

PRESCHOOL SERVICES

Important!

The New State Plan (NYSDOH/NYSED) for the Medicaid Preschool Education programs has revised many of the Medicaid guidelines that we currently work under. The guidelines are very specific and must be adhered to exactly!

Changes in requirements are as follows:

1. New CM-2 Form – School and Extended School Year (see attached)
2. CL2R Form – Revised (see attached)
3. Providers required to obtain parental Medicaid consent
4. New Daily Session Notes
 - a. **“Contemporaneous” (documentation of the services that have been provided as close to the conclusion of the session as practicable) Session Notes (Daily Treatment Logs) – Must include description of the procedures used and the progress achieved for each session.**
 - i. **Contemporaneous** Session Notes (Daily Treatment Logs) are required and you must submit your quarterly progress notes to school district.
 - ii. **Contemporaneous** Session Notes (Daily Treatment Logs) – You must use CPT code to designate the type of service provided **for each session**. The new 2010-2011 Daily Treatment logs will have a place for you to insert this daily. We have included a copy of the current Medicaid list of codes - **2010 SSHSP CPT CODES**.
 - iii. **If the services were provided “Under the Direction/Supervision of” EACH DAY OF SERVICE MUST BE CO-SIGNED by the supervising therapist *not just at the bottom of the last page and NO initials will be accepted.***
 - iv. Parent signature is required on each daily session for Itinerant Related Service.
 - v. Parent signature is not required for Related Services provided in a Center based program.
5. **“Under the Direction of” (UDO) / “Under the Supervision of” (USO) – In the past, only Speech Language Pathologists were required to complete “Under the Direction of” Certification forms and “Under the Direction of” supervision logs. The **New State Plan** requires that these 2 forms be completed when supervision is be provided by the following: PT/PTA, OT/COTA, RN/LPN and Counseling.**
6. **Counseling Services – The **New State Plan** allows counseling services to be provided by a Licensed Psychiatrist, Licensed Psychologist, Licensed Clinical Social Worker (LCSW) and a Master of Social Work (MSW), who must be supervised by one of the three licensed providers.**
7. **Occupational Therapy / Physical Therapy Evaluations – You will need a prescription signed by a Physician, Physician’s Assistant or Nurse Practitioner for the PT and/or OT evaluations.**

8. Physical Therapy – Must be provided by:

- a. NYS Licensed Physical Therapist (PT) graduated from a **CAPTE Accredited PT Education Program**. (Copy of educational degree confirming CAPTE accredited program required must be on file with agency and submitted to DOH upon request.)
- b. NYS Licensed Physical Therapy Assistant (PTA) graduated from a **CAPTE Accredited PT Education Program**, “under the supervision of” such qualified licensed and registered PT. (Copy of educational degree confirming CAPTE accredited program required must be on file with agency and submitted to DOH upon request)

9. Speech Language Services:

- a. Speech services or evaluations can be **recommended** by a **NYS Licensed/ASHA Certified, Speech Language Pathologist**, Physician, Physician’s Assistant or Nurse Practitioner prior to the start of services. Services must be provided by a NYS Licensed and ASHA Certified SLP or a TSHH/TSSLD/CFY operating “under the direction of” a NYS Licensed SLP having a CCC from ASHA. (If SLP does not have ASHA certification – it is highly recommended they get it.
- b. A NYS Licensed/ASHA Certified, Speech Language Pathologist is the qualified SLP who can write a recommendation for speech services. Prescription guidelines must be followed (see prescription requirements). The recommendation must have **DIAGNOSIS (ICD9 Code)** and **PURPOSE OF TREATMENT (CPT code)** on the form.
- c. A new “**Recommendation for Speech Language Services**” form is attached. **THIS IS THE ONLY RECOMMENDATION FORMAT THAT WILL BE ACCEPTED FOR SPEECH SERVICES UNLESS YOU USE A DOCTORS PRESCRIPTION.**
(You may reproduce this on your own letter head if you choose.)

10. New State Plan Prescription Requirements

Prescription must include the following information before services can begin:

- a. Child’s name clearly written
- b. *School year mm/dd/yyyy – mm/dd/yyyy*
- c. Service to be provided (OT, PT, ST or NU)
- d. ICD9 code / Diagnosis
- e. Original signature of the doctor required – *Stamped signature will NOT be accepted*
- f. License number and NPI#
- g. **YOU DO NOT NEED** – “per IEP” or frequency and duration on prescription
- h. Date the order was written and signed (must be prior to the delivery of service)

11. All forms must now include your NPI number/license # and/or certification.

12. For IEP’s 2010-2011 – Please work with School District to obtain prescription with required information.

PRESCRIPTION(S) MUST BE SUBMITTED WITH FIRST CLAIM