

# Written Orders

# SSHSP / PSSHSP

- \* The acronym is Medicaid's abbreviation School Supportive Health Services Program and Preschool Supportive Health Services Program.
- \* The SSHSP guidelines recognize covered services which include OT, PT, ST and Psychological counseling, plus a few others
- \* Most information for SSHSP can be found at <http://www.oms.nysed.gov/medicaid/>
  - \* Provider Policy and Billing Handbook
  - \* Questions and Answers
  - \* Training Materials
  - \* Medicaid Alerts

# Written Orders for SSHSP (Medicaid)

- \* Per the Medicaid Provider Policy and Billing Handbook  
*“The written order/written referral (prescription) is the documentation that establishes medical necessity for the related service to be furnished and constitutes medical direction of the ordering professional. In order to bill Medicaid, a written order/written referral from a qualified Medicaid provider is required. Written orders/written referrals must be prospective and must be kept on file.”*

# Required Elements of a Written order

(from Medicaid Provider Policy and Billing Handbook)

The following elements **must** be included on a written order:

- The name of the child for whom the order is written;
- The complete date the order was written and signed;
- The service(s) being ordered. Note: The frequency and duration of the ordered service must be either specified on the order itself or the order can explicitly adopt the frequency and duration of the service in the IEP by reference;
- Ordering provider's contact information (office stamp or preprinted address and telephone number);
- Signature\* of a NYS Medicaid enrolled provider who is a NYS licensed, registered, and/or certified, as relevant, physician, physician assistant, or licensed nurse practitioner acting within his or her scope of practice, and
  - only for speech therapy services this also includes a NYS Medicaid enrolled provider who is a licensed and registered speech-language pathologist\*\*
  - only for psychological evaluation and counseling services this includes a NYS Medicaid enrolled provider who is a licensed and registered psychologist, and/or an appropriate school official (school officials are not allowed nor required to enroll in NYS Medicaid);
- The time period for which services are being ordered;
- The ordering practitioner's National Provider Identifier (NPI) or license number; and,
- Patient diagnosis and/or reason/need for ordered service(s).

\* Please note that stamped signatures are not allowable. Electronic signatures affixed by someone other than the actual ordering/referring practitioner are also not allowable.

\*\*For purposes of the SSHSP, where **written referrals** are permitted (e.g., speech therapy services, psychological counseling services), the written referral must include the information listed above.

It should be noted that the written order/written referral must be in place prior to the initiation of services (prospective), including evaluations.

# Required Elements of a Written order

(from Medicaid Provider Policy and Billing Handbook)

1. The time period for which services are being ordered;
2. The service(s) being ordered (including specific frequency or per IEP)
3. Child's name
4. Patient Diagnosis
5. Provider's contact information including address and phone #
6. Ordering practitioner's NPI or license #
7. Signature
8. Date the order was written and signed

# Order must be before service starts

- \* From Medicaid Provider Policy and Billing Handbook

*“It should be noted that the written order/written referral must be in place prior to the initiation of services (prospective), including evaluations.”*

- \* This means it must be created & signed before first day of service

# Providers should verify validity of the Prescription

- \* Each County has their own version of their provider contracts
- \* However, most contracts have some language stating that the provider must comply with all SSHSP/PSSHSP Medicaid regulations
- \* It is incumbent on the provider to make sure they have a VALID written order BEFORE service starts.
- \* Prior to the first session, the provider should verify they have the written order and the written order contains the 8 required elements

# Verifying written orders

## \* Verify

- ☐ The school year is correct
- ☐ The appropriate service (OT, PT, ST, ...) is indicated
- ☐ The child's name is on form
- ☐ There is a valid ICD code for the service
- ☐ The provider's contact address and phone is on order
- ☐ The ordering provider's NPI or license # is listed
- ☐ It is signed (either digitally or in pen, NOT stamped)
- ☐ The signature includes the date it was signed and that signature date is on or before the start of the enrollment



# Requirements for submitting written order to CPSE Portal

- \* Due to many instances of providers being unable to produce a copy of a valid written order when asked, many Counties require copies of scripts BEFORE payment to the provider
- \* Suffolk and Westchester are now moving to an electronic model of requiring copies of scripts before payment. The electronic model involves putting information in CPSE Portal and having CPSE Portal not allow billing without a written order
- \* They have asked for this to be effective for service dates starting January 1, 2019.
- \* Nassau is NOT requiring this at this point, but is likely to require it in the future

# Which enrollments will be affected

- \* This applies to Medicaid recognized medical services (OT, PT, ST and Psychological Counseling) regardless whether the child has Medicaid or not
- \* For enrollments that started in September and continue through June, the written order that was signed prior to the September start date will need to be in CPSE Portal in order to bill for January dates of service. September through December dates of service will be allowed to be billed.

# What needs to be submitted to the Portal

- \* Two separate items need to be submitted to the CPSE Portal
  1. A copy of the image of the written order. This can be scanned and uploaded. An image can also be generated by using a tablet or cell phone to take a picture, and that image can be uploaded.
  2. The details of the written order need to be recorded in CPSE Portal. These details include
    - ☐ The Child
    - ☐ The service
    - ☐ The Ordering Provider NPI
    - ☐ The ICD code
    - ☐ The date it was signed
    - ☐ The period covered

# Prescription/Recommendations Entry

1. Scan the prescription and save the file to a place in your computer you can get to
2. Upload scanned image of written prescriptions/recommendations into the Portal and record the School Year Ordering Provider NPI and Date Signed
3. Create an entry for each service on the written order attached to the image and record the period and ICD for the service
4. Indicate which enrollments the entry applies to

# Uploading Image

1. Find the image on your machine
2. Record the school year
3. Enter a description (optional but helpful)
4. Enter the ordering provider NPI (optional but helpful)
5. Enter the date the order was signed (optional but helpful)

The screenshot shows a 'Manage Prescription File' dialog box. At the top, it says 'Managing Order File For: TATE, LIESELOTTE'. Below this is a 'Choose File' button and the text 'No file chosen' with a red '1' next to it. The 'Provider' dropdown is set to 'PROGRESSUS THERAPY, LLC'. The 'School Year' dropdown is set to '2018 - 2019' with a red '2' next to it. The 'Description' field is empty with a red '3' next to it. Below the description field is a section titled 'Ordering Provider Information (optional)' which contains two fields: 'Ordering Provider NPI:' with a red '4' and 'Date Signed:' with a red '5'. At the bottom of the dialog, there is a 'No eligible orders found' message, a 'Save' button, and a 'Cancel' button.

