

**PRESCHOOL SPECIAL EDUCATION SERVICES
POLICY & PROCEDURES MANUAL**

**ULSTER COUNTY DEPARTMENT OF
SOCIAL SERVICES**



**ADELE B. REITER
ACTING COUNTY EXECUTIVE**

**MICHAEL A. IAPOCE, Esq.
COMMISSIONER**

**RITA WOOD
PROGRAM COORDINATOR**

September 2016

TABLE OF CONTENTS

SECTION I.	Overview and Definitions of Terms	Page 4
SECTION II.	Confidentiality.....	Page 6
SECTION III	Designation of Related Service Provider.....	Page 8
SECTION IV	Provisions of Services.....	Page 9
	The IEP.....	Page 9
	Contact Log: Record of Related Service.....	Page 9
	Periodic Progress Reports.....	Page 10
	Transfer Students	Page 12
	Amendments to the IEP	Page 13
	Coordinator of Services.....	Page 13
	Attendance at CPSE Meetings.....	Page 13
	Missed Sessions and Make-Up Sessions.....	Page 14
SECTION V.	Records.....	Page 15
	Documentation Retention.....	Page 15
	Primary File	Page 15
SECTION VI.	Advertising.....	Page 17
SECTION VII	Medicaid Requirements.....	Page 18
SECTION VIII.	Billing.....	Page 20
SECTION IX.	Annual Review and Extended School Year Guidelines	Page 21
SECTION X	Phone Directory: CPSE Chairpersons & County Personnel	Page 23
EXHIBITS		Page 25
Exhibit 1A	Special Education Preschool Program <u>Record of Related Services (AKA Ulster County DSS Monitoring Form)</u>	
Exhibit 1B	Instructions for Completion of the Special Education Preschool Program Record of Related Services	
Exhibit 1C	Record of Related Services Using KSystems	
Exhibit 2	Format for Special Education Preschool Program Related Service Quarterly Report	
Exhibit 3	Format for Special Education Preschool Program Annual Progress Report	
Exhibit 3A	Instructions for Annual Review Report	
Exhibit 4	Record of Student File Access	
Exhibit 5	Instructions for Scripts	
Exhibit 6	Sample Written Order/Script form	
Exhibit 7	Parent Signature Page Template	
Exhibit 8A	Ulster County Amendment to the IEP template	
EXHIBIT 8B	Ulster County Request/Justification for Amendment to the IEP template	
Exhibit 9	Extended School Year Documents	
Exhibit 10	Special Transportation Questions	

INTENTIONALLY LEFT BLANK

SECTION I

OVERVIEW AND DEFINITION OF TERMS

A. OVERVIEW

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

The purpose of this manual is to clarify certain policies and procedures which must be followed to assist providers in meeting the requirements of their contract with Ulster County and in maintaining compliance with New York State Laws and Regulations. Providers should be thoroughly familiar with both the provisions of the contract and the guidelines for implementation of the contract provisions outlined in this manual.

Responsibility of the County to Contract with Related Service Providers: In accordance with Section 4410(9) (C) of the New York State Education Law, it is the responsibility of the County to contract with related service providers; to maintain a list of appropriately certified or licensed professionals and agencies with which it contracts to provide related services; to determine reasonable rates of reimbursement (subject to approval of the Commissioner of Education) for related services and the coordination of two or more related services; and to pay the related service providers who deliver appropriately authorized services in accordance with the contract.

Authorization for Related Services: Related services provided to preschool students with disabilities (ages 3 to 5) are authorized by the student's Individualized Education Plan (IEP) which is determined by the student's school district's Committee on Preschool Special Education (CPSE). The IEP sets forth the type, duration, and frequency of the related service(s), specifies the start date and end date of the service period and the location where services are to be provided, as well as measurable annual goals to be implemented.

The specific related service provider(s) is selected by the CPSE from the list of related service providers maintained by the County. If a Coordinator of Services is required, the CPSE also designates the coordinator.

Ulster County's Preschool Program Specialists, on behalf of most Districts, will secure service providers to implement the IEP. The service provider will receive a verbal and written documentation to provide services based on the final IEP. A STAC from the School District and a recommendation written order (prescription) for services to be obtained by the provider of service is also required.

B. DEFINITIONS

Related Services: Related services are defined in Part 200.1(qq) of the Regulations of New York State Commissioner of Education. "Related services means developmental, corrective, and other supportive services as are required to assist a student with a disability and includes speech language pathology, audiological services, interpreting services, psychological services, physical therapy, occupational therapy, counseling services including rehabilitation counseling services, orientation and mobility services, medical services as defined in this section, parent counseling and training, school health services, school social work, assistive technology services, other

appropriate developmental or corrective support services, appropriate access to recreation including therapeutic recreation, and other appropriate support services and included the early identification and assessment of disabling conditions in students.”

Related Service Session and Frequency, Duration, and Location: A related service session shall consist of services provided by a therapist interacting with an individual student or group of students. The frequency, duration, and location of each such service shall be as set forth in the IEP, based on the individual student’s needs.

The minimum duration of each session must be thirty (30) minutes; however, sessions of longer duration may be required by a student’s IEP. It should be noted that as of December 8, 2010, section 200.6(e) (2) of the Regulations of the Commissioner has been amended, to repeal the minimum service delivery requirement for speech and language services. **NOTE: SEIT services are of a minimum of 2 hours per week, 60 minute sessions.**

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

Coordinator of Services: When a preschool student (ages 3-5) with a disability, receives two or more related services, the CPSE must designate one of the related service providers as a Coordinator of Services. (Note: When a preschool student receives one or more related services and Special Education Itinerant Teacher (SEIT) services, the SEIT provider must be designated as the Coordinator of Services. SEIT providers must be approved by the NYS Education Department in accordance with Section 4410 of the Education Law.)

School Calendar: Services for preschool students with disabilities are provided in accordance with the dates specified on the IEP and in accordance with a “school calendar.” *School calendars exclude weekends, certain legal holidays and school vacations.* Services should be rendered during normal school hours-evenings and weekends should be avoided. Since school calendars vary from school district to school district and school to school, the school calendar for a student receiving related services should be based, where reasonable, on the following considerations:

- For a student receiving related services from an independent related service provider at home, in a day care setting, or at the office of the provider, the “school calendar” should be the calendar of the student’s school district. Although many school districts do not maintain a summer calendar, this should not be problematic since there is only one legal holiday during this period and the dates of services are delineated on the child’s IEP.
- For a student receiving services from an independent related service provider in a pre-K, nursery school or Head Start setting, the calendar of the pre-K, nursery school, or Head Start program should be followed.
- For a student receiving related services from a 4410 program agency (including those 4410 agencies who provide SEIT &/or RS), the school calendar may either be the calendar established by the 4410 agency or either of the two options listed above.
- Services can be provided on a Superintendents Conference Day since it is counted as one of the 180 mandated days.
- If a school district cancels school because of a snow day or another emergency, the provider can decide if they want to provide services that day or make up the session in accordance with the contract.

SECTION II

CONFIDENTIALITY

Policy and procedures adapted from the Medicaid in Education Handbook 7

A. HIPPA and FERPA

1) Health Insurance Portability and Accountability Act (HIPPA)

The HIPPA Act of 1996 requires standards be adopted in two areas Electronic health-care transactions and Privacy (confidentiality) of all health-related services provided. This involves protection of health information for anyone in receipt of such services.

For more information about HIPPA please visit the US Department of Health and Human Services website at <http://www.hhs.gov/ocr/privacy/>

2) The Family Educational Rights and Privacy Act (FERPA)

FERPA is a federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's educational records. FERPA is more restrictive than HIPPA with respect to the protection of privacy and security of all health related services.

