



# Schenectady County Public Health Services

**Children with Special Needs**  
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## Schenectady County Public Health Services Children with Special Needs Annual Billing Guidelines (CPSE Related Services) Effective July 2024

The following billing guidelines apply to related services provided to children ages 3-5 eligible under section 4410 of the New York State Education Law.

**Program Dates and Times:** The program dates for 2024 – 2025 school year related services are 09/03/2024 through 06/27/2025. Services provided before or after these dates will not be reimbursed. Services must be done on weekdays (Monday – Friday) with no time restrictions. Services cannot be done on legal holidays. Reminder: State Education Department calculates four (4) weeks per month for units delivered.

**Rates:** Schenectady County's established NY SED rates for related services:

- **Individual:** \$55.00 per session of less than 60 consecutive minutes of instruction/therapy or \$62.32 per session for more than 60 consecutive minutes of instruction/therapy provided directly.
- **Group:**  
**Less than 60 consecutive minutes:**

# Children in Group	Total Amount for Session	Amount Per Child
1	\$ 55.00	\$ 55.00
2	\$ 90.00	\$ 45.00
3	\$ 108.00	\$ 36.00

**More than 60 consecutive minutes:**

# Children in Group	Total Amount for Session	Amount Per Child
1	\$ 62.32	\$ 62.32
2	\$ 103.00	\$ 51.50
3	\$ 124.59	\$ 41.53

- No more than three children are allowed per group. A related services child cannot be grouped with a center-based child.

**Service Frequency:** Schenectady County will only pay for the number and length of sessions per week specified on the child's IEP, unless the additional visits are being made up in accordance with the make-up policy. Only one visit per day per discipline, unless otherwise stated on the IEP. Services must be provided at the frequency and duration on the IEP. For example, if the IEP states three 30-minute sessions per week, provision of two 45-minute sessions does not comply with the IEP.

**Make-up Policy:** Sessions missed, for any unexpected reason, must be completed within 30 calendar days of the missed session and within the same school year/IEP period. After that time frame, the session will not be considered a make-up. Make-up sessions cannot be done prior to the missed session. As is the case with related service sessions, make-ups cannot be done on weekends, and legal holidays. Make-ups may be done during weather-related closings. A session is not considered a make-up if it is done within the same week as the scheduled session.

Group make up sessions may be done as an individual therapy session if a group make up session is not available.

Notification and reason for absence must be given to the child's CPSE and Marisol Puyana, Early Childhood Specialist, at the Children with Special Needs Program in the event that a child is absent for FIVE CONSECUTIVE VISITS. Such notification must be given on the business day following the fifth consecutive absence, and on the Child Notification Form located on our website.

**Session Notes (Medicaid Requirement):** Service providers must maintain contemporaneous records. Session notes specifically document that the servicing provider delivered certain diagnostic and/or treatment services to a student on a particular date. Session notes must be completed by all qualified providers furnishing the services authorized in a student's IEP for all students and must include:

- Student's name
- Specific type of service provided
- Whether the service was provided individually or in a group and the size of the group
- The setting in which the service was rendered (school, clinic, other)
- Date and time the service was rendered (length of session)
- CPT code, when applicable
- ICD -10 code
- Brief description of the student's progress made by receiving the service during the session
  - **Within the Session Notes text box only include child's progress on IEP goals and/or response to therapy/intervention. Do NOT add group size or any other information that is already captured in other fields.**
- Name, title, signature and credentials of the servicing provider and signature/credentials of supervising clinician as appropriate (if therapist requires supervision).

**ALL INFORMATION LISTED ABOVE IS DATA COLLECTED IN CPSE Portal.**

Medicaid providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program. "Contemporaneous" records means documentation of the services that have been provided as close to the conclusion of the session as practicable. Monthly data entry is not acceptable. In addition to preparing contemporaneous records,

providers in the Medicaid program are required to keep records necessary to disclose the nature and extent of all services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider for a period of six years from the date the care, services or supplies were furnished or paid, whichever is later.

**Related service providers who are appointed coordinator of services must enter the information in CPSE Portal on the child specific line for this service (COR). The ‘Does Not Meet Medicaid requirements’ box must be checked for all coordination of services provided.**

**Billing:**

**\*\*\* BILLING THAT HAS BEEN RETURNED FOR CORRECTIONS MUST BE RESUBMITTED WITHIN 15 DAYS OR PAYMENT WILL NOT BE MADE.**

1. Billing for the Children with Special Needs Program is submitted on a monthly basis. **All vouchers must be submitted within thirty days from the end of the month from which the services were delivered. Vouchers submitted after sixty days from the end of the month will not be accepted for payment.**
2. Dates of submission are as follows:
  - a. Submit each month in a single billing packet on or after the 1<sup>st</sup> of the following month.

