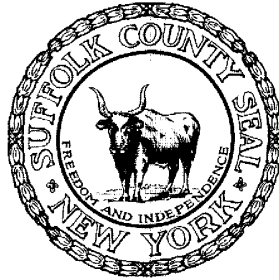


RELATED SERVICES POLICY AND PROCEDURE MANUAL



**STEVE BELLONE
SUFFOLK COUNTY EXECUTIVE**

ELEVENTH EDITION

**SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS**

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SECTION I

OVERVIEW AND DEFINITION OF TERMS

A. OVERVIEW

- The policies and procedures outlined in this manual pertain to those providers who contract with the Suffolk County Department of Health Services to provide related services to preschool students (ages 3 to 5) with disabilities who receive such services under Section 4410 of the New York State Education Law.

The purpose of this manual is to clarify certain policies and procedures which must be followed by related service providers and to assist related service providers in meeting the requirements of their contract (Related Services Agreement) with Suffolk County. Related service providers should be thoroughly familiar with both the provisions of the contract and the guidelines for implementation of the contract provisions outlined in this manual.

- **Responsibility of the County to Contract with Related Service Providers:** In accordance with Section 4410(9)(c) of the New York State Education Law, it is the responsibility of the County to contract with related service providers; to maintain a list of appropriately certified or licensed professionals/agencies with which it contracts to provide related services; to determine reasonable rates of reimbursement (subject to approval of the Commissioner of Education) for related services and the coordination of two or more related services; and to pay the related service providers who deliver appropriately authorized services in accordance with the contract.
- **Authorization for Related Services:** Related services provided to preschool students with disabilities (ages 3 to 5) are authorized in the student's Individualized Education Plan (IEP) and is determined by the student's school district Committee on Preschool Special Education (CPSE). The IEP sets forth the type, duration, and frequency of the related service(s) and specifies the start date and end date of the service period and the location where services are to be provided. The specific related service provider(s) is selected by the CPSE from the list of related service providers maintained by the County. If a coordinator of services is required, the CPSE also designates the coordinator.

B. DEFINITIONS

- **Related Services:** Related services are defined in Part 200.1 (*qq*) of the Regulations of New York State Commissioner of Education. *“Related services means developmental, corrective, and other supportive services as are required to assist a student with a disability and includes speech – language pathology, audiology services, psychological services, physical therapy, occupational therapy, counseling services, including rehabilitation counseling services, orientation and mobility services, medical services as defined in this section, parent counseling and training, school health services, school social work, assistive technology services, other appropriate developmental or corrective support services, appropriate access to recreation and other appropriate support services.”*
- **Related Service Session and Frequency, Duration, and Location:** A related service session shall consist of services provided by a therapist interacting with an individual student or group of students. As a result of a CPSE meeting frequency, duration, and location for each such service shall be as set forth in the IEP, based on the individual student's needs. This can only be changed by the CPSE at a scheduled meeting or through written agreement between the parent and the CPSE.

The minimum duration of each session must be thirty (30) minutes; however, sessions of longer duration but within 30 minute increments, may be required by a student's IEP. It should be noted that for speech therapy, there is no longer a minimum frequency and duration as established by the Commissioner of Education (Section 200.6(e)(1)(2) of the Regulations of the Commissioner Amended).

Only one session of the same type of related service may occur on the same day (e.g., if an IEP calls for two occupational therapy sessions per week, the two sessions cannot be given on the same day). Likewise a regularly scheduled session and a makeup session of the same service type may not be given on the same day.

- **Coordinator of Services:** When a preschool student (ages 3-5) with a disability, receives two or more related services, the CPSE must designate one of the related service providers as a Coordinator of Services. (Note: When a preschool student receives one or more related services and Special Education Itinerant Teacher (SEIT) services, the SEIT provider must be designated as the Coordinator of Services. SEIT providers must be approved by the NYS Education Department in accordance with Section 4410 of the Education Law.) The related service provider who is assigned as coordinator must keep logs of all Coordination services and submit these with any billing for Coord. Services. SEIT may not bill for Coordination of Services. A Related Service Coordinator (if no SEIT provider) must be designated on the IEP and frequency and duration noted and placed on the IEP and STAC-1 to the County.
- **School Calendar:** Services for preschool students with disabilities are provided in accordance with the dates specified on the IEP and in accordance with an agency or a "school calendar." All calendars would exclude weekends and legal holidays. School calendars would also exclude school vacations. Since school calendars vary from school district to school district and school to school, the school calendar for a student receiving related services should be based, where reasonable, on the following considerations:
 - For a student receiving related services from an independent related service provider at home, in a day care setting, or at the office of the provider, the "school calendar" should be the calendar of the student's school district. Although many school districts do not maintain a summer calendar, this should not be problematic since there is only one legal holiday during this period and the dates of services are delineated on the IEP.

- For a student receiving services from an independent related service provider in a pre-K, nursery school or Head Start setting, the calendar of the pre-K, nursery school, or Head Start program should be followed.
- For a student receiving related services from a 4410 program agency or Suffolk County agent, the school district should designate which calendar is to be followed and indicate such on the child's IEP. The district may choose to use the calendar of the related service provider or the school district calendar or in the case of dual program the provider school calendar. There can be multiple calendars for multiple providers if the CPSE deems it appropriate for the child.
- Services can be provided on a Superintendent's Conference Day since it is counted as one of the 180 mandated days.
- If a school district cancels school because of a snow day or another emergency, the provider can decide if they want to provide services that day or make up the session in accordance with the contract.

Professional Ethics: All therapists, SEIT, supervisors are expected to follow the Suffolk County Professional Ethics Guidelines. Supervisors are responsible to make sure that all staff have taken the on line in-service training and have signed the Ethics Attestation letter. This is to be kept in the employee /contracted individuals file.

