

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

Jefferson County Timeline

- * **March 7, 2025:**

- * Jefferson 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.

- * **March 10, 2025:**

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

- * **March 11, 2025:**

- * School districts will begin entering 24/25 and/or 25/26 STAC-5's into eSTACs.

- * **March 19, 2025:**

- * Districts will be able to enter any 25/26 STAC-1's into eSTACs after the final eSTACs training.

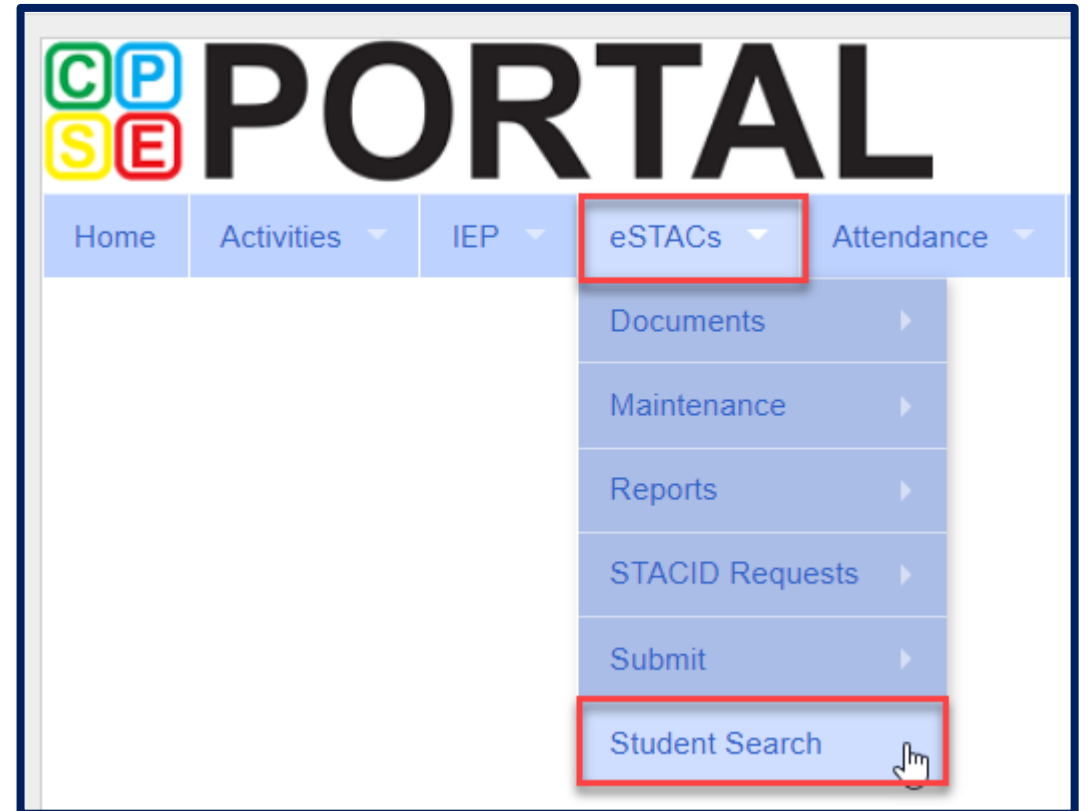
- * **All prior year STAC-1's** (23/24, 22/23 etc.), send paper STAC to the county to enter or amend in their Preschool system. Prior years will not be turned on in eSTACs and you will not be able to enter any STACs.

Student Search

eSTACs Student

* Go to eSTACs -> Student Search

For help, email: eSTACs@CPSEPortal.com



Student Search

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

The screenshot displays a web application interface for student search. At the top, there is a navigation bar with the following menu items: Home, Activities, IEP, eSTACs, Attendance, Billing, Lookup, Documents, Reports, Maintenance, and Medicaid. Below the navigation bar is a section titled "Filters" which contains several input fields and dropdown menus. The first two input fields, labeled "ant" and "bar", are highlighted with red boxes. To their right are input fields for "DOB", "STACID", "CIN", and "Student Number". Below these fields are two dropdown menus: "County" with "ROCKLAND" selected and "District" with "CLARKSTOWN CSD" selected. At the bottom right of the filter section, there are two buttons: "Clear Filters" and "Retrieve", with the "Retrieve" button highlighted by a red box.

