Ulster County
eSTACs Entering STAC-1
for Center Based and
Center Based Related Services

Ulster County Timeline

* **April 30, 2024:**
  * McGuinness will migrate all of the children that are in the Ulster County Preschool system over into eSTACs.

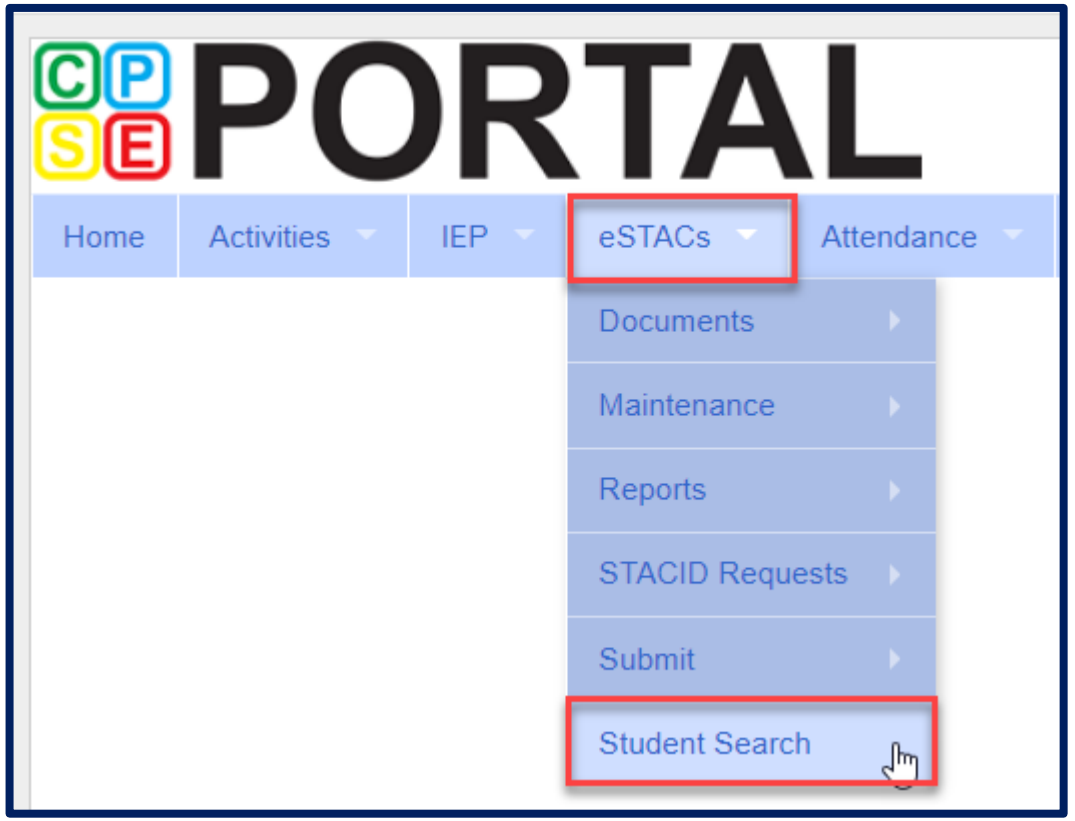
* **May 1, 2024:**
  * Ulster County school districts can begin entering 24/25 children and STACs into eSTACs.

* **All prior year STAC's** (23/24, 22/23, 21/22 etc.), send paper STAC to the county to enter or amend in their Preschool system. Prior years will not be turned on in eSTACs and you will not be able to enter any STACs.

Student Search

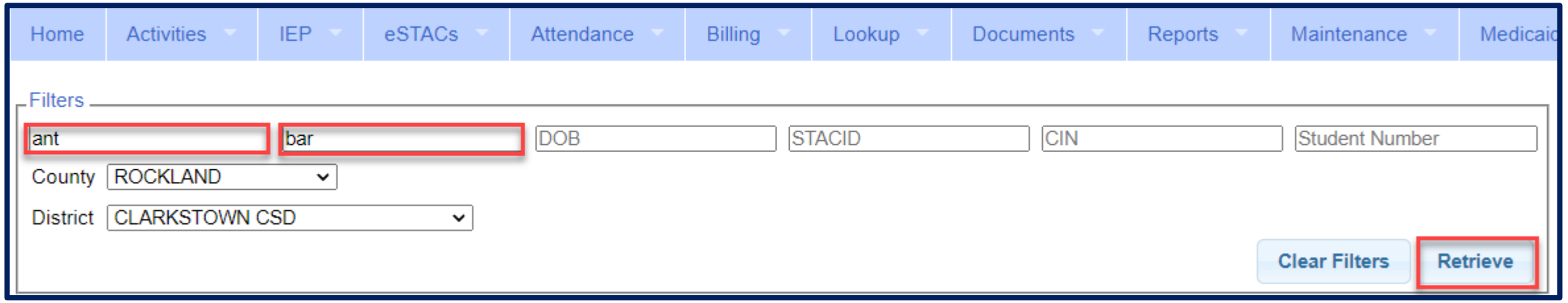
eSTACs Student

* Go to ***eSTACs -> Student Search***



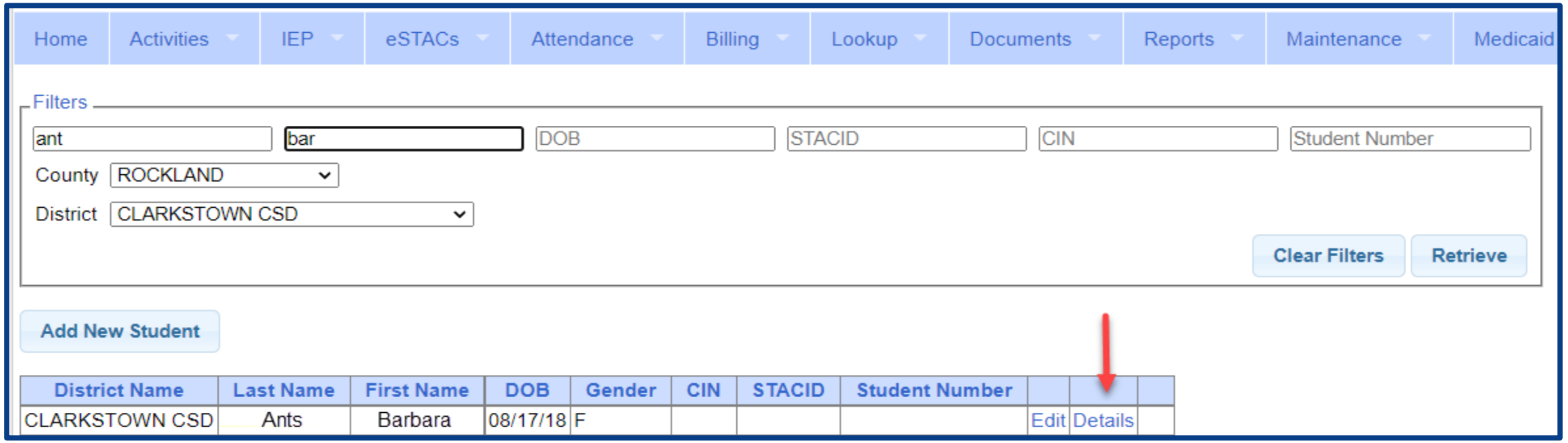
Student Search

* Search for student using first and last name of student & click *Retrieve*.



View Student Details

* Click on Details to get to the student details page with evaluations, services, documents and forms.

