

# ENTERCLAIMS DOCUMENTATION AND BILLING MANUAL

9.1.2023

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### <u>TABLE OF CONTENTS</u>

ENTERCLAIMS INTRODUCTION

INITIAL ACCOUNT SET-UP

<u>Home Screen</u>

THERAPIST INFORMATION SETTINGS

THERAPIST APPROVAL NOTICE (TANS)

**REVIEWING CASE INFORMATION** 

IEP/IFSP/Service Authorization Verification

DIGITAL SPEECH ORDERS

<u>Entering</u>Goals

**DOCUMENTATION & BILLING** 

ENTERING ATTENDANCES

**OBTAINING PARENT/GUARDIAN SIGNATURES** 

USING PARENT PORTAL TO OBTAIN SIGNATURES

PROVIDER INSTRUCTIONS TO USE PARENT PORTAL

PARENT INSTRUCTIONS TO USE PARENT PORTAL

SESSION NOTES DETAILS

LOCATION/TIME/ATTENDANCE CODES

ABSENCES/CANCELLATIONS & MAKEUPS

PARENT COMMUNICATION

<u>Telehealth</u>

<u>CPT Codes</u>

ADDING GOALS TO NOTE

PROGRESS INDICATOR

SESSION NOTES BEST PRACTICES & SESSION NOTE

**TEMPLATES/EXAMPLES COORDINATOR OF SERVICE NOTES** 

WARNINGS & ALERTS

PROVIDER SIGNATURES

CREATING & PRINTING A BILL

**COMPLIANCE REMINDERS** 

TROUBLESHOOTING & ASSISTANCE- AAK PROVIDER ENTERCLAIMS SUPPORT TICKET

# AAK ENTERCLAIMS DOCUMENTATION & BILLING MANUAL

### **ENTERCLAIMS: INTRODUCTION FOR AAK PROVIDERS**

- EnterCLAIMS is a simple web application designed to efficiently document therapy sessions, collect guardian signatures and facilitate a paperless billing process.
- It allows for an efficient and seamless documentation process
- It is HIPAA & FERPA compliant

EnterCLAIMS is utilized in the following AAK programs/regions:

- Early Intervention- ALL counties
- Preschool (CPSE)-ALL regions
- School Age (CSE)- Long Island
  - Please note AAK DOE Providers do NOT use EnterCLAIMS for documentation and billing.

### WHAT IS NEEDED TO ACCESS ENTERCLAIMS?

- EnterCLAIMS website, <u>EnterCLAIMS.com</u>, can be accessed on any device with internet capability, including your desktop computer, laptop computer, smart phone, IPad, tablet, etc.
- AAK is here to help! However, please note should you encounter an issue with your personal device or internet service, AAK will not be able to assist you. You may need to find a computer or internet service vendor that can bring you up to the minimum requirements.

### USEFUL IT DOCUMENTS

- Basic Home Troubleshooting Steps for Providers.pdf
- Hardware Recommendations and Guidelines for Providers.pdf
- Browser Clearing Temp Files and Cookies.pdf
- Troubleshooting Flow Chart.pdf
- Checking Internet Speed Requirements.pdf

# INITIAL ENTERCLAIMS ACCOUNT SETUP

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AMES MEGU	FnterCl	AIMS
Consumary's	LINCIGLI	invio
Unar birring		
LINE FOR THE		

Go to <a href="https://www.EnterCLAIMS.com">https://www.EnterCLAIMS.com</a>

• The first time you go onto the website, you will have to select "Click here first"

### ALREADY HAVE AN ACCOUNT?

- If you would prefer to have a separate account, you may create a new account with a different email address than your existing account.
- If you prefer to have one account for multiple agencies, please contact All About Kids with your current username and email associated with your existing account and AAK will request that All About Kids be added onto your current account.
- To view All About Kids cases from your Home Page, ensure that you choose "All About Kids" or "All Companies" from the Company drop down under My Cases.

	AIMS			
Therapist Home				
My Information ©				
Alaste I Masking date of I finale Massa				
Were I were were set and a some				
Importa	ant Dates			
Description	Target Date	Child	Dervice	No curre
CPSE November Querterly Reports Due	11/1/2020	Pre School Assault	51	-
OPSE Amony Quarterly Reports Dee	3/1/2421	Rost, Feat	51	-
Orsit January Quarterly Reports Dae	1/1/24/1	Next, Yest	51	-
CPSE amony querterly reports over	1/1/2021	Test, Test	ar .	-
CPUB January Quarterly Reports Dae	1/1/2021	Test Test	11	
CITES has one Countrative Reports Date	1/1/2023	Test Test	67	1
CPSE January Quarterly Reports Due	111/2021	Fort Test	CT .	
CPSI January Quarterly Reports Day	1.11.230.31	Fort, Fort		-
Child January Quarterly Reports Line	1.0.00000	Test Test		
CPUS January spannery reports use	111/2013	Text Text		-
(DER has use Counterly Reports Over	1/1/2421	Text Vest	57	-
CPSE January Quarterly Reports Due	1/1/2021	Free School Basers	57	100000
CPUS Annual Based Thes	2/10/2021	Fire School Names	ST	
CERT Jum Duation's Reports Dan	0/1/2011	For Related Manager	NT.	-
12	1 W M CHAI	1 110 301002310340		
Hy Cases	11.10.000			-
Company Lucionation				Ferrer
Company: V Al Company				Fram
Child Name All About Sids (h) #	Assignment Info			Company
CIVID, L3CPSEST	07/01/3031-08/3	1/2023 ST 3.88x30 WEEKLY IND		AAK
chvid , Lake	09/01/2021-01/2	1/2023 SI 2/00x45 WEEKLY IND		AAK
CHUR, LISETT	07/01/3031-08/3 3ND	1/2023 SETT SLOOKED WEEKLY		ABK
CHEW, LISEET	09/01/2021-06/3 3ND	6/2023 SEIT S.00x60 WEEKLY		AAK
Text, Test	09/01/2022-06/3	6/2623 ST 1.80x30 WEEKLY IND		,A,B,K
Get Acrobat Reader				

ENTER YOUR INFO

🔶 🛔 https://www.wetarchairm.zom/Signap.at	рх	∀ C 9, Second
B Nost Visited 🗌 Getting Started		
AAVES McGUIMMESS A ASSOCIATES INC. Consultants	EnterCLAI	MS
First Name:		
Last Name:		
Email Address:		
Choose a username:	(4-30 characters)	
Choose a password:	(4-30 characters)	
Re-enter password:		
Greate Account		
	Copyright 2005-2015 @ 3	ames McGuinness and Associates

- Enter your information and select "Create Account"
- Please be aware that the email you use must match the email AAK has on file for you. Please be sure to check SPAM account if it does not appear in your inbox.

• If you receive an "**Email Address Not Found**" error when creating your account, please contact <u>ProviderCompliance@aakcares.com</u> to confirm your email address on file with AAK. • If you would like to request an updated email be added to your file, please log in into your HR Cloud account and submit a Request to Update/Change your Personal Information.

### ACTIVATION EMAIL

JAMES McGUINI & ASSOCIATES IN Consultants	EnterCLAIMS	
User Name:		
Password:	Login	
Don't have a username and pase	word? Click here first	

If you have signed up for an account but did not receive an activation email, click here to resend it.

- Once completed you will receive an **Activation Email**. (If you don't see it in your inbox, please check your Junk/Spam mailbox)
- If you do not receive the activation email, please use the "Click Here" on the login screen to resend an activation email.

### **CREATE YOUR PIN**

	A AMESING B ASSOCIA Consultant	GUINNESS ITES INC. IS	Ente	erCL	A	MS	
Home Therap	Therepist Dist Home	Elling	Payments	Maintenance	Нер	Ext	Ŷ
Ny Isio	rmation 0	A Ther	e is no Signa	tory or PDN a	ssociate	d with your accou	unt. Please create your PIN now.

• Enter a 4 digit number as your PIN. \*\*\*This PIN will serve as your digital signature\*\*\* • You will need to enter your PIN regularly. Please do not share your PIN with others! • All About Kids does not have access to your PIN.

• You can change your PIN and/or Password by going to the "Maintenance" Tab.

A ABOCLEARS AND ENTERN	CLAIMS
Hone Theospie Billing Revinents Set PIN	Haromena Eve Owned Research
(	You currently have a PDN associated with your account. You may change your PDN below.
PIN Number:	
Champo Prix	

# ENTERCLAIMS HOME SCREEN

Home	Therapist.	5 iling	Peyments	Vainteran	ke Hép	Ent		
Thera My Inf	pist Home ormation O	•						
Alerts	Vev Last 3	•   Alerts	s Home	1,				
No ale	rts.							
			_					
		Im	portant Date	5 2,			Compliance Is	sues 3.
No currently unfilled important dates.			dates.			Description Medical RPD	n Status Expired 09/01/2015 Expired 09/00/2015	Value Yes Yes
My Cas	es 4.							
	Company	1 that G	k •			From \$/1/2015	🗄 To 9/30/2015 📑 Rebieve	

Your **Home** screen will show you the following information:

- 1. Alerts Attendances that have been returned for corrections. Other Alerts sent to you from AAK.
- 2. Important Dates Progress reports, annual reports due dates for your current cases 3.

Compliance Issues - Compliance attributes coming due or past due

\*Please disregard outdated Compliance Issues. AAK compliance is now monitored in HR Cloud. 4. My Cases – The children that are on your caseload. Indicate the Company from the drop-down menu: <u>AAK</u>- Early Intervention and Preschool cases <u>AAKPLLC</u> for Long Island School Age Cases

\*Please note that if you work for multiple agencies, the information on your Home Screen will show everything. Items 1-3 don't decipher which agency the outstanding items belong to.

# THERAPIST INFORMATION SETTINGS

• On Home Screen under Therapist Home, Click on the little "+ " sign next to My Information.



• Please check the following information for accuracy:



### THERAPIST PREFERENCE SETTINGS

From the **Home Screen**, hover over the **Therapist tab** on the top blue task bar. Scroll down and click **"Preferences"** 

Be sure to check off the following:

IERCLAIMS	
Payments Maintenance Exit	
Show Address	
Show License Number	
Show Session Times for Monthly Calendar	
Show Attendance Details On First Click	
Use Current Time As End Time on Single Attendance	
Separate Bills By Program Type By Default	
Calendar Time: Minimum 8:00 AM ~ Maximum 7:00 PM ~ Timeout Duration: 30 Classroom Time: Start Time 0:00 AM ~ Home Screen Attendance Mode: Single Attendance Screen ~ Calendar Settings: Minutes per Timeslot: 15 ~	
Therapist Assignment Date Range on Home Page: This Month	
Email Preferences: CReceive Email When General Alert Is Received Receive Email When Attendance Send Back Alert Is Received	
Copyright 2005-2022 © James McGuinness and Associates	

To note:

**Calendar Times**: The times you select are what will appear as available times to schedule sessions on your weekly and daily calendars. Be sure your computer time zone is set to Eastern Time.

**Timeout Duration:** For security Purposes, you should not have it longer than 15 minutes. If you feel you need it to be longer, be sure to SIGN OUT and EXIT the webpage each time you are done using it.

**Home Screen Attendance Mode**: MUST indicate Single Attendance for guardian signatures to be obtained from the Home Page

# THERAPIST APPROVAL NOTICE

**Therapist Approval Notice (TANs)**: After you accept a case and a schedule is confirmed, the Provider will be emailed the Therapist Approval Notice, which contains the following information:

- The Child and Parent's Name, address and phone number
- School District/EI County of Residence (EIOD name, OSC name and phone number)
- Authorized start and end dates, EI Authorization #, Approved # Units
- Frequency, duration and location of services
- Approved rate for service

The Therapist Approval Notice serves as the formal contract that the therapist has accepted the case at the rate listed for the authorized start to end date.

The TANS **MUST** be completed and securely emailed to AAK **within 48 hours** and include the following information:

- Your signature and date
- anticipated start date (Please note start dates should occur within 14 days of case assignment).

If this form is not received within two days of receipt, the case may be reassigned. <u>Please notify AAK of any</u> changes or delays in start date.

# **REVIEWING CASE INFORMATION**

When you receive access to your case on EnterCLAIMS, it is important to review all of the information for accuracy. This will make entering notes, obtaining signatures and billing much easier prior to starting. The following sections detail what and where you should review prior to beginning services.

- Access to Case: When a case is assigned to you, that child's information will be displayed on your EnterCLAIMS. It will also indicate what other therapies the child is receiving, the frequency/duration of the therapy, and the other therapists assigned to the case through AAK.
- For EI cases, obtain contact information for Service Coordinator and determine if case is within AAK or with an outside agency.

\*\*\*If you do **NOT** see a child that is supposed to be on your caseload listed, notify AAK Data Entry immediately.

- Under My Cases, Click on "Assignment Info" dates or "Auth #" to bring you to Child's Therapy Details page
- <u>Identifying Information</u> is based on AAK Data Entry prior to case starting: Child Name, Date of Birth, Agency Name, ICD10 Code, Authorization Number, Month of Service, CPT Code Default, Date of Session, Frequency, Location.
  - Please be sure to review the Therapy Details Screen information for accuracy and notify AAK of any errors.

# IEP/IFSP/SERVICE AUTHORIZATION VERIFICATION

#### Confirmation that you have received and read the child's IEP/IFSP/Service Authorization.

- The IEP/IFSP/Service Authorization needs to be verified <u>BEFORE YOU ENTER ANY SESSION NOTES</u> for the child. This needs to be done for EACH child on your caseload. You will not be able to submit your first bill without this step being completed.
- This should only be done AFTER you have actually read and confirmed/verified the IEP/IFSP/Service

Authorization to be correct and accurate.

#### Contact AAK immediately if you notice any discrepancies in information

My Cases						
	Company: All Companies 🗸		From 9/1/2019	To 10/31/2019 Retrieve		
Child Name	Auth #	Assignment Info	Company	IEP Verification		
Test, Test	1234567	05/03/19-11/03/19 2.00x45 WEEKLY IND	ААК	Yes	Enter Digital Order At	ttendance
Get Acrobat Re	ader					

# From the Home page, click on My Cases Assignment Info Dates Verify IEP/IFSP Click on this Click OK to confirm

hild File Listing here are no files available for this child.		Doctor's Start Date End Date	Prescriptions Doctor's Address Doctor's Doct Phone Fa
	Verify IEP   Ekter Single Attendance	Enter Atlendance Progress Reports	
Attendance is a make up. Attendance is an absence.	$\sim$		
Attendance is marked as present			
September 2018	October 2018	November 2018	December 2018
1	1 2 3 4 5 6	1 2 3	
2 3 4 3 6 7 8	7 8 9 10 11 12 13	4 5 6 7 8 9 10	2345078

### **OT/PT/ST** PRESCRIPTIONS

- For related services that require a prescription, you will need to ensure a current prescription is entered into EnterCLAIMS **PRIOR** to starting your case.
- Review the prescription to ensure it is Medicaid compliant. A valid prescription must contain the following: Child's full name
  - $\circ~$  Term of Service/Time Period of the Order
  - o The Service being ordered (OT/PT/Speech), Including frequency/duration of the ordered service
  - Patient Diagnosis (selected/added by Ordering Practitioner)
  - Signature & Signature Date (of Ordering Practitioner)
  - o Ordering Practitioner's NPI and/or License Number
  - o Ordering Practitioner's Contact Information

How to check prescription status in EnterCLAIMS:

• From the home screen, click on the child's assignment info.