IN ORDER TO COMPLY WITH FERPA (AND THUS WITH HIPPA) THE FOLLOWING MINIMUM PROCEDURES MUST BE IN PLACE:

- ✓ **All student data files and information must be protected.** (Ex. locked and only accessible by appropriate personnel)
- ✓ **Any student information/files transmitted to other appropriate recipients must also be protected. Information files must be encrypted and password protected.**
- ✓ **Student information/files may be faxed to appropriate personnel, but only to secure sites.**
- ✓ **Parental consent is required for the release of any personally identifiable information.**

US Department of Education website for more information
<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/ondex.html>

B. **Transmitting confidential information:** (as adapted from the Medicaid in Education Handbook 7, Confidentiality section)

- ✓ **Faxes should have a cover page that does not disclose identifying information.** The receiver should have a fax machine that is located in a secure environment and not open to the general public.
- ✓ **E-mail transmissions are permissible only if the data is encrypted and password protected.**
- ✓ **Telephone messages containing identifying data should be only left on voicemail systems that are password protected.**
- ✓ **Printed documents should be mailed to specific individuals with the right to know. General addresses, where anyone can open the mail, are not appropriate.**

- ✓ **All files must be maintained in a secure environment which can only be accessed by appropriate staff. Information should not be left unattended. It should be locked or maintained where access would be denied.**

SECTION III

DESIGNATION OF A RELATED SERVICE PROVIDER AND LOCATION OF SERVICES

- A. **Designation of a related service provider:** For a preschool student with a disability who is found eligible for services under Section 4410 of the Education Law, it is the responsibility of the CPSE to designate the specific related service provider(s) for that student. This designation must be included on the students IEP.
- If a preschool student will be receiving two or more related services, it is also the CPSE's responsibility to designate one of the student's related service providers as a Coordinator of Services. If the student receives one or more related services in conjunction with Special Education Itinerant Teacher (SEIT) services, then the SEIT must be designated as the Coordinator of Services. This designation also must be included on the student's IEP. (Please refer to Section IV F. for more information)
 - In most cases, Ulster County acts on behalf of the local School Districts to locate and secure a services provider. The Ulster County DSS Preschool Program Specialist will request Preschool Services by phone, or fax. Once a provider is confirmed to provide services based on the IEP, verbally and in written form, the provider should request an IEP from the school district's CPSE Chairperson (and access to the IEP on IEP Direct). The provider is also responsible for obtaining original prescription forms for each medically-based service.
 - Related Service providers will also receive a STAC form (for Ulster County a "Confirmation of Payment Authorization of Related Service") once the County receives it from the District. Related service providers should carefully review the student's IEP and STAC since payment will be made only for services provided in accordance with the student's IEP. Particular attention should be paid to:
 - ✓ start and end dates of services
 - ✓ the location of services (ex. home/community, therapist office, flexible setting)
 - ✓ frequency and duration of services (e.g. 2 times a week for 30 minutes)
 - ✓ delivery mode - individual or group session/size of group *a minimum group size is 2
 - ✓ designation of provider

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

- A provider does not have the authority to change the frequency and duration of services because it better meets the therapist's schedule. Only the CPSE can make any changes to the frequency and duration of services based upon the student's needs. (See Section IV E, for more information)
- If the professional standards of the related service provider (e.g., speech-language pathologist, occupational therapist, and/or physical therapist) or Medicaid requirements, require a physician's or other health care professional's order prior to the delivery of service, it is the responsibility of the related service provider to obtain

and adhere to such order as it pertains to the delivery of the related service. The original order must be obtained by the provider and sent to the County for the student's primary file. The provider must keep a copy in their records for the child. A new written order is needed for any change in the frequency, duration, or type of service, date of service, for each school year.

- The school District is responsible for creating the IEP. The County contracts with service providers to carry-out the IEP plan. Therefore, the provider must follow the District calendar and IEP regulations as well as any County policies and procedures.
- Providers must follow the school district calendar, make-up session policies, and child's best interest when scheduling sessions.

B. **Location**: For preschool students, the location where related services will initially be provided is determined by the CPSE and is specified on the IEP*. Related services may be provided at sites including:

- an approved or licensed pre-K
- the worksite or office of the provider
- a Head Start program
- a child's home or child care location
- a State facility

*Specific location of services must be followed- ex home/community would cover a preschool setting, therapist office would include the therapy room, flexible setting would cover push-in services.

SECTION IV

PROVISION OF SERVICE

A. THE IEP

Services must be provided in accordance with the student's individualized Education Plan (IEP). The IEP will specify the service provider, location, frequency and duration, mode of delivery, goals, etc. The school district is responsible for maintaining a current IEP for each child eligible for preschool special education services.

B. CONTACT LOG – RECORD OF RELATED SERVICES *(See Medicaid-In-Education handbook 7 Section 5 #8A)*

“The duties of the provider are discussed in Social Services Law at 18 NYCRR Section 504.3(a). Providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program. “Contemporaneous” records means documentation of the services that have been provided as close to the conclusion of the session as practicable. In addition to preparing contemporaneous records, providers in the Medicaid program are required to keep records necessary to disclose the nature and extent of all services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later.”

1) CONTACT LOG

The service provider must maintain a contact log to record each service session provided to a student. If a provider has been designated as the Coordinator of Services, coordinator activities must also be documented on a separate contact log. A contact must be maintained on the Ulster County DSS Special Education Preschool Program Record of Related Services form. (Exhibit 1A). Directions for completion of this form are attached as Exhibit 1B.

- The form details information about the student, the service authorized, the service provided and the therapist. It includes a space for notes which must be completed by the related service provider following each service session, and requires the signature of the provider and signature of the parent/guardian or child care provider, pre-K teacher, etc., as appropriate. Written permission by the parent is needed if someone other than the parent/guardian is signing the form. In addition, if a therapy session is missed, the date of the missed session and the reason for the missed session should be indicated on this form. These records must be included in the student's file maintained by the related service provider.
- Ksystems record keeping- please notes that Ulster County uses Kinney/Ksystems to record each session online. (See Exhibit 1C for directions on how to use Ksystems log.)
- At this time, either the Ulster County DSS Monitoring form (session notes) can be submitted by paper form or online through Ksystems. However, entries must be consistent, and meet all requirements for Medicaid in Education Program, Ulster County Guidelines and Contract requirements.

2) SESSION NOTES (Medicaid requirement):

Session notes specifically document that the servicing provider delivered certain diagnostic and/or treatment services to a student on a particular date. Session notes must be completed by all qualified providers furnishing the services authorized in a student's IEP for each Medicaid service delivered and must include:

- ✓ Student's name
- ✓ Specific type of service provided
- ✓ Whether the service was provided individually or in a group (if group specify actual group size)
- ✓ The setting in which the service was rendered (school, clinic, other)
- ✓ Date and time the service was rendered (length of session – record session start time and end time)
- ✓ Brief description of the student's progress made by receiving the service during the session (2-3 sentences – who, what, where, & when)
- ✓ Name, title, signature and credentials of the servicing provider and signature/credentials of supervising clinician, as appropriate
- ✓ NPI number must be captured in Ksystems or recorded on the hardcopy of the session note form

3) KSYSTEMS

Ulster County currently uses the K-Systems online record system for the Preschool Program Record of Related Services. Ulster County will add the child to the Ksystems roster once approved through the CPSE. When the IEP is finalized and the provider is authorized by the County, The child will first be assigned to your Director, who then is responsible for assigning the child to your caseload. Once assignment has been made, the service provider will keep the record of related services in this on-line form (see Exhibit 1C) The Ksystems record must include the SSHSP minimum details as listed above (e.g. child's name, date and time of service, etc.) A parent/caregiver signature page is also required if using the Ksystems online reporting system. The parent/caregiver signature page must be included with billing. (see Exhibit 7 Parent Signature Page)

NOTE: Providers are expected to use Ksystems - if notes can not be entered within 48 hours, providers must keep on file a signed hard copy of the note and send it in with their billing voucher. It should be noted that the Parent signature page and access to your Ksystems log is required for payment of services.

C. PERIODIC PROGRESS REPORTS

Providers must prepare periodic progress reports for each student receiving services. There are three types of progress reports:

- quarterly progress notes (QPN)
- discharge progress report
- annual review progress reports (AR)

These types of progress reports are described below.

1) Quarterly Progress Reports: Quarterly Progress Notes are an IDEA requirement. Progress notes must include the progress the student is making towards his/her goals as

indicated on the student's IEP. (For the format of this report, see Exhibit 2, Special Education Preschool Program Related Service Quarterly Progress Report.)

Quarterly progress reports must be prepared in accordance with the following schedule (unless otherwise indicated on the child's IEP).