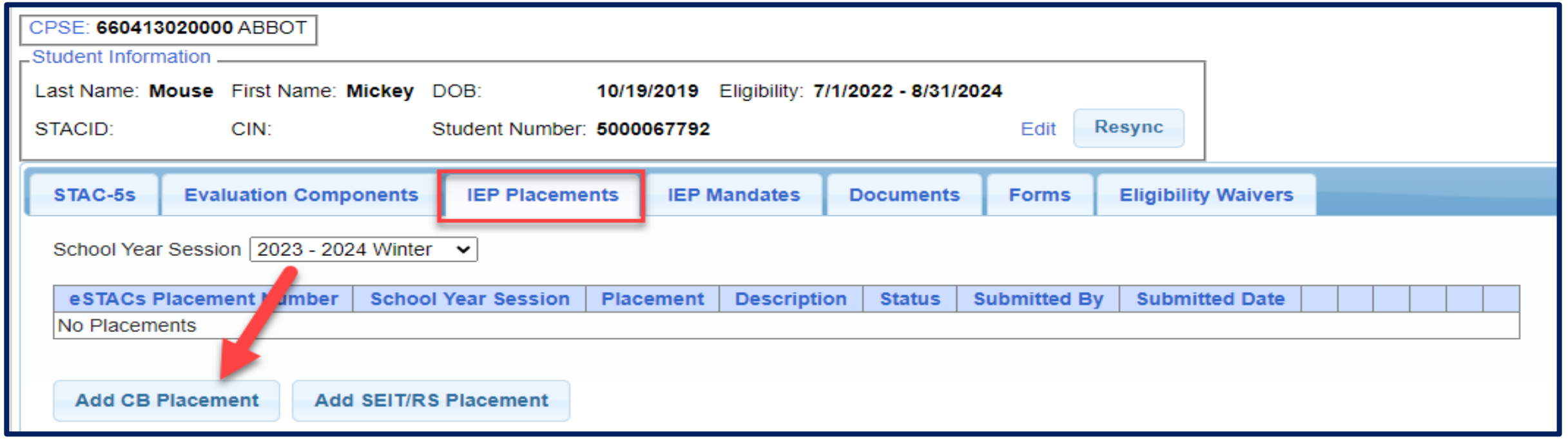


Adding New Center Based Placements

Adding a new CB Placement for STAC-1

* Go to the IEP Placements tab

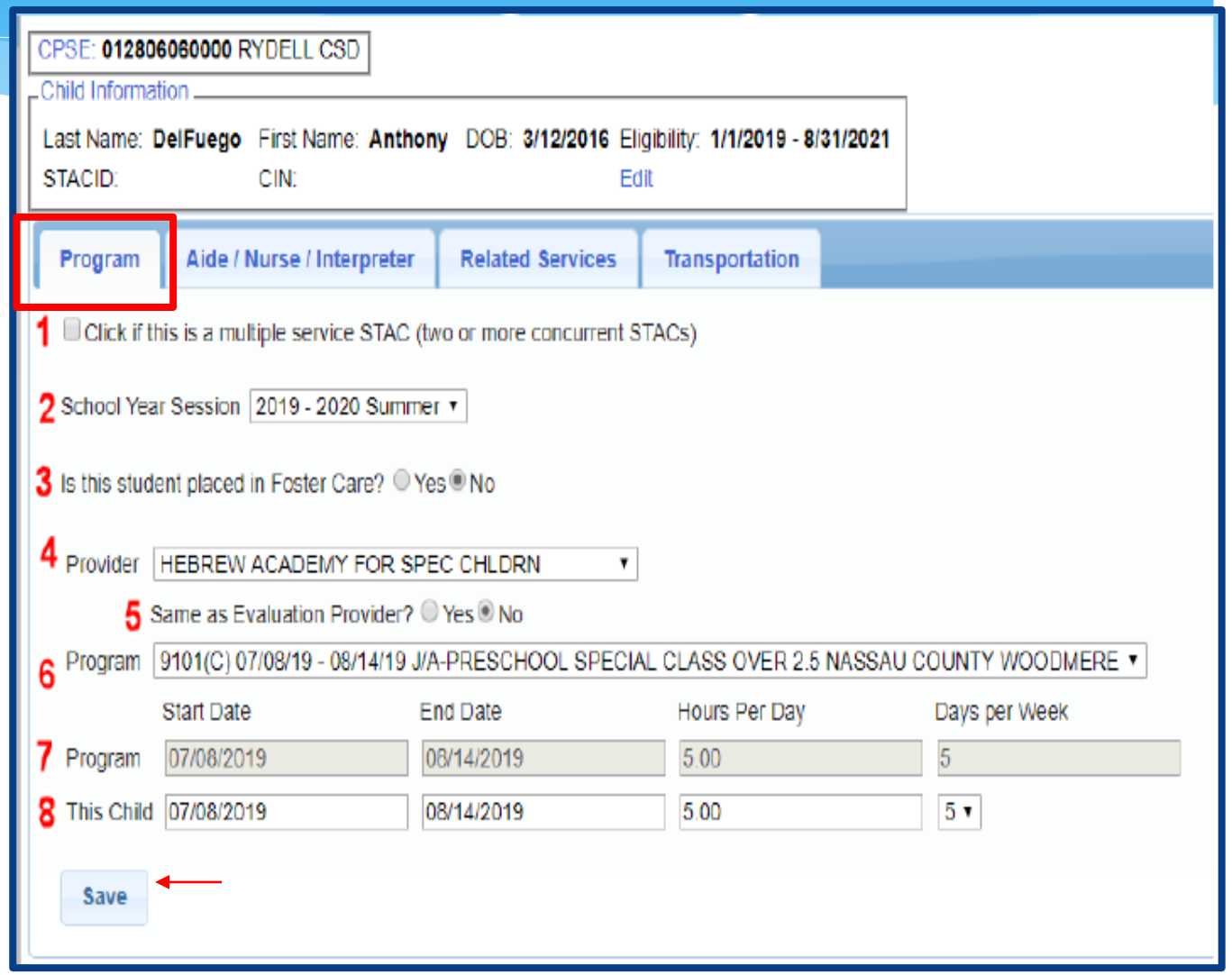
* Click *Add CB Placement*



For help, email: eSTACs@CPSEPortal.com

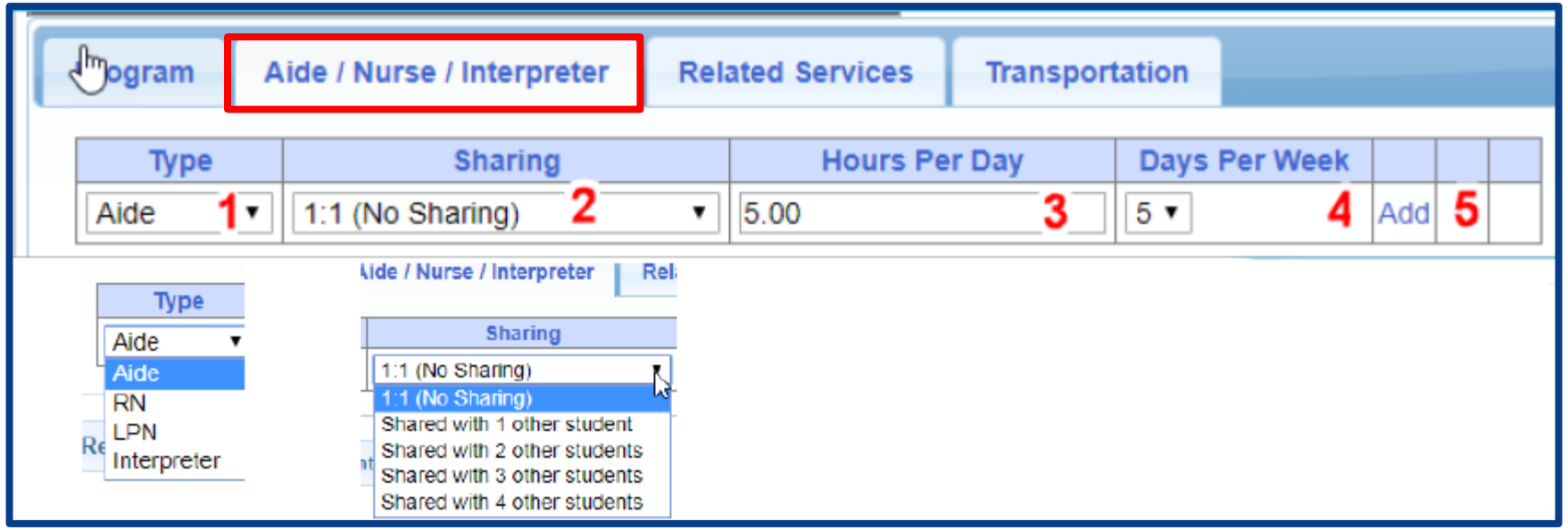
Entering Program Information

1. 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*

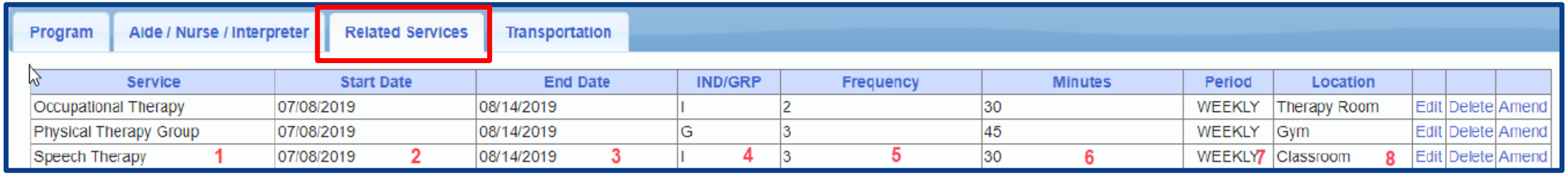


Adding Aides / Nurse / Interpreter

* To add an Aide/Nurse or Interpreter. You can skip this tab if no Aide/Nurse/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



Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location			
Occupational Therapy	07/08/2019	08/14/2019	I	2	30	WEEKLY	Therapy Room	Edit	Delete	Amend
Physical Therapy Group	07/08/2019	08/14/2019	G	3	45	WEEKLY	Gym	Edit	Delete	Amend
Speech Therapy 1	07/08/2019 2	08/14/2019 3	I 4	3 5	30 6	WEEKLY7	Classroom 8	Edit	Delete	Amend