Manage Prescription File

Managing Order File For: TATE, LIESELOTTE

Choose File No file chosen 1

Provider: PROGRESSUS THERAPY, LLC ▼

School Year: 2018 - 2019 ▼ 2

Description 3

Ordering Provider Information (optional)

Ordering Provider NPI: 4

Date Signed: 5

No eligible orders found

Save Cancel

# Creating Entry for Written Order Details

1. Attach an image
2. Choose Order Type
3. Record Ordering Provider NPI \*
4. Record Date Order was Signed\*
5. Record what the Order indicates as period covered\*
6. Enter diagnosis\*
7. Indicate Frequency \*

\* Enter the values that are on the written order

The screenshot shows a web form titled "Manage Prescription Entry". The form contains the following fields and sections:


- Managing Order Entry For:** TATE, LIESELOTTE
- Image:** Attach To Image (1)
- Order Type:** (2)
- Provider:** PROGRESSUS THERAPY, LLC
- Ordering Provider NPI:** (3)
- Date Signed:** (4)
- Prescription effective date range:**
  - ☒ Applies to entire school year (5) (2018 - 2019)
  - ☐ Applies to specific school year / session (2018 - 2019 Winter)
  - ☐ Applies to specific date range
- Reason for Services:**
  - ICD:** Search by code or description... (6)
  - Reason:** (Text area)
- Frequency:**
  - ☒ Per IEP
  - ☐ Specific (X)
  - WEEKLY (7)
- No eligible enrollments found**
- Buttons:** Preview, Cancel

# Indicate Enrollments for Order Detail

- \* Bottom grid on Manage Prescription entry shows Enrollments matching service and date range indicated
- \* Check box next to enrollments that this order detail applies to


**Manage Prescription Entry**

Managing Order Entry For: TATE, LIESELOTTE  
Image: [View](#)

Order Type: Occupational Therapy  Provider: PROGRESSUS THERAPY, LLC

Ordering Provider NPI: 1003043225 Date Signed: 6/22/2018

Prescription effective date range

☒ Applies to entire school year  2018 - 2019  
☐ Applies to specific school year / session 2018 - 2019 Winter  
☐ Applies to specific date range

Reason for Services


ICD  
F84.3

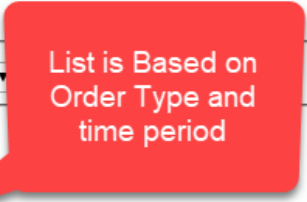
Reason

Frequency

☒ Per IEP ☐ Specific   X   WEEKLY

	ESID	From	To	Frequency	Service Type	I/G
<input type="checkbox"/>	RS1819S0013543	7/9/2018	8/17/2018	2x30	Occupational Therapy Group	G
<input type="checkbox"/>	RS1819W0013588	9/4/2018	6/26/2019	1x30	Occupational Therapy	I
<input type="checkbox"/>	RS1819W0013590	9/4/2018	6/26/2019	1x30	Occupational Therapy Group	G





[Preview](#) [Cancel](#)

# Review & Save

**Manage Prescription Preview**

**Preview**

Child: TATE, LIESELOTTE 3  
Service: Occupational Therapy 2  
Dates Covered: 7/1/2018 - 6/30/2019 1  
Frequency: Per IEP 2  
Reason:

ICD Code(s)	ICDCode	Description
	F84.3	Other childhood disintegrative disorder

**Ordered By**

Name: LESLIE TRANCHELL  
NPI: 1003043225 5  
Date Signed: 6/22/2018 6

**Save & Done** **Cancel**

Two of 8 required elements are not entered:  
Provider Contact information (5) and Signature (7)

## Required elements of written order

1. The time period for which services are being ordered;
2. The service(s) being ordered (including specific frequency or per IEP)
3. Child's name
4. Patient Diagnosis
5. Provider's contact information including address and phone #
6. Ordering practitioner's NPI or license #
7. Signature
8. Date the order was written and signed

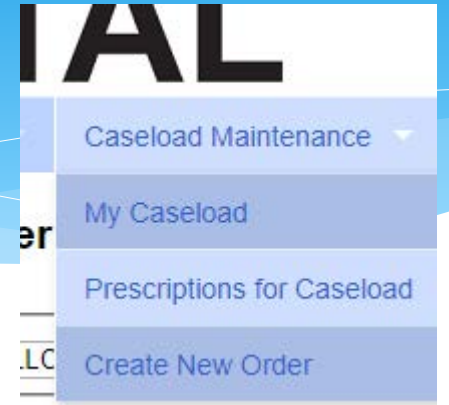


# Who uploads image and enters data? Agency or Therapist?

- \* In order to bill for service dates on or after January 1st for a particular enrollment
  - \* The details of the written order must be entered into CPSE Portal
  - \* An image of the written order must be uploaded to the CPSE Portal
- \* Both the agency and the therapist have the capabilities under their login to upload an image and enter the details about the written order
- \* It is a decision by the agency to determine who should complete the task

# As a Therapist

- \* Goto Caseload Maintenance->Prescriptions for Caseload
- \* Use Upload Rx Image to upload the image of the written order
- \* Use Enter Rx Info to add written order details