<u>Reporting Period</u>	<u>Report Due by the End of</u>
July and- August*	August*
September through Mid-November	November
Mid- November through January	January
February through Mid- April	April
Mid-April through June	June

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

- Quarterly Progress Notes (QPN) can be entered on IEP Direct in the appropriate quarter section. An abbreviation of progress is required. A short paragraph in the “comments” section is also required. A narrative of child's progress is encouraged each quarter to be sent to the parent in addition to the IEP Direct reporting.
 - It is the responsibility of the Provider to send signed and dated copies of the quarterly progress report to:
 - (1) the student's CPSE Chairperson (if not entered into IEPdirect)
 - (2) the student's Coordinator of Services (if not entered into IEPdirect or the coordinator does not have access to IEPdirect),
 - (3) the child's parents/guardians*
 - (4) the Ulster County Preschool Representative*
- * If the provider has entered the progress into IEPdirect, the provider should print out the report with the parent letter. The letter is to be dated and signed by the provider with his or her credentials, licenses number. A copy of the letter along with the report is to be sent to the parent and the Ulster County Representative.
- If services to a student are discontinued prior to the month when a progress report is due, a **Discharge progress report** should be written at the conclusion of services to the student. The progress note must include the last date of service and the reason of discharge.
 - If an annual review progress report is prepared during a month when a quarterly report is due (e.g. if a provider prepares an annual review progress report in June for a student's annual CPSE meeting held in June) the annual report may be referenced in the comments section. An indication of progress for each goal still needs to be reported for that quarter.
 - The original copies of all quarterly progress reports must be included in the student's file maintained by the related service provider and are subject to audit.
 - Quarterly Progress Notes should be an original document to include progress and needs for the child observed in that time period. Use the IEP goals, criteria and benchmarks as a reference to developing the narrative to the QPN.

2) Annual Review Report: (For the format of this report, see Exhibit 3, Special Education Preschool Program Related Service Annual Review Progress Report. (See Section IX for Annual Review Guidelines)

- The annual review progress report must be prepared prior to the preschool student's scheduled CPSE annual review meeting. The CPSE Chairperson must give notification of the student's annual review **at least five business days prior to the date of the meeting**. However, for planning purposes, it is recommended that the related service provider submit the annual report to all parties **no later than April 1**.
- It is the responsibility of the related service provider to send copies of this annual review progress report to:
 - (1) the student's CPSE Chairperson,
 - (2) the Ulster County Department of Social Services Preschool Unit,
 - (3) the student's Coordinator of Services, and
 - (4) the child's parents/guardians.

These copies must be provided to the above five business day's prior to the scheduled CPSE meeting. In addition, the original must be included in the student's file maintained by the related service provider.

- The annual review of a preschool student with a disability is based on a review of the student's IEP and other current information pertaining to the student's performance. The annual review meeting is to review measurable annual goals, determine continued eligibility, and decide on level of services for the next school year, if eligible. Therapists should only be reporting on the areas of the child's developmental delay that are addressed by the IEP– not new areas.
- Formal and/or informal assessment of the student's progress, as a means of documenting a student's progress towards IEP goals and objectives, should be performed and documented in the annual review progress report. Assessments should be performed during a student's regularly scheduled therapy session(s) and billed as a regular therapy session(s). No additional compensation is allowable for on-going assessments in accordance with SED policy.
- New standardized testing (re-evaluation) must be at the recommendation of the CPSE. Only approved evaluators may conduct re-evaluations with the authorization of the CPSE. Consents to evaluate must be signed by parents in accordance with Federal and State mandates.
- For children who continue to be preschool age during the following year, and for whom services are likely to be needed in the provider's discipline, proposed goals and objectives, along with criteria for measuring these, should be included on a separate page. For children who are most likely going to be declassified as a preschooler with a disability or aging into the school age system, goals and objectives are not required, but you need to call the CPSE Chair to let them know, so they can proceed with the appropriate evaluation procedures. **Check with the child's school district of responsibilities of the provider for entering present levels of performance, draft goals and other pertinent information prior to the CPSE Annual Review meeting.**

NOTE: Recommendations for service delivery models (individual vs. group services, center-based, pullout, consultation, frequencies) are not to be included in the report, but should be discussed at the CPSE meeting as a team.

See Exhibit 3A for the Ulster County Annual Review template and instructions

D. TRANSFER STUDENTS

If a student transfers within the County, from District to District, the current Ulster County provider can continue servicing the child, if the CPSE approves the services. A child that receives services in one UC District that moves to a new UC District, must register in the new District and have the IEP transferred. Once the child is registered, the District has 30 school days to schedule a CPSE meeting. At the meeting it will be decided if the District will “accept” the IEP as is, or if changes need to be made. Once the meeting takes place, the County Rep will confirm the former providers, or secure new providers to carry-out the services recommended. If you know of a child that is moving, it is best to alert the District and the County of the old District, as well as the new District. In this transition time, it is best practice to HOLD services until the child has been registered to receive special education services in the new District.

**If a student moves out of County, it is important to alert the District and the County of the end date of services, to be reflected in the IEP.

E. AMENDMENTS TO THE IEP

Amendments to an IEP made after the annual review may be made by rewriting the IEP or by developing a written document to amend the student’s current IEP. The parent and District may agree to not convene a meeting and instead may amend or modify the child’s current IEP. Such reason to amend an IEP may include if a child is making progress and IEP goals and/or services need to be modified, if a decrease in services is requested, or if a child is not making progress and an increase of services is recommended.

Please be familiar with each District’s policies for submitting an IEP Amendment form. Be sure to include a list of the current services, reason or data for progress, and recommended changes to the services. The District will then decide if in agreement, if the changes can be made through the amendment process or if a program review meeting is necessary. If the amendment form has enough information, the District will contact the parent for consent to amend the IEP. Check the IEP after the amendment has been received for any updated changes.

See Exhibit 8 for the Ulster County Amendment form NOTE: each District may have a different amendment form they prefer to use, or process. Please contact the District for this process as well as alert the County of your suggested amendment.

F. COORDINATOR OF SERVICES

A Coordinator of Services is assigned to a child receiving two or more related services. For children receiving SEIT and one or more related service(s), the SEIT will be designated as the Coordinator of Services at no additional reimbursement. For children receiving more than one related services only (no SEIT) a Related Service Provider must be designated at the CPSE meeting as the Coordinator of Services for one additional half hour unit per month. The STAC-1 must list a Related Service Provider as the Coordinator of Services in order to approve

reimbursement. It is not necessary, however, to list SEIT as the Coordinator as no additional reimbursement is allowed.

If the provider designated by the CPSE as the Coordinator of Services is an agency, the individual who serves as the Coordinator must be one of the individuals who actually provide related services to the student.

- **Reimbursement Process:** Coordination of services shall be reimbursed in half-hour blocks, in compliance with the stipulated duration on the IEP. Periods of less than a half hour block of time may be aggregated into half hour service blocks of coordination services for billing purposes. The rate shall be paid for up to 10 sessions (service blocks) during the school year and 2 sessions during a summer program. Time spent on Service Coordination should be documented in your session notes. Specific Service Coordination activities should be documented on daily progress notes in Ksystems.
- **SEIT Providers-** For this tuition-based program, the SEIT is responsible for providing direct, indirect and coordination services for those children assigned to them. Direct and indirect services are to be provided to the child for the duration designated on the IEP (indirect services being defined as time spent in consultation with the student's day care/regular education services to assist in adjusting the learning environment and/or modifying instructional methods to meet the individual needs of the student). Coordination of Services as the SEIT is included in the SEIT tuition rate, and therefore not additional billable hours.

G. ATTENDANCE AT CPSE MEETINGS

- **Attendance at a child's Annual Review CPSE meeting is required.** If the child has a program review, it is up to the parent to invite you to the meeting
- For a preschool student who receives one related service only, it is the responsibility of the service provider to attend meetings of the CPSE for that student. For a preschool student receiving two or more related services, it is the responsibility of the service provider who has been designated as the Coordinator of Services to attend meetings of the CPSE for that student. For a preschool student receiving SEIT services and one or more related services, it is the responsibility of the SEIT provider to attend meetings for that student. However, all service providers are invited to the CPSE meetings, by the District, to report on the child's progress.
- If the provider is an agency and the provider is responsible for attending a CPSE meeting for a preschool student, the individual who attends the CPSE meeting must be one of the individuals who actually provide related services to the student.
- The related service provider may request a meeting of the CPSE at any time by notifying in writing the student's school district CPSE Chairperson. A copy of such request is to be sent to the Preschool Program Specialist assigned to your District via Ulster County Dept of Social Services Preschool Special Education Program at 1071 Development Ct. Kingston, 12401.

H. MISSED SESSIONS & MAKE-UP SESSIONS

- Per IDEA and NYSED - Make-up sessions are to be done within the IEP period when the THERAPIST is unavailable;
- Make-ups are NOT required when schools are closed.

- When a missed session occurs, a make-up session should be done within 30 calendar days of the missed session (provided that the date of the make-up session falls within the service dates authorized by the student's IEP).

A missed session during the last 30 days of a child's IEP can not be made up after the end date of the IEP.