SECTION II

DESIGNATION OF A RELATED SERVICE PROVIDER AND LOCATION OF SERVICES

- For a preschool student with a disability who is found eligible for services under Section 4410 of the Education Law, it is the responsibility of the CPSE to designate the specific related service provider(s) for that student. This designation must be included on the student's IEP. A student's related service provider(s) may not be changed without reconvening the CPSE or agreed upon in writing by the parent and the CPSE and amend the IEP.
- If a preschool student will be receiving two or more related services, it is also the CPSE's responsibility to designate one of the student's related service providers as a Coordinator of Services. If the student receives one or more related services in conjunction with Special Education Itinerant Teacher (SEIT) services, then the SEIT must be designated as the Coordinator of Services. This designation also must be included on the student's IEP.
- For preschool students, the location where related services will initially be provided is determined by the CPSE and is specified on the IEP. Related services may be provided at sites including:
 - an approved or licensed pre-K
 - the worksite or office of the provider
 - a Head Start program
 - a child's home or child care location
 - a State approved facility

Changes in the location of services **must be made** by either reconvening the CPSE or agreed upon in writing by the parent the CPSE and an amendment to the IEP. It is the responsibility of the related service provider to notify the CPSE Chairperson of the need for a CPSE meeting to discuss the change in location **prior to the implementation of any change in location.**

- Related service providers may not begin services until they have received a copy of the student's IEP. *IEP's are forwarded by the school district's CPSE Chairperson. Related Service providers will also receive a STAC form. Copies of the STAC are forwarded to the provider by the Suffolk County Department of Health Services, Services for Children with Special Needs Authorization Unit after they receive the STAC form from the school district and have authorized payment.*
- Related service providers should carefully review the student's IEP and STAC since payment will be made only for services provided in accordance with the student's IEP. Particular attention should be paid to:
 - start and end dates of services
 - the location of services
 - frequency and duration of services (e.g. 2 times a week for 30 minutes)
 - delivery mode (individual or group session)

- designation of provider

If there is a discrepancy between the IEP and STAC, contact the student's school district for clarification. Ask the school district to verify that the STAC form and the IEP match. If they do not match, the school district must make any corrections on the IEP or the STAC form.

A provider does not have the authority to change the frequency and duration or location of services because it better meets the therapist's or parent/guardian's schedule. Only the CPSE can make any changes to the frequency and duration or location of services.

- If the professional standards of the related service provider (e.g., occupational therapist and physical therapist) or Medicaid requires a physician's or other health care professional's prescription prior to the delivery of service, it is the responsibility of the related service provider to obtain and adhere to such order as it pertains to the delivery of the related service. The prescription must contain the school year for which it applies and must be maintained by the provider in the student's primary file. Copies should be sent to the school district.

SECTION III

PROVISION OF SERVICES

A. THE IEP

The IEP specifies the service provider, location, frequency, duration, mode of delivery, goals, etc. Services must be provided in accordance with the student's IEP. The child's date of birth should be verified on the IEP to ensure that the child is age-eligible for CPSE services.

B. RECORD OF RELATED SERVICES – (Log Note/Contact Log)

- A related service provider must maintain a log note/contact log (Exhibit 1A) to record each service session provided to a student. If a provider has been designated as the Coordinator of Services, coordinator activities must also be documented on a separate log note/contact log. A log note must be maintained on the Special Education Preschool Program Record of Related Services form (Exhibit 1A). Directions for completion of this form are attached as Exhibit 1B.
- A Record of Related Services (Log Note) form must be completed for each session of service. Services provided in different months cannot be recorded on the same Voucher form for billing. (However, two or more forms may be used to record the services provided during one month.)
- The Record of Related Services form details information about the student, the service authorized, the service provided and the therapist. It includes a space for notes which must be completed by the related service provider following each service session, and requires the signature of the provider and signature of the parent/guardian or child care provider, Pre-K teacher, etc., as appropriate. Written permission by the parent is needed if someone other than the parent/guardian is signing the form. (Refer to sample - Exhibit 2.) In addition, if a therapy session is missed, the date of the missed session and the reason for the missed session should be indicated on this form. These records must be included in the student's file maintained by the related service provider.
Make-up sessions must be offered and it must be documented in the log note that it was offered. Sessions may be made-up within 10 working days after the session is missed. It also needs to be documented on the "Verification of Absence and Make-up Session" form.
- It should be noted that a copy of the Record of Related Services form along with the Verification of Absence and Make-up Session form must be submitted to the County when the provider bills the County for services.
- Copies of all Record of Related Services log notes as well as any absence notices must be included in the student's file maintained by the related service provider and are subject to audit.

C. PERIODIC PROGRESS REPORTS

Related service providers must prepare periodic progress reports for each student receiving services. There are two types of progress reports:

- quarterly progress reports on IEP Direct or other School District system
- annual review progress reports (must include formal/informal assessment) on IEP Direct and/or County form.

These two types of progress reports are described below.

- **Quarterly Progress Reports:** (For the format of this report, see Exhibit 3, Special Education Preschool Program Related Service Quarterly Progress Report.)

Quarterly progress reports must be prepared in accordance with the following schedule:

<u>Service Period</u>	<u>Date of Quarterly Progress Report</u>
September - November	November 15
November - January	January 31
February - April	April 15
April – June	June 30
July – August	August 31 *

* only if student has been designated as a 12 month student

It is the responsibility of the related service provider to send copies of the quarterly progress report to the (1) student's CPSE Chairperson, (2) the student's Coordinator of Services, and (3) the child's parents/guardians.

Do not send to the County Preschool Coordinator

The original copies of all quarterly progress reports must be included in the student's file maintained by the related service provider and are subject to audit.

- **Annual Progress Report:** (For the format of this report, see Exhibit 5, Special Education Preschool Program Related Service Annual Review Progress Report.) **Cannot be done on IEP Direct – Must be Handwritten**

Consents to evaluate must be signed and dated by parents in accordance with federal and state regulations. (Refer to sample Parental Consent for Evaluations - Exhibit 4) Annual Assessments for Progress Reports are not considered Evaluations and may be written into the IEP. This does not require Prior written Notice or consent.

The annual progress report must be prepared prior to the preschool student's scheduled CPSE annual review. The CPSE Chairperson must give copies of the student's Annual Report **at least five business days prior to the date of the meeting.** However, for planning purposes, it is recommended that the related service provider contact the CPSE Chairperson upon receipt of the IEP and assignment of the student to determine the projected annual review date.

It is the responsibility of the related service provider to send copies of this annual review progress report to (1) the student's CPSE Chairperson, (2) the Suffolk County Department of Health Services, Division of Services for Children with Special Needs, (3) student's Coordinator of Services, and (4) the child's parents/guardians. **These copies must be provided to the above parties five business days prior** to the scheduled CPSE meeting. In addition, **the original copy** of the annual review progress report must be included in the student's file maintained by the related service provider.