**CPSE PORTAL** Hello, bparks .

Home Activities Attendance Caseload Maintenance Lookup Reports My Account Knowledge Base

### Prescriptions / Written Orders for Caseload

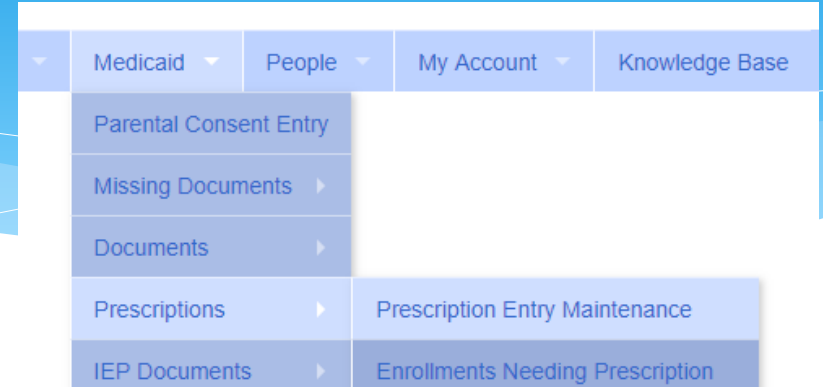
Filter By

Provider: PROGRESSUS THERAPY, LLC Session: 2018 - 2019 Winter Search

ESID	Last Name	First Name	From Date	To Date	Description	Rx Status	Rx Entry	Rx Image
RS1819W0013401	GALLARDO	VAL	9/4/2018	6/26/2019	PT 2x30 Individual	MISSING	Enter Rx Info	Upload Rx Image
RS1819W0013772	TACKETT	CARLA	9/4/2018	6/26/2019	PT 2x30 Individual	MISSING	Enter Rx Info	Upload Rx Image
RS1819W0013591	TATE	LIESELOTTE	9/4/2018	6/26/2019	PT 2x30 Individual	MISSING	Enter Rx Info	Upload Rx Image
RS1819W0013526	VALENCIA	JONI	9/4/2018	6/26/2019	PT 2x30 Individual	MISSING	Enter Rx Info	Upload Rx Image

# As an Agency / Billing Provider Method 1

- \* Medicaid->Prescriptions->Prescription Entry Maintenance
- \* Lookup the child and click “Select”
- \* Use Upload Prescription Image to upload a copy of the written order
- \* Use Enter Prescription Entry to record details



Last Name   [ Show Advanced Search options ]

	Last Name	First Name	DOB	SED STAC ID	District	County	MatchStatus	
Select	BOWMAN	JAIME	1/10/2014	H21129	Schenectady	SCHENECTADY	County Record	Details

**BOWMAN, JAIME** County: **SCHENECTADY** District: **Schenectady** DOB: **1/10/2014**

**Prescription Entries**

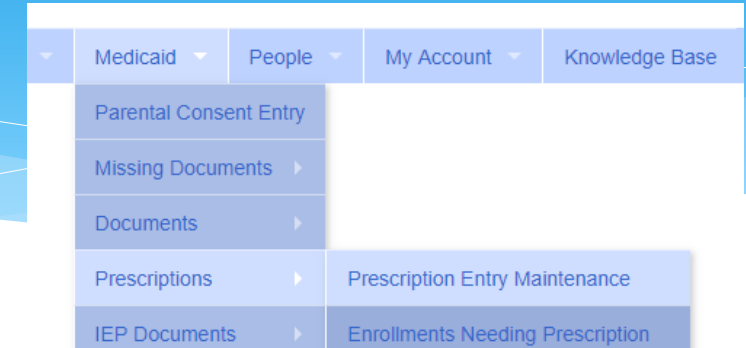
**Prescription Images**

**Prescription Entries**

No eligible orders found

# As an Agency / Billing Provider Method 2

- \* Medicaid->Prescriptions->Enrollments Needing Prescriptions
- \* Use Upload Image to upload a copy of the written order
- \* Use Add New Rx to record details



## Enrollments Missing Prescription

Filters

School Year Session  County  Provider

ESID	Child Name	From - To	RS	Frequency				
RS1819W0013689	BARNES, EARL	09/04/2018 - 06/26/2019	ST1	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
RS1819W0013678	BAXTER, DAVIDA	09/04/2018 - 06/26/2019	ST	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
RS1819W0013679	BAXTER, DAVIDA	09/04/2018 - 06/26/2019	ST1	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
RS1819W0013664	BOWMAN, JAIME	09/04/2018 - 06/26/2019	ST	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
RS1819W0013665	BOWMAN, JAIME	09/04/2018 - 06/26/2019	ST1	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
RS1819W0013696	CORNEJO, MATT	09/04/2018 - 06/26/2019	ST	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
RS1819W0013697	CORNEJO, MATT	09/04/2018 - 06/26/2019	ST1	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
RS1819W0013686	COULTER, LOYD	09/04/2018 - 06/26/2019	ST	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
RS1819W0013687	COULTER, LOYD	09/04/2018 - 06/26/2019	ST1	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
RS1819W0013550	FREEMAN, DAMON	09/04/2018 - 06/26/2019	ST	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
RS1819W0013551	FREEMAN, DAMON	09/04/2018 - 06/26/2019	ST1	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem

# Prescription/Recommendations Entry



Robert P. Astorino, County Executive  
Sherlita Amler, MD, Commissioner  
Department of Health

## PRESCRIPTION ~REFERRAL FOR PRESCHOOL EVALUATIONS ~ SERVICES

Student Name: Tiffany Beck DOB: 12/24/15  
District: Niskayuna

The child named above is recommended for the following:  
(You must provide the most specific ICD9 Code (5 digit if possible) for each Evaluation/Service checked)

