



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 Center-based and SEIS)** **Effective July 2024**

The following billing guidelines apply to Center-based and Special Education Itinerant Services (SEIS) services provided to children ages 3-5 eligible under section 4410 of the New York State Education Law.

Rates: Schenectady County will pay the most recent 2024 – 2025 school year NY SED approved rate for Center Based and SEIS services. The SED rate letter must accompany the initial billing for each program period, summer and school year. The SED rate letter must also accompany each initial billing at a new rate.

Center-based Related Services: 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. If the same service must be provided two times in one day temporarily the CPSE and County must be notified using the Child Notification form.

Enrollment Policy for Billing: The child must be physically present at or legally absent from the program, beginning on or after the approved CPSE start date, for three consecutive days in the same week and in the same month in order to begin billing. Legal absences are defined in section 175.6 of the Commissioner's Regulations and include personal illness, illness or death in the family, impassable roads or weather, religious observance, quarantine, required court appearance, or attendance at health clinics. The child will be considered to be enrolled, for billing purposes, until the child is discharged, or the last week that the child was physically present at or legally absent from program for three consecutive days in the same week and in the same month.

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 from the program for FIVE CONSECUTIVE DAYS. Such notification must be given on the business day following the fifth consecutive absence, and on the Child Notification Form located on our website.

Written evidence of the reason for the absence must accompany any billing for the first or last week of program during which the child is not physically present at the program.

Make-up sessions cannot be done prior to the missed session. The make-up session must be completed within 30 calendar days of the missed session and within the same school year/IEP period. A session is not considered a make-up if it is done within the same week as the scheduled session.

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.

'Co-Visit with Supervisor', '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.

REMINDER:

As new therapists are assigned to Schenectady County children, copies of licenses must be uploaded to the Contract Management System (CMS).

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 1st of the following month.
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 original signed CPSE Portal Classroom Attendance sheet. **** Signed by Agency Director ****
 - d. One RS Parent/Caregiver Signature Log or Preschool Confirmation of Delivery of Services form for each child receiving center based related services that is ordered and delivered **outside** the center-based setting. (i.e., social work)
 - e. 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 period. Scripts that have multiple session dates are not allowed. Separate scripts are required for each school year session. (summer vs. school year, etc.)
 - f. For SEIS services, the original SEIS Parent/Caregiver Signature Log for each child on the CPSE Portal Voucher Summary.
 - g. The SED Rate Letter at the start of each program, summer and fall, and each subsequent rate change.
4. The electronic submission of the CBRS (center based related services) file is also required with submission of the centerbased electronic billing. **You are not to submit the CBRS Voucher Summary or any related paperwork to the County.** Please note, the CBRS is for center based related services only and is not the same as the RS (related services) file. **Payment for CB billing will NOT be made until the cbrs file is received by the County.**

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 is seen outside the classroom setting.
3. All signatures must contain credentials.
4. No pencil or white out is allowed.

**Instructions for Completing
Schenectady County CWSN
SEIS parent/caregiver signature log**

1. **CHILD'S NAME:** Complete with the child's full name (last name, first).
2. **DOB:** Complete with the child's date of birth (month, date, year).
3. **MONTH/YEAR:** The month and year the services are delivered.
4. **AGENCY NAME:** Complete with program name.
5. **CALENDAR:** Indicate each day of service in the box using accurate calendar format. Place the number of half-hour units *actually delivered*, either direct or indirect, in the boxes labeled "D" or "I". Circle the method G or I, for individual or group, enter the start and end time for direct services, and have the parent or caregiver sign on the "parent/caregiver signature" line. Also, please note in the appropriate box an "A" if the child or therapist was absent on a scheduled service day.
6. **MAKE UP VISITS:** Indicate the make up service date and original service date, e.g. 10/17 is a make up for 10/4.
7. **UNITS DELIVERED:** Enter the **actual** number of sessions delivered for the month.
8. **RATE:** Enter the 2024 – 2025 school year NY SED approved rate for SEIS services.
9. **TOTAL:** Enter the total amount to be paid (number of units delivered times rate).
10. **SEIS TEACHER SIGNATURE:** The individual therapist delivering the services must sign using their full name and any appropriate credentials.
11. **PROGRAM DIRECTOR SIGNATURE:** The program director must certify the form on the program 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.

**Instructions for Completing
Schenectady County CWSN
Monthly Voucher Forms (Center Based and SEIS)**

1. **DATE:** This is the date in which 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, one invoice voucher for each CPSE Portal Voucher Summary, please insert the following information in the "Description" Section:

"(CENTER BASED SPECIAL EDUCATION SERVICES OR SPECIAL EDUCATION ITINERANT SERVICES) 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:** 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 corporation/partnership name.
9. **SIGNATURE:** This must be an original signature on the 'payee' line.