The annual review of a preschool student with a disability is based on a review of the student's IEP and other current information pertaining to the student's performance. Formal or informal assessment of the student's progress as a means of documenting a student's progress towards IEP goals and objectives must be performed and documented in the annual review progress report. Assessments should be performed during a student's regularly scheduled therapy session(s) and billed as a regular therapy session(s). No additional compensation is allowable for assessments in accordance with SED policy. Consents to evaluate must be signed and dated by parents in accordance with Federal and State mandates. (Refer to sample - Exhibit 4.)

The Annual Review can include a recommendation to continue, decrease, increase or discharge. It may not include frequency and duration, and location of service, or provider which is a determination to be made at the child's CPSE meeting as per Part 200 Regulations.

If services to a student are discontinued prior to the month when a progress report is due, an ending progress report should be written at the conclusion of services to the student. If an annual review progress report is prepared during a month when a quarterly report is due, the quarterly report need not be completed (e.g., if a provider prepares an annual review progress report in June for a student's annual CPSE meeting held in June, it is not necessary to prepare a quarterly progress report for the period April - June).

D. COORDINATOR OF SERVICES

- Coordination activities include the following:
 - arranging the schedule and location for service delivery according to the CPSE recommendations and consulting with CPSE Chairperson to resolve issues when appropriate;
 - insuring that all services written on the IEP are being delivered as written on the IEP
 - notifying the CPSE Chairperson and the County Preschool Coordinator when the child has missed five (5) consecutive sessions by way of the "Notification of Extended Non-Delivery of Service" form (see Exhibit 6, page 34)
 - sharing appropriate information with all related service providers for the integration of such services and to assess the progress of the student;
 - gathering all progress reports and anecdotal information relating to the student's progress from all related service providers ensuring that the coordinator has a general knowledge of the student's progress, as well as any significant problems, in the implementation of the IEP;
 - developing interim reports as needed;

- attending CPSE meetings;
 - providing progress reports to the parents; and
 - activities such as telephone conferences or other communication practices which may be billable activities; however, these activities must be accumulated into thirty minute billing blocks or as part of a coordination activity totaling thirty minutes. All activity must be documented on Related Service Log note that are designated as “Coordination of Services” and signed by the parent and coordinator.
- If the agency providing services is designated by the CPSE as the Coordinator of Services, the individual who serves as the Coordinator must be one of the individuals who actually provide related services to the student. The IEP must designate which discipline is the coordinator (O.T., P.T. or SLP).
 - Annual Reports may be completed on IEP Direct or any other School District form as long as it includes and adheres to contract requirements – such as the inclusion of assessment information.

E. ATTENDANCE AT CPSE MEETINGS

- For a preschool student who receives one related service only, **it is the responsibility of the service provider to attend meetings of the CPSE for that student.** For a preschool student receiving **two or more related services**, it is the responsibility of the service provider who has been designated as the **Coordinator of Services to attend meetings of the CPSE for that student.** For a preschool student receiving SEIT services and one or more related services, it is the responsibility of the SEIT to attend meetings for that student it is suggested, however, that all other service providers make an effort to attend in person or by phone.
- If the provider is an agency and the provider is responsible for attending a CPSE meeting for a preschool child, the individual who attends the CPSE meeting must be one of the individuals who is the actual provider of related service to the child. If there is a coordinator the coordinator attends the meeting.
- The related service provider may request a meeting of the CPSE at any time by notifying in writing the student's school district CPSE Chairperson. A Request for CPSE Meeting form is attached (see Exhibit 7 page 35). A copy of this form must also be sent to the Suffolk County Department of Health Services, Services for Children with Special Needs, Attn: Coordinator of Preschool Special Education/Contracted Services.

F. MISSED SESSIONS AND MAKE-UP SESSIONS

- It should be noted that there will be **no** payment for group sessions missed **regardless** of the reason for the missed session. If a student is absent from a group session, no payment shall be made for that student for that session; however, the provider shall be paid for the other student(s) who attended that group session at the per child group session rate.
- For an individual missed session, a make-up session must be offered and can be made up within ten (10) business days after the session has been missed (provided that the date of the make-up session falls within the service dates authorized by the student's IEP). The make-up session cannot occur on the same day as a

regularly scheduled session of the same type. All make-up sessions must be documented on the log note and signed by the parent/guardian after the session is provided.

- Group sessions can only be made-up if the entire group session is canceled due to the provider's absence, inclement weather, or facility closure. A group make-up session may be held within ten (10) business days of the missed session (provided that the date of the make-up session falls within the service dates authorized by the student's IEP). The make-up session cannot occur on the same day as a regularly scheduled session.
- If five (5) consecutive sessions are missed, regardless of the reason, the provider must notify in writing the preschool student's CPSE Chairperson and the Suffolk County Department of Health Services, Services for Children with Special Needs. Such notification must be made utilizing the Notification of Extended Non-delivery of Services form (see Exhibit 6 page 34). Excessive absence of the student that is not consecutive also requires notice given to the school district but not on the "Notification....." form.

SECTION IV

RECORDS

- The related service provider must maintain a primary file for each student. The student's records are confidential and must be kept in a locked file. In accordance with SED's July 1997 memorandum on Record Retention and Disposition Schedule ED - 1 from Robert W. Arnold III, Chief, Local Government Records Bureau, **educational records** must be maintained by the provider for a period of "15 years after the student receives diploma, attains age 21, or is declassified from special education, whichever is shorter." **Fiscal records** must be maintained for a period of at least (6) years after the termination or expiration of the contract with the County. These files are subject to audit.

- The related service provider must keep a record of parties obtaining access to the student's primary file on a Record of Student File Access form (see Exhibit 8, page 36). This form should include the name of the person who accessed the file, the date access was given, and the purpose for which the person was authorized to access the file. The Record of Student File Access should be kept in each student's primary file.

- The student's primary file must contain a complete and current record of the services to that student and shall include, at a minimum, the following:
 - Child information (name, date of birth, sex, etc.)
 - A copy of the student's IEP
 - Schedule of services – planned days and session times
 - Periodic progress reports (see Exhibits 3 and 5, pages 31 and 33)
 - Record of Related Services forms (see Exhibit 1A, page 27)
 - Orders by physician(s) or other health care professional(s), where required
 - Any Notification of Nondelivery of Service forms (see Exhibit 6, page 34) completed for the student
 - Record of Student File Access (see Exhibit 8, page 36)
 - Parental Consent for Release of Information to Access Medicaid Reimbursement form (Exhibit 11, page 39)
 - Any and all other records or forms that pertain to the child

- It should be noted that the contract with the County requires related service providers to comply with the requirements, standards and procedures of the NYS Education Department and the NYS Department of Social Services relating to the Medical Assistance Program (Medicaid). The record keeping requirements outlined above meet those current standards. (This is necessary to enable the County to claim Medicaid reimbursement for services provided to Medicaid eligible children.) Once each year, the County will request information regarding services provided to Medicaid eligible children during the previous school year.