My Cases			L		
	Company: All Companies 🗸		From 9/1/2019	To 10/31/2019 Retrieve	
Child Name	Auth #	Assignment Info	Company	IEP Verification	
Test, Test	1234567	05/03/19-11/03/19 2.00x45 WEEKLY IND	AAK	Yes	Enter Digital Order Attendance
Get Acrobat	Reader				

• On the right side towards the middle of the page, you will see a PRESCRIPTIONS section. This is where you should see the updated prescription information.

Child File Listing			Prescriptions							
There are no files available for this child.		Doctor's Name	Start Date	End Date	Doctor's Address	Doctor's Doctor Phone Fax	Doctor's Fax	Doctor's NPI		
				All About KIds All About Kids	12/21/2020	2/21/2020 2/21/202	255 Executive Drive Plainview, NY 11803	516-576- 0962 0961	516-349- 0961	1669513404
	Verify IEP	Enter Digital Order	Enter Single Attendance	Enter Attendance	Progress Re	ports	Read and the second		1212	
Attendance is a make up.										

If you do NOT see current information, contact AAK immediately, PRIOR to starting your case. Medicaid Enrolled, Licensed SLPs may submit their own script via a digital speech order.

# DIGITAL SPEECH ORDERS (FOR SPEECH PROVIDERS ONLY)

- Digital speech orders are written orders/recommendations for Speech Therapy Services that are created and digitally signed in EnterCLAIMS. It includes all Medicaid requirements to allow for Medicaid reimbursement for services.
  - $\circ~$  The eight required elements of a speech recommendation:
    - 1. Child's full name (auto-filled)
    - 2. Term of Service/Time Period of the Order (auto-filled)

3. The Service being ordered (Speech Therapy) (auto-filled) Including frequency/duration of the ordered service (auto-filled)

- 4. Patient Diagnosis (selected/added by therapist)
- 5. Signature (Digitally signed by therapist with PIN #)
- 6. Signature Date (Date the order is created becomes the signature date)
- 7. Ordering Practitioner's NPI and/or License Number (auto-filled)
- 8. Practitioner's Contact Information (auto-filled)
- Digital orders can be created for Early Intervention, Preschool and School-Aged children. •

Takes place of paper order/recommendation or "script".

### WHO COMPLETES A DIGITAL ORDER?

- Digital Speech Orders are completed by NY State Licensed, Medicaid OPRA Enrolled (Ordering, Practicing, Referring, Attending) Speech Language Pathologists
- The SLP MUST have MET the child and reviewed necessary documentation (evaluations, IEP/IFSP) to ensure that the "ordered care and services will meet the client's needs" and improve the client to the "best possible functional level".

• UDO/CF Supervisors will complete Digital Speech Orders for their Clinical Fellow's caseload. • SLPs MUST verify their credentials in EnterCLAIMS BEFORE writing Digital Speech Orders o SLPs will need to go to Therapist > Credential Verification. On this screen you will see the status is "Requires Verification" Click on "Verify".

igital Order	
You must first verify your Credential I	Information for this profession.
Agency Contact Information	
Name: SUPPORT_DEMO	
Address: 1234 Main St	Phone: 518-555-1234

• When select "save" on the Digital Order, if you have not yet verified your credentials, you will receive a "You must first verify your credential information for this profession" error message.

### WHEN TO COMPLETE A DIGITAL ORDER?

- Digital Speech Orders MUST be completed <u>ON or BEFORE</u> the initiation of services AND A<u>NY CHANGE</u> in service.
- Medicaid has a written directive (Medicaid Q&A, #94) that states that SLPs cannot write a speech recommendation until "after" the child has been seen.

- SLPs can write a Speech recommendation "directly following" the initial session with the child under the following circumstances:
  - The SLP uses the results of the initial evaluation (which should be delineated in the IEP).
  - $\circ~$  The SLP can be assured that the ordered services will meet the child's needs.

• The SLP can be assured that the child's level of function can be increased to the best possible outcome. • If this criteria is met, the recommendation **can be written on the same day "after" the initial session** and the session will be Medicaid-eligible.

• The date of the Speech Recommendation **must be the same date as the initial session with the <u>child</u>.** 

### 8 ELEMENTS OF A DIGITAL SPEECH ORDER

### 1. Child's Name

- 2. Term of Service The time period for which the service(s) are being ordered. (Defaults to enrollment dates (assignment info))
- 3. The Service(s) being ordered (including frequency & duration of the ordered service)
- 4. Patient Diagnosis and/or reason/need for ordered service(s).
- 5. Signature of a NYS Medicaid enrolled provider who is a NYS licensed, registered, and/or certified, as relevant, physician, physician assistant, or licensed nurse practitioner acting within the scope of their practice.
- 6. Signature Date The complete date the order was written and signed Entered automatically when created.
- 7. Practitioner's NPI and/or License number(s).
- 8. Practitioner's Contact Information (address and telephone number).

### HOW TO CREATE A DIGITAL SPEECH ORDER IN ENTERCLAIMS

#### **Entering Digital Scripts in EnterCLAIMS**

\*Please keep in mind for Medicaid purposes, Digital Order Prescriptions will only cover from the signing date forward.\*

There are two screens that providers can enter their Digital Orders within EnterCLAIMS. The first one is on the home page, in the "My Cases" section, as illustrated in the screenshot below.

Ay Cases							
	Company: All Companies		From 7/1/2022	E To 8/31/2022	Retrieve		
Child Name	Auth #	Assignment Info	Company	IEP Verifica	tion		
Fama, Roscoe		07/01/2022-08/31/2022 ST 2.00x45 WEEKLY IND	DEMO	No		Enter Digital Order	Attendance
Gates, Amelia		07/01/2022-08/31/2022 ST 0.00x30 WEEKLY GRP	DEMO	No		Enter Digital Order	Attendance
		07/01/2022-08/31/2022 ST				The provide the	

The second way is by going to <u>Therapist > Digital Orders</u>.

This will open the Digital Orders screen where providers can see the Digital Orders they've entered and any that still need to be completed.

Filter	Active As Of	8262022	Program Ty	pe: All v									
igital O	rders												
Child Norter	Order Start Date	Order End Date	Agency	Type	Authorization Info	Service Type	Date:	Therapy End Date	Thursday Frequency	Order Trespency	Signature Date	Sent To CPSCPortal	
Gates, Ametia	07/01/22	D6/30/23	SUPPORT_DEMO	15		Speech Therapy	07/01/22	06/31/22	3.00x30 GMP WEEKLY	As Per JUP	06/24/22	No	View Deleter
Gatura. Acrestia	07/01/22	96/30/23	SURFORT_DEMO	PS		Speech Therapy	07/01/22	96/31/22	3.00x30 GRP WEEKLY	As Per 10P	06/24/22	No.	Mew Doleto
						1							1
issing P	Digital Order												
issing (	Digital Order	Agency	Program Type	Authors	ration Info 5	ervice Type	Lod/Gep 1	herapy Start Date	1 Therapy E	nd Date	Frequency	Presaription	
issing ( Child P	Digital Order	Agency PORT_DEND	Program Type PS	Authori	ration Info S	envice Type sect Theapy	Ind/Grp 1	07/01/22	06/31	nd Date /22 2	DENAS WEEKLY	Nes	Enter Digital C

Either way you choose to enter, your Digital Order will open the same screen where you will create the Digital Order. When you click "**Enter Digital Order**" on either page you will then open the screen to select the information that will be the Digital Order.

Name: Address Order I Child N	SUPPORT_DEMC s: 1234 Main St Schenectady, I	) NY 12305		Phone: S	18-555-12	34
Address Order I Child N	S: 1234 Main St Schenectady, I	NY 12305		Phone: 5	18-555-12	34
Order I Child N	Information					
Child N	Energy Dec					
	iame: Fama, Kos	coe				
Service	Type: Speech T	herapy				
Time P	eriod: 8/26/2022	through 6/30	/2023			
rinite r	0/20/2021	- chrough oyse	1/2025			
Freque	ncy:   As Per IE	P				
Diagno	○ 2.00x45 sis:	IND WEEKLY				
	ICD Code		Des	ription		
	F80.2	Mixed recep	tive-expressi	ve language disc	rder 315.32	
						Add
This or	der applies to the	se selected thera	pies —			
	Authorization Info	Service Type	Ind/Grp	Start Date	End Date	Frequency
		Speech Therapy	IND	07/01/22	08/31/22	2.00x45 WEEKLY

- 1. **The Agency Contact Information** The Name, Address, and Phone number will automatically populate for the provider to review.
- 2. **Order Information** This will have the Child's Name, Service Type, Time Period the Digital Order is for, the Frequency and Diagnosis.
  - a. The ICD codes will need to be selected/added to attached the codes that are applicable for the Digital Order.

 3. This Order Applies to these selected therapies – If there are multiple enrollments for a child that the Digital Order would cover they would need to be checked off and included in this section. 4. Ordering Provider Information – The Profession, NPI, and License Number will automatically populate for the provider to review.
 5. Save- click "Save".

Once the Provider clicks "Save" the <u>Create Digital Order?</u> screen will open.

Cre	ate Digita	Order?	×
<b>1</b> My	Signature:	MAGARITA COLON, SLP, CCC Date Signed: 8/26/2022	]
2 🖂	By checkir	ng this box and entering my PIN, I am attesting to:	
	<ul> <li>I am servi</li> <li>I am in ac</li> </ul>	legally authorized and qualified to refer/recommend the above ices/evaluation referring/recommending the above listed services/evaluation for the listed child cordance with the Committee on Preschool Special Education	
.3⊠	Export To	CPSEPortal	
4 PIN	: •••• 4	ろ Sign Cancel	

On this screen the provider will want to:

- 1. Ensure their "My Signature" is accurate that they will be signing with.
- 2. Check off the "By checking this box and entering my PIN, I am attesting to:"

a. Doing this they are stating that they are legally authorized and qualified to refer/recommend the above services/evaluation and they are referring/recommending the above listed services/evaluation for the listed child in accordance with the Committee on Preschool Special Education.

3. If the child has their authorization in place they can also check off "Export to CPSE Portal". 4. Lastly, they will enter their PIN and click "Sign".

They will then see a message stating "Digital Order successfully saved."

Digital Order	
<ol> <li>Digital Order successfully saved.</li> </ol>	N
Agency Contact Information	68

HOW TO VIEW/PRINT/DELETE DIGITAL SPEECH ORDER

• Go to "Therapist" > "Menu" > Digital Orders > Click "View" (you can print or save from this view) or "Delete" from the right column

How do you know if you are missing a prescription?

 Go to "Therapist"> "Menu"> Digital Orders>, scroll down to the second table, "Missing Digital Orders." The children listed in this table have Missing Digital Orders. From here the SLP can click the "Enter Digital Order" button, to complete the missing digital order for the selected child

jital C	Drders	ng Paymer	nts Maintenano	e Exit										
ers erapy Activ Filter	e As Of: a/22/202	3 Program	Type: 📶 👻											
ital Orders														-
hild Name	Order Start Date	Order End Date	Agency	Program Type	Authorization Info	Service Type	Therapy Start Date	Therapy End Date	Therapy Frequency	Order Frequency	Signature Date	Sent To CPSEPortal	-	
-	08/15/23	02/01/24	SUPPORT_DENO	EI		Speech Therapy	08/01/23	02/01/24	3.00x30 IND WEEKLY	As Per IFSP	08/15/23	No	View	Dek
	05/15/23	02/01/24	SUPPORT_DEMO	EI		Speech Therapy	08/01/23	02/01/24	3.00x30 IND WEEKLY	As Per IPSP	08/15/23	No	View	Del
	05/16/23	11/02/25	SUPPORT_DEMO	11	S - 14 - 14 - 14	Speech Therapy	05/02/23	11/02/23	2.00×30 IND WEEKLY	As Per IPSP	05/16/23	No	View	De
	05/16/23	11/02/23	SUPPORT_DENO	11		Speech Therapy	05/02/23	11/02/23	2.00×30 IND WEEKLY	As Per IPSP	05/16/23	No	View	Dei
	05/16/23	11/02/23	SUPPORT_DEMO	EI		Speech Therapy	05/02/23	11/02/23	2.00x30 IND WEEKLY	As Per DFSP	05/16/23	No	View	Del
	05/16/23	11/02/23	SUPPORT_DEMO	EI		Speech Therapy	05/02/23	11/02/23	2.00x30 IND WEEKLY	As Per IFSP	05/16/23	No	View	Del
-	07/18/23	11/02/23	SUPPORT_DEMO	El	St. 1997 - 1999	Speech Therapy	05/02/23	11/02/23	2.00x30 IND WEEKLY	As Per UPSP	07/18/23	No	View	De
10.00	07/18/23	11/02/23	SUPPORT_DEMO	£1		Speech Therapy	05/02/23	11/02/23	2.00x30 IND WEEKLY	As Par IPSP	07/18/23	No	View	Del
-	07/18/23	11/02/23	SUPPORT_DENO	81		Speech Therapy	05/02/23	11/02/23	2.00×30 IND WEEKLY	As Per D'SP	07/18/23	No	View	Dek
	07/18/23	11/02/23	SUPPORT_DEMO	EI		Speech Therapy	05/02/23	11/02/23	2.00x30 IND WEEKLY	As Per (FSP	07/18/23	No	View	Dek
sino Dioita	d Orders													
Child Name	e Age	BCY	Program Type	Authorizat	ian Info 5	ervice Type	Ind/Grp	Therapy Start Date	Therapy End	Date F	equency	Prescription		
Sera, Secol	SUPPOR	L'DEMO	EĽ		5	seech Therapy	IND	08/17/23	02/17/24	2.00	x45 WEEKLY	No	Enter Digita	al Order
statistics, mark	SUPPOR	F DEMO	EL		9	eech Therapy	IND	07/19/23	01/19/24	3.00	x30 WEEKLY	No	Enter Digit:	al Order

### CONTINUED ADDITIONAL INFORMATION UNDER ASSIGNMENT INFO:

# ENTERING GOALS

You can add or delete goals at any time during the specified date range of service. You must ensure that the session note template for your region/county and program includes a goals section in order for them to populate using this feature. Not every region requires this. If your region does, then you MUST enter goals.

• First, click on the Assignment Info (Dates and Mandate) of the child in which you want to enter goals.