**Instructions for Completing
Schenectady County CWSN
Reconciliation Rate Adjustment sheet
(Center Based only)**

1. **AGENCY:** Complete with your full name.
2. **SCHOOL YEAR:** The school year in which the services were provided. Summer rate recons must be billed separately from the school year.
3. **CHILD'S NAME:** Complete using last name first, listing children in alphabetical order.
4. **PROGRAM RATE CODE (HRS/DAY):** The SED Program Code corresponding to the rate billed and the number of hours per day/days per week of program, e.g. 9160(5/5) is an integrated program for 5 hours per day with a five day per week enrollment, and 9165 (2.5/3) is an integrated program for 2.5 hours per day three days per week.
5. **FTE:** Enter the student's full-time enrollment (FTE) status.
6. **RECONCILIATION RATE:** The annual tuition rate approved by SED for Center Based Programs.
7. **RECONCILIATION AMOUNT:** The reconciliation rate times the full-time enrollment (FTE). Please provide rate letters with billing.
8. **TOTAL AMOUNT PAID:** The total amount of tuition paid to date for Center Based.
9. **BALANCE DUE OR (OWED):** Subtract the total paid amount from the reconciliation amount and enter the total amount due to the provider (or owed to the County) for services rendered.
10. **TOTAL THIS VOUCHER:** The total of all services being billed on the voucher. This amount is transferred to the Schenectady Co. Voucher.
11. **PAYMENT METHOD:** Include a check OR deduct on the next billing cycle.
12. **AUTHORIZED AGENCY SIGNATURE:** This must be an original signature.
13. **DATE:** This is the date in which the form was completed. Submit to County within 15 days.

AS A REMINDER:

**FOR ALL RATE CHANGES, A RECONCILIATION RATE ADJUSTMENT SHEET
MUST BE SUBMITTED AS SOON AS POSSIBLE.**

- *the timeframe to claim state aid for the county is limited, therefore, all rate change adjustments must be submitted within six months of issuance.*
- *if rate reconciliation went down and provider owes money to the county, include a check to CWSN OR the deduction will be made on the next billing cycle.*
- *center based services must be billed separately from special education itinerant services.*
- *center based 10-month school year services must be billed separately from 2-month summer services.*

**Instructions for Completing
Schenectady County CWSN
Reconciliation Rate Adjustment sheet**

(SEIT only – for services PRIOR to July 2015)

1. **AGENCY:** Complete with your full name.
2. **SCHOOL YEAR:** The school year in which the services were provided. Summer rate recons must be billed separately from the school year.
3. **CHILD'S NAME:** Complete using last name first, listing children in alphabetical order.
4. **NUMBER OF SEIT SESSIONS:** Enter the number of sessions approved for SEIT.
5. **RECONCILIATION RATE:** The half-hour rate approved by SED for SEIT services.
6. **RECONCILIATION AMOUNT:** The half-hour rate approved by SED for SEIT services times the number of sessions.
7. **TOTAL AMOUNT PAID:** The total amount of tuition paid to date for SEIT services.
8. **BALANCE DUE OR (OWED):** Subtract the total paid amount from the reconciliation amount and enter the total amount due to the provider (or owed to the County) for services rendered.
9. **TOTAL THIS VOUCHER:** The total of all services being billed on the voucher. This amount is transferred to the Schenectady Co. Voucher.
10. **AUTHORIZED SIGNATURE:** This must be an original signature.
11. **DATE:** This is the date in which the form was completed.

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- *the timeframe to claim state aid for the county is limited, therefore, all rate change adjustments must be submitted within six months of issuance.*
- *if rate reconciliation went down and provider owes money to the county, do NOT send a check to CWSN. The deduction will be made on the next billing cycle.*
- *center based services must be billed separately from SEIT services.*
- *center based 10-month school year services must be billed separately from 2-month summer services.*

**Instructions for Completing
Schenectady County CWSN
Reconciliation Rate Adjustment sheet**

(SEIT only – for services STARTING July 2015)

1. **AGENCY:** Complete with your full name.
2. **SCHOOL YEAR:** The school year in which the services were provided. Summer rate recons must be billed separately from the school year.
3. **CHILD'S NAME:** Complete using last name first, listing children in alphabetical order.
4. **OLD SEIT RATE:** The old half-hour rate approved by SED for SEIT.
5. **NEW SEIT RATE:** The new half-hour rate approved by SED for SEIT.
6. **DIFFERENCE:** Subtract old SEIT rate from the new SEIT rate.
7. **NUMBER OF SESSIONS PAID:** The total amount of sessions paid to date for SEIT services.
8. **BALANCE DUE OR (OWED):** Multiply the difference times the number of sessions paid and enter the total amount due to the provider (or owed to the County) for services rendered.
9. **TOTAL THIS VOUCHER:** The total of all services being billed on the voucher. This amount is transferred to the Schenectady Co. Voucher.
10. **PAYMENT METHOD:** Include a check OR deduct on the next billing cycle.
11. **AUTHORIZED SIGNATURE:** This must be an original signature.
12. **DATE:** This is the date in which the form was completed. Submit to County within 15 Days.

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