

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

# Niagara County Timeline

- \* **April 30, 2024:**

- \* McGuinness will migrate all of the children that are in the Niagara County Preschool system over into eSTACs.

- \* **May 1, 2024:**

- \* Niagara County school districts can begin entering 24/25 children and STACs into eSTACs.

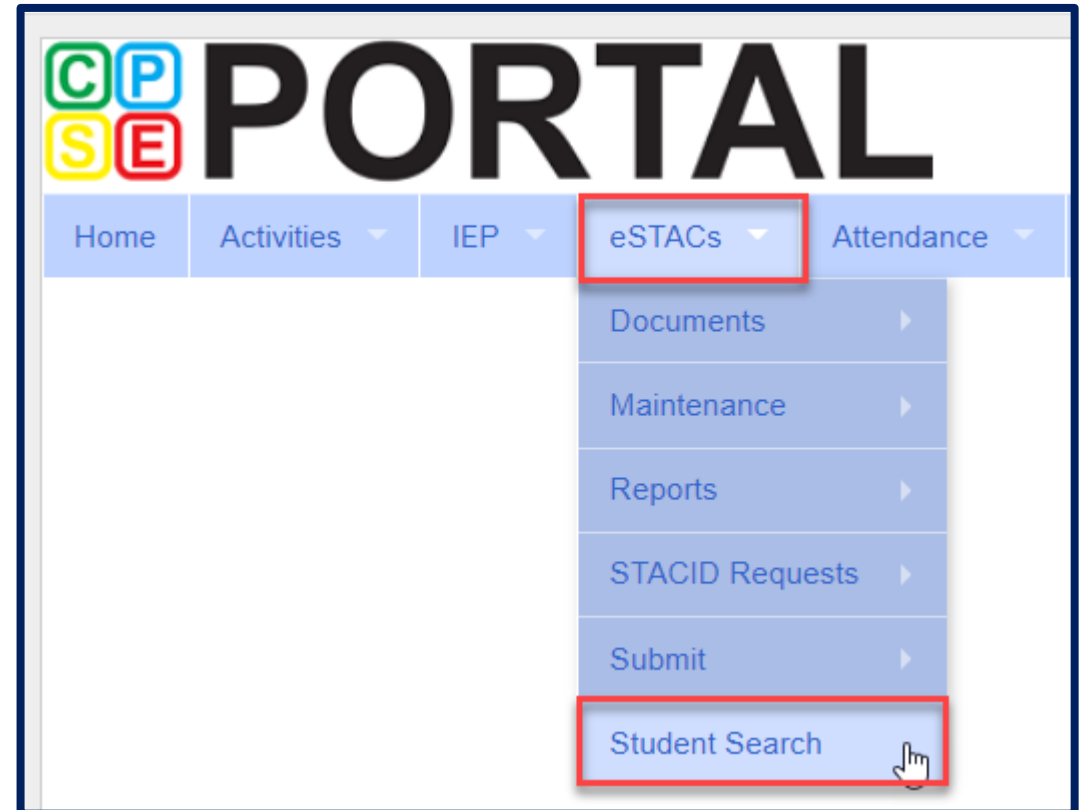
- \* **All prior year STAC's** (23/24, 22/23, 21/22 etc.), send paper STAC to the county to enter or amend in their Preschool system. Prior years will not be turned on in eSTACs and you will not be able to enter any STACs.

# Student Search

# eSTACs Student

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

For help, email: [eSTACs@CPSEPortal.com](mailto:eSTACs@CPSEPortal.com)



# Student Search

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

Home	Activities ▾	IEP ▾	eSTACs ▾	Attendance ▾	Billing ▾	Lookup ▾	Documents ▾	Reports ▾	Maintenance ▾	Medicaid
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Filters

ant

bar

DOB

STACID

CIN

Student Number

County 

ROCKLAND ▾

District 

CLARKSTOWN CSD ▾

Clear Filters

Retrieve

# 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**  
       
County   
District   
[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				<a href="#">Edit</a>	<a href="#">Details</a>

# 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 **2023 - 2024 Winter** ▼

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 CHLDNR ▼

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 <b>1</b>	1:1 (No Sharing) <b>2</b>	5.00 <b>3</b>	5 <b>4</b>	Add <b>5</b>		