• The Therapy Details page will then display, which includes a section for goals. Click ADD GOALS.

Therapy Details				The Real Property of the Prope
< Previous Therapy	Test Test			Next Therany >
Start: 12/21/20 Thera End: 02/21/21 Program: PS CPSE Meeting Date: Defau Service: ST - IND CPSE	ult CPT Codes:	Phone Email #		Constant of the second se
Freq: 1x45 WEEKLY 92	507 Treatmo	Descrip	tion	and the second second
Desc: Auth: 12345	92506 -	Evaluation of speech, language, voice, commun	nication, and/or auditory processing disorder munication, and/or auditory processing.	Add
Authorized For Teletherapy: Yes Goals	5:			
Remaining Sessions: 9		No Goals Ass	igned	
Weekly Calendar Color:	Goal			
Print Blank Parent Signature Logs Medic	cal Aler			
View Session Notes Share	ed Links:	No Medical A	llerts	
		No Shared L	inks	
Print Parent Signature Logs For Teletherapy				
From: 12/21/2020 To: 2/21/2021				
	Important	Dates		
Data Record	Target Date	Actual Date	Therapist (if applicable)	Notes
CPSE Speech Recommendation	12/7/2020			
CPSE Speech Prescriptions	12/7/2020		the second s	

• A pop-up window will then display where you can type in goals/objectives from the IFSP or IEP and choose the corresponding criteria measurement.

	lest Test	WWWWWWWWW
Therapist Cree	Add Therapy Goal ×	I The second s
Default CPT (	Goal Description: Child will use single words to request wants and	Description
92507 Add CPT Coc		y, voice, communication, and nguage, voice, communication, a
Goals: Add Goal Medical Alert		No Goals Assigned
Shared Links		No Medical Alerts
	✓ Successful Trials Percentage	No Shared Links
	Important Dates	

• Click ADD to save the goal into child Therapy Details for that date range of service. Repeat these steps for all goals/objectives to be ADDED into the child's therapy details. Goals will need to be added for every new IEP or IFSP.

#### **Reviewing CPT codes:**

You are responsible to <u>ensure the correct CPT code(s)</u> is used for every service provided.

- The codes for the enrollment are the *SUGGESTED CODES*. You must *CHOOSE THE APPROPRIATE CODES* for the service you are doing and the duration of the session.
- The total duration of the CPT codes used MUST <u>match the duration/time</u> on each attendance prior to signing and submitting your session notes. **If codes are timed, please make sure you assign the appropriate number of timed codes to equal the length of the session. Example:** OT 30-minute session can use

97530 but needs to enter it TWICE as this code is broken down into 15 minutes.

• Untimed Codes cannot be combined with timed codes.

CPT codes are ONLY for Related Services (OT, PT, ST) cases. HCPCS Codes are ONLY for Early Intervention-Special Instruction and Family Training.

#### You have the ability to add/modify/delete the default CPT codes to your own preference.

- On your Home Page under My Cases, click on the Assignment Info (dates) which brings you to the Therapy Details page.
- Review the default CPT codes and choose what is clinically appropriate.

• Delete any codes that are not needed. Add codes from the drop down menu as needed. • You have the ability to edit this at any time both under assignment info or on an individual note. • NOCPT code is also available for use when service type is not Medicaid eligible (For example-CPSE SEIT, Parent Training and Related Service Coordination and CSE Parent Training).

#### Default CPT Codes:

СРТ	Description	
Code		
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder includes aural rehabilitation): individual	Delete
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes (Report 97129 only once per day)	Delete
97130	Cognitive Function - each additional 15 minutes (list separately in addition to code for primary procedure)	Delete
Add CP	T Code: 92506 - Evaluation of speech, language, voice, communication, auditory proce: V Ad	d

# DOCUMENTATION AND BILLING- A STEP-BY- STEP PROCESS

# Documentation and billing go hand in hand; you can't do one without the other. EnterCLAIMS allows you to easily do both simultaneously.

The **documentation** process includes entering attendances and completing daily session notes. **Creating and submitting your bill** allows AAK to access your session notes not only for billing purposes *but also for compliance and audit purposes*. Without this step AAK cannot see or retrieve your notes.

	A STEP-BY- STEP PROCESS
Step 1- E	nter Attendance
<ul><li>Check</li><li>Confi</li></ul>	t that attendances are entered under the correct child/enrollment and according to the mandate rm Time/Date/Attendance Code are accurate and SAVE attendance
Step 2- <mark>O</mark>	btain Parent/Guardian Signature
<ul> <li>Obtai</li> </ul>	n through EnterCLAIMS on your device OR through Parent Portal
Choose	se Parent/Guardian name or Other from drop-down menu before signing
Step 3- P	ovider Complete Session Note Details & Enter PIN to Sign
<ul> <li>Ensur</li> <li>Add (</li> </ul>	'e CPT codes are entered and are accurate
<ul> <li>Auu 0</li> <li>Enter</li> </ul>	PIN as digital signature once complete to be able to add to bill
Step 4- C	reate & Submit Bill
<ul> <li>Confi</li> </ul>	rm attendance is entered for each mandate
• Ensur	e both Provided AND Cancelled sessions are included on bill
Step 5- <mark>Se</mark>	curely Email Bill to <u>billing@aakcares.com</u>
<ul> <li>Follow</li> </ul>	w your region/program procedures to complete all necessary steps
	These steps must be done in order. Completion of each step moves the process forward.

Each step must be completed and requires verification before saving, signing or creating a bill to avoid errors and returned bills.

Tip: Do not forget to click "Update" or "Save" whenever possible to ensure you don't lose your work.

# ENTERING ATTENDANCES

There are several ways to enter attendances. Choose one method to use consistently that works best for you.

These are the most commonly used methods for entering attendances. \*Please use only <u>one</u> method to enter your attendance so that you will not create duplicate entries.

#### 1. Single Screen Attendance-"<u>My Cases"</u>- Attendance by child.

This method adds an attendance for the live date and estimated session time (within 15

minutes). Access from the "Home" page under "My Cases" and scroll to the right and click

#### "Attendance".

Company: All Companies -		From 8/1/2015 🛄 To 9/30/2015 📑 Retrie	eve	
Child Name	Auth #	Assignment Info	Company	
ABA, KAREL		06/22/15-12/22/15 10x15 TOTAL IND	WCDEMO	Attendance
Appleseed, Johnny	123456	06/01/15-12/01/15 90x15 TOTAL IND	WCDEMO	Attendance
Doodles, DeeDee	667788	04/01/15-10/01/15 90x15 TOTAL IND	WCDEMO	Attendance
ISRAR, DANA		08/05/15-02/05/16 70x15 TOTAL IND	WCDEMO	Attendance
Karate, Johnny	999999	02/05/15-08/05/15 60x15 TOTAL IND	WCDEMO	Attendance
Get Acrobat Reader				

The attendance can then be adjusted for accuracy and saved.

Please note you must modify your Therapist Preference setting to Single Attendance to use this method. Please refer to the previous Therapist Preference Settings section for more detail.

\*This is the only method of entering attendance where you can also obtain parent/guardian signatures.

#### 2. Weekly Attendance Calendar - Attendance by week.

This method allows you to enter one or multiple attendances for each case per week.

#### Access from the "Therapist" tab "Weekly Attendance Calendar".

$\leftarrow \rightarrow $ C	enterclaim	s.com/Therapis	t/TherapistHon	ne.aspx		
	AMES McGUIN ASSOCIATES I onsultants	NC. Er	nter	CLA	<b>MM</b>	S
Home	Therapist	Billing	Payments	Maintenance	Exit	
Thorapict	Classroom	Attendance				
merapist	Credentia	l Verification				
My Informa	Digita	I Orders				
Alerts   Viev	Weekly Atten	dance Calendar				
	Weekly Sche	edule Calendar				
	Prefe	erences	Imp	ortant Dates		

Indicate the child from the drop down you wish to add to calendar.

					Jump 10	11/2//22
/ Child, LICPSEST			3 Default CP	T Codes (Click to view	1)	
Child , LIEI			1			
Child, LISEIT						
Child, LISEIT						
Test, Test						
≪ ≜ today ⊨>		Nov 2	7, 2022 - I	Dec 03, 20	22	
Sunday Nov 27, 2022	Monday Nov 28, 2022	Nov 2 Tuesday Nov 29, 2022	7, 2022 - I Wednesday Nov 30, 2022	Dec 03, 20 Thursday Dec 01, 2022	<b>22</b> Friday Dec 02, 2022	Saturday Dec 03, 2022
Sunday Nov 27, 2022	Monday Nov 28, 2022	Nov 2 Tuesday Nov 29, 2022	7, 2022 - Wednesday Nov 30, 2022	Dec 03, 20 Thursday Dec 01, 2022	<b>22</b> Friday Dec 02, 2022	Saturday Dec 03, 2022

- Click on the date and time of the session. The number of minutes designated on the IEP/IFSP will populate. Please be sure AM/PM is accurate.
- Through this method, you can enter the days/times that the anticipated services are scheduled as per the mandated frequency.
- You must then click "Update" to the calendar and then click "Save".
- This attendance can then be accessed individually by date in "My Day"-> "Today's Schedule"- > to obtain parent/guardian signatures.
- 3. Weekly Schedule Calendar Auto-fills attendances from your pre-set schedule. (Optional)
  - This method allows you to add attendances from your pre-set weekly schedule instead of entering

attendances manually per week on to your Weekly Attendance Calendar.

• Access from the **"Therapist"** tab **"Weekly Schedule Calendar"** and indicate the child from the drop down you wish to add to the calendar.

$\leftarrow \  \  \rightarrow \  \  \mathbf{G}$	enterclaim	s.com/Therapis	t/TherapistHon	ne.aspx	
	AMES McGUIN ASSOCIATES I Consultants	NC. Er	nter	CLA	AIMS
Home	Therapist	Billing	Payments	Maintenance	Exit
Thorapict	Classroom	h Attendance			
merapist	Credentia	l Verification			
My Informa	Digita	l Orders			
Alerts   View	Weekly Atten	dance Calendar			
	Weekly Sch	edule Calendar			
	Prefe	erences	Impo	ortant Dates	

- Click on the date and time of the session. The number of minutes designated on the IEP/IFSP will populate. Please be sure AM/PM is accurate.
- Ensure you enter your attendances as per the mandated frequency.

						Jump To	: 11/27/22
✓ Child,	, LICPSEST			3 Default CP	Codes (Click to view	)	
Child	, LIEI			2			
Child,	, LISEIT						
Child,	, LISEIT						
Test,	Test						
~	★ today		Nov 2	7, 2022 - I	Dec 03, 20	22	
	today Sunday Nov 27, 2022	Monday Nov 28, 2022	Nov 2 Tuesday Nov 29, 2022	7, 2022 - I Wednesday Nov 30, 2022	Dec 03, 20 Thursday Dec 01, 2022	Friday Dec 02, 2022	Saturday Dec 03, 2022
8AM	today ►> Sunday Nov 27, 2022	Monday Nov 28, 2022	Nov 2 Tuesday Nov 29, 2022	7, 2022 - I Wednesday Nov 30, 2022	Dec 03, 20 Thursday Dec 01, 2022	<b>22</b> Friday Dec 02, 2022	Saturday Dec 03, 2022

- You must then click **"Update"** to the calendar and then click **"Save"**. Repeat for every child on your AAK caseload until your set schedule for the week is completed.
- At the beginning of each week, you must then go to "Therapist" tab "Weekly

Attendance Calendar" and in the top left corner click "Fill From Schedule". This populates all the attendances previously entered in your "Weekly Schedule Calendar". You must then click "Update" to the calendar and then click "Save".

• The attendance can later be adjusted for accuracy if needed. Please note-when using **"Fill from Schedule"** feature, the attendance code will automatically be "P" (provided). Be sure to adjust the code as needed. • These attendances can then be accessed individually by date in "My Day"- "Today's Schedule" to obtain parent/guardian signatures.

• Please note that your Weekly Schedule Calendar is almost like your permanent schedule. If a child makes a change permanently, then you will need to modify the schedule section to edit it as of the date of the change.

JAMES McGUINNES & ASSOCIATES INC Consultants	<sup>®</sup> Enter(	CLAIMS	;			
Home Therapist Billing	Payments Maint	enance Help Exit				
Weekly Calendar - At	ttendance Mode					
Unsaved Changes E	xist	mut	p To: 10/11/15 🔳			
G M			•			
ABA 09/10/15-06/30/16 5x60 Therapy ICD Codes: Code: P • 60 min	0 WEEKLY IND - Child's Ho	me	3 Default CPT Codes	(Click to view)		0
Save Fill From Schedule						
··· 8 today ···		Oct	: 11, 2015 - Oct	17, 2015		
Sunday Oct 11, 2015	Monday Oct 12, 2015	Tuesday Oct 13, 2015	Wednesday Oct 14, 2015	Thursday Oct 15, 2015	Friday Oct 16, 2015	Saturda Oct 17, 20
8 <sub>4M</sub>						
9 <sub>4M</sub>						
10лм			ABA ROM			
11ли					ABA NO M	
12°M	ABA NOM G	ANA ANA ROM 7 ROM 9				

# ACCESSING ATTENDANCES TO COMPLETE SESSION NOTE

Once your attendance has been entered, you can access the note at any time prior to signing and billing. Any of the methods listed above can be used to enter details of the session and complete the session note, even after the parent or guardian has signed.

However, if you alter the **DATE**, **TIME**, or **SESSION CODE**, the parent/guardian signature will be void and it will need to be re-signed.

Please see the section on Session Notes for detailed information on what is required to be included on a session note to make it complete and compliant.

# ACCESSING ATTENDANCES TO OBTAIN PARENT/GUARDIAN SIGNATURE

Parent/Guardian Signatures for BOTH **<u>in-person</u>** and **<u>telehealth</u>** services will ONLY be collected and accepted online electronically via EnterCLAIMS for the following regions and programs:

- Early Intervention services through ALL regions
- CPSE in ALL regions

• CSE on Long Island (in most cases)

<u>In-Person Services</u>- Signatures may be collected on a device or/and through the Parent Portal.

<u>Telehealth Services</u>- Signatures must be collected through the Parent Portal.

#### • Paper Signature Logs will NOT be accepted.

- An EnterCLAIMS Alert for Missing Parent/Guardian Signatures <u>without the ability to bypass</u> will prevent you from creating your EnterCLAIMS bill.
- ALL signatures MUST be obtained from the parent contemporaneously (as close to the end of the session as possible) and must be submitted to AAK by the billing submission deadlines.

Service providers are required to obtain a signature after every session to confirm their service was delivered in accordance with the mandate, as well as to prevent fraud. The Parent/Guardian signature confirms that the date, start time and end time of the session is accurate.

# Obtaining Online Parent/Guardian Signatures on a Device

# To obtain parent/guardian signatures on a device (in-person services), you must use one of the following ways to access the single attendance screen.

