not Submitted	Edit Delete
Occupational Therapy Indiv	12/01/2020	04/02/2021	I	2	30	WEEKLY	Preschool		Not Submitted	Edit Delete
Parent Counseling and Training	12/01/2020	04/02/2021	I	1	60	MONTHLY	Preschool		Not Submitted	Edit Delete
×	12/01/2020	04/02/2021	~			~	~			Add
Assistive Technology Services Audiology Interpreter Occupational Therapy Group Occupational Therapy Indiv Orientation & Mobility Parent Counseling and Training Physical Therapy Group Physical Therapy Indiv Psychological Counseling (CSL) School Health / Nurse Social Work Speech Therapy Group Speech Therapy Indiv Teacher of Hearing Impaired Teacher of Visually Impaired	3					© Jam	es McGuinness	& Associates		

Assistive Technology Services

 If you have a CB Placement and the Assistive Tech Services are being delivered by a provider outside of the CB:

* Create a SEITRS Placement choosing the provider.

Click if this is a multiple service STAC (two or more concurrent STACs)

* If more than one Placement – then you will also need to check the checkbox

School Year Session 2021 - 2022 Winter X Click if this is a multiple service STAC (two or more concurrent STACs) Is this student placed in Foster Care? O Yes No													
SEIT and Student Related Services													
No Service Coordinator													
Provider	Cervice	Start Date	End Date	IND/GRP	Bilingual	Frequency	Minutes	Period	Location	St	atus		
KIDZ THERAPY SERVICES	Assistive Technology Services	09/13/2021	11/15/2021	I		4	45	IEP	Home	Sub	mitted A	Amend F	Rescind
V	~	09/01/2021	06/30/2022	~				~		~	A	\dd	
Return to Student Details													

Assistive Tech Device

* In most cases, the user of the Assistive Tech Device will obtain the device.
* The device will never be part of the CB as it is not included with the tuition.

SEIT and Student Related Services												
No Service Coordinator												
Provider	Service	Start Date	End Date	IND/GRP	Bilingual	Frequency	Minutes	Period	Location	Status		
Stefanelli, Marietta	Speech Therapy Indiv	09/09/2021	06/24/2022			2	30	WEEKLY		Submitted	Amend	Rescind
HTA OF NEW YORK	Teacher of Hearing Impaired	09/09/2021	06/24/2022			2	30	WEEKLY		Submitted	Amend	Rescind
HTA OF NEW YORK	Physical Therapy Indiv	09/09/2021	06/24/2022			1	30	WEEKLY		Amended	Amend	Rescind
SHARON A JOLLY & ASSOCIATES	Occupational Therapy Indiv	09/09/2021	06/24/2022			2	30	WEEKLY		Submitted	Amend	Rescind
CORNERSTONE FAMILY HEALTHCARE	Assistive Tech Device	09/09/2021	06/24/2022			100	30	IEP			Edit	Delete
•	×	09/01/2021	06/30/2022	~				~	×		Add	
	1				1	1		1	·			
Return to Student Details												

Replacing a Document

* You can go to eSTACs -> Documents -> Replace Document to replace a document if needed.



Submitting Documents -After Placements Have Been Submitted

- * Any documents that have been uploaded after you have signed & submitted the placement, must now be submitted to the County.
- * Go to eSTACs -> Submit -> Documents.
- This will bring up a list of documents that you have uploaded into eSTACs after you signed/submitted the placement.
- * Now select the documents and click the Submit button.

Submit	Submit Documents To County								
District County WESTCHESTER Retrieve									
Select A	II Submit								
Select	Student Name	Document Name	Related To	Rule Name					
	Medicaid Parental Consent MEDICAID CONSENT								



Signing and Submitting Placements

* REMEMBER

- It is imperative that you double check all services listed on the IEP before you sign and submit your placement.
 - * This will prevent receiving an email from the County or McGuinness asking you to amend the start date, end date, frequency or duration in eSTACs to match the Portal.
- REMEMBER TO SIGN & SUBMIT many districts forget to sign/submit and the services go nowhere.
- * Once you have signed & submitted the placement, the county will now need to synchronize the services into their Preschool database, and send the enrollments to the Portal.
 - * Providers will not see the new enrollments until the County does the step above.

