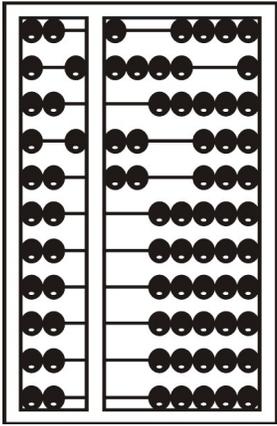


JAMES MCGUINNESS  
& ASSOCIATES INC.  
Consultants



# Preschool Basics

Creating Children, STAC's, and Enrollments

For Counties that do not use eSTAC's

# The Child Screen

The screenshot displays the 'Child & STAR Maintenance' application window. The main content area is divided into several sections:

- Child Demographics:** A form on the left side containing fields for Last Name, First Name, AKA, DOB (MM/DD/YYYY), Sex, Race/Ethnic, District (Akron), Foster County, Address, City, State (NY), Zip, Home Phone#, Parents, and Diagnosis. It also includes buttons for 'Suffix', 'M.I.', 'Alternate Names', and 'Discharge'.
- SED/ Medicaid Child Info:** A central section with a yellow background, containing fields for STAC ID, SSN, eSTACs Student #, and CIN #. It also has checkboxes for 'Medicaid Consent and Eligibility', 'Has Assistive Tech Device', and 'Has ABA', along with buttons for 'New', 'Apply', 'Lookup Child', 'Delete', 'Summary', 'Add Child to CIN Lookup', and 'Upload to CPSE Portal'.
- Activity Log:** A table below the SED/ Medicaid section with columns for Category, Date, Time, Activity, AddedBy, and Added. It includes a 'View Full Log' link and an 'Add' button.
- Comment Field:** A large text area at the bottom of the screen for entering comments.

# Creating a New Child

- To create a new child, start by clicking 'New' in the upper right-hand side of the Yellow Child Screen.



The screenshot shows the 'Child & STAC Maintenance' application window. The 'Child' tab is selected and highlighted in yellow. The form contains the following fields and sections:

- Child Section:**
  - Last Name\* (text input)
  - First Name\* (text input)
  - AKA (text input)
  - DOB\* (date picker, MM/DD/YYYY)
  - Sex\* (radio buttons)
  - Race/Ethnic\* (dropdown menu)
  - District\* (dropdown menu, currently ALBANY CITY SD)
  - Foster County (dropdown menu)
  - Suffix (text input)
  - M.I. (text input)
  - Alternate Names (button)
- Stacs Section:** (Empty)
- Evals Section:**
  - STAC ID (text input)
  - SSN (text input)
  - eSTACs Student # (text input)
  - CIN # (text input)
  - Buttons: Add Child to CIN Lookup, Summary, Delete, LookUp Child, Apply, New
  - Medicaid Consent and Eligibility (checkbox)
  - Upload to CPSE Portal (checkbox)
  - Has Assistive Tech Device (checkbox)
  - Has ABA (checkbox)

A red arrow points to the 'New' button in the Evals section.

# Child Demographics

Required Fields for every child:

- **First Name**
- **Last Name**
- **Date of Birth**
- **Sex**
- **Race**
- **District**

Additional Fields Include

- **AKA (Also Known As)\***
- **Suffix (Jr, IV, etc.)**
- **Foster County – only for other counties**
- **Address**
- **Phone number**
- **Parent information**
- **Diagnosis Codes\***

**Child**

Last Name*	<input type="text"/>	Suffix	<input type="text"/>
First Name*	<input type="text"/>	M.I.	<input type="text"/>
AKA	<input type="text"/>		Alternate Names
DOB*	<input type="text" value="MM/DD/YYYY"/>		
Sex*	<input type="text"/>	Race/Ethnic*	<input type="text"/>
District*	<input type="text" value="Akron"/>		<input type="text"/>
Foster County	<input type="text"/>		<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text" value="NY"/>	Zip	<input type="text"/>
Home Phone#	<input type="text"/>		
Parents	<input type="text"/>		
Diagnosis	<input type="text" value="Add new diagnosis..."/>		
			<input type="button" value="Discharge"/>

## SED/ Medicaid Child Info

Information that is also available on this screen:

- STAC ID [...] allows editing
- SSN [...] allows editing
- eSTACs Student number (for eSTACs users only)
- Medicaid CIN

Additional buttons for

- New Child
- Apply
- Lookup Child
- Delete
- Child Summary\*

The screenshot shows a form with the following fields and buttons:

STAC ID	K90657	...	New
SSN		...	Apply
eSTACs Student #	1400081770		Lookup Child
CIN #	GK44999J		Delete
Add Child to CIN Lookup			Summary
Medicaid Consent and Eligibility		<input type="checkbox"/>	Has Assistive Tech Device
Upload to CPSE Portal		<input type="checkbox"/>	Has ABA

# SED/ Medicaid Child Info Cont.

Add Child to CIN Lookup

Accepted consent signed on 09/11/20 recorded in system.

Last Name:  First Name:  DOB:

Last Name:  First Name:  Date of Eligibility to Check:

CPSE Services Eligibility: 01/01/20 - 08/31/22

Previous Searches for Child					New Searches for Child				
Last Name	First Name	DOB	Gender	Date	Last Name	First Name	DOB	Gender	Date

STAC ID:

SSN:

eSTACs Student #:

CIN #:

Medicaid Consent and Eligibility  Has Assistive Tech Device

Upload to CPSE Portal  Has ABA

Medicaid Info. Current CIN=FV22272M

MSB Eligibility | Consent History | Medicare Information

Selected CIN:

CIN List for child				
CIN	Start	End	Invalid For This Child	History
FV22272M				CURRENT

Last Name:  First Name:  DOB:  Sex:  CIN:

Address:  City:  State:  Zip:  County:  Office:

Plan Date:  Anniversary Date:  Recertification Month:  Health Plan Coverage:

Data was obtained from eMedNY on 1/8/2024 when checking service date:2019-12-01

Eligibility Date Verification		
Service Date	Eligible	eMedNY Date
08/01/22	Y	08/01/22
07/01/22	Y	07/01/22
06/01/22	Y	06/01/22
05/01/22	Y	05/01/22
04/01/22	Y	04/01/22
03/01/22	Y	03/01/22
02/01/22	Y	02/01/22
01/01/22	Y	01/01/22
12/01/21	Y	12/01/21
11/01/21	Y	11/01/21
10/01/21	Y	10/01/21
09/01/21	Y	09/01/21
08/01/21	Y	08/01/21
07/01/21	Y	07/01/21
06/01/21	Y	06/01/21
05/01/21	Y	05/01/21
04/01/21	Y	04/01/21
03/01/21	Y	03/01/21
02/01/21	Y	02/01/21
01/01/21	Y	01/01/21
12/01/20	Y	12/11/20
11/01/20	Y	12/11/20
10/01/20	Y	12/11/20
09/01/20	Y	12/11/20
08/01/20	Y	12/11/20
07/01/20	Y	12/11/20
06/01/20	Y	12/11/20
05/01/20	Y	12/11/20
04/01/20	Y	12/11/20
03/01/20	Y	12/11/20

Upload Child to CPSE Portal

05/25/2017 Sweet Home

Child Entries in CPSE Portal						
District	Last Name	First Name	DOB	STACID	CIN	CPSE Child#
Sweet Home	SCHOENEMANN	CDRA	05/25/17	J02127	FV22272M	C14000170536

Child's Evaluators in Preschool

Provider Name
ECMC

Allow Selected Evaluators to Access Child In CPSE Portal

Providers With Access To Child In CPSE Portal

Provider Name
BAKER VICTORY SERVICES
SPEECH LANGUAGE & COMMUNICATION
BUFFALO HEARING AND SPEECH CENTER

Additional Evaluators:

Give Additional Evaluators to Access To Child In CPSE Portal

# Additional Fields

## Comments Field

A screenshot of a web interface showing a large, empty text area for comments. The text area is white with a thin border and a vertical scrollbar on the right side. To the left of the text area is a yellow vertical bar with the word "Comments" written in small black text.