#### 1) Obtaining signatures through My Day - Single Attendance

Session date must first be entered into EnterCLAIMS weekly attendance calendar on the date and time of the scheduled session or previously filled from schedule.

- 1. Go to "My Day" under the Home tab
- 2. On the "My Day" screen click on "Today's Schedule"
- 3. Enter the Date of the session that you want and click "Retrieve"
- 4. Once the child name appears, click on "Attendance"
- 5. Choose the correct Attendance Code for your session. (P, CA, TA, MU etc).
- 6. Confirm the date and time is accurate or make any adjustments.
- 7. Scroll to bottom and click on "Guardian Signature" to open.

8. Have the Guardian sign with finger or stylus and indicate from drop down the name of the person signing.

9. Make sure to SAVE after obtaining the Guardian Signature. You may need to click off warnings. Be sure to confirm "Attendance was saved successfully".

Start: 04:15 PM	End: 04:45 P	M
Attendance Code:	P	-
lakeup For:		-
Session Det	ails (click to show)	
0	Dae	

#### 2) Obtaining signatures through My Cases - Single Attendance

Your therapist preferences for Home Screen Attendance must be set to "Single Attendance Screen" to use this method.

Session date must first be entered into EnterCLAIMS weekly attendance calendar on the date and time of the scheduled session or previously filled from schedule.

- 1. Go to "My Cases" under the Home tab
- 2. Click on the "Attendance" button to the right of the child's name
- 3. Choose the correct Attendance Code for your session. (P, P-NOGS, CA, TA, MU etc).
- 4. Confirm the date and time is accurate or make any adjustments.
- 5. Scroll to bottom and click on "Guardian Signature"

6. Have the Guardian Sign with finger or stylus and indicate from drop down the name of the person signing.

7. Make sure to SAVE after obtaining the Guardian Signature. You may need to click off warnings. Be sure to confirm "Attendance was saved successfully".

\*\*\*IMPORTANT\*\*Once the parent/guardian signature is saved, any change of attendance code, date and time will delete the signature and require you to obtain a new signature.

# Provider Instructions for Obtaining Parent/Guardian Signatures through Parent Portal

Please note: Parent/Guardian **MUST** create an account in order to sign attendances through the Parent Portal. If you are obtaining signatures in-person on your device, parents do NOT need to create an account through the Parent Portal.

Prior to starting a new case with All About Kids, you must confirm who will be signing off on your session attendances and complete the following steps for each authorized signer (please note each guardian must have their own separate email address and account):

1. Confirm Parent/Guardian Email Address on File with AAK through your EnterCLAIMS Account • Log into to your EnterCLAIMS account.

- Click on the child's name under "My cases"
- You will now be on the Child Details page.
- Under Guardian Info, click on the + sign to the right of the guardian's name. This will open up the information where you can view the email address on file with AAK.

2. Confirm the email address on file with AAK matches the parent/guardian email address they will use to create their account. If the parent will not be using the same email address as what is on file, the provider must contact All About Kids with the correct updated email address. AAK will update email on file.

3. Provide Parent/Guardian Instructions and Clear Expectations of Signing Expectations: It is the provider's responsibility to:

• Ensure parents have a clear understanding that they are expected to sign attendances contemporaneously. • Parent Instructions handout provided in English and Spanish

- Offer parents assistance in setting up their account prior to your first session.
- At the end of your first completed session and each session following, ensure they receive the notice to sign attendances in their EnterCLAIMS account
- Verify in EnterCLAIMS that parent/guardian has signed prior to submission of billing/creating your bill Provide parent with instructions for using Parent Portal
  - $\circ~$  Available here:
    - Parent\_Guardian EnterClaims Instructions- Creating Account, Signing Consent and Signing Session Notes in EnterClaims (1) (2).pdf
    - Spanish Instructions- Parent.Guardian Signatures In EnterClaims- Creating Account, Signing Consent and Signing Attendances (2).pdf)
- 4. Obtaining Parent/Guardian Signatures through Online Parent Portal
  - You must obtain parent/guardian signatures contemporaneously. The signature verifies the date, start time and end time of your session.
  - Request online signatures through:
    - Single Attendance Screen-My Day or My Cases->Attendance
    - $\circ$  Weekly Attendance Calendar

#### To request parent/guardian signatures through the Parent Portal, you must use one of the following ways:

#### A) Requesting online signatures through My Day - Single Attendance

Session date must first be entered into EnterCLAIMS weekly attendance calendar on the date and time of the scheduled session or previously filled from schedule.

- 1. Go to "My Day" under the Home tab
- 2. On the "My Day" screen click on "Today's Schedule"
- 3. Enter the Date of the session that you want and click "Retrieve"
- 4. Once the child name appears, click on "Attendance"
- 5. Choose the correct Attendance Code for your session. (P, CA, TA, MU etc).
- 6. Confirm the date and time is accurate or make any adjustments.
- 7. Scroll to bottom and click on "Guardian Signature" to open.
- 8. Click on "Request Online Signature"
- 9. Indicate from drop down to the right the name of the person who will be signing.

#### 10. Make sure to UPDATE and SAVE after requesting the online signature.

Response:	Session Progress:
Covisiting Therapist:	~
Attendance Is Medicai	d Eligible: 🗹 Override Group Size:
Pequest Online Signat	ure: 🗸 Guardian: 🗸 Select Guardian

\*\*\*IMPORTANT\*\*Once the parent/guardian signature is saved, any change of attendance code, date and time will delete the signature and require you to obtain a new signature.

#### **B)** Requesting online signatures through My Cases - Single Attendance

Your therapist preferences for Home Screen Attendance must be set to "Single Attendance Screen" to use this method.

Session date must first be entered into EnterCLAIMS weekly attendance calendar on the date and time of the scheduled session or previously filled from schedule.

- 1. Go to "My Cases" under the Home tab
- 2. Click on the "Attendance" button to the right of the child's name
- 3. Choose the correct Attendance Code for your session. (P, CA, TA, MU etc).
- 4. Confirm date and time is accurate or make any adjustments.
- 5. Scroll to bottom and click on "Guardian Signature"
- 6. Click on "Request Online Signature"

- 7. Indicate from drop down to the right the name of the person who will be signing.
- 8. Make sure to UPDATE and SAVE after requesting the online signature.

Response:	Session Progress: ~
Covisiting Therapist:	~
Attendance Is Medicaid Eligible	e: 🗹 Override Group Size:
Request Online Signature: 🗹	Guardian: 🗸 Select Guardian

\*\*\*IMPORTANT\*\*Once the parent/guardian signature is saved, any change of attendance code, date and time will delete the signature and require you to obtain a new signature.

#### C) Requesting online signatures through Weekly Attendance

Session date must first be entered into EnterCLAIMS weekly attendance calendar on the date and time of the

scheduled session or previously filled from schedule.

- 1. Go to "Therapist" tab on top of Home Page
- 2. Click on "Weekly Attendance Calendar"
- 3. Click on the session you are requesting an online signature for from the

parent/guardian

- 4. Choose the correct Attendance Code for your session. (P, CA, TA, MU etc).
- 5. Confirm the date and time is accurate or make any adjustments.
- 6. Click on "Request Online Signature"
- 7. Indicate from drop down to the right the name of the person who will be signing.
- 8. Make sure to UPDATE and SAVE after requesting the online signature.

0 Assigned Goals (Click to view	v) O
Response:	Session Progress:
Covisiting Therapist: Attendance Is Medicaid E	 Eligible: ☑ Override Group Size:
Request Online Signatur	e: 🗖 Guardian: <mark>Select Guardian 🗸</mark>

5. Once you Request Online Signature from the guardian, it will send them an email and/or alert notifying them they have sessions to sign. Then they log onto the system and sign the sessions.

6. Verify parent/guardian signatures were completed at the end of session or as close to the end of session as possible.

- Communicate with your families at the end of each session and verify they received the email request to sign.
- Confirm with parents that they signed the attendance in their EnterCLAIMS account at the end of the session.

	Mes Mogunwess Association multiont	ter	CLAIN	1S		U Assigned Goals (Click to view)		
Therapist	Gredential Verification					Response:	Session Progress:	
Alerts 1 200	Digital Onlers							
No alerts.	Weekly Schedule Celender							
and the second se	Preferences							11.
	Secure Transfer	Dates		101 6		Covisiting Therapist:	~	
	Sign Attendance	Carget Date	Child	Service	No ci	Attendence Te Mediceid Elicibi	au 🗖 Ourannida Craum Cinau	
CPSE Nover CPSE Janua	Co-Sign Attendance	11/1/2020	Pre School, Nassau Yest, Test	57 51		Attendance is Medicald Eligibi	e: 🗹 Overnde Group Size:	
CPSE Janua		1/1/2021	Text, Test	ST				
CPSE Janua CPSE Janua	Coordinator Workspace	1/1/2021	Test,Test Test,Test	51 51		Request Online Signature: 🗌	Guardian: Select Guardian 🗸	
CPSE January	Quarterly Reports Due	1/1/2021	Test, Test	ST				
CPSE January	y Quarterly Reports Due	1/1/2021	Test, Test Test, Test	51				

\*\*\*IMPORTANT\*\*Once the parent/guardian signature is saved, any change of attendance code, date and time will delete the signature and require you to obtain a new signature.

7. In order to receive alerts in EnterCLAIMS and an Email to notify you when the parent/guardian signs, you must complete the following:

- Go to "Therapist" on the top of the Home Page
- Click on "Preferences"
- Scroll to the last choices and check off **BOTH** of the following boxes:

"Receive email when general alert is received."

"Receive email when attendance send back alert is received."

• You will now receive an alert on your Home page and an email to notify you when parent/guardian has signed.

lert L	isting				
om: 07	/21/2022 To: 1	10/21/2022 📑 Re	solution Status Bor	SI	how Expired Alerts Retrieve
- 22				1000 VI 000	
Read	Posted	Expires	Company	Resolved	Message
New	10/20/2022	10/23/2022	All About Kids	No	for Variation and an attendance for Variation 10/20/22
New	10/20/2022	10/23/2022	All About Kids	No	for the signed an attendance on 10/20/22
New	10/20/2022	10/23/2022	All About Kids	No	for Value on 10/20/22
New	10/20/2022	10/23/2022	All About Kids	No	for Variation of 10/20/22
New	10/19/2022	10/22/2022	All About Kids	No	for a 10/18/22

8. Confirm online signature was obtained in your EnterCLAIMS account **<u>BEFORE</u>** creating your

bill. 1. Go to "Therapist" on top of Home Page

	Child	Туре	Date	Start Time	End Time	Туре	Setting	Location Address	CPT Codes	ICD 10 Codes	Log Notes	Expanded Log Notes	Medicaid Eligible	Credential	Guardian Signature
0	Trainer, AAK	P	3/3/2021	9:00 AM	9:30 AM	Individual	Child's Home	queens, Queens NY 10452	92507	F80.9			у	slp, Aba	No

2. Click on "Sign Attendances"

3. Last column to the right Guardian Signature should read YES. If No, you must obtain parent/guardian signature.

# Parent/Guardian EnterCLAIMS Portal Instructions- Creating an Account, Signing Consent and Signing Attendances

# As the provider, it is y<u>our</u> responsibility to ensure the parent/guardian receives the following information. It is your responsibility to assist parents when needed in creating and using a Parent Portal account.

Instructions: Your service provider is required to obtain a signature at the conclusion of every session to confirm their service was delivered in accordance with the mandate, as well as to prevent fraud. Your signature confirms

that the date, start time and end time of the session is accurate. Parent/guardian signatures must be obtained contemporaneously (as close to the end of the session as possible). Don't hesitate to discuss any date or time discrepancies with your provider and/or All About Kids.

- Step 1 Guardian will create and confirm their account
- Step 2 Guardian will Sign the Consent to Submit Online Signatures
- Step 3 Guardian will log in and sign for the requested attendances

#### Step I: Create and Confirm Parent/Guardian Account

Go to <a href="https://www.EnterCLAIMS.com">https://www.EnterCLAIMS.com</a>

Click on "Don't have a username and password"

lome	Provider Info	Maintenance	Reports	Exit	
Jser Name Password	e:	Logi	n		

The Parent/Guardian will receive an email directing to the EnterCLAIMS signup screen to begin setting up their account. Check Spam/Junk folder if you do not receive the email. You can also "Click here" if you do not receive the activation email.

The Parent/Guardian needs to enter the information on the account creation screen to create their

account.

Home	Provider Info	Maintenance	Reports	Exit	
First Name:					
ast Name:	[				
Email Addre	ss:				
Choose a us	ername:		(4-30	character	s)
Choose a pa	ssword:		(4-30	characters	5)
Re-enter pa	ssword:				
Create Accoun	+		new lines		

\*\* The Parent/Guardian MUST use the email address that is on file with All About Kids

The Parent/Guardian will receive a confirmation email with a confirmation code.

The Parent/Guardian MUST then confirm their account by clicking the link on the email received, or by going to the second option on the EnterCLAIMS website "If you have received an activation email from us, click here to activate your account".

JAMES McGUI & ASSOCIATES Consultants	INC. EnterCLAIMS	
User Name:		
Password:	ssword? Click here first	
ou have received an activation base classed up for particular	on email from us, click here to activate your account.	
you have signed up for an a	count but did not receive an activation email, click here to resend it.	ociato

The Guardian will then be prompted to enter their username and the Confirmation code that was received to complete their account set up.

Username:		
Confirmation Co	de:	
Activate Account		Maria Contraction

#### **Step 2- Complete Online Signature Consent**

After the account has been created and confirmed, the Parent/Guardian will log in with the username and password they chose and will be brought to the Parent/Guardian Home screen.



```
Guardian Home
```

08/26/2020 2:46:46 PM

Information	Concont	_	
To submit online signatures	Consen	-	
for a therapy, you must first	Forms		
sign the consent form listed in	Child		
the table to the left.	Name		
Attendances awaiting	QUINN,		
signatures will then appear in	EDMUN		
the table below. Attendances to Sign	D		
Child:			Start Date End Date
Child Name Service Date		Serv'ice	
MENTZINGER, SELA		Description	Company
		20.00x15 TOTAL	4/11/202010/10/2020
7/21/2020			CLAIMS Dev
IMENTZINGER, SELA 7/22/2020		COOR	
IMENTZINCED CELA			
IMEN I ZINGER, SELA		'TherapiSt Name	
7/27/2020			Requested Date
		VILLON, SANUNU	7/21/2020 Sign Attendance
MENTZINGER, SELA		VILLON, SANUNU	
7/29/2020			7/22/2020 Sign Attendance
		VILLON, SANUNU	7/29/2020 Sign Attendance I
IMENTZINGER, SELA		VILLON, SANUNU	
8/3/2020			7/29/2020 Sign Attendance
		VILLON, SANUNU	8/3/2020 Sign Attendance I

On this screen there will be a "Consent Forms" notice at the top of the box. The Parent/Guardian will be required to select the "Sign Consent" button as a onetime consent per enrollment, to authorize your signature.