EVALUATION(S)		SERVICE(S)	
		Frequency & Duration as per the IEP, for the School Year: <u>7/1/18</u> to <u>6/30/19</u>	
<input type="checkbox"/> Audiological	ICD9 Code _____	<input type="checkbox"/> Audiological	ICD9 Code _____
<input type="checkbox"/> Occupational Therapy	ICD9 Code _____	<input checked="" type="checkbox"/> Occupational Therapy	ICD9 Code <u>F84.0</u>
<input type="checkbox"/> Physical Therapy	ICD9 Code _____	<input checked="" type="checkbox"/> Physical Therapy	ICD9 Code <u>F84.0</u>
<input type="checkbox"/> Speech*	ICD9 Code _____	<input type="checkbox"/> Speech*	ICD9 Code _____
<input type="checkbox"/> Skilled Nursing**	ICD9 Code _____	<input type="checkbox"/> Skilled Nursing**	ICD9 Code _____
<input type="checkbox"/> Psychological***	ICD9 Code _____	<input checked="" type="checkbox"/> Psychological Counseling***	ICD9 Code <u>F84.0</u>
*** Reason/Need: _____		*** Reason/Need: _____	

\* Referrals for Speech Evaluation or Services may be signed by a Speech Language Pathologist who has seen the child  
\*\* Referrals for Skilled Nursing Services require specific physician's order with specific instructions  
\*\*\* Referrals for a Psychological Evaluation or Psychological Counseling Services may be signed by an appropriate school official such as school administrator or the chairperson of the CPSE or a licensed practitioner acting within his/her scope of practice;  
Psychological Evaluation and/or Psychological Counseling can have ICD9 Code OR Reason Need: all others need ICD9

Original Signature of Physician, Physician Assistant, Nurse Practitioner or other professional explained below.  
Training Doctor Date: 9/1/18

Print Name: Training Doctor Title: \_\_\_\_\_  
Address/Printed or Stamp: \_\_\_\_\_  
123 Main St  
Salem, NY 12222  
NPI # 12345678  
License # 00000  
Medicaid # 000000  
Phone: 518-555-2222 Fax: \_\_\_\_\_

~A copy of this form or its equivalent must be sent to the County~

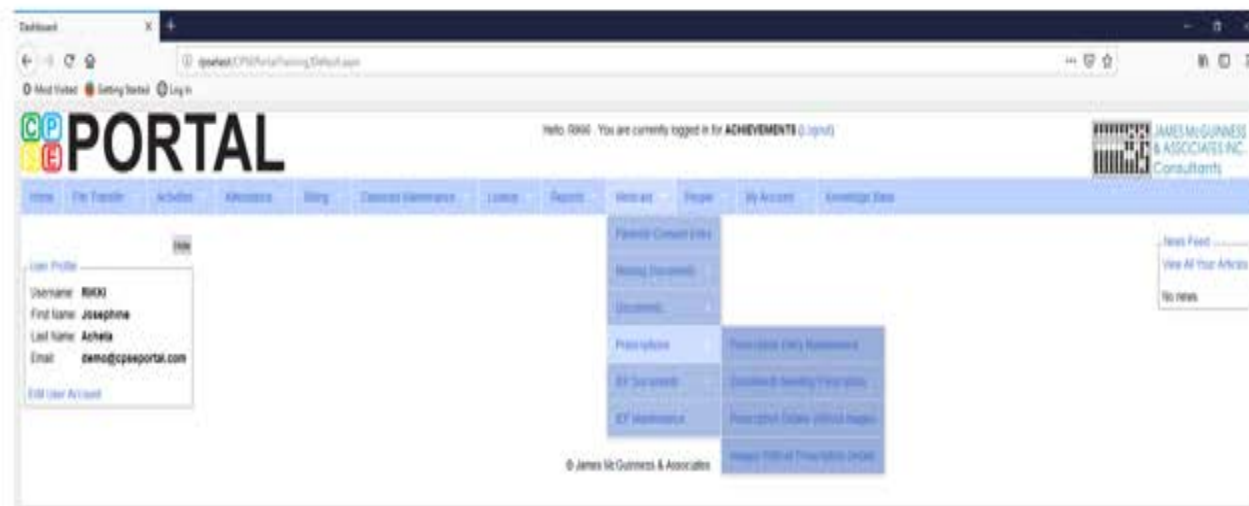
Facsimile or photocopy of this is acceptable

~Changes in frequency, duration or type of service need new prescription/referral~

# Prescription/Recommendations Entry

- \* Go to Medicaid
- \* Prescriptions
- \* Prescription Entry Maintenance
- \* Select your child
- \* Click “Upload Prescription Image”
- \* Browse to find the scanned image
- \* Fill in Description, ordering provider NPI and Date signed
- \* Save

# Prescription/Recommendations Entry



# Prescription/Recommendations Entry



Hello, RIKKI . You are currently logged in for **ACHIEVEMENTS** (Logout)



[Home](#) [File Transfer](#) [Activities](#) [Attendance](#) [Billing](#) [Caseload Maintenance](#) [Lookup](#) [Reports](#) [Medicaid](#) [People](#) [My Account](#) [Knowledge Base](#)