- If the make-ups can not be made within 30 calendar days due to a CHILD SPECIFIC reason, provider must obtain prior authorization by sending in a justification/request to the CPSE & Municipality.
- All Make-ups are to be completed no later than the end date of the current IEP
- The make-up session should not occur on the same day as a regularly scheduled session of the same type unless prior approved.
- Group sessions can only be made-up if the entire group session is canceled due to the provider's absence. A group make-up session may be held within 30 calendar days of the missed session (provided that the date of the make-up session falls within the service dates authorized by the student's IEP). The make-up session cannot occur on the same day as a regularly scheduled session without prior authorization

If a student is absent from a group session, no payment shall be made for that student for that session; however, the provider shall be paid for the other student(s) who attended that group session at the group session at the per child rate.

- If five (5) consecutive sessions are missed, regardless of the reason, the provider must notify in writing the preschool student's CPSE Chairperson and the Ulster County Department of Social Services. Such notification must be made to the child's District and the County Representative for a program review.

SECTION V

RECORDS

A. Documentation Retention

“Section 517.3 (b) of Title 18 NYCRR regulates audit and record retention for the NYS Medicaid program. As this section indicates, providers must retain records for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later.... Student health records, which include treatment records, are to be kept until the student reaches the Age of 27.... Individual professions may have other documentation and record retention requirements in addition to the Medicaid program and education requirements notes. Clinicians can access discipline-specific record retention requirements on the Office of Professions website”

1) What you need to keep:

- ✓ All documents relating in any manner to Medicaid reimbursement for services;
- ✓ All documents relating in any manner to referrals, prescriptions or orders for these services;
- ✓ All documents relating in any manner to the provision of these services; including but not limited to those showing dates that services were provided, the specific service that was provided, those that identify the professional providing the services or under whose direction the services were provided and their professional qualifications, progress and other notes, memoranda, correspondence, emails, reports, transportation logs, and other documents relating to services rendered; and,
- ✓ All Individualized Education Programs (IEPs) for Medicaid eligible students. Please note that you may need to retain some or all of these documents for a longer retention period than six years due to other retention requirements. When destroying old documents, schools/districts/counties are advised to adhere strictly to their own written policies regarding record retention and destruction, and to document the process they follow.
- ✓ All documents must be stored in a locked file in a secure location.

In accordance with SED’s July 1997 memorandum on Record Retention and Disposition Schedule ED-1 from Robert W. Arnold III, Chief, Local Governments Records Bureau, educational records must be maintained by the provider for a period of “15 years after the student receives diploma, attains age 21, or is declassified from special education, whichever is shorter.” Fiscal records must be maintained for a period of at least six (6) years after the termination at expiration of the contract with the County. These files are subject to audit.*

2) The related service provider must keep a record of parties obtaining access to the student’s primary file on a Record of Student File Access form (attached as Exhibit 4). This form should include the name of the person who accessed the file, the date access was given, and the purpose for which the person was authorized to access the file. The Record of Student File Access should be kept in each student’s primary file.

B.P PRIMARY FILE

The service provider must maintain a primary file for each student. The student's records are confidential and must be kept in a locked file. The student's primary file must contain a complete and current record of the services to that student and shall include, at a minimum, the following:

- ✓ Child information (name, date of birth, sex, etc.)
- ✓ A copy of the student's IEP
- ✓ Periodic progress reports (see Section IV, C. of this manual)
- ✓ Record of Related Service forms (see Exhibit 1A of this manual)
- ✓ Orders by physician(s) or other health care professional(s), if required
- ✓ Any Notification of Non Delivery of Services correspondence (see Section IV, H. of this manual) completed for the student.
- ✓ Record of Student File Access (see preceding paragraph)

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

SECTION VI

ADVERTISING

Refer to the Publications of the Children with Special Needs Related Service Agreement:

“The CONTRACTOR shall not issue or publish any book, article, advertisement, announcement, report, or another publication relating to the subject SERVICES without prior written permission from the DEPARTMENT. Any such publication shall bear a statement acknowledging funding for the SERVICES by the County of ULSTER and the State of New York.”

Prior to publication, submit your publication (advertisement, etc.) for approval to:

Director of Preschool Special Education
Ulster County Department of Social Services
1071 Development Court
Kingston, NY 12401

Follow the criteria listed in the March 1997, “Guidelines for Preschool Advertising” memorandum from Thomas Nevelidine. Advertisements should include:

- clear identification that the program is for children who have or are suspected of having a disability pursuant to Section 4410 of Article 89 of the Education Law
- a statement that any services provided are based upon the individual needs of the preschool child found to have a disability, as determined by the Committee on Preschool Special Education of the local school district;
- a statement that the local school district will determine the location where needed special education services will be provided, which may be the Child’s normal daytime setting;
- a statement that parents are responsible for arranging for and paying costs of any childcare;
- a statement that indicates that the special education services are at no direct cost to the parent, but that funding is provided through county taxes and state funds earmarked for special education services provided;
- a description of services available: evaluation, special education, therapy services;
- A description of the appropriate licensure and/or certification of staff employed.

Advertisements should not include:

- information which specifies that you are an approved Ulster County provider (Only the State Department of Health approves Early Intervention providers and the New York State Education Department approves SEIT Providers, 4410 program providers and or evaluators);
- information that would mislead a parent to believe their child can receive, at no cost to them child care services or any and all services the agency has to offer;
- information which would mislead a parent to believe that the decision regarding the appropriateness of services and/or location of services will be provided based solely upon what the parent or provider requests; information which would indicate that services are free since services are paid through local and state funds;
- general statements that would lead the reader to believe that there is something other than a special education program; and any information which would be false, deceptive or fraudulent with respect to the services to be provided to infants, toddlers, and preschool children and their families.

SECTION VII

MEDICAID REQUIREMENTS

Please refer to the SSHSP Medicaid-In-Education Handbook Version 7 for more detailed information @

http://www.oms.nysed.gov/medicaid/news_announcements/SSHSP_Handbook_Update_7_April_2012.pdf

As per your Preschool Related Service Contract, you have agreed:

1. "To permit the County to retain any MEDICAID revenues received for medical services provided to Medicaid special education preschool students.
2. To accept as payment in full the contracted reimbursement rates for covered services.
3. To comply with all the rules and policies as described in your contract with the Preschool County.
4. Not to bill Medicaid directly or any service billed to the County"

A. Documentation All approved services must be documented in the Individualized Education Program (IEP) In addition, for each approved medically-based services (e.g. speech therapy, occupational therapy, physical therapy) a written order must be obtained and on file before services can begin

- 1) **Written Order**- (Instructions Exhibit 5, sample written order Exhibit 6)

See Medicaid-In-Education Handbook 7 Section 5 #6 page 21 for Requirements of the Written Order

These services require a signed and dated written order from a physician, a physician assistant or a nurse practitioner who is acting within the scope of his or her practice under NYS law. The written order must include a diagnostic statement and purpose of treatment. The written order is required prior to treatment.

The written order must include:

- ✓ The name of the child for whom the order is written;
- ✓ The complete date the order was written and signed;
- ✓ The service that is being ordered; NOTE: the frequency and duration of the ordered service must be specified on the order itself or the order can explicitly adopt the frequency and duration of the service in the IEP by reference.
- ✓ Provider's contact information (office stamp or preprinted address and telephone number is acceptable);
- ✓ Signature of a NYS licensed and registered physician, a physician assistant, or a licensed nurse practitioner acting within his or her scope of practice (for psychological counseling services this also includes an appropriate school official and for speech therapy services, a speech-language pathologist);
- ✓ The time period for which services are being ordered;
- ✓ The ordering practitioner's National Provider Identifier (NPI) or license number; and,
- ✓ ICD code (the patient diagnosis) for each ordered service

2) "Under the Direction of" Requirements

"Under the direction of", and "Under the supervision of" documentation is required for billing purposes. ***See Medicaid-In-Education Handbook 7 Section 5 #7 page 22*** for requirements for "Under the Direction of" and "Under Supervision of" Documentation. [For SSHSP purposes,

the “under the direction of” requirements apply to speech teachers and therapy assistants in Physical and occupational therapy as relevant, while the “under the supervision of” requirement applies to licensed master social workers (LMSW).

The supervisor should maintain notes which support that the requirements are being followed. The notes may be requested if the supervisor does not utilize Ksystems for their records. All of the child’s sessions must be approved by the supervisor in Ksystems.