View Student Details

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

Home Activities IEP eSTACs Attendance Billing Lookup Documents Reports Maintenance Medicaid

Filters

ant bar DOB STACID CIN Student Number

County ROCKLAND

District CLARKSTOWN CSD

Clear Filters Retrieve

Add New Student

District Name	Last Name	First Name	DOB	Gender	CIN	STACID	Student Number		
CLARKSTOWN CSD	Ants	Barbara	08/17/18	F				Edit	Details

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

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](#)

School Year Session ▼

eSTACs Placement Number	School Year Session	Placement	Description	Status	Submitted By	Submitted Date						
No Placements												

[Add CB Placement](#) [Add SEIT/RS Placement](#)

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*

CPSE: 012806060000 RYDELL CSD

Child Information

Last Name: DelFuego First Name: Anthony DOB: 3/12/2016 Eligibility: 1/1/2019 - 8/31/2021
STACID: CIN: Edit

Program Aide / Nurse / Interpreter Related Services Transportation

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

2 School Year Session 2019 - 2020 Summer ▼

3 Is this student placed in Foster Care? Yes No

4 Provider HEBREW ACADEMY FOR SPEC CHLDRN ▼

5 Same as Evaluation Provider? Yes No

6 Program 9101(C) 07/08/19 - 08/14/19 J/A-PRESCHOOL SPECIAL CLASS OVER 2.5 NASSAU COUNTY WOODMERE ▼

	Start Date	End Date	Hours Per Day	Days per Week
7 Program	07/08/2019	08/14/2019	5.00	5
8 This Child	07/08/2019	08/14/2019	5.00	5 ▼

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

Type	Sharing	Hours Per Day	Days Per Week			
Aide 1	1:1 (No Sharing) 2	5.00 3	5 4	Add 5		

Aide / Nurse / Interpreter | Related Services

Type: Aide, RN, LPN, Interpreter

Sharing: 1:1 (No Sharing), 1:1 (No Sharing), Shared with 1 other student, Shared with 2 other students, Shared with 3 other students, Shared with 4 other students

Adding Related Services INCLUDED in Tuition

Program	Aide / Nurse / Interpreter	Related Services	Transportation							
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	WEEKLY 7	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

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.

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

Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location	Submitted Date	Status	Rescind	Amend
Occupational Therapy Indiv	09/06/2023	06/21/2024	1	2	30	WEEKLY	Therapy Room	4/11/2024	Submitted	Rescind	Amend
Physical Therapy Indiv	02/01/2024	06/21/2024	1	2	30	WEEKLY	Therapy Room	4/11/2024	Submitted	Rescind	Amend
	09/06/2023	06/21/2024								Add	

- Assistive Technology Services
- Counseling
- Occupational Therapy Group
- Occupational Therapy Indiv
- Orientation & Mobility
- Parent Counseling and Training
- Physical Therapy Group
- Physical Therapy Indiv
- Play Therapy
- Psychological Counseling (CSL)
- School Health / Nurse
- Speech Therapy Group
- Speech Therapy Indiv
- Teacher of Hearing Impaired
- Teacher of Visually Impaired

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Psychological Counseling (CSL)	RelatedService	CSL
Psychological Counseling (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 / Interpreter	Related Services	Transportation									
<input type="checkbox"/> There are no recommended related services for this student on this Placement/IEP												
Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location	Submitted Date	Status			
<input type="text" value="v"/>	07/12/2022	08/20/2022	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>					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 and 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.**

The IEP does not authorize reimbursement for transportation/ No parent reimbursement will be sought

Service	Provider	Start Date	End Date	Submitted Date	Status			
Parent	Rockland Parent Transportation	07/05/2023	08/15/2023		Not Submitted	Edit	Delete	
		07/05/2023	08/15/2023			Add		

on Document

Bus
LPN on Bus
Parent
RN on Bus
Wheelchair Bus

Effective Date: Comment:

Transportation Files

Uploaded	DocumentType	Comments	Effective Date
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[Return to Student Details](#)

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			
		07/12/2022	08/20/2022			Add		

Upload Transportation Document

Document Type: Effective Date: Comment:

No file chosen

Transportation Files

Uploaded	DocumentType	Comments	Effective Date
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Uploading Documents

Documents Required for Evaluations – Jefferson County

- * Jefferson County requires the following documents to be uploaded, before you can sign and submit your STAC-5:
 - * **A 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.**
 - * **The Consent to Initiate Services.**
 - * **Birth Certificate or Adoption Papers. Only needed for the following districts:**
 - * General Brown
 - * Lyme
 - * Thousand Islands
 - * Watertown

Consent to Initiate Services

- * One time consent that parent(s) must sign.
- * The start of services cannot be backdated even if the parent has delayed providing the Consent to Initiate Services.

General Brown Central School District
CONSENT FOR INITIAL PROVISION OF SPECIAL EDUCATION SERVICES
Please complete, sign and return this form to the address below

09/03/2024

RE: [REDACTED]
DOB: [REDACTED]

General Brown Central School District
Committee on Special Education
Office of Student Services
17643 Cemetery Road
Dexter, NY 13634

I have received and understand the notice that the Committee on Preschool Special Education has recommended that my child meets the criteria to be classified as a student with a disability and receive special education services.

I understand that I must give written consent to the district in order to initiate such services for my child. I also understand that if I do not provide consent for the initial provision of special education services, no further action will be taken by the Committee until such consent is obtained.

I have also received a copy of the Procedural Safeguards Notice or have been informed as to how to obtain a copy.

Please check one box:

I hereby grant consent for the initial provision of special education services.

As my child will turn three on or before August 31st, I will be continuing the EIP services contained in the Individualized Family Service Plan (IFSP), until September 1st. After September 1st, I hereby grant consent for the initial provision of special education services.

As my child will turn three on or after September 1st, I will be continuing the EIP services contained in the Individualized Family Service Plan (IFSP), until January 2nd. After January 2nd, I hereby grant consent for the initial provision of special education services.

I do not consent for the initial provision of special education services.

[REDACTED] 9-27-24
Parent/Guardian (Print Name) Signature Date

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.

CPSE: 660413020000 ABBOT

Student Information

Last Name: **Mouse** First Name: **Minnie** DOB: 1/1/2020 Eligibility: 1/1/2023 - 8/31/2025

STACID: CIN: Student Number: 5000067786 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	08/04/2023	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	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

Upload Upload Multiple Documents

Uploading a Document

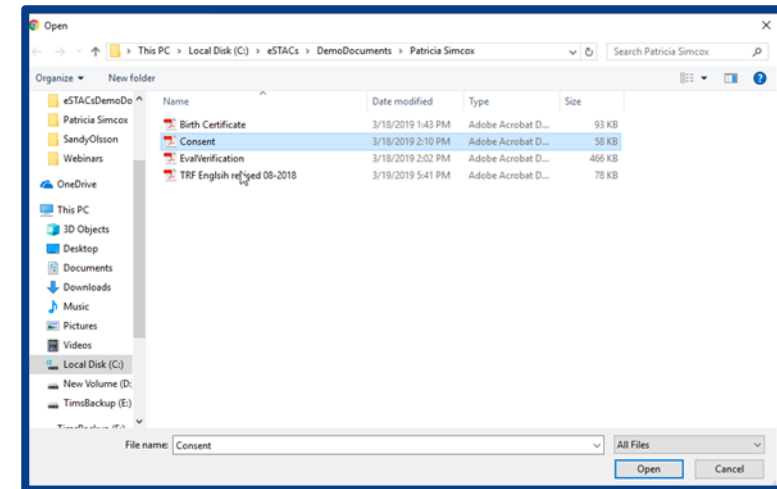
- * Click “Choose File” button.
- * Browse to the file location and select the file.
- * Click the “Open” button on the file dialog
- * The filename will appear next to “Choose File” button.
- * Click “Upload”.

