



George Latimer, County Executive

CPSE

PROTOCOL MANUAL

Revised April 2022

DEPARTMENT OF HEALTH
Sherlita Amler, M.D., Commissioner

Introduction and Purpose

The protocols outlined in this manual pertain to those providers who contract with the Westchester County Department of Health to provide services to preschool students with disabilities. The purpose of this manual is to clarify certain policies and procedures which must be followed, and give guidance to assist providers in meeting the requirements of their contract with Westchester County.

This manual will also be helpful for school districts to review to ensure that they understand the contract requirements for providers in the provision of services approved by the CPSE. In furtherance of this, guidance for school districts is included in this manual.

Providers must be thoroughly familiar with both the provisions of their contract and the guidelines for implementation of the contract provisions outlined in this manual. Please note that it is the responsibility of the provider to comply with all New York State Laws and Regulations regarding their provision of services. Further, as outlined in your contract, all providers must comply with Medicaid requirements in the provision of Medicaid reimbursable services. More information regarding Medicaid may be found here: https://www.health.ny.gov/health_care/medicaid/program/psshsp/.

Westchester County is required to maximize Medicaid reimbursement for evaluations and services provided to children who are suspected, or found, to have special education needs by approved preschool evaluators and providers. In furtherance of this, the County contracts with James McGuinness & Associates Inc. (McGuinness). As such, all providers must use the CPSE Portal to document, bill, and substantiate services provided. Questions relating to CPSE Portal functions must be directed to: Support@CPSEPortal.com. Questions related to Medicaid requirements in particular must be directed to: Medicaid@CPSEPortal.com.

Westchester County also contracts with McGuinness for their eSTACs system. It is the responsibility of the school district to use the eSTACs system. Questions relating to eSTACs must be directed to: Support@CPSEPortal.com.

Please be advised that Westchester County requires service providers and school districts to provide documentation pertaining to the provision of services upon request.

Please note that this manual may be edited as the need arises without a full revision of the manual. Providers will be contacted if there is a change in protocol prior to a full revision.

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CHAPTER 1

EVALUATION PROTOCOLS

NYSED Preschool Evaluation Reimbursement STAC-5

Please review, be familiar with, & check for updates at regular intervals: <http://www.oms.nysed.gov/stac/preschool/evaluation>

Guidance:

- The school district is required to complete the STAC-5 at the CPSE meeting.
- If a justification letter is required to process the evaluation provider's bill, the school district must upload the justification letter to the CPSE portal when the STAC-5 is uploaded.
- The provider should NOT be completing the STAC-5
- School districts must ensure that the correct provider is entered on the STAC-5. There are providers that have similar names or multiple names when they provide services in multiple areas. It is the school district's responsibility to ensure that the correct provider is entered on the STAC-5.

STAC-5 Need for Justification

The CPSE Chairperson must submit a justification letter, written on the school district's letterhead, along with the STAC-5 in the following circumstances:

1. When there is more than one psychological and/or social history in a year;
2. When duplicate related service evaluations are requested within a year;
3. When an evaluation is being requested for an early intervention child under the age of 2.9;
4. When "other" is used for an evaluation component;
5. When any evaluation request is made for a CSE eligible student; or
6. When there are any other circumstances that may be questionable for NYSED's approval.

Provider Guidance:

1. Be familiar with 1-6 above and ensure you have a copy of the justification letter prior to commencing the evaluation.
2. Ensure that you:
 - Have the consent to evaluate signed by the parent choosing your agency and listing evaluations that are being sought prior to commencing the evaluation.
 - Can complete the evaluation within the required regulatory timeframe prior to accepting the evaluation.
 - An evaluation must be completed and the CPSE meeting held within 60 calendar days of the district received parental consent.
 - The date the district received signed consent is the date to use **NOT** the date you receive the consent.
 - Look at the consent to see the **PURPOSE** of the evaluation. Is it a consent for an initial evaluation, further evaluations, or for possible declassification? This, along with the evaluations approved, will drive what testing needs to be done and whether you require additional information from the district to complete the testing. If you require additional information, reach out to the district to discuss this with them.

School district guidance:

1. Please be advised that if required, a justification must be completed and forwarded to the agency chosen by the parent PRIOR to the commencement of an evaluation. Justification letters received or dated after the evaluation is commenced will NOT be accepted by the County.
2. Please be advised that a full MDE is NOT required for declassification of a preschool student. Please refer to the guidance that is provided by state education department found here: <https://www.p12.nysed.gov/specialed/spp/7exit706.htm>. If declassification is being sought for a preschool child, ensure that the parents receive proper prior written notice and that the purpose of the meeting is to discuss declassification.
3. Upload the justification letter to the CPSE portal when you upload the STAC-5 to avoid delays in processing provider bills.

NYSED Publications on Evaluations

Please review, be familiar with, & check for updates at regular intervals:

<http://www.p12.nysed.gov/specialed/publications/topics>

Click on - *Evaluations*

Provider Guidance:

1. Ensure you have the consent to evaluate signed by the parent choosing your agency prior to commencing the evaluation.
2. Ensure you have the consent to evaluate signed by the parent choosing your agency and listing evaluations approved by the school district prior to commencing the evaluation.
3. Ensure you can complete the evaluation within the required regulatory timeframe prior to accepting the evaluation. An evaluation must be completed and the CPSE meeting held within 60 calendar days of the district received parental consent. The date the district received signed consent is the date to use NOT the date you receive the consent.
4. Ensure you have all of the required documents for Medicaid. All information can be found at https://www.oms.nysed.gov/medicaid/handbook/sshsp_handbook_9_march_21_2018_final.pdf.
5. Ensure you sign up for the Medicaid in Education listserv and keep up to date with publications. You can use this link to do so: https://www.oms.nysed.gov/medicaid/listserv_registration.html
6. Ensure that qualified individuals are completing the evaluations.
7. If a justification letter is required, ensure that you have it BEFORE you commence the evaluation (justification letters received or dated after the evaluation was commenced will not be accepted).
8. If not provided by the school district, it is strongly recommended that you complete a Home Language Questionnaire (HLQ) prior to commencing an evaluation. Please share the results with the school district if they differ from the language of the evaluation being sought by the district. This will allow the school district to authorize evaluations to be completed in the appropriate language. You should NOT proceed with an evaluation if you know or suspect that it is not being completed in the appropriate language. A sample HLQ can

be found here: <http://www.nysed.gov/bilingual-ed/ell-identification-placementhome-language-questionnaire>

9. Ensure that you are familiar with, abide by, and understand the guidance on evaluating linguistically diverse English language learners. *Please see NYSED Special Education Field Advisory: "Use of Standardized Scores in Individual Evaluations of Culturally and Linguistically Diverse English Language Learners Ages 3-21"* found here: <https://www.p12.nysed.gov/specialed/publications/ells-disabilities-standardized-scores-dec-2014.htm>
10. To the greatest extent possible, the provider completing the evaluation should speak the native language of the child being evaluated.



George Latimer
County Executive

Department of Health
Sherlita Amler, M.D.
Commissioner

March 25, 2022

Dear CPSE Chairpersons:

Westchester County Department of Health has been experiencing difficulty in recouping state aid from the New York State Department of Education (NYSED) STAC Unit for evaluations authorized by the Committee on Preschool Special Education (CPSE) for Kindergarten/CSE eligible students. Although the County is fiscally responsible to pay the provider for evaluations authorized by a school district for preschool students, we are not authorized to pay for evaluations if they are solely used for a CSE eligibility determination.¹


If you choose to request an evaluation for a CSE eligible student, a justification letter must always be submitted to the evaluating agency at the time an evaluation request is made and must be uploaded with the STAC-5. Please note a justification letter cannot be accepted if it is dated after the referral is sent to the evaluating agency. In reviewing a justification letter and STAC-5 for payment, we may request additional documentation from the district before processing payment.

Just a reminder, that if you determine that an evaluation is necessary for the provision of ESY services, data must be collected to support substantial regression pursuant to 200.16(i)(3)(v) of the Commissioner's Regulations.

The procedure is not applicable to those children who are being evaluated as part of the initial referral to the CPSE.

Thank you in advance for your cooperation.

Sincerely,


Marina Yoegel, CCC/SLP/TSHH/SAS
Assistant Commissioner
Children with Special Needs

cc:
Jean Zhang
Sheryl Frishman

¹ Please review <https://www.p12.nysed.gov/specialed/publications/preschool/eval3-4old803.htm>



CHAPTER 2

Service Protocols for 4410 CB Programs, SEIS & Related Services

INTERIM LETTER OF PLACEMENT PROCEDURE

The Committee on Preschool Special Education prepares, an Interim Letter of Placement and the prior school District's IEP are typically used when a preschool student moves from one Westchester County School District to another. The interim Letter of Placement allows for services to continue based on the existing IEP, until such time as the receiving school district can hold its own CPSE meeting and generate an IEP. It is expected that the receiving school district will upload the STAC and New IEP to the portal within 30 school days of the date of the letter. The prior school district should let the family know that they must register their preschool child in the receiving district in order for the transition of services to take place in a timely fashion. Interim Letters of Placement may be used for center based placement, SEIS, or related services, provided that the program or related service provider has or is willing to enter into contract with the Westchester County Department of Health.

PROCEDURE

When a child moves into a new school district and services mandated by the prior school district are to be continued, the receiving school district writes an Interim Letter of Placement. This letter must include:

1. Date new school district took over jurisdiction for the child;
2. Name of district child is moving from;
3. The name of the 4410 program child attends or names of the individual(s) or
4. agency(ies) providing the related services or SEIS;
5. The projected date of the CPSE meeting; and
6. The effective date of service for the new school district

A copy of the Interim Letter of Placement and the prior school district's IEP and STAC-1 must be uploaded to the portal AND be sent to the County and the service provider(s) expeditiously to ensure that services resume with as little interruption as possible.

The new school district's IEP should be sent and uploaded following the CPSE meeting. The Interim Letter of Placement will explain the discrepancy in the projected start date of service and the CPSE meeting date on the IEP.

Under certain conditions, an Interim Letter of Placement may also be used when the child moves into a Westchester school district from another county in New York State. Please contact the County regarding individual scenarios on an individual basis.

Signed:


Marina Yoegel, Assistant Commissioner

Date: 4/28/22

INTERIM LETTER OF PLACEMENT

Westchester County Department of Health
145 Huguenot Street, 7th Floor
New Rochelle, New York 10801

Date:

Re: _____ DOB:

We have received a referral from _____ informing us that the family moved into _____ from the _____ school district on _____.

Since _____ is a preschool special education student [] receiving services and/or [] attending _____, we would like to continue his special education program or services with as little interruption as possible until such time as we can schedule a CPSE meeting. In order to continue in the current placement, our Committee on Preschool Special Education will approve an interim placement for thirty (30) school days. The effective date for the interim placement is _____.

During that time the Committee on Preschool Special Education will discuss with the program/service provider(s) the educational needs of this child so that we may appropriately meet his needs. We expect to hold a CPSE meeting on _____ to review the information, current placement and make recommendations to our Board of Education based on the outcome of this meeting.

If you have any questions about this matter or need further assistance, please feel free to call me at _____.

Sincerely,
SIGN NAME
PRINT
NAME
CPSE Chairperson

**NYSED Publications –
Individualized Education Program
(IEP)**

Please review, be familiar with, & check for updates at regular intervals:

<http://www.p12.nysed.gov/specialed/publications/topics>

Click on – *Individualized Education Program*

School District Guidance:

1. A student’s IEP is based on the services that were authorized by the CPSE – NOT the provider’s availability.
2. Do not confuse the services the student is determined to need by the CPSE with placement. As a reminder “Placement decisions cannot be based solely on:
 - category of disability,
 - availability of special education and related services,
 - design of the service delivery system,
 - availability of space, or
 - administrative convenience.”
See: Letter to Rowland, 2019, which can found at:
<https://sites.ed.gov/idea/files/osep-letter-to-rowland-09-09-2019.pdf>
3. 4410 CB programs (whether self-contained, half-day or SCIS) are approved by NYSED and contract with the County to provide “each preschool student served with all of the special programs and services recommended in the student's IEP at the recommended frequency, duration, location and intensity.” Refer to your contract with NYSED. If a CB accepts a student the CPSE refers, they are not permitted to cap any related services they are approved to provide via contract.
4. Indicate one place of service for each service recommended. For example, an IEP should not say home/school for a service. If a service is going to be provided at home, the IEP should indicate home. If the service is going to be provided at school, the IEP should indicate school.
5. “Special Location” and “Integrated/Non Integrated” are not options for related services.
6. If a student is recommended for a CB program, request the school calendar of the CB program to input those dates into the IEP and STAC.
7. When a student is not attending a CB or does not have SEIS, and two or more related services are mandated, the school district must select one of the related services providers to serve as coordinator. Ensure this is on the IEP. SED permits one 30-minute coordination session per month when the related services provider serves as coordinator and “coordination” must appear on the STAC and the IEP.

8. When SEIT plus related services are involved, the SEIT serves as the coordinator and “coordination” does not appear on the STAC or IEP
9. It is the school district’s responsibility to inform the provider of a termination of service or coordination.
10. When a child is receiving two or more services and SEIT is added, the SEIT assumes the role of coordinator. The school district is responsible for informing the related service provider originally designated as coordinator and remove the coordinator from the IEP.
11. Refer to the Regulations of the Commissioner of Education Part 200 – Students with Disabilities - with regard to the requirements and timeliness Board of Education (BOE) authorization and service start dates.
12. Prescriptions:
 - When physical or occupational therapy services are mandated whether CBRS or RS send a copy of the prescription to the provider and upload the prescription to the CPSE Portal. As required under their professional scope of practices, physical and occupational therapy services require an appropriately written prescription in order to initiate services and get compensated for the services provided. THIS APPLIES FOR BOTH CBRS & RS.
 - Speech providers should complete and upload their own prescriptions on the CPSE portal. As required under their scope of practice, speech services require an appropriately uploaded prescription in order to initiate services and get compensated for services provided. THIS APPLIES FOR BOTH CBRS & RS.
 - UNDER NO CIRCUMSTANCES SHOULD A PRESCRIPTION, WRITTEN BY A LICENSED PHYSICIAN, REGISTERED PHYSICIAN’S ASSISTANT, OR A LICENSED NURSE PRACTITIONER, BE ALTERED IN ANY WAY BY THE SCHOOL DISTRICT OR PROVIDER FOR BOTH CBRS AND RS. IF A PRESCRIPTION IS NOT COMPLETED CORRECTLY THEN A NEW PRESCRIPTION NEEDS TO BE OBTAINED.
 - A new prescription is required on an annual basis even if the frequency and duration of service is not changed from one term of service to the next. School districts should review prescriptions annually. A prescription is considered to be in effect for twelve months from the date the order was written, unless it refers to a specific school year. If the prescription submitted does not cover the entire IEP period, a new prescription must be

obtained to avoid a disruption in services to the child and compensation to the provider.

- Important note: If an eligible service on the IEP is amended, a new prescription is REQUIRED. This applies to both CBRS and RS.
- **Questions about Medicaid compliant prescriptions may be directed to: Medicaid@CPSEPortal.com.**

13. Amendments to the STAC may also necessitate amendments to the IEP and vice versa. For example, a change of frequency and/or duration will affect both documents. However, a change in location will affect the IEP only and a change in provider should affect the STAC only.

14. Separate STACS must be used for different sessions. For example, Summer 2022 may not be combined on the same STAC for school year 2022-2023.

17. Ensure that the correct agency is chosen when you are entering the information in the eSTAC system. Some agencies have similar names or multiple sites with different names. If you have a question as to which agency name to use, please speak to the provider PRIOR to entering the information.

******Questions regarding entering information or updating items to the portal should be directed to: Support@CPSEPortal.com***

CB Provider Guidance:

1. 4410 CB programs (whether self-contained, half-day or SCIS) are approved by NYSED and contract with the County to provide “each preschool student served with all of the special programs and services recommended in the student's IEP at the recommended frequency, duration, location and intensity.” *Refer to your contract with NYSED.* There should be no “capping” of any related services you provide. Your rate takes into consideration the provision of all related services recommended in the student’s IEP.
2. As the contract with the County provides, if you are not able to provide all the services on a child’s IEP because of staffing shortages, you may always contract with an outside provider to provide the CBRS at your site. You must inform the County if you plan to contract with an outside provider. As a reminder, your CB daily rate as indicated in your approval with the State and the County is to provide “each preschool student served with all of the special programs and services recommended in the student’s IEP at the recommended frequency, duration, location and intensity.” *Refer to your contract with NYSED.*
3. Ensure school districts have your school year and ESY dates.
4. Progress Reporting
 - As per the provider’s contract with the County, it is the provider’s responsibility to provide progress reports and/or marks to school districts.
 - Before accepting a case, a provider must be aware of the requirements of the school district for reporting progress.
 - If a provider accepts a student, they are agreeing to report progress to the school districts in the manner and frequency the school districts require.
 - It is the provider’s responsibility to provide progress reports to the parents and the district whether or not the provider is given access to IEP direct or Frontline. These progress reports are IN ADDITION to annual review reports.
5. Upon accepting a student for services, ensure that the district knows the correct name of your program to use in the drop down menu in eSTAC system.

CBRS Provider Guidance:

1. Prescriptions:

- When physical or occupational therapy services are mandated, the school district must send the prescription to the provider and upload the prescription to the CPSE Portal. As required under their professional scope of practices, physical and occupational therapy services require an appropriately written prescription in order to initiate services and get compensated for services provided.
- Speech providers must complete and upload their own prescriptions to the CPSE Portal. As required under their scope of practice, speech services require an appropriately uploaded prescription in order to initiate services and get compensated for services provided.
- UNDER NO CIRCUMSTANCES SHOULD A PRESCRIPTION, WRITTEN BY A LICENSED PHYSICIAN, REGISTERED PHYSICIAN'S ASSISTANT, OR A LICENSED NURSE PRACTITIONER, BE ALTERED IN ANY WAY BY THE SCHOOL DISTRICT OR PROVIDER FOR BOTH CBRS AND RS. IF A PRESCRIPTION IS NOT COMPLETED CORRECTLY THEN A NEW PRESCRIPTION NEEDS TO BE OBTAINED.
- A new prescription is required on an annual basis even if the frequency and duration of service is not changed from one term of service to the next. School districts should review prescriptions annually. A prescription is considered to be in effect for twelve months from the date the order was written, unless it refers to a specific school year. If the prescription submitted does not cover the entire IEP period, a new prescription must be obtained to avoid a disruption in services to the child and compensation to the provider.
- Important note: If an eligible service on the IEP is amended, a new prescription is REQUIRED.
- A provider will not be compensated unless there is a properly completed prescription for the current term of service uploaded to the portal.
- **Questions about Medicaid compliant prescriptions may be directed to: Medicaid@CPSEPortal.com.**

2. Progress Reporting

- As per the provider contract with the County, it is the provider's responsibility to provide progress reports and/or marks to school districts.
- Before accepting a case, a provider must be aware of the requirements of the school district for reporting progress.
- If a provider accepts a student, they are agreeing to report progress to the school districts in the manner and frequency the school districts require.
- It is the provider's responsibility to provide progress reports to the parents and the district whether or not the provider is given access to IEP direct or Frontline. These progress reports are IN ADDITION to annual review reports.

3. ANY CBRS services provided must be done so by qualified personnel, with updated certification and licensure, who are working within their scope of practice. Please refer to the section on qualified personnel in this manual. You should also refer to your contract with NYSED, your contract with the County, and NYS laws and regulations regarding qualified personnel.

4. Upon accepting a student for services, ensure that the district knows the correct name of your program to use in the drop down menu in eSTAC system.

RS & SEIT Provider Guidance:

1. Providers will not be paid for services rendered if they do not have a current executed contract with the Westchester County Department of Health Children with Special Needs.
2. Anyone working with a child in Early Intervention who will be continuing to provide services in preschool, must wait for an authorization from the school district prior to starting services.
3. When two or more related services are mandated and a SEIT is not involved, the school district is responsible for selecting one of the related service providers as the coordinator. If you note that a coordinator is not selected, please reach out to the school district to select one.
4. SED permits one 30-minute coordination session per month when the related service provider services as coordinator.
5. When a child is receiving two or more services and SEIS is added, the SEIT assumes the role of coordinator. The school district is responsible for informing the related service provider originally designated as coordinator.
6. Providers who start to deliver services before the service start date or before a valid prescription is entered into the portal, or who do not follow frequency, duration or service location mandates on the IEP, or do not use qualified personnel, **WILL NOT BE PAID FOR THAT SERVICE.**
7. Progress Reporting
 - As per the provider's contract with the County, it is the provider's responsibility to provide progress reports and/or marks to school districts.
 - Before accepting a case, a provider must be aware of the requirements of the school district for reporting progress.
 - If a provider accepts a student, they are agreeing to report progress to the school districts in the manner and frequency the school districts require.
 - It is the provider's responsibility to provide progress reports to the parents and the district whether or not the provider is given access to IEP direct or Frontline. These progress reports are **IN ADDITION** to annual review reports.
8. A Teacher Assistant who is providing a related service requires appropriate, current, and updated New York State certification and licensure. Please refer to the section on qualified personnel in this manual. You should also refer to your

- contract with NYSED, your contract with the County, and NYS laws and regulations regarding qualified personnel.
9. A SEIT requires appropriate and updated New York certification and licensure to provide SEIS. Providers must be aware and in compliance with NYSED requirements for the employment and qualification of SEIS providers. Please also refer to: <http://www.highered.nysed.gov/tcert/resteachers/spededassignments.html>
 10. ALL RS services provided must be done so by qualified personnel, with updated New York State certification and licensure, who are working within their scope of practice. Please refer to the section on qualified personnel in this manual. You should also refer to your contract with NYSED, your contract with the County, and NYS laws and regulations regarding qualified personnel.
 11. Upon accepting a student for services ensure that the district knows the correct name of your program to use in the drop down menu in the eSTAC system.