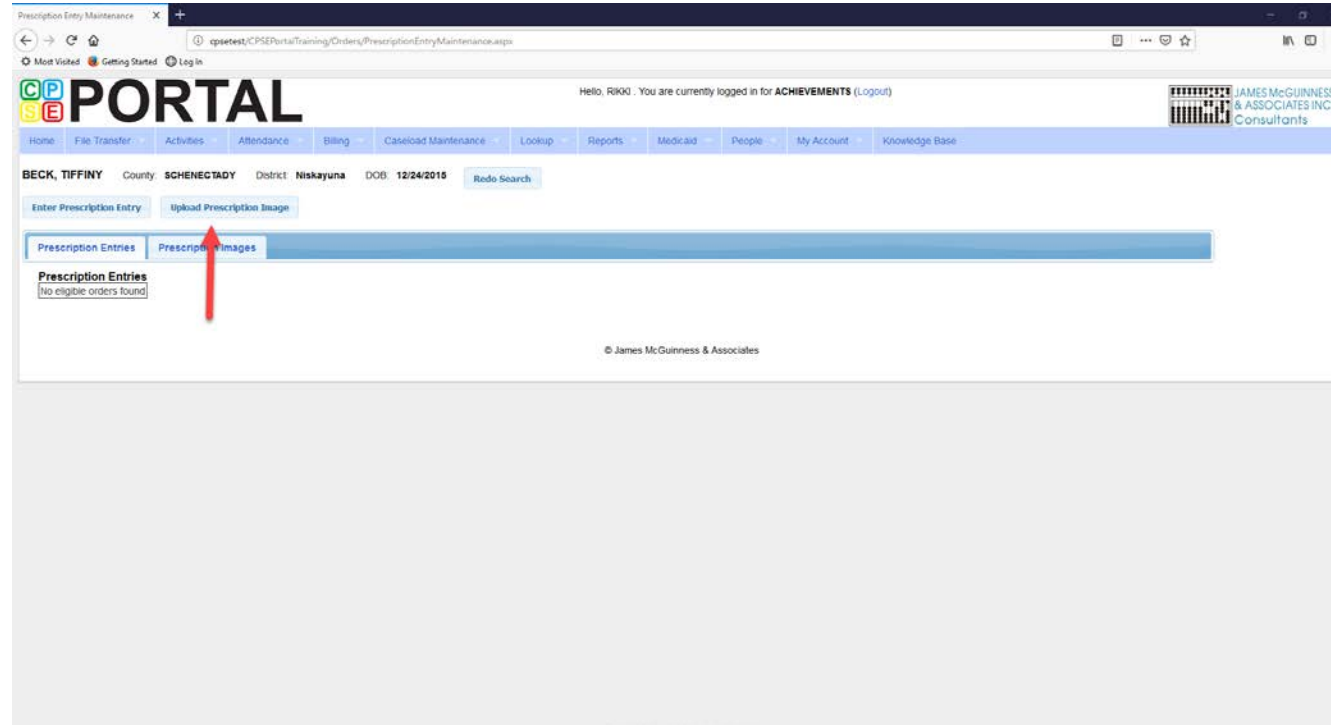
Last Name  [Search](#) [\[ Show Advanced Search options \]](#)

	Last Name	First Name	DOB	SED STAC ID	District	County	MatchStatus	
<a href="#">Select</a>	BECK	TIFFINY	12/24/2015	H73547	Niskayuna	SCHENECTADY	County Record	<a href="#">Details</a>





# Prescription/Recommendations Entry



# Prescription/Recommendations Entry

Manage Prescription File

Managing Order File For: BECK, TIFFINY

Browse...

Beck script.pdf

Provider: ACHIEVEMENTS

School Year: 2018 - 2019

Description  
OT Script

Ordering Provider Information (optional)

Ordering Provider NPI: 0

Date Signed: 09/01/2018

No eligible orders found

Save

Cancel

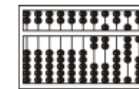
# Prescription/Recommendations Entry

- \* Click on Enter Prescription Entry
- \* In the “Manage Prescription Entry screen”
  - \* Click “Attach to Image” and find the image you just saved & click “attach”
  - \* Enter the rest of the information on the screen, select the appropriate enrollments and click “Preview”
  - \* Review all of the information and if it is correct, click Save and Done”

# Prescription/Recommendations Entry



Hello, Rikki . You are currently logged in for **ACHIEVEMENTS** ([Logout](#))



**JAMES MCGUINNESS  
& ASSOCIATES INC.**  
Consultants

[Home](#) [File Transfer](#) [Activities](#) [Attendance](#) [Billing](#) [Caseload Maintenance](#) [Lookup](#) [Reports](#) [Medicaid](#) [People](#) [My Account](#)

[Knowledge Base](#)

**BECK, TIFFINY** County: **SCHENECTADY** District: **Niskayuna** DOB: **12/24/2015**

[Redo Search](#)

**i** Successfully deleted a prescription.

[Enter Prescription Entry](#)

[Upload Prescription Image](#)

[Prescription Entries](#)

[Prescription Images](#)

**Prescription Entries**

No eligible orders found

# Prescription/Recommendations Entry

Manage Prescription Entry

Managing Order Entry For: BECK, TIFFINY

Image:[Attach To Image](#)

Order Type:

Provider:

Ordering Provider NPI:

Date Signed:

Prescription effective date range

☒ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

Reason for Services

ICD

Reason

Frequency

☒ Per IEP ☐ Specific  X

No eligible enrollments found

# Prescription/Recommendations Entry

Manage Prescription Preview

Preview

Child: BECK, TIFFINY

Service: Occupational Therapy

Dates Covered: 7/1/2018 - 6/30/2019

Frequency: Per IEP

Reason:

ICD Code(s):