CPSE: 012806060000 RYDELL CSD

Child Information

Last Name: **Rizzo** First Name: **Frank** DOB: **12/18/2016** Eligibility: **7/1/2019 - 8/31/2022**
STACID: CIN: [Edit](#)

Choose File No file chosen [Upload](#)



CPSE: 012806060000 RYDELL CSD

Child Information

Last Name: **Rizzo** First Name: **Frank** DOB: **12/18/2016** Eligibility: **7/1/2019 - 8/31/2022**
STACID: CIN: [Edit](#)

Choose File **Consent.pdf** [Upload](#)

Uploading a Document

- * Right hand 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.

The screenshot displays the eSTACsFileHandler.ashx interface. On the left, a modal window titled "Enter Details for Entire Document" is open, with a checked checkbox. It contains fields for "Page 1 to 1", "Document Type" (with a dropdown menu open showing "IEP" selected), "School Year", "Placement" (with "07/05/2021-08/13" selected), and "Comments" (with "IEP" entered). The dropdown menu lists various document types such as "Birth Certificate", "Passport", "Adoption Papers", "Legal Name Change", "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", "Serv: Nurse", "Serv: IEP", "Serv: Interpreter", "Serv: Summer Regression Justification", and "Serv: Explanation for not having a STAC-5".

The main interface shows the "Blind Brook-Rye Union Free School District" information, including the address "390 North Ridge Street, Rye Brook, NY 10573-1105". Below this, student information is displayed, including "Student: [Redacted]", "Date of Birth: 12/22/2017", "Gender: Male", "ID #: 112201514", "Address: [Redacted]", "Age as of meeting date: 3:4", "Native Language: English", "County: Westchester", "Interpreter Required: No", "Contacts: [Redacted]", "Home/Mobile #: H: (914) 539-5147 M: (914) 420-6713 Work #: [Redacted] Email: [Redacted]", "Home/Mobile #: H: (914) 539-5147 M: (914) 539-5147 Work #: [Redacted] Email: [Redacted]", "School Year: 2021-2022", "Placement: Approved Preschool Special Education Program", "School: Preschool Itinerant Services Only", and "Grade: Preschool".

Below the student information, there are two tables: "IEP INFORMATION" and "SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES".

IEP INFORMATION	
Projected IEP Start Date:	07/05/2021
Projected IEP End Date:	06/25/2022
Projected Date of Annual Review:	06/24/2022
Projected Date for Reevaluation:	03/18/2024
Extended School Year:	Yes
Behavior Intervention Plan:	No
Supplementary Aids and Services:	No
Assistive Technology:	No
Supports for School Personnel:	No
Testing Accommodations:	No
Participate State/District Assessments:	N/A
Special Transportation:	Yes

SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES			
Special Class in an Integrated Setting: 6:1+1	09/01/2021 - 06/24/2022	2 x Weekly, 5hr.	School
Speech/Language Therapy: Individual	09/01/2021 - 06/24/2022	2 x Weekly, 30min.	School
Occupational Therapy: Individual	09/01/2021 - 06/24/2022	2 x Weekly, 30min.	School
Physical Therapy: Individual	09/01/2021 - 06/24/2022	2 x Weekly, 30min.	School
Special Class in an Integrated Setting: 6:1+1	07/05/2021 - 08/13/2021	5 x Weekly, 5hr.	School
Speech/Language Therapy: Individual	07/05/2021 - 08/13/2021	2 x Weekly, 30min.	School
Occupational Therapy: Individual	07/05/2021 - 08/13/2021	2 x Weekly, 30min.	School
Physical Therapy: Individual	07/05/2021 - 08/13/2021	2 x Weekly, 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: 660413020000 ABBOT

Student Information

Last Name: **Mouse** First Name: **Minnie** DOB: 1/1/2020 Eligibility: 1/1/2023 - 8/31/2025
STACID: CIN: Student Number: 5000067786 Edit Resync

Placement Information

Session: From Date: 09/06/2023 To Date: 06/21/2024
Hrs/Day: 2.50 Days/Wk: 5 Aide/RN/LPN:
Provider: ARC -- PRIME TIME FOR KIDS Program: 9165

