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

# Orange County Timeline

#### \* January 31, 2025:

 McGuinness will migrate all of the children that are in the Orange County Preschool system over into eSTACs. Each district will only be able to see their own children.

#### \* February 3, 2025:

- \* Orange County will **no longer accept any 24/25 STAC-5's**. You will however continue to send your 24/25 paper STAC-1's to the county.
- \* School districts will begin entering 24/25 and/or 25/26 STAC-5's into eSTACs.

#### \* February 10, 2025:

- Districts will be able to enter any 25/26 STAC-1's into eSTACs after the final eSTACs training.
- \* All prior year STAC-1's (23/24, 22/23 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.

Home	Activities	IEP	eSTACs	Attendance	Billing	Lookup	Documents	Reports	Maintenance	Medicaid
Filters _										
ant		bar		DOB	S	TACID	CIN		Student Number	
County	ROCKLAND	~								
District	CLARKSTOWN	CSD	~							
									Clear Filters R	etrieve

#### View Student Details

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

Home	Activities	- IEP -	eSTACs	Atter	ndance	Billi	ng	Lookup	Docun	nents	Repo	rts	Maintenance		Medicaid
Filters	ROCKLANE	) v		DOF	3		STAC	CID		CIN			Student Num	ber	
District		WN CSD	~										Clear Filters	Re	trieve
Add N	ew Student									1					
Dist	rict Name	Last Name	First Name	DOB	Gender	CIN	STACID	Student N	umber						
CLARK	STOWN CSD	Ants	Barbara	08/17/18	F					Edit Details	s				

For help, email: eSTACs@CPSEPortal.com

# **Adding New Center Based Placements**

## Adding a new CB Placement for STAC-1

\* Go to the IEP Placements tab

#### \* Click Add CB Placement

CPSE: 660413020000 ABBOT	
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 M	andates Documents Forms Eligibility Waivers
School Year Session 2023 - 2024 Winter 🗸	
eSTACs Placement Mumber School Year Session Placement	Description Status Submitted By Submitted Date
No Placements	
Add CB Placement Add SEIT/RS Placement	

For help, email: eSTACs@CPSEPortal.com

# **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*

Last Name:       DelFuego       First Name:       Anthony       DOB:       3/12/2016       Eligibility:       1/1/2019 - 8/31/2021         STACID:       CIN:       Edit											
Program	Aide / Nurse / Inte	erpreter	Related Services	Transportation							
Click if t	Click if this is a multiple service STAC (two or more concurrent STACs)										
O - h I V											
School Year Session 2019 - 2020 Summer V											
Is this student placed in Foster Care? O Yes No											
/ io thio otuu	ent placed in roster o	die: vies	e No								
	ent placed in ridster d	ale? Vies	= N0								
4 Provider	HEBREW ACADEMY	FOR SPEC		•							
4 Provider ( 5 s	HEBREW ACADEMY Same as Evaluation P	(FOR SPEC	CHLDRN ves®No	1							
4 Provider   5 S 6 Program [	HEBREW ACADEMY Same as Evaluation P 9101(C) 07/08/19 - 0	rovider? YAAF	ECHLDRN	IAL CLASS OVER 2.	NASSAU	COUNTY WOODMERE •					
4 Provider   5 S	HEBREW ACADEMY Same as Evaluation P 9101(C) 07/08/19 - 00 Start Date	( FOR SPEC rovider? () Y 8/14/19 J/A-F End	EHLDRN es INO PRESCHOOL SPEC	IAL CLASS OVER 2. Hours Per Day	NASSAU	COUNTY WOODMERE • Days per Week					
4 Provider   5 S Program   7 Program	HEBREW ACADEMY Same as Evaluation P 9101(C) 07/08/19 - 08 Start Date 07/08/2019	rovider? Y 8/14/19 J/A-F End	© NO CHLDRN les   No PRESCHOOL SPEC I Date 14/2019	IAL CLASS OVER 2. Hours Per Day 5.00	NASSAU	COUNTY WOODMERE Days per Week 5					