ICDCode	Description
F84.0	Autistic disorder

Ordered By


Name: MARTA BEST

NPI: 1003068040

Date Signed: 9/1/2018

Save & Done

Cancel



# Prescription/Recommendations Entry Method 2

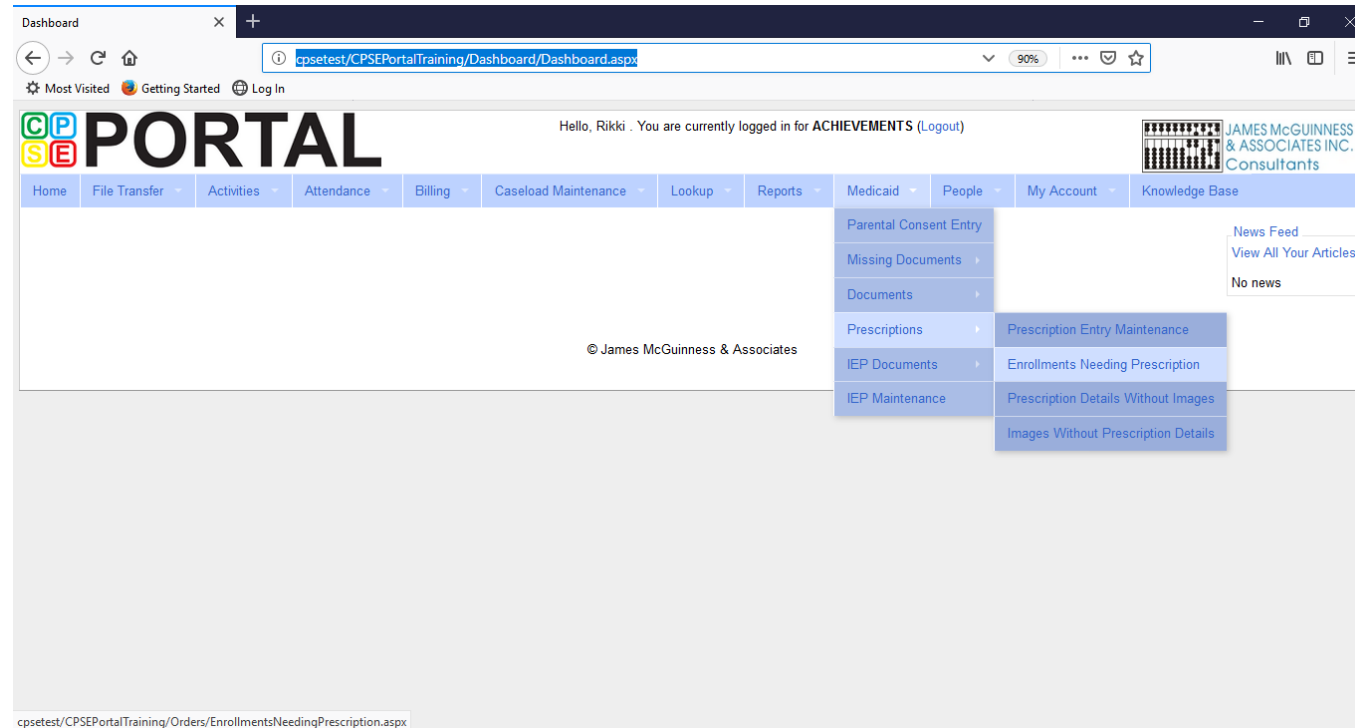
- \* Go to Medicaid
- \* Prescriptions
- \* Enrollments Needing Prescriptions
- \* Select filters, click “Retrieve”
- \* For the Child you want to work on, Click “upload Image”
- \* Browse to find the scanned image
- \* Fill in Description, ordering provider NPI and Date signed
- \* Save
- \* Then click “Add New Rx”

# Prescription/Recommendations Entry Method 2

- \* In the “Manage Prescription Entry screen”
  - \* Click “Attach to Image” and find the image you just saved & click “attach”
  - \* Enter the rest of the information on the screen, select the appropriate enrollments and click “Preview”
  - \* Review all of the information and if it is correct, click Save and Done”



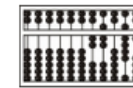
# Prescription/Recommendations Entry Method 2



# Prescription/Recommendations Entry Method 2



Hello, Rikki . You are currently logged in for ACHIEVEMENTS ([Logout](#))



JAMES MCGUINNESS  
& ASSOCIATES INC.  
Consultants

- Home
- File Transfer ▾
- Activities ▾
- Attendance ▾
- Billing ▾
- Caseload Maintenance ▾
- Lookup ▾
- Reports ▾
- Medicaid ▾
- People ▾
- My Account ▾
- Knowledge Base

## Enrollments Missing Prescription

[Filters](#)

School Year Session  County  Provider

[Retrieve](#)



# Prescription/Recommendations Entry Method 2

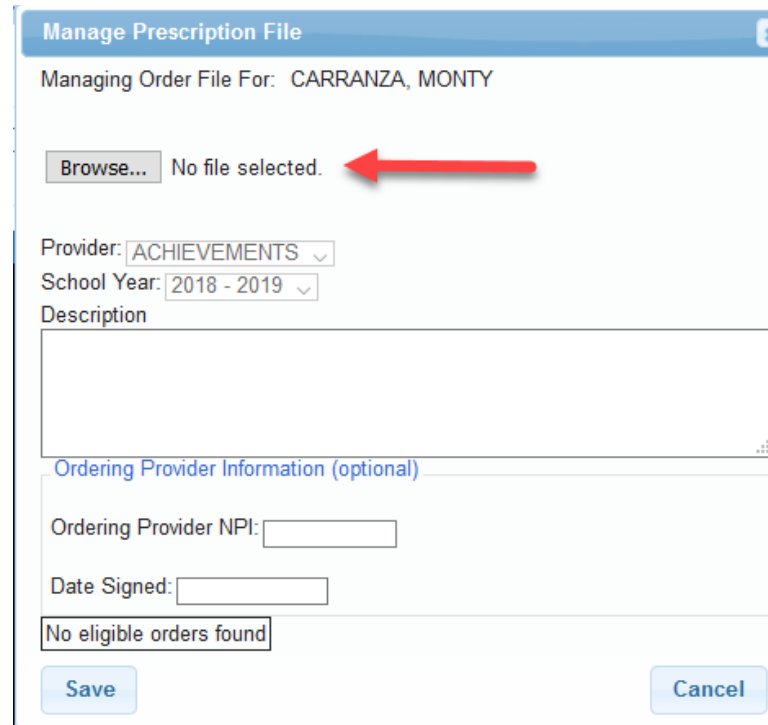
Enrollments Missing Prescription

Filters

School Year Session: 2018 - 2019 Winter County: Albany Provider: ACHIEVEMENTS Retrieve