Type

Aide  
Aide  
RN  
LPN  
Interpreter

Aide / Nurse / 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

# When IEP has no Related Services

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

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

Program	Aide / Nurse / 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 or the parent.
3. No transportation documents will need to be uploaded.
4. The county will reach out to the parents with the necessary paperwork.
5. Check the final page of IEP to ensure that **transportation is delineated on Special Transportation section.**

Program Aide / Nurse / Interpreter Related Services **Transportation**

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

Service	Provider	Start Date	End Date	Submitted Date	Status	Edit	Delete
Parent	Rockland Parent Transportation	07/05/2023	08/15/2023		Not Submitted		
<div>▼ Bus LPN on Bus Parent RN on Bus Wheelchair Bus</div>	<div>▼</div>	07/05/2023	08/15/2023			Add	

Upload Document

Effective Date:  Comment:

Upload

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”*

**Program** **Aide / Nurse / Interpreter** **Related Services** **Transportation**

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

Service	Provider	Start Date	End Date	Submitted Date	Status			
<input type="text" value="v"/>	<input type="text" value="v"/>	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 Services – Niagara County

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



# Uploading a Document

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

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

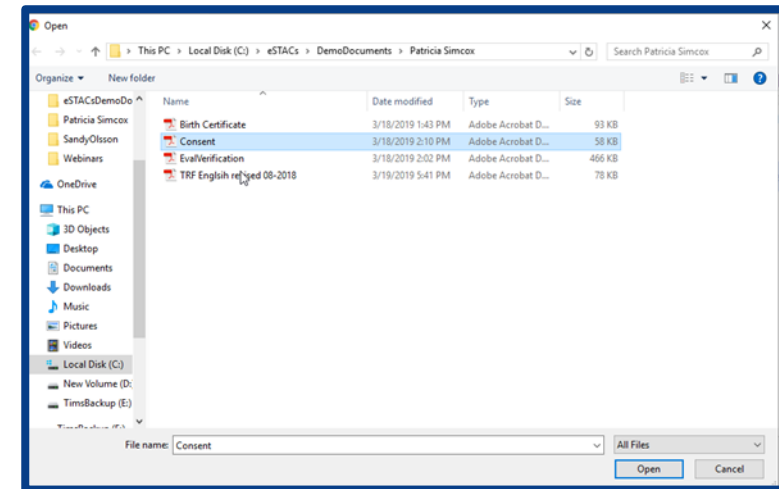
- \* Click “Choose File” button.
- \* Browse to the file location and select the file.
- \* Click the “Open” button on the file dialog
- \* The filename will appear next to “Choose File” button.
- \* Click “Upload”.

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.

Enter Details for Entire Document ☒

Page 1 to 1

Document Type: Serv: IEP

School Year: Id: Birth Certificate  
Id: Passport  
Id: Adoption Papers  
Id: 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  
Serv: Explanation for not having a STAC-5

Placement: 07/05/2021-08/13

Comments: IEP

OK Cancel

eSTACsFileHandler.ashx

1 / 11 | - 100% + | [Icon] [Icon]

**Blind Brook-Rye Union Free School District**  
390 North Ridge Street  
Rye Brook, NY 10573-1105

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 Grade: Preschool

Special Alerts:

IEP INFORMATION		SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES	
Projected IEP Start Date:	07/05/2021	Special Class in an Integrated Setting: 6:1+1	09/01/2021 - 06/24/2022 2 x Weekly, 5hr. School
Projected IEP End Date:	06/25/2022	Speech/Language Therapy: Individual	09/01/2021 - 06/24/2022 2 x Weekly, 30min. School
Projected Date of Annual Review:	06/24/2022	Occupational Therapy: Individual	09/01/2021 - 06/24/2022 2 x Weekly, 30min. School
Projected Date for Reevaluation:	03/18/2024	Physical Therapy: Individual	09/01/2021 - 06/24/2022 2 x Weekly, 30min. School
Extended School Year:	Yes		
Behavior Intervention Plan:	No	Special Class in an Integrated Setting: 6:1+1	07/05/2021 - 08/13/2021 5 x Weekly, 5hr. School
Supplementary Aids and Services:	No	Speech/Language Therapy: Individual	07/05/2021 - 08/13/2021 2 x Weekly, 30min. School
Assistive Technology:	No	Occupational Therapy: Individual	07/05/2021 - 08/13/2021 2 x Weekly, 30min. School
Supports for School Personnel:	No	Physical Therapy: Individual	07/05/2021 - 08/13/2021 2 x Weekly, 30min. School
Testing Accommodations:	No		
Participate State/District Assessments:	N/A		
Special Transportation:	Yes		