Sign Consent

•

The Guardian must check off the box to consent to the signature being collected online. The Services provided via Teletherapy is optional. They will then sign in the box and press the Sign Button and the Consent will be signed for the authorization.

#### **Step 3 - Sign Attendance**

Once the Guardian has completed the "Sign Consent" step, they' Il be able to sign online for an attendance.

On the Guardian Home screen, they will see any attendances that are awaiting an online signature. There will be a "Sign Attendance" button off to the right-hand side on an enrollment line.

Home Mainten	ATES INC. hts ance Exit	nterCl	LAIMS				08/26/ 2:46:4
Guardian Hom	e						
Information Sign Consent form lis signatures will then a	mit online signatu sted in the table uppear in the table	ures for a therapy, y to the left. QUINN, e below.	Consent Forms rou must first Child Name Service Descr EDMUND 20.00x15 TOTAL COOR 4/11	iption Start D /2020 10/10/	ate End Date Compan 2020 CLAIMS Dev Atte	y sign the consent endances awaiting	
Attendances to Si	gn						
€HHd:S	elect Child 👻			From 7/1/202	0 🖪 <b>To</b> 8/31/2020	Retrieve	
hild Name	Sen	vice Date	Service Date Decapist Nam	e	Requested D	ate	Requested
late							
ate							
Sign Attendance							
Sign Attendance Sign Attendance							
Sign Attendance Sign Attendance Sign Attendance I							
Sign Attendance Sign Attendance Sign Attendance I Sign Attendance							
Sign Attendance Sign Attendance Sign Attendance I Sign Attendance Sign Attendance I							
Sign Attendance Sign Attendance Sign Attendance I Sign Attendance Sign Attendance I IENTZINGER, SELA		7/21/2020	VILLON, SANUNU		7/21/2020		
Sign Attendance Sign Attendance Sign Attendance Sign Attendance Sign Attendance I MENTZINGER, SELA MENTZINGER, SELA	7/22/2020	7/21/2020 VILLON, SANUNU	VILLON, SANUNU 7/22/2020 MENTZINGER, SELA	7/27/2020	7/21/2020 VILLON, SANUNU	7/29/2020	
Sign Attendance Sign Attendance Sign Attendance I Sign Attendance I Sign Attendance I MENTZINGER, SELA MENTZINGER, SELA	7/22/2020	7/21/2020 VILLON, SANUNU 7/29/2020	VILLON, SANUNU 7/22/2020 MENTZINGER, SELA VILLON, SANUNU	7/27/2020	7/21/2020 VILLON, SANUNU 7/29/2020	7/29/2020	

\* \* Note that the Guardian will not be able to view their pending signature requests until they have signed the consent for the Therapy.

Clicking the "Sign Attendance" button will bring up the below screen which displays identifying information about the Attendance in question.

	JAMES McGUIN & ASSOCIATES Consultants		nte	erCl	LA
Home	Maintenance	Exit			
Sign /	Attendance				
Child: Therap Descrip Author Service Start T End Tin I certif describ	MENTZINGER, S ist: VILLON, SA ption: 2x30 WEE ization #: 83002 2 Date: 7/29/20 ime: 4:00 PM me: 4:30 PM me: 4:30 PM y that the session ord above.	ELA NUNU KLY SPED 216 20 on took place	as		
RESET	SIGN				

The Guardian will sign in the box, press "sign" and the request to sign the attendance will be removed from their Guardian Home screen.

Verify with your Provider that the signature was received.

# **COMPLETING SESSION NOTES**

Please remember you can go back into a note to fill out details regarding the session AFTER you have received a parent/guardian signature. However, the details should be completed contemporaneously to ensure accuracy and validity. Below sections details necessary parts of a complete and compliant session note as well as best practices.

### SESSION NOTE DETAILS

• Click on **Session Details** to enter your notes.

Service Date: 08/31	/2015				
Start: 04:15 PM	End: 04:45 PM				
Attendance Code:	P				
Makeup For:					
Session Det	tails (click to hide)				
1 Assigned CPT Codes	(Click to view)				
Notes:					
Parent Present					
Parent Communic	ation				
Session Progress:					
Response:					

### **ATTENDANCE-** LOCATION

• Location: As a reminder, please ensure the location for each child/enrollment matches what is listed in the IFSP/IEP. If it is incorrect, you must contact AAK immediately.

Add	17X00 TOTAL IND	-	
Location Of Attendance	Child's Home	0	
Service Date: 02/25/20	16 Makeup For:	~	
PARENT 1x	60 WEEKLY IND		•
Start Time: 03:30 PM	• End Time: 04:30 PM • Ty	pe Code: p 🔹	
Parent Present	Parent Communication	m	
1 Assigned CPT Codes (Clic	k to view)		0
Notes:			
Notes: 0 Assigned Goals (Click to	view)		0
0 Assigned Goals (Click to Response:	view) Session Progre	555	•
0 Assigned Goals (Click to Response:	view) Session Progre	55:	к. •

### LOCATION FOR TELETHERAPY

As a reminder, telehealth MUST be approved for each individual case and must follow program regulations and guidance.

The following platforms represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA (Health Insurance Portability and Accountability) BAA: Skype for Business Microsoft Teams Updox VSee Zoom for Healthcare Doxy.me Google G Suite Hangouts Meet Cisco Webex Meetings / Webex Teams Amazon Chime GoToMeeting Spruce Health Care Messenger

**For Early Intervention:** Location will continue to display Home/Community and remain consistent to IFSP. No change.

**Preschool/School Age:** In the dropdown menu under **Location**, select **"Teletherapy" or** for NYC **"Location of Temporary Childcare Arrangement Made by the Parent"** 

\*This step is in addition to the check box that indicates "Provided via Teletherapy"

### **ENTERING ATTENDANCE- TIMES**

**<u>Start/End Time</u>**: Provider is responsible to enter Start and End Time. Session Note **MUST** reflect **ACTUAL** times the session took place not the scheduled time the session was planned to occur. You MUST review the start and end time for each session, modify and confirm for accuracy.

• If you are typically scheduled to see the child from 8:00 AM to 9:00 AM, but you arrived at 8:10 AM, then your note should indicate 8:10 AM to 9:10 AM.



Be sure to check your times for accuracy.

Overlapping times will not allow you to save your session notes and will cause billing errors.

Sessions are permitted between 6:30AM and 9:00PM for Early Intervention. CPSE & CSE sessions must adhere to contractual agreements between AAK & districts.

Any sessions scheduled outside of these times MUST be approved by AAK.

\*\*Parental/Guardian signature will be lost if time is changed after signature was obtained.

# ENTERING ATTENDANCE CODES

A<u>ttendance Code</u>: Provider is responsible to indicate the appropriate attendance code type for each session date, utilizing the drop down in EnterCLAIMS.

### ATTENDANCE CODE KEY -

Р	<b>Provided Service</b> (obtain Online Guardian Signature) <b>Provided Related Service Coordination CPSE</b> (no Guardian signature required)
CA CV	Child Absence Child Vacation (for EI only)
TA TV	Therapist Absence Therapist Vacation (for EI only)
MU	Make-Up Session (must choose missed session date from drop down menu) (obtain online guardian signature)
н	Holiday
SC	School Closed-indicate reason in note session (weather, Election Day, etc)
SA	Attended CSE IEP Meeting
NB	Provided Non-Billable SEIT Related Service Coordination

Start 09:00 AM ~ Time:	End Time: 09:30 AM ~ Type Code: CO ~
Parent/Crgiver Present Provided Via Teletherany	Parent Communication
3 Assigned CPT Codes (Click to v	view) O
Notes:	
0 Assigned Goals (Click to view)	0
Response:	Session Progress:
Covisiting Therapist:	✓
Attendance Is Medicaid Eligi	ble: 🗹 Override Group Size:
Request Online Signature:	□ Guardian: Select Guardian ∨

There may be times when you are asked to use a different Attendance Code where billing requires the use of a

different code, not listed above. In these instances, you will be directly contacted by the billing department.

### **CO-VISITS**

- Co-visits MUST be authorized and listed on IFSP
- Utilize the appropriate Attendance Code "COVISIT" or "COVST" for Co-Visit
- Choose the "Co-visiting Therapist" name from drop down if the other provider is from All About Kids

# ABSENCES AND CANCELLATIONS

Attendance Code:	CA
Show only absences	with time remaining: 🗹
Makeup For:	
Session Deta	ails (click to show)
1 Assigned CPT Codes (	Click to view)
Notes:	
Therapist contacted session. Mom indica Child is recovering for offered to make-up January in addition t	Mom to confirm for ted she has Covid and rom RSV. Parent trainer session in beginning of to regular January

- Session notes for Cancellations/Absences/Vacations must be completed when the weekly mandate is not met.
- Utilize the appropriate Attendance Code (CA-Child Absent, TA- Therapist Absent)
- Every missed session MUST include a reason for absence in the Notes Section of the session note. Attendance Code alone is not sufficient documentation of reason.
  - Therapy family-driven reason
  - Therapist driven reason (illness, scheduled vacation)
  - circumstances such as illness, emergencies, hazardous weather or other circumstances beyond the provider's control

### ATTENDANCE-MAKEUPS

Makeup For:		-
Session	Details (click to sh	now)
Guardian	Signature (click to	show)
Save	Delete	

Always refer to your region and program for specific make-up regulations.

When providing Make-Up sessions, utilize the code MU and <u>indicate the Date of Missed Session</u> in the Makeup For: section from the drop down. If you have not entered the missed session, you will not be able to enter the make-up session.

EI- Follow IFSP for # of make-ups allotted per IFSP period and ensure each make-up is provided according to make-up policy within the region.

CPSE: Please refer to the specific county policy guidelines for make-ups.

CSE: Please refer to the school district policy guidelines for make-ups.

**NYC SEIT Absences:** If session times do not match the mandated duration of session on IEP (child gets ill, therapist has emergency and needs to leave), please complete ONE note for time completed and ADD second note with Absence. Indicate date and reason of absence on your absence session note.

Total must match mandated duration of session (Mandate 60 minutes- P- 9:30-10:00 TA- 10:00-10:30).

**CPSE SEIT ONLY** absences must include Verification of Absence and Make-up Session Form as appropriate for program/service. ONLY use one date per form and indicate if make-up session was offered. Include make-up session date if occurs within the same month. If scheduled for following month, leave blank and include a copy of the COMPLETED form in the following months billing.

# SESSION NOTE-PARENT COMMUNICATION

**<u>Communication</u>**: Provider is responsible to indicate how they communicate with the family regarding each

session.

Start Time: 05:00 PM End Time: 05:00 PM Type Code: P	-	
Parent Present Observe Session 💌 🗹 Parent Communication Face-To-Face	•	
4 Assigned CPT Codes (Circk to view)		0

**<u>1) Parent/Caregiver Present Box</u>**: Provider indicates when a parent/caregiver is present by checking the box and indicating Observe Session, Parent Training or FBA/BIP Review.

2) Parent Communication Box: Provider checks box when in communication with parent/caregiver and

indicating Face-to-Face, Phone, Email, Speech Notebook, or Agenda Book. Check the box next to parent communication on each session to indicate the type of communication that took place.

# DOCUMENTING TELEHEALTH ON ATTENDANCE

Telehealth MUST be approved for each individual case and must follow program regulations and guidance.

Check the box "Provided Via Teletherapy" from <u>My Day</u> or Single Attendance Screen view and indicate which platform was used from the drop down.

Sessie	on Details (click to hide)
0 Assigned CPT	Codes (Click to view)
Notes:	
This Session using Google	was provided via Teletherapy G Suite Hangouts Meet
Parent/Crg	jiver Present
Parent Cor	nmunication
Provided V	ia Teletherapy
Session Prog	Amazon Chime
Response:	Cisco Webex Meetings
	Doxy.me
CoVisiting Th	GoToMeeting
	Google G Suite Hangouts Meet
Attendance I	Microsoft Teams
Override Gro	Skype for Business
Show Addit	Updox
0 Assigned Goa	VSee
Guardia	Zoom for Healthcare
Save	Other

## SESSION NOTES - CPT/HCPCS CODES

<u>CPT/HCPCS Code</u>: A Current Procedural Terminology (CPT) is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as Medicaid physicians, health insurance companies and accreditation organizations. CPT codes are used in conjunction with <u>ICD-10-CM</u>\_numerical

diagnostic coding during the billing process.

CPT codes are ONLY for Related Services (OT, PT, ST) cases. HCPCS Codes are ONLY for Early Intervention-Special Instruction and Family Training.

# \*For further information and clarification, please refer to Medicaid or your discipline licensing and credentialing board.



- The default CPT Codes offered in EnterCLAIMS are *SUGGESTED* approved codes related to the assigned service type. You are responsible to <u>ensure the correct CPT code(s)</u> is used.
- The total duration of the CPT codes used MUST <u>match the duration/time</u> on each attendance prior to signing and submitting your session notes. If codes are timed, please make sure you assign the appropriate number of timed codes to equal the length of the session. Example: OT 30-minute session can use 97530 but needs to enter it TWICE as this code is broken down into 15min

#### You have the ability to add/modify/delete the default CPT codes to your own preference.

- On your Home Page under My Cases, click on the Assignment Info (dates) which brings you to the Therapy Details page.
- Review the default CPT codes and you can modify as needed so moving forward it will default to what you have chosen.
- Delete any codes that are not needed. Add Codes from the drop-down menu as needed. •
- You have the ability to edit this at any time, both here and on each individual note.
- NOCPT code is also available for use when service type is not Medicaid eligible (For example-CPSE SEIT, Parent Training and Related Service Coordination and CSE Parent Training).

Default CPT Codes:									
CPT Code		Description							
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder includes aural rehabilitation): individual								
97129	Therape reasonir compensat or schedul	utic interventions that focus on cognitive function (eg, attention, memory, ng, executive function, problem solving, and/or pragmatic functioning) and tory strategies to manage the performance of an activity (eg, managing time es, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes (Report 97129 only once per day)	<u>Delete</u>						
97130	Cognitive	Function - each additional 15 minutes (list separately in addition to code for primary procedure)	Delete						
Add CPT Code: 92506 - Evaluation of speech, language, voice, communication, auditory proce > Add									

# SESSION NOTES – ADDING GOALS AND DATA TO NOTE

• On your session note, Click to open and choose the assigned goals. (\*Goals must be entered on child's therapy

details and be available on the session note template for the region and program as previously mentioned in this manual).

- Highlight goal from drop down.
- Include your data by trials or percentage in relation to child's performance on that goal. •

Click on "Add Goals" to add to your session note.