## Activity Log

A screenshot of a web interface showing a table titled "Child Activity Log". The table has a yellow header bar with the text "View Full Log" and an "Add" button. The table has the following columns: Category, Date, Time, Activity, AddedBy, and Added. The table is currently empty.

Category	Date	Time	Activity	AddedBy	Added
----------	------	------	----------	---------	-------

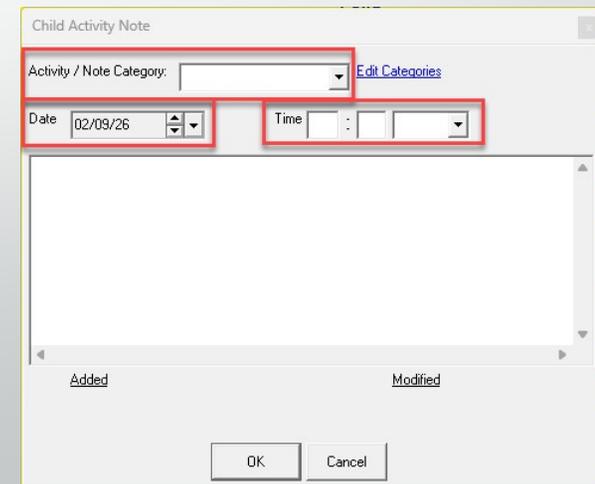
A screenshot of a web interface showing a form titled "Child Activity Note". The form has a yellow header bar with the text "View Full Log" and an "Add" button. The form has the following fields: Activity / Note Category (dropdown menu), Date (dropdown menu), Time (dropdown menu), and a large text area. The form also has "Added" and "Modified" labels below the text area, and "OK" and "Cancel" buttons at the bottom.

# Activity Log

- Child Activity Log – limited display of most recent entered activities
- Activities are sorted by Category, Date, Time, and who entered.
- Activity/ Note Categories are built per county.\*
- Can be exported into Excel
- These notes can be modified, but not deleted



Category	Date	Time	Activity	AddedBy	Added
----------	------	------	----------	---------	-------



Child Activity Note

Activity / Note Category:  [Edit Categories](#)

Date: 02/09/26 Time: : :

Added Modified

OK Cancel



LIVE DEMO

# Entering an Eval STAC-5

- Once you have created a new child, you can begin to enter STACs and enrollments.
- We will begin with evaluations, STAC-5
- Start by clicking on the Evals tab

Current Child: HARKONNEN, FEYD | DOB: 3/25/2022 | Eligibility: 01/01/25 - 08/31/27 | STAC ID: | Current Sess.: 25-26 2 Month

Child & STAC Maintenance

**Child** | Stacs | **Evals**

Last Name\*: HARKONNEN | Suffix: | First Name\*: FEYD | M.I.: | AKA: | Alternate Names: | DOB\*: 03/25/2022 | Elig: 01/01/25 - 08/31/27 | Sex\*: M | Race/Ethnic\*: White | District\*: Buffalo | Foster County: | Address: |

STAC ID: | SSN: | eSTACs Student #: | CIN #: | Add Child to CIN Lookup: | Medicaid Consent and Eligibility: | Upload to CPSE Portal: | Has Assistive Tech Device: | Has ABA: |

Child Activity Log | View Full Log | Add

Category	Date	Time	Activity	AddedBy	Added
----------	------	------	----------	---------	-------

Child & STAC Maintenance

Child      Stacs      Evals

HasEval	Eval Date	Eval Type	Bi-Lingual	Rate
<input type="checkbox"/>		Social	<input type="checkbox"/>	
<input type="checkbox"/>		Speech/Language	<input type="checkbox"/>	
<input type="checkbox"/>		Psychological	<input type="checkbox"/>	
<input type="checkbox"/>		Occupational Therapy	<input type="checkbox"/>	
<input type="checkbox"/>		Physical Therapy	<input type="checkbox"/>	
<input type="checkbox"/>		Education	<input type="checkbox"/>	
<input type="checkbox"/>		Music	<input type="checkbox"/>	
<input type="checkbox"/>		Functional Vision	<input type="checkbox"/>	
<input type="checkbox"/>		Teacher Of Visually	<input type="checkbox"/>	
<input type="checkbox"/>		Audiological	<input type="checkbox"/>	
<input type="checkbox"/>		Physical/Medical	<input type="checkbox"/>	
<input type="checkbox"/>		Other (Physician)	<input type="checkbox"/>	
<input type="checkbox"/>		Psychiatric	<input type="checkbox"/>	
<input type="checkbox"/>		Other (Non-Physician)	<input type="checkbox"/>	
<input type="checkbox"/>		Otolaryngology	<input type="checkbox"/>	
<input type="checkbox"/>		Diplomatic	<input type="checkbox"/>	
<input type="checkbox"/>		Dithopedic	<input type="checkbox"/>	
<input type="checkbox"/>		Neurological	<input type="checkbox"/>	
<input type="checkbox"/>		Neuropsychological	<input type="checkbox"/>	
<input type="checkbox"/>		Counseling	<input type="checkbox"/>	
*				

Eval components in the selected record

Evaluator

District  
Buffalo

Foster County

CPSE Date:      Translation Cost:  
MM/DD/YYYY

Child is a preschooler with a disability

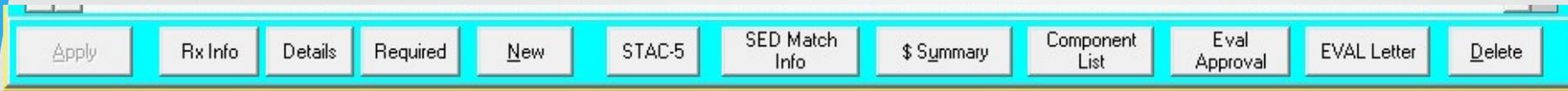
STAC ID:      EVAL #:

Comments:

Eval record details for the selected record

District	Evaluator	CPSE Date	Disabled	Comments	STACID	Eval#	TranslationCost
Eval records							

Apply    Rx Info    Details    Required    New    STAC-5    SED Match Info    \$ Summary    Component List    Eval Approval    EVAL Letter    Delete



Button	Function
Apply	Save the changes you made.
Rx Info	Records ordering provider, sign date, & ICD.
Details	Rejection information and transmission methods.
Required	Manages payment requirements.
New	Let's you enter a new eval.
STAC-5	Print out a pre-filled STAC-5 form.
SED Match Info	Compare what you have in Preschool with what SED has.
\$ Summary	Lists processed and pending eval payments.
Component List	Print out a Component List letter.
Eval Approval	Print out an Eval Approval Sheet report.
Eval Letter	Print out the Eval Letter.
Delete	Delete the selected eval.

Rx Info Details Required **New** STAC-5 SED

Evaluator  
ASPIRE OF WESTERN NY

District  
Buffalo

Foster County

CPSE Date: Translation Cost:  
MM/DD/YYYY

Child is a preschooler with a disability

STAC ID: EVAL #:

Comments:

1. First, click “New” at the bottom.
2. Then, enter the “Evaluator”.
3. Select the district.
4. Choose if the child is a foster child for **another county**. Foster children in your county do not need to be specified.
5. The CPSE Date is for your records only.
6. Enter a translation cost if you’ve paid it. This will be sent on the STAC-5 to SED for approval.
7. Specify if this child is a preschooler with a disability.