Program Aide / Nurse / Interpreter Related Services Transportation

Type	Sharing	Start Date	End Date	Hours Per Day	Days Per Week	Submitted Date	Status				
LPN	Shared with 2 other students	09/06/2023	06/21/2024	2.50	5		Not Submitted	Edit	Delete	Print	
		09/06/2023	06/21/2024	2.50	5			Add			

Return to St

1:1 (No Sharing)
Shared with 1 other student
Shared with 2 other students
Shared with 3 other students
Shared with 4 other students

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Comparison eSTAC to Paper Form

Program	Aide / Nurse / Interpreter	Related Services	Transportation								
Type	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	
		09/06/2023	06/21/2024	5.00	5			Add			

[Return to Student Details](#)

For help, email: eSTACs@CPSEPortal.com

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: Mickey Mouse	Date of Birth (mm/dd/yy): 10/19/2019
County of Residence Name: ROCKLAND	
Name of School District with CPSE Responsibility: ABBOT	School District SED Code: 6 6 0 4 1 3 0 2 0 0 0 0

AIDES/NURSES/INTERPRETERS DURING EDUCATION HOURS					
<input checked="" type="checkbox"/> Aide 1	Requested Start: 09/06/2023 to 06/21/2024	Requested End: 06/21/2024	Hours 1:1 Requested: 5.00 Hours / Day	Days 1:1 Requested: 5 Days / Week	Shared by multiple students: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: 3 stu. 2
<input type="checkbox"/> RN	Requested Start: to	Requested End: to	Hours 1:1 Requested: 3 Hours / Day	Days 1:1 Requested: 4 Days / Week	Shared by multiple students: <input type="checkbox"/> No <input type="checkbox"/> Yes: students
<input type="checkbox"/> LPN	Requested Start: to	Requested End: to	Hours 1:1 Requested: Hours / Day	Days 1:1 Requested: Days / Week	Shared by multiple students: <input type="checkbox"/> No <input type="checkbox"/> Yes: students
<input type="checkbox"/> Interpreter	Requested Start: to	Requested End: to	Hours 1:1 Requested: Hours / Day	Days 1:1 Requested: Days / Week	Shared by multiple students: <input type="checkbox"/> No <input type="checkbox"/> Yes: students

PRESCHOOL EDUCATION PLACEMENT	
Education Provider Name: A STARTING PLACE	Education Provider SED Code: 5 0 0 3 0 8 8 8 0 1 0 7
Program Name: S/Y PRESCHOOL-SPECIAL CLASS 5 HRS	Program Code: 9 1 0 0 - 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

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](#)

Upload Partial Reimbursement Form

* Under Document Type:

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

The image shows a screenshot of a web application interface. On the left, a 'Document Type' dropdown menu is open, displaying a list of options. The option 'Serv: Aide' is highlighted with a blue selection bar and a red rectangular box. Other options include 'Medicaid : Unable to obtain Medicaid Consent', 'Foster Care : LDSS2999', 'Eval : Evaluation Justification Letter', 'Eval : Justification For Eval Outside Eligibility Dates', 'Eval : Evaluation Approval Request', 'Serv: Nurse', 'Serv: IEP', 'Serv: Interpreter', 'Serv: Summer Regression Justification', 'Serv: Explanation for not having a STAC-5', 'Serv: Written Order(s)', 'Serv: Interim Letter of Placement', 'Serv: Declassification statement', 'Serv: Child Variance', 'Serv: Child Miscellaneous', 'Immunization : Proof of Immunization', 'Immunization : Immunization Medical Exemption Waiver', and 'Tele : Consent to telepractice'. Below the dropdown is a 'Comments' text area and 'OK' and 'Cancel' buttons.