3) CPT CODES- Current Procedural Terminology (CPT) codes must be used to identify the specific services provided during the encounter. There are different CPT codes for individual and group services, including speech therapy, physical therapy, occupational therapy, and psychological counseling services. CPT Codes are required in your daily session notes (written or submitted in Ksystems)

SECTION VIII

BILLING

- Related service providers should bill the County monthly.
- For manual billing each monthly claim to the County must include:
 - ✓ One County of Ulster Standard Voucher
 - ✓ Parent Signature Page (see Exhibit 7)
 - ✓ A completed Special Education Preschool Record of Related Services form (Exhibit I A) for each student served by the provider during the month and or access to Ksystems notes
 - ✓ Each voucher submitted for payment should include only services provided during one month and should be submitted within thirty (30) business days after the last day of the month.
- All claims should be sent to the following address:

ULSTER COUNTY DEPARTMENT OF SOCIAL SERVICES
PRESCHOOL SPECIAL EDUCATION PROGRAMS
1071 DEVELOPMENT COURT
KINGSTON, NY 12401

- Vouchers should be neatly prepared and typed if possible.
- All claims are audited for various items including:
 - ✓ compliance with the student's IEP (frequency and duration, start and end dates of services, etc.); and
 - ✓ compliance with the provisions of the Related Services Agreement
 - ✓ compliance with Ulster County Guidelines for Monitoring forms/session notes including correct time, date, signature, progress note, narration of session activity
- Incomplete or incorrect claims will be returned to providers for correction or resubmission as necessary.
- Automated billing is not available at this time

SECTION IX

ANNUAL REVIEW AND EXTENDED SCHOOL YEAR GUIDELINES

A. Annual Review Guidelines.

Ulster County Guidelines for CPSE Providers' Input for Annual Reviews includes, but is not limited to:

The CPSE bases its annual review on information from parents and preschool providers (both agencies and independent therapists), in order to determine if children need continuing services and to plan these services for the following school year. Outlined below are the elements needed for the annual review of a preschool child that were developed by representatives of the school districts, county representatives, and preschool providers:

- ✓ **Attendance at annual reviews is required.** For a child who receives related services only, the therapist fills the role of the child's teacher at the meeting, providing valuable information about the child and helping to plan future services. (It may be possible to arrange a telephone conference if physical attendance is impossible.)
- ✓ ALL providers are required to submit written reports with both anecdotal information and discrete data. Summer is part of the next school year.* It is at this time that Extended School Year (ESY) services are discussed and possibly added to the IEP. It is necessary for clinicians and teachers to furnish a written statement to the CPSE at the time of Annual Review. All of the information is reviewed, and the CPSE determines a student's eligibility for extended year services. (Please see separate records for documentation for annual review reports and ESY recommendations)
- ✓ Annual Progress Report/Update(s) are to be submitted to the district, the county, and the parent **no later than April 1st. If the CPSE Annual Review Meeting is prior to April 1st, reports must be submitted five days prior to the scheduled meeting date.**
- ✓ In the course of working with a child, the related service provider may use informal or formal assessment measures to document the child's progress. This is not considered to be a reevaluation. Such assessment(s) may be conducted within the scheduled related service session for which reimbursement is already provided.
- ✓ The Annual Progress Report should contain a detailed narrative description of the child's progress from the beginning of services to date, in achieving his goals and objectives. Be specific and report on the goals and benchmarks using the criteria period/ method/ criteria/ schedule. Include current functioning level(s).
- ✓ **Assessment for the annual report should be on-going.** Providers need to indicate which types of assessments/tools were used for annual reviews – language samples, checklists, subtests, observations, rubrics, etc. as well as how, when they were used (weekly, monthly, quarterly) and what the results were each time. The report should also include recent assessment results in numerical form - developmental age in months, including percent of delay (developmental age/chronological age). Remember to include information about the goals. All assessments should be the most recent edition of the testing tool, and should be an approved testing instrument (ex. PLS-5, as of 2013)
- ✓ Therapists should only be reporting on the areas of the child's developmental delay that are addressed by the IEP– not new areas. If there are concerns, the provider should request an evaluation through the CPSE process. **Only approved evaluators may conduct reevaluations with the authorization of the CPSE.**
- ✓ For children who continue to be preschool age during the following year, and for whom services are likely to be needed in the provider's discipline, proposed goals and objectives, along with criteria for measuring these, should be included on a separate page. For children who are most likely going to be declassified as a preschooler with a disability or aging into the

school age system, goals and objectives are not required, but you need to call the CPSE chair to let them know so they can proceed with the appropriate evaluation procedures.

NOTE: Recommendations for service delivery models (individual vs. group services, center-based, pullout, consultative, frequencies) are not to be included but should be discussed at the CPSE meeting as a team

B. Extended School Year Guidelines

Ulster County Guidelines for Extended School Year Services include, but is not limited to:

- ✓ **Students eligible for CPSE services, are not necessarily eligible for extended year services**
- ✓ See New York State Education Department's Part 200 Regulations: 200/16 (i)(v) regarding ESY
- ✓ Students must be considered for twelve-month special services and/or programs to prevent substantial regression if they are students: who's management needs are determined to be highly intensive and require a high degree of individualized attention and intervention and who are placed in special classes; with severe multiple disabilities; among other reasons.
- ✓ Both quantitative and qualitative information should be reviewed by the CPSE to substantiate the need for providing such services and programs. A student is eligible for a twelve-month service or program when the period of review or reteaching required to recoup the skill or knowledge level attained by the end of the prior school year is beyond the time ordinarily reserved for that purpose at the beginning of the school year. The typical period of review or reteaching ranges between 20 and 40 school days. As a guideline for determining eligibility for an extended school year program, a review period of eight weeks or more would indicate that substantial regression has occurred.

**From NYSED's perspective, the proportion of preschool children receiving summer services should be the same as the proportion of school age children, which is very low. Summer services will focus only on the areas in which the student is expected to experience substantial regression requiring more than eight (8) weeks of re-teaching. Summer services are to help the child maintain learned skills. Regression statements must reflect the need to continue the existing program or to adjust program services to maintain skills for the summer based on the progress of the current IEP's annual goals and objectives.*

SECTION X

PHONE DIRECTORY: CPSE CHAIRPERSONS & COUNTY PERSONNEL

A. ULSTER COUNTY SCHOOL DISTRICTS CPSE CHAIRPERSONS

Ellenville	Chair: Theresa Sheeley Assistant: Sabrina Decker	647-0110
Fallsburg	Chair: Heather Hendershot	434-6800 x1273
Highland	Chair: Micheal Paff Assistant: Holly Gasparian	691-1023
Kingston	Chair: Julie Criag Assistant:	943-3076
Margaretville	Chair: Courtney Fairbairn, Assistant: Kathleen Anderson	586-2667 x 28 586-3086
New Paltz	Chair: :Kathleen Clark Assistant: Jennifer Marino-Chase	256-4391 256-4041
Onteora	Chair: Cindy Bishop Assistant: Margaret Harkin	657-3320
Pine Bush	Co-Chair: Robert Martinelli or Rosemary Mannino Assistant: Samantha Veaz	744-2031 x4086
Rondout Valley	Chair: :Patricia Robbins Assistant: LuAnn Miszko	687-2400X4863
Saugerties	Chair: Lisa Kappler Assistant: Rubi Gil	247-6575
Wallkill	Chair: Bridget Becker or Kate Banks Assistant: Ivelise De La Cruz	895-7114
Tri-Valley	Chair:	985-2296 x5308
Valley Central	Chair: Charlotte Mennona Assistant: Pat Kennedy	457-2400 x18124 x 18112

B. COUNTY PERSONNEL FOR PRESCHOOL SPECIAL EDUCATION PROGRAM
Ulster County Department of Social Services
Preschool Special Education Program
(and Early Intervention Services)

Main Number 334-5251
Fax Number 334-5227

Rita Wood, Program Director 334-5245

Preschool Specialists

Linda Schwab-Edmundson 334-5263
334-5212

Accounting Staff

Deborah Hubert, Accountant 334-5256

Office Staff

Beverly Miller, Administrative Assistant 334-5248
Gregg Mundhenk, Senior Clerk-Preschool 334-8089
Heather Rosenthal, Receptionist 334-5251
Dinah Neals, Senior Account Clerk 334-5211

Early Intervention

Linda Duval, EI Coordinator 334-5562

Transportation- VMC

Cyndee Cuddy, Project Manager 338-0708

INTENTIONALLY LEFT BLANK

SEE EXHIBITS PAGES 25-41

EXHIBIT 1 A- Special Education Preschool Program Record of Related Services

ULSTER COUNTY PRESCHOOL SPECIAL EDUCATION SERVICES MONITORING FORM

PAGE _____ of _____

CHILD'S NAME _____ DOB _____ Gender: _____ MONTH/YEAR _____

Service Type _____ Frequency: _____ ICD-9 (Diagnostic Code) or Reason for delay: _____