QUALIFIED PERSONNEL - RS SERVICES

- *For SEIT Please see chart that can be found at:
<http://www.highered.nysed.gov/tcert/reteachers/spededassignments.html>*
- *For CBRS please refer to your contract with SED and the laws and regulations regarding 4410 Schools and who may provide services.*
- *For MDEs please refer to your contract with SED and the laws and regulations regarding who may conduct evaluations.*

Speech:

- NYS Licensed Speech Pathologist **and** TSHH or TSSLD*
- Clinical Fellow with supervision (supervision must be documented using UDO logs and when supervisor attends sessions, this must be documented in the portal).
- To provide services in a language other than English, a bilingual extension is required.

Occupational Therapy:

- NYS Licensed Occupational Therapist
- NYS Licensed Occupational Therapy Assistant with supervision (supervision must be documented using UDO logs and when supervisor attends sessions, this must be documented in the portal).

Physical Therapy:

- NYS Licensed Occupational Therapist
- NYS Licensed Physical Therapy Assistant with supervision (supervision must be documented using UDO logs and when supervisor attends sessions, this must be documented in the portal).

Psychological Counseling:

- A NYS licensed psychologist**
- A NYS Licensed Clinical Social Worker (LCSW)
- A NYS Licensed Master Social Worker (LMSW) with supervision by a NYS licensed psychologist or LCSW (supervision must be documented using UDO logs, and when the supervisor attends sessions this must be documented in the portal).

Parent Training & Counseling:

- A NYS licensed psychologist*

- A NYS Licensed Clinical Social Worker (LCSW)
- A NYS Licensed Master Social Worker (LMSW) with supervision by a NYS licensed psychologist or LCSW.

Teaching Assistant Services as an RS:

- Must have NYS Teacher Assistant Certification

Nursing Services:

- RN
- LPN with supervision by an RN (supervision must be documented using UDO logs and when supervisor attends sessions, this must be documented in the portal). *For NYS License Requirements for RNs or LPNs please refer to <http://www.op.nysed.gov/prof/nurse/>*

For the provision of any services not mentioned above please refer to New York State Offices of Professions, NYSED, and the TEACHH system.

All licenses and certifications must be current and valid during the provision of services.

* Note requirements found at: <http://www.op.nysed.gov/prof/slpa/speechschoolsvcs.htm>

**Certified School Psychologist: *Please note NYS certified school psychologist who does not have a NYS Psychologist License, may only provide services (counseling, parent training, etc.) if they are a full-time employee of a 4410 school or school district and provide services for preschool children enrolled in their program).*

NYSED Publications –

- 1. NYSED Preschool Service Reimbursement STAC-1 and Instructions**
- 2. NYSED Memorandum 1:1 Aide/Nurse/Interpreter Form for Students with Disabilities**
- 3. NYSED Request for Reimbursement for Partial 1:1 Aide, 1:1 Nurse, 1:1 Interpreter and Instructions**

Please review, be familiar with, & check for updates at regular intervals:
<https://www.oms.nysed.gov/stac/preschool/service/home.html>

School Districts:

Questions regarding entering services using the eSTACs system should be directed to: Support@CPSEPortal.com

NYSED Memorandum
Child-Specific Allowance to Temporarily Exceed an
Approved Special Class Size for Preschool Students
with Disabilities

Please review, be familiar with, & check for updates at regular intervals: <https://www.p12.nysed.gov//specialed/publications/2017-memos/preschool-variance-december-2017.htm>

ESTAC SYSTEM
Notification Sent to School Districts August 1, 2020

To: School District Superintendents
Directors of Pupil Personnel
CPSE Chairs and Support Staff

The Westchester County Department of Health (WCDOH) is committed to ensuring that the Preschool Special Education Program, administered by the New York State Education Department through local school districts, is carried out effectively and efficiently.

We have been reviewing the data management processes and have determined approximately 20,000 handwritten STAC forms are generated annually by the 42 school districts' preschool programs. These paper forms are sent to WCDOH where the information contained therein is manually entered into a WCDOH-contracted CPSE software system for provider payment and reimbursement. WCDOH has been in discussion with its CPSE software vendor, James McGuinness & Associates, to implement a system to collect IEP and STAC information electronically. This was discussed at a CPSE Chairpersons meeting on January 23rd, 2020 held at Louis M Klein Middle School.- Harrison School District

We had every intention of preparing to train for the E-STAC system this past spring however, our timeline was impacted by COVID-19.

This new web-based system will give school districts the ability to:

- Data enter evaluation (STAC-5) information
- Data enter IEP services / mandates to create and support STAC-1s
- Submit and digitally sign STAC forms (both STAC-1 and STAC-5)
- Upload supporting documents including:
 - 1:1 Aide form
 - Interim Letters
 - Medicaid consents
 - Transportation forms
- Upload data file (instead of data entering) containing information for evaluations and IEP mandated services
- Send and receive STAC Research Requests electronically

It is WCDOH 's goal to have a paperless process for the 2020-2021 school year.

Westchester County will require all school districts to use the E-STAC system to submit STAC-related information (both evaluations and services) for CPSE services.

As we work with our software vendor, over the coming weeks, we will provide more information about E-STAC and required procedures.

By close of business today, July 31, 2020, you will have to STOP submitting the following documents to the county:

**STAC's (1&5),
IEP's,
1:1 Aid/Nurse form,
Medicaid consent, Checklist
for Amendments
Prescriptions.**

***Please continue to send only the TAF's (no other documents) to Alex Rosario. This will ensure that we have the required information for students approved for bus service for September school re-opening.**

Signed:

Date: 4/28/22


Marina Yoegel, Assistant Commissioner

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH
CHILDREN WITH SPECIAL NEEDS**

**REPORTING ABSENCE POLICY
CBRS/RS/SEIT MAKEUP POLICY
EXTREME WEATHER POLICY**

1. Reporting Absences

Excessive absences should immediately be reported to the student's school district. The school district may communicate with the family to ascertain the cause of the absences and determine if adjustments to the student's Individual Education Plan (IEP) are indicated.

Please Note:

- Amendments to services that affect reimbursement shall not start without authorization from the school district.
- The school district is responsible for notifying the County of any amendments in related services or SEIT.
- Any amendments to the child's related service program, e.g., changes in frequency/duration or location (from a home or community service location to the provider's office), must be mandated by the school district's Committee on Preschool Special Education (CPSE). Appropriate documentation in support of such change may be requested by the County.

2. Holidays and Other School Closings due to weather related events

Services and or make up sessions cannot be provided on the following legal holidays: **New Year's Day, Dr. Martin Luther King Jr. Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Christmas Day.** Programs cannot operate and transportation cannot be provided on any of these holidays.

3. Make up sessions

Make-up sessions must be done within the IEP period when the THERAPIST is absent. If make-ups for a therapist being absent cannot be made within 30 calendar days due to a CHILD SPECIFIC reason, the provider must send notice to the CPSE & the County.

Make up sessions can occur under the following conditions:

- Must be completed within the same IEP period.
- Cannot cross over from school year to extended school year IEP periods.
- Must take place within 30 calendar days after the date of the missed session. (provided that the date of the make-up session falls within the service dates authorized by the student's IEP). A missed session during the last 30 days of a child's IEP cannot be made up after the end date of the IEP.

- Follow the school district or program calendar whenever possible.
- Must be clinically appropriate.
- To the extent possible, make-up session cannot occur on the same day as a regularly scheduled session. If this is not possible, please reach out to the school district to get approval.
- The total number of sessions provided cannot exceed the total number of sessions authorized during the IEP period.

3. CPSE approval is required for Make –up sessions as follows:

- Providers must contact the CPSE Chairperson for written approval if they are requesting that make-up sessions take place during school breaks.
- Providers must contact the CPSE Chairperson for written approval when make-up sessions cannot be provided up within 30 calendar days.
- Services approved on the IEP for a particular setting, cannot automatically be made up at a different setting than indicated on the IEP. Providers must contact the CPSE Chairperson to determine if their request to provide a makeup session at a different location is appropriate and complies with the IEP, and must get written approval.

4. Extended Absence:

Agency Providers: In the event that a therapist or SEIT is absent for an extended period of time, the agency is responsible for notifying the school district and the County, and the agency should arrange for a replacement provider.

Independent Providers: In the event that a therapist is absent for an extended period of time, the Independent Provider is responsible to notify the school district. The school district is responsible for notifying the County and arranging for a replacement provider.

5. Limitation on Scheduling Therapy Makeup Sessions

If the school district decides it is appropriate for regularly scheduled “itinerant” related sessions to be extended or the frequency increased on a temporary basis for the purpose of making up a block of missed sessions, the amendment process must be followed.

6. Documentation Required

Makeup sessions must be clearly documented as such on the invoice submitted by the provider in addition to the portal and in the session note. The date the session is replacing should also be documented.

7. 4410 Center Based Programs Affected by School Closings Due to Extreme Weather Events

Programs must be in session for not less than 180 days. If a program decides it is necessary to extend their school calendar for lost days in order to meet the SED 180 day requirement, they must submit a revised calendar to SED and the County. In addition,

they must inform the school district to amend IEPs if appropriate to coincide with the revised calendars to ensure payment. Every effort will be made by the County to ensure that transportation is put in place in order to accommodate these revisions.

Signed:

Date: 4/28/22

Marina Yoegel
Marina Yoegel, Assistant Commissioner

Preschool Signature Authorizations
Required by All School Districts

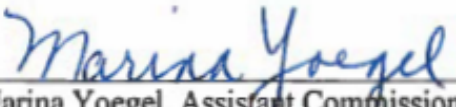
The Westchester County Department of Health (WCDOH) is responsible to collect signature authorization from each school district in the County on an annual basis. This is required by the New York State Department of Education (NYSED). This authorization allows WCDOH to electronically transmit preschool information to the STAC unit. The County is responsible for maintaining the proper documentation from the CPSE to support claims for reimbursement of evaluations or services provided for preschool students.

Authorizations will be requested by the County each school year. Please respond to this request within one week of receipt. Attached is the suggested format to use. This authorization must be submitted to WCDOH on school district letterhead.

Sample Letter Attached

Signed:

Date: 4/28/22



Marina Yoegel, Assistant Commissioner

TO BE PLACED ON SCHOOL DISTRICT LETTERHEAD
SAMPLE AUTHORIZATION LETTER

Date

Westchester County Department of Health – CSN
145 Huguenot Street, 7th Floor
New Rochelle, New York 10801

SUBJECT: SIGNATURE AUTHORIZATION PRESCHOOL

Dear Marina Yoegel,

Please accept this letter as the extension of my authorization to cover electronic STAC data transmissions by Westchester County to the STAC and Medicaid Unit.

This authority has been extended to cover the electronic data transmissions with the condition that Westchester County maintains documentation necessary to support an audit.

Upon receipt and approval of the electronic information by SED, approval information will be available online on the STAC database. The District will be responsible for reviewing the approval information for accuracy and initiating corrections if necessary.

This authorization is intended to be operative for the school year _____ and must be renewed annually.

Name of Superintendent:

Signature of Superintendent:

School District Name:

Date: _____ Telephone: _____

Fax: _____ Email: _____

Inviting the County to Meetings
Reminder Notification Sent to CPSE Chairs February, 22 2022

Dear CPSE Chairpersons:

This is a reminder that when you are scheduling all CPSE meetings and sending out invitations to all required members, you must also include the 4410 Municipal Designee. Members of the CPSE are defined in Part 200.3 2(ix) *a representative of the municipality of the preschool child's residence, provided that the attendance of the appointee of the municipality shall not be required for a quorum.*

Please include both Marina Yoegel and Sheryl Frishman on all CPSE meeting invitations.

If you sending notices electronically please send all invites to mryl@westchestergov.com & srfc@westchestergov.com.


If you are sending notices via regular mail please address all notices to:

Marina Yoegel, Assistant Commissioner
Sheryl Fishman, Director of Services
Westchester County Department of Health- 7th Floor
145 Huguenot Street
New Rochelle, New York 10801.

Thank you.

Signed:

Date: 4/28/22


Marina Yoegel, Assistant Commissioner

Chapter 2 Documents

- 1. Education Annual Review Sample**
- 2. Speech & Language Annual Review Sample**
- 3. Related Service Annual Review Sample**
- 4. Westchester School Districts – Preschool – Extended School Year Services (ESY) Fillable Version – Documentation to Demonstrate Substantial Regression Form**
- 5. Suggested IEP Goals (for next school year) Form**

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
145 HUGUENOT STREET
NEW ROCHELLE, NEW YORK 10801

SCHOOL DISTRICT:

Name:
Date of Birth:
Date of
Report: C.A.:

Instrument(s) Used:

BACKGROUND INFORMATION

PRESENT LEVELS OF PERFORMANCE (PLEPS)

Academic Achievement, Functional Performance and Learning

Characteristics:

(Levels of knowledge and development in subject and skill area including activities of daily living, level of intellectual functioning, adaptive behavior, expected rate of progress in acquiring skills and information and learning style)

Rate of Progress:

Understanding of Basic Concepts:

Readiness Skills: (Reading, Math, Writing)

Daily Living Skills:

Language Skills:

Student Strengths, Preferences, Interest:

Academic, developmental and functional needs of the student including consideration of student needs that are of concern to the parent:

Student needs to...

Social Development:

(Degree and quality of the students relationships with peers and adults; feelings about self; and social adjustment to school and community environments.)

Social:

Student Strengths, Preferences, Interest:

Social development needs of the student including consideration of student needs that are of concern to the parent:

Student needs to...

Physical Development;

(Degree (extent) and quality of the student's motor and sensory development, health, vitality, and physical skills or limitations which pertain to the learning process.)

Health:

Sensory:

Fine Motor:

Gross Motor:

Student Strengths, Preferences, Interest:

Physical development needs of the student, including consideration of student needs that are of concern to the parent:

Student needs to...

Management Needs

(Management Needs – The nature (type) and degree (extent) to which environmental modifications and human or material resources are required to enable the student to benefit from instruction.)

2015-2016 OBJECTIVES AND PROGRESS

IEP Goals

- 1.
- 2.
- 3.

Current Progress:

- 1.
- 2.
- 3.

Name of Teacher

Date

**Special Education Itinerant Teacher
NYS Certificate Number**

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
145 HUGUENOT STREET

SCHOOL DISTRICT:

SPEECH & LANGUAGE REVIEW

Name:
Date of Birth:
Date of Report:
C.A.:

Instruments Used:

:

BACKGROUND INFORMATION

PRESENT LEVELS OF PERFORMANCE (PLEPS)

The following progress has been noted since the start of the school year:

Receptive

Expressive Language

Articulation and Phonological Skills

Pragmatics

Student's Strength's, Preferences, Interests:

Physical development needs of the student including consideration of student needs that are of concern to the parent (parental concerns will be further discussed at the meeting):

2015-2016 IEP OBJECTIVES AND PROGRESS

IEP Goals

- 1.
- 2.
- 3.
- 4.
- .

Current Progress:

- 1.
- 2.
- 3.
- 4.
- 5.

Therapist
Speech Language Pathologist
NYS License #
ASHA#
NPI#

Date

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
145 HUEGONOT STREET
NEW ROCHELLE, NEW YORK 10801

SCHOOL DISTRICT:

RELATED SERVICE PROGRESS UPDATE

NAME:

DATE OF REPORT:

PROVIDER:

RELATED SERVICE: Physical Therapy/Occupational Therapy DOB:

SCHOOL DISTRICT:

SERVICE MANDATE

Functional Performance and Learning Characteristics

Student Strengths, Preferences, Interests:

Academic, developmental and functional needs of the student:

Physical development needs of the student, including consideration of student needs that are of concern to the parent (parental concerns will be discussed at the meeting)

Westchester County School Districts Annual Review Report

Revised 12/2015

RELATED SERVICE PROGRESS UPDATE

NAME

DATE OF REPORT

PROVIDER:

RELATED SERVICE: Physical Therapy/Occupational Therapy

DOB:

SCHOOL DISTRICT:

SERVICE

Functional Performance and Learning Characteristics

Student Strengths, Preferences, Interests:

Academic, developmental/ and functional needs of the student:

Current IEP Goals and Progress

NYS#

**WESTCHESTER SCHOOL DISTRICTS – PRESCHOOL – EXTENDED SCHOOL YEAR SERVICES (ESY)
Fillable version ~ DOCUMENTATION TO DEMONSTRATE SUBSTANTIAL REGRESSION**

All children are expected to regress after breaks in service. Substantial regression is defined in NYSED REGULATIONS as a student's 'inability to maintain developmental levels due to a loss of skill or knowledge during the months of July and August. This loss of skill or knowledge is of such severity as to require an inordinate period of review at the beginning of the school year (at least eight weeks of re-teaching) to reestablish and maintain IEP goals and objectives that were mastered at the end of the previous school year.'

Preschool Providers do not always have an opportunity to observe a 10 week summer break. Instead, they observe student performance after school vacations, weekends, and/or absences/illnesses. The CPSE must determine if the criteria for substantial regression have been met on a case by case basis, using the data provided to them.

To support their recommendation, Providers should attach copies of progress notes and other forms of data, as appropriate (e.g. anecdotal notes, graphs, charts, pre-post testing, criterion referenced testing, etc.)

APPROVAL FOR SUMMER SERVICES IS A CPSE DECISION BASED ON A REVIEW OF ALL RELEVANT DATA.

**Type in Starred Boxes*

Student Name: *		Provider Name: *		Service: *
Skills/Objectives Met Before Absences (based on IEP Goals)	Date/Length of Absence	Skills After Absence	Time to Recoup Goals, Objectives, Skills	Re-Teaching Strategies
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*

WESTCHESTER SCHOOL DISTRICTS – PRESCHOOL – EXTENDED SCHOOL YEAR SERVICES (ESY)
Fillable version ~ DOCUMENTATION TO DEMONSTRATE SUBSTANTIAL REGRESSION

1. Explain how the loss of skill(s) was determined. •	
2. Explain how the skill was re-established and how you monitored this process. •	
3. Were there any management issues that needed to be resolved after the break in services? <u>How long</u> did it take for these to be resolved? •	
4. Any additional information you would like the CPSE to consider. •	
Person Completing Form: •	Title: •
Type & Frequency of Current Service: •	

SIGNATURE OF PERSON COMPLETING FORM:

DATE:

(Signature must be hand written – Print completed form and then sign and date)

STUDENT NAME:

DATE:

SUGGESTED IEP GOALS (for next school year)

Goal: What the student will be expected to achieve by the end of the school year and include the following: **Benchmark:** Each goal should have at least 1 benchmark and include the following
Variable (if applicable to specific goal, i.e. distance, duration, number, repetition) **Variable:** (if applicable to specific goal, i.e. distance duration, number, repetition)
Criteria: Measure to determine if the goal has been achieved **Month:** The month the benchmark is to be achieved by
Criteria Period: Time frame in which the criteria measurement is to occur. **Criteria:** Measure to determine if the goal has been achieved.
Method: How progress will be measured
Schedule: How often progress will be measured (i.e. weekly, monthly)
Responsibility: Who is responsible for the service? ** Final goals are developed at CPSE Meeting; these are suggestions to be given to & discussed at CPSE*
** Type in white starred boxes. No limit to how much you can type in each box*

GOAL: *							
BENCHMARK/S:*							
GOAL	Variable <i>(if applicable)</i>	Criteria	Criteria Period	Method	Schedule		Responsibility
Goal # <i>(if known)</i> *	*	*	*	*	*		*
BENCHMARK	Variable <i>(if applicable)</i>	Criteria	Month	Benchmark	Variable <i>(if applicable)</i>	Criteria	Month
Benchmark 1 # *	*	*	*	Benchmark 2 # *	*	*	*
GOAL: *							
BENCHMARK/S:*							
GOAL	Variable	Criteria	Criteria Period	Method	Schedule		Responsibility
Goal # <i>(if known)</i> *	*	*	*	*	*		*
BENCHMARK	Variable <i>(if applicable)</i>	Criteria	Month	Benchmark	Variable <i>(if applicable)</i>	Criteria	Monthly
Benchmark 1 # *	*	*	*	Benchmark 2 # *	*	*	*
GOAL: *							
BENCHMARK/S:*							
GOAL	Variable	Criteria	Criteria Period	Method	Schedule		Responsibility
Goal # <i>(if known)</i> *	*	*	*	*	*		*
BENCHMARK	Variable <i>(if applicable)</i>	Criteria	Month	Benchmark	Variable <i>(if applicable)</i>	Criteria	Month
Benchmark 1 # *	*	*	*	Benchmark 2 # *	*	*	*

CHAPTER 3

BILLING PROTOCOLS

Matched Students

Once a provider has verbally agreed with a school district to provide services for a child, the provider will enter the child's name into the CPSE portal and link the child's name with the provider of service. If the STAC and IEP are uploaded and there are no discrepancies the child's designation in the portal will read "**matched**".

When the designation for a child is "**unmatched**" the provider agency will:

1. Contact the child's school district to determine if the required documents have been entered into eSTAC.
2. If it is confirmed the documents have not been entered to eSTAC, please remind the district that they must do so ASAP.
3. If it is determined that the documents have been entered to eSTAC and uploaded to the portal but there is a discrepancy in the information received from the school district, the provider should change what they entered into the portal to match the correct information uploaded.
4. If it is determined the information received from the school district was incorrectly entered to eSTAC by the school district, please ask them to make the necessary corrections ASAP.

*School Districts:

Ensure that the correct agency is chosen when you are entering the information in the eSTAC system. Some agencies have similar names or multiple sites with different names. If you have a question as to which agency name to use, please speak to the provider PRIOR to entering the information.

*Providers:

Upon accepting a student for services please ensure that the district knows the correct name of your program to use in the ESTAC system drop down menu.

YOU MUST CONTACT THE CPSE PORTAL AT Support@CPSEPortal.com IF YOU ARE HAVING DIFFICULTY OR HAVE QUESTIONS REGARDING MATCHING STUDENTS.

Procedure for New Providers

Once your contract is fully executed, you will receive notification from the County.

The CPSE Portal is a web based portal used by the County to collect and share data with their providers.