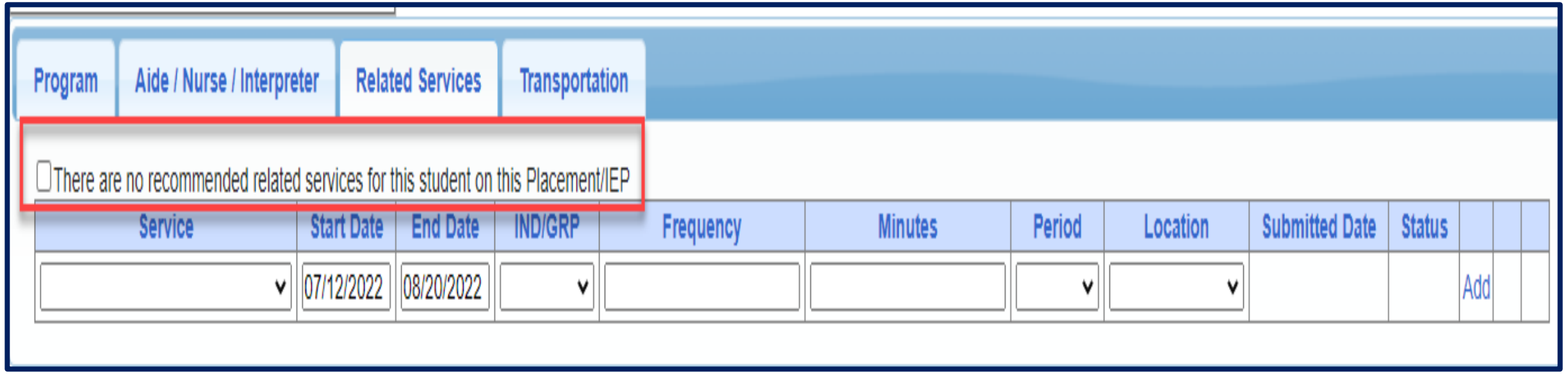
1. The type of service
2. The start date of this particular service
3. The end date for this particular service
4. Whether the service is Individual (I) or Group (G)
5. The number of sessions per period
6. The number of minutes for each session
7. The period of time for this service
8. Location where service will be performed

For help, email: eSTACs@CPSEPortal.com

When IEP has no Related Services

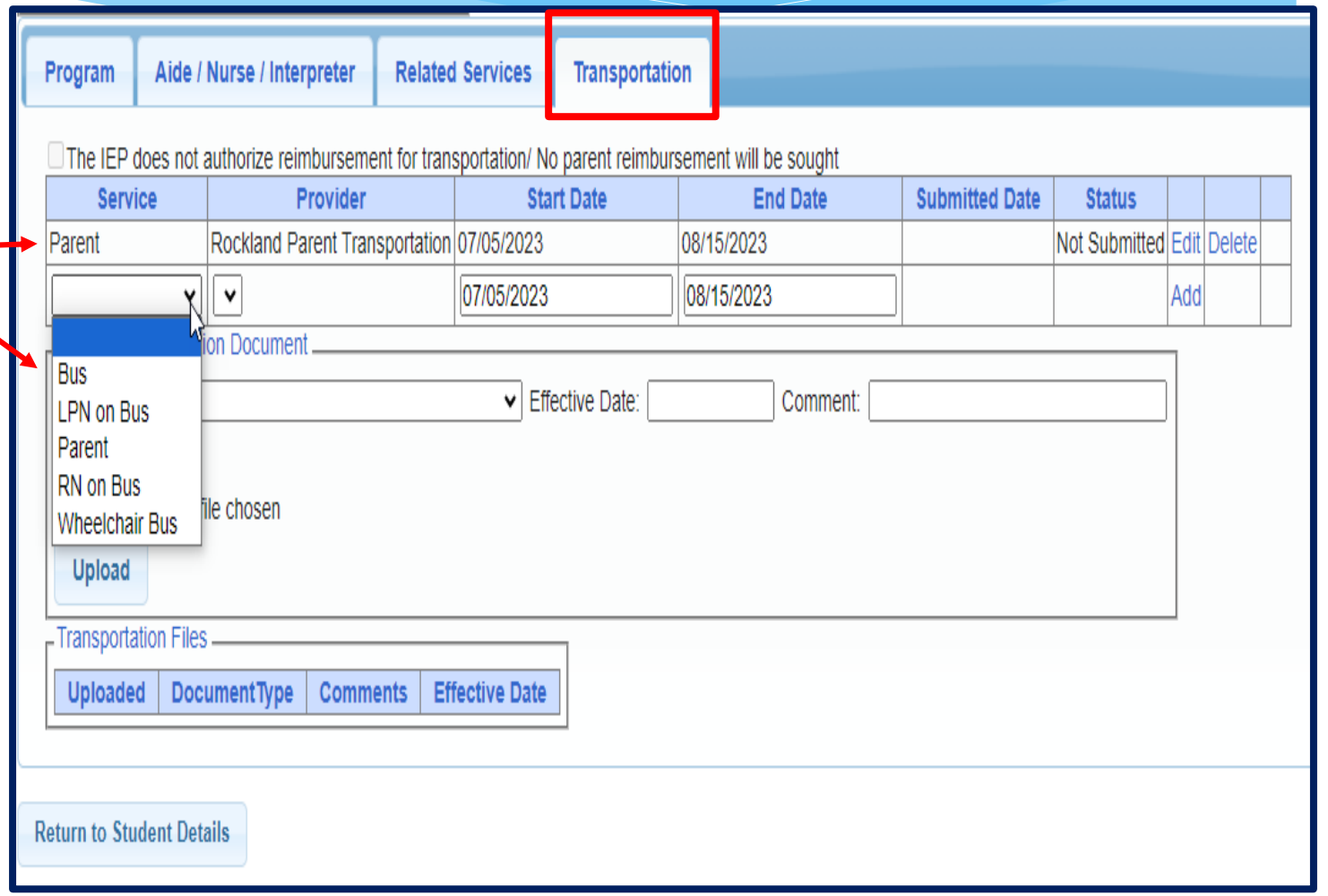
* If the IEP does not specify any related services, check the box at the top of the related services tab that says

"There are no recommended related services for this student on this Placement / IEP"



Adding Transportation

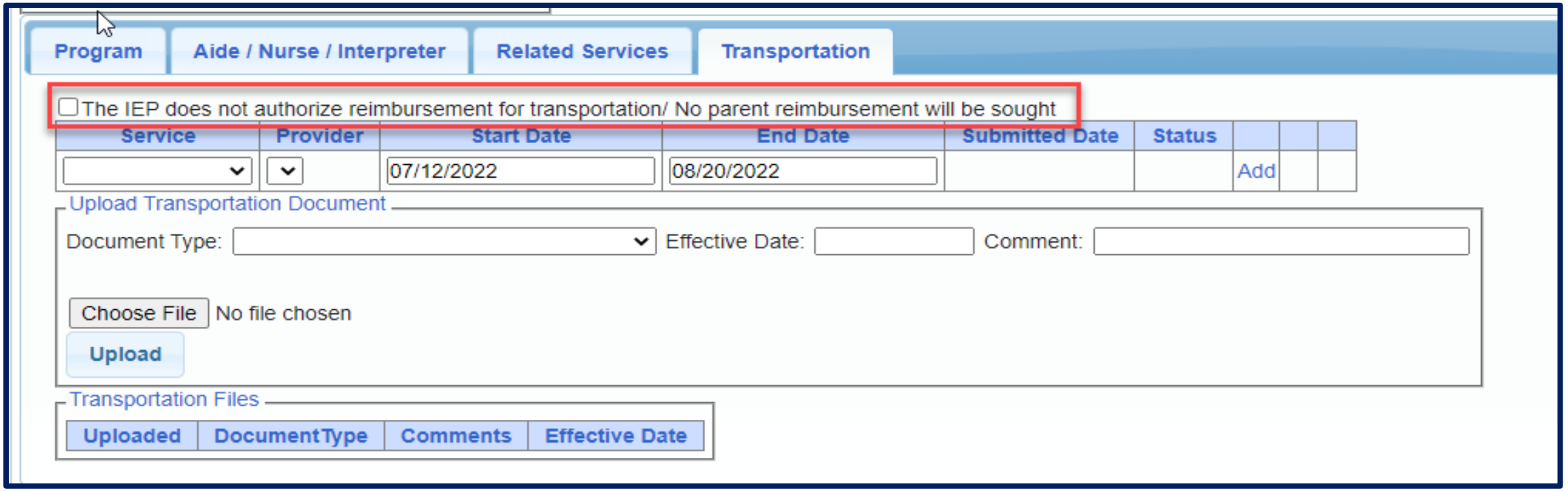
1. A list of types of transportations indicated in IEP (Bus or Parent reimbursement).
2. If transportation is needed, you will choose both the bus & the parent.
3. No transportation documents will need to be uploaded.
4. The county will reach out to the parents with the necessary paperwork.
5. Check the final page of IEP to ensure that **transportation is delineated on Special Transportation section.**



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"