0 Assign	ned Goals (Click to hide)	0
Goal 🌲	Description	Value
🕂 Add (	Goal 1 - will use single words	

# SESSION NOTES--PROGRESS INDICATOR

- <u>Session Progress Indicator</u>: Provider must choose one session progress indicator (No Progress, Limited Progress or Progress) from the drop down to describe overall session progress.
- In addition to the progress indication drop down, you need to include a statement of progress once every week or two depending on frequency of service. Also include statement for your continued plan of care/treatment/intervention.

Session Progress:	✓	
Response:	No Progress	
	Limited Progress	
	Progress	4
CoVisiting Therapist:	Regression	
		~

# SESSION NOTE--BEST PRACTICES

- 1) Provide a clear and accurate description of what occurred during the session.
- 2) Include information that is individualized and non-repetitious.
- 3) Describe materials (toys, songs, books) and activities (building blocks, coloring) utilized to target IEP/IFSP goals and objectives. The number of activities should be related to the duration of the session.
- 4) Provide information regarding engagement, behavior, attending and overall performance.

5) Early Intervention notes must also include documentation that services are being delivered within the context of the family's natural routines and are functional for the child. Also specify parental concerns and coaching strategies used to help the family/caregivers within home or center-based program successfully support the child related to their IFSP outcomes.

6) CPSE/CSE notes should include communication with other IEP team members (teachers, related service provider, district).

7) Include quantitative and qualitative data directly related to the student's goals and objectives which should then be utilized to monitor progress for reporting to families and district.

8) Indicate strategies, techniques, type of prompts used, and level of support provided in order to elicit the desired response.

9) Any relevant information which may be affecting progress (avoidance, refusal, redirection to attend, absences).

10) Include a progress statement and statement for your continued plan of care/treatment/intervention.

### SESSION NOTES-- TEMPLATE EXAMPLES

The following pictures show examples of how each of the sections on the notes you fill out on EnterCLAIMS will autofill to region and program-specific templates when you choose to print or save.

### NYC EI Template

rotar Menanning Se	55101151 - 12	NYC Early Intervention Program Session Note			
Service Date: 12/3	0/2020	Child's Name: BANDO, AAHAD	DOB: 12/21/2015	Sex: X Male	Female
Start: 04:30 PM	End: 05:00 PM	EI#:			
ocation:	Teletherapy ~	Interventionist's Name: MARTINA HALL	Credential	s:	
ttendance Code:	P ~	National Provider ID #: 1741115981	Service Type: PT		
how only absence	s with time remaining: 🗹	Session Date: 12/30/2020 IFSP Service Los	ation: Teletherapy	Date Note Written:	12/30/20
akeup For:	- ( <i>u</i> )	Time: From 4:30 PM To	5:00 PM		
Session Det	tails (click to hide)	ICD-10 code: F80.2, F82, R62.50 HC	PCS Code (if applicable):	11 OPT 0 1	
Assigned CPT Codes	(Click to view) O	Ist CPT Code: 9/110 2nd CPT Code:	9/112 3rd CP1 Code:	4th CPT Code:	-
stor:	have a second a first and a second	X This is a make up for a missed session on	(must be made up by	(adapta)	
otes will Print in B	ox 1	Session Participants: X Child X Parent/Caregive	Other:	(ceks)	
		If the parent/careaciver was upavailable how did	you communicate with them also	wit the eastion?	
		- constructions and the second s			
2 1		1. Describe the progress that the child has made	toward the IFSP outcomes since	the last session. Include	parent/care
Parent/Crgiver P	resent	feedback			
70	Observe Session V	Log Notes: Notes will Print in Box 1			
	cation				
		a second real real second real second			
ession Progress:	~	Additional information about the session (as app	ropriate):		
esponse:					
oVisiting Therapist	3				
		2. IFSP Functional Outcome(s) and Objective(s)	addressed during this session:		
		Goal Example			
Attendance Is Medi	icaid Eligible: 🗹				
Override Group Size	:				
Show Additional In	nfo				
Assigned Goals (Click	k to hide) O				
oal Descripti	on Value	3. Routine Activities worked on during the sessi	on: Activities of Daily Living (	ADL) Play/Social	
Goal Example	/ Delete	Community/Errand Other(s):			
Add 1 - Goal Examp	ole 🗸	Strategies used within the Routine Activities:	Modeling Cues Promots	Positioning Assistive	Technology
Halsi /		Other:	a second s		
Guardian Sign	ature (click to hide)	1 - Culti			
the second se					

• Notes section populates to "Describe the progress of the child".

- Goals populate into "IFSP Outcome section".
- Must use "Additional Info" Button to include all required info.
- To print on this specific template, utilize NYC EI Log from drop down.

Home	Therapist	Billing	Payments	Mainten	ance	Ex	lt		
int Bill									
							Print Logs		
Compar	ny: All Companies	~	From	5/1/2021	То	6/30	Fine Logs		
Bill No.	Company	Service	Range	Bill Da	ate	Last	Please select the form	you wish to print.	
1499990	All About Kids	March 2	021	05/05	/2021	06/	Print Selected Form	Preview Selected Form	
	Get Acrobat	Reader	Print Bill	Print Cover S	heet	Prin	Generic Session Notes	: Log	
							Generic Session Notes Nassau Coordination L Nassau EI Log Nassau Related Servic NYC Coordination Log NYC EI Log NYC EI Log with Supe	: Log with Supervisor .og :e Log rvisor	
							NYC SEIT Log NYC SESIS Form(Last	Printed)	

## NASSAU COUNTY EI TEMPLATE

Service Date:         01/25/2021           Start:         11:15 AM         End:         11:45 AM           Location:         Teletherapy         V	Page       1       of       1       NASSAU COUNTY EARLY INTERVENTION PROGRAM DAILY NOTES/ATTENDANCE SHEET         (Please print legibly-use black ink)       DOH EIOD:       Ongoing Service Coordinator:	
Attendance Code: P 🗸	Child's Name: BAHARY, WEDJY Date of Birth: 01/25/2017	Age: 4
Show only absences with time remaining:	IFSP Period: 09/08/2020 To 06/30/2021 Service: ST Telefiherapy Location	2x30 WEEKLY Frequency x Duratio
Coscion Datalla (aliak to show)	Agency NPI: # of Auth Sessions: 0 Auth #: ICD10 Code: F80.9, R62.50	Provider NPI: 832
Session Details (Click to show)	Provider/Agency Name: SUPPORT_DEMO Provider Name: WILSON MIGUEL AN Profess	ional Title:
1 Assigned CPT Codes (Click to view)	[KEY]         C =Clinician cancelled         FV =Family Vacation         H =Holiday         I =IFSP Meeting           P =Parent cancelled         PV =Provider Vacation         S =Child sick/hospitalized         X =Treatment Session	M =Make-up N =No one home
Notes: This is my entered note.	Date:         01/25/2021 [P]         IN:         11:15 AM         OUT:         11:45 AM           Desired Outcomes/Goals:         ITHIS AN EXAMPLE OF A GOAL         ITHIS AN EXAMPLE OF A GOAL         ITHIS AN EXAMPLE OF A GOAL	Session #: Makeup For: Co-Visit [] CPT Codet
Parent/Crgiver Present Observe Session Parent Communication Face-To-Face	Bassion Content:         This is my entered note. This is my entered response.         Recomment:         Recomment:         u for support. education. and guidance for parents:	92507
Session Progress: Progress	Parent/Caregiver Signature: Provider Signature/License Initials: Digitally signed by WILSON MIGUEL AN SupervisorSignature/License Initials:	
CoVisiting Therapist:	Date:         IN:         OUT:           Desired Outcomes/Goals;	Session #": Makeup For:
Attendance Is Medicaid Eligible:	Besalon Content:	Co-Visit [ ] CPT Coder
Override Group Size: Show Additional Info Health Screening	Recommendations for support, education, and guidance for parents;	
1 Assigned Goals (Click to hide) Goal Description Value	Parent/Caregiver Signature: Provider Signature/License Initials:	
1 THIS AN EXAMPLE OF A GOAL % Delete	SupervisorSignature/License Initials:	
Add 1 - THIS AN EXAMPLE OF A GOAL	Dete: IN: OUT:	Session #1
Percentage: 96	Desired Outcomes/Goals:	Makeup For:

• To print on this specific template, utilize Nassau EI Log from drop down.

# SUFFOLK COUNTY EI TEMPLATE

Service Date: 01/25	/2021	SUFFOLK COUNTY EARLY INTERVENTION PROGRAM - SESSION NOTE	
Start: 11:15 AM	End: 11:45 AM		
Location:	Teletherapy 🗸	Child's Name: BAHARY, WEDJY DOB: 01/25/2017	
Attendance Code:	P 🗸	Provider's Name: WILSON MIGUEL AN Provider NPI#: 8321159813 License #: 012851-	1
Show only absences	with time remaining:	Auth. Period: 09/08/2020 to 06/30/2021 El Auth #: ICD Codes F80.9. R62.50	
Makeun For:	, <u> </u>	Authorized Service (Discipline): ST Type: P Frequency and Dur	ation: 2x30 WEEKLY
Cassian Data	ile (eliek te shew)	Location: Other WOOD	
Session Deta	lis (click to show)		
1 Assigned CPT Codes (	Click to view)		
Notes:		Date: 01/25/2021 Time: From 11:15 AM to 11:45 AM Date this note is written:	01/25/2021
This is my entered n	ote	CPT Codes(s): 92507 [] Make-up For	
		[] Session Cancelled/Reason: [] Co-Visit	
		IFSP Outcomes Addressed:	
		THIS AN EXAMPLE OF A GOAL (%)	
Parent/Crgiver Pre	sent Observe Servion		
Parent Communica	ation Face-To-Fac		
	<u>/</u>	Activities and strategies used, child's response:	
		Log Notes: This is my entered note.	
Session Progress:	Progress	Response: This is my entered response.	
0			
This is my entered re	esponse.	Note progress - [ ] No progress [ ] Limited progress [X] Progressing	
This is my chereare	G	Check all that apply:	
CoVisiting Therapist:		[] Parent/caregiver tried activity, therapist assisted [] Discussed session activity with parent/caregiver	
		[] Showed parent/caregiver activity [] Collaborated with parent to meet family needs (newsletter, notebook, telephone)	
		Suggestions for embedding strategies into child's daily routines:	
Attendance Is Medica	aid Eligible: 🖉		
Override Group Size:	:		
Show Additional Inf	0		
Health Screening	- <b> </b>	[ ] Services were provided according to the frequency and duration stated in the IFSP.	
1 Assigned Goals (Click	to hid 🖉 🔘	Date: 01/25/2021	
Goal Descriptio	n Value	Parent/Caregiver Signature: Relationship to child: Parents	
1 THIS AN EXAMPLE OF	A GOAL % Delete	Provider Signature: Digitally signed by WILSON MIGUEL AN Credential:	
+ Add 1 - THIS AN EXAM	PLE OF A GOAL		
Percentage: %			

- Notes section populates to "Log Notes".
- Goals populate into "IFSP Outcome section".
- Response section populates into "Response"
- To print on this specific template, utilize Suffolk EI Log from drop down.

### NASSAU COUNTY CPSE TEMPLATE

Service Date: 01/25/2021		Parent/Caregive	- DO NOT		OFFICE OF CHILDREN WITH SPECIAL NEEDS		Print legibly/use black ink only	
Start: 11:15 AM	End: 11:45	5 AM	SIGN BLANK L	JO NOTES		Preschool Special Education Program		
location:	Teletherapy	*				TREATMENT LOG - RELATED SERVICES	5	
Attendance Code:	P	~	Child's name (Last, F	rst) C	OOB	Agency/ Center-Based School/ Independent Contracto	Agency/ Center-Based School/ Independent Contractor NPI # School	
how only absences	with time remaining	na: 🖬	BAHARY, WEDJY 01/25/201		1/25/2017	SUPPORT_DEMO		
Makeup For:		Location of Service as per IEP:(Use Code)		de)	Print Name of Individual Service Provider/License Number - if applicable			
			CB=Center, SA=School Age, X=Other		<u></u>	WILSON MIGUEL AN	012851-1	
Session Deta	ails (click to show	()	Type of Service: Da	tes of Service	(IEP Dates)	Print Name of Individual Supervising Provider/Profest	ional Credentials	License Number/NPI # - if applicable
Assigned CPT Codes	(Click to view)	0	ST 09/	08/2020 - 06/30/2	2021			
	•		Rx/Recommendation Date	ICD Code	Individual	Frequency & Duration as indicated on the IEP - IND	Frequency & D	uration as indicated on the IEP - GRP
otes:		_		F80.9, R62.50	Group	2x30 WEEKLY		
his is my entered r	note.	-	Town of Service	NCDOH NPI #	Size per IEP	Frequency & Duration as indicated for this provider - IND	Frequency & Du	ration indicated for this provider - GRP
			Woodmere	1558403824	Integrated	2x30 WEEKLY		
		Cont	Only NON CB services rec	uire a verifying w	itness signature	NPI # (Actual Therapist) 8321159813		
Parent Communic ession Progress: esponse: his is my entered r	Progress	Face V	NOTE: All sessions must be Witness, Provider and UDOU OTA: PT.L. IMP of Supervise Date of Session Start 01/25/2021 11:1 Child's Name: BAHA Signature of Parent/Verify Provider Signature Prof USOUDO Supervisor Sig	of by Parent or of Units of Units of M 11:45 AM RY, WEDJY ing Witness Credentials	or Authorized Verifying SHR. TSSLD, CPY. Session Code 4 # in Group Date Date 01/25/2021 bis Date	SESSION CODES: P-Service MU-Make Up Bession CA-Child           Gession Notes: Activity related to IEP Goals           Date of Missed Session:           Parent Present [X] Observe Session           Parent Present [X] Observe Session           Parent Present [X] Observe Session           Activity           This is my entered note.           Response           This is my entered response.           Progress:         Progress	I Absent TA-Therapi	st Absent S-CPSE Meeting T-Testing CPT Code(s) 92507 Location Code Teletherapy Service Type ST X Individual Croup Stor Per IPP
Care and a second second		~						
Attendance Is Media Override Group Size Show Additional In Health Screening I Assigned Goals (Click Coal Description THIS AN EXAMPLE O HAD 1 - THIS AN EXAMPLE O	cald Eligible:         Image: Color of the second seco	O Delets	Child's Name Contact and Comments Co	e (Last, First): § des: TC-Telephor	There	Is not a goals section     DOB: 01/25/2017  MICATION NOTEBOOK CO-COORDINATION R-WWAY Recommendation	on on i	Page 2 of 2 Classroom Teacher/Caregiver

- Notes section populates to "Activity".
- Response section populates to "Response"
- Goals do not populate on form.
- To print on this specific template, utilize Nassau CPSE Log from drop down.