- Two weeks prior to the execution of a Westchester County Department of Health Service Provider Contract, the provider will be notified that their approval is imminent. After receiving the notification, the provider should email their agency's name, NPI number, address, contact person's full name, email address, phone number to Jean Zhang at szz1@westchestergov.com. The County will use this information to create a user account in the County's system and link the provider to the CPSE Portal.
- An invitation email will be sent to provider after the user account is created. The email will come from "do not reply CPSE portal." The person who receives the invitation email should follow the instructions in the email to register the user account in CPSE Portal. For the agency, the contact person who received CPSE Portal invitation is also responsible for inviting other staff in the agency who need to use CPSE Portal for their tasks. Providers and agency billing staff will be required to work directly in the Portal once the agency contract is executed.
- The CPSE Portal must be used by all related service providers, SEIS, and 4410 programs.
- Tasks to be completed in the CPSE Portal:
 - ✓ Enter/upload treatment log/session notes for related service providers and SEITs
 - ✓ Enter dates of attendance for classroom programs
 - ✓ Create and submit electronic vouchers for the County
- In the CPSE Portal, under the tag "**Knowledge Base**" there are opportunities to review articles, partake in tutorials and webinars as well as peruse a billing provider site map if any additional clarification is needed.
- Any questions relating to CPSE Portal functions must be directed to:
Support@CPSEPortal.com
- New providers should email Lissy Thomas at ltt4@westchestergov.com to request blank Westchester County Invoices.

General Guidelines for Billing

1. The County will reimburse the provider for services rendered as mandated in the IEP at least quarterly upon receipt of invoices. Quarterly is defined as three (3) months from the end of the month claims are received by the County.
2. When a provider enters the billing information in the CPSE Portal, the voucher (RS number/SEIT number/CB number) will be created by month and by service type.
3. The number of children listed on one CPSE portal voucher (RS number/SEIT number/CB number) must not exceed 25.
4. One Westchester County invoice must be submitted with each CPSE Portal Voucher (RS number/SEIT number/CB number) one voucher **cannot** be separated into two invoices. Additionally, one invoice **cannot** contain two vouchers.
5. Before submitting the CPSE Portal voucher, you must verify your billing entry accuracy by:
 - Ensuring that all RS and SEIT services entered into the CPSE Portal have a parent/guardian signature on the *Westchester County Preschool Confirmation of Service Delivery* form when the service provided at a home or facility location. The form containing the parent's original signature must be submitted to the County.
 - Ensuring that all RS and SEIT services entered into the CPSE Portal have an agency administrator's signature on the *Westchester County Preschool Confirmation of Service Delivery* form when the service provided at a community preschool location. The form having the administrator's original signature must be submitted to the County.

Please Note:

**Electronic signatures will be accepted if the provider uses a billing system having a electronic signature function. However, the electronic signature must be legible and the County reserves the right to reach out to confirm the signature.*

- Ensuring that the RS and SEIT provider has signed the *Westchester County Preschool Confirmation of Service Delivery* form for each child.
- Ensuring that the child's name, total units billed, service session rate, service start time and end time, and the service date billed for the child on CPSE portal matches the corresponding information on the *Westchester County Preschool Confirmation of Service Delivery* form.

6. The amount billed on the Westchester County invoice must match the amount shown in the *CPSE Portal Voucher Summary* form.
7. The total units billed for RS and SEIT services for each child cannot exceed the total units found in the “Maximum Sessions” found under “Enrollment Look up” on the CPSE Portal.
8. If any corrections are made to the billing information on the *CPSE Portal Voucher Summary* form after printing, the most current *CPSE Portal Voucher Summary* form must be attached to the Westchester County invoice.
9. If there is a discrepancy regarding related to service rate, location, frequency, service type, or start date/end date and the designation for that child is “unmatched” the agency staff/provider must contact the school district to correct the discrepancy.
10. Service dates must be listed sequentially and in chronological order on the Westchester County Preschool Confirmation of Service Delivery form. Out of sequence date(s) will not be accepted and will be rejected, and no correction and resubmission will be allowed.
11. Reimbursement for Attendance at Annual Reviews (for RS & SEIT services):
 - Attendance at an annual review meeting must be recorded on the IEP.
 - SEIS providers will attend annual review meetings as the coordinator of services. (no reimbursement)
 - If there is more than one related service provider on the IEP, the identified coordinator designated on the IEP will be reimbursed for attendance at the annual review meeting.
 - The Coordinator will be reimbursed for attending one annual review meeting per year at the rate of \$40.00 per 30 minutes not to exceed 90 minutes in total meeting time.
 - The CPSE chairperson must sign the *Confirmation of Service Delivery Form* as the attestation of attendance.
12. A provider should enter the invoice number on the CPSE Portal as the batch number, and write the batch number on the *Westchester County Preschool Confirmation of Service Delivery* form that corresponds with the batch number on the *CPSE Portal Voucher Summary*.

Guidelines for Submission of CPSE Portal Billing

1. For Related Service and SEIT Services:

Billing documents must be submitted to WCDOH monthly including:

- WCDOH Invoice – **one invoice per voucher summary page**
- Voucher Summary- **one voucher per discipline**
- WCDOH Confirmation of Service Delivery Signature Log

2. For Center Based Program services:

Billing documents need to submit to WCDOH monthly including:

- WCDOH Invoice – **one invoice per voucher summary page**
- Voucher Summary – **one voucher per program code (i.e. 9115; 9165)**

Providers should submit bills only for children who have a “matched” status in the CPSE Portal.

3. For submission of billing documents:

All billing documents must be mailed to:

CSN

Westchester County Department of Health

145 Huguenot Street , 7th floor

New Rochelle, New York 10801

No bills will be accepted via email or fax.

Procedure for Obtaining Total Units of RS and SEIT Services

The CPSE portal is equipped to allow providers to see the total units for each type of service. This should assist providers in tracking of the total service units to avoid exceeding the allowable units.

Below is the procedure for obtaining the total units for each type of service:

- Go to CPSE Portal
- Go to Enrollment Look up
- Select School year
- Select your agency name
- Select RS or SEIT
- Click Search button
- On the enrollment screen, scroll to the far right hand side, you will see the “Maximum Sessions” column. This is the total amount of allowable units for a service.

**Procedure for the Viewing and Downloading of
Certain Documents on the Portal**
Effective May 20, 2022

The procedure to view and download documents on the CPSE Portal are as follows:

- Go to the CPSE Portal
- Go to eSTAC
- Click “documents”
- Click “download submitted documents”
- Select district, school year, document type, then click “retrieve”
- You will be able to view the documents listed for each child
- Select and download the documents needed

Please contact CPSE Portal help desk at Support@CPSEPortal.com if you have any questions regarding this function.

COVID 19-Preschool Billing Protocol

4410, SEIS and Related Services

Effective the start of SY 2020-21, preschool Related Services, SEIT services can be provided in person or, if approved by the school district, via telepractice. Services provided via telepractice must be approved by the school district before commencing or switching from in-person to telepractice.

WCDOH CSN will use several service delivery procedures for services effective September 14, 2020:

SEIS/RELATED SERVICES BILLING:

1. **Services provided in person:** providers should use the regular CPSE Portal billing guidelines.
2. **Services provided via Telepractice:** providers should use the billing guidelines issued specifically for COVID 19 effective May 1, 2020.
3. **Services provided both in-person and in Telepractice:** providers should use the regular “Westchester County Preschool Confirmation of Service Delivery” sheet to record service provided and obtain parent/guardian signatures in order to submit to the County for payment.
 - For the in person sessions, the provider should obtain the parent /guardian/or preschool administrator signature on the “Westchester County Preschool Confirmation of Service delivery” sheet at the end of each daily service session.
 - For the Telepractice sessions, the service provider should record the service date, start time and end time on the “Westchester County Preschool Confirmation of Service delivery” sheet in consecutive order, write “Telepractice” next to the date in date column, and obtain the parent/guardian/preschool administrator’s signature for the corresponding day on the next in person service date.

4410 PROGRAM BILLING:

1. All billing for 4410 programs, in person only, virtual only and hybrid:
 - Submit WCDOH Invoice - one invoice per voucher summary page should be attached. The Voucher Summary should consist of one invoice per program code (i.e. 9115 or 9165)
 - Submit electronically the Voucher Summary Report and the CBRS report.

Preschool RS and SEIT Billing Protocol
(During the COVID-19 State of Emergency)
Effective May 1, 2020

Billing procedures for the Westchester County RS and SEIS billing requirements for services provided through distance learning and tele-practice platforms during the COVID-19 State of Emergency issued on March 30, 2020 have been revised.

The following changes will go into effect for services that are provided starting on May 1, 2020 and will continue to the end of the state of emergency.

Provider may choose one of the following options for billing submission:

1. **What you are currently doing:** Email or mail, to the parent, the Westchester County CPSE Weekly Confirmation of Telepractice Services for COVID-19 Form (WC Weekly Confirmation Form) once a week for parent signature of session provided. Parents must date and sign the WC Weekly Confirmation Form as close as possible to the time the service is provided. Weekly signatures confirm that services have been delivered contemporaneously.

2. **Alternatively:** Email or mail, to the parent, the WC Weekly Confirmation Form at the beginning of the month. Parents must date and sign the WC Weekly Confirmation Form as close as possible to the time the service is provided. Twice each month, at the end of the first two weeks and at the end of the month, you will send an email to the parent listing the dates of service for those sessions provided for the previous two weeks, with a requirement for reply from the parent confirming that the services were delivered and signed. At the end of the month the parent will attach their email confirmation to the completed signed WC Weekly Confirmation Form. Parent emails will be considered verification that the sessions were delivered contemporaneously. Please keep copies of the WC Weekly form and the verification emails, as the original documentation in the student's record. Agencies can determine how they want their providers to manage documentation required.

Required billing documents for either option:

Submit copies of the WC Weekly Confirmation Form with the CPSE Portal Voucher Summary and Westchester County Invoice to the County at the end of each month for services rendered.

We will process and pay bills that are accurate and submitted with the required billing documents.

It is your responsibility to follow the procedures outlined in this protocol, to ensure that you obtain parent signatures for sessions provided. Westchester County Department of Health-CSN will be conducting fiscal audits to ensure compliance with billing requirements in the future.

Signed:

Date: 4/28/22


Marina Yoegel, Assistant Commissioner

CHAPTER 3 Documents

- 1. Westchester County Confirmation of Service Delivery Form**
-
- 3. Westchester County CPSE Weekly Confirmation of Telehealth Services for COVID-19 Form**

Westchester County Preschool Confirmation of Service Delivery Mo/Yr____

Child's Name (last, First)	DOB:	Agency / Center-Based School or Independent Contractor	NPI#	School District		
Type of Service (SP/OT/PT/Psych/Nursing/etc.)		Print Name of Individual Service Provider/Licence Number/NPI#				
Date of service		Start time	End time	Session Code:	Parent/Guardian Signature	Verifying Witness Signature

Session Codes: P- Service; MU- Makeup; CA- Child Absent; TA- Therapist/Teacher Absent; S- CPSE meeting

I certify that on the dates above, the above named child received the services noted and that documentation exists and is maintained on file verifying the delivery of said services in accordance with all relevant federal, state and local laws and regulations governing the Medicaid process.

Therapist Signature _____

Westchester County CPSE Weekly Confirmation of Telehealth Services for COVID-19

Instructions: This form must be completed by the teacher/therapist to ensure the continuation of services during the Declared State of Emergency for COVID-19. All fields are required; providers may add more fields if needed. All information must be completed and must match the appropriate fields on accompanying session notes. Typed signatures are not acceptable. This form, along with the corresponding session notes, must be sent to the County weekly and a copy kept in the child's file.

Child's Name:	DOB:	School District:
Service Type Delivered (One IEP Mandate Per Sheet):		
Teacher/Therapist Name:	Teacher/Therapist Discipline:	NPI#:
Agency Name:	Frequency:	Intensity:

Date of Service	Start Time	End Time	CPT Code	Signature of Parent/Guardian Verifying That Service Was Delivered	Date Signed

CHAPTER 4

TRANSPORTATION

PROVIDER'S RESPONSIBILITY IN THE TRANSPORTATION OF
CHILDREN WITH SPECIAL NEEDS

A. REQUIRED DOCUMENTS

Beginning with the summer 2013 school term, The PROVIDER is no longer required to submit to Westchester County Department of Health Children with Special Needs (CSN) a completed Student Information Form (SIF) for each student. Instead, Westchester school districts will submit a completed Bus Transportation Authorization Form (TAF) for each student. As before, the PROVIDER is still required, as per its contract, to send CSN a transportation list – a complete alphabetical listing of the names of all children requiring bus transportation, as well as a transportation calendar.

- 1) TRANSPORTATION LIST: A separate list of students is to be submitted and labeled appropriately using the attached form. Please be aware that CSN sends the TRANSPORTATION LIST to the transporters with the completed TAFs to aid them in efficiently arranging routes on a timely basis. The transporters will not transport a child without approval from CSN. CSN's approval for each student is contingent upon receipt of a properly signed, dated and completed TAF, STAC-1 and IEP Summary page(s) from the school district Committee on Preschool Special Education (CPSE).

- 2) TRANSPORTATION CALENDAR: The TRANSPORTATION CALENDAR is the only calendar needed. The calendars submitted shall agree with those approved by the New York State Education Department (SED) for both the summer and school term. Any changes as to the initial or last date of service for either summer or school term shall receive written SED approval prior to change. The PROVIDER must offer transportation service from the first day of student attendance at the program. A separate calendar must be completed for each program campus. Please be aware that CSN sends the TRANSPORTATION CALENDAR to the transporters and this is the only notice the transporters receive of the dates they are required to provide transportation service – **including the first day of school**; if your calendar is not correct, bus service will not be provided on the correct dates.

WHERE TO SEND: The PROVIDER is to submit all information to Alex Rosario, Program Specialist (Transportation Services & Assistive Technology) aqrv@westchestergov.com or by fax to (914) 813-4159.

- 3) WHEN TO SEND: TRANSPORTATION LISTS and CALENDARS are due for each term of service as listed below:

<u>TERM</u>	<u>DUE</u>
Summer	June 1
School Year	August 1

B. TRANSPORTATION LIAISON FOR FAMILIES

The PROVIDER is to act as a liaison in transmitting CSN transportation policies and service information to the parent/guardian:

- 1) TRANSPORTATION HANDBOOK: The PROVIDER is required to give each parent/guardian a copy of the Westchester County Department of Health Preschool and Early Intervention Transportation Handbook for Parents instructing them on the responsibilities of all parties (English and Spanish language versions are included in the manual). It is the PROVIDER'S responsibility to print and distribute these.
- 2) CHANGES IN TRANSPORTATION INFORMATION: The PROVIDER shall direct families to contact the school district when there is a change in transportation information. Changes in pick-up/drop-off address, contact information, etc. may only be made when the school district submits a new/updated TAF to CSN. The Provider must remind parents that transportation service must be consistent five days a week i.e. same pick-up and if different drop-off, both are consistent 5 days per week. No changes in transportation will be made during the first 10 days of a new school session; summer or fall.
- 3) PARENT REIMBURSEMENT: The PROVIDER shall give the parent information on CSN reimbursement of parent transportation expenses in lieu of the bus and shall assist families in completing the necessary documents.
- 4) WHEN A STUDENT MOVES OUT OF DISTRICT: If a child moves their residence to a new school district, **transportation will cease** until CSN is mandated (via proper documentation) to commence service from the new school district of residence.
- 5) SERVICE WILL STOP IF CONTACT INFO IS INCORRECT: In order to assure safety, transportation will cease if parent/guardian or emergency numbers are not found to be valid working numbers.
- 6) IF PARENT/GUARDIAN IS NOT AVAILABLE TO RECEIVE THE CHILD: If a parent/guardian or another designated individual on the TAF is not available to receive the child at drop-off, the transportation carrier will finish the route while the emergency contacts are called. If at the end of the route, neither of the alternative contacts can be reached and the parent/guardian is still unavailable, it is the policy to deliver the child into the care of the Westchester County Child Protective Service. **UNDER NO CIRCUMSTANCES MAY A CARRIER BRING A CHILD BACK TO THE GARAGE OR DELIVER THE CHILD TO AN INDIVIDUAL NOT DESIGNATED BY THE PARENT/ GUARDIAN ON THE STUDENT INFORMATION FORM unless such information is approved in writing by the PROVIDER during the emergency situation.**

7) WHEN A PARENT/GUARDIAN'S BEHAVIOR APPEARS QUESTIONABLE AT DROP-OFF: Questionable behavior can be defined as, but not limited to, repeatedly stumbling, staggering, acting in a seemingly intoxicated or incoherent manner, hitting or dropping a child. When a child is about to be discharged from the vehicle to a parent/guardian (or designee listed on the TAF) and the driver has concern about that person:

- a. The driver must determine from the parent/guardian if another caregiver is available to assist in taking care of the child. This individual and the parent/guardian must both be physically present or the caregiver may not assume responsibility for the child. If an available caregiver is designated by the parent/guardian, the driver must notify Dispatch immediately. Dispatch will verbally notify CSN and then forward a completed incident report, including the available caregiver's name. If no other adult is available to take care of the child, steps b, c and d are followed.
- b. The driver must immediately call Dispatch and report the situation.
- c. Dispatch must immediately call the police whose jurisdiction covers the area of the child's drop-off, and report the driver's suspicion that the parent/designee is unable to provide the appropriate care for the child thus endangering the child's welfare. The police will make a determination as to parent/guardian's ability and resources.
- d. Dispatch must also immediately notify CSN verbally and then forward a completed incident report. CSN may also initiate a State Central Registry report based on the circumstances, the driver's account of the incident, and the police report.

C. THE PROVIDER AND THE TRANSPORTERS MUST WORK TOGETHER

Each program campus is served exclusively by one transportation carrier. However programs with multiple campuses may be served by multiple transportation carriers. Cooperation between the PROVIDER and the transportation carrier(s) is essential for safe and efficient transportation service.

1) POLICY/PROCEDURE FOR DELAY OR CLOSING OF SCHOOL DUE TO INCLEMENT WEATHER: Cooperation between the PROVIDER and the transportation carrier is necessary when the weather causes road conditions which may warrant a delay or closing of the school. The emphasis, when making these decisions, shall be on the safety of the children. The process to be used regarding school closings/delays due to weather conditions:

- a. PROVIDER appoints a responsible decision maker and alternate.

- b. Transportation carrier and PROVIDER'S delegated decision makers exchange inclement weather before-hours and after-hours phone numbers/contact information at the beginning of each term of service.
- c. **The Transportation Carrier is responsible for deciding whether or not transportation is provided on inclement weather days.** The decision to provide transportation is independent of the decision to open or close a school. While the PROVIDER may elect to be open, road conditions may prevent transportation from being provided. When the transporter has determined that road conditions will not support safe transportation, it will notify the PROVIDER immediately. When the PROVIDER makes a decision to close or delay, the PROVIDER delegate makes a call to the transportation carrier at least 1-1/2 hours before program opening. Transportation carrier acts as consultant on current road conditions to aid PROVIDER in making its decision.

2) VERIFICATION OF TRANSPORTATION AND ATTENDANCE: The PROVIDER program must verify in writing the actual transportation of children on a daily basis on forms submitted by the county contracted transporter. Upon arrival at the school, the PROVIDER staff will verify each child's attendance on the bus that day by initialing the Daily Transportation Attendance Log presented by the transporter staff. Upon dismissal from school, the transporter staff will record each child's attendance on the bus for the trip home and the PROVIDER staff will verify by initialing the Daily Transportation Attendance Log.

D. PROBLEMS WITH TRANSPORTATION SERVICE

The PROVIDER and program staff should be aware of the standards CSN requires of the transportation contractors (see below). When parents report problems with transportation service and when the PROVIDER notices deficiencies and lack of compliance by the transporters of safe procedures and required standards, the PROVIDER must work with the transporter to resolve the problems and notify CSN when necessary.

PARENT COMPLAINTS ABOUT TRANSPORTATION SERVICE: Parents are to be directed to report complaints and problems with transportation service directly to the PROVIDER for resolution. PROVIDERS and program staff are to work with the transporters and families to resolve transportation service issues while maintaining CSN policies and procedures for safety and efficiency. It is expected that the various types of complaints will be handled as indicated below. When it becomes necessary to notify CSN about a transportation service problem, the Provider will submit a written report by e-mail to Alex Rosario, Program Specialist (Transportation Services & Assistive Technology) at aqrv@westchestergov.com or by fax to (914) 813 – 4159.

Complaint Type

How Handled

1. Parent complaint regarding service of transporter.	The parent deals directly with school to resolve problem. The school, in turn, will attempt to resolve the problem but will also notify CSN. CSN will intervene when necessary.
2. School complaint regarding service of transporter (instituted by school or passed on by parent).	If a minor problem, the school deals directly with transporter to resolve problem. It must also notify CSN. If a major problem or a minor problem not resolved between the school and transporter, school presents problem in writing to the CSN. Report must be factual, objective, specific and detailed.
3. CSN complaint regarding service of transporter (instituted by CSN or passed on by school).	CSN deals with transporter to resolve problem.
4. Transporter complaint about child/family or school	Same as above, #2

1) TRANSPORTATION SERVICE EMERGENCIES: The PROVIDER's designated transportation coordinator should contact the CSN Transportation Manager when a transportation service emergency exists and you cannot reach the bus company, or the bus company has been non-responsive. We are available on weekdays when programs are in session between 9:00 a.m. and 5:00 p.m. Please call (914) 813-5085 or (914) 813-5089; if we do not answer, please reach us by dialing the emergency cell phone, (914) 424-5850. The cell phone is intended to facilitate communication between CSN and its service providers and this telephone number should not be given to the parent or guardian of a child. Examples of emergency situations include the following:

- If a vehicle has arrived at your program without an appropriate and properly functioning car seat for each child or an appropriate and functioning securement device for a student traveling with a wheelchair.
- If a vehicle has arrived at your program without a monitor or with a driver or monitor who appears to be impaired.
- If a vehicle has failed to arrive within 20 minutes of the dismissal time.
- If a parent is requesting a last-minute change involving an alternate drop-off address or delivery to a person who is not listed on the child's student information form.