SECTION V

ADVERTISING

- Refer to Exhibit A, #17 of your Related Service Agreement (Contract) with the Suffolk County entitled Publications and Publicity:

a. "The CONTRACTOR shall not issue or publish any book, article, advertisement, announcement, report, or other publication related to the SERVICES provided pursuant to this Agreement without first obtaining written prior approval from the County. Any such printed matter or other publication shall contain a statement in clear and legible print:

"This publication is fully or partially funded by the Suffolk County Executive's Office."

b. The Department shall have the right to prior approval of press releases and any other information provided to the media, in any form, concerning the Services provided pursuant to this Agreement.

Prior to publication, submit your publication (advertisement, brochure, flyer, handout, book, etc.) for approval to:

**Coordinator of Preschool Special Education/Contracted Services
Division of Services for Children with Special Needs
50 Laser Court
Hauppauge, New York 11788**

- Follow the criteria listed in the March 1997, "Guidelines for Preschool Advertising" memorandum from Thomas Neveldine.
 - **Advertisements should include:**
 - clear identification that the program is for children who have or are suspected of having a disability pursuant to Section 4410 of Article 89 of the Education Law;
 - a statement that any services provided are based upon the individual needs of the preschool child found to have a disability, as determined by the Committee on Preschool Special Education of the local school district;
 - a statement that the local school district will determine the location where needed special education services will be provided, which may be the child's normal daytime setting;
 - a statement that parents are responsible for arranging for and paying costs of any child care;
 - a statement that indicates that the special education services are at no direct cost to the parent, but that funding is provided through county taxes and state funds earmarked for special education services provided;

- a description of services available: evaluation, special education, speech therapy, occupational therapy, physical therapy and labeled as special education services;
- a description of the appropriate licensure and/or certification of staff employed.

- **Advertisements should not include:**
 - information which specifies that you are an approved Suffolk County provider (Only the State Department of Health approves Early Intervention providers and the New York State Education Department approves 4410 providers and or evaluators related service providers are contracted with Suffolk County);
 - information which would mislead a parent to believe their child can receive, at no cost to them, day care services or any and all services the agency has to offer;
 - information which would mislead a parent to believe that the decision regarding appropriate services and where services will be provided is based solely upon what the parent or provider requests;
 - information which would indicate that services are free since services are paid through local and state funds;
 - general statements that would lead the reader to believe that this is something other than a special education program (i.e. “Are you concerned about your child? Come see us.”);
 - any information which would be false, deceptive or fraudulent with respect to the services to be provided to infants, toddlers, and preschool children and their families.

SECTION VI

BILLING

- Related service providers should bill the County monthly. Currently only Manual Billing is available to related service providers.
- Manual billing each monthly claim to the County must include:
 - One **Suffolk County Payment Voucher**. (see Exhibit 10)
 - A completed **Special Education Preschool Record of Related Services** form (Exhibit 1A) signed by the parent/caretaker for **each** student served by the provider during the month.
 - Each voucher submitted for payment should include only services provided during one month and should be submitted within ten (10) business days after the last day of the month.
 - All Absence and Make-up forms – signed by the parent/caretaker
- All claims should be sent to the following address:

*Suffolk County Department of Health Services
Expenditure Unit
3500 Sunrise Hwy, Suite 124
PO Box 9006
Great River, NY 11739*

- Vouchers should be neatly prepared and typed if possible.
- *Providers may not submit vouchers for payment until they have received a copy of the STAC form from DSCSN. DSCSN will send you a copy of the STAC form upon receipt from the school district.*
- All claims are audited for various items including:
 - compliance with the student's IEP (frequency and duration, start and end dates of services, etc.); and
 - compliance with the provisions of the Related Services Agreement.
- Incomplete or incorrect claims will be returned to providers for correction or resubmission as necessary.

SECTION VII

MEDICAID

As per Exhibit J of your Preschool Related Service Agreement (contract), you have agreed:

- 1. To reassign all Medicaid reimbursement for related services to the Department of Health Services, The Division of Services for Children with Special Needs.*
- 2. To accept as payment in full from the Division promulgated payment levels for related services.*
- 3. To not bill Medicaid for eligible related services which are specified in a child's individualized education plan (IEP). These services will be directly billed to and reimbursed by the Division.*
- 4. To comply with all the rules and policies as described in your Agreement with the Department of Health Services.*

The school district has the parent/guardian **of every student** sign a Parental Consent for Release of Information to Access Medicaid Reimbursement form. You must have a copy of the school district's Consent for Release of Information to Access Medicaid Reimbursement form or have the parent/guardian **of every student** sign a Parental Consent for Release of Information to Access Medicaid Reimbursement form. (For the format of this consent, see Exhibit 11, page 39.) Keep the copy of the school district's form or your original in the student's folder.

Medicaid forms are consistently changing due to the changes being made by Medicaid in Education and the Federal Medicaid guidelines. Please check the Suffolk County website often to make sure you have updated all your forms to meet the Medicaid required mandates.

SECTION VIII

CONTRACT INDEX

As previously mentioned, related service providers should be thoroughly familiar with both the policies and procedures outlined in this manual and the provisions of the related service provider contract (Related Services Agreement). For ease of reference, the following is an index of some of the contract provisions to which a provider may wish to refer on a regular basis:

ABSENCES, CANCELLATIONS AND MAKE-UPS	Exhibit E, #1
CLAIMS FOR PAYMENT	Exhibit E
CONFIDENTIALITY	Exhibit A, #6
IMMUNIZATION REQUIREMENTS.....	Exhibit D, #4
LIABILITY INSURANCE REQUIREMENTS.....	Exhibit A, #4
MAINTENANCE OF STUDENT FILES.....	Exhibit A, #7 & Exhibit D, #10
PAYMENT FOR ATTENDANCE AT CPSE MEETINGS.....	Exhibit E, #1-H
PAYMENT FOR COORDINATOR OF SERVICES.....	Exhibit E, #1-I
RATE SCHEDULE	Exhibit K
RECORD RETENTION.....	Exhibit E, #8
TERMINATION OF THE CONTRACT.....	Exhibit A, #2

SECTION IX

PHONE DIRECTORY: COUNTY PERSONNEL AND CPSE CHAIRPERSONS

A. COUNTY PERSONNEL FOR RELATED SERVICES

Director	Ellen Ellis	853-3130
Coordinator of Preschool and Contract Services .	George Heintz	853-2298
Billing	Frank McCluskey.....	854-0129
Contract Information.....	Susan Franz.....	853-4791
Policy and Practices Issues.....	George Heintz	853-2298
Related Services Medicaid Reporting	Rosemarie Pforr	854-0190

B. CPSE CHAIRPERSONS LIST – See attached pages 20 - 23

SECTION X

CHILD WHO MOVES WITHIN SUFFOLK COUNTY

Any time a family moves regardless of the distance from the original address you must notify the school district immediately.