## 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	INCLU	IDED in	Tuition

Program	Program Aide / Nurse / Interpreter Related Services			Transportati	on												
3	Service	s	Start Date		End Da	ite	IND/0	GRP	F	Frequency		Minutes	Period	Location			
Occupation	al Therapy	07/08/201	9	(	08/14/2019		I		2		30		WEEKLY	Therapy Room	Edi	Delete	Amend
Physical Th	erapy Group	07/08/201	9	(	08/14/2019		G		3		45		WEEKLY	Gym	Edi	t Delete	Amend
Speech The	erapy <b>1</b>	07/08/201	9	2 (	08/14/2019	3	I	4	3	5	30	6	WEEKLY7	Classroom 8	Edi	t 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)

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

or Group (G)

## **Center Based Related Services**

- \* For OT, PT & ST group services:
  - \* make sure that you select group and not individual. Group services are designated with a 1.
     For example: ST1, OT1 & PT1.
- \* For Psychological Counseling
  - \* Counseling (**CSL**) can be serviced by a school counselor, school psychologist, etc. Can be listed on IEP as Counseling.
  - Counseling (PSY) serviced by a LMSW with a LCSW to supervise. This service is Medicaid billable. Must be listed on IEP as Psychological Counseling.

Pr	ogram	Aide / Nurse / Interpre	eter Relat	ted Services	Transporta	ation								
	There are	e no recommended related	d services for t	this student on	this Placement	t/IEP								
		Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location	Submitted Date	Status			
0	ccupation	al Therapy Indiv	09/06/2023	06/21/2024	I	2	30	WEEKLY	Therapy Room	4/11/2024	Submitted	Rescino	Amend	
PI	hysical Th	erapy Indiv	02/01/2024	06/21/2024	1	2	30	WEEKLY	Therapy Room	4/11/2024	Submitted	Rescino	Amend	
		~	09/06/2023	06/21/2024	<b>~</b>			<b>~</b>	<b>~</b>			Add		
- /	Assistive T	echnology Services												
Red	Counseling	g												
C	Occupation	nal Therapy Group						@ I=						
(	Occupation	nal Therapy Indiv		© James McGuinness & Associates										
0	Drientation	n & Mobility												
F	Parent Cou	unseling and Training												
F	Physical TI	herapy Group												
F	Physical TI	herapy Indiv												
F	Play Thera	ару												
F	sychologi	ical Counseling (CSL)												
5	School He	alth / Nurse												
\$	Speech Th	nerapy Group												
5	Speech Th	herapy Indiv												
1	Teacher of	Hearing Impaired												
1	Teacher of	Visually Impaired												

Psychological Counsel	ing (CSL)	RelatedService	CSL
Psychological Counsel	ing (PSY)	RelatedService	PSY

#### When IEP has no Center Based 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 / Interpret	er Relat	ted Services	Transporta	tion								
□ There are	e no recommended related	services for t	this student on	this Placement	VIEP			1					
	Service	Start Date	End Date	IND/GRP		Frequency	Minutes	Period	Location	Submitted Date	Status		
	¥	07/12/2022	08/20/2022	•				•	•			Add	

## Adding Transportation

- 1. A list of types of transportations indicated in IEP (Bus or Parent reimbursement).
- 2. If transportation is needed, you will choose the bus or the parent.
- **3.** No transportation documents will need to be uploaded.
- 4. Check the final page of IEP to ensure that transportation is delineated on Special Transportation section.