### SUFFOLK COUNTY CPSE TEMPLATE

Service Date: 01/2	5/2021							
Start: 11:15 AM	End: 11:45	AM		Suffolk Count	ty Preschool	Special Education	n Program	
Location:	Teletherapy	~		Record of	of Center Base	ed Treatment Log N	lotes	
Attendance Code:	P	~	Suffolk County NPI # 1	558403824				
Show only absences	with time remainin	na: 🖾	1. Student's Name (Last, First)	DOB	Sex M	2. School Distric	t S	ervice Month / Year
Makeun For:	1	.9	BAHARY, WEDJY	01/25/2017			J	an 2021
Session Deta	ails (click to show	()	3. Agency / Agency NPI #		4. Name of	Individual Service F	Provider, Title, Licens	e #, NPI #
Assigned CPT Codes (	(Click to view)	0	SUPPORT_DEMO #		WILSON MI	IGUEL AN	012851-	1 8321159813
lotos:			5. IEP Dates: Start - End Dates	6. ICD Codes		7.Location of Serv	vice Other WOOD	8. IEP Freq x Duration
This is my entered r	note.		09/08/2020 - 06/30/2021	F80.9, R62.50		Individual or Gro	up IND Size	2x30 WEEKLY
			9. Type of Related Service ST			Prescripti	ion Y/N N	
		O	Date of Service: 01/25/2021	Status: P	Service	e Provided	Start: 11:15 AM	End: 11:45 AM
Parent/Crgiver Pr	esent Observe s	sion •	Date of Missed Session:	PI:	G#:	CPT Code(s)	92507	
Parent Communic	ation Face-To-	Fa V	Parent Present X Reason: C	bserve Session		Parent Communica	ation X Method: F	ace-To-Face
Session Progress:	Progress	~	Goal(s) Targeted:	AN EXAMPLE OF A	GOAL			
asponsa-			1	his is my entered note	e.			
This is my entered r	esponse.		Activity /Lesson:	1.0				
		2	Child's Response	his is my entered resp	ponse.			
oVisiting Therapist:	- 🧹		Progress					
		~	THIS S	ECTION NOT REC	UIRED FOR C	CENTER BASED PRO	OGRAMS AND SERVIC	ES
ttondance te Medic	ald El alas		Print name of Parent/Caregiver:	Total	In such days, the		Relationship to child	÷
Nerrida Craup Ciza	ald en one.		Signature of Parent/Caregiver:	To the best of my	knowledge, the	e session specified ab	ove has occurred.	ate:
overnde Group Size			L certify that the above services we	re provided on the di	tes and times in	dicated in accordance w	ith the student's IEP and th	he related service agreement
Show Additional	ro		rearry may the above services we	Siar	nature of Rela	ated Service Provi	ider:	te relateu service agreemen.
Health Scree ing			I certify that I have reviewed the ab	ove services:		** Digitally Signed **		Date: ** 01/25/2021 **
1 Assigned sals (Click	to hide)	•	USO/UDO Supervisor		Lice	ense #	NPI #	
Goal Description	on Value	-						
THIS AN EXAMPLE O	FA GOAL %	Delete						
Add 1 - THIS AN EXAM	IPLE OF A GOAL	~						
ercentage: 46								

- Notes section populates to "Activity/Lesson".
- Response section populates to "Response"
- Goals populate to "Goals Targeted" on form.
- To print on this specific template, utilize Suffolk CPSE/SEIT Log from drop down.

## NYC CPSE SEIT/RELATED SERVICE TEMPLATE

And the cost of the second sec	CONTRACTOR OF TAXABLE PARTY AND ADDRESS	SPECIAL EDUCATION PRESCHOOL PROGRAM RECORD OF SETT SERVICES	
otes:	Studen's Name: Topi, Tost SEITe Name: RELATED BERVICES Location al Bervices: Child's Home	NO SPOTPLI	
	· ·	SEIT LOG NOTES	Construction of the same
	Service Date: 01/27/2021	EP Goals/Objectives: use single words to communicate~will use gestures to communicate	E
Parent/Crgiver Present			
Parent Communication	10:00 AM		
	End Time	And the Contested serve and Manual. This Service are are ideal on Talethermore	an America China
ession Progress:	Make Up Date of Apr Ja:	Student's Response:	
lesponse:			
	I die hat the above sale from the	new particularly on this design and frames indicated in according to the state of the state	and the second se
Addinition Therapist	Jum a tee tron any material	incorporate on the dates and thes indicated, in accordance with the child's IEP, and that, to the best incorporate tailors. I understand that when completed and filed, this form becomes a record of ALAby	of my knowledge, the informatio out Kids
CoVisiting Therapist:	arm a free from any material i	interspresentations. Lunderstand that when completed and filed, this form becomes a record of Al Ab- interspresentations. Lunderstand that when completed and filed, this form becomes a record of Al Ab-	of my knowledge, the informatio out Kids.
CoVisiting Therapist:	am a tee from any nutarial	and plonded on the deep and they included, in adordance with the chird (E.P. and that, to the Seat inserpresentations. Tunderstand that when completed and flext, this form becomes a record of All Abs	of my knowledge, the informatic out Kids.
CoVisiting Therapist: Attendance Is Medicaid Eligible: 🛚	The stree from any material	(Signature of SE/T Provider)	of my knowledge, the informatic sut Kids.
CoVisiting Therapist: Attendance Is Medicald Eligible:	The stee from any material	(Signature of SE/T Provider)	of my knowledge, the informatic out Kids. (Deni)
CoVisiting Therapist: Attendance Is Medicaid Eligible:	The stee from any material	(Signature of SE/T Provider)	of my knowledge, the informatic sut Kids. (Densy
CoVisiting Therapist: Attendance Is Medicaid Eligible:	The stee from any material	(Signature of SE/T Provider)	of my knowledge, the informatic sut Kids. (Densy
Avvisiting Therapist: Attendance Is Medicaid Eligible:  Diverside Group Size: Health Screening B Assigned Goald (Click to Nate)	a the transmission of transmission of the transmission of	(Signature of SE/T Provider)	of my knowledge, the informatic surt Kids.
oVisiting Therapist: Attendance Is Medicaid Eligible: Avernide Group Size: Mealth Screening Seesigned Gools (Click to nies) Description Years Years Years	a the transmission of transmission of the transmission of	(Signature of SE/T Provider)	of my knowledge, the informatic surt Kids. (Densy
Covisiting Therapist: Attendance Is Medicaid Eligible: Override Group Size: Health Screening 5 Assigned Goals (Click to fulles) mai Description Value + Add TR District Available	a des tres tron any malaria i	(Signature of SE/T Provider)	of my knowledge, the informatic surt Kids. (Densy
Covisiting Therapist:       Attendance Is Medicaid Eligible:       Override Group Size:       Health Screening       6 Assigned Gools*(Click to files)       Com     Decryption       + Apt The Dools* Available       Measurement	a m a tee tron any nutarial	(Signature of SE/T Provider)	of my knowledge, the informatic surt Kids. (Detay

- Notes section populates to "Activity/Lesson".
- Response section populates to "Response"
- Goals populate to "Goals Targeted" on form.
- To print on this specific template, utilize NYC SEIT Log from drop down.

# DOCUMENTING COORDINATION OF SERVICE

My Cases					
Company	/: All Companies ➤	From 7/1/2021	To 7/31/2021	Retrieve	П
Child Name	Auth # Assignment Info	Company	IEP Verification		くと
SEIT, NYC	07/01/2021-08/31/2021 RELCOOR 1.00x60 MONTHLY IND	AAK	No	Enter Digital Order	Attendance

• For EVERY SEIT enrollment OR if you are the designated Related Service Coordinator on the IEP, a **RELCOOR enrollment** will appear in your Enter Claims for you to document your Coordination of Service each month. • Create **ONE** Attendance for the last school day of the month to document all of your coordination activities for the entire month.

- This can be ongoing throughout the month, please make sure you **UPDATE & SAVE** each time you add new information.
- <u>SEIT Attendance</u> code will be **NB** for Provided Non-Billable Service.
- **<u>Related Service Attendance Code</u>** will be **P** for Provided Billable Service.
- Enter all the services the child receives as mandated on their IEP in "Notes" section. •
- List by date all of your coordination activities in the "Response" section
- <u>Submit this attendance on your monthly EnterCLAIMS bill</u>, which will allow SEIT supervisor to review and co-sign your coordination log.

• You can print your log onto the AAK log template after creating your bill in Print Bill

Show only absences i	with time remaining:
Makeup For:	
Session Detai	ls (click to show)
1 Assigned CPT Codes (C	lick to view)
Notes:	
Services Child Receiv	es:
SEIT, ST, OT, PT	
Parent/Crgiver Pres	sent
🗆 Parent Communica	tion
Provided Via Teleth	erapy
Session Progress:	
Response:	
l	and the last second states and the

Services:

In the Notes section, you must list all services as per IEP and include information regarding service start, delays, provider changes, or any necessary comments or concerns

Coordination Activities must include:

-

• Minimum 1 x monthly direct contact (via phone, text, email or video conference) with all members of the

IEP team, including parent, classroom teacher, SEIT, ST, OT, PT, and Parent Trainer.

• Specifics regarding goals targeted, progress or regression, strategies used and collaborative efforts across disciplines.

Sample Service Coordination Note:

Notes: Services Received: SEIT, ST, OT, Parent Train Parent declined OT for ESY	ning
ST started week late but confirmed make-ups	\$
0 Assigned Goals (Click to view)	•
Response:	Session Progress:
7/6/21: PT: is working on John walking up of moderate assistance. John is also starting to (especially on the left side) and not dropping forward (with support). Balance overall is im incorporate these skills into the classroom en keeps changing the schedule last minute and mandate.	lown 4" and 6 " steps with minimal to control his own body more effectively to the floor after about 10 walking feet proving. We discussed ways we can vironment. PT is reporting that mom it has been difficult meeting the
7/14/21: OT: John is no more consistent with however, he continues to fatigue quickly after more self-directed during our sessions and the about the specific strateg as that help reduce (reinforcing items, frequent breaks).	th his pincer grasp when verbally cued, r fine motor tasks. He has also been a bit rowing toys when frustrated. We spoke his frustration in the classroom
7/26/20 ST: John is working on sound imitat There has been more progress this month. S sentence length. We spoke about how every giving it to him with emphasis on the beginning beginning sound (inconsistent progress).	ions of the phonemes /p/, /b/, /m/, /d/. he is working on increasing his verbal thing is being labeled for him before ng sound in hopes of his imitation of that
7/30/21: Parent: Reviewed with parent what on with John and what his progress is, include about labeling all things in his environment b the first sound to see if he will imitate it. It is taking John to a clinic for OT and PT to make She also reported that ST is late often and wi	all related service providers are working ing in the classroom. Spoke to mom efore giving it to him with emphasis on reported by mom that she will begin it easier for her to schedule services. Il cancel last minute.
6/21/21: Classroom teacher: Provided strat support from PT and how to carry over workin a pencil grip from OT. Gave strategies on ho sounds /p/, /b/, /m/, /d/ from ST.	egies for negotiating stairs in school with ng on his pincer grasp and incorporating ow to encourage him to imitate beginning
ATTENDANCE-WARN	INGS AND ALERTS

EnterCLAIMS has embedded warnings and alerts to assist you in accuracy of documentation.

When **SAVING** the session note you MAY **encounter conflicts and/or warning messages preventing you from saving attendances and signatures successfully. You MUST read and review each message in detail to determine if you can check off** <u>Okay with Warnings</u> to bypass.

Please carefully read ALL warnings and alerts. Most warnings allow you to bypass and it is up to YOU to determine if it is appropriate to continue. Others will NOT allow you to bypass and will prompt you to fix the problem before you continue with documentation. \*You will not be able to save your note in these instances!!!

Tip: You may want to copy and paste your note into another document to save and paste back into EnterCLAIMS when able.

### **Common Alerts & Warnings**

#### TIME CONFLICTS

- Dates and times MUST be accurate and truthful.
- You SHOULD NOT be overlapping sessions with other providers unless you are conducting a co-visit (if permitted on IEP/IFSP).

• If you have any TIME CONFLICTS, you **will not** be able to bypass, and info will not be saved. • You **will not** receive an alert warning if there is a time conflict with an **outside agency**. However, your session will get denied and your biller will contact you to resolve the time conflict in order to get reimbursed for the session. You must contact the NYEIS help desk at 518-640-8390 or email them at <u>NYEIS@cma.com</u>. • You must review and modify your session times for accuracy and/or contact the other AAK provider causing the conflict to clarify times and fix it before saving and submitting.

Conflicts encountered. You must either check off the conflict to bypass it or fix it if bypassing is not an option. You have gone over your assigned weekly frequency of 1 for ST for Test Test Test Test has a time conflict for ST with you at 9:00AM on February 3 Test Test has a time conflict for ST with you at 8:45AM on February 3 You have a time conflict with attendance for Test Test for ST on February 3 at 9:00AM You have a time conflict with attendance for Test Test for ST on February 3 at 8:45AM 2 future missing mandatory fields An attendance on 2/3/21 from 09:00 am to 09:30 am for ST for Test Test requires a log note. An attendance on 2/3/21 from 08:45 am to 09:15 am for ST for Test Test requires a log note. Okay with Warnings Cancel

Once identified, you must correct your time and obtain a new parent signature **prior** to billing. If you have *already* created & submitted a bill with the WRONG time, you must contact AAK Billing Managers. Only they will be able to lift the bypass block for you to make this correction. They will advise you to enter a NEW session note with the correct information in EnterCLAIMS and resubmit bill. You must arrange a day and 30- minute time block that you are available to make the correction and confirm when completed.

Warning Code	Warning Description	Allow	How to Resolve?
Child	Time	No	You should not add multiple sessions for same child on same date and time. Review
Time	overlap		your weekly attendance calendar and modify your session times for accuracy or delete
Conflict	for child		duplicate attendances.
Over	Over		Refer to the IFSP or Therapy Details page of the child's enrollment in EnterCLAIMS.
Covisit	CoVisits		The IFSP dictates the number of Co-visits allowed during the IFSP period which is
Frequenc	allowed in		entered accordingly into the Therapy Details in EnterCLAIMS. You will not be able to

У	Visit Tracking per frequency No		save attendances for Co-visits if over the alloted amount is entered for the IFSP period.
Session X Days after Service Date	You are entering an attendan ce too far past the date of service	No	Session notes are to be completed contemporaneously (at end of session or as close to end of session as possible). Session notes entered too far past date of service will not be saved.
Therapist Time Conflict	Time overlap for therapist	No	You should not be overlapping sessions with yourself or other providers unless you are conducting a co-visit (if permitted on IEP/IFSP). Review your weekly attendance calendar and modify your session times for accuracy. Contact the other AAK provider causing the conflict to clarify times and fix it before saving and submitting. You will not receive an alert warning if there is a time conflict with an outside agency.
Two Untimed CPT Codes	Two or more untimed CPT Codes	No	Only one untimed CPT code may be used per session. Additionally, untimed and timed codes cannot be combined on one session.