ESID	Child Name	From - To	RS	Frequency	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0010197	CARRANZA, MONTY	09/05/2018 - 06/26/2019	ST	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0010198	CARRANZA, MONTY	09/05/2018 - 06/26/2019	ST1	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0010199	CARRANZA, MONTY	09/05/2018 - 06/26/2019	OT	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0010200	CROWDER, DENIS	09/05/2018 - 06/26/2019	ST	4x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0010201	CROWDER, DENIS	09/05/2018 - 06/26/2019	ST1	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0010202	CROWDER, DENIS	09/05/2018 - 06/26/2019	OT	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0010592	DUFFY, MAJOR	09/05/2018 - 06/21/2019	ST	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0010593	DUFFY, MAJOR	09/05/2018 - 06/21/2019	ST1	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0010594	DUFFY, MAJOR	09/05/2018 - 06/21/2019	OT	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0010214	GILL, ERNIE	09/05/2018 - 06/26/2019	OT	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0010215	GILL, ERNIE	09/05/2018 - 06/26/2019	OT1	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0010216	GILL, ERNIE	09/05/2018 - 06/26/2019	CSL	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0011385	RADFORD, RANDOLPH	09/05/2018 - 06/26/2019	OT1	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0011382	RADFORD, RANDOLPH	09/05/2018 - 06/26/2019	ST	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0011383	RADFORD, RANDOLPH	09/05/2018 - 06/26/2019	ST1	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0011384	RADFORD, RANDOLPH	09/05/2018 - 06/26/2019	OT	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0011240	ROBERTS, HAROLD	09/05/2018 - 06/26/2019	ST1	1x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0011241	ROBERTS, HAROLD	09/05/2018 - 06/26/2019	PT	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem
CBRS1819W0011242	ROBERTS, HAROLD	09/05/2018 - 06/26/2019	OT	2x30	Add New Rx	Assign To Existing Rx	Upload Image	Report Problem

# Prescription/Recommendations Entry Method 2



Manage Prescription File

Managing Order File For: CARRANZA, MONTY

No file selected. 

Provider:

School Year:

Description

Ordering Provider Information (optional)

Ordering Provider NPI:

Date Signed:

No eligible orders found

# Prescription/Recommendations Entry

## Method 2

Manage Prescription Entry

Managing Order Entry For: CARRANZA, MONTY

Image: [Attach To Image](#)

Order Type: Speech Therapy Provider: ACHIEVEMENTS

Ordering Provider NPI:  Date Signed:

Prescription effective date range

☒ Applies to entire school year 2018 - 2019  
☐ Applies to specific school year / session 2018 - 2019 Winter  
☐ Applies to specific date range

Reason for Services

ICD

Reason

Frequency

☒ Per IEP ☐ Specific  X  WEEKLY

	ESID	From	To	Frequency	Service Type	I/G
<input checked="" type="checkbox"/>	CBRS1819W0010197	9/5/2018	6/26/2019	1x30	Speech Therapy	I
<input checked="" type="checkbox"/>	CBRS1819W0010198	9/5/2018	6/26/2019	2x30	Speech Therapy Group	G

Preview

Cancel

# Prescription/Recommendations Entry Method 2

Manage Prescription Preview

Preview

Child: CARRANZA, MONTY

Service: Speech Therapy

Dates Covered: 7/1/2018 - 6/30/2019

Frequency: Per IEP

Reason:

ICD Code(s):

ICDCode	Description
F80.1	Expressive language disorder

Ordered By

Name: CORINNE MULLER

NPI: 1003034232

Date Signed: 9/1/2018

Save & Done

Cancel

# Prescription/Recommendations Entry Excel Spreadsheet Method

- \* Go To Caseload Maintenance, Upload Prescription Details
- \* Select Filters, click Retrieve
- \* Export to Excel
- \* Enter information in columns for Ordering Providers, Date Signed, RX start Date, RX End Date, Diagnosis
- \* Save file
- \* In Portal, click the “Upload Completed Spreadsheet” Tab
- \* Browse to find the saved spreadsheet
- \* Click upload
- \* Click “Post Uploaded Data”

# Prescription/Recommendations Entry Excel Spreadsheet Method

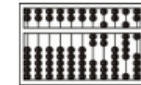
The screenshot displays the CPSE Portal web application interface. The browser window shows the URL `cpsetest/CPSEPortalTraining/Default.aspx`. The page header includes the CPSE Portal logo, a user greeting "Hello, Rikki. You are currently logged in for ACHIEVEMENTS (Logout)", and the company name "JAMES McGUINNESS & ASSOCIATES INC. Consultants". A navigation bar contains links for Home, File Transfer, Activities, Attendance, Billing, Caseload Maintenance, Lookup, Reports, Medicaid, People, My Account, and Knowledge Base. On the left, a "User Profile" section shows the user's name as RIKKI, first name as Josephine, last name as Acheta, and email as demo@cpseportal.com. The "Caseload Maintenance" menu is open, listing options such as CBRS Enrollments, Assign Child's Therapist(s) and Service Provider(s), Unmatched Children, Add / Edit Unmatched Enrollments, View Unmatched Enrollments, County Rescinded Enrollments, Rescinded CB Enrollments w/ CBRS, Caseload, and Upload Prescription Details. A "News Feed" section on the right indicates "No news". The browser's address bar at the bottom shows the path `cpsetest/CPSEPortalTraining/Caseload_Maintenance/PrescriptionDetailUpload.aspx`.