	Pro	ogram	Aide /	Nurse / Interpreter	Related	l Services	Transportatio	on						
		The IEP (	does not	authorize reimburseme	ent for tran	sportation/ N	lo parent reimbur	seme	nt will be sought					
		Servi	ce	Provider		St	art Date		End Date	Submitted Date	Status			
ŀ	► Pa	arent		Rockland Parent Tran	sportation	07/05/2023		08/1	5/2023		Not Submitted	Edit	Delete	
			Y	•		07/05/2023	}	08/	15/2023			Add		
		, ,	4	ion Document		1						7		
		SUS PN on Bi	19			✓ Ef	fective Date:		Comment:					
	P	arent												
	R	N on Bus	;	ile chosen										
	V	Vheelchai	r Bus											
	Upload													
	T	ransporta	tion Files	;								-		
		Uploade	d Doc	umentType Comm	ents Ef	fective Date								
	Retu	irn to Stu	dent Det	ails										

## Transportation

- \* Orange County currently has 3 zones for transportation.
- \* The bus transporters are:
  - \* Quality Bus Service LLC or
  - \* VW Trans LLC

\* Review Zone Table and select the correct bus transporter.

#### **Transportation Zones**

#### 2024-2025 ORANGE COUNTY TRANSPORTATION BUS ZONE TABLE

Transportation cancellations and delays will be made based on Zones. Orange County is divided into 3 zones. Each zone section outlines which school districts, in-county programs, and out-of-county programs are located within that zone. Please find your child's school district and special education program on the Zone Table. When there is a delay or cancellation in your child's school district or program zone(s), your child's transportation will be delayed or cancelled.

Please note: Your child's transportation may be impacted by two zones when your child's school district zone and special education program zone are different. For example, if your child's school district is Newburgh (Zone 3) and they attend the Inspire Goshen program (Zone 2), then transportation is impacted for your child whenever transportation is delayed or cancelled for either Zone 2 OR Zone 3.

Early Dismissals are handled on a case-by-case basis. You will receive a robocall in the event that an early dismissal is in effect.

#### 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"

The IEP does not authorize reimbursement for transportation/ No parent reimbursement will be sought         Service       Provider       Start Date       End Date       Submitted Date       Status <ul> <li>07/12/2022</li> <li>08/20/2022</li> <li>Add</li> </ul> Upload Transportation Document <ul> <li>Choose File</li> <li>No file chosen</li> <li>Upload</li> </ul> Transportation Files <ul> <li>Transportation Files</li> <li> </li> </ul>	Program Aide / Nurse / Interpreter Relate	ted Services Transportation									
Service       Provider       Start Date       End Date       Submitted Date       Status <ul> <li>07/12/2022</li> <li>08/20/2022</li> <li>Add</li> </ul> Upload Transportation Document            Document Type: <ul> <li>Effective Date:</li> <li>Comment:</li> <li>Upload</li> </ul> Upload         Transportation Files	The IEP does not authorize reimbursement for tra	ansportation/ No parent reimbursement will be sought									
Image: Choose File No file chosen     Upload     Choose File No file chosen     Upload	Service Provider Start Dat	ate End Date Submitted Date Status									
Upload Transportation Document	✓ ✓ 07/12/2022	08/20/2022 Add									
Document Type:  Effective Date:    Comment: Comment: Comment:  Choose File No file chosen Upload Transportation Files	Upload Transportation Document										
Choose File No file chosen Upload Transportation Files	Document Type: Comment: Comment:										
Transportation Files	Choose File No file chosen Upload										
	Transportation Files										
Uploaded DocumentType Comments Effective Date	Uploaded DocumentType Comments E	Effective Date									

# **Uploading Documents**

# Documents Required for Services – Orange County

- Orange County requires the following documents to be uploaded, before you can sign and submit your STAC-1:
  - \* The Medicaid Parental Consent:
    - \* A signed Medicaid Parental Consent or,
    - \* An Unable to Obtain Medicaid Consent.
  - \* The IEP all dates and services on the IEP must match the entries in eSTACs.
  - \* A Birth Certificate:
    - \* If there is no birth certificate, the county will also accept:
    - \* Adoption Papers or
    - \* Paternity Papers.

# Uploading a Document

Student Record

- 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.

