

**Preschool/School Supportive Health Services Program (SSHSP)  
Provider Qualifications and Documentation Requirements**

**NOTE:** Delivered services must be signed/dated by a qualified provider acting within his/her scope of practice. Supporting documentation must be retained for six (6) years from the date the services were paid.

SERVICE/ EVALUATION	INITIAL REQUIREMENTS	IEP	APPROVED MEDICAID SERVICE PROVIDER <sup>1</sup>	REQUIRED DOCUMENTATION FOR MEDICAID
<b>Speech Therapy Services<sup>2</sup></b>	Signed/dated written order or referral from NYS licensed and NYS registered: physician, physician assistant, nurse practitioner or speech-language pathologist (SLP)  Written order/written referral included in student's record	Yes	NYS licensed and NYS registered SLP or certified teacher of the speech and hearing handicapped under the direction of a NYS licensed and NYS registered SLP	<b>Evaluation: Report<sup>3</sup></b>
				Ongoing Services: Contemporaneous Session Notes <sup>4</sup>
<b>Physical Therapy Services<sup>2</sup></b>	Signed/dated written order from NYS licensed and NYS registered: physician, physician assistant or nurse practitioner  Written order included in student's record	Yes	NYS licensed and NYS registered physical therapist <sup>5</sup> or a certified physical therapy assistant under the direction of a NYS licensed and NYS registered physical therapist <sup>5</sup>	<b>Evaluation: Report<sup>3</sup></b>
				Ongoing Services: Contemporaneous Session Notes <sup>4</sup>
<b>Occupational Therapy Services<sup>2</sup></b>	Signed/dated written order from NYS licensed and NYS registered: physician, physician assistant or nurse practitioner  Written order included in student's record	Yes	NYS licensed and NYS registered occupational therapist or an occupational therapy assistant (OTA), certified by the NYS Commissioner of Education, under the direction of a NYS licensed and NYS registered occupational therapist	<b>Evaluation: Report<sup>3</sup></b>
				Ongoing Services: Contemporaneous Session Notes <sup>4</sup>
<b>Psychological Counseling Services</b>	Referral by an appropriate school official, such as a school administrator or the chairperson of the CSE/CPSE or other licensed practitioner acting within his/her scope of practice  Referral included in the student's record	Yes	NYS licensed and NYS registered: psychiatrist; psychologist; licensed clinical social worker (LCSW) or licensed master social worker (LMSW) under the supervision of a NYS licensed and NYS registered psychiatrist; psychologist or a NYS licensed and NYS registered LCSW	Contemporaneous Session Notes <sup>4</sup>
<b>Skilled Nursing Services</b>	Signed/dated written order from NYS licensed and NYS registered: physician, physician assistant or nurse practitioner  Written order included in student's record	Yes	NYS licensed registered nurse or licensed practical nurse supervised by a registered nurse, a physician, dentist or other NYS licensed and NYS registered health care provider in accordance with the Nurse Practice Act	<b>Medication Administration: Monthly Medication Administration Record (MAR)</b>
				<b>Other Services: Contemporaneous Session Notes<sup>4</sup></b>

SERVICE/ EVALUATION	INITIAL REQUIREMENTS	IEP	APPROVED MEDICAID SERVICE PROVIDER <sup>1</sup>	REQUIRED DOCUMENTATION FOR MEDICAID
Psychological Evaluation	Referral by an appropriate school official, other official, or other licensed practitioner acting within his/her scope of practice  Referral included in the student's record	Yes	NYS licensed and NYS registered psychiatrist or a NYS licensed and NYS registered psychologist	Report <sup>3</sup>
Medical Evaluation	Referral by CSE/CPSE documented as part of the IEP process	Yes	NYS licensed and NYS registered physician, NYS licensed and NYS registered physician assistant or a NYS licensed and NYS registered nurse practitioner	Report <sup>3</sup>
Medical Specialist Evaluation	Signed/dated written order from NYS licensed and NYS registered: physician, physician assistant or nurse practitioner  Written order included in student's record	Yes	NYS licensed and NYS registered physician, NYS licensed and NYS registered physician assistant or a NYS licensed and NYS registered nurse practitioner	Report <sup>3</sup>
Audiological Evaluation	Signed/dated written order from NYS licensed and NYS registered: physician, physician assistant or nurse practitioner  Written order included in student's record	Yes	NYS licensed and NYS registered audiologist having a certificate of clinical competence (CCC) from the American Speech-Language-Hearing Association (ASHA)	Report <sup>3</sup>
Special Transportation (On a one-way basis)	CSE or CPSE must identify special transportation needs; must be indicated on the IEP; and billed only on a day that a Medicaid reimbursable service (other than transportation) was delivered, at the rate for each one-way trip	Yes	A vendor lawfully authorized to provide transportation services on the date the services are rendered	Bus/transportation logs must be maintained

<sup>1</sup> APPROVED MEDICAID SERVICE PROVIDER: Provider licenses, registrations and certifications must be on file prior to submitting claims for Medicaid reimbursement.

<sup>2</sup> "Services" include evaluations and ongoing therapy and must be supported by a written order or written referral from an appropriate practitioner.

<sup>3</sup> If the evaluation is used to identify a student's health related needs, it must be reflected in the IEP in order to be Medicaid reimbursable.

<sup>4</sup> CONTEMPORANEOUS SESSION NOTES: 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.

<sup>5</sup> Having graduated from a Commission on Accreditation in Physical Therapy Education (CAPTE) approved program.