2) QUICK SUMMARY OF EXPECTED STANDARDS: The following is a summary of the minimal standards the transporter is required to meet while transporting preschool children with special needs:

- Appropriate car seats; clean and in good condition, for all children.
- A list of children on the run, directions to their home and a functioning GPS device.
- A daily attendance list.
- An attendant on each vehicle.

- A working two-way radio or cellular phone.
- A clean, well-running vehicle.
- An appropriately heated or cooled vehicle as necessary.

3) **COMPLETE SCHEDULE OF REQUIRED TRANSPORTER STANDARDS:** To review the complete schedule of the transporter’s required standards of service the PROVIDER may read a copy of the transporter’s contract. Copies of the contracts between CSN and its transportation providers (and all County contracts) may be accessed through the County’s website, www.westchestergov.com. To access the County Contract Database, click on the Business tab, choose Contract Search from the Quick Links Menu, and perform a search by Vendor (transporter) Name. Included below is a series of key excerpts from transportation contract specifications that will help define the responsibilities of all parties.

Procedures When the Child is not Ready to be Picked up at Home at the Scheduled Time: In the event a child is not ready to be picked up at the scheduled time, the driver will not be required to wait more than 5 minutes for an acknowledgement before continuing on with the route. The driver shall notify the radio dispatcher of the “no-show” prior to leaving and proceeding to the next scheduled pick-up.

Children shall be expected to wait no longer than 15 minutes beyond the scheduled pick-up time. Likewise, at the end of the program, children shall arrive at their home within 15 minutes of the scheduled drop-off time. In the event Contractor is unable to comply with this requirement, it shall be Contractor’s responsibility to notify the child’s parent/ guardian of the delay and the expected drop-off time, in addition to notifying the County.

The Contractor will not provide transportation for a child when the parent/guardian has communicated (at least one hour in advance of the scheduled pick-up time) that the child will not be requiring transportation on a given day. Additionally, the Contractor will not provide transportation when it has been notified by the County of a child’s planned, extended absence.

Pick-up at School at the End of the Program Day: Contractors will insure that vehicles are available at the program facility at least 5 minutes prior to the program’s dismissal.

UNREPORTED ABSENCE OF CHILDREN:

The Contractor is to discontinue service to a child if the child is not transported for 2 consecutive days and the parent/guardian did not inform the Contractor that the child would be absent. The Contractor is to immediately notify the school by phone and the County in writing within 24 hours after service is discontinued.

Service will be reinstated when the parent/guardian calls the Contractor and requests it.

EARLY DISMISSALS FOR WEATHER OR OTHER EMERGENCY CONDITIONS:

Cooperation between the school and the Contractor is necessary when a delay or closing of a program is warranted due to an emergency and/or when the weather causes unsafe road conditions. The emphasis, when making these decisions, shall be on the safety of the children.

In the event of an early dismissal, the Contractor will ensure that the children are picked up as quickly as possible and delivered to their homes or other emergency locations as may be necessary, and as directed by the County. The Contractor will inform the school when the vehicles will arrive to pick up the children. Additionally, the Contractor will ensure that every parent/guardian has been notified about the early dismissal and the children's whereabouts as applicable, either directly or in cooperation with the school.

PROCEDURES WHEN PARENT OR PARENTAL DESIGNEE DOES NOT MEET SCHOOL BUS:

1. If no one is home when the bus arrives to drop off the child, the driver will notify Dispatch.
2. Dispatch calls the home. If there is no answer, Dispatch instructs the driver to continue with the route. The driver will return to the child's home once the rest of the children are dropped off.
3. If no one is home when the bus arrives the second time, Dispatch attempts to reach the parents' home and work numbers and the emergency contacts.
4. If Dispatch can reach an emergency contact, arrangements are made so that the emergency contact can take the child.
5. If Dispatch cannot reach a parent or an emergency contact, the school is notified. The school may accept the child when he/she attends an a.m. session and the school has a p.m. session.
6. If the school is unable to accept the child, and Dispatch has not been able to contact a parent or caregiver, and it is before 5:00 p.m., Dispatch contacts Westchester County Department of Health (WCDH). If Dispatch cannot reach WCDH, he/she will call the emergency cell phone at (914) 424-5850.
7. WCDH will verify with Dispatch that all of the above steps have been followed and call Child Protective Services (CPS.) Emergency Services at 995-2099 to arrange to place the child.

8. If it is after 5:00 p.m., Dispatch will call and make arrangements to bring the child to CPS.
9. The Contractor will provide an incident report the school day following the event.

4410 PRESCHOOL TRANSPORTATION LIST

Service Period: School Year 20 /20 or Summer 20 Page of

Program Name:	Address:	Date Completed:
Contact Name:	Phone #:	E-mail address:

We are aware that CSN must receive a STAC, IEP Summary, and TAF for each student from his/her respective school district in order for transportation service to be authorized; these documents must be received by June 1st for the summer session and August 1st for the fall session, or service will be delayed. The following is an alphabetical list of students that will be attending our program whose families have indicated they will require transportation service:

	Last Name of Child	First Name of Child	Session (A/MPM/FD)	School District
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

A separate calendar must be submitted for each campus.

Example of
Westchester County Department of Health
Children with Special Needs
SUMMER 2012 TRANSPORTATION CALENDAR

(Must agree with dates of program submitted to SED and dates of education calendar)

PRESCHOOL PROVIDER _____ CAMPUS LOCATION _____

Contact Person: _____ Telephone
No.: _____

ONE HALF (1/2) DAY PROGRAM: (hours student in attendance)

A.M. -- from _____ to _____

P.M. -- from _____ to _____

ALL DAY PROGRAM: (hours student in attendance)

_____ A.M. to _____ P.M.

Anticipated maximum number of Westchester preschool students*:

		<u>Preschoolers Bussed From Other Counties</u>
1/2 day A.M.	_____ Per Campus	_____
1/2 day P.M.	_____ Per Campus	_____
Full day	_____ Per campus	_____
Total:	_____	Total: _____

*Use actual children not F.T.E.

DATES OF: TRANSPORTATION
(Use only dates children attend—circle dates students attending and star any conference dates.) Transportation and education days must agree with dates submitted to SED.

2012

<u>JULY</u>					<u>AUGUST</u>				
M	T	W	T	F	M	T	W	T	F
2	3	4	5	6		1	2	3	
9	10	11	12	13	6	7	8	9	10
16	17	18	19	20	13	14	15	16	17
23	24	25	26	27	20	21	22	23	24
30	31				27	28	29	30	31

Total number of student attendance days _____.

COMMENTS:

A separate calendar must be submitted for each campus.

Westchester County Department of Health
Children with Special Needs
2012/13 TRANSPORTATION CALENDAR

(must agree with dates of program submitted to SED and dates of education calendar)

SCHOOL _____ CAMPUS LOCATION _____

Contact Person: _____ Telephone No.: _____

ONE-HALF (1/2) DAY PROGRAM: (hours student in attendance)

A.M. -- from _____ to _____

P.M. -- from _____ to _____

ALL DAY PROGRAM: (hours student in attendance)

_____ A.M. to _____ P.M.

Anticipated maximum number of Westchester preschool students*:

		<u>Preschoolers Bussed</u>	
		<u>From Other Counties</u>	
1/2 day A.M.	_____ Per Campus	_____	_____
1/2 day P.M.	_____ Per Campus	_____	_____
Full day	_____ Per Campus	_____	_____
Total:	_____	Total:	_____

*Use actual children not F.T.E.

DATES OF: TRANSPORTATION

(Use only dates children attend—circle dates students attending and star any conference dates.) Transportation and education days must agree with dates submitted to SED.

2012

<u>SEPTEMBER</u>					<u>OCTOBER</u>					<u>NOVEMBER</u>					<u>DECEMBER</u>				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
					1	2	3	4	5				1	2	3	4	5	6	7
3	4	5	6	7	8	9	10	11	12	5	6	7	8	9	10	11	12	13	14
10	11	12	13	14	15	16	17	18	19	12	13	14	15	16	17	18	19	20	21
17	18	19	20	21	22	23	24	25	26	19	20	21	22	23	24	25	26	27	28
24	25	26	27	28	29	30	31			26	27	28	29	30	31				

2013

<u>JANUARY</u>					<u>FEBRUARY</u>					<u>MARCH</u>					<u>APRIL</u>				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
									1					1	1	2	3	4	5
7	8	9	10	11	4	5	6	7	8	4	5	6	7	8	8	9	10	11	12
14	15	16	17	18	11	12	13	14	15	11	12	13	14	15	15	16	17	18	19
21	22	23	24	25	18	19	20	21	22	18	19	20	21	22	22	23	24	25	26
28	29	30	31	25	26	27	28	25	26	27	28	29	29	30					

<u>MAY</u>					<u>JUNE</u>				
M	T	W	T	F	M	T	W	T	F
6	7	8	9	10	3	4	5	6	7
13	14	15	16	17	10	11	12	13	14
20	21	22	23	24	17	18	19	20	21
27	28	29	30	31	24	25	26	27	28

Total student attendance dates _____

COMMENTS:

CHILD'S NAME _____

PRESCHOOL and EARLY INTERVENTION PROGRAM

TRANSPORTATION HANDBOOK

FOR PARENTS

The Westchester County Preschool/Early Intervention Transportation Program is managed by Westchester County Department of Health Children with Special Needs. We are pleased to provide you with this handbook as a guide to the transportation service options available. We hope this handbook will help you understand the procedures and answer any questions you may have. Please take a few moments to read this important information.

INSIDE:

- Transportation Service Options
- If You Choose Bus Service
- Bus Service Procedures
- State Education Department (NYSED) COVID-19 Procedures

September 2021

Transportation Service Options



Westchester County Department of Health (WCDH) provides Transportation Service for children with special needs as mandated by Section 4410 of the Education Laws of 1989, Title II-A of Article 25 of the Public Health Law and/or other applicable acts.

Transportation Service is defined as transportation of each child to and from the child's special needs program (the program or agency providing educational services to the child) using a vehicle that can accommodate the specific needs of the specific child. This includes County-provided school bus service in vehicles equipped with a radio, child-restraint seat and properly trained drivers and monitors; and parent transportation by personal car or public bus. As the parent/guardian, you must discuss all available transportation service options with your Early Intervention Service Coordinator or your school district's Committee on Preschool Education (CPSE) Chairperson. Your school district is defined by the geographical area in which your family lives. Each school district has its own CPSE for children 3-5, which determines your child's special education needs.

Mileage Reimbursement and No-Cost Monthly Metro Cards are available to parents who choose to transport their child to/from an Early Intervention Toddler Development Group contained in the Individualized Family Service Plan (IFSP), or to the approved 4410 Special Education Preschool Program contained in the Individualized Education Plan (IEP). Parents who transport their child to/from Early Intervention services occurring at a facility (not a toddler development group) or parent-child group contained in the Individualized Family Service Plan (IFSP) may also receive Mileage Reimbursement, No-Cost Monthly Metro Cards, and in some cases, Taxi Fare Reimbursement.

County-Provided Bus Service is available to children attending an Early Intervention Toddler Development Group contained in the Individualized Family Service Plan (IFSP), or the approved 4410 Special Education Preschool Program contained in the Individualized Education Plan (IEP).

Whichever option is selected at the **IFSP or CPSE meeting**, it must be listed on your child's IFSP or IEP prior to the beginning of transportation services and it must be consistent for each day your child is scheduled to attend the program/service. You may not combine a Metro Card or transportation reimbursement and County-provided bus service.

Any necessary change in the selected transportation option must be communicated to either the Early Intervention Service Coordinator or your school district's CPSE Chairperson; and the appropriate paperwork completed prior to the beginning of the new service option.

Please ask your Early Intervention Service Coordinator or your school district's Committee on Preschool Education Chairperson for a copy of the WCDH brochure with information about Parent Transportation Reimbursement benefits.

If You Choose Bus Service

The Westchester County Department of Health Children with Special Needs-CSN must ensure safe and efficient transportation for all children approved for transportation service. Bus service will begin once the WCDH receives and reviews your child's IFSP or IEP authorizing transportation service and a properly completed Bus Transportation Authorization Form (TAF)

If the WCDH does not receive these required documents, if they are incorrect or arrive late, **BUS SERVICE WILL NOT BE AVAILABLE ON THE FIRST DAY OF PROGRAM.** Speak to your child's Early Intervention Service Coordinator to confirm that the correct paperwork is submitted in a timely manner. Or speak to your school district's CPSE to request that your child's meeting be scheduled in a timely manner and that all required documents have been completed and submitted to the WCDH.

Bus Service Facts:

- Your child will receive one round trip (from home to program, from program to home) on a vehicle equipped with child-restraint seats for all children. The vehicles will provide air conditioning as needed from May 1st through October 1st and be properly heated in cold weather months. The vehicles will be wheelchair accessible if necessary.
- Each vehicle will have one bus monitor who will assist your child with getting on, riding, and getting off the bus. The bus monitor is not permitted to help dress or feed your child while on the bus. Nor is he/she permitted to escort your child to or from the school bus.
- Medications are not permitted on the bus. If your child requires medication, it is your responsibility to bring your child's medication to the program.
- Parents may not enter or ride on the bus.
- Bus routes are generally scheduled for up to 60 minutes. If your child lives a significant distance from the program, the scheduled time of the bus route may be up to 75 minutes. Factors such as traffic congestion/accidents or inclement weather may cause the bus route to take more than the scheduled amount of time. Parents should also keep in mind that buses often depart from the program several minutes after the program's dismissal time once all children have boarded the bus.
- **Scheduled pick-up and drop-off times are approximate.**

Bus Company Information:

All County Bus	914-963-9600
Astra Transportation	914-965-9006
Orange County Transit	914-428-1400
TLC Transportation	914-375-2258
White Plains Bus	914-328-1400

Bus Transportation Authorization Form (TAF):

A completed Bus Transportation Authorization Form (TAF) is required before your child can ride the school bus. Your school district or service coordinator will provide you with the TAF to complete. The TAF provides the following information:

- **PICK-UP ADDRESS** - Your home address. If you choose an address other than your home, the alternate address must also be located within Westchester County. **The pick-up address must be the same every day of the week.**
- **DROP-OFF ADDRESS** - Your home address or an alternate address within Westchester County. This address may be different from the pick-up address, but it **must be the same every day of the week.**
- **EMERGENCY NUMBERS**-in case we cannot reach you. This should be someone who knows your child and who has agreed to receive and assume responsibility for your child.
- **MEDICAL INFORMATION**-This is information you and your child's physician feel is important for us to have in order to provide safe transportation. Complete this section to help us understand your child's needs. Tell us if your child has special medical conditions such as seizures, temperature difficulties, allergies, etc., if your child takes medication regularly and what the medication is.
- Once a student's trip is scheduled according to the information on the TAF, it can only be changed if the family moves to a new address or permanently changes to an alternate pick-up or drop-off address. **Temporary changes to pick up or drop off locations are not permitted; no forms can be accepted for temporary changes.**

Your child's TAF must be up-to-date at all times. **Transportation service will stop** if any **significant information on the TAF is found to be incorrect.** Changes to bus routes cannot be made by submitting forms or requests directly to the bus driver/company. You must contact your school district or service coordinator as soon as possible to update the TAF if changes to any of the following occur:

- The pick-up or drop-off address
- The program location
- The program session time
- The name of the person(s) authorized to meet your child at the bus
- Telephone numbers for yourself or emergency contacts
- Your child's medical needs

Your school district/service coordinator will complete a new TAF and submit the form to the WCDH. Changes to the pick-up and/or drop-off address or the program location may take up to 10 days to accommodate.

Bus Service Procedures

Waiting for the Bus:

- The Bus Company will call to give you the **approximate** scheduled pick-up and drop-off times for your child.
- Your child must be ready 10 minutes before the pick-up time. If occasionally your child is not ready at the scheduled pick-up time, the driver is not required to wait more than 5 minutes before continuing on the route. **The driver is not required to wait 5 minutes for your child each day.**
- If you are waiting more than 15 minutes from the scheduled pick-up time, and are not contacted by the Bus Company, please call the dispatcher.
- If the bus is late more than two (2) consecutive times, report this to your child's EI or preschool program for assistance.
- Changes in pick-up and drop-off times happen during the school year when children are added or leave the program. The Bus Company will notify you of any schedule changes.

You or an Authorized Caregiver must meet the bus:

- All children must be met at the school bus by a **parent/guardian** (a person legally responsible for the care of the child; may be parent, foster-parent, relative, The Department of Social Services) or **caregiver/responsible person** (individuals designated by the parent/guardian to care for the child who are **at least 14 years of age**) **listed on the TAF.**
- For the safety of your child the **bus driver is prohibited from releasing your child to someone not named on the TAF.** ID must be presented.
- The parent/guardian must be waiting at the drop-off address 10 minutes before the scheduled drop-off time.
- If you or someone listed on the TAF are not available to meet the bus and the Bus Company cannot reach you or the emergency contacts, the Bus Company **must call 911 to report that no one is available to receive your child.**

Absence:

- The parent/guardian is required to **notify the Bus Company at least one (1) hour in advance** of the scheduled pick-up time if the child is going to be absent.
- If your child will not need the bus for several days because of a family vacation, etc., a minimum of one (1) day advance notification is requested. You must call the Bus Company dispatch office (do not tell the bus driver). You must also notify the program.

Suspension of Service:

- If you fail to notify the Bus Company that your child will be absent and the bus arrives at your home to provide service, this is considered a No-Show. **If your child is a No-Show for two (2) consecutive days, bus service will stop.** You may call the Bus Company to start service again. If it has been five days or more since your child's bus service was stopped due to No-Shows, you must contact your child's service coordinator or school district to request bus service. **It will take 5-10 days for bus service to start again.**
- **If the bus company is unable to transport your child safely due to his/her behavior while traveling or boarding and alighting the bus, it may be necessary to temporarily suspend bus service. Your child's program will notify you if there is a problem. The program, your school district, the bus company and the WCDH will work with you and your child to find a solution. Bus service will resume when your child can be transported safely.**

Inclement Weather:

- Please listen to local radio or TV or search online for school delays or closing notifications. You may find school district and program closings by following these links to News 12 Westchester and WHUD Westchester:

<http://westchester.news12.com/> and <http://pamal.com/stormcenter/whud.php>
- If you are not sure about your child's program, contact the program directly.
- The WCDH follows the local school district closings throughout the county. If your school district is closed, WCDH transportation will also be canceled.
- If your child's program chooses to open and WCDH does not provide bus service, you may drive your child to the program; **please be aware that you are responsible for round-trip transportation.**
- Please be aware that if bus service is provided in bad weather you should expect delays.

Complaints:

- If you have questions or concerns about your child's bus schedule, lateness, or other service problems, please call the bus company office and speak with the dispatcher or the manager. **Do not discuss problems with the bus driver or monitor.**
- Please report unresolved bus service problems to your child's program for assistance.
- If the program is unable to resolve the service problem, they will contact the WCDH Program Administrator.

Our most important mission is the safe transport of your child. If your child is in an accident or appears to be ill, the following steps will be taken.

When there is an accident :

- The Bus Company immediately notifies WCDH and your child's program.
- During program hours, your child's program will contact you. After program hours, the Bus Company will contact you.
- Your child may be taken to the Emergency Room; the police officer(s) at the scene will determine if this is necessary.
- Since New York is a no-fault insurance state, in the event that your child is involved in a **school bus accident and requires medical treatment, the parent/guardian's automobile insurance is primary for all costs, including the emergency room.** This is a New York State Law.
- Should the parent/guardian not have automobile insurance, the bus company is responsible for insurance and possible post-accident costs.

When there is illness or an injury on the bus:

- The bus driver and monitor do not administer first aid.
- In the event of an emergency, the bus driver will park the bus in a safe location and contact the dispatcher.
- The bus driver will wait for assistance/an ambulance to arrive.

Update to the current Covid-19 Procedures

For the 2021-2022 school year, The Westchester County Department of Health Children with Special Needs (CSN) will follow the most updated guidance issued by the NYSED and NYSDOH for school bus transportation. Bus companies contracted with the Westchester County Department of Health Children with Special Needs (CSN) will follow health and safety procedures put in place to ensure your child receives safe transportation.

UPDATE: Bus companies will no longer be required to limit seating students in every other row of the bus. When needed, each seat may be occupied, as long as the overall capacity of the vehicle does not exceed 50%. Students must still travel one per bus seat, unless they are siblings, and they should be near the window when possible.

The following procedures from the September 2020 Handbook remain in effect until further notice:

NYSED Guidance

TRANSPORTATION The school bus is an extension of the classroom; therefore, many of the recommendations that apply to school buildings (like social distancing and frequent cleaning) should be applied to the school bus, as well. Pupil transportation also presents certain unique challenges, especially with regard to the transportation of homeless students, students in foster care, students in nonpublic and charter schools, and students with disabilities. Therefore, it is critical that schools and school districts must be sure to include Transportation Department staff in all school re-opening planning.

School Bus Mandatory Requirements Assurances of the following will be required: Students who are able will be required to wear masks and social distance on the bus; All buses (conforming and non-conforming to Federal Motor Carrier Safety Standards, as well as type A, C or D) which are used every day by districts and contract carriers must be cleaned/ disinfected once a day. High contact spots must be wiped down after the am and pm run depending upon the disinfection schedule. (For example, some buses might be cleaned between the am and pm runs while other buses may be cleaned/disinfected after the pm run); School districts have the authority to install hand sanitizer dispensers on buses as well as allow students and district staff to have personal-size quantities while aboard the bus.

Wheelchair school buses must configure wheelchair placement to ensure social distancing of 6 feet.