CF St	PSE: 660 udent Inf	413020000 ABBO	Т								
La	ast Name	e: Mouse First Na	ame: <b>Minnie</b> D	DOB: 1/	/1/2020 Eligibility:	1/1/2023 - 8/31/202	5				
S	TACID:	CIN:	S	Student Number: 5	000067786		Edit	Resync			
	STAC-5	Evaluation	Components	IEP Placement	IEP Mandates	Documents	Forms	Eligibility	Waivers		
	Uploa	aded Docun	nents								
		Document Type	Uploaded Da	ate Applied To	Submitted Date	SubmittedUser	Status	s Com	ments		

#### Missing Documents

Select Unidentified

Category	Туре	DocumentDescription	Applies To		
CHILD	MEDICAID CONSENT	Medicaid Parental Consent		Show Document List	Upload
PLACEMENT	IEP	Copy of IEP for Placement	07/05/2023-08/15/2023 ARC PRIME TIME FOR KIDS-9165(A)	Show Document List	Upload
PLACEMENT	IEP	Copy of IEP for Placement	09/06/2023-06/21/2024 ARC PRIME TIME FOR KIDS-9165(I)	Show Document List	Upload

NOT SUBMITTED

Edit View Delete

08/04/2023

# 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".

Child Inform	ation	
Last Name:	Rizzo First Name: Frank	k DOB: 12/18/2016 Eligibility: 7/1/2019 - 8/31/2022
STACID:	CIN:	Edit

2 T 1	see a constant (c) a constant a con	nee contenta - rearies ann		V 0 36	eren Petricia anneox
Organize 👻 New folde	r				💷 💌 🔟
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 re[ˈs̪ed 08-2018	3/19/2019 5:41 PM	Adobe Acrobat D	78 KB	
This PC					
3D Objects					
Desktop					
Documents					
Downloads					
Music					
Fictures					
Videos					
Local Disk (C:)					
- New Volume (D:					
TimsBackup (E:)					
-					
The all all a lines in the					

Child Information	00 RYDELL CSD			
Last Name: Rizzo STACID:	First Name: Frank CIN:	DOB: 12/18/201	6 Eligibility: 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.

Fatas Dataila das F	- Via Decement 🛛						
Enter Details for E Page 1 to 1	ntre Document 🗹	≡ eS	aSTACsFileHandler.ashx		1 / 11   - 100% +   [	I 🔊	
Document Type School Year Placement 07/05/2021-08/13	Serv : IEP Id : Birth Certificate Id : Passport Id : Adoption Papers Id : Adoption Papers Id : Legal Name Change Mediciald Medicaid December Concert				Blind Brook-Rye Union Free Schoo 390 North Ridge Street Rye Brook, NY 10573-1105	ol District	
Comments IEP	Medicaid : Amedicaid or a entat 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:	A	Date of Birth: 12/22/2017 ge as of meeting date: 3:4 Native L 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 anguage: English Required: No Work #: Work #: School: Preschool Itinerant Services Only	ID #: 112201514 Email: Grade: Preschool
	Serv : Nurse		IEP INFORMATION		SUMMARY-SPECIAL EDUCATION PROGRAMS AN	ID RELATED SERVICES	
OK Cancel	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: Special Transportation:	07/05/2021 06/25/2022 06/24/2022 03/18/2024 Yes No No No No No No No No Yes	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 V 09/01/2021 - 06/24/2022 2 x V 09/01/2021 - 06/24/2022 2 x V 09/01/2021 - 06/24/2022 2 x V 07/05/2021 - 06/13/2021 5 x V 07/05/2021 - 06/13/2021 2 x V 07/05/2021 - 06/13/2021 2 x V	Veekly, 5hr. School Veekly, 30min. School Veekly, 30min. School Veekly, 30min. School Veekly, 5hr. School Veekly, 30min. School Veekly, 30min. School