# 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	<a href="#">Edit</a>	<a href="#">Delete</a>	<a href="#">Print</a>	
<input type="text"/>		09/06/2023	06/21/2024	2.50	5			<a href="#">Add</a>			

[Return to Student](#)

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

© James McGuinness & Associates

# 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](mailto: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

☒ Aide 1

Requested Start:  
09/06/2023

Requested End:  
06/21/2024

Hours 1:1 Requested:  
5.00 Hours / Day

Days 1:1 Requested:  
5 Days / Week

Shared by multiple students:  
☐ No ☒ Yes: 3 students 2

☐ 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:  
☐ No ☐ Yes: students

☐ LPN

Requested Start:  
to

Requested End:  
to

Hours 1:1 Requested:  
Hours / Day

Days 1:1 Requested:  
Days / Week

Shared by multiple students:  
☐ No ☐ Yes: students

☐ Interpreter

Requested Start:  
to

Requested End:  
to

Hours 1:1 Requested:  
Hours / Day

Days 1:1 Requested:  
Days / Week

Shared by multiple students:  
☐ No ☐ 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			
<a href="#">Select</a>	Unidentified	03/15/2024	Student Record			NOT SUBMITTED		<a href="#">Edit View</a>	<a href="#">Delete</a>	

## Missing Documents

Category	Type	DocumentDescription	Applies To		
CHILD	MEDICAID CONSENT	Medicaid Parental Consent		<a href="#">Show Document List</a>	<a href="#">Upload</a>
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)	<a href="#">Show Document List</a>	<a href="#">Upload</a>
PLACEMENT	IEP	Copy of IEP for Placement	09/06/2023-06/21/2024 A STARTING PLACE-9100(J)	<a href="#">Show Document List</a>	<a href="#">Upload</a>

[Upload](#)

[Upload Multiple Documents](#)



# Upload Partial Reimbursement Form

- \* Under Document Type:

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

Document Type

Medicaid : Unable to obtain Medicaid Consent

Foster Care : LDSS2999

Eval : Evaluation Justification Letter

Eval : Justification For Eval Outside Eligibility Dates

Eval : Evaluation Approval Request

**Serv : Aide**

Serv : Nurse

Serv : IEP

Serv : Interpreter

~~Serv : 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

Immunization : Immunization 10 day waiver



Tele : Consent to telepractice

Comments

OK

Cancel

eSTACsFileHandler.ashx

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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\*\***

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Student Name:  
Mickey Mouse

Date of Birth (mm/dd/yyyy):  
10/19/2019

County of Residence Name:  
ROCKLAND

Name of School District with CPSE Responsibility:  
ABBOT

School District SED Code:  
660413020000

AIDES/NURSES/INTERPRETERS DURING EDUCATION HOURS

	Requested Start:	Requested End:	Hours 1:1 Requested:	Days 1:1 Requested:	Shared by multiple students:
<input checked="" type="checkbox"/> Aide	09/06/2023	to 06/21/2024	5.00Hours / 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.

The screenshot shows the CPSE Portal interface. At the top, a text box displays 'CPSE: 660413020000 ABBOT'. Below this is the 'Student Information' section, which includes fields for Last Name (Smith), First Name (John), DOB (1/1/2019), Eligibility (1/1/2022 - 8/31/2024), STACID, CIN, and Student Number (5000067785). There are 'Edit' and 'Resync' buttons. A horizontal menu contains tabs for 'STAC-5s', 'Evaluation Components', 'IEP Placements', 'IEP Mandates', 'Documents', 'Forms' (which is circled in red), and 'Eligibility Waivers'. Below the menu, there is a 'School Year' dropdown menu. The 'Forms' section contains a table with the following data:

	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

Below the table is a 'Generate Forms' button.