CSN Bus Company Procedures

- Students will be required to wear masks whenever possible. Students who are unable to medically tolerate a face covering, students where such covering would impair their physical health or mental health, or students with a disability which would prevent them from wearing a mask will not be forced to do so. These students cannot be denied transportation. **The student's school district must notify Westchester County prior to the start of school if a student is unable to wear a face mask.**
- The expectation is that your child will wear a face covering before he/she boards the bus and for the entire bus ride. If your child needs a face covering, please contact your school district. Your district is responsible to provide your child with a face mask. If your child does not have a face covering, he/she will not be permitted to board the bus, **unless he/she is unable to do**

so, as noted above. The bus company will maintain a supply of masks in case a student is occasionally missing his/her mask, but the parents must be responsible for providing the daily masks.

- Students must will be physically distances (six feet separation) on the bus.
- The number of students transported on each bus will be limited to ensure proper physical distancing. Travel time on the bus will remain within 60-75 minutes.
- The safety harnesses will be installed so that only one student is seated per bus seat and in every other row of the bus to allow for proper distancing between students.
- All bus companies contracted with CSN to provide bus service to 4410 Preschool Programs and Early Intervention Toddler Development Groups will follow the above standards for cleaning/disinfecting vehicles. See page 8. CSN inspectors will monitor for compliance.
- Bus company staff will carry hand sanitizer wipes or personal-size hand sanitizer

NYSED Guidance

School Bus Considerations Districts and other applicable schools may want to consider adding the following best practices:

School bus companies may choose to install sneeze guards by the driver's seat and in between each seat to protect children and increase capacity. If installed, the sneeze guards must be made of a material approved by the Department of Transportation. Sneeze guards will need to be disinfected every day; Sneeze guards may be installed on wheelchair buses between securement stations with the approval of the Department of Transportation; When temperatures are above 45 degrees, school buses should transport passengers with roof hatches or windows slightly opened to provide airflow.

CSN Bus Company Procedures

- The New York State DOT inspectors have informed our bus companies sneeze guards are not permissible, for safety reasons, on our vehicles.
- The bus companies will open windows and roof hatches when appropriate.

NYSED Guidance

School Bus Staff Mandatory Requirements School bus drivers, monitors, attendants and mechanics shall perform a self-health assessment for symptoms of COVID-19 before arriving to work. If personnel are experiencing any of the symptoms of COVID-19 they should notify their employer and seek medical attention; School bus drivers, monitors, attendants and mechanics must wear a face covering along with an optional face shield; Transportation staff (drivers, monitors, attendants, mechanics and cleaners) will be trained and provided periodic refreshers on the proper use of personal protective equipment and the signs and symptoms of COVID-19; Transportation departments/carriers will need to provide Personal Protective Equipment such as masks and gloves for drivers, monitors and attendants in buses as well as hand sanitizer for all staff in their transportation locations such as dispatch offices, employee lunch/break rooms and/or bus garages. Drivers, monitors and attendants who must have direct physical contact with a child must wear gloves.

CSN Bus Company Procedures

- Bus company staff will follow all of the above recommendations. The bus drivers and bus monitors will wear face mask. The bus monitors will wear gloves and change them each time they handle a student.

NYSED Guidance

Considerations Districts and other applicable schools may want to consider adding the following best practices:

The driver, monitor, and attendant may wear gloves if they choose to do so but are not required unless they must be in physical contact with students; Transportation staff should be encouraged to wash their hands with soap and water before and after am and pm runs to keep healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:

- o touch your eyes, nose, and mouth with unwashed hands
- o touch a contaminated surface or objects
- o blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects

CSN Bus Company Procedures

- Bus company staff will follow all of the above recommendations.

NYSED Guidance

Students on Transportation Students on Transportation Mandatory Requirements As was outlined in the Health and Safety section of this guidance, all parents/guardians will be required to ensure their child/children are not experiencing any signs and symptoms of COVID-19 and do not have a fever of 100 degrees or more prior to them boarding their method of transportation to school; Students must wear a mask on a school bus if they are physically able. Students who are unable to medically tolerate a face covering, including students where such covering would impair their physical health or mental health are not subject to the required use of a face covering; Students must social distance (six feet separation) on the bus; Students who do not have a mask can NOT be denied transportation; Students who do not have masks must be provide one by the district; Students with a disability which would prevent them from wearing a mask will not be forced to do so or denied transportation.

CSN Bus Company Procedures

- **Parents must check their child's temperature at home before bringing him/her to the bus each day.** Upon arrival at the bus, the bus monitor will ask the parent/guardian the following Health Status Attestation questions:

- 1) Did you take your child's temperature today, was it within normal range and less than 100.4?
- 2) Have you or anyone in your household tested positive for COVID-19 in the past 10 days?
- 3) Has anyone experienced symptoms of COVID 19 in the past 10 days? (Symptoms include but not limited to: cough, shortness of breath or difficulty breathing, fever, chills, headache, muscle or body aches, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, fatigue, or new loss of taste and/or smell or temperature of 100° or more.
- 4) Has anyone been in close contact in the past 10 days with anyone who has tested positive for COVID or who has or had symptoms of COVID in your household, tested positive for COVID-19 in the past 10 days?

- The student **may only** board the bus if the parent has taken his/her temperature, is within the normal range and the parent has answered "no" to questions 1-4. All answers will remain confidential in accordance with State and federal law.
- The bus monitor will note on the attendance sheet or their health screening assessment form that the parent answered the Health Status Attestation.
- The student will be helped into his/her seat by the bus monitor.
- The monitor will change his/her gloves to prepare for the next student.
- Students who do not have a mask can NOT be denied transportation (see page 8).

NYSED Guidance

Students on Transportation Considerations Districts and other applicable schools may want to consider adding the following best practices: Siblings or children who reside in the same household should be encouraged to sit together. A student without a mask may be provided a mask by the driver/monitor/attendant. Students who are unable to medically tolerate a face covering, including students where such covering would impair their physical health or mental health are not subject to the required use of a face covering. In such a situation the seating will have to be rearranged so the student without a mask is socially distanced from other students. Students who are transported in a mobility device should use seating positions that provide the required social distancing or have NYS-approved sneeze guards installed. Students should be reminded of the bus rules, like, to not eat or drink on the school bus, which would require them to remove their mask. When students embark and disembark the bus, they should follow social distancing protocols. This will increase the time required to load and unload buses at stops.

CSN Bus Company Procedures

- Bus companies will allow siblings to ride together on the bus to increase capacity and efficiency.
- Bus companies can provide a student with a mask occasionally (see page 8).
- Bus companies will ensure all students are travelling at a safe distance from one another on the bus; only one student per bus seat (except siblings) but no sneeze guards will be installed (see page 9).
- No student is permitted to eat or drink on the bus.

NYSED Guidance

Protocols Once Students Disembark from Transportation Districts and other applicable schools may want to consider adding the following best practices. When students embark and disembark the bus, they should follow social distancing protocols. This will increase the time required to load and unload buses at schools in the morning and afternoon.

- Schools should consider staggered arrival and departure times to ensure social distancing.
- Schools should reconfigure the loading and unloading locations for students who are transported by bus, car or are pedestrians.

CSN Bus Company Procedures

- When meeting the students at the bus, the school staff will check the attendance sheets, or the bus company health screening assessment form, to verify that the parent answered the Health Status Attestation questions.
- School staff will follow their procedures for ensuring physical distancing while meeting students at the bus and bringing them into the school building.
- School protocols may include taking the child's temperature to ensure it is within the normal range before permitting the child to participate in the program that day.
- The bus company will not be responsible for transporting home any students not permitted to participate in the program.
- Speak to the staff at your child's school about their procedures for what to do when your child is not able to attend his/her program that day.

Please be aware all 4410 Preschool Programs and several Early Intervention Toddler Development Groups have resumed to their regular schedule. Please note that throughout the school year, occasionally there may be changes to your child's transportation schedule as new students are added to existing bus routes.

We are looking forward to a new school year. If you have any questions or concerns with bus service, please contact your bus company directly; the bus company telephone numbers are on page 2.

Additionally, please share any bus service concerns with the contact person from the EI or Preschool program your child attends, your School District CPSE Chairperson, Ongoing Service Coordinator and the County Transportation Coordinator.

NOMBRE DEL ESTUDIANTE _____

PROGRAMA PRESCOLAR Y DE INTERVENCIÓN TEMPRANA

MANUAL DE TRANSPORTE

PARA LOS PADRES

El Departamento de Salud del Condado de Westchester administra el Programa de Transporte Preescolar y de Intervención Temprana del Condado de Westchester. Nos complace proporcionarle este manual como una guía sobre las opciones de servicios de transporte que se encuentran disponibles. Esperamos que el mismo le sirva para entender los procedimientos y aclarar toda duda que pueda tener al respecto. Por favor tome algunos minutos para leer esta importante información.

ÍNDICE:

- Opciones de transporte
- Si elige el servicio de transporte en autobús
- Procedimientos para tomar el autobús
- **Guía y procedimientos de reapertura**

4 de Septiembre de 2020

Opciones de transporte



El Departamento de Salud del Condado de Westchester (WCDH) proporcionará servicio de transporte a los niños con necesidades especiales de acuerdo con lo dispuesto en el Artículo 4410 de las Leyes de Educación de 1989, el Título II-A del Artículo 25 de la Ley de Salud Pública y/u otras leyes correspondientes.

El servicio de transporte se define como el llevar a cada menor de ida y vuelta al programa de necesidades especiales (la agencia o programa que proporciona servicios educativos al menor) en un vehículo que satisfaga las necesidades específicas de cada menor. Ello incluye el servicio de autobús provisto por el Condado que cuenta con vehículos equipados con radio, asientos de seguridad y conductores y personal de vigilancia debidamente capacitados y el transporte de los padres en carro de uso personal, autobús público o taxi. En su calidad de padre o tutor, usted tiene que hablar acerca de todas las opciones de servicios de transporte disponibles con el Coordinador de Servicios de Intervención Temprana que le corresponda, o con el Presidente del Comité de Educación Preescolar (CPSE, por su sigla en inglés). El distrito escolar que le corresponde está definido por el área geográfica en la que reside su familia. Cada distrito escolar tiene su propio Comité de Educación Preescolar para niños de 3 a 5 años, el cual determinará si su hijo/a tiene la necesidad de recibir servicios de educación especial.

El reembolso de millas recorridas y tarjetas MetroCard mensuales gratuitas se encuentran disponibles para aquellos padres que decidan transportar a sus hijos con un programa de Desarrollo de Intervención Temprana delineado en el Plan Individual de Servicios Familiares (IFSP, por su sigla en inglés) con el programa 4410 aprobado de educación especial preescolar que se describe en el Plan de Individual de Educación (IEP, por su sigla en inglés). Los padres que transporten a sus hijos ida y vuelta a un Servicio de Intervención Temprana que sea necesario en una institución (no en un grupo de desarrollo infantil) o a un grupo de padres y niños contenido en el Plan Individual de Servicios Familiares (IFSP) también podrán recibir el reembolso de las millas recorridas, tarjetas MetroCard mensuales gratis y, en algunos casos, el reembolso del costo del taxi.

El Condado provee servicio de transporte en autobús a aquellos niños que concurran a un Grupo de Desarrollo Infantil del programa de Intervención Temprana incluido en el Plan Individual de Servicios Familiares (IFSP) o el Programa de Educación Especial Preescolar 4410 incluido en el Plan Individual de Educación (IEP).

Cualquiera sea la opción que haya elegido en la reunión con el Comité de Educación Preescolar o la reunión para trazar el Plan Individual de Servicios Familiares, la misma debe figurar en dichos planes y debe ser la misma para cada día que su hijo/a tenga que concurrir al programa. No es posible combinar una MetroCard o reembolso por transporte y un servicio de autobús del Condado.

Deberá informársele al Coordinador de Servicios de Intervención Temprana o al Presidente del Comité de Educación Preescolar de su distrito escolar sobre todo cambio realizado en la opción de transporte. Antes de comenzar a recibir servicios de acuerdo con la nueva opción seleccionada se deberá completar el papeleo necesario.

Solicite al Coordinador de Servicios de Intervención Temprana o al Presidente del Comité de Educación Preescolar de su distrito escolar una copia del folleto de información sobre los beneficios de reembolso de gastos de transporte que el Departamento de Salud del Condado de Westchester ofrece a los padres.

Si elige el servicio de transporte en autobus

La Oficina de Menores con Necesidades Especiales del Departamento de Salud del Condado de Westchester debe garantizar transporte seguro y eficaz para todos los niños que hayan sido aprobados para recibir servicios de transporte. El servicio de autobús comenzará una vez que el Departamento de Salud del Condado de Westchester reciba El IEP o IFSP del niño en el cual se autorice el servicio de transporte y El Formulario completo de Autorización para transportar al estudiante en autobús.

Si el Departamento de Salud no recibiera los documentos requeridos para autorizar el servicio, están incorrectos o llegan tarde, EL SERVICIO DE AUTOBÚS NO ESTARÁ DISPONIBLE EL PRIMER DÍA DEL PROGRAMA. Consulte con el Coordinador de Servicios de Intervención Temprana de su hijo para presentar los documentos necesarios en el plazo requerido, o hable con el Comité de Educación Prescolar de su distrito escolar para solicitar que la reunión de su hijo se fije puntualmente y que todos los documentos requeridos se hayan completado y enviado al Departamento de Salud del Condado de Westchester.

Información sobre los autobuses:

- Su niño recibirá un viaje de ida y vuelta (de casa al programa, del programa a su casa) en un vehículo equipado con asientos de seguridad para todos los niños. Los vehículos tendrán aire acondicionado según sea necesario desde el 1 de mayo hasta el 1 de octubre y contarán con calefacción apropiada durante los meses de frío. De ser necesario, los vehículos tendrán acceso para sillas de ruedas.
- En cada vehículo habrá un monitor que ayudará a los niños a subirse al autobús, a viajar y a bajarse del autobús. El monitor no tiene permitido ayudar a vestir o dar de comer a los niños, ni tiene permitido acompañar a los niños hasta el autobús, ni desde el mismo.
- No se permite transportar medicamentos en el autobús. Si su hijo debe tomar medicamentos, usted tendrá la responsabilidad de llevar los mismos al programa.
- Los padres no pueden ingresar ni viajar en el autobús.
- Las rutas de autobus están generalmente programadas hasta por 60 minutos. Si su hijo vive a una distancia considerable del programa, la duración del viaje podrá ser de hasta 75 minutos. Factores tales como la congestión del tráfico, accidentes o mal tiempo podrán causar que el viaje lleve más que el tiempo designado. Los padres deberán tener en cuenta que los autobuses a menudo parten del programa varios minutos después del horario de salida del mismo y una vez que todos los niños se hayan subido al autobús.
- **Los horarios de ida y vuelta son aproximados.**

Información de la compañía de autobuses:

All County Bus	914-963-9600
Astra Transportation	914-965-9006
MAT Bus	914-278-6829
Orange County Transit	914-428-1400
Phillip Trans Corp	914-393-0079
TLC Transportation	914-375-2258
White Plains Bus	914-328-1400

Formulario de autorización para transportar al estudiante en autobús:

Se requiere que complete un Formulario de Autorización para transportar al estudiante en autobús (TAF, por sus siglas en inglés) antes de que su niño pueda viajar en autobús escolar. El distrito escolar o el coordinador de servicios le proporcionarán el formulario que debe completar. Dicho formulario provee la siguiente información:

- DIRECCIÓN DE SALIDA – La dirección de su casa. Si elige una dirección diferente, la misma también debe de estar ubicada dentro del Condado de Westchester. **La dirección de salida debe ser la misma para todos los días de la semana.**
- DIRECCIÓN DE LLEGADA – La dirección de su casa o una dirección alternativa que se encuentre dentro del Condado de Westchester. Esta dirección podrá ser diferente de la dirección de salida, pero **debe ser la misma para todos los días de la semana.**
- NÚMEROS EN CASO DE EMERGENCIA – si no podemos comunicarnos con usted. Esta persona debe ser alguien que conozca a su niño y que además esté de acuerdo en recibir a su hijo y hacerse responsable de él.
- INFORMACIÓN MÉDICA – Esta es la información que usted y el doctor de su hijo consideren que es importante que tengamos para poder proveer transporte seguro. Complete esta sección para ayudarnos a entender las necesidades de su niño. Díganos si su hijo tiene condiciones médicas especiales tal como convulsiones, dificultades relacionadas con la temperatura, alergias, etc., y también si toma medicamentos regularmente y cuáles son dichos medicamentos.
- Una vez que el viaje del estudiante se programe según la información que figure en el formulario, solamente se puede cambiar si la familia se muda a una nueva dirección o cambia permanentemente el lugar de donde se recogerá o se dejará al estudiante. **No se permitirá realizar cambios temporarios con respecto al lugar de donde se recoge o se deja al estudiante. No se aceptarán formularios para hacer cambios temporarios.**

El Formulario de Autorización para transportar al estudiante deberá estar al día en todo momento. **El servicio de transporte se suspenderá de inmediato si se determina que la información que figura en el Formulario de Autorización es incorrecta.** No se podrá realizar cambios a las rutas de autobuses por medio de la presentación de solicitudes directamente al conductor o a la compañía de autobuses. Usted deberá comunicarse con el distrito escolar o el coordinador de servicios tan pronto como sea posible para actualizar el formulario de autorización de haber cambios en cualquiera de los siguientes:

- Dirección de salida o dirección de llegada
- Ubicación del programa
- Horario de las sesiones del programa
- Nombre de la persona autorizada a encontrarse con su hijo en la parada del autobus
- Su número de teléfono o los contactos en caso de emergencia
- Las necesidades médicas de su hijo

El distrito escolar o el coordinador de servicios deberán completar un nuevo formulario de autorización (TAF, por sus siglas en inglés) y presentarlo ante el Departamento de Salud del Condado de Westchester. El realizar los cambios necesarios con respecto a la dirección de salida y/o llegada y a la dirección del programa podrá llevar un máximo de 10 días.

PROCEDIMIENTO PARA TOMAR EL AUTOBÚS

Al esperar el autobús:

- La Compañía de Autobuses lo llamará para decirle los horarios **aproximados** en que pasará a recoger y a dejar a su hijo/a.
- Su hijo/a debe estar listo por lo menos diez minutos antes de la hora en que el autobús pasará a buscarlo. Si de vez en cuando su hijo no está listo a la hora indicada, no se requiere que el conductor espere más de cinco minutos antes de continuar con la ruta. **NO se requiere que el conductor espere cinco minutos a su hijo todos los días.**
- Si se encuentra esperando más de quince minutos luego de transcurrida la hora indicada, y la Compañía de Autobuses no lo ha llamado, por favor llame al despachante.
- Si el autobús llegó tarde más de dos veces consecutivas, infórmele al programa preescolar o de intervención temprana para que lo asistan.
- A veces es necesario realizar cambios en los horarios durante el año lectivo a medida que se agregan o eliminan niños del programa. La Compañía de Autobuses le notificará sobre los mismos.

Usted o la persona autorizada debe esperar al bus:

- **Uno de los padres o el tutor** (Persona legalmente responsable del niño. Puede ser uno de los padres, padre/madre adoptivo, familiar, el Departamento de Servicios Sociales), **la persona que lo cuide o la persona responsable por el menor** (individuos designados por los padres o el tutor para cuidar al menor y que **tengan por lo menos 14 años de edad**) **cuyos nombres se encuentren en el Formulario de Autorización para Transportar al estudiante.**
- Por la seguridad de sus hijos, **el conductor del autobús tiene prohibido dejar a sus hijos con alguien cuyo nombre no figure en el Formulario de Autorización.** La persona deberá presentar su documento de identificación.
- Un pariente/guardián debe estar esperando en la dirección del punto de entrega 10 minutos antes del tiempo de entrega programado.
- Si usted o una de las personas cuyo nombre figura en el Formulario de Autorización no están disponibles para esperar el autobús y la Compañía de Autobuses no se puede poner en contacto con usted o algunos de los contactos de emergencia, la Compañía de Autobuses **deberá llamar al 911 para denunciar que no hay nadie disponible para recibir a su hijo/a.**

Ausencias:

- Se requerirá que uno de los padres o el tutor **le notifique a la Compañía de Autobuses por lo menos una (1) hora antes** de la hora fijada si el niño va a estar ausente.
- Si su hijo/a no va a necesitar el servicio de autobús debido a vacaciones familiares, etc. Solicitamos que nos notifique por lo menos con un día de anticipación. **Usted debe llamar a la oficina de la Compañía de Autobuses. No le informe al conductor.** Usted también deberá notificar al programa.

Suspensión del servicio:

- Si usted falla en notificar a la Compañía de Autobuses de que su niño estará ausente y el autobús llega a su hogar para proveer el servicio, ésto se considerará como No-Presente. **Si su niño es catalogado como No-Presente por dos (2) días consecutivos, el servicio de autobús terminará.**
Si han transcurrido cinco días desde que la Compañía de Autobuses le suspendió el servicio por la razón expuesta anteriormente, usted deberá ponerse en contacto con el coordinador de servicios o con el distrito escolar para solicitar nuevamente el servicio de transporte. Llevará entre cinco y diez días reiniciar el servicio.
- Si la compañía de autobuses no es capaz de transportar a su hijo de forma segura debido a su / su comportamiento durante el viaje o subir y bajar del autobús, puede ser necesario suspender temporalmente el servicio de autobuses. Programa de su hijo le notificará si hay un problema. El programa, su distrito escolar, la compañía de autobuses y el WCDH trabajará con usted y su hijo para encontrar una solución. El servicio de autobuses se reanudará cuando su niño puede ser transportado con seguridad.

En caso de mal tiempo:

- Escuche las estaciones de radio /locales, vea los canales de televisión locales o busque por Internet las notificaciones sobre el cierre de las escuelas. Por medio de los siguientes enlaces a News 12 Westchester y WHUD Westchester encontrará información relacionada con el cierre de distritos escolares y programas debido al mal tiempo:

<http://westchester.news12.com/> <http://pamal.com/stormcenter/whud.php>
- Si no está seguro si el programa de su hijo operará normalmente, llame al programa directamente.
- El Departamento de Salud del Condado de Westchester se guía por las determinaciones de cada distrito escolar del condado. Si su distrito escolar cancela las clases por el día, el servicio de transporte del Departamento de Salud también se cancelará.
- Si el programa al que concurre su hijo decidiera abrir y el Departamento de Salud no proporcionara servicio de autobuses, usted podrá llevar a su hijo al programa. **Usted estará a cargo de transportar a su hijo/a de ida y de vuelta.**
- Recuerde que si se proporciona el servicio de transporte cuando haya mal tiempo, habrá retrasos.