# 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.

CPSE: 66	041302000	0 ABBOT										
Student In	Ident Information											
Last Nam	e: Mouse	First Name: Minnie	DOB:	1/1/2020	Eligibility: 1/1/202	3 - 8/31/2025						
STACID:	STACID: CIN: Student Number: 5000067786 Edit Resync											
Placemen	t Informatio	on										
Session: F Hrs/Day: 2 Provider: 4	ession: From Date: 09/06/2023 To Date: 06/21/2024 rs/Day: 2.50 Days/Wk: 5 Aide/RN/LPN: rovider: ARC PRIME TIME FOR KIDS Program: 9165											
Program	m Aid	e / Nurse / Interprete	Related S	ervices 1	Transportation							
Туре	•	Sharing	Start Date	End Date	Hours Per D	Day Days Pe	r Week Sub	mitted Date	Status			
LPN	Shared	with 2 other students	09/06/202	3 06/21/2024	2.50	5			Not Submitted	Edit	Delete	Print
	-		09/06/202	3 06/21/2024	2.50	5 🗸				Add		
Return to	1:1 (No Shared Shared Shared Shared	o Sharing) d with 1 other student d with 2 other students d with 3 other students d with 4 other students							© James	McG	uinness	& Associa

## **Comparison eSTAC to Paper Form**

STAC-812

	J								
Program	Aide / Nurse / Interpreter	Related Ser	vices T	ransportation					
Туре	Sharing	Start Date	End Date	Hours Per Day	Days Per Week	Submitted Date	Status		
Aide 1	Shared with 2 other students 2	09/06/2023	06/21/2024	5.00 3	5 4		Not Submitted Edit	Delete Print	
v	<b>v</b>	09/06/2023	06/21/2024	5.00	5 🗸		Add		
•	<b></b>	09/06/2023	06/21/2024	5.00	5 •		Add		
eturn to S	tudent Details								

For help, email: eSTACs@CPSEPortal.com

THE STATE E	DUCATION DEPARTMENT
Request for Student-Specific	r Reimbursement for c Nurses and Interpreters
**For Pre	school Use Only**
	Do NOT submit this form for: > Education Aides (Enter aide percentage on EFRT service approval screen)
ed Preschool STAC-1 form shou completed forms to SED File To	uld be submitted along with this form. ransfer Manager (FTM) "inbasket".

Rev. 09/2020

mpleted and sign n and upload both il 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:	School District SED Code:				
ABBOT	6 6 0 4 1 3 0 2 0 0 0				

The University of the State of New York

	AIDES/NURSES/INTERPRETERS DURING EDUCATION HOURS					
🗵 Aide 1	Requested Start: Requested End: 09/06/2023 to 06/21/2024	Hours 1:1 Requested: 5.00 Hours / Day	Days 1:1 Requested: 5 Days / Week	Shared by multiple students: 2 No X Yes: 3 stu 2 s		
	Requested Start: Requested End: to	Hours / Day	4 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 EDU	CATION PLACEMENT
Education Provider Name:	Education Provider SED Code:
A STARTING PLACE	5 0 0 3 0 8 8 8 0 1 0 7
Program Name:	Program Code:
S/Y PRESCHOOL-SPECIAL CLASS 5 HRS	9 1 0 0 <b>-</b> J
Program Runs:	Student Attends:
5.00 Hours/Day 5 Days/Week	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 Scl	hools/NYC Su	perintendent of Cl	inical Services 1	Dat
--	--	-----------------	-----------------------	--------------	--------------------	-------------------	-----

PERSON COMPLE	ETING THIS FORM
Name	Phone
Fax	Email

## **Upload Partial Reimbursement Form**

SE: 6604	13020000 ABBO	Т										
et Name:	Mause First N	mo: Miekey		0/0010 Eligibility:	7/4/0000 0/24/00/							
st warne.	MOUSE FIRSTING	ame. Wickey	DOB. 10/1	Eligibility.	7/1/2022 - 8/31/202	.4		_				
FACID:	CIN:		Student Number: 500	0067792		Edit	Resync					
STAC-55	Evaluation	Components	IEP Placements	IEP Mandates	Documents	Forms	Eliai	bility Waiver				
		o o niponento						andy manual				
Upioad	aed Docun	ients										
D	ocument Type	Uploaded D	ate Applied To	Submitted Date	SubmittedUser	Statu	S	Comments				
Select Un	identified	03/15/2024	Student Record			NOT SUBM	IITTED		Edit View D	Delete		
			i									
Missin	g Docume	nts										
Catego	ry Ty	pe	Doc	umentDescription	1			Applies 1	ĩo			
CHILD	MEDICAID	CONSENT Me	edicaid Parental Conse	nt							Show Document Lis	t Upload
PLACEM		1 Co	py of SED AIDE form f	or partial/shared All	DE for CB Placeme	nt 09/06/202	23-06/21	/2024 A STAF	RTING PLAC	E-9100(J	J) Show Document Lis	t Upload
6										× = = = = = = = = = = = = = = = = = = =	NOT STREET	
PLACEM	ENTILEP	ICO	ppy of IEP for Placemer	nt		09/06/20	23-06/21	/2024 A STAF	RTING PLAC	E-9100(J	JIShow Document Lis	stiupioad