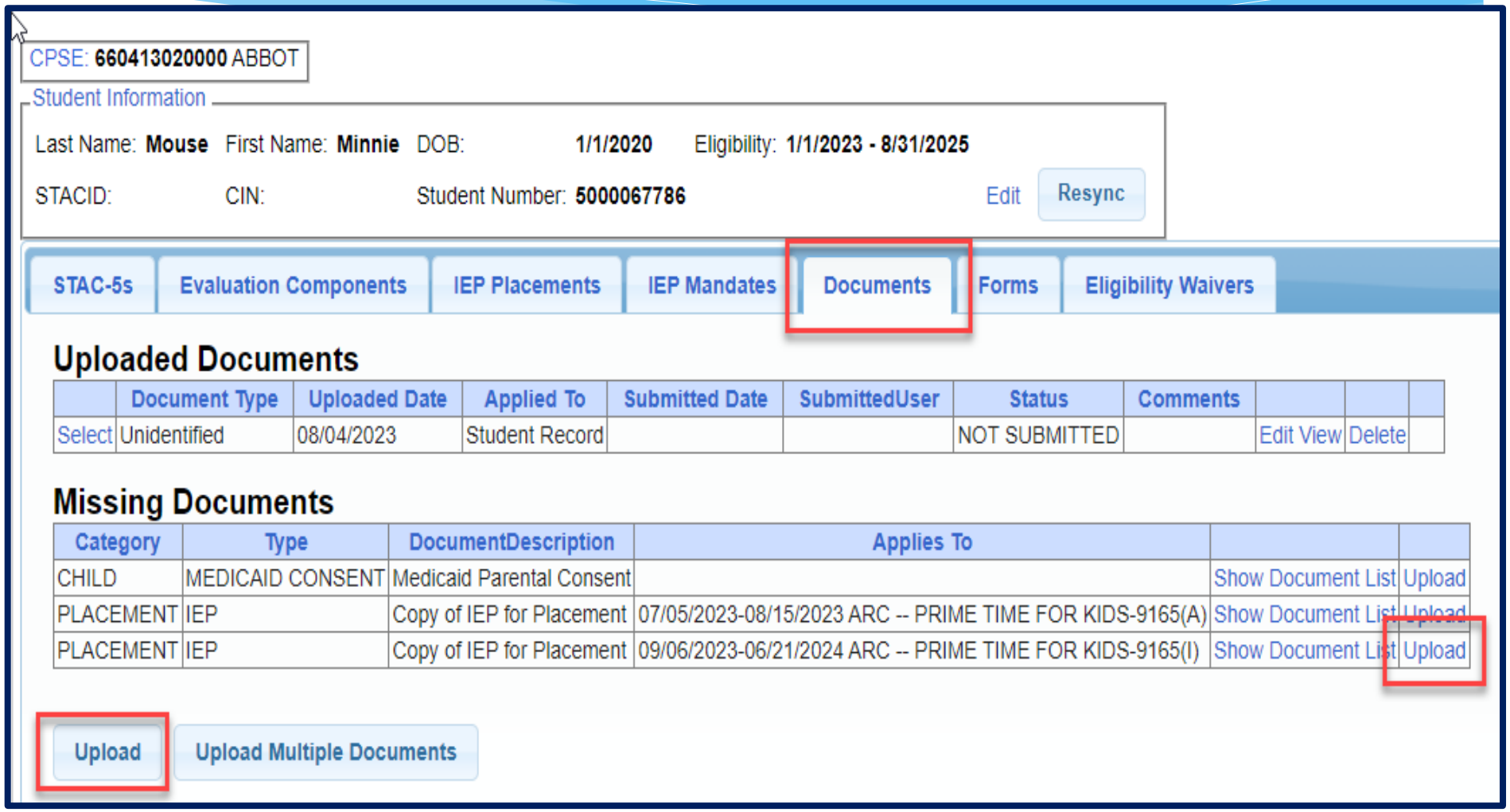
Uploading Documents

Documents Required for Services – Ulster County

* Ulster County requires the following documents to be uploaded, before you can sign and submit your STAC-1:
  * **A Birth Certificate**
  * **The IEP - all dates and services on the IEP must match the entries in eSTACs.**

Uploading a Document

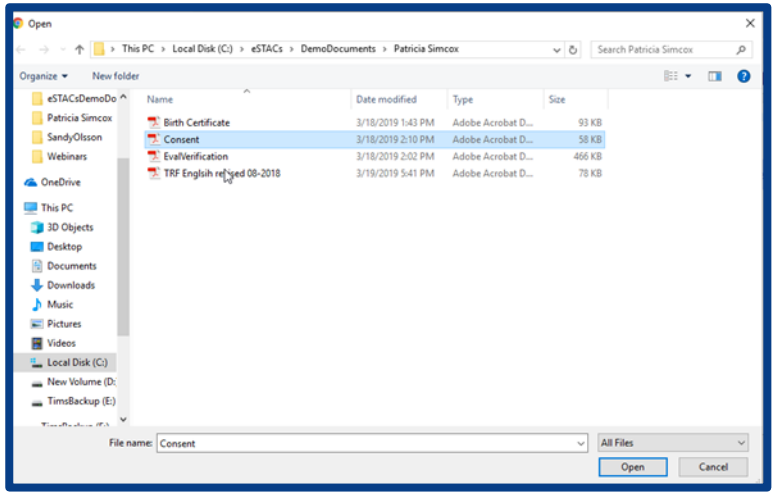
- Select Documents tab on Student Details screen.
- This will also show any Missing Documents that need to be uploaded.
- Click "*Upload*" button at bottom of screen or "Upload" at the end of the missing document line.

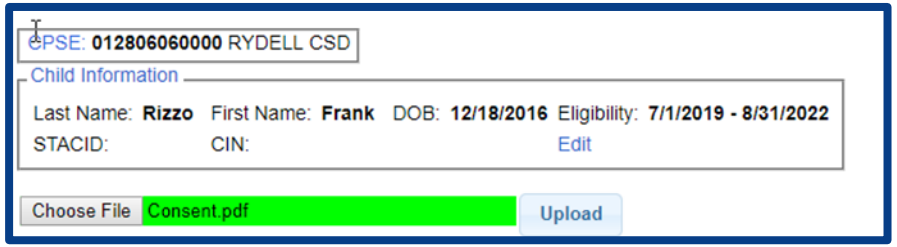


For help, email: eSTACs@CPSEPortal.com

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*".

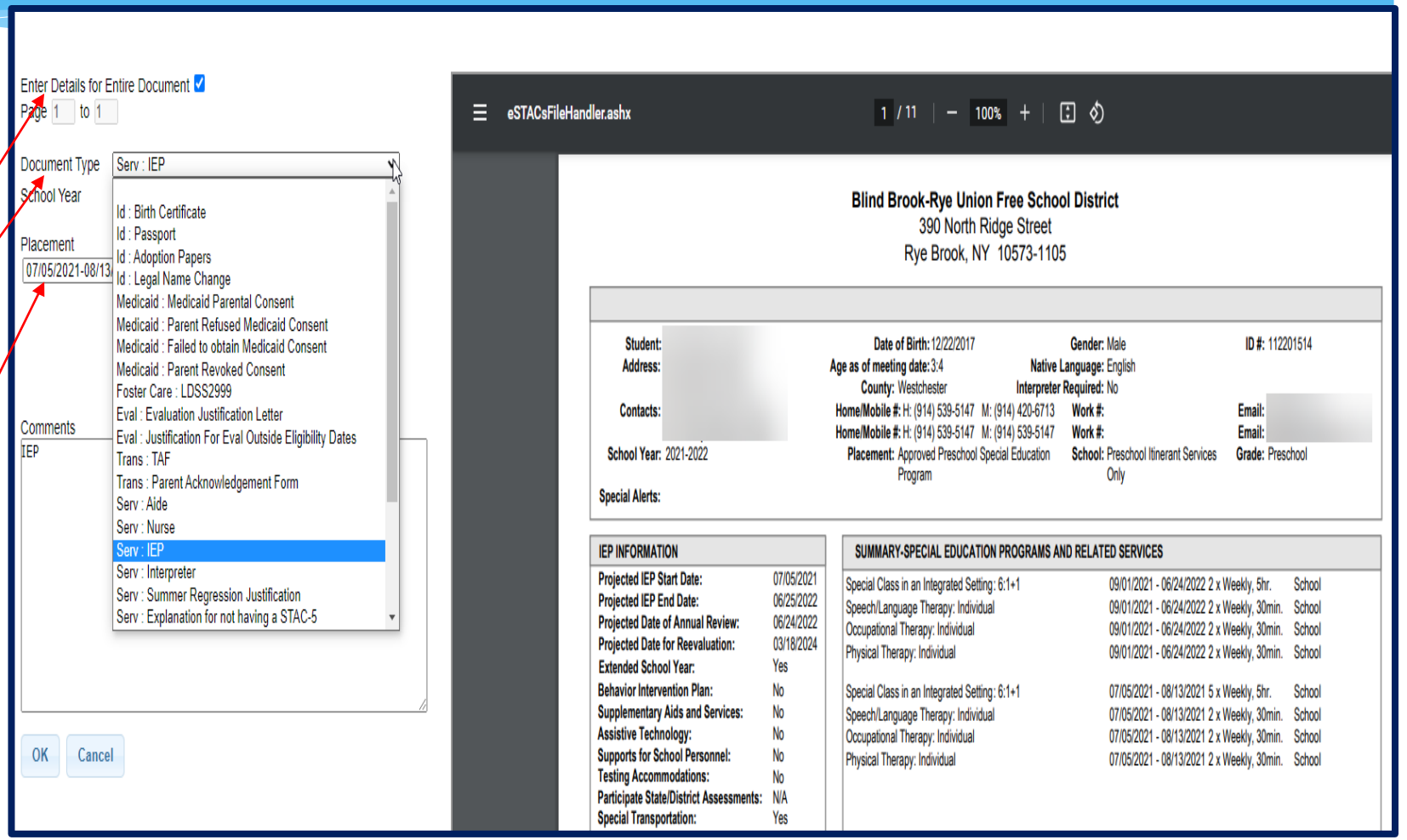




For help, email: eSTACs@CPSEPortal.com

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.