HasEval	Eval Date	Eval Type	Bi-Lingual	Rate
<input type="checkbox"/>		Social	<input type="checkbox"/>	
<input type="checkbox"/>		Speech/Language	<input type="checkbox"/>	
<input type="checkbox"/>		Psychological	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	9/1/2025	<b>Occupational</b>	<input type="checkbox"/>	<b>\$168.00</b>
<input checked="" type="checkbox"/>	9/1/2025	<b>Physical Therapy</b>	<input type="checkbox"/>	<b>\$168.00</b>
<input checked="" type="checkbox"/>	9/1/2025	<b>Education</b>	<input type="checkbox"/>	<b>\$168.00</b>
<input type="checkbox"/>		Music	<input type="checkbox"/>	
<input type="checkbox"/>		Functional Vision	<input type="checkbox"/>	
<input type="checkbox"/>		Teacher Of Visually	<input type="checkbox"/>	
<input type="checkbox"/>		Audiological	<input type="checkbox"/>	
<input type="checkbox"/>		Physical/Medical	<input type="checkbox"/>	
<input type="checkbox"/>		Other (Physician)	<input type="checkbox"/>	
<input type="checkbox"/>		Psuchiatric	<input type="checkbox"/>	

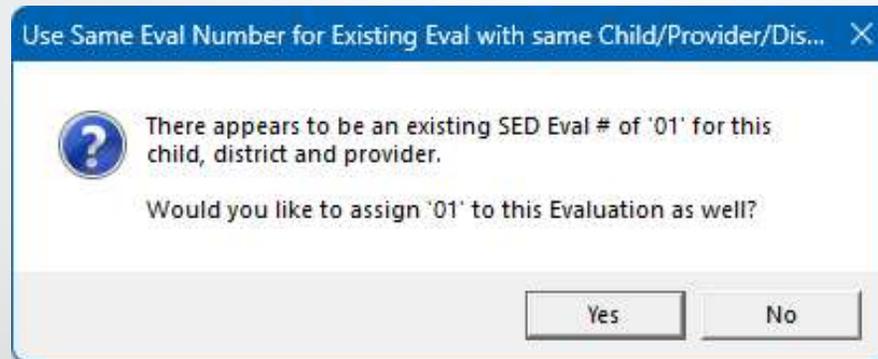
District	Evaluator	CPSEDate	Disabled	Comments
▶ Buffalo	ASPIRE OF WESTERN		<input checked="" type="checkbox"/>	

Apply Rx Info Details Required

1. Check the "HasEval" checkbox.
2. Enter the eval date.
3. The rate should then auto-populate.
4. Repeat the process to fill out all the components in an eval.
5. Click "Apply" at the bottom.
6. A new record will show up in the record list.

# Additional Evals

- If you already have an Evaluation Approved by SED and you add another eval with the same School District and Evaluator, Preschool will ask if you want to assign the new eval as 'Rec ##'.
- Click Yes.

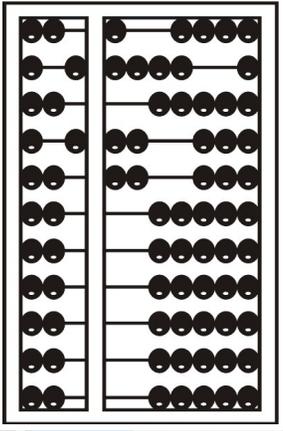


District	Evaluator	CPSEdate	Disabled	Comments	STACID	Eval#	TranslationCost
▶ Clarence	HEARING AND		<input checked="" type="checkbox"/>		M10079	01	\$0.00
Clarence	HEARING AND		<input type="checkbox"/>		M10079	01	\$0.00



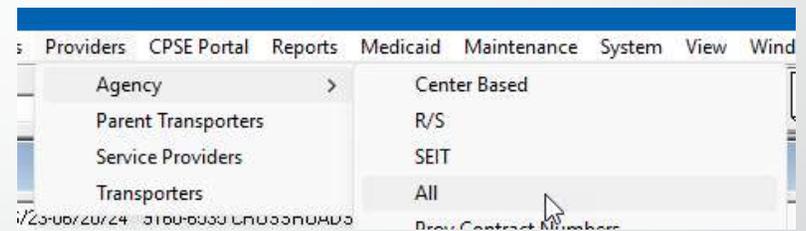
LIVE DEMO

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# Providers and Programs

- To view Providers and Programs go to Providers > Agency and select All or a particular service type.



- This will display a list of all providers.
- You can see the provider name, vendor number, SED Provider Code, contact name, address, and if the provider is active

Maintain Provider & Program Names (All)														
Providers					Programs									
ProviderDisplayName	Vendor#	State Provider Code	Popular Name	Contact Name	Title	Street	PO Box	City	State	Zip	Phone	Fax	Email	Active
0012.CROSSROAD CENTER FOR CHILDREN	0007104C	5300202890012	CROSSROADS CENTER FOR	WENDY LOUKES		50 CYPRESS DR	STE 100	SCOTIA	NY	12302	5185819373		wendyl@crossroadcenterk	<input checked="" type="checkbox"/>
6535 CROSSROADS NEW	1513	5300202996535	CROSSROADS CENTER FOR	KELLY YOUNG		1136 NORTH		SCHENECTADY	NY	12306	5182800083		melissac@crossroadcer	<input checked="" type="checkbox"/>
A CHILDS PLACE AT UNITY HOUSE	0001234	491700996816	UNITY HOUSE OF TROY	Sue Butler		401 MONROE		TROY	NY	12180	5187542188		SButler@UnityHouseNY	<input checked="" type="checkbox"/>
A New Provider	00021			Jon Smith		123 Elm Street		Somewhere	NY	12000				<input checked="" type="checkbox"/>
ABBATE COLLEEN	1204612C												cabbate@nycap.rr.com	<input checked="" type="checkbox"/>
ABBAY CATHRYN	0000123E												cathy.abbey@verizon.n	<input checked="" type="checkbox"/>
ABILITIES		800000091592	ABILITIES	VALERIE KEEN		10 MOUNTAIN LEDGE		GANSEVOORT	NY	12831	5187968111			<input checked="" type="checkbox"/>
ACCESS THERAPY GROUP: PT., OT, SLP, P	13415	800000070331	ACCESS THERAPY GROUP:	RICHARD ROTHWELL		78 RIDGEWOOD DR	MECHANIC	MECHANICVILLE	NY	12118	5184412631	5186645519	rothwell@accesstherap	<input checked="" type="checkbox"/>
ACHIEVEMENTS	14180457	010605880063	ACHIEVEMENTS	TAMI CALLISTER		PO BOX 279	1061 TROY	LATHAM	NY	12110	5187821178	5187823433	jim@achievements.org	<input checked="" type="checkbox"/>
ADEPT HEALTH CARE SERVICES, INC.	0000374C													<input checked="" type="checkbox"/>
ADVANCED THERAPY	1418120C	800000059936	ADVANCED THERAPY, P.L.L.C.	PETER SCOTTO		ONE RAPP RD		ALBANY	NY	12203	5188673061	5188673066	kknowles@advancedth	<input checked="" type="checkbox"/>

- Double click on a provider to see more details about them, you will be able to edit those details here.
- Here you can add the NPI number, change the email address, Provider Contact info, address, Vendor Number, Provider type, and set them active or inactive.

A New Provider	00021		Jon Smith	123 Elm Street
ADDPATE COLLEEM	12046120			

Provider Name:	A New Provider	SED Code:	
SED Name:		SED Evaluator:	
Contact Name:	Jon Smith	County Vendor#:	00021
Address1:	123 Elm Street	SSN / EIN:	
Address2:		NPI:	1234567891
City:	Somewhere	State:	NY
		Zip:	12000
Email Address:		Provider Type:	
Phone:			
<input checked="" type="checkbox"/> Active	<input type="checkbox"/> Evaluator		
Weekly Tuition Rate Calculation			

OK Apply Cancel

- If you left click on a provider and then click on the Programs Tab, you will see the programs for that provider in the selected School Year.
- From the Program screen you can view any Programs for that provider.
- You can edit the programs to change the rate, dates, program name, or set them as active or inactive
- You can add new RS programs by clicking the Add RS Program button.

