



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

System to Track and Account for Children (STAC) and Medicaid Unit

89 Washington Avenue • Room 514 EB • Albany, NY 12234

Tel: (518) 474-7116 • FAX: (518) 402-5047

STAC E-mail: omsstac@nysed.gov

Medicaid E-mail: medined@nysed.gov

STAC Website: <http://www.oms.nysed.gov/stac>

Medicaid Website: <http://www.oms.nysed.gov/medicaid>

EFRT ONLINE MANUAL FOR OCFS/OMH PLACEMENTS

(Chapter 563/947)

Guide for OCFS/OMH staff to submit education
placement data to STAC Online System

May 2019

System to Track and Account for Children (STAC)

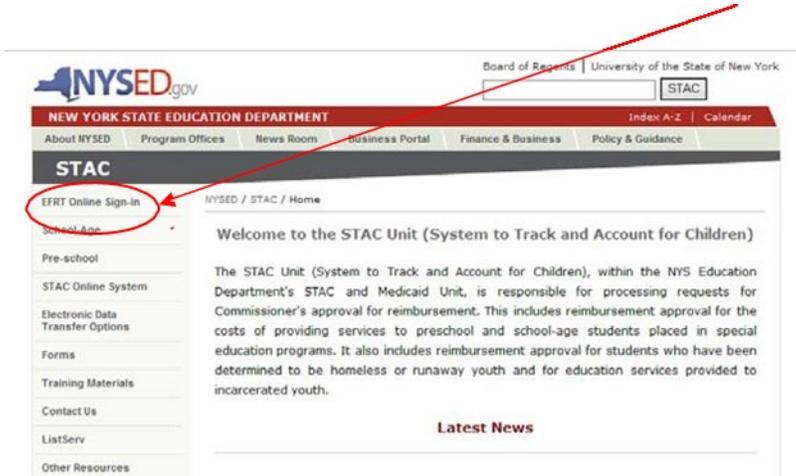
Overview: Submission of OCFS/OMH (Chapter 563/947) placement data to the NY State Education Department's STAC Unit

1. Pre-approval – Local agency reports placement of child with STAC - 200/3424 notification form (paper)
2. STAC Unit enters 200/3424 information into Online System
3. Local agency can review processed pre-approvals on Online System's DQOSA screen
4. Local agency requests reimbursement approval for education dates for student using the Online System's DSOSA screen

A.) Accessing the STAC Online System

To sign on to the EFRT system:

1. Go to the STAC homepage at <http://www.oms.nysed.gov/stac/>
2. Click on the “EFRT” Online Sign-In” button on the left-hand side of the screen



3. You will be advanced to the “**WELCOME**” online screen.
4. Enter the case-sensitive confidential usercode and password.

NOTE: Use “Forgot Password” function at bottom right of EFRT log in screen to email a password reset link.

5. Upon login, the “HOME” menu is displayed (DMNOA).

Date 11/09/17 GO TO

DMNOA	OCFS OMH MENU
Choice	Description
<input type="button" value="S"/>	DQOSA VIEW APPROVED PROCESSED 3424/200
<input type="button" value="S"/>	DSOSA ADD REIMBURSEMENT APPROVAL
<input type="button" value="S"/>	DQAPP VIEW AGENCY SERVICE APPROVALS
<input type="button" value="S"/>	DQCLD VIEW CHILD SERVICE APPROVALS
<input type="button" value="S"/>	DQPRT VIEW/PRINT CHILD SERVICE APPROVAL
<input type="button" value="S"/>	CHPWD CHANGE PASSWORD
<input type="button" value="S"/>	BYE SIGN OFF OF THE SYSTEM
<input type="button" value="S"/>	

B.) Checking your list of Pre-Approvals (DQOSA)

1. To see which students have their pre-approval (processed 3424/200) available in the STAC system, click the “S” button to the left of the “DQOSA / LISTING OF APPROVED PROCESSED 3424/200” menu item, or type “DQOSA” in the “GO TO” box in the top-right corner of the screen and press the “Enter” key.

DQOSA SCREEN

File Edit View Favorites Tools Help

Date 11/08/17 New York State Education Department
 Time 10:21 Go to
Other State Agency Eligibility List

School Year: Local Responsible Agency: ALBANY CITY SD OMH Region:

Chapter Type:

Record Count: 5

Last Name/ First Name	STAC ID	Seq Num	District-RES/ADMIN	Chap-Type	Eligible Date		W D W
					Begin	End	
ALBERT ALBE	B17958	01	ALBANY CITY SD	CCI	09/01/16-		N
ALBERT KELL	B17954	01	ALBANY CITY SD	RTF	01/01/16-		N
DSOSA JIM	B17925	01	ALBANY CITY SD	CCI	07/09/15-		N
JONES JANU	B18035	01	ALBANY CITY SD	CCI	07/01/16-		N
WAALER BOXE	B17955	01	BUFFALO CITY SD	CCI	03/01/16-		N

2. Select the appropriate school year when eligibility started and chapter type, then hit the button:

Inquire

3. If there is an eligibility (pre-approval) on this list, a request for reimbursement may be submitted.

4. If a student is not included in the listing, the 3434/200 has not been sent to the STAC Unit, or has not been processed yet by the STAC Unit. When the 3424/200 has been processed the student will be displayed on the DQOSA screen and will be available for reimbursement approval requests.