# Forms Tab

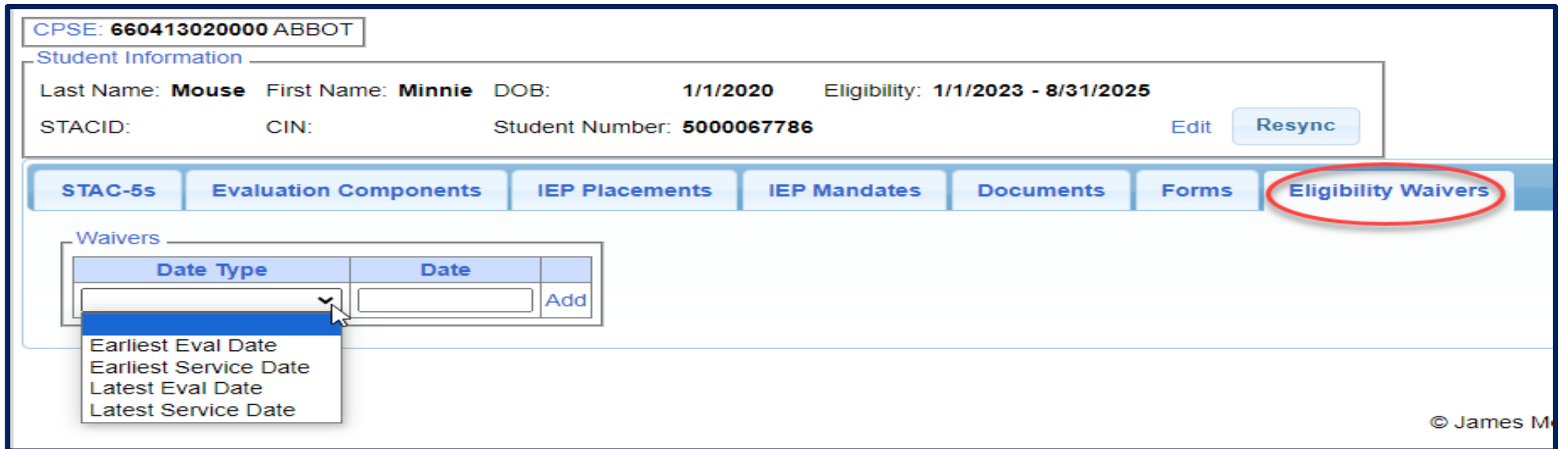
If your County gave us a Medicaid Consent that they want you to use, your County consent will also populate here. If not, then your school district's name will populate on the top of the consent.

<b><u>Medicaid Consent</u></b>																	
Dear Parent/Guardian of: <u>John Smith</u>																	
District: <u>ABBOT</u>																	
County: <u>ROCKLAND</u>																	
<p>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.</p> <p>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.</p> <p>I, _____ as the parent/guardian of <u>John Smith</u> (Print Parent's Name) (Print Child's Name)</p> <p>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.</p> <p>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.</p> <p>I understand that:</p> <ul style="list-style-type: none"><li>• Providing consent will not impact my child's/my Medicaid coverage;</li><li>• Upon request, I may review copies of records disclosed pursuant to this authorization;</li><li>• 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;</li><li>• I have the right to withdraw consent at any time; and</li><li>• The school district/county must give me annual written notification of my rights regarding this consent.</li></ul> <p>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:</p> <table border="1"><thead><tr><th colspan="2"><b>Records to be shared (such as records or information about services your child receives)</b></th></tr></thead><tbody><tr><td>Prescription</td><td>Service Provider Attendance</td></tr><tr><td>Referral</td><td>"Under the Direction of" Certification</td></tr><tr><td>Treatment Logs</td><td>"Under the Supervision of" Certification</td></tr><tr><td>Individualized Education Program - IEP</td><td>"Under the Direction of" Logs</td></tr><tr><td>Attendance Records</td><td>"Under the Supervision of" Logs</td></tr><tr><td>Bus Logs</td><td>Calendar</td></tr><tr><td>Other unnamed documents needed to support a claim to Medicaid</td><td>Evaluations</td></tr></tbody></table> <p>Student's CIN, if known: _____</p> <p>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.</p> <p>Parent/Guardian Signature: _____ Date: _____ Print Name: _____ <b><u>Must fill-in full date</u></b></p>		<b>Records to be shared (such as records or information about services your child receives)</b>		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
<b>Records to be shared (such as records or information about services your child receives)</b>																	
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Attendance Records	"Under the Supervision of" Logs																
Bus Logs	Calendar																
Other unnamed documents needed to support a claim to Medicaid	Evaluations																