Move within the same district:

If a child moves within the same district you must notify the district of the new address (see “Notification of Move” form attached). The parent may also need to notify the district and change current paperwork to correspond to the new address. This is a crucial step in order for the parents to receive important information from the district which would include CPSE meeting notices from the district. You should keep in mind that some districts border both Nassau and Suffolk Counties and a simple move across the street can place the child in another county. Do not assume that the child is in the same district. Whether the child has moved within the district or not you must notify the district of the move. If you find out from the district that the child now resides in a different district you must then call the new district.

Move to new school district:

When a child moves to a new school district within Suffolk County, the related service provider must notify the original school district utilizing the “Notification of Move” form. The parent should be encouraged to call the old district as well and to register in the new district immediately upon moving in an effort to avoid a disruption in service.

Once the parent has registered in the new district the new district can agree to the current IEP and begin a 30 day interim period. In accepting the old IEP, the new district needs to notify the provider that they have accepted and will approve the continuance of services on an interim. The new district will then have to meet and rewrite the IEP before the interim IEP expires.

Related service providers must be sure that the new district has met it’s obligation to accept the IEP from the old district and has set a meeting date within the 30 days to establish a new IEP. Service providers should not continue to provide services for a child until they have documentation from the new district confirming their acceptance of the old IEP on an interim basis.

Districts do not have to accept the old IEP but can meet as quickly as possible to write their own IEP for a child and determine the services they feel are appropriate.

The related service provider may help to facilitate the transfer of the IEP from the old district to the new district by having the parent sign a release of information form and sending the IEP to the new district.

The old school district must terminate the services and issue a written notice of this determination to the County Authorization unit on the appropriate forms.

SECTION XI

CODE OF ETHICS FOR EARLY CHILDHOOD SERVICE PROVIDERS

Suffolk County Division of Services for Children with Special Needs has established a professional code of ethics for early childhood service providers entitled “Implementing Professional Boundaries” that must be adhered to when treating any preschool or early intervention child.

A copy of the Code of Ethics has been made available on our website ([suffolkcountyny.gov/departments/Division of Services for Children with Special Needs](http://suffolkcountyny.gov/departments/Division%20of%20Services%20for%20Children%20with%20Special%20Needs)) for you (if you are an independent) or your agency to download. Please read it carefully so you understand the policies and procedures. You then need to sign the ”Code of Ethics Attestation Form” and submit to your supervisor. Independent Providers must submit the Attestation to the Coordinator of Preschool Services.

All schools and agencies must train their new staff on these guidelines and ensure their understanding. Independent providers are responsible to download, read and follow all the guidelines in this document.

EXHIBITS

- Exhibit 1A Special Education Preschool Program Record of Related Services Log Notes – pg. 27
PLEASE SEE WEBSITE FOR LATEST VERIFIED
- Exhibit 1B Instructions for Completion of the Special Education Preschool Program Record of Related Services Form – pgs. 28-30
- Exhibit 2 Format for Special Education Preschool Program Related Service Quarterly Progress Report – pg. 31
- Exhibit 3 Format for Special Education Preschool Program Related Service Annual Review Progress Report – pg. 32
- Exhibit 4 Notification of Extended Non-Delivery of Services – pg. 33
- Exhibit 5 Request for CPSE Meeting – pg. 34
- Exhibit 6 Record of Student File Access – pg. 35
- Exhibit 7 Parental Consent for Alternative Verification Signature – pg. 36
- Exhibit 8 Parental Consent for Evaluations – pg. 37
- Exhibit 9 Instructions for Completion of the Suffolk County Payment Voucher – pg. 38
- Exhibit 10 Suffolk County Payment Voucher – pg. 39
- Exhibit 11 Parental Consent for Release of Information to Access Medicaid Reimbursement – pg. 40
- Exhibit 12 Billing Form

For Medicaid forms and most recently updated forms please go to the Division's Website
www.suffolkcountyny.gov/healthservices/servicesforchildrenwithspecialneeds/ documents

RECORD OF RELATED SERVICES LOG NOTES

Suffolk County NPI # 1760586978

Voucher #

Voucher Date

1. Student's Name (Last, First) DOB _____ M__ F__		2. School District, Month/Year of Service	
3. Name of Service Provider Agency & NPI # (if applicable)		4. Name of Individual Service Provider, License #, Expiration Date:	
5. IEP Dates: Start Date–End Date	6. Treating Therapist NPI #	7. Individual ____ Group ____ Size of Group _____	8. IEP Frequency & Duration
9. Type of Related Service		Rx/Recommendation Received (if applicable) []	

Date of Service: _____ Location of Service Delivery: _____ Make-up Session: Yes [] No [] *Status Code: _____
Session Time In: _____ Session Time Out: _____ (see below)

CPT Code(s): _____

Goal(s) targeted: **PLEASE SEE WEBSITE FOR LATEST VERSION**

Activity/Lesson: (Including objectives and measures of success) _____

Response (s) of Child: _____

DO NOT SIGN BLANK LOG NOTES

Print name of Parent/Caregiver: _____ Relationship to Child: _____

To the best of my knowledge, the session specified above has occurred.

Verifying Signature of Parent/Caregiver _____ Date: _____

(Only NON CB services require a verifying witness signature)

I certify that the above services were provided on the dates and times indicated in accordance with the Student's IEP and the Related Service Agreement.