Quejas:

- Si usted tiene preguntas o dudas sobre los horarios del autobús de su niño, demoras, u otros problemas con el servicio, por favor llame a la oficina de la compañía de autobuses y hable con el despachador o el gerente. No discuta problemas con el conductor del autobús o el monitor.
- Por favor reporte los problemas del servicio de autobus sin resolver a su programa infantil para ser asistido.
- Si el programa es incapaz de resolver el problema del servicio, ellos se contactarán con el Administrador del Programa WCDH.

Nuestra más importante misión es el transporte seguro de su hijo. Si su hijo está en un accidente o pareciera estar enfermo, los siguientes pasos serán tomados.

En caso de accidente:

- La Compañía de Autobuses inmediatamente le notificará al Departamento de Salud del Condado de Westchester y al programa de su hijo.
- Durante el horario del programa, el programa al que concurre su hijo se pondrá en contacto con usted. Luego del horario habitual, la Compañía de Autobuses se pondrá en contacto con usted.
- Es posible que sea necesario llevar a su hijo a la sala de emergencias. Los oficiales de policía que se presenten en la escena determinarán si ello es necesario.
- Ya que en Nueva York los seguros automovilísticos son sin culpabilidad, **en el caso que su hijo se vea involucrado en un accidente en el autobús escolar y requiera tratamiento médico, el seguro automovilístico de los padres o tutor será el primario para cubrir los costos, incluyendo la sala de emergencias.** Así lo establece la ley del Estado de Nueva York.
- Si los padres o tutor no tuvieran seguro automovilístico, la compañía de autobuses será responsable del seguro y posiblemente por los costos posteriores al accidente.

Cuando hay una enfermedad o una lesión en el autobús:

- El conductor del autobús y el supervisor no administran primeros auxilios.
- En el evento de una emergencia, el conductor del autobús estacionará el autobús en un lugar seguro y contactará al despachador.
- El conductor esperará a que llegue la asistencia /una ambulancia.

Actualización de los procedimientos actuales por la pandemia de COVID-19

Para el año escolar 2021-2022, el Departamento de Salud del Condado de Westchester y Niños con Necesidades Especiales (CSN) seguirán la guía más actualizada publicada por el Departamento de Educación del Estado de Nueva York (NYSED) y el Departamento de Salud del Estado de Nueva York (NYSDOH) sobre el transporte en autobús escolar. Las compañías de autobuses contratadas por el Departamento de Salud del Condado de Westchester y Niños con Necesidades Especiales (CSN) seguirán los procedimientos de salud y seguridad establecidos para garantizar que su hijo reciba un servicio de transporte seguro.

NOVEDADES: Las compañías de autobuses ya no estarán obligadas a limitar los asientos de los estudiantes a filas alternadas en el autobús. Cuando sea necesario, se podrá ocupar cualquier asiento, siempre y cuando la capacidad total del vehículo no supere el 50 %. Los estudiantes aún deberán viajar en un asiento del autobús por persona, salvo que sean hermanos, y deberán estar cerca de la ventana cuando sea posible.

Los siguientes procedimientos del Manual de septiembre de 2020 seguirán vigentes hasta nuevo aviso:

Guía del NYSED

TRANSPORTE: El autobús escolar es una extensión del aula; por lo tanto, muchas de las recomendaciones que se aplican a las instalaciones escolares (como el distanciamiento social y la limpieza frecuente) también deben aplicarse al autobús escolar. El traslado de estudiantes también presenta ciertos retos singulares, en especial en lo que respecta al traslado de estudiantes sin hogar, estudiantes en crianza temporal, estudiantes de escuelas no públicas y de escuelas *charter* y estudiantes con discapacidades. Por lo tanto, es fundamental que las escuelas y los distritos escolares se aseguren de incluir al personal del Departamento de Transporte (DOT) en la planificación de la reapertura de las escuelas.

Se exigirán las siguientes **garantías de los requisitos obligatorios del autobús escolar:** Los estudiantes que puedan hacerlo deberán usar mascarilla y practicar el distanciamiento social en el autobús; todos los autobuses (que se ajusten o no a las Normas Federales de Seguridad de Autotransportes [Federal Motor Carrier Safety Standards], y los tipos A, C o D) que usan los distritos y las compañías de transporte contratadas todos los días deben limpiarse/desinfectarse una vez al día. Los puntos de contacto frecuente deben limpiarse después de los recorridos de la mañana y de la tarde según el horario de desinfección. (Por ejemplo, algunos autobuses pueden limpiarse entre los recorridos de la mañana y de la tarde, mientras que otros autobuses pueden limpiarse/desinfectarse después del recorrido de la tarde); los distritos escolares tienen la autoridad de instalar dosificadores de desinfectante de manos en los autobuses, y de permitir que los estudiantes y el personal del distrito lleven una cantidad para uso personal mientras estén a bordo del autobús.

Los autobuses escolares aptos para sillas de ruedas deben modificar la ubicación de las sillas de ruedas para garantizar el distanciamiento social de 6 pies.

Procedimientos de la compañía de autobuses de CSN

- Los estudiantes deberán usar mascarillas siempre que sea posible. Los estudiantes que no puedan usar mascarilla por motivos médicos, aquellos cuya salud física o mental podría verse afectada por la mascarilla o aquellos con alguna discapacidad que les impida usar mascarilla, no estarán obligados a usarla. No se puede negar el transporte a estos estudiantes. **El distrito escolar del estudiante debe informar al condado de Westchester antes del comienzo de clases si un estudiante no puede usar mascarilla.**
- Se espera que su hijo use mascarilla antes de subir al autobús y en todo el viaje. Si su hijo necesita una mascarilla, comuníquese con su distrito escolar. Su distrito es responsable de darle a su hijo una mascarilla. Si su hijo no tiene mascarilla, no le permitirán subir al autobús,

a menos que no pueda usarla, como se indica arriba. La compañía de autobuses mantendrá un suministro de mascarillas en el caso de que en algún momento le falte la mascarilla a un estudiante, pero los padres deben ser responsables de darles las mascarillas diarias.

- Los estudiantes deberán mantener el distanciamiento social (seis pies de distancia) en el autobús.
- La cantidad de estudiantes que viaje en cada autobús se limitará para garantizar un distanciamiento físico adecuado. El tiempo de viaje en el autobús seguirá siendo de 60 a 75 minutos.
- Los cinturones de seguridad se instalarán de manera que solo un estudiante esté sentado en cada asiento del autobús y quede vacía la otra fila para permitir un distanciamiento adecuado entre los estudiantes.
- Todas las compañías de autobuses contratadas por CSN para prestar el servicio de autobús a los Programas de Preescolar 4410 y a los Grupos de Intervención Temprana para el Desarrollo de Niños Pequeños seguirán las normas de arriba para la limpieza/desinfección de los vehículos. Consulte la página 8. Los inspectores de CSN supervisarán el cumplimiento.
- El personal de la compañía de autobuses llevará toallitas desinfectantes de manos o desinfectante de manos de tamaño personal.

Guía del NYSED

Consideraciones sobre los autobuses escolares: Los distritos y otras escuelas que correspondan podrían considerar agregar las siguientes buenas prácticas:

Las compañías de autobuses escolares pueden optar por instalar protectores contra estornudos junto al asiento del conductor y entre los asientos para proteger a los niños y aumentar así la capacidad del autobús. Si se instalan, los protectores contra estornudos deben estar hechos de un material aprobado por el Departamento de Transporte. Estos protectores deberán desinfectarse todos los días. Los protectores contra estornudos pueden instalarse en los autobuses aptos para sillas de ruedas entre las estaciones de seguridad con la aprobación del Departamento de Transporte. Cuando la temperatura supere los 45 grados, los autobuses escolares deberán trasladar a los pasajeros con las escotillas del techo o las ventanas algo abiertas para permitir la circulación del aire.

Procedimientos de la compañía de autobuses de CSN

- Los inspectores del DOT del Estado de Nueva York han informado a nuestras compañías de autobuses que, por motivos de seguridad, no se permiten los protectores contra estornudos en nuestros vehículos.
- Las compañías de autobuses abrirán las ventanas y las escotillas del techo cuando corresponda.

Guía del NYSED

Requisitos para el personal del autobús escolar: Los conductores, los supervisores, los auxiliares y los mecánicos de los autobuses escolares deberán hacerse una autoevaluación médica para la detección de síntomas de COVID-19 antes de llegar al trabajo. Si el personal tiene alguno de los síntomas de COVID-19, debe informar a su empleador y buscar atención médica. Los conductores, los supervisores, los auxiliares y los mecánicos de los autobuses escolares deben usar mascarilla junto con un protector facial opcional. El personal de transporte (conductores, supervisores, auxiliares, mecánicos y el personal de limpieza) recibirá capacitación y hará cursos periódicos de actualización sobre el uso adecuado del equipo de protección personal y sobre señales y síntomas de COVID-19. Los departamentos/las compañías de transporte deberán dar equipos de protección personal, como mascarillas y guantes, a los conductores, los supervisores y los auxiliares de los autobuses, y desinfectante de manos para todo el personal en sus lugares de transporte, en las oficinas de

despacho, en las salas de almuerzo/descanso de los empleados o en los garajes de los autobuses. Los conductores, los supervisores y los auxiliares que deban tener contacto físico directo con un niño deben usar guantes.

Procedimientos de la compañía de autobuses de CSN

- El personal de la compañía de autobuses seguirá todas las recomendaciones de arriba. Los conductores y los supervisores de autobuses usarán mascarilla. Los supervisores de autobuses usarán guantes y se los cambiarán cada vez que sujeten a un estudiante.

Guía del NYSED

Consideraciones: Los distritos y otras escuelas que correspondan podrían considerar agregar las siguientes buenas prácticas:

El conductor, el supervisor y el auxiliar pueden usar guantes si así lo deciden, pero no son obligatorios, a menos que deban estar en contacto físico con los estudiantes; se recomienda al personal de transporte lavarse las manos con agua y jabón antes y después de los recorridos de la mañana y de la tarde para mantenerse sanos y evitar la propagación de infecciones respiratorias y diarreicas de una persona a otra. Los gérmenes pueden propagarse de otras personas o superficies cuando usted:

- Se toca los ojos, la nariz y la boca sin haberse lavado las manos.
- Toca una superficie u objetos contaminados.
- Se suena la nariz, tose o estornuda en las manos y después toca las manos de otras personas u objetos de contacto frecuente.

Procedimientos de la compañía de autobuses de CSN

- El personal de la compañía de autobuses seguirá todas las recomendaciones de arriba.

Guía del NYSED

Estudiantes en el transporte: Requisitos obligatorios para estudiantes en el transporte. Como se indicó en la sección de salud y seguridad de esta guía, todos los padres/tutores deberán asegurarse de que sus hijos no tengan ninguna señal ni síntoma de COVID-19, ni tengan fiebre de 100 °F o más antes de que suban al medio de transporte para ir a la escuela. Los estudiantes deben usar mascarilla en el autobús escolar si tienen la capacidad física para hacerlo. Los estudiantes que no puedan usar mascarilla por motivos médicos, incluyendo los estudiantes cuya salud física o mental podría verse afectada por la mascarilla, no estarán obligados a usarla. Los estudiantes deben mantener un distanciamiento social (seis pies de distancia) en el autobús. A los estudiantes que no tengan mascarilla NO les pueden negar el transporte. El distrito debe dar una mascarilla a los estudiantes que no la tengan. Los estudiantes con una discapacidad que les impida usar mascarilla no estarán obligados a usarla ni les negarán el transporte.

Procedimientos de la compañía de autobuses de CSN

- **Los padres deben controlar la temperatura de su hijo en casa antes de llevarlo al autobús todos los días.** Cuando lleguen al autobús, el supervisor hará al padre/tutor estas preguntas de la Declaración de estado de salud:
 - 1) ¿Tomó la temperatura de su hijo hoy? ¿Estaba en el rango normal y era menor de 100.4?
 - 2) ¿Dio positivo en la prueba del COVID-19 usted o alguien en su grupo familiar en los últimos 10 días?
 - 3) ¿Tuvo alguien síntomas de COVID-19 en los últimos 10 días? (Los síntomas incluyen, entre otros, tos, falta de aire o dificultad para respirar, fiebre, escalofríos, dolor de cabeza, dolores musculares o corporales, dolor de garganta, congestión o goteo nasal, náuseas o

vómitos, diarrea, cansancio, pérdida reciente del gusto o del olfato, o temperatura de 100° o más.)

4) ¿Tuvo alguien de su grupo familiar contacto cercano en los últimos 10 días con alguna persona que haya dado positivo para COVID-19, o que tenga o haya tenido síntomas de COVID-19, y dio positivo para COVID-19 en los últimos 10 días?

- El estudiante **solo puede** subir al autobús si el padre o la madre le tomó la temperatura, estaba en el rango normal y el padre o la madre respondió "No" a las preguntas 1 a 4. Las respuestas serán confidenciales, de acuerdo con las leyes estatales y federales.
- El supervisor del autobús anotará en la hoja de asistencia o en su formulario de evaluación de la salud que el padre o la madre contestó la Declaración de estado de salud.
- El supervisor del autobús ayudará al estudiante a encontrar su asiento.
- El supervisor se cambiará los guantes para prepararse para el siguiente estudiante.
- NO se puede negar el transporte a los estudiantes que no tengan mascarilla (consulte la página 8).

Guía del NYSED

Consideraciones sobre los estudiantes en el transporte: los distritos y otras escuelas que correspondan podrían considerar agregar las siguientes buenas prácticas: Se recomienda que los hermanos o los niños que vivan en la misma casa se sienten juntos. Un estudiante sin mascarilla puede recibir una mascarilla del conductor/supervisor/auxiliar. Los estudiantes que no puedan usar mascarilla por motivos médicos, incluyendo los estudiantes cuya salud física o mental podría verse afectada por la mascarilla, no estarán obligados a usarla. En dicha situación, tendrán que reacomodarse los asientos para que el estudiante sin mascarilla quede socialmente distanciado de los demás estudiantes. Los estudiantes que se trasladan en un dispositivo de movilidad deben usar asientos que mantengan el distanciamiento social requerido o que tengan instalados protectores contra estornudos aprobados por el estado de Nueva York. Se recordará a los estudiantes las reglas del autobús, como no comer ni beber en el autobús escolar, lo que requeriría que se quiten la mascarilla. Cuando los estudiantes suban y bajen del autobús, deberán seguir los protocolos de distanciamiento social. Esto aumentará el tiempo necesario para completar y vaciar los autobuses en las paradas.

Procedimientos de la compañía de autobuses de CSN

- Las compañías de autobuses permitirán que los hermanos viajen juntos en el autobús para aumentar la capacidad y la eficacia.
- Las compañías de autobuses ocasionalmente pueden dar una mascarilla a un estudiante (consulte la página 8).
- Las compañías de autobuses garantizarán que todos los estudiantes viajen a una distancia segura entre sí en el autobús; solo un estudiante por asiento de autobús (excepto los hermanos), pero no se instalarán protectores contra estornudos (consulte la página 9).
- Los estudiantes no tienen permitido comer ni beber en el autobús.

Guía del NYSED

Protocolos para después de que los estudiantes bajen del transporte: los distritos y otras escuelas que correspondan podrían considerar agregar las siguientes buenas prácticas. Cuando los estudiantes suban y bajen del autobús, deberán seguir los protocolos de distanciamiento social. Esto aumentará el tiempo necesario para completar y vaciar los autobuses en las escuelas por la mañana y por la tarde.

- Las escuelas deben considerar el escalonamiento de las horas de llegada y de salida para garantizar el distanciamiento social.
- Las escuelas deben volver a modificar los lugares de subida y de bajada para los estudiantes que viajan en autobús o en auto, o

son peatones.

Procedimientos de la compañía de autobuses de CSN

- Cuando el personal de la escuela se reúna con los estudiantes en el autobús, revisará las hojas de asistencia o el formulario de evaluación de la salud de la compañía de autobuses para verificar que el padre o la madre contestaron las preguntas de la Declaración de estado de salud.
 - El personal de la escuela seguirá sus procedimientos para garantizar el distanciamiento físico cuando se reúna con los estudiantes en el autobús y los lleve al edificio de la escuela.
 - Los protocolos de la escuela pueden incluir tomar la temperatura del niño para asegurarse de que esté en el rango normal antes de permitir que el niño participe en el programa ese día.
 - La compañía de autobuses no será responsable de llevar a casa a los estudiantes que no tengan permitido participar en el programa.
 - Hable con el personal de la escuela de su hijo sobre los procedimientos que se deben seguir cuando su hijo no pueda asistir al programa ese día.
-

Tenga en cuenta que todos los Programas de Preescolar 4410 y varios Grupos de Intervención Temprana para el Desarrollo de Niños Pequeños reanudaron su programa habitual. Tenga en cuenta que, a lo largo del año escolar, a veces puede haber cambios en el programa de transporte de su hijo cuando se agreguen estudiantes nuevos a las rutas de autobuses.

Esperamos con ansias el nuevo año escolar. Si tiene alguna pregunta o preocupación sobre el servicio de autobús, comuníquese directamente con su compañía de autobuses; los números de teléfono de la compañía de autobuses están en la página 2.

Además, comparta sus preocupaciones sobre el servicio de autobús con la persona de contacto del Programa de Intervención Temprana o del Programa de Preescolar al que asiste su hijo, con el presidente del Comité de Educación Preescolar Especial (CPSE) de su distrito escolar, con el coordinador del servicio actual y con el coordinador de transporte del condado.

Invoice for Parent Mileage Reimbursement: PART 1

MILEAGE REIMBURSEMENT: Transportation for children attending preschool programs is governed by Section 4410 of the Education Law of New York State. Parents are encouraged to transport their children to their preschool programs at public expense to enable the child to receive services contained in the Individualized Education Plan (IEP). Accordingly, the Westchester County Department of Health Children with Special Needs (CSN) offers parents reimbursement for mileage expenses when driving their child to approved 4410 preschool programs.

Reimbursement will be made for the number of round trip miles traveled from the city or town in which the child's home is located to the city or town in which the approved 4410 special education preschool program is located, as calculated by an online web mapping site. Reimbursement will be at the current rate as established by the Internal Revenue Service for mileage allowance. Only one Round-Trip will be reimbursed per day. A Round-Trip is defined as the trip from your home to the program location with your child in your car and the trip from the program location to your home with your child in your car. Parents are required to submit all necessary documentation in order to receive reimbursement. Reimbursement for parking and or tolls will be provided when appropriate and only with the submission of receipts.

Parents must choose only ONE option for transportation; School Bus, Mileage Reimbursement or no-cost monthly Metro Cards. Parents will not be eligible to receive Mileage Reimbursement for transportation expenses or a Metro Card if a child is normally transported by School Bus and the parent occasionally provides transportation to or from the service location. Changes made to the type of transportation the child receives may only be made by contacting the School District.

.....
PARENT CERTIFICATION: I am the parent/guardian of the child named on this Invoice form. I request reimbursement from the County of Westchester for expenses incurred by me transporting my child to and from the approved 4410 preschool program pursuant to Section 4410 of the Education Law of New York State. I will accept the rate of reimbursement for transporting my child established by Westchester County. I will comply with the procedures established by Westchester County for reimbursement and will submit my invoices and other requested documentation in a timely manner. I agree to absolve and release Westchester County from any and all responsibility, liability and any claims for damages of any nature whatsoever arising from the transportation of my child to and from the authorized services during the authorized service period. I represent that during the period when I will transport my child, I or my designee will ensure that my child travels in a child car seat at all times. I will ensure that the automobile used is duly registered and insured in accordance with New York State Law; the driver's license will be current and contain no restrictions on his/her ability to transport their child. **I certify that I transported my child to his/her approved 4410 preschool program on the dates referenced on PART 2 of this form.**

Parent or Guardian's Signature

Print Name

Date

Send completed and signed invoices, Parts 1 and 2, to: Westchester County Department of Health
CSN - Preschool PMR
145 Huguenot Street, 7th Floor
New Rochelle, New York
10801

Invoice for Parent Mileage Reimbursement: PART 2

CLAIM PERIOD: You must indicate only one CLAIM PERIOD. Submit a separate Invoice for each period.

[] Jul. – Aug. 20____ [] Sep. – Dec. 20____ [] Jan. – Jun. 20____

PAYEE (parent/guardian): _____
Name E-mail address Telephone

PAYEE ADDRESS: _____
Street City/Town ZIP

CHILD: _____
Name Date of Birth

PROGRAM: _____
Name Street Address City/Town

Trip includes a Toll Road: yes ____ no ____ Paid Parking: yes ____ no ____ *Receipts are required*

Child is traveling with sibling(s) to same service at same times on same days: Yes _____ No _____

DATES CLAIMED: For each month you transported your child, please enter the name of the month and then place an "X" in the dates of the month:

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

CERTIFICATION: I certify that the child referenced above attended service on the dates listed.

Program Administrator: _____
Name (print) Signature Date

Health Department Calculations: INVOICE # _____

MILES PER ROUND-TRIP	TOTAL # OF ROUND-TRIPS	RATE PER MILE	SUB-TOTAL	AMOUNT FOR TOLLS/PARKING	TOTAL REIMBURSEMENT
					\$

CHILDREN WITH SPECIAL NEEDS

TRANSPORTATION PLAN - Preschool

Child's Name: _____ School District: _____

Address: _____

Preschool Program Name: _____

Address: _____

4410 Approved Preschool Program Transportation Facts

Transportation for children attending preschool programs is governed by the 4410 Preschool Law. The Law encourages parents to transport their children to their preschool programs at public expense. Accordingly, the following options are available to Westchester parents who transport their children to an approved special education preschool program:

Mileage Reimbursement: Parents will be reimbursed for driving their child to and from the child's preschool program. Reimbursement will be paid at the current county approved rate per mile, for one round trip per day between the city or town in which the child lives and the city or town in which the child's preschool program is located as calculated by an online web mapping service (MapQuest or similar). Reimbursement for parking and tolls may also be provided when necessary and authorized by the County.