# 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.



The screenshot shows the CPSE Portal interface for the 'Eligibility Waivers' tab. At the top, a header bar contains the text 'CPSE: 660413020000 ABBOT'. Below this is a 'Student Information' section with fields for Last Name (Mouse), First Name (Minnie), DOB (1/1/2020), and Eligibility (1/1/2023 - 8/31/2025). There are also fields for STACID, CIN, and Student Number (5000067786), along with 'Edit' and 'Resync' buttons. A horizontal navigation bar below the student information contains tabs for 'STAC-5s', 'Evaluation Components', 'IEP Placements', 'IEP Mandates', 'Documents', 'Forms', and 'Eligibility Waivers'. The 'Eligibility Waivers' tab is highlighted with a red circle. Below the navigation bar is a 'Waivers' section with a table. The table has two columns: 'Date Type' and 'Date'. A dropdown menu is open under the 'Date Type' column, showing options: 'Earliest Eval Date', 'Earliest Service Date', 'Latest Eval Date', and 'Latest Service Date'. A mouse cursor is pointing at the 'Earliest Eval Date' option. To the right of the table is an 'Add' button. In the bottom right corner, there is a copyright notice: '© James M'.

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	
Earliest Eval Date		Add
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 All Sessions

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		<a href="#">Submission History</a>
2020 - 2021 Winter	CB	09/08/2020-06/25/2021 -9100(I)	Submitted	RS	12/21/2020	Amend	Rescind	Print		<a href="#">Submission History</a>
2021 - 2022 Summer	CB	07/05/2021-08/13/2021 -9100(A)	Amended			Amend	Rescind	Print	<b>Sign and Submit</b>	<a href="#">Submission History</a>
2021 - 2022 Summer	SEITRS	07/05/2021-08/13/2021 RS (OT(I))	Submitted	RS	8/4/2021	Amend	Rescind	Print		<a href="#">Submission History</a>

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

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

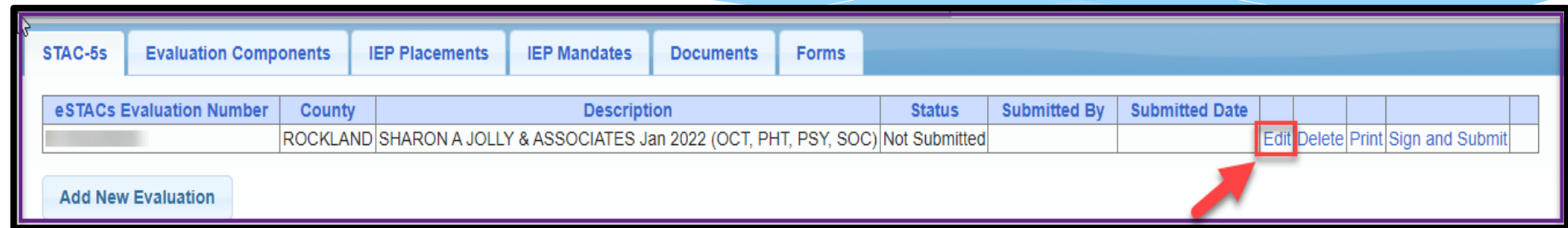
SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES			
1	Special Class: 8:1+2	07/05/2021 - 08/13/2021 5 x Weekly, 5hr. 30min.	Special Class
2	Occupational Therapy: Individual	07/05/2021 - 08/13/2021 2 x Weekly, 30min.	School
3	Physical Therapy: Individual	07/05/2021 - 08/13/2021 1 x Weekly, 30min.	School
5	Speech/Language Therapy: Individual	07/05/2021 - 08/13/2021 2 x Weekly, 30min.	School
4	Speech/Language Therapy: Small Group	07/05/2021 - 08/13/2021 1 x Weekly, 30min.	School