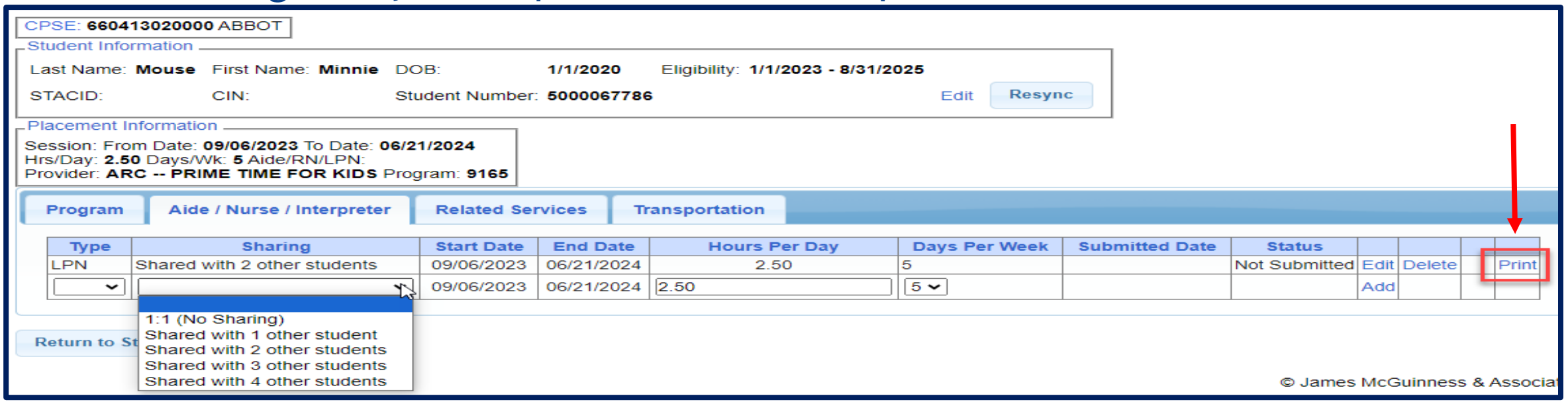


For help, email: eSTACs@CPSEPortal.com

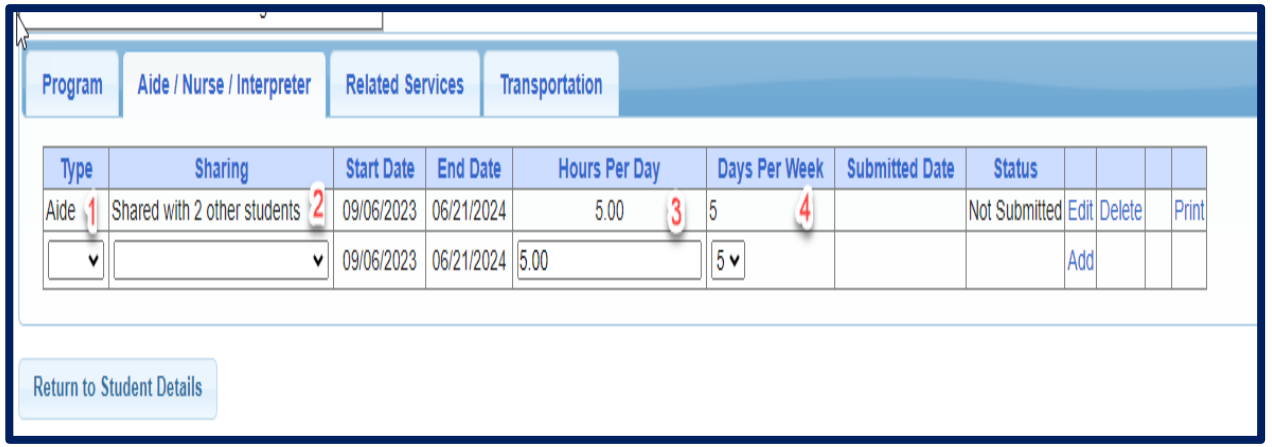
Documents for Aides, Nurses & Interpreters – STAC – 812 Form

STAC – 812 Form

* There are occasions when you will need to upload the Request For Reimbursement For Student Specific Nurses and Interpreter form.
* The STAC-812 form is **NOT** needed for AIDEs anymore.
* Go to the Aide/Nurse/Interpreter tab and click *Print*.
* Have form signed by the Superintendent and upload form to eSTACs.



Comparison eSTAC to Paper Form



STAC-812 — The University of the State of New York, THE STATE EDUCATION DEPARTMENT — Rev. 09/2020

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 OMSSTAC@nysed.gov with the SED FTM location and filenames. Do NOT attach completed forms to emails.

STUDENT, COUNTY, AND SCHOOL DISTRICT INFORMATION

Student Name:	Date of Birth (mm/dd/yy):
Mickey Mouse	10/19/2019
County of Residence Name: ROCKLAND	
Name of School District with CPSE Responsibility: ABBOT	School District SED Code: 660413020000

AIDES/NURSES/INTERPRETERS DURING EDUCATION HOURS

	Requested Start:	Requested End:	Hours 1:1 Requested:	Days 1:1 Requested:	Shared by multiple students:
☒ Aide 1	09/06/2023	to 06/21/2024	5.00 Hours / Day	5 Days / Week	☐ No ☒ Yes: 3 students 2
☐ RN	Requested Start:	Requested End: to	3 Hours / Day	4 Days / Week	☐ No ☐ Yes: ____ students
☐ LPN	Requested Start:	Requested End: to	____ Hours / Day	____ Days / Week	☐ No ☐ Yes: ____ students
☐ Interpreter	Requested Start:	Requested End: to	____ Hours / Day	____ Days / Week	☐ No ☐ Yes: ____ students

PRESCHOOL EDUCATION PLACEMENT

Education Provider Name:	Education Provider SED Code:
A STARTING PLACE	500308880107
Program Name: S/Y PRESCHOOL-SPECIAL CLASS 5 HRS	Program Code: 9100-J
Program Runs: 5.00 Hours/Day 5 Days/Week	Student Attends: 5.00 Hours/Day 5 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

For help, email: eSTACs@CPSEPortal.com

Upload Partial Reimbursement Form

CPSE: **660413020000** ABBOT

Student Information

Last Name: **Mouse** First Name: **Mickey** DOB: **10/19/2019** Eligibility: **7/1/2022 - 8/31/2024**

STACID: CIN: Student Number: **5000067792** Edit Resync

STAC-5s | Evaluation Components | IEP Placements | IEP Mandates | Documents | Forms | Eligibility Waivers

Uploaded Documents

	Document Type	Uploaded Date	Applied To	Submitted Date	SubmittedUser	Status	Comments			
Select	Unidentified	03/15/2024	Student Record			NOT SUBMITTED		Edit View	Delete	

Missing Documents

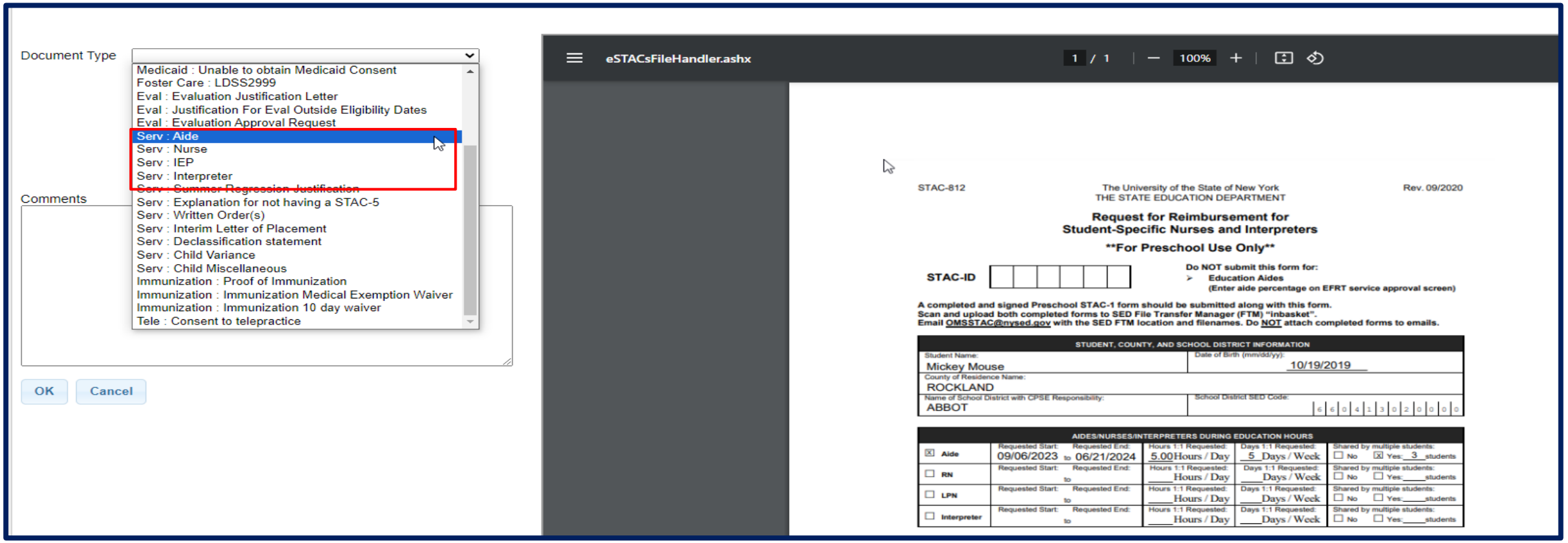
Category	Type	DocumentDescription	Applies To		
CHILD	MEDICAID CONSENT	Medicaid Parental Consent		Show Document List	Upload
PLACEMENT	AIDE FORM	Copy of SED AIDE form for partial/shared AIDE for CB Placement	09/06/2023-06/21/2024 A STARTING PLACE-9100(J)	Show Document List	Upload
PLACEMENT	IEP	Copy of IEP for Placement	09/06/2023-06/21/2024 A STARTING PLACE-9100(J)	Show Document List	Upload

