

School Supportive Health Services Program
Preschool Supportive Health Services Program Documentation

SERVICE/ EVALUATION	INITIAL REQUIREMENTS	IEP	APPROVED MEDICAID SERVICE PROVIDER	DATE OF SERVICE DELIVERY BY PROVIDER	PROGRESS NOTES
SPEECH THERAPY	<u>WRITTEN REFERRAL</u> FOR A FORMAL SPEECH EVALUATION AND <u>WRITTEN ORDER</u> (FOR SPEECH SERVICES) BY Licensed and Registered PHYSICIAN PHYSICIAN ASSISTANT NURSE PRACTITIONER NYS LICENSED AND REGISTERED SPEECH LANGUAGE PATHOLOGIST	YES	CERTIFIED TEACHER OF THE SPEECH AND HEARING HANDICAPPED OPERATING UNDER THE DIRECTION OF A NEW YORK STATE LICENSED AND REGISTERED SPEECH LANGUAGE PATHOLOGIST OR AN INDIVIDUAL HAVING BOTH CREDENTIALS	YES	QUARTERLY
PHYSICAL THERAPY	<u>ORDER (WRITTEN BY) Licensed and Registered:</u> PHYSICIAN PHYSICIAN ASSISTANT NURSE PRACTITIONER	YES	LICENSED PHYSICAL THERAPIST OR PHYSICAL THERAPY ASSISTANT UNDER THE SUPERVISION OF A LICENSED PHYSICAL THERAPIST.	YES	QUARTERLY
OCCUPATIONAL THERAPY	<u>ORDER (WRITTEN BY) Licensed and Registered</u> PHYSICIAN PHYSICIAN ASSISTANT NURSE PRACTITIONER	YES	LICENSED OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT UNDER THE SUPERVISION OF A LICENSED OCCUPATIONAL THERAPIST.	YES	QUARTERLY
PSYCHOLOGICAL COUNSELING	NONE REQUIRED	YES	TO BE DETERMINED	YES	QUARTERLY
SKILLED NURSING SERVICES	<u>ORDER (WRITTEN BY) Licensed and Registered</u> PHYSICIAN PHYSICIAN ASSISTANT NURSE PRACTITIONER	YES	REGISTERED NURSE LICENSED PRACTICAL NURSE IN ACCORDANCE WITH THE NURSE PRACTICE ACT.	YES	IN ACCORDANCE WITH THE NURSE PRACTICE ACT
BASIC PSYCHOLOGICAL EVALUATION	A REFERRAL IS CONSIDERED A SELF-REFERRAL WHEN COMPLETED BY AN APPROPRIATE SCHOOL OFFICIAL. NOTHING IN WRITING IS REQUIRED	NO	TO BE DETERMINED	YES	N/A

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COMPREHENSIVE PSYCHOLOGICAL EVALUATION (WITH SOCIAL HISTORY)	REFERRAL IS CONSIDERED A SELF REFERRAL WHEN COMPLETED BY AN APPROPRIATE SCHOOL OFFICIAL. NOTHING IN WRITING IS REQUIRED	NO	TO BE DETERMINED	YES	N/A
MEDICAL EVALUATION	A REFERRAL IS CONSIDERED A SELF-REFERRAL WHEN COMPLETED BY AN APPROPRIATE SCHOOL OFFICIAL. NOTHING IN WRITING IS REQUIRED	NO	LICENSED and Registered PHYSICIAN PHYSICIAN ASSISTANT UNDER THE SUPERVISION OF A LICENSED PHYSICIAN NURSE PRACTITIONER ACCORDING TO THE NURSE PRACTICE ACT	YES	N/A
MEDICAL SPECIALIST EVALUATION	WRITTEN REFERRAL BY Licensed and Registered PHYSICIAN PHYSICIAN ASSISTANT NURSE PRACTITIONER	NO	LICENSED and Registered PHYSICIAN PHYSICIAN ASSISTANT UNDER THE SUPERVISION OF A LICENSED PHYSICIAN NURSE PRACTITIONER ACCORDING TO THE NURSE PRACTICE ACT	YES	N/A
AUDIOLOGICAL EVALUATION	<u>WRITTEN REFERRAL BY Licensed and Registered:</u> PHYSICIAN PHYSICIAN ASSISTANT NURSE PRACTITIONER	NO	LICENSED AUDIOLOGIST	YES	N/A
SPECIAL TRANSPORTATION (ON OR AFTER JULY 1, 1999)	CSE MUST IDENTIFY SPECIAL TRANSPORTATION NEEDS SPECIAL TRANSPORTATION MUST BE INDICATED ON THE IEP MUST RETAIN BUS ROSTERS AND BUS ATTENDANCE SHEETS	YES	SCHOOL DISTRICT TRANSPORTATION AMBULETTE OR INVALID COACH TAXI CAB	YES	N/A