Current Child: JACOBIE, JOHN | DUB: 1/21/2020 | Eligibility: 01/01/23 - 08/31/25 | SIAC ID: M05630 | Current Sess: 23-24 10 Month | SEIT ET/ass

Maintain Provider & Program Names (All)

Providers														Programs									
ProviderDisplay Name	Vendor#	State Provider Code	Popular Name	Contact Name	Title	Street	PO Box	City	State	Zip	Phone	Fax	Email	Active									
0012 CROSSROAD CENTER FOR CHILDREN	00071040	530202980012	CROSSROADS CENTER FOR	WENDY LOUKES		50 CYPRESS DR	STE 100	SEOTIA	NY	12302	5185819373		wendyl@crossoadcentr	<input checked="" type="checkbox"/>									
6535 CROSSROADS NEW	1513	530202996535	CROSSROADS CENTER FOR	KELLY YOUNG		1136 NORTH		SCHENECTADY	NY	12306	5182800083		melissac@crossoadcentr	<input checked="" type="checkbox"/>									
A CHILDS PLACE AT UNITY HOUSE	0001234	491700996816	UNITY HOUSE OF TROY	Sue Butler		401 MONROE		TROY	NY	12180	5187542188		SButler@UnityHouseNY	<input checked="" type="checkbox"/>									
A New Provider	00021			Jon Smith		123 Elm Street		Somewhere	NY	12000				<input checked="" type="checkbox"/>									

Maintain Provider & Program Names (All)

Providers																	Programs									
Code	SEStacCode	Program Display Name	School Year	FromDate	ToDate	Name	Name 2	Type	Category	Old Prog Code	Begin Date	End Date	Length Weeks	Days Week	Hours Day	Rate	Vendor#	Active								
9200	2	CROSSROADS CENTER FOR CHILDREN	23-24 10 Month	9/1/2023	6/30/2024	S/Y-PRESCH-RELATED		PRE	PRELS		20230901	20240630	40	0	0	55.00	00071040	<input checked="" type="checkbox"/>								

Program Display Name: CROSSROADS CENTER FOR CHILDREN

From Date: 09/01/2023 | To Date: 06/30/2024 | Vendor Number: 00071040 |  Active

Rate: 55.00 | 1 to 1 Rate: 0.00 | Trans Rate 1: 0.00 | Trans Rate 2: 0.00 | Class Size: | # Classes: | Max Children: |

CB Recalc | Rate Change History | Add RS Program | Add Program | Delete | Apply | OK | Cancel



Live Demo

# Entering a STAC-1 (CB)

- After we enter a child we can then begin to enter a SATC-1
- To enter a STAC-1 for a child we will start by clicking on the Stacs Tab

Child & STAC Maintenance

**Child** | **Stacs** | Evals

Last Name*	DOE	Suffix		STAC ID	M56387	...	New
First Name*	JOHN	M.I.		SSN		...	Apply
AKA		Alternate Names		eSTACs Student #			Lookup Child

- Once the desired school year is selected at the top of the screen, on the STAC's tab we will begin by clicking the 'New' Button at the top right of the screen.
- After we Click New we will then choose 'Center Based' or 'SEIT + Related Services' as our STAC type.
- In this case we will keep the Center Based button selected (this will be selected by default)
- Once you choose the STAC type click 'Apply'

Current Child: JACOBIE, JOHN | DOB: 1/21/2020 | Eligibility: 01/01/23 - 08/31/25 | STAC ID: M05690 | Current Sess.: 25-26 10 Month

**Make Sure the desired school year is selected first.**

Type	Session	District	Rejected	Last Sent	Last Appr'd	Rec#	Year	SEDStac#	X-Mit	DualSTAC	Force	OKToSend	Status
CB	25-26 2 Month	ALBANY CITY SD						M05690	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
SEIT	24-25 10 Month	ALBANY CITY SD						M05690	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
SEIT	23-24 10 Month	ALBANY CITY SD						M05690	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CB	23-24 10 Month	ALBANY CITY SD						M05690	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CB	21-22 10 Month	ALBANY CITY SD						M05690	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

1 **New**  
Apply  
Delete  
Details

2 **Center Based**  
SEIT + Related Services  
Evaluation

District: STAC-1 | STAC Letters: | Foster Care County: | District: ALBANY CITY SD



STAC Enrollment - Center Based

OK to Submit to SED    Force this STAC to be sent in next batch    Multiple Service STAC

Program  
 6535 CROSSROADS NEW (9160)   18363

Is this the same provider that conducted the most recent evaluation for this student?    Yes    No

FromDate: 09/04/2024   ToDate: 06/20/2025   # Weeks: 39   FTE: 1

Tuition Program Information			Aide Information		
	Hrs / Day	Days / Wk.	Aide Hours Per Day	Aide Days Per Week	
Program Maximum	5	5	5 / 5 = 100%	5 / 5 = 100%	
This Child	5	5			
Class Ratio	12	1	# Students Sharing Aide	Program Days With Aide	
Hourly FTE	1		1 = 100%	/ 180 = 100%	
Total FTE	1		Calculated Aide %	Override Aide %	
Tuition Rate: \$	42791.00		Aide Rate	22649.00	
Tuition Cost: \$	42791.00		Aide Cost:	22649.00	

Aide Required

Total Cost: \$ **65440.00**   ModifiedBy:   ModifiedDateTime:

Status	ProviderCode	PrgCode	StacCd	Program		
From	To	Hrs	Days	FTE	Rate	Cost

- Clicking the CB button will open another window where you will begin to enter the details of the STAC.
- Start by choosing the program using the program dropdown
- Then select if the provider also conducted the most recent eval (Yes or No)
- Next enter the start date and end date for the child. Number of weeks and FTE will automatically calculate based on the date range selected
- Review the Tuition Program information and make sure it is correct. On this screen you can also enter the class ratio
- If the child has an aide, check the 'Aide Required' box and enter the details of the aide
- Click Apply and OK when you are finished

- Once you save the CB STAC enrollment a new line in the bottom grid will be added with the type of CB. It will display the provider and the program that was selected as well as the enrollment dates, rate, and total cost.
- If transportation is needed we can click on the "TRANS" button to add transportation costs to the STAC.

Type	Session	District	Rejected	Last Sent	Last App'd	Rec#	Year	SEDStac#	X-Mit	DualStac	Force	OKToSend	Status
▶ CB	24-25 10 Month	ALBANY CITY SD							ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

New

Apply

Delete

Details

Center Based    
 District:     
 STAC Letters:     
 Foster Care County:

SEIT - Related Services    
 District:     
 Foster Care County:

Evaluation

Type	Program	RS	From Date	To Date	PerWeek	Weeks	Sessions	Rate	TotalCost	WithdrawStatus
▶ CB	6535 CROSSROADS NEW (9160)		9/4/2024	6/20/2025		39		\$42,791.00	\$42,791.00	

STAC Enrollment - Transportation

OK to Submit to SED    Force this STAC to be sent in next batch    Multiple Service STAC

FromDate: 09/04/2024   ToDate: 06/25/2025

Total Cost: 40000

ModifiedBy:   ModifiedDateTime:

OK   Apply   Transportation Enrollment Setup   Details   Cancel

Status	FromDate	ToDate	TransAmt
--------	----------	--------	----------

- Once the TRANS button is clicked another window will display.
- This window will populate the start date and the end date from the STAC and give you a box to enter the total cost.
- Simply enter the total amount that will be required for transportation and click OK then Apply.

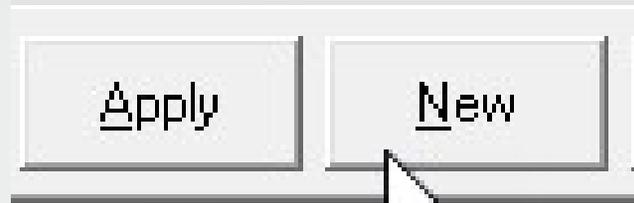
# Entering CB, CBRS and Transportation Enrollments

The screenshot shows the 'STAC Enrollment - Center Based' window. On the left, a table lists enrollments with columns for Type, Program, RS, From Date, To Date, Per Week, Weeks, Sessions, Rate, Total Cost, and Withdrawal Status. A red arrow points to the 'CB / ACHIEVEMENTS (9100)' row, with the text 'Double Click' below it. The main window displays the 'CB Enrollment Setup' form, which includes fields for Program (ACHIEVEMENTS (9100)), From Date (09/04/2024), To Date (06/25/2025), # Weeks (40), and FTE (1). It also has sections for Tuition Program Information and Aide Information, and buttons for 'OK', 'Apply', 'CB Enrollment Setup', 'Details', and 'Cancel'.