Date of Service: _____ Location of Service Delivery: _____ Make-up Session: Yes [] No [] *Status Code: _____

Session Time In: _____ Session Time Out: _____ (see below)

CPT Code(s): _____

Goal(s) targeted: _____

Activity/Lesson: (Including objectives and measures of success) _____

PLEASE SEE WEBSITE FOR LATEST VERSION

Response (s) of Child: _____

DO NOT SIGN BLANK LOG NOTES

Print name of Parent/Caregiver: _____ Relationship to Child: _____

To the best of my knowledge, the session specified above has occurred.

Verifying Signature of Parent/Caregiver _____ Date: _____

(Only NON CB services require a verifying witness signature)

I certify that the above services were provided on the dates and times indicated in accordance with the Student's IEP and the Related Service Agreement.

Signature of Related Service Provider and Credentials

**SUFFOLK COUNTY PRESCHOOL SPECIAL EDUCATION PROGRAM
RECORD OF RELATED SERVICES LOG NOTES**

Exhibit 1B

Suffolk County NPI # 1760586978

Voucher #

Voucher Date

1. Student's Name (Last, First) DOB _____ M__ F__ A		2. School District, Month/Year of Service B	
3. Name of Service Provider Agency & NPI # (if applicable) C		4. Name of Individual Service Provider, License #, Expiration Date: D	
5. IEP Dates: Start Date–End Date E	6. Treating Therapist NPI # F	7. Location of Service Delivery: _____ Individual __ Group __ Size of Grp __ G	8. IEP Frequency & Duration H
9. Type of Related Service I		Rx/Recommendation Received (if applicable) [] J	

Date of Service: _____ Location of Service Delivery: _____ Make-up Session: Yes [] No [] *Status Code: **T**
 Session Time In: _____ Session Time Out: _____

CPT Code(s): **K** _____

Goal(s) targeted: **L** _____

Activity/Lesson: (Including objectives and measures of success) **M** _____

Response (s) of Child: **N** _____

DO NOT SIGN BLANK LOG NOTES

Print name of Parent/Caregiver: _____ **O** Relationship to Child: _____ **P**
 To the best of my knowledge, the session specified above has occurred.
 Verifying Signature of Parent/Caregiver _____ **Q** Date: _____

(Only NON CB services require a verifying witness signature)

I certify that the above services were provided on the dates and times indicated in accordance with the Student's IEP and the Related Service Agreement. _____ **R**

Signature of Related Service Provider

I certify that I have reviewed the above services: _____ **S** Date: _____
USO/UDO Supervisor Signature, Credentials, License, ASHA # (if appropriate)

Date of Service: _____ Location of Service Delivery: _____ Make-up Session: Yes [] No [] *Status Code: _____
 Session Time In: _____ Session Time Out: _____

CPT Code(s): _____

Goal(s) targeted: _____

Activity/Lesson: (Including objectives and measures of success) _____

Response (s) of Child: _____

DO NOT SIGN BLANK LOG NOTES

Print name of Parent/Caregiver: _____ Relationship to Child: _____
 To the best of my knowledge, the session specified above has occurred.
 Verifying Signature of Parent/Caregiver _____ Date: _____

(Only NON CB services require a verifying witness signature)

I certify that the above services were provided on the dates and times indicated in accordance with the Student's IEP and the Related Service Agreement. _____

Signature of Related Service Provider

I certify that I have reviewed the above services: _____ Date: _____
USO/UDO Supervisor Signature, Credentials, License, ASHA # (if appropriate)

STATUS CODES: P=Service Provided, CA=Child Absent, TA=Therapist Absent, H=Holiday, O=Other-Explain Why

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
INSTRUCTIONS FOR RELATED SERVICE LOG NOTES

Please follow these instructions carefully for completion of all Related Service Log Notes. Effective 9/1/2010 this log note now applies to all center-base services as well. If you have questions please call the Coordinator of Preschool Services.

Add this new information to your Related Service Manual and discard the old information. Also begin using latest forms on the Divisions website and discard all the old Log Note Forms.

Any submission of old forms may be subject to being returned without payment until new forms are submitted.

Section A - Print or type the child's name, Date of Birth and check the correct Gender.

Section B - Print or type the child's school district with the current month and year of service.

Section C - Print your agency's name (if appropriate) and their NPI#

Section D - Print or type your name, License#, expiration date and your ASHA number (if appropriate).

Section E - Start and End dates as listed on the IEP - i.e. 9/5/10-6/20/11

Section F - Your NPI#

Section G - Location of Service - i.e. home, day care, etc. and check whether Individual or Group If Group then indicate the size of the group.

Section H - Frequency and Duration as listed on the IEP

Section I - Type of related service you provide - i.e. Speech, OT, PT., etc.

Section J - If you have prescription check the box - If not you should not be providing services. **Always check the dates of the script which should be the school year you are providing services in. Date signed by Doctor, P.A. must be prior to service start date.**

Section K - All CPT codes for the period you are treating at 15 minute intervals.

Section L - General description of the goals you are treating from the child's IEP - You do not have to write the whole goal.

Section M - Description of the actual lesson you are doing with the child. What you are doing and methodologies. Include how you measure success.

Section N - How did the child do? Be descriptive. Examples: "...responded well to hand Over-hand methodology 9 out of 10 times." - "...didn't like touching the play dough..." - ".....behavior increased when I held his hand and he.....".

Section O - Print Name of Parent or Caregiver - If caregiver is signing the log notes you must have written permission from parent for them to sign.

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
INSTRUCTIONS FOR RELATED SERVICE LOG NOTES (continued)

Section P - Relationship of the person signing i.e. Parent, Teacher, Foster Parent, Grandmother etc.

Section Q - Verifying Signature of Parent/Caregiver and date. DO NOT ASK A PARENT TO SIGN A BLANK LOG NOTE.

Section R - Sign you name as an attestation that you actually performed therapy for that child on the date and time you indicated.

Section S - If you can only perform your therapy “Under the Direction of or Under the Supervision of.....” then your Supervisor must sign under each service date on the log note as well as all quarterly reports and all annual reports.

Section T - If the session takes place then enter “**P**” if not you need to enter the appropriate code as to why it did not take place. The Status Codes may be found on the bottom of the Log Note. If the Code you use is “**O**” for Other then you need to explain why in the Activity or Child Response section of the log note.

Please note that effective September 1, 2010 you will no longer tally up the units on the bottom of each log note. Instead you will enter all billing information on the new billing form and attach that to the voucher and log notes when you submit it to Expenditures Department.

