

**NYS PRESCHOOL/SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM
 MEDICAID QUALIFIED PROVIDERS AND DOCUMENTATION REQUIREMENTS
 ALL SERVICES MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE**

SERVICES ¹	ORDERING/REFERRING REQUIREMENTS	MEDICAID QUALIFIED SERVICING PROVIDER ²	DOCUMENTATION REQUIREMENTS (PER ENCOUNTER)
SPEECH THERAPY	Written order/referral signed and dated by a Medicaid enrolled physician, physician assistant, nurse practitioner or a speech-language pathologist (SLP) who is currently licensed, registered and/or certified as required ²	Licensed/registered SLP, a certified teacher of the speech and hearing handicapped operating under the direction of an SLP, or a certified teacher of students with speech and language disabilities operating under the direction of an SLP	Evaluation Report ³ Session Note ⁴
PHYSICAL THERAPY	Written order signed and dated by a Medicaid enrolled physician, physician assistant, or a nurse practitioner who is currently licensed, registered and/or certified as required ²	Licensed/registered physical therapist or a certified physical therapy assistant operating under the direction of a physical therapist	Evaluation Report ³ Session Note ⁴
OCCUPATIONAL THERAPY	Written order signed and dated by a Medicaid enrolled physician, physician assistant, or a nurse practitioner who is currently licensed, registered and/or certified as required ²	Licensed/registered occupational therapist or a certified occupational therapy assistant operating under the direction of an occupational therapist	Evaluation Report ³ Session Note ⁴
PSYCHOLOGICAL COUNSELING	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 - See Q&A #21 for more information	Licensed/registered psychiatrist, licensed/registered psychologist, licensed clinical social worker (LCSW), or a licensed master social worker (LMSW) operating under the supervision of a psychiatrist, psychologist, or an LCSW	Session Note ⁴
SKILLED NURSING	Written order signed and dated by a Medicaid enrolled physician, physician assistant, or a nurse practitioner who is currently licensed, registered and/or certified as required ²	Licensed/registered professional nurse or a licensed/registered practical nurse (LPN) supervised by a licensed/registered healthcare provider in accordance with the Nurse Practice Act	Medication Administration Record (MAR) Session Note ⁴

**NYS PRESCHOOL/SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM
 MEDICAID QUALIFIED PROVIDERS AND DOCUMENTATION REQUIREMENTS
 ALL SERVICES MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE**

SERVICES ¹	ORDERING/REFERRING REQUIREMENTS	MEDICAID QUALIFIED SERVICING PROVIDER ²	DOCUMENTATION REQUIREMENTS (PER ENCOUNTER)
PSYCHOLOGICAL EVALUATION	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 - See Q&A #21 for more information	Licensed/registered psychiatrist or a licensed/registered psychologist	Evaluation Report ³
MEDICAL EVALUATION	Referral by the CSE/CPSE documented as part of the IEP process	Physician, physician assistant, or a nurse practitioner who is currently licensed, registered and/or certified as required	Evaluation Report ³
MEDICAL SPECIALIST EVALUATION	Written order signed and dated by a Medicaid enrolled physician, physician assistant, or a nurse practitioner who is currently licensed, registered and/or certified as required ²	Physician, physician assistant, or a nurse practitioner who is currently licensed, registered and/or certified as required	Evaluation Report ³
AUDIOLOGICAL EVALUATION	Written order signed and dated by a Medicaid enrolled physician, physician assistant, or a nurse practitioner who is currently licensed, registered and/or certified as required ²	Licensed/registered Audiologist having a Certificate of Clinical Competence (CCC) from the American Speech-Language-Hearing Association	Evaluation Report ³
SPECIAL TRANSPORTATION⁵	CSE/CPSE identifies in IEP a medical need for special transportation & how the vehicle is modified to meet the needs of the student. May only be billed on a day that a Medicaid reimbursable service (other than transportation) is delivered.	A vendor lawfully authorized to provide transportation services on the date the service is rendered	Transportation Log for each one-way trip

1. "Services" include evaluations, therapy sessions, medication administration and other skilled nursing services, and special transportation.

2. Provider licenses, registrations and certifications must be on file prior to submitting claims for Medicaid reimbursement.

3. 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.

4. Providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program 18 NYCRR Section 504.3(a)]. Contemporaneous means as close to the conclusion of the session as practicable.

5. See Medicaid Alert #13-10 for more information on special transportation.