The main part of the screenshot shows a browser window with the URL 'eSTACsFileHandler.aspx'. The page displays a form titled 'Request for Reimbursement for Student-Specific Nurses and Interpreters' with the subtitle '**For Preschool Use Only**'. The form includes fields for 'STAC-812', 'STAC-ID' (a grid of boxes), and 'Do NOT submit this form for: Education Aides (Enter aide percentage on EFRT service approval screen)'. Below this is a section for 'STUDENT, COUNTY, AND SCHOOL DISTRICT INFORMATION' with fields for 'Student Name: Mickey Mouse', 'Date of Birth: 10/19/2019', 'County of Residence Name: ROCKLAND', and 'Name of School District with CPSE Responsibility: ABBOT'. At the bottom, there is a table for 'AIDES/NURSES/INTERPRETERS DURING EDUCATION HOURS' with columns for service type, requested start/end dates, hours per day, days per week, and sharing status.

	Requested Start:	Requested End:	Hours 1:1 Requested:	Days 1:1 Requested:	Shared by multiple students:
<input checked="" type="checkbox"/> Aide	09/06/2023	06/21/2024	5.00 Hours / Day	5 Days / Week	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - 3 students
<input type="checkbox"/> RN	Requested Start:	Requested End:	Hours 1:1 Requested:	Days 1:1 Requested:	Shared by multiple students:
<input type="checkbox"/> LPN	Requested Start:	Requested End:	Hours 1:1 Requested:	Days 1:1 Requested:	Shared by multiple students:
<input type="checkbox"/> Interpreter	Requested Start:	Requested End:	Hours 1:1 Requested:	Days 1:1 Requested:	Shared by multiple students:

Forms

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

Student Information

Last Name: **Smith** First Name: **John** DOB: **1/1/2019** Eligibility: **1/1/2022 - 8/31/2024**

STACID: CIN: Student Number: **5000067785** Edit Resync

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

School Year

Forms

	Form	Description
<input type="checkbox"/>	Medicaid Parental Consent	Consent to Access Medicaid
<input type="checkbox"/>	Medicaid Parental Consent (Spanish)	Consent to Access Medicaid (Spanish)
<input type="checkbox"/>	Written Order	Generic Written Order / Prescription / Referral
<input type="checkbox"/>	Unable to obtain consent	Notification of not being able to obtain Medicaid Parental Consent

Generate 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 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: _____
Print Name: _____ **Must fill-in full date**

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: 660413020000 ABBOT

Student Information

Last Name: **Mouse** First Name: **Minnie** DOB: 1/1/2020 Eligibility: 1/1/2023 - 8/31/2025

STACID: CIN: Student Number: 5000067786 Edit Resync

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

Waivers

Date Type	Date	
<input type="text"/>	<input type="text"/>	Add

- Earliest Eval Date
- Earliest Service Date
- Latest Eval Date
- Latest Service Date

© James M

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: 661100010000 NEW ROCHELLE

Student Information

Last Name: _____ First Name: _____ DOB: **6/23/2016** Eligibility: **1/1/2019 - 8/31/2021**
STACID: _____ CIN: _____ Student Number: _____ [Edit SED Summary](#)

[STAC-5s](#) [Evaluation Components](#) [IEP Placements](#) [IEP Mandates](#) [Documents](#) [Forms](#)

School Year Session

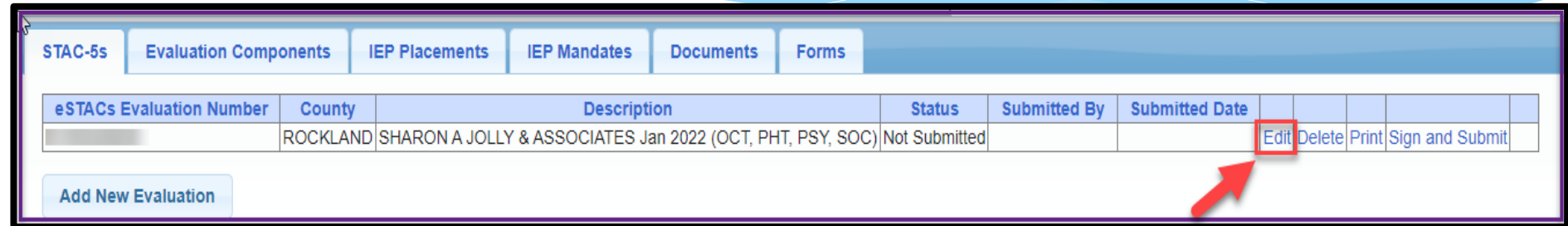
School Year Session	Placement	Description	Status	Submitted By	Submitted Date					
2020 - 2021 Summer	CB	07/06/2020-08/14/2020 -9100(A)	Submitted	import	8/18/2020	Amend	Rescind	Print		Submission History
2020 - 2021 Winter	CB	09/08/2020-06/25/2021 -9100(I)	Submitted	RS	12/21/2020	Amend	Rescind	Print		Submission History
2021 - 2022 Summer	CB	07/05/2021-08/13/2021 -9100(A)	Amended			Amend	Rescind	Print	Sign and Submit	Submission History
2021 - 2022 Summer	SEITRS	07/05/2021-08/13/2021 RS (OT(I))	Submitted	RS	8/4/2021	Amend	Rescind	Print		Submission History