Service Provider's Name/Title/License #: _____ Agency Name: _____

If applicable: supervision under _____ Responsible Party _____

The direction of SLT/OTR/PT: _____

(Signature/Date)

(Agency supervisor – signature required)

For Preschool Special Education Services ICD-9 and CPT Codes are not needed Service Delivery Code – Please circle if Individual or Group Session		Session Notes: Summary of Activities –describe what happened during session, response & progress towards outcomes, family training education/carryover, support & training given to parents/caregivers, etc... Indicate if was a make-up session and date make-up was done for . If cancelled indicate reason why & who cancelled. Documentation of contacts with other providers, agencies, or with family (outside of sessions) should be documented. EACH BILLABLE SESSION MUST HAVE A WRITTEN SUMMARY IN THIS SECTION OR ATTACHED.			
Day of Week: _____ Date: ____/____/____	Service Type: (Circle one) IND or GRP				
Start Time: _____ End Time: _____ Session Length: _____	Location of Session/Who was present (name/relationship)				
Parent/Caregiver's full signature/DATE (must be at the time of service)				Service Provider's full signature with credentials	date
Day of Week: _____ Date: ____/____/____	Service Type: (Circle one) IND or GRP				
Start Time: _____ End Time: _____ Session Length: _____	Location of Session/Who was present (name/relationship)				
Parent/Caregiver's full signature/DATE (must be at the time of service)				Service Provider's full signature with credentials	date
Day of Week: _____ Date: ____/____/____	Service Type: (Circle one) IND or GRP				
Start Time: _____ End Time: _____ Session Length: _____	Location of Session/Who was present (name/relationship)				
Parent Caregiver's full signature/DATE (must be at the time of services)				Service Provider's full signature with credentials	date

EXHIBIT 1B-Instructions for Completion of the Special Education Preschool Program Record of Related Services (Exhibit 1A)

- 1) Complete the demographic information-child's name, DOB, sex, month/year, service type, frequency, ICD code, service provider name, credentials, agency name, under the direction of if applicable.
- 2) Complete the session note filling in the box on the left- day of the week, date, start and end time, session length, service type-individual or group-if group number of children, location of session, who was present. The parent/caregiver must sign and date at the time of service.
- 3) In the box on the right, the provider will include session notes such as list of activities participated in during session, progress made, percentage of success, notes about correspondence, (2-3 sentences is expected, code or bulleted notes in unacceptable) Finally, service provider must sign with credentials and date the session note.
- 4) One note for each session is required. Note any make-ups, cancellations, or missed sessions.
- 5) Complete form and send in with billing. Form must be legible, in ink, and complete.

EXHIBIT 1 C Record of Related Services Using Ksystems

Each provider will be assigned a username and password to Ksystems. Log onto the website www.ny.kssystemsweb.com to access the database. Once logged on, you will see a list of students assigned to you. If the child is not on your roster, call the Ulster County Preschool Department to gain access. Once the child's IEP is finalized, the provider will be assigned through Ksystems and you should have access to the student data. Do not edit the child's data for any reason. If you see a discrepancy, contact Ulster County Preschool Program. All information must be kept confidential. Do not access the KSystems site from a mobile unit. The provider is responsible for the accuracy of the information reported.

Ulster County is responsible for adding new children, monitoring scripts, reviewing session notes and more. Each provider is responsible for recording contemporaneous sessions (within 48 hours). Please contact Ulster County Preschool Program for any questions regarding the session notes /list of information you are responsible for. Please contact the Ksystems help desk for any technical issues.

Check for accuracy, and enter: Name of child, date of birth, date of session, start time, end time, session length, group number, and reason for session, where session took place, signature of provider

Each note must include a narrative of the session including progress notes from activities presented, correspondence to the parent/caregiver, CPSE meeting schedule and goals/objectives worked on during the session.

See below for a sample session note on Ksystems

01/02/2013	Ms. Smith (IP)	SP	M read an interactive book ("Little Snowman Color Activity"). He picked a color after it was named to give the snowman juice of various colors. We worked on naming the colors. Therapist verbalized the sequence of events (snowman drank yellow juice and then turned yellow, etc.). M then made a snowman puppet, requesting markers of various colors to make it. We worked on breaking down 2-syllable words into their syllables and producing final consonants of words to improve intelligibility.							Progress
01/02/2013	Ms. Smith (IP)	Individual	09:30	10:00	30	1	SP	92507	School	Ms. Smith (IP) 001234-1 Licensed Speech Pathologist 01/02/2013

EXHIBIT 2 Format for Special Education Preschool Program Quarterly Progress Report

ULSTER COUNTY PRESCHOOL SPECIAL EDUCATION SERVICES PROGRAM QUARTERLY PROGRESS NOTE

SCHOOL YEAR _____ Student: _____ DOB: _____

School District: _____

(Please Check) _____ ESY (July-Aug) - due Aug 31st _____ 1st Q (Sept, Oct, Mid-Nov.) – due Nov 30th
_____ 2nd Q (Mid-Nov, Dec, Jan.) – due Jan 31st _____ 3rd Q (Feb, Mar, Mid-Apr) – due April 30th
_____ 4th Q (Mid April, May, June) – due Jun 30th _____ Discharge/Date: _____

Provider's Name: _____ Agency Name (if applicable): _____

Service: _____ Frequency/Duration: _____ Location: _____

Number of Sessions provided _____ Number of Sessions missed: _____

Progress Note/Narrative (at minimum must include present level of performance of the student; progress the student is making toward meeting projected outcomes of benchmarks of goals as specified on the IEP; measurements/criteria) – add additional pages as necessary:

Therapist's Signature/Credentials/License #

Date

(Where applicable – must be countersigned by appropriate supervisor – SLP/OTR/PT)

Under the Supervision/Direction of: _____

(Print name)

Supervisor's Signature/Credentials/License #

Date

QUARTERLY PROGRESS NOTE Cover sheet for IEPdirect*

(*typically used by center-based programs)

NOTE – The attached IEPdirect report at minimum must include present level of performance of the student and a comment about the progress the student is making toward meeting projected outcomes/benchmarks of goals as specified on the IEP

Student: _____ DOB: _____ School District: _____

(Please Check _____ ESY (July-Aug) - due Aug 31st _____ 1st Q (Sept, Oct, Mid-Nov.) – due Nov 30th

_____ 2nd Q (Mid-Nov, Dec, Jan.) – due Jan 31st _____ 3rd Q (Feb, Mar, Mid-Apr) – due April 30th

_____ 4th Q (Mid April, May, June) – due Jun 30th _____ Discharge/Date: _____

Special Class/SCIS Agency Name: _____

Special Education:

Print Name	Certification #
Signature w/Credentials	Date

Therapy: <input type="checkbox"/> ST <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Parent Training <input type="checkbox"/> Counseling <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
Frequency/Duration: _____ Number of Sessions provided _____ Number of Sessions missed _____	
Print Name	License #
Signature w/Credentials	Date
Under the Direction of:	Date

Therapy: <input type="checkbox"/> ST <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Parent Training <input type="checkbox"/> Counseling <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
Frequency/Duration: _____ Number of Sessions provided _____ Number of Sessions missed _____	
Print Name	License #
Signature w/Credentials	Date
Under the Direction of:	Date

Therapy: <input type="checkbox"/> ST <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Parent Training <input type="checkbox"/> Counseling <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
Frequency/Duration: _____ Number of Sessions provided _____ Number of Sessions missed _____	
Print Name	License #
Signature w/Credentials	Date
Under the Direction of:	Date

EXHIBIT 3 Format for Special Education Preschool Program Annual Report

COUNTY OF ULSTER
DEPARTMENT OF SOCIAL SERVICES



ULSTER COUNTY PRESCHOOL SPECIAL EDUCATION PROGRAM
ANNUAL REVIEW PROGRESS REPORT

Name of Student:	Chronological Age: Date of Birth:
Date of Report:	IEP Dates of Service:
Related Service:	Related Service Provider: Agency (If applicable):
School District:	Therapy Setting:

Assessments Administered (Formal or informal)	Assessment Results (Standard Scores, Standard deviation, age equivalency)
---	---

Summary of Assessment Results and progress towards goals/objectives:

Conclusions and Recommendations

Signature of Related Service Provider Date
CC: School District, Parent/Guardian

Exhibit 3A Instructions for Annual Review Report

**COUNTY OF ULSTER
DEPARTMENT OF SOCIAL SERVICES**



**ULSTER COUNTY PRESCHOOL SPECIAL EDUCATION PROGRAM
ANNUAL REVIEW PROGRESS REPORT
RELATED SERVICE**

Name of Student: <i>Write child's full name</i>	Chronological Age: <i>age in months</i> Date of Birth: 00-00-0000 form
Date of Report: <i>00-00-0000 form</i>	IEP Dates of Service: <i>Ex. 9/5/12-6/21/13</i>
Related Service: <i>List the service you provide</i>	Related Service Provider: <i>your name and credentials</i> Agency (if applicable): <i>agency you work for or state itinerant</i>
School District: <i>name of district</i>	Therapy Setting: <i>ex home, ABC preschool MW, home Tue., grandma's house, library</i>

<u>Assessments Administered (Formal or informal)</u> <i>1. List of observations and assessment tools</i>	<u>Assessment Results (Standard Scores, Standard deviation, age equivalency)</u> <i>2. Current level of functioning-objective data</i>
--	--

Summary of Assessment Results and progress towards goals/objectives:

- 3. Include a narrative statement discussing the child's current level of functioning including strengths, continuing needs and progress achieved.**
- 4. Describe progress towards goals from start of services to present, and factors influencing progress such as parent involvement, attendance, and carry-over of skills.**
- 5. If you are the Coordinator of Services, include a statement of your communication and activities with all other service providers and parents.**
- 6. If there is evidence of child's regression (see eligibility for regression documentation) please use separate form.**

Conclusions and Recommendations

- 7. Based on summary of child's assessments, and current level of functioning and observations, write a statement that sums up the child's strengths and continuing needs or concerns.**
- 8. Recommendations should only include continued eligibility based on regulation. Do not include frequency and duration. Recommendation for further evaluations should also be discussed with the CPSE Chairperson prior to the annual review.**

Signature of Related Service Provider **Date**
CC: School District, Parent/Guardian

EXHIBIT 4 Record of Student File Access

Provider’s Name
Provider’s Contact Information
Child’s Record Access Log

Dear Parent,

This is a listing of those who have reviewed your child’s record in the Ulster County Early Intervention & Preschool Special Education Programs. The following individuals are not employed by the program but have permission or have had job-related responsibilities that require review of this record.

<u>Date(s)</u>	<u>Name/Agency/Address</u>	<u>Phone #</u>	<u>Reason for review</u>

EXHIBIT 5 Instructions for Scripts (see updated script form 2012/EXHIBIT 6)

- 1) At this time, it is the provider's responsibility to obtain the referral/order/recommendations for preschool special education services from the appropriate professional. Each new IEP service must have a written order.
- 2) The signature date must be on or before the start of services.
- 3) All parts of this form must be legible and completed.
- 4) The original document should be sent to the Ulster County Preschool Special Education office as soon as possible. Keep a copy of the order for your student's file.
- 5) The person writing the order must be familiar with the child's needs in order for the sessions to be reimbursable by the Medicaid in Education program.

Please keep informed of any Medicaid in Education, Ulster County Provider Policy or other update regarding written orders.

EXHIBIT 6 Sample Script form

ULSTER COUNTY DSS/PRESCHOOL SPECIAL EDUCATION PROGRAMS Referrals/Physician Orders/Recommendations for Services or Evaluations

Providers must have written prescriptions/physician's orders in hand prior to delivering services

In order for services to be reimbursed the DATE of PRACTITIONER'S SIGNATURE must be on or before the initiation of services or evaluation. New forms are needed annually at the beginning of each new school year or when there is a change in frequency, duration, and/or method during the current school year. Forms will expire at the end of the current school year. Please PRINT clearly when completing this form. SIGNATURE STAMPS ARE NOT ACCEPTABLE.

Child's Name _____ Date of Birth _____

Effective _____ to _____

I, in my professional opinion, recommend that the above child be provided with the following medically necessary service(s) in accordance with the frequency, duration, and service delivery method (individual and/or group w/ ratio) as recorded on the child's Individualized Education Plan (IEP) for the time period indicated above. (Check all medically necessary service(s) being ordered/recommended)

You MUST provide the most specific ICD9 Code (5 digit if possible) for each Service/Evaluation checked

<u>SERVICE(S)</u>	<u>EVALUATION(S)</u>
__ Audiological ICD9 Code ____ . ____	__ Audiological ICD9 Code ____ . ____
__ Speech Therapy** ICD9 Code ____ . ____	__ Speech Therapy** ICD9 Code ____ . ____
__ Occupational Therapy ICD9 Code ____ . ____	__ Occupational Therapy ICD9 Code ____ . ____
__ Physical Therapy ICD9 Code ____ . ____	__ Physical Therapy ICD9 Code ____ . ____
__ Skilled Nursing**** ICD9 Code ____ . ____	__ Skilled Nursing**** ICD9 Code ____ . ____
__ Psychological Counseling *ICD9 Code ____ . ____	__ Psychological Counseling *ICD9 Code ____ . ____
_ or *Reason/Need: _____	or *Reason/Need: _____

***~Skilled Nursing Services require specific physician's order with specific instructions~

Original Signature of Physician, Physician Assistant, or Nurse Practitioner. _____ (Title) _____ (Signature Date *) _____

Note: Referrals for Speech Evaluation or Services may be made a Speech Language Pathologist who has seen the child; Referrals for psychological counseling services may be made by an appropriate school official, such as a school administrator or the chairperson of the CSE/CPSE, or a licensed practitioner acting within his/her scope of practice).

Name _____ NYSLicenseNo _____

Print First & Last Name)

Address _____ NPI No. _____

Phone #: _____

ORIGINALS ARE REQUIRED. PLEASE RETURN/MAIL FORM WITH ORIGINAL SIGNATURES TO THE ADDRESS BELOW. THANK YOU

RETURN TO: _____ Phone # _____

_____ Fax # _____

Attn: _____

Any questions, please refer to the following –Medicaid in Education Alert Issue #12-04- Requirement to Include Diagnosis Code on SSHSP Medicaid Claims**2012**

DOH Medicaid Updates - Volume 28 -July 2012 Medicaid Update

Directions for completing the

ULSTER COUNTY PRESCHOOL SPECIAL EDUCATION PHYSICIAN RECOMMENDATIONS FOR SERVICES OR EVALUATIONS

1. Child's full name and date of birth
2. Effective start/end dates
3. Check () which service(s) are approved
4. ICD-9 for each evaluation/service is required

For CPSE Services:

Effective start/end dates should coincide with the date authorized by the Committee for Preschool Special Education. These dates will be decided at the committee meeting and recorded on the Child's IEP.

All referrals/scripts are effective for the life of the child's Individualized Education Plan unless a change in the IEP (this includes -frequency, duration, &/or ind. vs. grp sessions) has occurred – in these situations a new script/referral is required because the IEP has now been changed.

All referrals/prescriptions will expire at the end of each school year. This includes those services that are ended or amend at the end of the year (ex. April/May/June)

If children are determined to still be in need of services for the following school year during the annual reviews, then new forms are needed. Most of these children will be approved to begin services July (for 12-month program) or September (for 10-month program) of the current year with the end date being June of the following year.

Service Provider or Parents will then send the form to the child's physician for dated signature.

The (NYS License No./name/address/phone) may be filled in by the service provider or the doctor's office. (Doctors' offices usually have a stamp to use). Date of doctor's, physician's assistant's, nurse practitioner's or other qualified personnel's signature must be on or before the initiation of services.

Speech referrals for evaluations and services require separate forms. A Licensed Speech Language Pathologist may also sign recommendations/referrals for Speech Evaluations and Services. Referrals for Preschool Counseling services may be signed by the School Administrator, such as the CPSE chairperson.

("RETURN TO :") is to be filled in by Service Provider in order for the doctor's office to return the form signed and dated.

NOTE: SERVICE PROVIDERS MUST HAVE PRESCRIPTION ON HAND AT THE INITIAITION OF SERVICES –

FOR ULSTER COUNTY OFFICE USE ONLY – County will match order/referral to child's IEP and indicate here.

EXHIBIT 7 Parent Signature Page Template

ULSTER COUNTY PARENT/CAREGIVER SIGNATURE PAGE

(This form is to be used for those children receiving SEIT and/or Itinerant Related Services – submit monthly with voucher – session notes and other information (CPT codes, # of units, Location, etc.) are to be electronically submitted through Ksystems.