Upload | Upload Multiple Documents

For help, email: eSTACs@CPSEPortal.com

Upload Partial Reimbursement Form

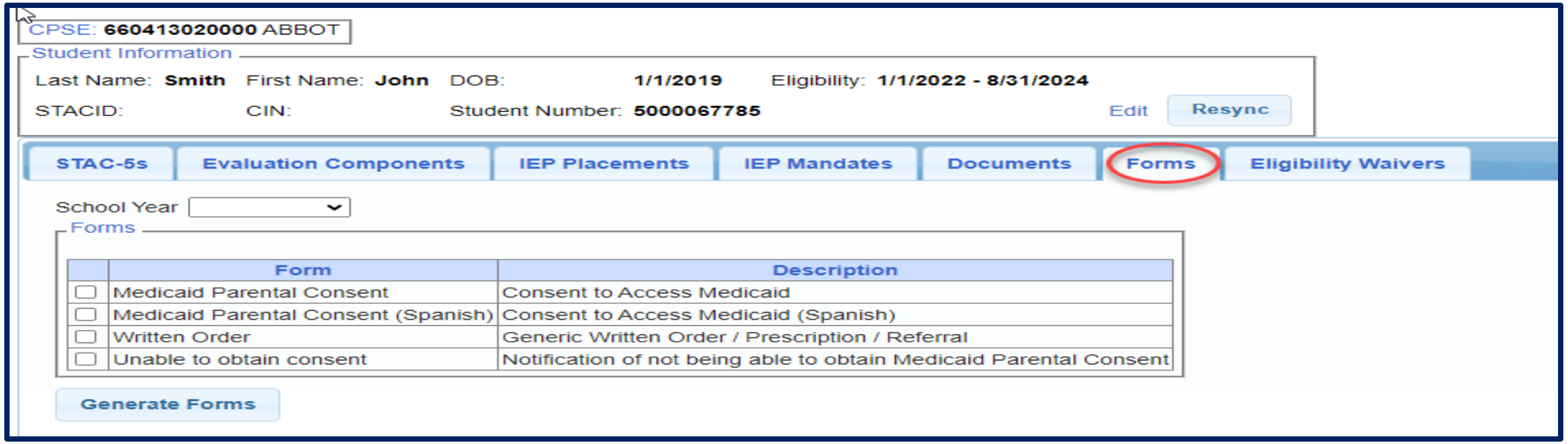
* Under Document Type:
  * You will choose Serv: Aide, Nurse or Interpreter depending on the service.



Forms

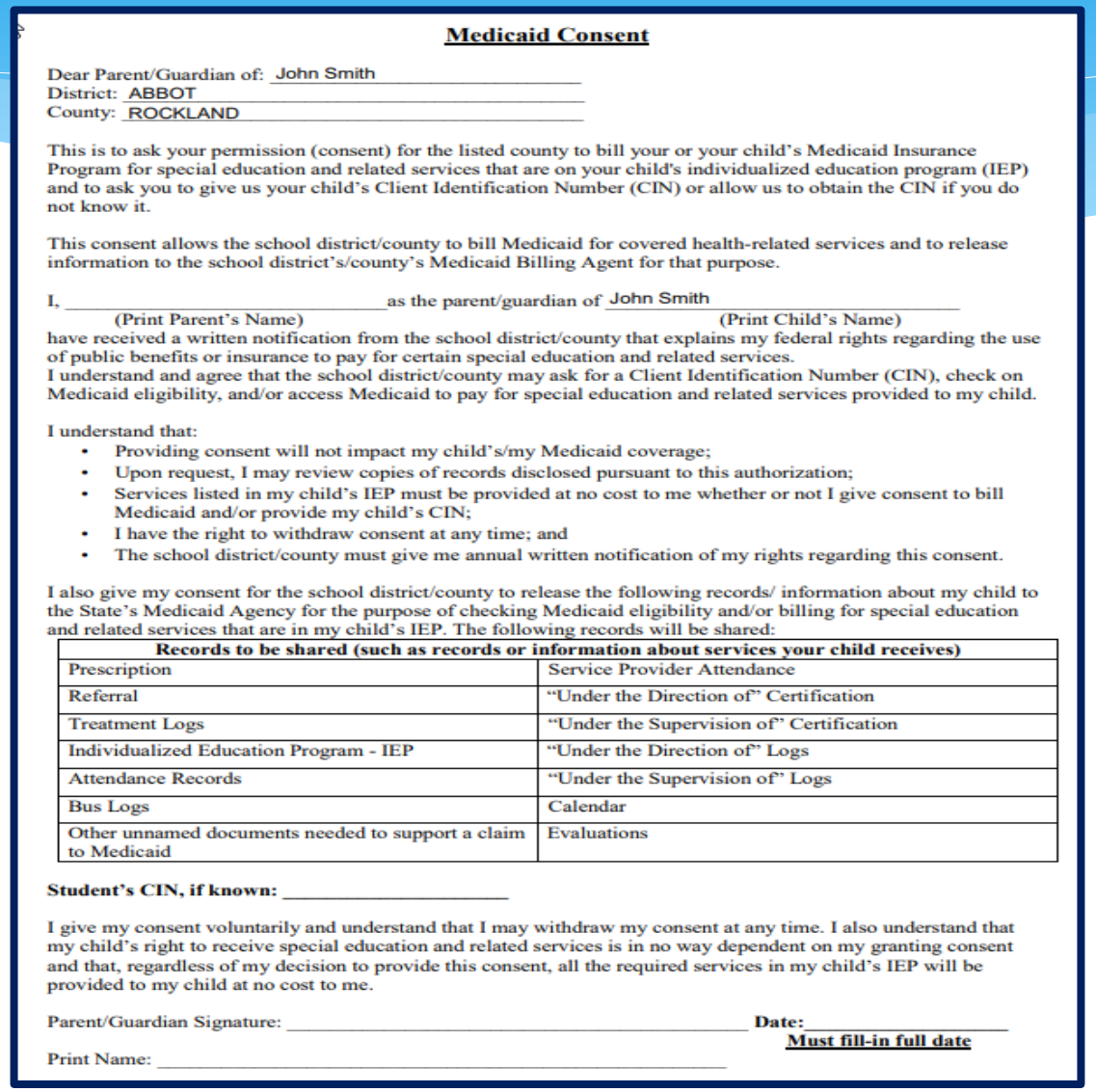
Forms Tab

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



Forms Tab

If your County gave us a Medicaid Consent that they want you to use, your County consent will also populate here. If not, then your school district's name will populate on the top of the consent.



Medicaid Consent

Dear Parent/Guardian of: John Smith
District: ABBOT
County: ROCKLAND

This is to ask your permission (consent) for the listed county to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child's Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the school district/county to bill Medicaid for covered health-related services and to release information to the school district's/county's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of John Smith
(Print Parent's Name) (Print Child's Name)
have received a written notification from the school district/county that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.
I understand and agree that the school district/county may ask for a Client Identification Number (CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid and/or provide my child's CIN;
- I have the right to withdraw consent at any time; and
- The school district/county must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district/county to release the following records/ information about my child to the State's Medicaid Agency for the purpose of checking Medicaid eligibility and/or billing for special education and related services that are in my child's IEP. The following records will be shared:

Records to be shared (such as records or information about services your child receives)	
Prescription	Service Provider Attendance
Referral	"Under the Direction of" Certification
Treatment Logs	"Under the Supervision of" Certification
Individualized Education Program - IEP	"Under the Direction of" Logs
Attendance Records	"Under the Supervision of" Logs
Bus Logs	Calendar
Other unnamed documents needed to support a claim to Medicaid	Evaluations

Student's CIN, if known: _____

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____ **Date:**_____
Must fill-in full date