Type	Program	RS	From Date	To Date	Per Week	Weeks	Sessions	Rate	Total Cost	Withdrawal Status
CB	ACHIEVEMENTS (9100)		9/4/2024	6/25/2025	40			\$43,587.00	\$68,236.00	
ANS					0			\$40,000.00	\$40,000.00	

- Start by setting up the CB enrollment, to do this double click on the CB line on the STAC Screen.
- Then click 'CB Enrollment Setup'.
- This will take you directly to the Grey County Enrollment Screen.

- On the Grey County Enrollment Screen, Click 'New' then 'Apply' at the bottom to create the CB tuition enrollment.



- This will create Center Based tuition line on the enrollment screen.

STAC 09/04/24-06/25/25 9100-ACHIEVEMENTS (9100) (62763)

Program ACHIEVEMENTS (9100) 91004 (18283)

IEP Start Date 09/04/2024 IEP End Date 06/25/2025

Tuition Start MM/DD/YY Termination Date MM/DD/YYYY

Program Wks 40 Child Wks 40 Weekly FTE 1  Has Medicaid Medical Service on IEP

RS in CB History

Program	Prg Wks	From	To	Term	Weeks	PFTE	FTE	Tuition	Rate	Hrs/Day	Days/Wk	ProgramHoursPerDa	ProgramDaysPerWeek	Additional	ClassRatio	Aide	HasMedical	Service #	Aide hrs/day	Aide days/wk	Share #	Adj Days	Pct	Override %
ACHIEVEMENTS	40	9/4/2024	6/25/2025		40		1	66,236.00	43587	5	5	5	5	\$22,643.00	12:01:01	Y	N	CB2425W0018744	5	5	1		100.00%	

Program Max	Hrs/Day	Days/Wk	Hourly FTE	Total FTE	Tuition Rate	Tuition Cost
5	5	5	1	1	43587	43587.00
This Child	5	5			Class Ratio	12:01:01

Aide Hours Per Day	Aide Days Per Week	Calculated Aide %	Override Aide %
5 / 5 = 100%	5 / 5 = 100%	100.00%	

# Students Sharing Aide	Program Days With Aide	Aide Rate	Aide Cost
1 = 100%	/ 180 = 100%	22643.00	22643.00

Include Tuition Costs  1:1 Aide? Weekly Rate 1655.90 Total Cost 66236.00

	Hrs/Day	Days/Wk	Hourly FTE	Total FTE	Tuition Rate	Tuition Cost
Program Max	5	5	1	1	43587	43587.00
This Child	5	5	Class Ratio		12:01:01	

Aide Hours Per Day	Aide Days Per Week	Calculated Aide %	Override Aide %
<input type="text"/> / 5 = 00%	<input type="text"/> / 5 = 00%	<input type="text"/> 0.00%	<input type="text"/>
# Students Sharing Aide	Program Days With Aide	Aide Rate	Aide Cost:
<input type="text"/> = 100%	<input type="text"/> / 180 = 100%	<input type="text"/> 0.00	<input type="text"/> 0.00

<input checked="" type="checkbox"/> Include Tuition Costs	<input type="checkbox"/> 1:1 Aide?	Weekly Rate	Total Cost
		<input type="text"/> 1089.68	<input type="text"/> 43587.00

#	Aide hrs/day	Aide days/wk	Share #	Adj Days	Pct	Override %
5w/0018744	5	5	1		100.00%	

- This Child has an aide, to enter the aide correctly, first Uncheck the '1:1 Aide?' box on the new enrollment that was just created. Then click Apply.
- Then Click 'New' then 'Apply' again. On the second line, uncheck the 'Include Tuition Costs' box.

	Hrs/Day	Days/Wk	Hourly FTE	Total FTE	Tuition Rate	Tuition Cost
Program Max	5	5	1	1	43587	0.00
This Child	5	5	Class Ratio		12:01:01	

Aide Hours Per Day	Aide Days Per Week	Calculated Aide %	Override Aide %
<input type="text"/> 5 / 5 = 100%	<input type="text"/> 5 / 5 = 100%	<input type="text"/> 100.00%	<input type="text"/>
# Students Sharing Aide	Program Days With Aide	Aide Rate	Aide Cost:
<input type="text"/> 1 = 100%	<input type="text"/> / 180 = 100%	<input type="text"/> 22649.00	<input type="text"/> 22649.00

<input type="checkbox"/> Include Tuition Costs	<input checked="" type="checkbox"/> 1:1 Aide?	Weekly Rate	Total Cost
		<input type="text"/> 566.23	<input type="text"/> 22649.00

- This will leave you with two enrollments, one for tuition only and one for just the aide enrollment.

STAC 09/04/24-06/25/25 9100-ACHIEVEMENTS (9100) (62763)

Program ACHIEVEMENTS (9100) 9100- (18283)

IEP Start Date 09/04/2024 IEP End Date 06/25/2025

Tuition Start MM/DD/YY Termination Date MM/DD/YYYY

Program Wks 40 Child Wks 40 Weekly FTE 1  Has Medicaid Medical Service on IEP

RS in CB History

Program	Prg Wks	From	To	Term	Weeks	PFTE	FTE	Tuition	Rate	Hrs/Day	Days/Wk	ProgramHoursPerDay	ProgramDaysPerWeek	Additional	ClassRatio	Aide	HasMedical	Service #	Aide hrs/day	Aide days/wk	Share #	Adj Days	Pct	Override %	
ACHIEVEMENTS	40	9/4/2024	6/25/2025		40		1	43,587.00	43587	5	5	5	5	\$0.00	12:01:01	N	N	CB2425w0018744							
ACHIEVEMENTS	40	9/4/2024	6/25/2025		40		1	22,649.00	43587	5	5	5	5	\$22,649.00	12:01:01	Y	N	CB2425w0018745	5	5	1		100.00%		

Hrs/Day	Days/Wk	Hourly FTE	Total FTE	Tuition Rate	Tuition Cost
Program Max 5	5	1	1	43587	43587.00
This Child 5	5	Class Ratio 12:01:01			
Aide Hours Per Day	Aide Days Per Week	Calculated Aide %	Override Aide %		
/ 5 = 00%	/ 5 = 00%	0.00%			
# Students Sharing Aide	Program Days With Aide	Aide Rate	Aide Cost:		
= 100%	/ 180 = 100%	0.00	0.00		
<input checked="" type="checkbox"/> Include Tuition Costs	<input type="checkbox"/> 1:1 Aide?	Weekly Rate	Total Cost		
		1089.68	43587.00		

- Once we create the CB (and CB Aide enrollment if required) we now need to create the CBRS enrollments.
- First find the Tuition enrollment. This will be the enrollment that has the 'Include Tuition Costs' box checked. It will also have an 'N' in the Aide Column.
- Once you select the tuition enrollment click the 'RS in CB' button

STAC 09/04/24-06/25/25 9100-ACHIEVEMENTS (9100) (62763)

Program ACHIEVEMENTS (9100) 91004 (18283)

IEP Start Date 09/04/2024 IEP End Date 06/25/2025

Tuition Start Termination Date

MM/DD/YY MM/DD/YYYY

Program Wks 40 Child Wks 0 Weekly FTE 1  Has Medicaid Medical Service on IEP

**RS in CB** History

Program	Prg Wks	From	To	Term	Weeks	PFTE	FTE	Tuition	Rate	Hrs/Day	Days/Wk	ProgramHoursPerDay	ProgramDaysPerWeek	Additional	ClassRatio	Aide	HasMedical	Service #	Aide hrs/day	Aide days/wk	Share #	Adj Days	Pct	Override %
ACHIEVEMENTS	40	9/4/2024	6/25/2025		40	1	1	43,587.00	43587	5	5	5	5	\$0.00	12:01:01	N	N	CB2425W0018744						
ACHIEVEMENTS	40	9/4/2024	6/25/2025		40	1	1	22,649.00	43587	5	5	5	5	\$22,649.00	12:01:01	Y	N	CB2425W0018745	5	5	1		100.00%	

Program Max	Hrs/Day	Days/Wk	Hourly FTE	Total FTE	Tuition Rate	Tuition Cost
5	5	5	1	1	43587	43587.00
This Child	5	5	Class Ratio		12:01:01	

Aide Hours Per Day	Aide Days Per Week	Calculated Aide %	Override Aide %
/ 5 = 00%	/ 5 = 00%	0.00%	

# Students Sharing Aide	Program Days With Aide	Aide Rate	Aide Cost
= 100%	/ 180 = 100%	0.00	0.00

<input checked="" type="checkbox"/> Include Tuition Costs	<input type="checkbox"/> 1:1 Aide?	Weekly Rate	Total Cost
		1089.68	43587.00

- Clicking the RS in CB button will open the CBRS Entries screen.
- To add a CBRS enrollment click the Add button.