NOTE: If a student is not included on the listing, check the prior school years to see if eligibility began in a prior year and continues into a subsequent year(s).

C.) Requesting Approval for Reimbursement Dates (DSOSA)

Go to DSOSA Online Screen from the DMNOA Home Menu, or type “DSOSA” in the upper right hand Go to box.

DSOSA Screen

Date 11/09/17 Time 10:25	New York State Education Department OTHER STATE AGENCY PLACEMENTS	Go to <input type="text"/>
Menu		
CHAPTER 563/947 - OFCS / OMH		
STAC ID	Name	Date Of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
School Year	Record Number	Disability
<input type="text"/>	<input type="text"/>	<input type="text"/>
Inquire		
Local Responsible Agency	<input type="text"/>	OMH Region
Chapter Type	<input type="text"/>	<input type="text"/>
Admission District	<input type="text"/>	<input type="text"/>
Education		
Provider	<input type="text"/>	
Get ED Programs	<input type="text"/>	
Start Date	End Date	FTE
<input type="text"/>	<input type="text"/>	0
* TO BE COMPLETED FOR TERMINATION FROM CCI/RTF*		
Date Of Termination Of Care	<input type="text"/>	Enter Upd User
Required for Inquiry Inquire Change Add		

Student name is not entered – it is accessed from the STAC database by filling in the fields highlighted with blue labels:

1. Enter the STAC ID and the first three letters of the student’s last name,
2. Select school year,
3. Click **Inquire**

The student’s full name will be displayed for confirmation.

Confirm that “Add’ is displayed in the MODE field at the upper right of the screen.

You are now ready to enter details of the education provided. Complete the data items and “SUBMIT”.

DSOSA Education Placement Data

Data Fields	Description
School Year	The school year in which the services will be or were provided.
Disability	Select the student’s disability from the list.
Chapter Type	Select whether the student was in a CCI or a RTF.
Education Provider	Select the approved provider from the list. Contact STAC and Medicaid Unit if the provider is not listed.
Program	Click the “Get ED Programs”. You cannot retrieve the programs until the Education Provider has been selected. Note the begin and end dates for each program.
Start Date	Enter the date (mm/dd/yy) services began. The student may not start prior to the beginning of the program.
End Date	Enter the date (mm/dd/yy) services ended. The student placement may not go beyond the end date of the program.

Click **Add**

D.) Viewing Approved Reimbursement Requests

On the OCFS/OMH Menu:

Use choice DQAPP to find a list of all STAC approvals for a particular year

Use choice DQPRT to view/print a single approval

Date 11/09/17 GO TO

DMNOA OCFS OMH MENU

Choice	Description
<input type="checkbox"/> [G]	DQOSA VIEW APPROVED PROCESSED 3424/200
<input type="checkbox"/> [S]	DSOSA ADD REIMBURSEMENT APPROVAL
<input type="checkbox"/> [S]	DQAPP VIEW AGENCY SERVICE APPROVALS
<input type="checkbox"/> [S]	DQCLD VIEW CHILD SERVICE APPROVALS
<input type="checkbox"/> [S]	DQPRT VIEW/PRINT CHILD SERVICE APPROVAL
<input type="checkbox"/> [S]	CHPWD CHANGE PASSWORD
<input type="checkbox"/> [S]	BYE SIGN OFF OF THE SYSTEM
<input type="checkbox"/> [S]	

1. Viewing by list

For OMH placements:

Select the school year, click on **Get Providers**,

Use the dropdown for the placement type,

Select DSOSA,

Click on **Get Records**

Placements that are approved for reimbursement will be displayed. If a student is not listed, no STAC System reimbursement can be generated.

DQAPP

Date 11/10/17 New York State Education Department Go to
 Time 12:16 Agency Approvals List Menu

School Year Central OMH

1617 NYS OFFICE OF MENTAL HEALTH

Get Providers All Providers

Placement Type DSOSA Other State Agency Chap 563/947 - OFCS/OMH

Record Count 1

Required for Inquiry		PRO	SERVICE DATES		FTE/ Aide	VER SIP		A W				
NAME	STAC ID REC	ISPEC	-GRAM	BEGIN	END	UNITS	1/1 50%	RATE	COST	DR	DR	D W
JONES JONNY	B17981 01	HILLSIDE CHILDR	DSOSA	9000J	090716	123116	0.410	0	0	NN	NN	N

For OCFS Placements:

Select the school year, click on **Get Providers**,
 Use the dropdown for the placement type,
 Select DSOSA,
 Click on **Get Records**

Placements that are approved for reimbursement will be displayed. If a student is not listed, no STAC System reimbursement will be generated.