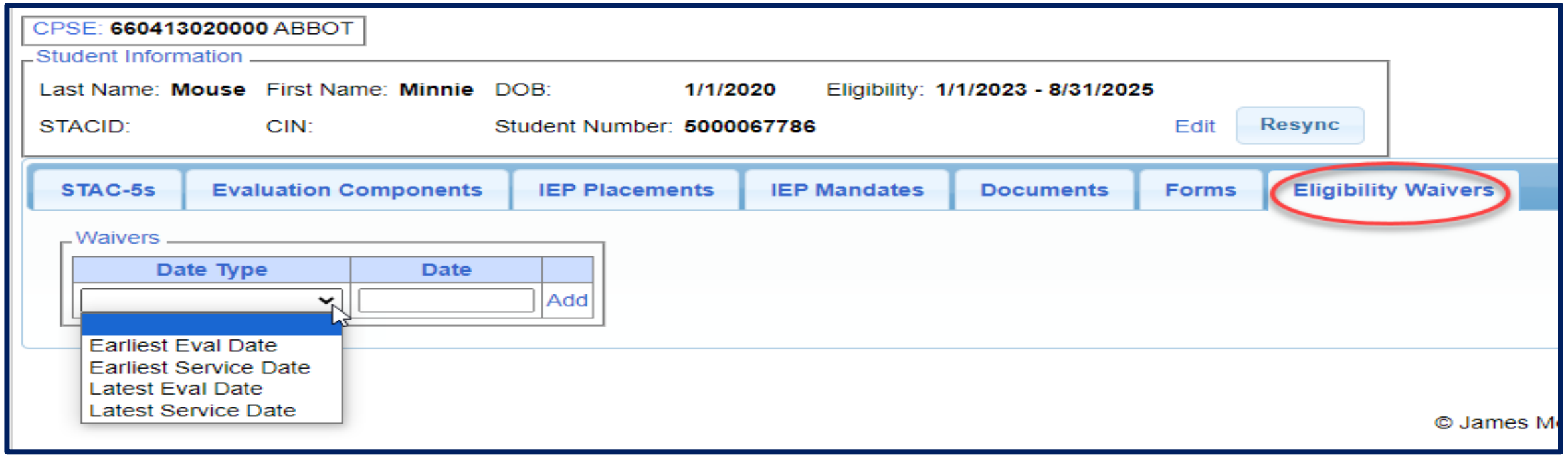
Print Name: _____

For help, email: eSTACs@CPSEPortal.com

Eligibility Waivers

Eligibility Waivers Tab

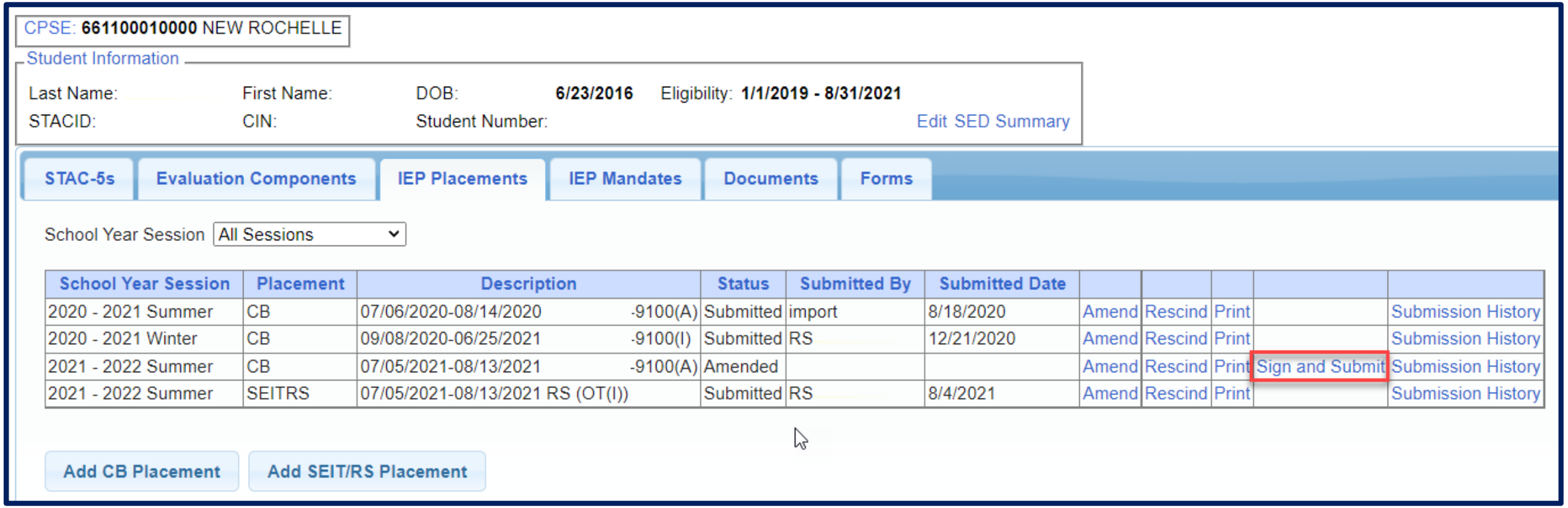
* If you have an evaluation or services that are outside of the eligibility dates, you can choose the Date Type, enter date and click “Add”. You can then upload any supporting documentation. Contact your county first to see if this is an option.



Signing and Submitting STAC-1

Signing and Submitting

* Once all information is entered from the IEP, you will now need to *Sign and Submit* the CB Placement.



Compare CB Placement to IEP

* Compare ALL of your entries on left side to IEP on right side. **Do not** sign & submit if not correct.
  * Does the service match (individual or group); Does the frequency and duration match; Do the dates match?

Student Name
DOB 6/23/2016
STAC ID
Student #

CPSE District NEW ROCHELLE
County WESTCHESTER

School Year: 2021 - 2022 Summer **Placement Type:** CB **Provider:**

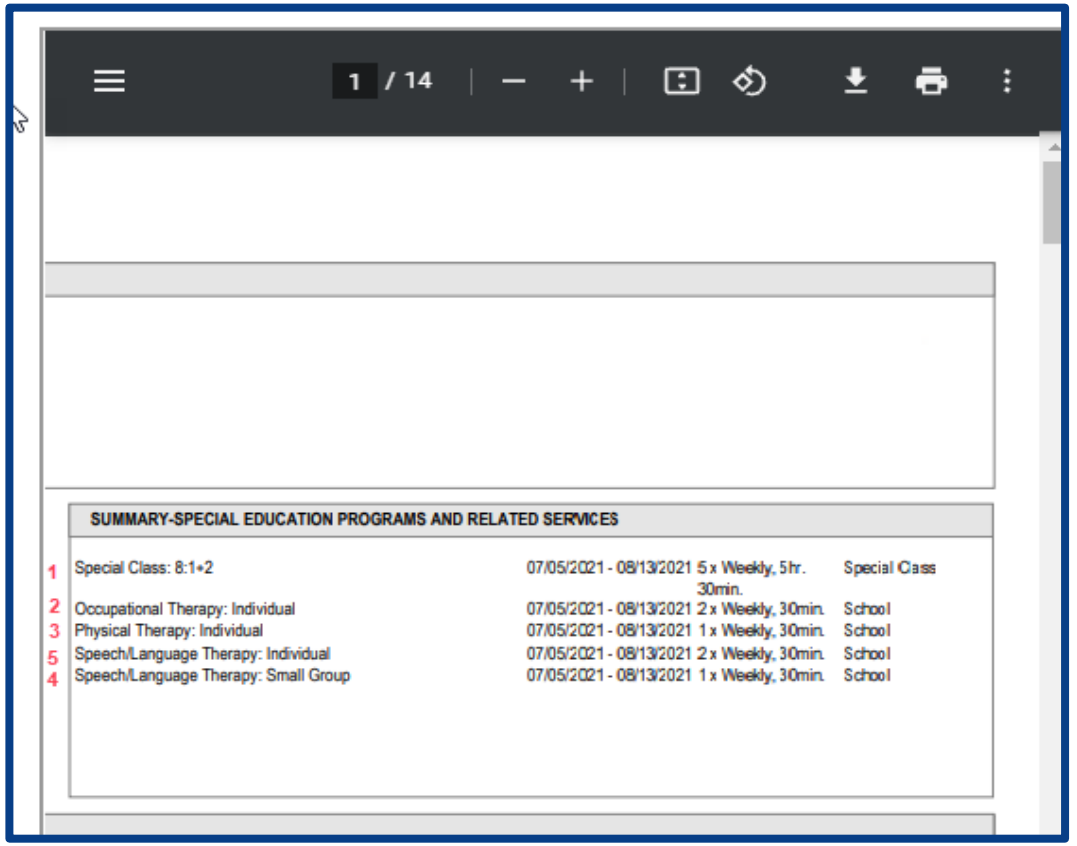
☐ Show Rescinded

Print STAC-1

Placements To Submit

Provider	From Date	To Date	Service Type		Frequency	Location
[redacted]	7/5/2021	8/13/2021	9100-A J/A-PRESCHOOL SPECIAL CLASS OVER 2.5	1	5 hrs/day	Classroom
[redacted]	7/5/2021	8/13/2021	Occupational Therapy Indiv	2	2x30	Preschool
[redacted]	7/5/2021	8/13/2021	Physical Therapy Indiv	3	1x30	Preschool
[redacted]	7/5/2021	8/13/2021	Speech Therapy Group	4	1x30	Preschool
[redacted]	7/5/2021	8/13/2021	Speech Therapy Indiv	5	2x30	Preschool
[redacted]	7/5/2021	8/13/2021	Transportation : Parent			