For center-based therapy you will now have to use the same log note as the one used by related service providers. For Center-base services only; you will not have to have the parent sign any part of the notes.

**FORMAT FOR
SPECIAL EDUCATION PRESCHOOL PROGRAM
RELATED SERVICE
QUARTERLY PROGRESS REPORT**

Name of Student: _____	Student's Date of Birth: _____
Date of Report: _____	Chronological Age: _____
Related Service: _____	Related Service Provider: _____
School District: _____	Provider Agency (if applicable): _____
For the Quarter:	
Total Units Authorized: _____	Units used this quarter: _____ Units missed this quarter: _____

Goal(s)/Objective(s)

**You no longer need to use this form- You can use
IEP Direct**

Summary of Progress:

Conclusions and Recommendations:

Signature of Related Service Provider	License/Certification #	Date
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I certify that I have reviewed the above services:

USO/UDO Supervisor:

Supervisor Signature, Credentials, License, ASHA # (if appropriate)	Date
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c: Student's CPSE Chairperson

Parents/Guardians

Suffolk County DOHS, Division of Services for Children with Special Needs

50 Laser Court, Hauppauge, NY 11788 Att: Coordinator of Preschool Services

**FORMAT FOR
SPECIAL EDUCATION PRESCHOOL PROGRAM
RELATED SERVICE
ANNUAL REVIEW PROGRESS REPORT**

Name of Student: _____	Student's Date of Birth: _____
Date of Report: _____	Chronological Age: _____
Related Service: _____	Related Service Provider: _____
School District: _____	Provider Agency (if applicable): _____
For the Year to date:	
Total Units Authorized: _____	Total Units Used: _____ Total Units Missed: _____

Assessments Administered (Formal/Informal):

Assessment Scores/Results:

Summary of Assessment Results and Progress toward Goal(s) and Objective(s):

Conclusions and Recommendations:

Signature of Related Service Provider	License/Certification #	Credentials	Date
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I certify that I have reviewed the above services:

USO/UDO Supervisor:

Supervisor Signature, Credentials, License, ASHA # (if appropriate)	Date
--	-------------

c: Student's CPSE Chairperson
Parents/Guardians
Suffolk County DOHS, Division of Services for Children with Special Needs
50 Laser Court, Hauppauge, NY 11788 Att: Coordinator of Preschool Services

You cannot do this on IEP Direct. You must use this form for Annual Review

**NOTIFICATION OF EXTENDED NONDELIVERY OF SERVICES
PRESCHOOL RELATED SERVICES**

TO: _____

Name of CPSE Chairperson

School District

Address of School District

FROM: _____

Related Service Provider and License #

Agency Name (if applicable)

Address of Related Service Provider

Phone Number

Fax Number (if any)

DATE: _____

**SUBJECT: NOTIFICATION OF EXTENDED NONDELIVERY OF RELATED SERVICES
(FIVE MISSED SESSIONS) REGARDING:**

Student's Name: _____

Date of Birth: _____

Type of Related Service: _____

Dates of Missed Sessions: Reason(s) for Missed Sessions:

1. ___/___/___ _____

2. ___/___/___ _____

3. ___/___/___ _____

4. ___/___/___ _____

5. ___/___/___ _____

**c: Suffolk County Department of Health Services
DSCSN, Coordinator of Preschool Services
50 Laser Court
Hauppauge, NY 11788**

REQUEST FOR CPSE MEETING

TO: _____

Name of CPSE Chairperson

School District

Address of School District

FROM: _____

Related Service Provider

Agency Name (if applicable)

Address of Related Service Provider

Phone Number

Fax Number (if any)

DATE: _____

SUBJECT: REQUEST FOR CPSE MEETING REGARDING:

Student's Name: _____

Date of Birth: _____

Reason for Request: _____

**c: Suffolk County Department of Health Services
Services for Children with Special Needs
50 Laser Court
Hauppauge, NY 11788
Att: Coordinator of Preschool Special Education/Contracted Services**

RECORD OF STUDENT FILE ACCESS

Student's Name: _____ Date of Birth: _____

Date of Access	Person Accessing File	Purpose for Accessing
____/____/____	Signature: _____ Print Name: _____	
____/____/____	Signature: _____ Print Name: _____	
____/____/____	Signature: _____ Print Name: _____	
____/____/____	Signature: _____ Print Name: _____	
____/____/____	Signature: _____ Print Name: _____	
____/____/____	Signature: _____ Print Name: _____	
____/____/____	Signature: _____ Print Name: _____	
____/____/____	Signature: _____ Print Name: _____	
____/____/____	Signature: _____ Print Name: _____	
____/____/____	Signature: _____ Print Name: _____	
____/____/____	Signature: _____ Print Name: _____	
____/____/____	Signature: _____ Print Name: _____	
____/____/____	Signature: _____ Print Name: _____	

PARENT/GUARDIAN CONSENT FOR ALTERNATE VERIFICATION SIGNATURE

I, _____, give permission for:
(Parent/Guardian's Name Printed)

List the Names of caregiver(s), teacher(s), daycare provider(s), other

1) _____

2) _____

3) _____

to review, verify the dates of service and sign the "Record of Related Service" form for me on my behalf
for my child, _____, _____.
(Child's Name) (Date of Birth)

(Parent/ Guardian Signature)

(Date of Signature)

I, _____ hereby withdraw the above permission as of _____.

(Parent/Guardian Signature)

(Date of Signature)

(NOTE: See Medicaid guidance documents for evaluation prescription forms)

PARENTAL/GUARDIAN CONSENT FOR EVALUATION

PLEASE SEE NEW MEDICAID DOCUMENTS ON WEBSITE

I, _____, give permission for _____
(Parent/Guardian's Name) Related Service Provider)

_____ to evaluate my child _____
(Title of Person) (Name of Student)

(Date of Birth)

The names of the areas/tests to be conducted are as follows:

(Signature of Parent/Guardian)

(Date of Signature)

I, _____ hereby withdraw the above permission as of _____.
(Parent/Guardian Printed Name) (Date of Withdrawal)

(Parent/Guardian Signature)

(Date of Signature)

**Suffolk County Department of Health Services
Division of Services for Children with Special Needs**

INSTRUCTIONS FOR COMPLETION OF THE SUFFOLK COUNTY PAYMENT VOUCHER

Only seven (7) fields on the voucher should be completed by the provider as outlined below:

1. VENDOR CODE – enter the Federal ID# or Social Security #.
2. VENDOR NAME – Enter the Agency/Provider Name as it is to appear on the check.
3. VENDOR ADDRESS – Enter the address to which the check is to be mailed.
4. ADDITIONAL COMMENTS BOX – Enter the following in the “Comments Box”
 - Service Category: Related Services
 - Service Billing Period: (ex. Jan. 1, 2009 – January 31, 2009) It is essential that the Service Billing Period for which the provider is claiming be clearly indicated in this field.
 - Description: This field is designated for your use. This identifier may be up to 30 characters long. It will be printed on the payment check to assist providers in reconciling their billing records.
 - Total Amount of the voucher in dollars and cents.
 - Invoice Date
 - See Attached Documentation: Record of SEIT Services Log Notes forms
5. PAYEE’S SIGNATURE – Responsible person must sign and date the payment voucher.
6. TITLE – Enter the title of the person signing the payment voucher. Stamped signatures are not acceptable.
7. NAME OF COMPANY – Enter the name of the Agency/Provider with which the person signing the payment voucher is associated, if any.

PLEASE NOTE: No student names are to be listed on the Payment Voucher itself. The Vouchers are Pre-numbered. They cannot be photocopied to be used as original vouchers. You must obtain blank pre-numbered vouchers from the accounts payable unit.

Back-up documentation requirements to be submitted with the voucher are as follows:

Completed “Special Education Preschool Record of SEIT Service Log Notes” forms (Exhibit 2a) for the Service Billing Period.

Please submit your original voucher along with the appropriate back-up documentation to:

**Suffolk County Department of Health Services
Accounts Payable Unit
3500 Sunrise Highway
Building 200 Suite 124
Great River, NY 11739
Attn: Frank McCluskey**

Suffolk County SEIT continues to send all log notes and vouchers to the Preschool Coordinator and not directly to Accounts Payable Unit.

SUFFOLK COUNTY PAYMENT VOUCHER

Dept.:	Contact:	Payment Voucher #	Responsible Agcy	Modify #
Dept. Address				
Date of Record (mm/dd/yy)	Accounting Period (mm/yy)	Budget FY (yy)	Document Total (Include Cents)	
Vendor Code (10-1)		Address		
Vendor Name				
Single Check Indicator (Y/N)	Scheduled Pay Date (mm/dd/yy)	Offset Liability Account (4)		

Ln (02)	Reference Document	Com Ln # (3)	Invoice	Fnd (3)	Agy (3)	Orgn (4)	Sub Org (2)	Actv (4)	Obj (4)	Sub Obj (2)	Rept Cat (4)	Capital Project # (8)
Rev (4)	BS Acct (4)		Description (17)								I/D	P/F
01												
02												
03												
04												
05												

Additional Comments

DEPARTMENT CERTIFICATION: I hereby certify that the materials above specified have been received by me in good condition without substitution. The service properly performed and that the quantities thereof have been verified with the exceptions of discrepancies noted and payment is approved.

PAYEE CERTIFICATION: I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; that taxes from which the County is exempt are excluded and that I have read and am familiar with the provisions of Local Law 32-1980 as detailed in the payee instruction section of this voucher.

 SIGNED DATE TITLE
 Form PV Original: Audit & Control

 PAYEE'S SIGNATURE TITLE NAME OF COMPANY
 Yellow Copy: Department Accounting 56-0105 3/02



SUFFOLK COUNTY
DEPARTMENT OF HEALTH
DIVISION OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS
Preschool Special Education Program
50 Laser Court, Hauppauge, NY 11788

Dear Parent/ Guardian of _____:

Is your child Medicaid eligible and/or receiving SSI Benefits? () Yes () No

This is to ask your permission to bill Medicaid for Medicaid reimbursable services that are on your child's individualized education program (IEP). Schools in New York State routinely access Medicaid funding to help meet costs of providing special education services. Please sign below.

I, _____ as the Parent / guardian of

_____ DOB _____,
(Print child's name)

give permission for the school district / municipality to use Medicaid to pay for special education services rendered on behalf of my child for all Medicaid eligible services listed on my child's IEP dated: _____.

I understand that the use of Medicaid insurance for special education services will not decrease the available lifetime coverage, increase premiums or lead to the discontinuation of benefits, result in my family paying for other services required for my child outside of school that would otherwise be covered by the Medicaid program or otherwise diminish my family's insured benefits under the Medicaid program and that I will not incur an out-of-pocket expense such as payment of a deductible or co-pay amount.

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's entitlement to a free appropriate public education (FAPE) is in no way dependent on my granting consent and that, regardless of my decision to provide this consent; all the required services on my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____ Date: _____

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
PROVISION OF SERVICES BILLING RECORD

Month/Year: _____

<u>Student Name/DOB</u> <u>Last Name, First name</u>	<u>Freq</u> & <u>Dur</u>	<u>Service</u> <u>Type</u>	<u>Dates of Service</u>	<u>Rate</u>	<u>Units</u>	<u>Total</u>
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Rate X Units = Total

Totals

Page

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SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
PROVISION OF SERVICES BILLING RECORD

Month/Year: _____ 8) _____

<u>Student Name/DOB</u> <u>Last Name, First Name</u>	<u>Freq</u> <u>&</u> <u>Dur</u>	<u>Service</u> <u>Type</u>	<u>Dates of Service</u>	<u>Rate</u>	<u>Units</u>	<u>Total</u>
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1)	2)	3)	4)	5)	6)	7)

Rate X Units = Total

Totals

Page

9)	10)	11)
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Instruction for Related Service Billing

- 1) Enter the child's name and date of birth.
- 2) Enter the Frequency and Duration of Service as provided in accordance with the child's IEP
- 3) Type of Service i.e.: Speech , OT, Psych, etc.....
- 4) Dates that service was actually provided i.e. 2/3/10, 2/4, 2/9, 2/11,etc...
- 5) Insert appropriate rate (\$25.00, \$30.00, \$45.00) for discipline and service.
- 6) Total units for that child
- 7) Total amount of Rate X Units
- 8) Place the month and year you are claiming on this sheet
- 9) Insert appropriate rate.
- 10)Insert total of units for this page
- 11)Insert total of rate x total units

You may tally each session on the log note if you choose but are not required to. You must fill out this billing record and attach it to the log notes and voucher when submitting for payment.

Dial 852-COPS-for Non-Emergency Police Calls in Suffolk County