The screenshot shows a software window titled "CBRS Entries". At the top, there are several input fields: "ESID" with the value "CB2425W0018744", "From" with "09/04/24", "Provider" with "ACHIEVEMENTS", "To" with "06/25/25", "Program" with "9100-I", and "Type" with "TUITION". Below these fields is a table with the following columns: ESID, Service, From, To, Frequency, I/G, RX Start, RX End, RX Signed, ICD, and Ord. Provider. The table is currently empty. To the right of the table, there are three buttons: "Add", "Edit", and "Delete". The "Add" button is highlighted with a red rectangular box.

CBRS Entry | **Preschool Attendance** | CPSE Attendance

CB Enrollment Information

ESID:  From:

Provider:  To:

Program:  Type:

---

From:  To:  Service Type:   Individual  Group

# of Sessions:  Minutes per Session:   Weekly  Monthly  Total

---

Written Order Details

Ordering Provider:

Prescription Start Date:

Prescription End Date:

Prescription Signature Date:

ICD 10 Diagnosis:

OK Cancel

- Once you click the Add button you will be able to enter new CBRS enrollments.
- Choose the dates, the service type, Individual or Group, frequency and duration, and the period.
- You are also able to enter the written order details in the lower portion of the screen.
- Once you are done entering, click OK.
- Repeat these steps as necessary to enter all CBRS enrollments.

- This is what the CBRS Entries screen will look like when you have entered CBRS enrollments.

CBRS Entries

ESID: CB2425w0018744      From: 09/04/24  
Provider: ACHIEVEMENTS      To: 06/25/25  
Program: 9100-I      Type: TUITION

	ESID	Service	From	To	Frequency	I/G	RX Start	RX End	RX Signed	ICD	Ord. Provider	N
▶	CBRS2425w0027403	ST	09/04/24	06/25/25	2x30	I						
	CBRS2425w0027404	OT	09/04/24	06/25/25	1x30	I						
	CBRS2425w0027405	PT	09/04/24	06/25/25	3x30	I						

◀ ▶

Add  
Edit  
Delete

STAC Enrollment - Transportation

OK to Submit to SED    Force this STAC to be sent in next batch    Multiple Service STAC

FromDate: 03/04/2024   ToDate: 06/25/2025

Total Cost: 40000

ModifiedBy: wbell   ModifiedDateTime: 3/14/2025 11:29:00 AM

OK   Apply   **Transportation Enrollment Setup**   Details   Cancel

Status	FromDate	ToDate	TransAmt
--------	----------	--------	----------

- To create the Transportation Enrollment Go back to the STAC Screen by clicking on the Child/STAC Info tab in the upper left hand side of the screen.
- Then Double click on the Transportation enrollment and click on Transportation Enrollment Setup.

**Transportation Enrollment**

STAC: 09/04/24-06/25/259100-ACHIEVEMENTS (9100) TRANS (\$40,000.00)

Start Date: 09/04/2024    End Date: 06/25/2025    Termination Date: MM/DD/YYYY

CB  
 RS  
 Parent

Transporter: COXSACKIE TRANSPORT, INC    Service: BASIC    Contacted:   
 Round Trip

transporterid	Transporter	Notes:	Total Trans
209	ALBANY YELLOW COMMUNICATIONS, INC		0.00
212	COXSACKIE TRANSPORT, INC		
210	FOLMSBEE'S TRANSPORTATION		
585	MEDICAL STAFFING NETWORK,		
588	NORTH COLONIE CENTRAL SCHOOL		
211	NORTHLAND TRANSPORTATION		
879	REJHA GROUP		
208	SCOTIA TRANSPORTATION COMPANY, INC		

Trip    Rate    Add Rate    # Of Trips

- On the Transportation Enrollment Screen, select a transporter then click New and Apply at the bottom of the screen to create the new enrollment
- This will create a new transportation enrollment.

Apply    New

Transportation Enrollment

STAC 09/04/24-06/25/259100-ACHIEVEMENTS (9100) TRANS (\$40,000.00)  CB  RS  Parent

Start Date: 09/04/2024 End Date: 06/25/2025 Termination Date: MM/DD/YYYY

Parent Transporter Name:   Vendor #: 2223-009 Parent Letter:

Trips / Day	Miles 1 Way	Rate / Mile	Total / Day	# Of Days	Total Trans
2	1.00	0.405	0.81		\$0.00

**Parent Transporter**

Name:  Vendor #:  Acode:  Phone:

Address:  City:  State:  Zip:

Transportation Enrollment

STAC 09/04/24-06/25/259100-ACHIEVEMENTS (9100) TRANS (\$40,000.00)  CB  RS  Parent

Start Date: 09/04/2024 End Date: 06/25/2025 Termination Date: MM/DD/YYYY

Parent Transporter Name: JOHNATHAN DOE  Vendor #: 555555 Parent Letter:

Trips / Day	Miles 1 Way	Rate / Mile	Total / Day	# Of Days	Total Trans
2	1.00	0.405	0.81		\$0.00

- For Parent transportation you can select Parent at the top of the screen, then select the parent, or add one using the Add button.
- Clicking add will bring up the Parent Transporter list, click New, then enter the details for the parent.
- Once you add the parent, you can then select them as the transporter then click New And Apply
- This will add the parent transporter enrollment



# Entering STAC-1's and Enrollments for SEIT/RS

- To enter a STAC-1 for a child we will start by clicking on the Stacs Tab

Child & STAC Maintenance

**Child** | **Stacs** | Evals

Last Name*	DOE	Suffix		STAC ID	M56387	...	New
First Name*	JOHN	M.I.		SSN		...	Apply
AKA		Alternate Names		eSTACs Student #			Lookup Child

- On the STAC Screen click New, then select SEIT + RS and then click Apply

Child **Stacs** Evals

Type	Session	District	Rejected	Last Sent	Last App'd	Rec#	Year	SEDStac#	X-Mit	DualSTAC	Force	OKToSend	Status
EVAL		ALBANY CITY SD		2/22/2025	2/23/2025			M56987		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ CB	24-25 10 Month	ALBANY CITY SD						M56987	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

New  
Apply  
Delete  
Details

Center Based  
SEIT + Related Services  
Evaluation

District: STAC-1 STAC Letters Foster Care County  
ALBANY CITY SD

- Once you create the RS/SEIT STAC, click on the SEIT button to add SEIT services

Type	Session	District	Rejected	Last Sent	Last Appr'd	Rec#	Year	SEDStac#	X-Mit	DualSTAC	Force	DKToSend	Status
EVAL		ALBANY CITY SD		2/22/2025	2/23/2025			M56987		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB	24-25 10 Month	ALBANY CITY SD						M56987	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
SEIT	23-24 10 Month	ALBANY CITY SD						M56987	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Career Based  
 SEIT + Related Services  
 Evaluation

STAC-1    STAC Letters    Foster Care County

District: ALBANY CITY SD

TRANS    SEIT    RS    CB    EVAL    Edit    Delete

Type	Program	RS	From Date	To Date	PerWeek	Weeks	Sessions	Rate	TotalCost	WithdrawStatus
------	---------	----	-----------	---------	---------	-------	----------	------	-----------	----------------

- Clicking the SEIT button will bring up the STAC window, select the provider and answer the eval question, enter the dates, group size (if applicable), minutes per session and sessions per week.
- When you are done, click Apply

STAC Enrollment - SEIT

OK to Submit to SED    Force this STAC to be sent in next batch    Multiple Service STAC