[Add CB Placement](#) [Add SEIT/RS Placement](#)

Amendments and/or Corrections

Amendments

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

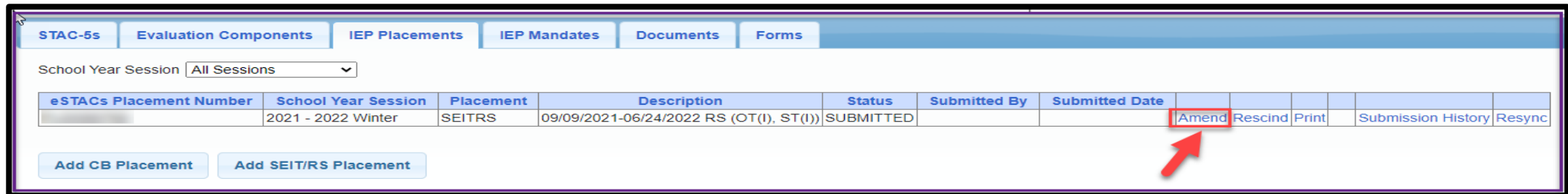


The screenshot shows the 'STAC-5s' interface with tabs for 'Evaluation Components', 'IEP Placements', 'IEP Mandates', 'Documents', and 'Forms'. A table lists evaluations with columns for 'eSTACs Evaluation Number', 'County', 'Description', 'Status', 'Submitted By', and 'Submitted Date'. The 'Edit' button in the action column is highlighted with a red box and a red arrow.

eSTACs Evaluation Number	County	Description	Status	Submitted By	Submitted Date				
	ROCKLAND	SHARON A JOLLY & ASSOCIATES Jan 2022 (OCT, PHT, PSY, SOC)	Not Submitted			Edit	Delete	Print	Sign and Submit

Buttons: Add New Evaluation

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



The screenshot shows the 'STAC-5s' interface with tabs for 'Evaluation Components', 'IEP Placements', 'IEP Mandates', 'Documents', and 'Forms'. A dropdown menu for 'School Year Session' is set to 'All Sessions'. A table lists placements with columns for 'eSTACs Placement Number', 'School Year Session', 'Placement', 'Description', 'Status', 'Submitted By', and 'Submitted Date'. The 'Amend' button in the action column is highlighted with a red box and a red arrow.

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

Buttons: 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

Amend Specific Mandate

Amend 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

- 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

Amend

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

School Year Session

eSTACs Placement Number	School Year Session	Placement	Description	Status	Submitted By	Submitted Date	Amend	Rescind	Print	Submission History	Resync
PL00081848	2021 - 2022 Winter	CB	09/10/2021-06/24/2022 ARC -- PRIME TIME FOR KIDS-9100(I)	SUBMITTED							

Amending at Details Level

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

School Year Session ▼

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

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

Jefferson County Timeline

- * **March 7, 2025:**

- * Jefferson 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.

- * **March 10, 2025:**

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

- * **March 11, 2025:**

- * School districts will begin entering 24/25 and/or 25/26 STAC-5's into eSTACs.

- * **March 19, 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.