District Designation of Digital Signatories for eSTACs Form

- * Each school district completes a District Designation of Digital Signatories for eSTACs form.
 - * This form will designate the CPSE Chair and all staff who will have access to eSTACs, and will be marked as to **who can** sign & submit STAC-1 & STAC-5's for the school district.
 - * McGuinness will enter all staff listed on the form and invite them to the Portal.
 - * Once the school district staff accepts the invitation, and sets up their Portal account, then McGuinness will give the staff the necessary permissions to each staff to sign according to what is marked on the form.
 - * If you want staff to do entry work, but **NOT** sign & submit STAC's, then do not check off any of the boxes.
- * If the school district has a change in staff or needs to add staff signing privileges, a new form should be completed, and sent to McGuinness.

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District

CPSE Chairperson

I authorize of the following individuals to use a digital signature to submit electronic STAC records the eSTACs system on behalf of our district.

Name	eMail	Position / Title	STAC-5	STAC-1
		CPSE Chairperson		

We certify that for any STAC-5 that the above individuals electronically sign and submit through the eSTACs system, the child has received the submitted multidisciplinary evaluation in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education and we maintain proper documentation to support this.

We certify that for any STAC-1 that the above individuals electronically sign and submit through the eSTACs system, the preschool student with a disability is being provided the educational services submitted and that such services have been recommended by the Committee on Preschool Education and that the child is eligible for such placement in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education and we maintain proper documentation to support this.

Name

Title

Please fax the completed form to (518) 393-9938 attention eSTACs.

Signature

Date



Questions and Answers

Question 1

My SEIT provider is changing. What do I do??

- 1) I rescind my old SEIT provider.
- 2) I create another SEIT/RS Placement and have dual STAC's.
- 3) I contact support because I am overlapping services.
- 4) I end date my first SEIT provider, and create another SEIT/RS Placement with a new provider and a new start date.


The answer is #4.

I end date my first SEIT provider, and create another SEIT/RS Placement with a new provider and a new start date.

This is not a dual STAC.

Question 2

I am adding a 1:1 Aide to my Center Based program. What will I do?

- 1) I rescind the entire CB Placement and start over.
- 2) I amend and add the 1:1 Aide to the current CB Placement.
- 3) I end date the CB Placement and create a new CB Placement with a new start date of the 1:1 Aide.
- 4) I create another CB Placement and have dual STACs.

Answer to Question 2

The answer is #3.

I end date the CB Placement and create a new CB Placement with a new start date of the 1:1 Aide.

This is not a dual STAC.

Question 3

My RS student is now going to get ST Group . What will I do?

- 1) I create another SEIT/RS Placement and add the provider & ST group in the new placement.
- 2) I end date the first SEIT/RS Placement & create a new SEIT/RS Placement for ST group.
- 3) I amend the SEIT/RS Placement and add the provider & ST group.
- 4) I rescind the first SEIT/RS Placement and create a new SEIT/RS Placement and add the new service.

Answer to Question 3

The answer is #3.

I amend the SEIT/RS Placement and add the provider & ST Group.



My student is in a CB Program and is now going to get ST at home . What will I do?

- 1) I create another CB Placement and add the provider & ST in the new placement.
- 2) I create a SEIT/RS Placement and add the provider & ST @ home. I check the box for a dual STAC.
- 3) I amend the CB Placement & create a new line for ST at home.



The answer is #2.

I create a SEIT/RS Placement and add the provider & ST @ home. I check the box for a dual STAC.

Question 5

My student moved out of my school district before school started. What will I do?

- 1) Nothing just leave the placement alone.
- 2) End date by CB or SEIT/RS Placement
- 3) Call the county to let them know.
- 4) Rescind the CB or SEIT/RS Placement.

Answer to Question 5

The answer is #4.

Rescind the CB or SEIT/RS Placement.

Getting Support Help

- * If you need help in the Portal, send an email to eSTACs@CPSEPortal.com.
- Remember to NOT use children's names in your email. You should be using the Student # or STAC ID # of the child
- * Please include your district name, which County you work with and a description of your issue along with the Student #.
- * If you would like to speak on the phone, please state so in your email along with your phone number and best times to reach you.