CHILD’S NAME _____ DOB _____ Sex: _____

MONTH/YEAR _____ Service: _____ Frequency: _____

Service Provider’s Name/Title or Credentials:

License #: _____

NPI #: _____

Agency Name (if applicable): _____

Date (mm/dd/yy)	Check if Make-up visit and provide date of missed session	Start Time (hh:mm am/pm)	End Time (hh:mm am/pm)	Parent/Caregiver Name (Please Print)	Parent/Caregiver Signature w/ Date

COUNTY OF ULSTER
DEPARTMENT OF SOCIAL SERVICES
Early Intervention & Preschool Special Education Services
1071 DEVELOPMENT COURT
KINGSTON, NEW YORK 12401-1959

Michael P. Hein, County Executive
Michael A. Iapoce, Esq., Commissioner
Barbara J. Sorkin, Deputy Commissioner
Cynthia Beisel, Deputy Commissioner
Rita Wood, Director



(845) 334-5251
FAX (845) 334-5227
miap@co.ulster.ny.us
bsor@co.ulster.ny.us
cbei@co.ulster.ny.us
rwoo@co.ulster.ny.us

REQUEST FOR AGREEMENT TO AMEND AN IEP WITHOUT A FORMAL COMMITTEE MEETING

Student: _____ School District: _____

Prepared by: _____ Date: _____
Title: _____

Service or prescribed instruction is to be: ADDED ADJUSTED DELETED

Original I.E.P. Reads: _____

New I.E.P. should state: _____

****Attach any corresponding documentation such as justification for services, Doctor's note, and narrative of reason to amend the IEP**

Note to District: Upon receipt of parent signature, please send notification to provider submitting amendment that changes have been made.

EXHIBIT 8B - Ulster County Request/Justification for Amendment to the IEP template

Ulster County IEP Service Amendment Request Page _____ of _____

(To be completed by service provider and submitted to CPSE/Copy to County)

Child's Name: _____ DOB: _____

Parent/Guardian: _____ Phone: _____

School District: _____

Provider's Name: _____ Agency: _____

Request for Change: _____ DATE OF REPORT: _____

_____ Termination of Service _____ Addition of Service(* includes Evals) _____ Change in Service

SERVICE REQUESTED/TO BE AMENDED: _____

_____ Frequency: From: _____ times per _____ To: _____ times per _____

_____ Duration/Method: From: _____ To: _____

_____ Location: From: _____ To: _____

Reason for Amendment: (include current level of functioning; services provide to date; current outcomes/progress; alternate strategies being used/effectiveness; concerns; team/parent involvement & education; success or difficulties integrating suggested strategies/activities into family's daily routines/everyday activities etc.) – ATTACH ADDITIONAL SHEETS IF NECESSARY:

Provider Signature/License &/or Certificate No./Date Request has been reviewed with parent/guardian Y N

EXHIBIT 9 Extended School Year Documents

EXTENDED SCHOOL YEAR FORMS

EXTENDED SCHOOL YEAR DOCUMENTATION FORM

It is the responsibility of the team to coordinate with each other, complete this worksheet accurately and submit to district and county in the timelines specified. A child may qualify for Extended School Year (ESY) based on the severity of his/her needs (NYS Part 200 Regulation, Sect. 200.16). This form will need to be completed and submitted with the Annual Review packet, at least 5 days prior to the meeting, in order to justify a recommendation for ESY services. Please provide coordinated documentation and justification for each service(s) recommended. It is expected that all ESY information will be coordinated and submitted together. Eligibility and final determination of services will be decided at the Annual Review/ CPSE meeting.

Demographic Information:

School Year: _____

Student Name: _____

Date of Birth: _____ School District: _____

Service Provider(s): _____

- The following ESY Services are recommended for consideration by CPSE.
(Please list service(s): _____)

Section 1:

Provide your rationale for recommending extended school year services for this student and how it relates to the student's functionality. (Refer to NYS Part 200 Regulation, Sect. 200.16)

Section 2:

Provide evidence and summarize all necessary information that there has been a substantial amount of regression of skills (as defined by NYS Part 200 Regulation, Sect. 200.16) following a break of service (if applicable).

Form Compiled By: _____

CPSE CHAIRS-CONSIDERATION FOR EXTENDED SCHOOL YEAR

This is a checklist that the Chairs will complete/review at the Annual Review Meeting. The checklist works as a hierarchy, beginning with the criteria for which a child would not qualify for ESY services. As you move through the checklist, it indicates the specific domains in which the child is demonstrating a significant delay and has demonstrated limited ability to retain previously mastered skills/concepts over time. In discussing this form at the meeting, the committee may find that although a child is receiving several different related services or attending a program, the child may successfully maintain skills with a reduction in services. As a reminder, this form is to be completed by the Chairs; the providers may use it as a guide, but are not to fill it out.

COMMITTEE ON PRESCHOOL SPECIAL EDUCATION ESY CHECKLIST (To be completed at CPSE meeting)

_____ Child does not demonstrate significant delays across domains nor is at risk for significant regression requiring services beyond the typical (September-June) school year; therefore extended school year services are not recommended.

_____ Child demonstrates intensive need in specific area(s) that inhibit (s) functionality; AND has demonstrated limited ability to retain previously mastered skills/concepts over time. * Some services may be recommended or a reduction of services may be appropriate

_____ Cognitive/Preacademic
_____ Social/Play/Management

_____ Communication
_____ Physical

_____ Child demonstrates significant needs across multiple domains (cognitive, motor, social-emotional, adaptive, communication) requiring extended school year services.

_____ Cognitive/Preacademic
_____ Social/Play/Management

_____ Communication
_____ Physical

School Year: _____

Student Name: _____ Date of Birth: _____

School District: _____

**Extended School Year Services:
Quantitative Documentation to Demonstrate Regression**

All documentation must be based on IEP Goals and Objectives. It is important that regression be documented over several instances and that consistency is demonstrated.

1. Skills before absences (Goals and Objectives)	2. Length of absence	3. Skills after absence (Re: Goals & Objectives)	4. Time to recoup Goals & Objectives	5. Reteaching strategies used

Student Name: _____ Date: _____

Form Completed by: _____ Title: _____

43. Q. What criteria are used by the Committee on Special Education (CSE) or the Committee on Preschool Special Education (CPSE) to determine a child's need for special transportation?

A. Most students with disabilities receive the same transportation services as students without disabilities. The CSE and CPSE are responsible for determining whether a student's disability prevents him or her from using the same transportation or manner in which to get to school as students without disabilities. In determining whether to include special transportation on a student's IEP, the CSE and the CPSE should consider and document the needs of the student. The IEP must include specific transportation recommendations to address each of the student's needs, as appropriate. Factors in the decision-making process include the student's mobility, behavior, communication skills, and physical and health needs. Special transportation is limited to those situations where the child receives transportation to obtain a Medicaid-covered service (other than transportation), or from a Medicaid-covered service, and both the Medicaid-covered service and the need for special transportation are included in the child's IEP. Special transportation can only be billed on a day that a Medicaid reimbursable service was delivered and may only be billed at the rate for each one-way trip.

44. Q. What are the requirements for submitting claims for Special Transportation?

A. Special transportation recommended by the Committee on Special Education (CSE) and Committee on Preschool Special Education (CPSE) and identified on the students' IEP is eligible for Medicaid funding. Claims for Medicaid reimbursement for special transportation must be supported by the following documentation:

- The IEP must specify the nature of the student's special transportation needs;
- The Medicaid reimbursable services to be delivered to the child must also be included in the child's IEP;
- Session notes for the Medicaid reimbursable service other than transportation that was delivered to the student.

The bus/transportation log must include:

- The student's name;
- Both the origination of the trip and time of pickup;
- Both the destination of the trip and time of drop off;
- Bus number or the vehicle license plate number; and,
- The full printed name of the driver providing the transportation.

Providers are urged to maintain a record with all information listed above to support claims for Medicaid transportation services.

In addition, transportation departments must be made aware of the necessary documentation and record retention requirements for the claiming of Medicaid services.

These items are considered unacceptable documentation of a trip:

a driver or vehicle manifest, or dispatch sheet;

an issuance of prior authorization by the authorizing agent 18 with subsequent checkmarks on a prior authorization roster;

or an attendance log from the school or program.

45. Q. How will transportation be billed under the new State Plan Amendment (SPA) #09-61?

A. Special transportation will continue to be billed using a rate-based methodology. One-way rates of payment have been developed and will be made available on SED's website at

<http://www.oms.nysed.gov/medicaid/resources>. Special transportation can only be billed on a day that a Medicaid-reimbursable service was delivered and may only be billed at the rate for each one-way trip.