Provider: ACHIEVEMENTS (9135)

Is this the same provider that conducted the most recent evaluation for this student?    Yes    No

FromDate: 09/06/2023   ToDate: 06/21/2024   # Weeks: 39

Group Size: 1

Sessions:  Per Week    Per Month    Total

Enrollment		STAC Approval	County Enrollment Totals	
Minutes per Session:	60	30		
# 60-Min Sessions Per Week:	2	4		
Total Sessions:	78	156	Total 30-min session	
Extra Sessions:	0	0	Enrollment Totals	
Total:	6864	6864	Update From County Enrollments	

ModifiedBy:   ModifiedDateTime:

Buttons:            

Status	ProviderCode	PrgCode	StacCd	Program	
From	To	Class	Rate	Cost	

- To add an RS STAC click the RS button

Type	Session	District	Rejected	Last Sent	Last Appr'd	Rec#	Year	SEDStac#	X-Mit	DualSTAC	Force	OKToSend	Status
EVAL		ALBANY CITY SD		2/22/2025	2/23/2025			M56987		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB	24-25 10 Month	ALBANY CITY SD						M56987	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
SEIT	23-24 10 Month	ALBANY CITY SD						M56987	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Center Based  
 SEIT + Related Services  
 Evaluation

District:   Foster Care County:

Type	Program	RS	From Date	To Date	PerWeek	Weeks	Sessions	Rate	TotalCost	WithdrawStatus
SEIT	ACHIEVEMENTS (9135)		9/6/2023	6/21/2024	2	39	78	\$68.00	\$6,864.00	

- Clicking the RS button will bring up the STAC window, select the provider, program and service type, enter the dates, choose individual or group and enter the group size, minutes per session and sessions per week.
- When you are done, click Apply.
- Repeat the process for all RS Services for the child.

STAC Enrollment - RS

OK to Submit to SED  Force this STAC to be sent in next batch  Multiple Service STAC

Provider: ALBANY

Program: ALBANY (9200)

Service: Speech Therapy

FromDate: 09/01/2023 ToDate: 06/30/2024 # Weeks: 44

Individual  Group Group Size: 1

Enrollment		STAC Approval	County Enrollment Totals
Rate per Session:	50.00	50	Max 30 minute Rate
Minutes per Session:	30	30	Avg 30 minute Rate
#Sessions Per Week:	3	3	
Extra Sessions:	0	0	
Total Sessions:	132	132	Total 30-min session
Extra Session Cost:	0.00		Enrollment Totals
Total Cost:	6600	6600.00	Total for Max Rate

Update From County Enrollments

Sessions:  Per Week  Per Month  Total

ModifiedBy:

ModifiedDateTime:

OK Apply RSEnrollment.Setup Details Cancel

Status	Provider	PrCode	StacCd	Program	Sess	Rate	Cost
From	To	GSize	Type				



- This button will take you to the RS/SEIT enrollment screen.
- Click New, then Apply to create the enrollment.
- Repeat this for all RS/SEIT enrollments

Type	Program	Service	From	To	X/Wk	Sessions	Rate	Total	Term	ClassRatio	MinutesPerSession	Rx Start Date	Rx Exp Date	Rx Sign Date	LocationCode	Service #	IndividualOrGroup
RS	ALBANY (9200)	Speech	9/1/2023	6/30/2024	3	132	\$50.00	\$6,600.00		1	30					RS2324w0027988	I



- Once you create your enrollments you can add the prescription details for your RS enrollments

Start Date: 09/01/2023 | End Date: 06/30/2024 | Term Date: MM/DD/YYYY

Consultation  Annual Review

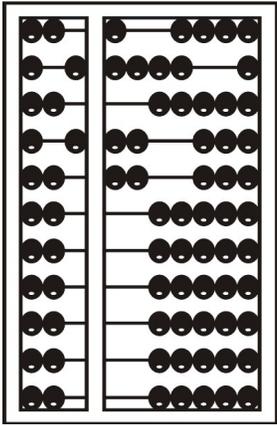
Rx Start Date: MM/DD/YYYY | Rx End Date: MM/DD/YYYY | Rx Signature Date: MM/DD/YYYY

ICD 9 Diagnosis: | ICD 10 Diagnosis: | Ordering Provider: |

Weekly  
 Monthly  
 Total

Type	Program	Service	From	To	X/Wk	Sessions	Rate	Total	Term	ClassRatio	MinutesPerSession	Rx Start Date	Rx Exp Date	Rx Sign Date	LocationCode	Service #	IndividualOrGroup
RS	ALBANY (9200)	Speech	9/1/2023	6/30/2024	3	132	\$50.00	\$6,600.00		1	30					RS2324w0027988	I
SEIT	ACHIEVEMENTS		9/6/2023	6/21/2024	2	78	\$88.00	\$6,864.00		0	60					SE2324w0004369	I

JAMES MCGUINNESS  
& ASSOCIATES INC.  
Consultants



# STAC's and STAC Details and County Enrollments

- On a STAC 1 for CB, SEIT and RS you will have STAC details in the bottom grid.
- The STAC Details show what is on a STAC and can show you basic information including the total cost, number of sessions and dates.
- If a service changes or is updated make sure the appropriate changes are made to the STAC.

Type	Session	District	Rejected	Last Sent	Last Appr'd	Rec#	Year	SEDStac#	X-Mit	DualSTAC	Force	DKToSend	Status
CB	25-26 2 Month	ALBANY CITY SD						M05690	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
SEIT	24-25 10 Month	ALBANY CITY SD						M05690	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CB	23-24 10 Month	ALBANY CITY SD						M05690	ELECTRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

STAC

Center Based     District:      STAC Letters:      Foster Care County:

SEIT + Related Services     District:      Foster Care County:

Evaluation

TRANS		SEIT		RS			CB		EVAL	
Type	Program	RS	From Date	To Date	PerWeek	Weeks	Sessions	Rate	TotalCost	WithdrawStatus
RS	A New Provider	ST	9/5/2024	6/26/2025	1	43	43	\$70.00	\$3,010.00	
RS	A New Provider	ST1	11/4/2024	6/26/2025	1	34	34	\$46.00	\$1,564.00	

STAC Details

- To edit a STAC detail, double click it and you will be able to make changes.
- For RS and SEIT you will be able to change the dates, rate (RS only), frequency, duration, and add extra sessions
- For CB you will be able to change the dates, hours per day, days per week, aide and aide percentage
- For Transportation you are able to change the dates and the total cost.

STAC Enrollment - RS

OK to Submit to SED  Force this STAC to be sent in next batch  Multiple Service STAC

Provider: A New Provider

Program: A New Provider

Service: Speech Therapy

FromDate: 09/05/2024 ToDate: 06/26/2025 # Weeks: 43

Individual  Group Group Size: 1

Enrollment	STAC Approval	County Enrollment Totals
Rate per Session: 70	70	Max 30 minute Rate: \$70.00
Minutes per Session: 30	30	Avg 30 minute Rate: \$70.00
#Sessions Per Week: 1	1	
Extra Sessions: 0	0	
Total Sessions: 43	43	Total 30-min session: 9
Extra Session Cost: 0		Enrollment Totals: \$630.00
Total Cost: 3010	3010	Total for Max Rate: \$630.00

Sessions:  Per Week  Per Month  Total

ModifiedBy: wbell ModifiedDateTime: 2/28/2025 8:44:00 AM

Update From County Enrollments

OK Apply RSEnrollment Setup Details Cancel

Status	ProviderCode	PrgCode	StacCd	Program		
From	To	GSize	Type	Sess	Rate	Cost

STAC Enrollment - Transportation

OK to Submit to SED  Force this STAC to be sent in next batch  Multiple Service STAC

FromDate: 09/06/2023 ToDate: 06/20/2024

Total Cost: 40000

ModifiedBy: wbell ModifiedDateTime: 5/23/2025 4:18:00 PM

OK Apply Transportation Enrollment Setup Details Cancel

Status	FromDate	ToDate	TransAmt
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STAC Enrollment - Center Based

OK to Submit to SED  Force this STAC to be sent in next batch  Multiple Service STAC

Program: 6535 CROSSROADS NEW (9160) 17815

Is this the same provider that conducted the most recent evaluation for this student?  Yes  No

FromDate: 09/06/2023 ToDate: 06/20/2024 # Weeks: 39 FTE: 1

Tuition Program Information		Hrs / Day	Days / Wk
Program Maximum		5	5
This Child		5	5
Class Ratio	Hourly FTE		1
12   01   01	Total FTE		1
	Tuition Rate: \$		41027.00
	Tuition Cost: \$		41027.00

Aide Required

Total Cost: \$ 41027.00 ModifiedBy: wbell ModifiedDateTime: 5/23/2025 2:01:00

OK Apply CB Enrollment Setup Details Cancel

Status	ProviderCode	PrgCode	StacCd	Program		
From	To	Hrs	Days	FTE	Rate	Cost

- The CB County Enrollment screen displays the CB Tuition, CB Aide, and CBRS enrollments
- You are able to see the enrollment dates, total cost and payments from this screen.