DQAPP

2. Viewing Individual Student Approvals:

Go to DQCLD Online Screen

Enter the STAC ID and hit enter on your computer. Reimbursement approval records for that student will be displayed.

Click on the “**S**” next to the record you would like to open.

Select	Service Dates	Record No	Plac	Provider	CSE or CPSE	Withdrawn
S	10/16/16 - 11/16/16	01	DSOSA	CHILDREN'S HOME OF WYOMIN	NYS OFFICE OF MENTAL	N
S						
S						

The completed DSOSA screen contains the detailed information which has been input for that student. If changes need to be made, please contact the STAC Unit.

Date 11/10/17 Time 08:58	New York State Education Department OTHER STATE AGENCY PLACEMENTS		Go to [DQCLD] [Menu]
CHAPTER 563/947 - OFCS / OMH			
STAC ID [B18041]	Name [LAMP] LAVA	Date Of Birth 06/30/08	Mode Inquiry
School Year [1617]	Record Number [01] [01] [Inquire]	Disability [Emotional Disturbance]	
Local Responsible Agency [010100690100] NYS OFFICE OF MENTAL HEALTH	Chapter Type [Residential Treatment Facility (Ch. 947)]		OMH Region [Hud OMH]
Admission District [140801060000] CLARENCE CSD			
Education			
Provider	[CHILDREN'S HOME OF WYOMING CONFER 030701998858]		
Get ED Programs	[9000I CAP:108 05-21 09/07/16-06/23/17 DAY]		
Start Date [10/16/16]	End Date [11/16/16]	FTE .128	
* TO BE COMPLETED FOR TERMINATION FROM CCI/RTF*		User NRAIN	
Date Of Termination Of Care	[]		Enter 11/02/17 STAC Upd
Required for Inquiry	[Inquire]	[Change]	[Add]

3. Printing/Viewing copy of Notice of Commissioner's Approval for Reimbursement (STAC – 3 Notice)

To view/print out a copy of an approval, click on the “S” next to **DQPRT**.

Date 11/09/17 GO TO

Choice	Description
 DQOSA	VIEW APPROVED PROCESSED 3424/200
 DSOSA	ADD REIMBURSEMENT APPROVAL
 DQAPP	VIEW AGENCY SERVICE APPROVALS
 DQCLD	VIEW CHILD SERVICE APPROVALS
 DQPRT	VIEW/PRINT CHILD SERVICE APPROVAL
 CHPWD	CHANGE PASSWORD
 BYE	SIGN OFF OF THE SYSTEM
	

DQPRT – A printable version of an approval

Date 11/10/17 Go to
 Time 09:16

**New York State Education Department
STAC and Special Aids Unit
NOTICE OF COMMISSIONER'S APPROVAL FOR REIMBURSEMENT**

B18041	1617	01	LAMP	LAVA	06/30/08
STAC ID	School Year	Rec No	Last Name	First Name	MI Date of Birth
Chapter 563/947			Emotionally Disturbed		
Placement Type			Disability		
NYS OFFICE OF MENTAL HEALTH			HUDSON OMH		
Responsible District			County of Residence		
**Rate Pending					

CHILDREN'S HOME OF WYOMING CONFER	9000 I	S/Y-SCHOOL AGE-SPECIAL CLASS-FULL DA
Education Service Provider	Program	CAP:108
Maintenance/Related Service Provider/ICF	Program	Hours/Days

Service Type	Service Period	Basis	Number	Rate **	Aide	1:1 Rate	DA Rate	Cost	WD
EDUC	10/16/16 11/16/16								

Chapter Type	Related Services Cost	Administration Cost	CSE Cost	Transportation Cost	Total Cost

E.) Changing Your STAC Online System Password (CHPWD)

CHPWD – Use to change password. Enter your old password, Enter your new password, twice.
Hit enter on your computer.

Date 11/10/17 Change Password Screen

Usercode PCUPCAKE

Old password

Please enter new password twice

New password

New Password must have the following criteria

1. must be eight characters in length,
2. must include at least one letter
3. must include at least one number
4. is not case sensitive

STAC and Medicaid Unit Assistance Contact:

Kelly Mason
Education Finance Specialist
518-402-5218 (phone)
518-402-5047 (fax)
Kelly.Mason@nysed.gov