**Related Services billing must NOT have dates outside the billing packet dates included within the electronic submission. Should this occur, the electronic submission will be deleted.**

3. The completed billing packet consists of:
  - a. Schenectady County voucher: **the original and one copy** is required for submission.
  - b. One original signed CPSE Portal Voucher Summary. **\*\*NO COPIES**
  - c. One RS Parent/Caregiver Signature Log or Preschool Confirmation of Delivery of Services form (see last page for further information) for each child listed on the Voucher Summary.
  - d. For all services (speech therapy, occupational therapy, physical therapy, etc.) requiring prescriptions, a copy of the script for each child must be included with the child’s **FIRST** monthly billing packet of each new IEP/school year. Scripts that have multiple session dates are not allowed. Separate scripts are required for each school year session. (summer vs. school year, etc.)

**Signatures:**

1. All signatures must be original; photocopies are not acceptable. Signature stamps are acceptable if approved in the by-laws of the organization submitting the billing and written authorization to accept the stamp as original is provided by the CEO. This authorization must be provided annually at the beginning of the school year.
2. Parent/caregiver signatures are needed for each session the child has received services.
3. All signatures must contain credentials.
4. No pencil or white out is allowed.

‘Make-Up’ and ‘Does Not Meet Medicaid Requirements’ fields **MUST** also be captured in CPSE Portal when necessary.

**Many CPT codes are only 1 per session or 1 per evaluation. Care must be used to ensure the accuracy of the number of units entered.**

**Instructions for Completing  
Schenectady County CWSN  
Monthly Voucher Forms  
(CPSE Related Services)**

1. **DATE:** This is the date that the voucher was completed.
2. **CONTRACT NUMBER:** Please fill in the correct contract number assigned to you from the Children with Special Needs Program. **Note: contract numbers change yearly.**
3. **NAME AND ADDRESS:** Please use your complete name and mailing address, including zip code.
4. **CHARGE ACCOUNT NO(S):** The following information should be filled in under 'Charge Account No(s):

**“A542960.480300”**

5. **DEPT. FURNISHED:** Please insert the "CHILDREN WITH SPECIAL NEEDS PROGRAM".
6. **DESCRIPTION:** For CPSE services, please insert the following information in the "Description" Section:

**"SPECIAL EDUCATION (NAME OF DISCIPLINE HERE SUCH AS PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH THERAPY) PROVIDED AS PER THE ATTACHED DOCUMENTATION FOR THE PERIOD OF \_\_\_\_\_."**

7. **AMOUNT:** This is the total from the CPSE Portal Voucher Summary sheet.
8. **CERTIFICATION:**
  - **Individual Providers** - After the word, "I" print your full name as it is shown on your contract. After the words "I am" please put your discipline, e.g. PT or OT. Sign your full name as payee.
  - **Program Providers** - After the word, "I" print the full name of the person certifying the voucher. After the words "I am", corporations write the name of the officer and corporate/partnership name.
9. **SIGNATURE:** This must be an original signature on the 'payee' line.

**Instructions for Completing  
Schenectady County CWSN  
RS parent/caregiver signature log  
(CPSE Related Services)**

1. **CHILD'S NAME:** Complete with the child's full name.
2. **AGENCY/PROVIDER NAME:** Complete with either agency or independent provider name.
3. **DOB:** Complete with the child's date of birth (month, date, year).
4. **MONTH/YEAR:** The month and year the services are delivered.
5. **ICD- 10 CODE(S):** Required ICD- 10 code.
6. **Make-Up Visits:** Enter make-up dates in this area.
7. **DISCIPLINE:** Enter service provided (ST, OT, PT, TVI, etc.)
8. **I or G:** circle either 'I' or 'G' to signify if service provided was individual or group therapy.
9. **START TIME:** Enter time service started.
10. **END TIME:** Enter time service ended.
11. **PARENT/CAREGIVER SIGNATURE:** Have parent or caregiver sign on this line.
12. **CERTIFICATION:**
  - **INDIVIDUAL PROVIDERS** - The individual therapist delivering the services must sign using their full name and any appropriate credentials.
  - **DIRECTOR SIGNATURE:** The program director must certify the form on the director's signature line, using your full name. The form must be submitted with an original signature, photocopies are not acceptable. All providers must sign their credentials immediately after their signatures.

## **“Preschool Confirmation of Delivery of Services” form**

Provider may choose to use the “**Preschool Confirmation of Delivery of Services**” form that is available on the CPSE Portal as a prepopulated form *instead* of the above referenced form. If using the Portal form:

- use one form for each enrollment (individual/group)
- enter date of service
- enter start time
- enter end time
- session code (choose appropriate service code listed on form)
- have parent/guardian signature/verifying witness signature on this line
- therapist signature, credentials, and date at bottom of form
- director signature and date, when applicable, at bottom of form
- ALL heading information must be completed if it does not pre-populate

For an agency:

- Print it by going to Caseload Maintenance>Caseload, choosing a therapist from the "person" list, checking off the boxes next to each Assignment that you want to print for, and pressing the "Generate Blank Signature Logs for Selected Enrollments".

For a related service provider:

- The therapist can print it by going to Caseload Maintenance>Caseload, click on the school year session (2024-2025 Winter) and click “retrieve”. (It may take a moment to generate the therapist’s caseload.) Then the therapist can check off the boxes next to each Assignment you want to print for and press the "Generate Blank Signature Logs for Selected Enrollments”. Once you have clicked to “Generate Blank Signature Logs” you will be given the option to specify the month(s).