# Amendments and/or Corrections

# Amendments

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

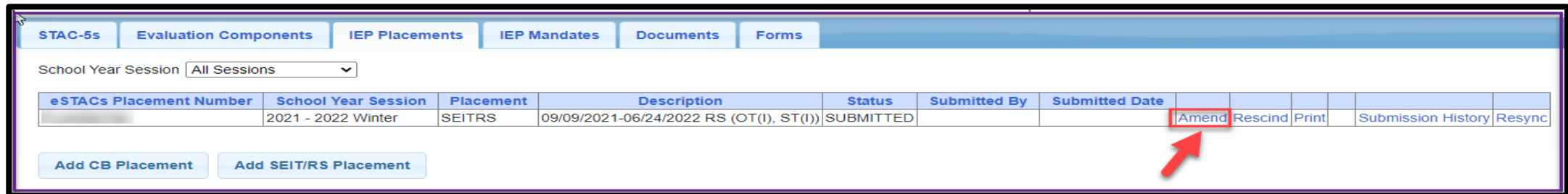


The screenshot shows the 'STAC-5s' tab selected in the top navigation bar. Below the navigation bar is a table with the following columns: eSTACs Evaluation Number, County, Description, Status, Submitted By, Submitted Date, and a set of action buttons. The first row of data shows 'ROCKLAND' as the county and 'SHARON A JOLLY & ASSOCIATES Jan 2022 (OCT, PHT, PSY, SOC)' as the description. The status is 'Not Submitted'. The 'Edit' button in the action column is highlighted with a red box and a red arrow pointing to it.

eSTACs Evaluation Number	County	Description	Status	Submitted By	Submitted Date	Action
	ROCKLAND	SHARON A JOLLY & ASSOCIATES Jan 2022 (OCT, PHT, PSY, SOC)	Not Submitted			<a href="#">Edit</a> <a href="#">Delete</a> <a href="#">Print</a> <a href="#">Sign and Submit</a>

[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' tab selected in the top navigation bar. Below the navigation bar is a dropdown menu for 'School Year Session' set to 'All Sessions'. Below that is a table with the following columns: eSTACs Placement Number, School Year Session, Placement, Description, Status, Submitted By, Submitted Date, and a set of action buttons. The first row of data shows '2021 - 2022 Winter' as the school year session, 'SEITRS' as the placement, and '09/09/2021-06/24/2022 RS (OT(I), ST(I))' as the description. The status is 'SUBMITTED'. The 'Amend' button in the action column is highlighted with a red box and a red arrow pointing to it.

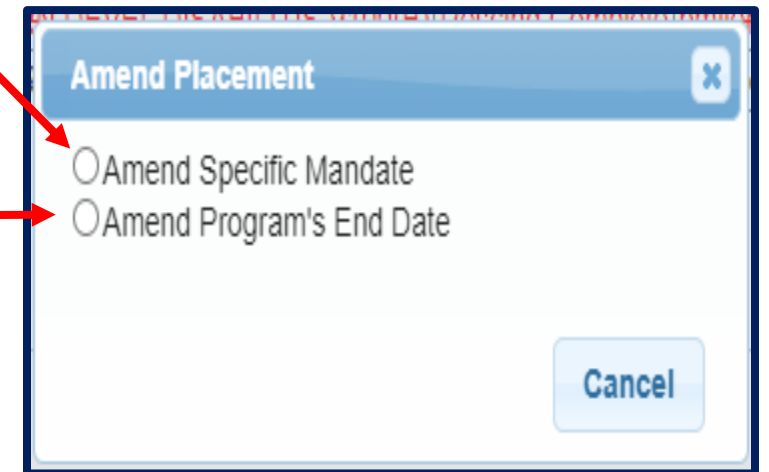
eSTACs Placement Number	School Year Session	Placement	Description	Status	Submitted By	Submitted Date	Action
	2021 - 2022 Winter	SEITRS	09/09/2021-06/24/2022 RS (OT(I), ST(I))	SUBMITTED			<a href="#">Amend</a> <a href="#">Rescind</a> <a href="#">Print</a> <a href="#">Submission History</a> <a href="#">Resync</a>

[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.