Validate CPT Mintues	Total CPT Code minutes does not match attendan ce duration	No	The total duration of the CPT codes used MUST match the duration/time on each attendance prior to signing and submitting your session notes. If codes for your service are timed, please make sure you assign the appropriate number of timed codes to equal the length of the session. You cannot use both timed and untimed codes together. Example: OT 30 minute session can use 97530 but needs to enter it TWICE as this code is broken down into 15 min. If your service does not use CPT codes, you must use NOCPT as code. You have the ability to add/modify/delete the default CPT codes to child's Therapy Details Page.
Validate Makeup Time	More time entered for makeup date than was entered for absence	No	Ensure make-up session matches missed session duration.

# SIGN ATTENDANCE-- PROVIDER SIGNATURES

Once your attendance is accurate and you have obtained the guardian signature, it is time to create a bill. Before the bill can be created you will have to sign each session note using a PIN number that you've created when you first logged into EnterCLAIMS.

- <u>Provider's Signature</u>: Provider signs session notes electronically via EnterCLAIMS on your computer, phone or tablet. A Pin needs to be created and is used to sign in EnterCLAIMS electronically. Session notes must be signed with your Pin prior to creating a bill for the service.
- Your PIN is a digital signature and the last step before creating a bill.
- To sign your attendances using your PIN, go to:
- Therapist > Sign Attendance
- Check off the attendances you would like to submit and click "Sign Attendance" \*\*This screen also allows you to review your attendances prior to signing them and submitting them for Billing \*\*\*
- A popup Requesting your PIN will display. Enter your PIN and click "Sign Attendance"

	Child	Туре	Date	Start Time	End Time	Туре	Setting	Location Address	CPT Codes	ICD 10 Codes	Log Notes	Expanded Log Notes	Medicaid Eligible	Credential	Guardian Signature
	Trainer, AAK	р	3/3/2021	9:00 AM	9:30 AM	Individual	Child's Home	queens, Queens NY 10452	92507	F80.9			у	SLP, ABA	No
0	SEIT, NYC	NB	7/30/2021	9:00 AM	10:00 AM	Individual	OFFICE - BROOKLYN	67 35th Street Bldg 5 Ste B226 Brooklyn NY 11232	NOCPT		Services Received: SEIT, ST, OT, Parent Training Parent declined OT for ESY ST started week late but confirmed make- ups	Attendance Log Note: Services Received: SEIT, ST, OT, Parent Training Parent declined OT for ESY ST started week late but confirmed make-ups	у	slp, ABA	No

### SIGNING ATTENDANCE- CO-SIGNATURES

Supervisors must co-sign on the following:

- Speech Clinical Fellow Session Notes, Related Service Coordination Logs
- COTA Session Notes
- SEIT Coordination of Service Logs
- Service Coordinator Session Notes

Supervisors can review and sign off directly into EnterCLAIMS after you submit your documentation. To co-sign attendances, go to Therapist > CoSign Attendance

• To digitally sign attendances in EnterCLAIMS, you will need to set a PIN for your account.

To sign attendances:

- Check the box next to all attendance that should be signed or click the check box to the left of the Child column for all attendances
- Enter your PIN and click "Sign Attendance" to finish signing

# CREATING AND PRINTING A BILL

Once all previous steps have been completed (completing session notes, verifying accurate information, obtaining guardian signature, provider signature), you are ready to create a bill which will also automatically submit the session notes to AAK.

#### Session Note Submission/Creating a Bill: To submit your session notes to AAK, you MUST create a bill in EnterCLAIMS.

• To create a bill, go to: - Billing > Create Bill

Home	& ASSOCIATES INC. Consultants		Maintena		VIS	
eate	Bill					
(	Company:None	From	То		Retrieve	
		Separate b	ills by prog	gram type		
•	Child	Therapy		Month	Number Of Sessions	Program Type Help
		No attendances-	-			
		Notes:				
		NYC EI Week o Rate \$30 per All correspon emailed.	f 8/15/21 t 30 min ding signat	to 8/21/21	eletherapy ha	ive been
II cer	tify that the above serv sh to allow the agency (	with the stu to edit my bill by	ed on the dents IEP/ sending t tional)	dates and t IFSP. back attend	times indicat lances to edi	ed in accordance
		Proviour Log Notes	Preview Bill	Create Bill		

- The list of sessions available to bill will open.
- Only Signed Sessions will appear.
- Be sure you are in the **correct date range**.
- Check off all sessions you wish to bill.
- Check off to Certify that the services are accurate and in accordance with IEP/IFSP.
- Check off allow agency to send back attendances (this is necessary in case corrections are needed).

#### In the Notes box, please enter (This is your services summary):

- Program Name (i.e., EI, CPSE etc.),
- The week or month of the services
- YOUR session rate.

Only sessions in **Black** can be billed. Sessions in **RED** are *not bill ready*. Click the (?) to find out why and make the needed corrections.

### FINAL CHECKPOINT

#### Click "Preview Bill"

Check that the number of services on the bill are the number of services you planned to bill. If the

number of services DO NOT MATCH, go back and check for unsaved and/or unsigned services. Do

#### NOT ignore any mismatches!

These are also *the number of services* you will be paid for.

To ensure accurate payment to you, your billing must be accurate.

Cancellation Notes and Absences must also be <u>billed</u> for audit documentation purposes (they will be listed as

\$0.00) After previewing your bill, do not forget to click "Create Bill".

# Please note that creating your bill on EnterCLAIMS is not the FINAL step of the billing process for AAK.

You then must "Print Bill" and save the PDF an email securely to billing@aakcares.com.

### TO PRINT BILL AND SAVE PDF

To print bill, go to: - Billing > Print Bill

Therapist	<u>Billing</u>	Payments
:11	Create Bill	
	<u>Print Bill</u>	

\*Make sure your Pop-Up Blocker is disabled prior to clicking the **"Print Bill"** button

Download or Print to PDF and attach to email when submitting your billing.



# EI BILLING REQUIRED DOCUMENTS AND PROCEDURE FOR ALL REGIONS: The EI Service week is Sunday through Saturday.

EI Bills are due Weekly on SUNDAY at 5pm for the previous week of services.

Weekly billing submission MUST include:

**1) EnterCLAIMS Bill attached to Email-** To submit session notes to AAK, **you must CREATE YOUR BILL in EnterCLAIMS.** Your bill must include contemporaneous **session notes for EVERY MANDATED session including cancellations/absences.**You must Print Bill, save as a PDF and attach the EnterCLAIMS Bill PDF to the billing email below.

**2) Email Personal <u>Monthly</u> Invoice (Independent Contractors) with amount due** *per program serviced* **at <b>end of month**. The TOTAL BILLABLE sessions on your EnterCLAIMS bills for each week **must match your monthly invoice**/pay for that month

#### Submit all required documentation to: <a href="mailto:Billing@aakcares.com">Billing@aakcares.com</a>

\* In Subject line of email, include Provider Name, Program, Region/County of Service

\* Include all required documents as attachments in PDF format (not in body of email)

**CPSE/LI CSE** REQUIRED DOCUMENTS AND PROCEDURES FOR ALL REGIONS: CPSE/LI CSE service week is Monday through Friday (8am-6pm) starting the 1st of the month to the last day of the month.

CPSE Bills are due MONTHLY on the 3rd of the month by 5pm for the previous month of

#### services. <u>Monthly billing submission MUST include:</u>

**1) EnterCLAIMS Bill attached to Email-** To submit session notes to AAK, **you must CREATE BILL in EnterCLAIMS.** Your bill must include contemporaneous **session notes for EVERY MANDATED session including cancellations/absences.** 

• You must Print Bill, save as a PDF and attach the EnterCLAIMS Bill PDF to the billing email below.

#### 2) Corresponding Parent/Guardian Signatures for every session provided.

• Signatures MUST be obtained via EnterCLAIMS (on device or through Parent Portal)

# 3) Email Personal <u>Monthly</u> Invoice (Independent Contractors) with amount due *per program serviced* at end of month.

• The TOTAL BILLABLE sessions on your EnterCLAIMS bills for each week **must match your monthly invoice**/pay for that month.

Please note some LI CSE districts may require additional documentation to be submitted at time of

#### billing. Submit all required documentation to: <a href="mailto:Billing@aakcares.com">Billing@aakcares.com</a>

\* In Subject line of email, include Provider Name, Program, Region/County of Service

\* Include all required documents as attachments in PDF format (not in body of email)

### NYC PRESCHOOL BILLING REQUIRED DOCUMENTS AND PROCEDURES NYC

**CPSE/CSE** Service week is Monday through Friday starting the 1st to the last day of the month.

CPSE/CSE Bills are due MONTHLY on the 3rd of the month by 5pm for the previous month of

services. 1) Personal Invoice with Total Number of Sessions Provided and TOTAL AMOUNT DUE

2) Fully completed and signed Special Education Itinerant Service Form per child per week. Session dates and times MUST match session notes completed in EnterCLAIMS

#### 3) Create Bill to submit Signed Daily Session Notes via EnterCLAIMS and Include Copy of Bill in

File/Folder 4)Upload ALL billing documents via Folder Share and to billing@aakcares.com

### NYC CPSE BILLING SUBMISSION

1) You will receive an email with a shared folder t the beginning of each month to the email address on file at



2) Click the link and you will be instructed to enter your email address.



3) A verification email will be sent to you. Check your spam/junk folder if it is not found in your

email. This email will grant your access to the folder.

4) You will then obtain access to electronic billing folders labeled by Month of Service.

5) Upload your required monthly billing documents (listed on previous page) to this folder.

# COMPLIANCE IMPORTANT REMINDERS

• Session notes are to be completed contemporaneously and are part of your mandated service provision. • Session notes are legal documents under the New York State, Regional and County Education Department, and Medicaid Preschool/School Supportive Health Services Program for which you hold responsibility. • Providers are REQUIRED to follow ALL regulations as per their discipline license and certification. • Session notes MUST be truthful and authentic.

• Session notes are monitored for compliance by our Billing Department and Quality Assurance Supervisors according to antifraud guidelines, as well as overall best practice and ethical guidelines. • You may be contacted during Billing Cycles and/or Quality Assurance Reviews to resolve any identified concerns. Your immediate attention is required.

• Incomplete and unbilled (unsubmitted) notes are considered out of compliance.

• Noncompliance will be considered for continued and future staffing.

# TROUBLESHOOTING

Please review the following when encountering problems with EnterCLAIMS. Most problems are due to user errors and can be easily fixed by using this manual.

Please refer to the "Alerts & Warnings" section for additional detailed information.

### IF YOU ARE UNABLE TO CREATE A BILL

• If a child name appears in RED on the Create a Bill Screen, click on the "?" to determine the reason why. • You will NOT be able to create a bill/submit your session notes to AAK if:

- A Prescription or Speech Recommendation is not on file at AAK > Submit or Contact Data Entry/AAK Office
- A Log Note is BLANK > Go back and complete your session note!!

Missing Mandatory items must be corrected BEFORE you can create your bill.

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### **RETURNED ATTENDANCE/ALERTS**

- Session note attendances will be returned if corrections are needed.
- You will receive an ALERT on your Home Page.
  - Included will be the following information: session date, reason for return

#### JAMES MCGUINNESS & ASSOCIATES INC. EnterCLAIN

#### Therapist Home

My Information O Alerts | View Last 5 Alerts Home

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Alert Listing

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Test, Test

From: 11/02/2020 To: 02/02/2021 Resolution Status Both ✓ Show Expired Alerts Retrieve

Read	Posted	Expires	Company	Resolved	Message
Read	12/31/2020	01/31/2021	All About Kids	Yes	*** 1 attendance has been marked for return for bill 1341878. Please review, correct, and rebill this session. Attendance Details: - Test, Test for 12/30/2020 at 1:00PM to 1:30PM
Read	12/15/2020	01/15/2021	All About Kids	No	*** 1 attendance has been marked for return for bill 1325398. Please review, correct, and rebill this session. Attendance Details: - Trainer, AAK for 12/14/2020 at 9:00AM to 9:30AM Reason Attendance was sent back: send back test
Read	12/10/2020	01/10/2021	All About Kids	No	*** 1 attendance has been marked for return for bill 1320343. Please review, correct, and rebill this session. Attendance Details: - Trainer, AAK for 12/10/2020 at 9:15AM to 9:45AM Reason Attendance was sent back: Sending back for missing parent/guardian signature
				Copyright 2005	- -2021 © James McGuinness and Associates r help using the site click here.

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### **CORRECTING ATTENDANCE SENT BACK**

1. Session notes **MUST be UNSIGNED** to make edits/corrections.

2. Your biller has **Unsigned** the attendances needing correction prior to sending the attendance back to you. If the session has not been unsigned, you must first UNSIGN.

3. To make the edit/correction, choose one of the following methods:

• Go to your Therapist Sign Attendance Screen, and "Edit" the date of service with the correct information. • Go to your weekly attendance screen, "Jump to" the date or scroll to the week of service that needs correction. • Go to "My Day" and enter the date that needs correction and edit with correct information.

4. Click to Open EVERY attendance needing correction to edit and press "update & save" on each session note

5. Re-sign EVERY attendance. (From Home Screen, click Therapist tab, then click Sign and sign using your

02/02/2021 2:37:43 PM

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pin).

6. Create a new bill with corrected attendances ONLY. In notes section, indicate correction with dates. This step will submit your corrected session to AAK. All Corrections must be billed. Send correction to biller who requested it.

7. You may now indicate "Alert Resolved" on your Home Page.

### ATTENDANCES NOT ON BILL

- All attendances documented in EnterCLAIMS **must** be submitted on a bill.
- Attendances/Session Notes not on a bill WILL NOT get submitted to AAK.
- Some attendances may remain from the Weekly Attendance Screen or Sign Attendance screen to the Create a Bill Screen.
- You must ensure that ALL sessions get added to a bill or get DELETED.
- Regularly check your therapist Sign Attendance screen to ensure no attendances are lingering. Check that your Create a Bill screen has NO pending bills.
- If the session attendance is editable and NOT "greyed out", it has not been submitted. •
- This will ensure successful documentation and compliance.

If you continue to have problems, you may submit an EnterCLAIMS Provider Support Ticket for individualized assistance through the following link:

### AAK EnterClaims Provider Support Ticket

This link is for AAK Providers only; please do not share with families at this time.

### AAK WEBSITE

All necessary forms can be accessed on the therapist login on the AAK website. You will also be able to access numerous other support documents and video tutorials on this page. Check back regularly for updates and new additions.

#### https://aakcares.com/therapist-login

Password is updated regularly and is distributed via email.

To access McGuinness EnterCLAIMS Video Tutorial: https://register.gotowebinar.com/recording/5895232107402599426

#### For HR Cloud Set up and Support and/or Ongoing Compliance questions, please

contact: Support@aakcares.com\_and/or ProviderCompliance@aakcares.com