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.

Document Type	Medicaid : Unable to obtain Medicaid Consent	= eSTACsFileHandler.ashx	1 / 1   - 100% +   🗄 🔇
Comments	Foster Care : LDSS2999         Eval : Evaluation Justification Letter         Eval : Justification For Eval Outside Eligibility Dates         Eval : Evaluation Approval Request         Serv : Aide         Serv : Nurse         Serv : IEP         Serv : Interpreter         Serv : Explanation for not having a STAC-5		STAC-812 The University of the State of New York Rev. 09/2020 THE STATE EDUCATION DEPARTMENT
	Serv : Written Order(s) Serv : Interim Letter of Placement Serv : Declassification statement		Request for Reimbursement for Student-Specific Nurses and Interpreters **For Preschool Use Only**
	Serv : Child Variance Serv : Child Miscellaneous Immunization : Proof of Immunization Immunization : Immunization Medical Exemption Waiver Immunization : Immunization 10 day waiver Tele : Consent to telepractice		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>DMSSTAC@mysed.gov</u> with the SED FTM location and filenames. Do <u>NOT</u> attach completed forms to emails.
OK Cance	1		STUDENT, COUNTY, AND SCHOOL DISTRICT INFORMATION       Student Name:     Date of Birth (mm/dd/yy):       Mickey Mouse     10/19/2019       County of Residence Name:     10/10/2019       ROCKLAND     School District SED Code:
			Aldes/NURSES/INTERPRETERS DURING EDUCATION HOURS         Aldes/NURSES/INTERPRETERS DURING EDUCATION HOURS         Baye       Requested End:         09/06/2023       to 06/21/2024         5.00       Hours 1:1         Requested Start:       Requested End:         09/06/2023       to 06/21/2024         5.00       Hours / Day         5       Days / Week         No       Yes: 3
			RN     Requested Start:     Requested End: to     Hours 1:1 Requested: Hours / L Requested:     Days 1:1 Requested: Days 1:1 Requested:     Shared by multiple students: Days 1:1 Requested:       LPN     Requested Start:     Requested End: to     Hours / L Requested:     Days 1:1 Requested:     Shared by multiple students: Days 1:1 Requested:       LPN     Requested Start:     Requested End: to     Hours / Days     Days 1:1 Requested:     Shared by multiple students: Days 1:1 Requested:
			Interpreter         Requested Start:         Requested End:         Hours 1:1 Requested:         Days 1:1 Requested:         Shared by multiple students:           interpreter         to        Hours / Day        Days / Weck         No         Yes:students



## Forms Tab

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

CPSE: 6	660413020000 ABBOT		
Last Na	ame: Smith First Name: John DOE	B: 1/1/2019 Eligibility: 1/1/2022 - 8/31/2024	
STACID	D: CIN: Stud	dent Number: 5000067785 Edit Resync	
STAC	-5s Evaluation Components	IEP Placements IEP Mandates Documents Forms Eligibility Waivers	
Schoo	ol Year v	Description	
	Medicaid Parental Consent	Consent to Access Medicaid	
	Medicaid Parental Consent (Spanish)	Consent to Access Medicaid (Spanish)	
	Written Order	Generic Written Order / Prescription / Referral	
	Unable to obtain consent	Notification of not being able to obtain Medicaid Parental Consent	
Ge	nerate Forms		