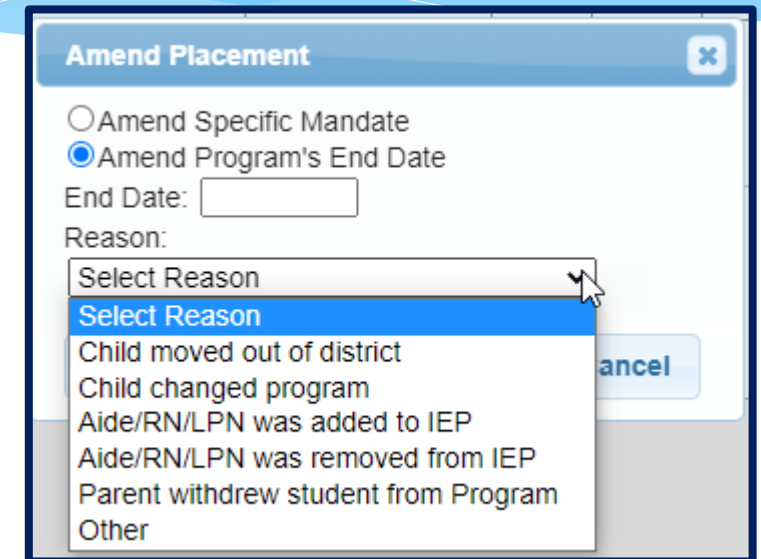


A screenshot of a software dialog box titled "Amend Placement" with a close button (X) in the top right corner. Inside the dialog, there are two radio button options: "Amend Specific Mandate" and "Amend Program's End Date". A red arrow points from the text "Amend Specific Mandate" in the list above to the first radio button. Another red arrow points from the text "Amend Program’s End Date" in the list above to the second radio button. A "Cancel" button is located in the bottom right corner of the dialog.

# Amending at IEP Placement Level

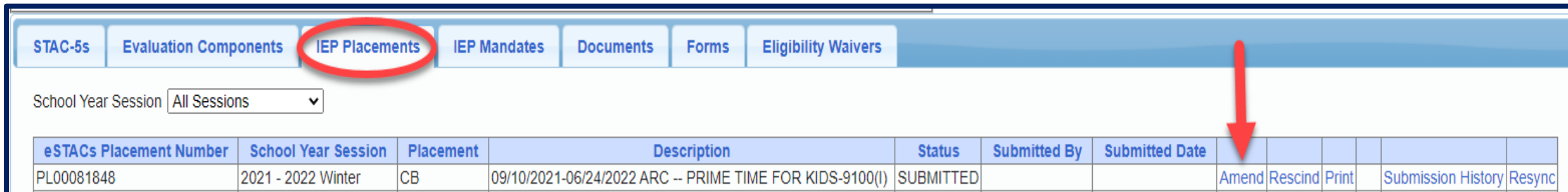
\* All instances below will need to have the Placement End Dated:

- \* 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



The 'Amend Placement' dialog box contains the following elements:

- Radio buttons for 'Amend Specific Mandate' and 'Amend Program's End Date' (selected).
- An 'End Date' text input field.
- A 'Reason' label above a dropdown menu.
- A dropdown menu with the following options: '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', and 'Other'.
- An 'Amend' button (partially visible as 'ancel').



The interface shows a navigation bar with tabs: STAC-5s, Evaluation Components, **IEP Placements** (circled in red), IEP Mandates, Documents, Forms, and Eligibility Waivers. Below the tabs is a 'School Year Session' dropdown menu set to 'All Sessions'. A table displays placement data, and a red arrow points to the 'Amend' button in the table's action column.

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

# Amending at Details Level

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

STAC-5s

Evaluation Components

IEP Placements

IEP Mandates

Documents

Forms

Eligibility Waivers

School Year Session

All Sessions

Placement

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

# Cheat Sheets

# CB Amendments

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

# Corrections

## Actions Needed to Correct Data in eSTACs by Field

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



# 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

# Niagara County Timeline

- \* **April 30, 2024:**

- \* McGuinness will migrate all of the children that are in the Niagara County Preschool system over into eSTACs.

- \* **May 1, 2024:**

- \* Niagara County school districts can begin entering 24/25 children and STACs into eSTACs.

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

# Getting Support

- \* If you need help you can contact Kelly Knowles at [Kknowles@jmcguinness.com](mailto:Kknowles@jmcguinness.com)
- \* After you are familiar with the Portal, and you need help, send an email to [eSTACs@CPSEPortal.com](mailto: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.