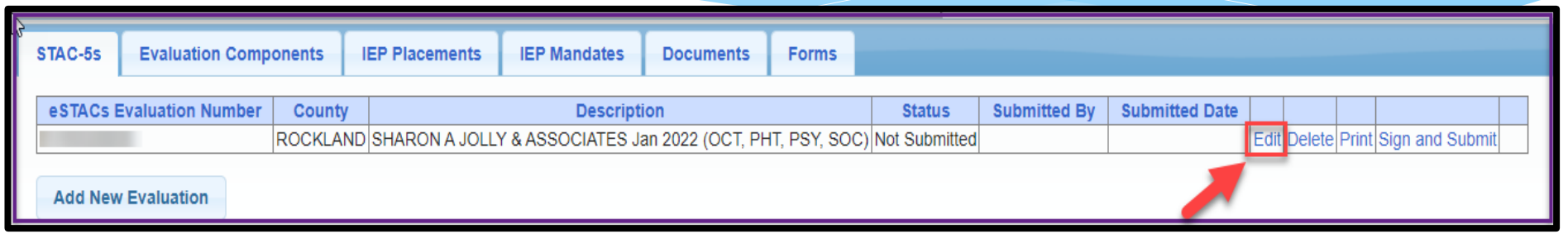
Submit



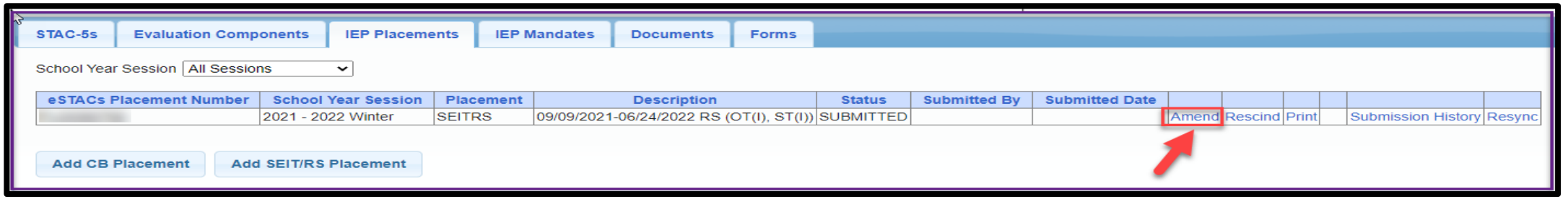
Amendments and/or Corrections

Amendments

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



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

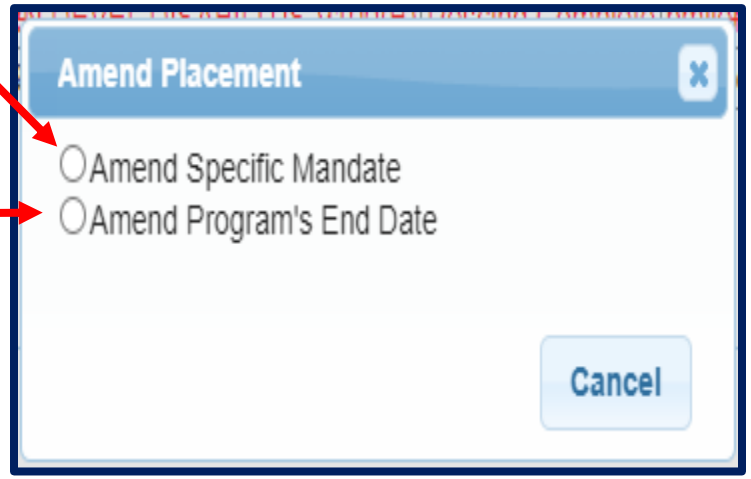


* Once a STAC is submitted, you are limited as to what changes can be made.

Amendments

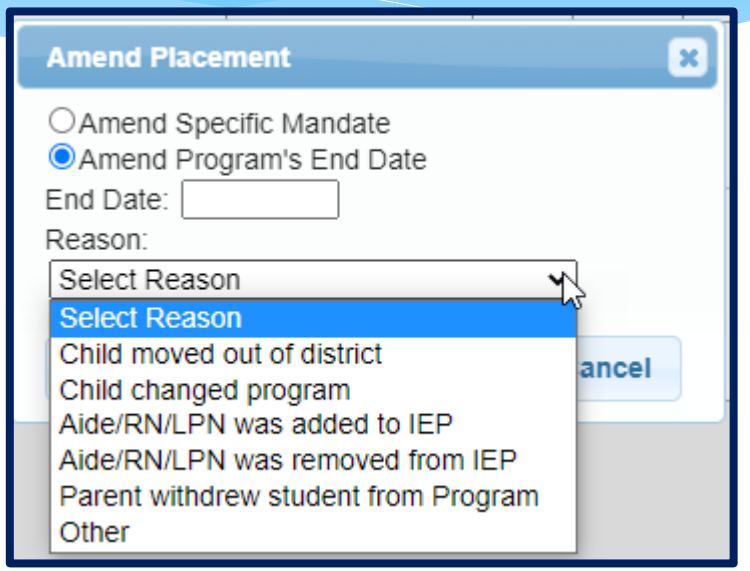
* Now choose to “Amend Specific Mandate” to make changes to the STAC such as:
  * You need to change the start/end dates,
  * You need to add a new service to the STAC,
  * You need to change a location on the STAC,
  * You need to change the CB program listed on the STAC,
  * You need to rescind a service.

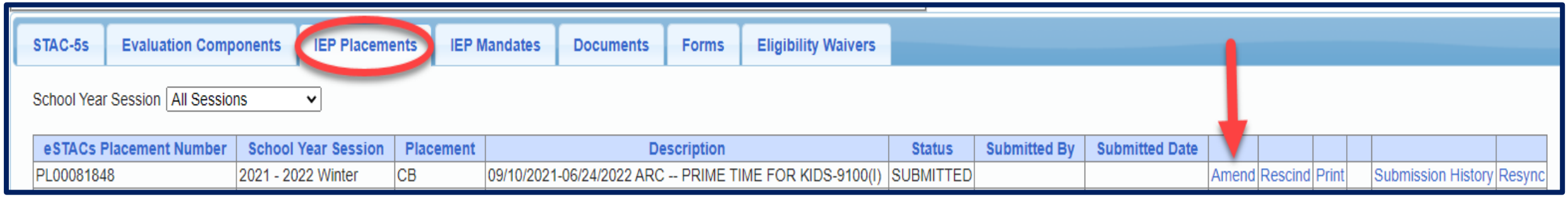
* Amend Program’s End Date
  * To end all services on a specific date.



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 CB programs mid-year
  * Child added an AIDE mid year
  * Child ended 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





Amending at Details Level

* Under the "IEP Mandates" tab you can Amend just one specific service.

STAC-5s | Evaluation Components | IEP Placements | IEP Mandates | Documents | Forms | Eligibility Waivers

School Year Session: All Sessions

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_01	PL00124228	PD00330606	09/07/22	03/01/23	FRED S KELLER SCHOOL	Classroom	9100			53776.00	Classroom 5.00 hrs/day 5 days/wk	Amended			Amend	Rescind	Resync
202223W_01	PL00124228	PD00330607	09/07/22	03/01/23	FRED S KELLER SCHOOL	Occupational Therapy Indiv		Preschool			OT(I) 2x30 (Preschool)	Amended			Amend	Rescind	Resync
202223W_01	PL00124228	PD00330608	09/07/22	03/01/23	FRED S KELLER SCHOOL	Speech Therapy Indiv		Preschool			ST(I) 2x30 (Preschool)	Amended			Amend	Rescind	Resync
202223W_01	PL00124228	PD00330609	09/07/22	03/01/23	FRED S KELLER SCHOOL	Bus					Transportation: Bus	Amended			Amend	Rescind	Resync
202223W_01	PL00124228	PD00330632	12/01/22	03/01/23	FRED S KELLER SCHOOL	Physical Therapy Indiv		Preschool			PT(I) 3x45 (Preschool)	Amended			Amend	Rescind	Resync
202223W_02	PL00124229	PD00330610	09/01/22	06/30/23	A STARTING PLACE	Speech Therapy Indiv		Home			ST(I) 3x30 (Home)	Submitted	kellyknowles	6/14/2023 2:45:22 PM	Amend	Rescind	Resync
202223W_02	PL00124229	PD00330611	09/01/22	06/30/23	A STARTING PLACE	Parent Counseling and Training		Home			PNT 1x30 MONTHLY (Home)	Not Submitted			Edit		Resync

Cheat Sheets

CB Amendments

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

Corrections

Actions Needed to Correct Data in eSTACs by Field

Placement Type	Service Category	Requires Rescinding entire placement	Requires Rescinding single detail	Can correct data via amending
CB	CB	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
	AIDE		Type (AIDE/LPN/RN) Sharing	Hours Per Day Days Per Week
	Related Service		Service Individual vs Group Frequency, Duration & Period	Start Date End Date
	Transportation		Service (Bus, Parent, LPN, etc.) Provider	Start Date End Date

For help, email: eSTACs@CPSEPortal.com

Corrections

Actions Needed to Correct Data in eSTACs by Field

	Center Based (CB)				SEIT and/or Related Services	
	CB	AIDE/RN/LPN	Related Service	Transportation	SEIT	Related Services
School Year Session	Rescind Entire Placement				Rescind Entire Placement	Rescind Entire Placement
Foster Care County	Rescind Entire Placement				Rescind Entire Placement	Rescind Entire Placement
Provider	Rescind Entire Placement				Rescind Entire Placement	Rescind single detail
Program	Amend				Rescind Entire Placement	
Sharing (AIDE)		Rescind single detail				
Service		Rescind single detail	Rescind single detail	Rescind single detail		Rescind single 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				
Ind. Vs Group			Rescind single detail		Rescind single detail	Rescind single detail
Frequency			Rescind single detail		Rescind single detail	Rescind single detail
Duration			Rescind single detail		Rescind single detail	Rescind single detail
Period			Rescind single detail		Rescind single detail	Rescind single detail
Location			Amend		Amend	Amend

Closing

Ulster County Timeline

* **April 30, 2024:**
  * McGuinness will migrate all of the children that are in the Ulster County Preschool system over into eSTACs.

* **May 1, 2024:**
  * Ulster County school districts can begin entering 24/25 children and STACs into eSTACs.

* **All prior year STAC's** (23/24, 22/23, 21/22 etc.), send paper STAC to the county to enter or amend in their Preschool system. Prior years will not be turned on in eSTACs and you will not be able to enter any STACs.

Getting Support

* If you need help you can contact Kelly Knowles at Kknowles@jmcguinness.com
* After you are familiar with the Portal, and you need help, send an email to **eSTACs@CPSEPortal.com**.
* Please include your district name, which County you work with and a description of your issue.
* 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.