## 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 Parer	nt/Guardian of:	John Smith	
District: A	BBOT		
County: R	OCKLAND		_

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.

as the parent/guardian of John Smith

(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:

(Print Parent's Name)

- · 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 i	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:

# **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.

CPSE: 66041	3020000 ABBOT							
Last Name: N	Nouse First Name CIN:	e: Minnie [	DOB: 1/1/20 Student Number: 50000	Eligibility: 1/	/1/2023 - 8/31/202	5 Edit	Resync	
STAC-5s	Evaluation Co	mponents	IEP Placements	IEP Mandates	Documents	Forms	Eligibility	Waivers
Waivers	ate Type	Date	Add					
Earliest S Latest Ev Latest Se	Service Date val Date ervice Date							© James M

For help, email: eSTACs@CPSEPortal.com

# 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.

CPSE: 661 Student Inf	100010000 NEW	ROCHELLE										
Last Name STACID:	2:	First Name: CIN:	DOB: Student Number:	6/23/2016 Eligit	oility: <b>1/1/20</b>	)19 - 8/31/2021	Edit SED Summary					
STAC-5	s Evaluation	n Components	IEP Placements	IEP Mandates	Docum	ents Form						
School Y	School Year Session All Sessions											
Schoo	Vear Session	Placement	Descript	tion	Status	Submitted By	Submitted Date					
2020 - 2	021 Summer	СВ	07/06/2020-08/14/2020	-9100(A)	Submitted	import	8/18/2020	Amend	Rescind	Print		Submission History
2020 - 2	2021 Winter	СВ	09/08/2020-06/25/2021	-9100(I)	Submitted	RS	12/21/2020	Amend	Rescind	Print		Submission History
2021 - 2	022 Summer	СВ	07/05/2021-08/13/2021	-9100(A)	Amended			Amend	Rescind	Print	Sign and Submit	Submission History
2021 - 2	022 Summer	SEITRS	07/05/2021-08/13/2021	RS (OT(I))	Submitted	RS	8/4/2021	Amend	Rescind	Print		Submission History
						6						

## **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		CPS	E District NEW ROCHELL County WESTCHESTE	LE R			e/	≡		1 / 14	<b>ı</b>   ·		+	:	୬	± (	₽	:
Student # School Year: 2021 - 2022 Summer	Placement Type: CB	Provid	er: Print STAC-1															
Placements To Submit																		
Provider	From Date	To Date	Servic	се Туре	Frequency	Location												
8 3 8	7/5/2021	8/13/2021	9100-A J/A-PRESCHOOL	SPECIAL CLASS OVER 2.5	5 hrs/day	Classroom												
	7/5/2021	8/13/2021	Occupational Therapy Indiv	v <u>2</u>	2x30	Preschool		SUMMARY-SPE	CIAL EDUCATIO	N PROGRAMS	AND RELA	ATED SERA	VICES					
	7/5/2021	8/13/2021	Physical Therapy Indiv	3	1x30	Preschool		Special Class: 8:1+	2			07/05/20	021-08/13	/2021 5 x W	leekly, 5hr.	Special Car	55	1
	7/5/2021	8/13/2021	Speech Therapy Group	4	1x30	Preschool		2 Occupational Thera	apy: Individual			07/05/20	021-08/13	30mi /2021 2 x W	n. Veekly, 30min.	School		
	7/5/2021	8/13/2021	Speech Therapy Indiv	5	2x30	Preschool		3 Physical Therapy: In 5 Speech/Language 1	ndividual Therapy: Individu	al		07/05/20	021 - 08/13 021 - 08/13	/2021 1 x W /2021 2 x W	Veekly, 30min. Veekly, 30min.	School School		
a contra tan ina se	7/5/2021	8/13/2021	Transportation : Parent					Speech/Language	Therapy: Small G	roup		07/05/20	021-08/13	/2021 1 x W	leekly, 30min.	School		
Submit																		