Metro Card: Parents will receive at no cost a monthly Metro Card to be used for transporting the child to and from the preschool program.

Taxi Fare Reimbursement: Parents will be reimbursed for the cost to transport their child to and from the preschool program by taxi each day.

Whatever option is selected, it must be consistent for each day of travel to the program; bus transportation may not be combined with receipt of a Metro Card, mileage or taxi fare reimbursement. Special school bus transportation is available for children whose parents decline to transport them to preschool.

I will transport my child to special needs preschool and select the following option:

Mileage Reimbursement Metro Card Taxi Fare Reimbursement

Parent's Printed Name: _____ Phone: _____

Parent's Signature: _____ Date: _____

Please note that once you have selected an option, you may only change your selection by contacting your school district's Committee on Preschool Education and completing another form.

Westchester County Department of Health
Bus Attendance Log for the Month of _____, 20_____

Trip Code: P/U = Pickup from Home; D/O = Drop Off to Home
 Daily Attendance Code: P=Present; A=Absent; N=No Show; n/a=not scheduled ; O=Child in another bus

Page _____ of _____

Check if bus is one way

Bus Co: _____ Bus # _____ School: _____ School Location: _____

Last, First Name	Trip	DAY OF MONTH TRANSPORTED																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	P/U																																	
	D/O																																	
	P/U																																	
	D/O																																	
	P/U																																	
	D/O																																	
	P/U																																	
	D/O																																	
	P/U																																	
	D/O																																	
	P/U																																	
	D/O																																	
Driver Signature:																																		

Contractor Verification: I do hereby certify that the foregoing is a true and accurate representation of services provided for the Children with Special Needs Program for the month indicated.

Administrator Signature _____ Print _____ Title _____ Date _____

School Verification: I have reviewed this list of children and have verified that the children listed above were transported by the above listed contractor on the days indicated.

Administrator Signature _____ Print _____ Title _____ Date _____

**NYSED Memorandum
Special Transportation for Students with
Disabilities**

<http://www.p12.nysed.gov/specialed/publications/topics>

Click on *Transportation*

CHAPTER 5

ASSISTIVE TECHNOLOGY PROTOCOLS

**PROTOCOL FOR
OBTAINING ASSISTIVE TECHNOLOGY THROUGH
WESTCHESTER COUNTY DEPARTMENT OF HEALTH
FOR 4410 PRESCHOOL CHILDREN**

Assistive technology devices may be provided to children enrolled in a 4410 Preschool Program. An assistive technology means “any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a student with a disability. Such term does not include a medical device that is surgically implanted or the replacement of a surgically implanted device. The Committee on Preschool Special Education (CPSE) would recommend and include the assistive technology on the child’s Individualized Education Plan (IEP) after considering an assistive technology evaluation.

For more information on Assistive technology, please visit:
<https://www.p12.nysed.gov/specialed/publications/topics.htm> and click on *assistive technology*.

Assistive technology can be obtained two ways.


1. Assistive technology can be provided through the TRAIID Loan Program. These devices are to be returned to the Loan Program upon expiration of the agreed upon terms.

2. Assistive technology can be obtained through the Westchester County Department of Health. The device would be available for the duration of the IEP as well as the length of the child’s enrollment in a 4410 Preschool Program. When a child transitions out of Preschool, the device becomes the property of the County. At this time, the School District may purchase the device from the County if it wishes.

The Protocol that follows pertains to the process to be followed if assistive technology is going to be obtained through the Westchester County Department of Health.

Signed:

Date: 4/28/22


Marina Yoegel, Assistant Commissioner

PROCEDURE FOR OBTAINING AN ASSISTIVE TECHNOLOGY DEVICE

I. COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)

- A. For children who receive Related Services/SEIT or Center-Based children who require child specific assistive technology, the CPSE makes the recommendation after reviewing an assistive technology evaluation and input from the child and service providers and indicates the type of assistive technology and the number of assistive technology service visits needed, if necessary, in the child's IEP.
- B. The CPSE Chairperson should contact the TRAIID Loan Closet to see if the device is available for loan until such time that the child receives their own.
- C. A STAC-1 is completed in Related Services fashion. In Section 11, Line 1 write in "Purchase AT Device (specify type of device). In Section 12, RS Line 1, fill in the type of device. Be sure to list the type and not the brand name. In Section 12, RS Line 2, fill in AT Service Visits, if needed. The STAC-1 along with a copy of the child's IEP should be sent to the AT Coordinator at the Department of Health.
- D. The CPSE sends the 4410 WCDH-contracted Evaluator/Provider the AT Packet to be completed.
- E. In order for WCDH to obtain an assistive technology device for a child, the Evaluator or Provider must complete and submit an AT Packet ("Packet") to Alex Rosario consisting of the following:
 - Form PRE-AT-1. Since assistive technology equipment will be acquired through a bidding process, it is especially important that the device specifications and features noted on this form are sufficiently precise to enable potential vendors to offer appropriate equipment during the bidding process.
 - Form PRE-AT-2. This form must present clearly how the device will be used, its relationship to the child's functional capabilities, and the functional outcomes expected to be attained by the child as a result of using the device.
 - Itemized Price Quote. This should specify the estimated cost of the device, cost of any and all accessories; adaptations and/or modifications needed; extended warranties; insurance; and a suggested vendor. Whenever feasible, please include the name of vendor representative from which you obtained the information.

The AT-1 and AT-Forms are to be completely filled out. The Packet must be complete and received along with the STAC and IEP in order for it to be processed. Any incomplete packets or missing information will result in a delay.

II. CSN

- A. Will log in the receipt of the AT Packet.
- B. Will review the AT Packet in order to determine: CSN. Any additional information which the County needs will be obtained through the Evaluator/Provider who completed the Packet.

III. CSN

The County will process all AT devices to be sent out to bid, as follows:

- A. Transfer the information noted in the Packet, including the device specifications, accessories/attachments, cost per item, suggested vendor for the device and delivery address, to a computerized Westchester County PURCHASE REQUISITION.
- B. Transmit the Purchase Requisition Form electronically.

IV. PURCHASING DEPARTMENT

- A. Upon receipt of a computerized PURCHASE REQUISITION from the Department of Health, the Purchasing Department will initiate a bidding process for selection of the lowest responsible bidder for the AT device.

Bid prices may include shipping and handling as well as extended warranties.

The device will be purchased from the lowest responsible bidder who has met all of the specifications described on the PRE-AT-1 form. The device that is purchased may not necessarily be the same brand that is named in the specifications; however, the individual specifications prescribed for the device may not be substituted.

- B. Once the vendor is selected, the Purchasing Department will send a PURCHASE ORDER to the vendor with a copy to the Department of Health

V. CSN

Upon receipt of the PURCHASE ORDER, CSN will send out a NOTIFICATION OF ASSISTIVE TECHNOLOGY EQUIPMENT VENDOR letter to the Evaluator/Provider.

VI. AT VENDOR

Upon receipt of the PURCHASE ORDER, the vendor will contact the Evaluator/Provider to arrange for delivery and post-delivery fitting visit(s), if needed.

VII. EVALUATOR/PROVIDER

- A. When the delivery and any post-delivery adjustments/attachments that may be needed have been completed to the satisfaction of the Evaluator/Provider (agency/therapist), they/s/he will **notify CSN Operations to this effect by phone (914-813-5085) within two (2) business days of acceptance/completion of the device.**
- B. For the AT devices purchased by the provider, submit a Westchester County Department of Health Provider Invoice Form along with a copy of the vendor's invoice and packing slip to CSN Operations.

VIII. CSN

For items obtained through a bid:

- A. Note the date of the Evaluator/Provider's acceptance call and the date of acceptance/completion of the device.
- B. Complete the RECEIVING REPORT and forward it to the Westchester County Finance Department. (This gives the Finance Department permission to pay the AT Vendor's claim for the device.)

For provider purchased items:

- A. Log in the receipt of the Provider Invoice.
- B. Review invoice for completeness.
- C. Process the invoice for payment.

IX. AT VENDOR

When the Evaluator/Provider has accepted delivery of the AT device, the assistive technology vendor may bill the county for the device. To bill, the vendor must submit an

invoice which includes the Purchase Order Number for the device. Invoices should be forwarded to:

Westchester County Department of Finance
148 Martine Avenue, 7th Floor
White Plains, NY 10601

X. EVALUATOR/PROVIDER

In cases where upon delivery an item is found to be deficient, (i.e., does not meet the specifications noted in the Purchase Order; workmanship is not up to standard; material is of inadequate quality, etc.) the Evaluator/Provider (agency/therapist) will work with the vendor to correct the deficiencies or replace the item.

The device obtained will reflect the specifications as submitted. Any features not included in the original specifications noted on the PRE-AT-1 form are not a reason for rejection of the device.

If the vendor and Evaluator/Provider are unable to resolve problems related to AT devices, then the Evaluator/Provider should:

1. Notify Alex Rosario; and
2. Ask Alex Rosario to intervene and either insist that appropriate corrections be made or arrange for exchange or return of the device.

XI. SCHOOL DISTRICT


If the school district wishes to purchase the AT Device from the County as the child transitions out of Preschool, please contact Alex Rosario at 914-813-5085 to make arrangements.

XII. PARENT OF PRESCHOOL CHILD

Assistive Technology Devices purchased by the Westchester County Department of Health may be used by the child for the duration of his/her enrollment in a 4410 Preschool Program. When the child transitions out of Preschool, the AT Device is to be returned to the County. It is at this time that the County will direct the parent to bring/ship the device to the TRAIID Loan Program in Valhalla.

Signed:

Date: 4/28/22



Marina Yoegel, Assistant Commissioner

CHAPTER 5 Documents

- 1. 4410 Preschool Assistive Technology Information Form**
- 2. 4410 Assistive Technology Justification**
- 3. Invoice for 4410 Assistive Technology Reimbursement**

4410 PRESCHOOL ASSISTIVE TECHNOLOGY INFORMATION FORM

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Phone Number: _____

Address: _____

Responsible Therapist recommending the device name/e-mail/phone numbers: _____

Agency Affiliation and Address/Phone: _____

School District name: _____ Chairperson name: _____

Date of Evaluation: _____ Child's Diagnosis/ICD-9 Code: _____

Provider: _____ Discipline: _____

Agency/Program _____ Medicaid: Yes No

Device(s) being requested: _____

CPT/HCPCS: _____

Where device is to be delivered: _____

Suggested Vendor for the device: _____

Number of Assistive Technology Service Visits Needed (must be indicated on the IEP): _____

SPECIFICATIONS of the device: (Include dimensions, weight, material, or catalog picture with this information so that potential vendors can offer an appropriate device. The device purchased need not be the brand name you request, so be sure you are specific enough to get as close a match as possible.) **Attach an itemized invoice from the suggested vendor with the cost of the device including any necessary modifications and/or attachments/accessories.**

Is the device available for loan through TR Aid? Yes No

If yes, will the family be borrowing the device from the Loan Program while this order is being processed? Yes No

Prescription attached Vendor price quote attached Specifications attached

Responsible Therapist's Signature: _____ Date: _____

Physician/Evaluator's Signature: _____ Date: _____

Children with Special Needs
Department of Health

4410 PRESCHOOL ASSISTIVE TECHNOLOGY JUSTIFICATION

Child's Name: _____

Date of Birth: _____ IEP Period: _____
From/To

DIAGNOSIS - Describe the relationship of this device to the child's functional capability.

DESIRED OUTCOMES - Identify the functional outcomes expected to be attained by the child as a result of the use of this device during this IEP period. Describe how the device will be used to accomplish these outcomes.

PLAN FOR USE OF DEVICE - How will the device be used? Frequency and duration? By whom? In what setting (i.e. home, center)? If used by more than 1 therapist, specify goals for each discipline. Specify if parent will be using the device and any precautions or safety factors they should be made aware of.

DURATION -What is the anticipated period of time (months/years) device will be used by the child?

Responsible Therapist's Signature: _____ Date: _____

For WCDH/CSN Use Only

RECOMMENDATION: Device Approved Device Disapproved

Reviewed By: _____

Date: _____

INVOICE FOR 4410 PRESCHOOL ASSISTIVE TECHNOLOGY REIMBURSEMENT

For Health Department use: INVOICE# _____ INVOICE DATE: _____

CHILD'S NAME _____ DOB _____

PARENT'S NAME _____ TEL# _____

ADDRESS _____

SERVICE PROVIDER'S NAME _____ TEL# _____

SERVICE PROVIDER'S AGENCY _____

ASSISTIVE TECHNOLOGY DEVICE(S) PURCHASED

NAME/DESCRIPTION OF DEVICE: _____

QUANTITY: _____ ESTIMATED LENGTH OF USE: _____

DATE PURCHASED: _____ METHOD OF PAYMENT: _____

PRICE OF ASSISTIVE TECHNOLOGY DEVICE(S): _____ fl

COST OF SHIPPING, TAXES, OR OTHER FEES: _____

TOTAL ASSISTIVE TECHNOLOGY EXPENSE/REIMBURSEMENT REQUESTED \$ _____

CERTIFICATION STATEMENT:

I certify that the parent referenced above provided the listed Assistive Technology Device(s) as described to this child.

Name of Related Service Provider Signature of Related Service Provider Date

I certify that I provided the listed Assistive Technology Device(s) as described to this child.

Name of Parent Signature of Parent Date

You must attach a receipt/proof of purchase for each device in order to be reimbursed.

CHAPTER 6

MEDICAID

PROTOCOLS

Medicaid

As outlined in your contract, all providers must comply with Medicaid requirements in the provision of Medicaid reimbursable services. More information regarding Medicaid may be found at https://www.health.ny.gov/health_care/medicaid/program/psshsp/.

Westchester County contracts with James McGuinness & Associates Inc. (McGuinness) to assist in maximizing Medicaid reimbursement for evaluations and services provided to children who are suspected, or found, to have special education needs by approved preschool evaluators and providers. As such, all providers must use the CPSE Portal to document, bill, and substantiate services provided. For questions regarding relating to CPSE Portal functions must be directed to: Medicaid@CPSEPortal.com.

Please be advised that Westchester County requires service providers to provide documentation pertaining to the delivery of services upon request.

You are required to respond to the CPSE Portal Team for any issues that require corrections/clarification. Repeated failure to respond or refusal to comply with documentation requirements will be considered a breach of your contract with the County. Please see below.

“(vi) If the failure of the contractor to cooperate in the processing of claims for payment by Medicaid or any other third party payor results in the disallowance of such claim, the County may deduct and withhold such amount that has not been reimbursed from any moneys due the Contractor. The Contractor agrees to pay the County the amount of the balance due the County that has not been reimbursed by Medicaid or any other third party payor.”

Index of Medicaid Protocol Information

- A. Required Documentation
- B. IEP (Special Transportation)
- C. Medicaid Training
- D. Useful Websites
- E. One-Time Medicaid Consent Form with Instructions
- F. Prescription / Referral for Preschool Evaluations / Services
- G. Speech Referral / Recommendation for Evaluation / Services
- H. Psychological Counseling Referral for Evaluation / Services
- I. Medical Referral for Evaluation (Prescription)
- J. “Under the Supervision of” Form & Log – Psychological Counseling
- K. “Under the Direction of” Forms & Logs
 - (a) Speech Therapy Services
 - (b) Occupational & Physical Therapy Services
 - (c) Skilled Nursing Services

Required Documentation

- Referral for Evaluation(s)
- Evaluation Report for Service(s) that are listed on the IEP
- One-Time Consent from Parent to Bill Medicaid (school districts should secure these when meeting with the parents) – Please note the CM-1 is no longer a valid consent
- IEP (if special transportation is required the school district should specify this in the IEP)
- Prescription/Written Order/Referral for Service (signed and dated)
 - Effective January 1, 2014 the Ordering/Prescribing/Referring/Attending provider must be Medicaid Enrolled (eMedNY)
- Session Notes:
 - Student Name
 - Service Type
 - Individual
 - # in Group
 - Setting (Location)
 - Date & Time
 - Notes/Comments
 - CPT Code
 - ICD-10 Code
 - License & NPI Number
 - Name, Title & Signature of provider
 - Signature of Supervisor (if required)
- “Under the Direction of” Form & Notes (is applicable)
- “Under the Supervision of” Form & Notes (if applicable)

IEP (Special Transportation)

- According to NYSED guidelines:
 - Special Transportation is reimbursable when it is medically necessary and included in the student's IEP.
 - Student must be traveling to or from a Medicaid reimbursable service (other than special transportation).
 - Vehicle must be specially modified.
- Two exceptions listed in the Alert:
 - “A student resides in an area that does not have school bus transportation (such as those areas in close proximity to a school) but has a medical need for transportation that is noted in the IEP and the student is traveling to or from a Medicaid reimbursable service; and
 - A student is transported from school or home directly to and/or from a provider in the community for the exclusive purpose of accessing an SSHSP service, (e.g., BOCES or other contracted provider), and transportation is noted in the IEP. If the student is transported to a provider located in the community and is then transported directly back to school or directly home, both one-way trips are Medicaid reimbursable.
- Medicaid Alert #13-10:
http://www.oms.nysed.gov/medicaid/medicaid_alerts/alerts_2013/13_10_clarification_of_federal_guidelines_for_transport_8_28_13.pdf
- FAQ's regarding Medicaid Alert #13-10:
http://www.oms.nysed.gov/medicaid/q_and_a/Q_and_A_220-226_11_25_13.pdf

Medicaid Training

1. NYSED provides Medicaid Training for relevant employees within the Preschool/School Supportive Health Services Program.

When available, newly hired, relevant staff should receive the most current Medicaid Training provided by NYSED.

For detailed instructions on the requirements, to review previous training material and to sign up for any available training, please follow the link below:

http://www.oms.nysed.gov/medicaid/training_materials/home.html

2. McGuinness also provides webinars to assist you in submitting Medicaid compliant billing. They conduct several webinars a year and all webinars are updated with new information. Beginning in March 2022, webinars are being held that addresses new expectations for the **2022-23 school year**.

All of the presentations will be recorded for future reference. In addition, the recordings will be posted to the Portal Knowledge Base.

If you cannot attend due to scheduling conflicts, the county would like you to view the recordings of these webinars so you will be aware of any new expectations for the upcoming school session.

If you have any questions, please contact Deborah Frank:

- Email: dfrank@jmcguinness.com
- Phone: (518) 393-3635, Ext. 41

Useful Websites

- NY State: www.health.state.ny.us/health_care/medicaid
- eMedNY: <https://www.emedny.org/toolscenter.aspx>
- CPT Codes: <http://health.westchestergov.com/images/stories/pdfs/medicaid-protocol.pdf>
- ICD10 Codes: <https://www.cms.gov/Medicare/Coding/ICD10/index.html>
- NYSED Medicaid-in-Education: www.oms.nysed.gov/medicaid/
- Frequently Asked Questions: http://www.oms.nysed.gov/medicaid/q_and_a/

One-Time Medicaid Consent Form

The One-Time Medicaid Form should be secured by the appropriate school district. This consent form has strict requirements regarding Written Notification prior to the parent/guardian signing the consent form and strict requirements regarding the Annual Notification which must be sent out each year after the consent form is signed. The following is the current consent form that is required for Medicaid claiming.

(Insert district information)

CIN # _____

Medicaid Consent

Dear Parent/ Guardian of _____ :

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's Individualized Education Program (IEP). This consent allows the School District/ Westchester County to bill for covered health-related services and to release information to the school district's Medicaid Billing Agent for that purpose. I, _____ as the parent/guardian of _____,

(Print child's name)

have received a written notification from the School District that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District/ County may access Medicaid to pay for special education and related services provided to my child.

I understand that: providing consent will not impact my child's/ my Medicaid coverage; upon request, I may review copies of records disclosed pursuant to this authorization; services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid; I have the right to withdraw consent at any time; and the School District must give me annual written notification of my rights regarding this consent.

I also give my consent for the School District/ County to release the following records/information about my child to the State's Medicaid Agency for the purpose of billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (such as records or information about services your child receives)	
Prescription	Service Provider Attendance
Referral	"Under the Direction of" Certification
Treatment Logs	"Under the Supervision of" Certification
Individualized Education Program - IEP	"Under the Direction of" Logs
Attendance Records	"Under the Supervision of" Logs
Bus Logs	Calendar
Other unnamed documents needed to support a claim to Medicaid	

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

(Insert district information)
Consentimiento para el Medicaid

CIN# _____

Estimado Padre/Guardian de,

La presente es para pedirle su permiso (consentimiento) para cobrarle a usted o al Programa de Seguro Medico del Medicaid/Medicaid Insurance Program de su niflo para educaci6n especial y servicios relacionados que estan en el Plan Educacional Individualizado (IEP). Este consentimiento le permite al Distrito Escolar/Westchester County cobrar por la cobertura de servicios relacionados-salud y para entregarle informacion al Agente de Cobranzas de) Medicaid de] distrito escolar para ese prop6sito. **Yo,**
_____ **como padre/guardian de** _____,

(Imprima el nombre del nino)

he recibido una notificaci6n escrita del Distrito Escolar que explica sobre mis derechos federates con respecto al uso de beneficios publicos o seguro para pagar por ciertos servicios de educaci6n especial y servicios relacionados.

Yo entiendo y estoy de acuerdo que el Distrito Escolar/Westchester County puede tener acceso al Medicaid para pagar por la educaci6n especial/servicios relacionados proporcionados a mi niii.o.

Yo entiendo que: ofreciendo el consentimiento no impactara la cobertura de Medicaid de mi nino; a pedido, yo pudiera revisar las copias de los records mostrados en confonnidad con esta autorizaci6n; los servicios listados en el IEP de mi niiiio me deben ser proporcionados sin costo alguno sea que ofrezca o no mi consentimiento para cobrarle al Medicaid; Yo tengo el derecho a retirar mi consentimiento en cualquier momento; y el Distrito Escolar debe darme una notificaci6n escrita sobre mis derechos con respecto a este consentimiento.