Center Based

STAC: 09/06/23-06/20/24 9160-6535 CROSSROADS NEW (9160) (62769)

Program: 6535 CROSSROADS NEW (9160) 91604 (17815)

IEP Start Date: 09/06/2023 IEP End Date: 06/20/2024

Tuition Start: MM/DD/YY Termination Date: MM/DD/YYYY

Program Wks: 39 Child Wks: 39 Weekly FTE: 1 Has Medicaid Medical Service on IEP:

RS in CB:  History:

Program	Prg Wks	From	To	Term	Weeks	PFTE	FTE	Tuition	Rate	Hrs/Day	Days/Wk	ProgramHoursPerDay	ProgramDaysPerWeek	Additional	ClassRatio	Aide	HasMedical	Service #	Aide hrs/day	Aide days/wk	Share #	Adj Days	Pct	Override %
6535 CROSSROADS	39	9/6/2023	6/20/2024		39	1	41,027.00	41027	5	5	5	5	5		12:01:01	N	N	CB2324w0018746						

Hrs/Day: Program Max 5, This Child 5  
 Days/Wk: Program Max 5, This Child 5  
 Hourly FTE: 1, Total FTE: 1  
 Tuition Rate: 41027, Tuition Cost: 41027.00  
 Class Ratio: 12:01:01  
 Aide Hours Per Day: / 5 = 00%, Aide Days Per Week: / 5 = 00%, Calculated Aide %: 0.00%, Override Aide %:  
 # Students Sharing Aide: 1 = 100%, Program Days With Aide: / 180 = 100%, Aide Rate: 0.00, Aide Cost: 0.00  
 Include Tuition Costs, 1:1 Aide? Weekly Rate: 1051.97, Total Cost: 41027.00

RS in CB:  History:

Program	Prg Wks	From	To	Term	Weeks	PFTE	FTE	Tuition	Rate	Hrs/Day	Days/Wk	ProgramHoursPerDay	ProgramDaysPerWeek
6535 CROSSROADS	39	9/6/2023	6/20/2024		39	1	41,027.00	41027	5	5	5	5	5

CBRS Entries

ESID: CB2324w0018746 From: 09/06/23

Provider: 6535 CROSSROADS NEW To: 06/20/24

Program: 9160-I Type: TUITION

ESID	Service	From	To	Frequency	I/G	RX Start	RX End	RX Signed	ICD	Ord. Provider	N
CBRS2324w0027406	ST	09/06/23	06/20/24	2x30	I						

Add Edit Delete

- The RS/SEIT enrollment screen displays any RS or SEIT enrollments for a given school year,
- This screen displays the Enrollment Dates, Script Dates, Rate, number of sessions, total amount, etc.

Enrollment RS / SEIT

RS     SEIT

STAC

Program

Setting

Location

Individual     Group

Start Date: 05/30/2025    End Date: 05/30/2025    Term Date: MM/DD/YYYY

Consultation     Annual Review

Confirmation Letter    Termination Letter    Authorization Letter    Service Confirmation letter

Type	Program	Service	From	To	X/Wk	Sessions	Rate	Total	Term	ClassRatio	MinutesPerSession	Rx Start Date	Rx Exp Date	Rx Sign Date	LocationCode	Service #	IndividualOrGroup
------	---------	---------	------	----	------	----------	------	-------	------	------------	-------------------	---------------	-------------	--------------	--------------	-----------	-------------------

Times Per Week:   
 Minutes per Session:   
 Weeks:   
 Total Sessions:   
 Rate \$:   
 Total Amount:

Weekly  
 Monthly  
 Total

- The Transportation Enrollment screen displays any transportation enrollments entered for the child.
- Here you can see if the transporter is a bus or a parent, you can see the dates, rate, and payments from this screen.

STAC Transportation Enrollment

Start Date: MM/DD/YYYY End Date: MM/DD/YYYY Termination Date: MM/DD/YYYY

CB     Medicaid  
 RS     Meets Medicaid Rules  
 Parent     Does Not Meet Medicaid Rules  
 Not determined

Transporter:    Service:    Contacted:    Setup:  
 BASIC     Round Trip

CB Days	Rate	Additional	Total Rate	Notes	Total Trans
0		0.00	0.00		0.00

Type	Transporter	From Date	To Date	Service	Trip	Rate	Add Rate	# Of Trips	CTotal Rate	CTotal Trans	PA Vendor #	PA Trips / Day	PA Miles One Way	PA Rate / Mile	PA Total / Day	PA # Of Days	PA Total Trans	Notes	Term Date	Service #	MeetsMedicaidRules
------	-------------	-----------	---------	---------	------	------	----------	------------	-------------	--------------	-------------	----------------	------------------	----------------	----------------	--------------	----------------	-------	-----------	-----------	--------------------

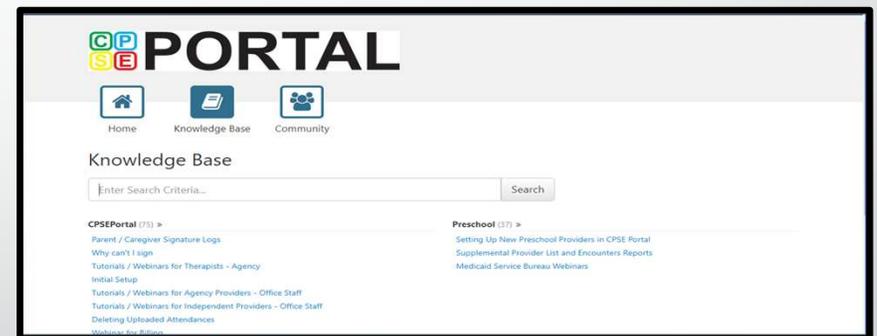


# Closing

[Preschoolsupport@CPSEPortal.com](mailto:Preschoolsupport@CPSEPortal.com)

# Preschool Knowledge Base

- The Knowledge Base provides numerous articles, trainings, webinars and other pertinent information that will help answer your questions before having to contact Preschool support.
- You can simply click the Knowledge Base tab in the CPSE Portal or you can go to:
- <http://support.cpseportal.com/kb>



# Knowledge Base Articles

- Adding New Children
  - <https://support.cpseportal.com/kb/a110/adding-new-children.aspx>
- Entering Evals
  - <https://support.cpseportal.com/kb/a639/entering-evals-in-preschool.aspx>
- Entering STAC's CB & Transportation
  - <https://support.cpseportal.com/kb/a111/entering-stacs-centerbased-transportation.aspx>
- Entering 1:1 Aide on a separate line
  - <https://support.cpseportal.com/kb/a468/entering-1-1-aide-on-a-separate-enrollment-line.aspx>
- Entering STAC's SEIT & RS
  - <https://support.cpseportal.com/kb/a112/entering-stacs-seit-related-services.aspx>

# Closing Remarks

- If you need assistance with Preschool the Preschool Helpdesk is available through email at [preschoolsupport@cpseportal.com](mailto:preschoolsupport@cpseportal.com)
  - When you send us an email:
    - Do **not** use child's name
    - Use ESID #, Child # or STAC ID #
  - Include any error or warning messages you received