# **Amendments and/or Corrections**

## 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	Evaluation Number	County ROCKLANE	) SHARON A JOLLY	Descripti & ASSOCIATES Ja	<b>on</b> an 2022 (OCT, PH	IT, PSY, SOC)	Status Not Submitted	Submitted By	Submitted Date	Edit Delete Pri	nt Sign and Submit	
	Add Ne	w Evaluation											

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

changes.	STAC-5s Evaluation Comp	onents IEP Placeme	ents IEP N	landates Documents F	Forms				
	School Year Session All Session	ns 🗸							
	eSTACs Placement Number	School Year Session	Placement	Description	Statu	Submitted By	Submitted Date		
	Contraction of the second s	2021 - 2022 Winter	SEITRS	09/09/2021-06/24/2022 RS (OT)	(I), ST(I)) SUBMIT	FED		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.

## 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.

Amend Placement OAmend Specific Mandate OAmend Program's End Date

Cancel

## 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

Amend Placement
Amend Specific Mandate     Amend Program's End Date     End Date:     Reason:
Select Reason
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 Components IEP Placements IEP Mandates Documents Forms Eligibility Waivers															
School Year Session All Sessions																
eSTACs Placement Number School Year Session Placement Description Status Submitted By Submitted Date																
	PL0008184	8	2021 - 2022 Winter	СВ	09/10/2021	-06/24/2022 ARC	PRIME TI	IME FOR KIDS-9100(I)	SUBMITTED			Amend	Rescind Pri	int	Submission History	Resync

## Amending at Details Level

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

2																		
ST	AC-5s	Evaluation Components	IEP Placements	P Mandates	Docume	ents Forms	Eligibility Waivers											
So	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			
20	)2223W_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
20	)2223W_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
20	)2223W_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
20	)2223W_01	PL00124228	PD00330609	09/07/22	03/01/23	FRED S KELLER SCHOOL	Bus					Transportation: Bus	Amended			Amend	Rescind	Resync
20	)2223W_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
20	)2223W_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
20	)2223W_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					
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	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				
The child will change transportation (Bus->Parent, Parent->Bus)					

#### **Corrections** Actions Needed to Correct Data in eSTACs by Field

Placement	Service	Requires Rescinding	Requires Rescinding				
Туре	Category	entire placement	single 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			
CP	AIDE		Type (AIDE/LPN/RN) Sharing	Hours Per Day Days Per Week			
СВ	Related Service		Service Individual vs Group Frequency, Duration & Period	Start Date End Date			
	Transportation		Service (Bus, Parent, LPN, etc.) Provider	Start Date End Date			

### Corrections

#### Actions Needed to Correct Data in eSTACs by Field

		Cente	SEIT and/or F	Related Services		
	СВ	AIDE/RN/LPN	Related Service	Transportation	SEIT	Related Services
School Year	Rescind Entire				Rescind Entire	
Session	Placement				Placement	<b>Rescind Entire Placement</b>
Foster Care	<b>Rescind Entire</b>				Rescind Entire	
County	Placement				Placement	<b>Rescind Entire Placement</b>
	<b>Rescind Entire</b>				Rescind Entire	
Provider	Placement				Placement	Rescind single detail
					Rescind Entire	
Program	Amend				Placement	
Sharing (AIDE)		Rescind single detail				
Service		Rescind single detail	Rescind single detail	Rescind single detail		Rescind single detail
		Resenter single detail	Resenta single actai	Resente single detail		Reserved 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



# Orange County Timeline

#### \* January 31, 2025:

 McGuinness will migrate all of the children that are in the Orange County Preschool system over into eSTACs. Each district will only be able to see their own children.

#### \* February 3, 2025:

- \* Orange County will **no longer accept any 24/25 STAC-5's**. You will however continue to send your 24/25 paper STAC-1's to the county.
- \* School districts will begin entering 24/25 and/or 25/26 STAC-5's into eSTACs.

#### \* February 10, 2025:

- Districts will be able to enter any 25/26 STAC-1's into eSTACs after the final eSTACs training.
- \* All prior year STAC-1's (23/24, 22/23 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.