Yo tambien ofrezco mi consentimiento a los proveedores de] Distrito Escolar/Westchester County a entregar los siguientes records/informaci6n sobre mi nifio a la Agencia del Medicaid del Estado con el prop6sito de cobrar la educaci6n especial y servicios relacionados que estan en el IEP de mi niflo. Los siguientes records seran compartidos.

Records a ser compartidos (como records o informacion sobre servicios que recibe su nino)	
Receta	Asistencia del Proveedor de Servicios
Referimiento	Certificaci6n "Under the Direction of"
Records del Tratamiento	Certificaci6n "Under the Supervision of"
Plan Educacional Individualizado - IEP	Records "Under the Direction of"
Records de Asistencia	Records "Under the Supervision of" _____
Records del Bus	Calendario
Otros documentos sin nombre necesarios para apoyar una queja al Medicaid	

Yo autorizo voluntariamente y entiendo que yo puedo retirar mi consentimiento en cualquier momento. Yo tambien entiendo que los derechos de mi nifio de recibir educaci6n especial y servicios relacionados no depende de ninguna manera en si doy mi consentimiento y que, sin importar mi decision para ofrecer mi consentimiento, todos los servicios requeridos en el IEP de mi niflo le seran proporcionados sin costo alguno para mi.

Firma del Padre/Guardian: _____

Imprima su Nombre: _____

Fecha: _____

Universal Prescription Form

Prior to uploading the prescription into the CPSE portal CBRS and RS providers must make sure the information is filled in correctly. If information is missing or incorrect the CPSE portal will reject the prescription/referral for services until the required information is obtained.

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required) **Evaluation** **Services**

Student Name _____ **DOB** _____
 District _____ County _____
 Agency _____

 (Agency, Center-based Program or Individual Provider)/Phone

Term of Service: School Year July 1, _____ to June 30, _____ (Frequency, Duration & Class Ratio as per the IEP)			
Evaluation/Service	(Required) ICD CODE for EVALUATION(S)	(Required) ICD CODE for SERVICE(S)*	Medical Diagnosis/Purpose of Treatment
Audio			
Occupational Therapy			
Physical Therapy			
Speech			
Psychological/Psychological Counseling			
Skilled Nursing (Requires a Physician's Order)			

***The most specific ICD code is required for each evaluation/service.
 Medicaid requires that a written referral be in place prior to the initiation of evaluations/services.***

• An order/referral for services must be completed for each IEP period.
 A new order/referral must be completed whenever reviews conducted during an IEP period results in a change in service (i.e. frequency/duration/ratio).

Signature _____
 (Original Signature Required- Stamps Not Permit)

Date Signed _____
 (Required)

Print Name _____

Title _____

Address & Phone (Required)-Stamp Accepted

(Required) **License #** _____
 (Required) **NPI #** _____
Medicaid # _____
Fax# _____

(Signature of NYS 1/censed and registered physic/on, a physician or o licensed nurse practitioner acting within the scope of practice or psychological counseling services this also includes on appropriate school officio/ and /or speech therapy services, a speech language pathologist who has seen the child.)

The Following are the:

**“Under the Direction of”
&
“Under the Supervision of”
Forms and Logs**

**CERTIFICATION OF UNDER THE SUPERVISION AND ACCESSIBILITY
FOR PSYCHOLOGICAL COUNSELING SERVICES**

School Year: _____

Name (LMSW): _____ License #: _____ NPI #: _____

Signature of Licensed Master Social Worker

Date

I am providing accessibility to the Licensed Master Social Worker in the following manner:

I will keep the appropriate records documenting that the "Under the Supervision of" activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student etc.)

Print Name of Supervisor: _____ NYS License #: _____ NPI #: _____

Signature of Supervisor/Title

Date

Contact Information:

Child: _____ Date of Birth: _____

Psychological Counseling "Under the Supervision of" LOG

Child Name: _____ Agency: _____

School Year: _____ Psychological Counseling Services Mandated: _____

Assigned LMSW: _____ License #: _____ NPI #: _____

Supervisor Name/Title: _____ License #: _____ NPI #: _____

I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student and LMSW).

ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone Etc.)	Services / Evaluation Recommended	SUPERVISOR SIGNATURE
IEP REVIEW				
<i>INITIAL OBSERVATION - Face to Face with Child</i>				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>2nd OBSERVATION - Face to Face with Child</i>				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>3rd OBSERVATION - Face to Face with Child</i>				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>4th OBSERVATION - Face to Face with Child</i>				
FOURTH QTR REVIEW				
Meeting				
Meeting				
Meeting				

NOTE: The Supervisor **MUST** provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by a TSHH "under the direction of". The Supervisor **MUST** have on file the manner in which he/she has provided supervision to the LMSW for each and every child being serviced.

****The Supervisor must provide at least two hours per month of in person individual or group clinical supervision****

**CERTIFICATION OF
UNDER THE DIRECTION AND ACCESSIBILITY
FOR SPEECH THERAPY SERVICES**

School Year: _____

Name (TSHH/TSSLD): _____ Certification Number: _____
(Please circle one)

Signature of Certified TSHH or TSSLD

Date

**I am providing accessibility to the Teachers of the Speech and Hearing Handicapped
in the following manner:**

I will keep the appropriate records documenting that the "**Under the Direction of**" activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, **initial and subsequent periodic face to face contacts with each student**, etc.). I verify that I am providing "Under the Direction of" services to the above named TSHH/TSSLD.

Print Name of SLP: _____ NYS License #: _____ NPI #: _____

Signature of Licensed / ASHA Speech/Language Pathologist

Date

Contact Information:

Child: _____ Date of Birth: _____

SPEECH "Under the Direction of" LOG

Child Name: _____ Agency: _____

School Year: _____ Speech Services Mandated: _____

Assigned TSHH/TSSLD: _____ Certification #: _____

Supervising SLP: _____ License #: _____ NPI #: _____

I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student and TSHH/TSSLD).

ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone Etc.)	Services / Evaluation Recommended	SLP SIGNATURE
IEP REVIEW				
<i>INITIAL OBSERVATION - Face to Face with Child</i>				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>2nd OBSERVATION - Face to Face with Child</i>				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>3rd OBSERVATION - Face to Face with Child</i>				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>4th OBSERVATION - Face to Face with Child</i>				
FOURTH QTR REVIEW				
Meeting				
Meeting				
Meeting				

NOTE: The supervising SLP **MUST** provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by a TSHH/TSSLD "under the direction of". The SLP must have on file the manner in which he/she has provided supervision to the TSHH/TSSLD for each and every child being serviced.

CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY FOR OCCUPATIONAL AND PHYSICAL THERAPY

School Year: _____

Name (OTA/PTA): _____ License #: _____ NPI #: _____
(Please circle one)

Signature of Certified OTA/PTA

Date

I am providing under the direction of and accessibility in the following manner:

- Participate in the development of the child's IEP program, signing and dating the treatment plan
- Monitor the mandated delivery of OT services;
- Be readily available to the OTA/PTA for assistance and consultation, through phone, email or fax;
- Perform an initial face to face contact with each student served by the OTA/PTA I am supervising and periodically observe the OTA with each student in the provision of services;
- Review periodic progress notes prepared by the OTA/PTA, consult with the OTA/PTA through regular monthly meetings and make recommendations, as appropriate; and
- Review service sheets used for Medicaid billing.

I will keep the appropriate records documenting that supervision activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations etc.)

Print Name of OT/PT: _____ NYS License #: _____ NPI #: _____

Signature of Licensed Occupational/Physical Therapist

Date

Contact Information:

Child: _____ **Date of Birth:** _____

OCCUPATIONAL / PHYSICAL THERAPY "Under the Direction of" LOG

CHILD NAME _____

SCHOOL YEAR _____

AGENCY _____

OT / PT SERVICES MANDATED _____

ASSIGNED OTA / PTA _____ LICENSE # _____ NPI # _____

SUPERVISING OT / PT _____ LICENSE # _____ NPI # _____

I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student and OTA / PTA).

ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone Etc.)	Services / Evaluation Recommended	OT / PT SIGNATURE
IEP REVIEW				
<i>INITIAL OBSERVATION - Face to Face with Child</i>				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>2nd OBSERVATION - Face to Face with Child</i>				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>3rd OBSERVATION - Face to Face with Child</i>				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>4th OBSERVATION - Face to Face with Child</i>				
FOURTH QTR REVIEW				
Meeting				
Meeting				
Meeting				

NOTE: The supervising OT / PT MUST provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by an OTA / PTA.

The PT must have on file the manner in which he/she has provided supervision to the PTA for each and every child being serviced. (One PT cannot supervise more than four (4) PTA, per Article 136, section 3738 a.)

The OT must have on file the manner in which he/she has provided supervision to the OTA for each and every child being serviced. The supervision must be direct supervision.

**CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY
FOR SKILLED NURSING SERVICES**

School Year: _____

Name (LPN): _____ License #: _____ NPI #: _____

Signature of Licensed Practical Nurse Date

I am providing accessibility to the Licensed Practical Nurse in the following manner:

I will keep the appropriate records documenting that the "Under the Supervision of" activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, **initial and subsequent periodic face to face contacts with each student etc.**)

Print Name of Supervisor: _____ NYS License #: _____ NPI #: _____

Signature of Supervisor/Title Date

Contact Information:

Child: _____ Date of Birth: _____

Skilled Nursing Services "Under the Direction of" LOG

Child Name: _____ Agency: _____

School Year: _____ Skilled Nursing Services Mandated: _____

Assigned LPN: _____ License #: _____ NPI #: _____

Supervisor Name/Title: _____ License #: _____ NPI #: _____

I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student and LPN).

ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone Etc.)	Services / Evaluation Recommended	SUPERVISOR SIGNATURE
IEP REVIEW				
<i>INITIAL OBSERVATION - Face to Face with Child</i>				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>2nd OBSERVATION - Face to Face with Child</i>				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>3rd OBSERVATION - Face to Face with Child</i>				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>4th OBSERVATION - Face to Face with Child</i>				
FOURTH QTR REVIEW				
Meeting				
Meeting				
Meeting				

NOTE: The Supervisor **MUST** provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by an LPN "under the direction of ". The Supervisor **MUST** have on file the manner in which he/she has provided supervision to the LPN for each and every child being serviced.

CHAPTER 7

COVID-19

TELEHEALTH

NYSED: Guidance from NYSED for ESY 2021 encouraged and urged providers to offer in-person programs and services and prioritize in-person instruction to students with disabilities. The latest guidance from NYSED dated August 12, 2021 *Health and Safety Guide for the 2021-2022 School Year* (found here <http://www.nysed.gov/common/nysed/files/programs/back-school/nysed-health-and-safety-guide-for-the-2021-2022-school-year.pdf>) indicates one of the goals for the 21/22 school year is to maximize in-person teaching and learning, but adds schools should be prepared to return to remote instruction as necessary.

NYSDOH: In addition, the September 2, 2021 *Interim NYSDOH Guidance for Classroom Instruction in P-12 Schools During the 2021-2022 Academic School Year* (found here: https://coronavirus.health.ny.gov/system/files/documents/2021/09/school-guidance_0.pdf) reads "the State is committed to prioritizing in-person learning while adhering to multiple mitigation strategies that include vaccination, the appropriate use of face masks, physical distancing and screening testing to monitor transmission and inform local public health actions."

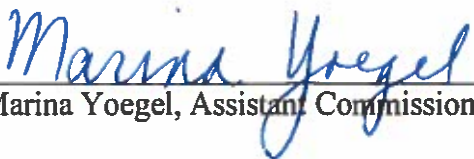
Westchester County Department of Health- CSN supports in-person learning while adhering to all guidance from the CDC, NYSED and NYSDOH. As the guidance suggests Teletherapy is an option when appropriate for center-based students as well as preschoolers receiving Related Services and SEIS.

Communication with and approval from the SD CPSE is required when a change from in person to Teletherapy may need to be considered due to a COVID student/ teacher/therapist exposure/quarantine in school, facility and in home/ community settings. To the greatest extent possible, SEIS and Related Services should be provided in-person at facilities and/or in home/community settings. The SD CPSE may ask for a justification letter with the reason, start and end date for the change from in person to remote instruction. A copy must be kept in the child's file at the 4410 program/ agency.

Any request to change a service from in-person to Teletherapy requires the written approval of the School District CPSE.

Signed:

Date: 4/28/22


Marina Yoegel, Assistant Commissioner

HEALTH ASSESSMENTS

SEITs and Related Service providers are still expected to complete the Westchester County Department of Health COVID-19 Health Screening Assessment for the Preschool Special Education Program for all in-person services prior to each in-person session.

While the CDC no longer recommends temperature screenings or screening questionnaires at school, NYSDOH reminds schools that daily health screenings and temperature checks are still an option for all students, faculty, staff, visitors and contractors to increase protections against transmission.

Signed:

Date: 4/28/22


Marina Yoegel, Assistant Commissioner

Westchester County Department of Health – Guidance for Preschool Evaluations

Guidance for Remote Assessments by Preschool Multidisciplinary Evaluation Sites during COVID-19

The New York State Department of Education recently issued guidance, in conformity with United States Department of Education guidance, which indicates that evaluations and reevaluations, including bilingual evaluations, that do not require face-to-face assessments or observations may take place while schools are closed, if the student's parent or legal guardian consents. A reevaluation may be conducted by reviewing existing evaluation data and this review may occur without a meeting and without obtaining parental consent, unless it is determined that additional assessments are needed. If an evaluation of a student with a disability requires a face-to-face assessment or observation, the evaluation would need to be delayed until school reopens and the CPSE must notify the family in writing.

The determination as to whether a specific evaluation can be conducted remotely must be made on a case-by-case basis. In order to proceed with a remote evaluation for a student, CPSE Administrators and CPSE evaluators, must consult to determine whether a licensed or certified professional is able to perform an evaluation via telepractice in accordance with their applicable professional practice guidance and consistent with privacy requirements.

The licensed or certified professional conducting the evaluation must refer to the telepractice guidance issued by the NYSED Office of Professions and consult the assessment administration guides to determine if administration of the assessment remotely allows for valid results.

If a determination is made that a student can be appropriately evaluated via telepractice, the parent must provide consent to the CPSE as outlined later in this guidance. And, for any assessment not conducted under standard conditions, a description of the extent to which it varied from standard conditions (e.g., the method of test administration) must be included in the evaluation report to the CPSE.

With the consent of the parents, the CPSEs are provided with the most recent evaluation report for a child in transition from Early Intervention, and CPSEs will also review progress reports and input from the parent to determine a student's needs, whenever possible.

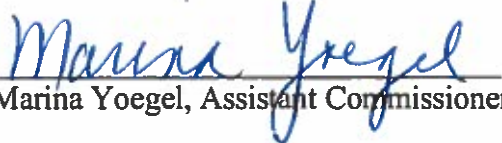
The Westchester County Department of Health issued updated guidance indicating that if the parent consents to a referral of their child who is currently receiving EI services and turning age three to determine eligibility for preschool special education services, but obtaining an evaluation and Part B eligibility determination is not feasible prior to the child's third birthday due to the COVID-19 emergency, such child may remain in Early Intervention until a Part B eligibility determination can be made or June 30, 2020, whichever comes first.

As with any evaluation, the CPSE must determine whether sufficient information exists or whether further information is required for a determination of eligibility and any recommendation for programs and services including assessments conducted via telepractice. There may be situations where either the licensed/certified professional or the CPSE come to the conclusion that a face-to-face evaluation is needed depending on the circumstances. In those cases, the CPSE will arrange for that face-to-face evaluation to be performed when school reopens. For questions about remote preschool evaluations, please contact the School District Committees on Preschool Special Education.

This guidance is provided in order to assist with using this new modality in preschool assessments. However, it is not exhaustive, and evaluators are required to comply with all regulations and guidance documents.

Signed:

Date: 4/28/22


Marina Yoegel, Assistant Commissioner

PLEASE SEE CHAPTER 3 FOR THE
Preschool RS and SEIT Billing Protocol
(During the COVID-19 State of Emergency)

CHAPTER 7 DOCUMENTS

1. Westchester County Department of Health COVID-19 Health Screening Assessment for the Preschool Special Education Program
2. Westchester County Preschool Consent for the Use of Telehealth During Declared State of Emergency for COVID-19 - Audio Only
3. Westchester County Preschool Consent for the Use of Telehealth During Declared State of Emergency for COVID-19-Audio and Video

Westchester County Department of Health COVID-19 Health Screening Assessment for the Preschool Special Education Program

As mandated by the Westchester County Department of Health, this form must be completed for every household and provider for all in-person services prior to each session or evaluation to screen for possible exposure to the COVID-19 Virus. Answers should be documented from the parent/guardian/caretaker (preschool/daycare staff). Answers will remain **confidential** in accordance with State and federal law and maintained by the provider.

Section 1 Provider	
First Name:	Last Name:
Independent Provider	Agency Name:
Provider's Phone Number:	Provider's Email:
Service/Eval) Type:	Location of Service Session/Evaluation: home community office/facility preschool/daycare
Address of Session/Evaluation:	

Section 2 Parent/Guardian/Caretaker Information	
First Name:	Last Name:
Child's Name:	Child's Date of Birth:
Parent/Caretaker Phone number:	

Date of Service	Have you or anyone in your household tested positive for COVID-19 in the past 10 days?	Has anyone experienced symptoms of COVID-19 in the past 10 days? (symptoms include, but are not limited to: cough, shortness of breath or difficulty breathing, fever, chills, headache, muscle or body aches, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, fatigue, or new loss of taste and/or smell or temperature of 100° or more) Important: For a temperature to be considered as normal, it must register lower than 100° F without fever reducing medications.	Has anyone been in close contact in the past 10 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?	Parent/Caretaker & Provider Signature *I hereby affirm that to the best of my knowledge, all answers are true. Parent/Caretaker should sign the top line. Provider should sign the bottom line.
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	* *
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	* *
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	* *
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	* *
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	* *

WESTCHESTER COUNTY PRESCHOOL

**CONSENT FOR THE USE OF TELEHEALTH DURING DECLARED STATE OF
EMERGENCY FOR COVID-19
AUDIO ONLY**

Student's Name:	School District:	DOB: / /
Address:		Apt#;
City/Town:	State: New York	Zip Code:
Service Type to Be Delivered Using Telehealth:	Service Mandate:	
Name of Therapist/Teacher:	Phone#:	
	Email:	

Instructions: This consent form for the use of Telehealth as a service delivery method for the provision of CPSE services must be completed for each service type authorized for the above referenced student before telehealth services can be initiated. Telehealth as a preschool related service/ SEIS delivery method is only available *during the declared state of emergency* for COVID-19.

A consent form for the use of Telehealth can be returned by email if the parent/guardian also signs and returns the Westchester County Parental Approval to Use E-mail to Exchange Personally Identifiable Information. The consent form for the use of Telehealth must signed and returned prior to the initiation of services. A separate consent form is required for each service.

I, (Parent/Guardian's Full Name _____), consent to have my child's

(enter service type) _____ service delivered using Telehealth as a service delivery method for Related Services/SEIS services listed on his/her IEP. I understand that the Telehealth services that my child will be receiving will fulfill the service mandate in my child's Individualized Education Plan (IEP) and are not being delivered in addition to the services that my child is authorized to receive.

I understand that Telehealth a preschool related service/SEIS service delivery method is only available during the declared state of emergency for COVID-19 and that my child's services will be delivered using the method authorized in my child's IEP after the declared state of emergency.

I understand that Telehealth means that the CPSE services will be delivered using **audio only along with lesson plans** delivered for the duration of the session. The audio portion will allow for questions and guidance for use of lesson plans.

My child's therapist/teacher has explained how the service will be delivered and I further understand my role in assisting with the service delivery.

I understand that I will have access to all information resulting from the sessions conducted via Telehealth in the same way I would when services are delivered as per the mandated IEP.

Parent Name (Print)

Parent Signature

Date

WESTCHESTER COUNTY PRESCHOOL

**CONSENT FOR THE USE OF TELEHEALTH DURING DECLARED STATE OF
EMERGENCY FOR COVID-19
AUDIO and VIDEO**

Student's Name:	School District:	DOB: / /
Address:		Apt#:
City/Town:	State: New York	Zip Code:
Service Type to Be Delivered Using Telehealth:	Service Mandate:	
Name of Therapist/Teacher:	Phone#:	
	Email:	

Instructions: This consent form for the use of Telehealth as a service delivery method for the provision of CPSE services must be completed for each service type authorized for the above referenced student before telehealth services can be initiated. Telehealth as a preschool related service/ SEIS delivery method is only available *during the declared state of emergency* for COVID-19.

A consent form for the use of Telehealth can be returned by email if the parent/guardian also signs and returns the Westchester County Parental Approval to Use E-mail to Exchange Personally Identifiable Information. The consent form for the use of Telehealth must signed and returned prior to the initiation of services. A separate consent form is required for each service.

I, (Parent/Guardian's Full Name) _____ , consent to have my child's

(enter service type) _____ service delivered using Telehealth as a service delivery method for Related Services/SEIS services listed on his/her IEP. I understand that the Telehealth services that my child will be receiving will fulfill the service mandate in my child's Individualized Education Plan (IEP) and are not being delivered in addition to the services that my child is authorized to receive.

I understand that Telehealth a preschool related service/SEIS service delivery method is only available during the declared state of emergency for COVID-19 and that my child's services will be delivered using the method authorized in my child's IEP after the declared state of emergency.

I understand that Telehealth means that the CPSE services will be delivered using **an audio and video at the same time** for the duration of the session.

My child's therapist/teacher has explained how the service will be delivered and I further understand my role in assisting with the service delivery.

I understand that I will have access to all information resulting from the sessions conducted via Telehealth in the same way I would when services are delivered as per the mandated IEP.

Parent Name (Print)

Parent Signature

Date