# Prescription/Recommendations Entry Excel Spreadsheet Method



Hello, Rikki . You are currently logged in for **ACHIEVEMENTS** (Logout)



**JAMES MCGUINNESS  
& ASSOCIATES INC.**  
Consultants

- Home
- File Transfer ▾
- Activities ▾
- Attendance ▾
- Billing ▾
- Caseload Maintenance ▾
- Lookup ▾
- Reports ▾
- Medicaid ▾
- People ▾
- My Account ▾
- Knowledge Base

## Prescription Details Upload

Generate Spreadsheet Template

Upload Completed Spreadsheet

Filters

Provider **ACHIEVEMENTS** ▾

School Year Session **2018 - 2019 Winter** ▾

County **Albany** ▾

Retrieve



# Prescription/Recommendations Entry Excel Spreadsheet Method

C  
S  
E

P  
O  
R  
T  
A  
L

Hello, Rikki . You are currently logged in for **ACHIEVEMENTS** (Logout)

JAMES McGUINNESS  
& ASSOCIATES INC.  
Consultants

HomeFile TransferActivitiesAttendanceBillingCaseload MaintenanceLookupReportsMedicaidPeopleMy AccountKnowledge Base

Prescription Details Upload

Generate Spreadsheet TemplateUpload Completed Spreadsheet

Filters

ProviderACHIEVEMENTS

School Year Session2018 - 2019 Winter

CountyAlbany

Retrieve

Export to Excel

Last Name	First Name	DOB	IEP Start	IEP End	County	ESID	Service	Ordering Provider NPI	Date Signed	Rx Start Date	Rx End Date	Diagnosis
ARCHER	DANNIE	08/17/15	09/05/18	06/26/19	01	CBRS1819W0011511	ST 4x30 Individual					
BRYANT	BRENTON	10/09/14	09/05/18	06/26/19	01	CBRS1819W0011175	OT 1x30 Individual					
BRYANT	BRENTON	10/09/14	09/05/18	06/26/19	01	CBRS1819W0011176	OT1 1x30 Group					
BRYANT	BRENTON	10/09/14	09/05/18	06/26/19	01	CBRS1819W0011173	ST 2x30 Individual					
BRYANT	BRENTON	10/09/14	09/05/18	06/26/19	01	CBRS1819W0011174	ST1 1x30 Group					
CARRANZA	MONTY	06/05/14	09/05/18	06/26/19	01	CBRS1819W0010199	OT 2x30 Group					
CARRANZA	MONTY	06/05/14	09/05/18	06/26/19	01	CBRS1819W0010197	ST 1x30 Individual					
CARRANZA	MONTY	06/05/14	09/05/18	06/26/19	01	CBRS1819W0010198	ST1 2x30 Group					
CROWDER	DENIS	11/02/14	09/05/18	06/26/19	01	CBRS1819W0010202	OT 2x30 Individual					
CROWDER	DENIS	11/02/14	09/05/18	06/26/19	01	CBRS1819W0010200	ST 4x30 Individual					
CROWDER	DENIS	11/02/14	09/05/18	06/26/19	01	CBRS1819W0010201	ST1 1x30 Group					

Enrollmentprescriptions-1 [Read-Only] [Compatibility Mode] - Excel

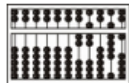
File Home Insert Page Layout Formulas Data Review View Tell me what you want to do... Mell, Lisa Share

Cut Copy Paste Format Painter Clipboard Font Alignment Number Styles Conditional Formatting Table Cell Insert Delete Format AutoSum Fill Sort & Find & Filter Select Clear Editing

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Last Name	First Name	DOB	IEP Start	IEP End	County	ESID	Service	Ordering Provider NPI	Date Signed	Rx Start Date	Rx End Date	Diagnosis			
2	ARCHER	DANNIE	08/17/15	09/05/18	06/26/19	01	CBRS1819W0011511	ST 4x30 Individual								
3	BRYANT	BRENTON	10/09/14	09/05/18	06/26/19	01	CBRS1819W0011175	OT 1x30 Individual								
4	BRYANT	BRENTON	10/09/14	09/05/18	06/26/19	01	CBRS1819W0011176	OT 1 1x30 Group								
5	BRYANT	BRENTON	10/09/14	09/05/18	06/26/19	01	CBRS1819W0011173	ST 2x30 Individual								
6	BRYANT	BRENTON	10/09/14	09/05/18	06/26/19	01	CBRS1819W0011174	ST 1 1x30 Group								
7	CARRANZA	MONTY	06/05/14	09/05/18	06/26/19	01	CBRS1819W0010199	OT 2x30 Group								
8	CARRANZA	MONTY	06/05/14	09/05/18	06/26/19	01	CBRS1819W0010197	ST 1x30 Individual								
9	CARRANZA	MONTY	06/05/14	09/05/18	06/26/19	01	CBRS1819W0010198	ST 1 2x30 Group								
10	CROWDER	DENIS	11/02/14	09/05/18	06/26/19	01	CBRS1819W0010202	OT 2x30 Individual								
11	CROWDER	DENIS	11/02/14	09/05/18	06/26/19	01	CBRS1819W0010200	ST 4x30 Individual								
12	CROWDER	DENIS	11/02/14	09/05/18	06/26/19	01	CBRS1819W0010201	ST 1 1x30 Group								
13	DUFFY	MAJOR	04/30/15	09/05/18	06/21/19	01	CBRS1819W0010594	OT 2x30 Individual								
14	DUFFY	MAJOR	04/30/15	09/05/18	06/21/19	01	CBRS1819W0010592	ST 2x30 Individual								
15	DUFFY	MAJOR	04/30/15	09/05/18	06/21/19	01	CBRS1819W0010593	ST 1 2x30 Group								
16	GILL	ERNIE	03/26/14	09/05/18	06/26/19	01	CBRS1819W0010214	OT 1x30 Individual								
17	GILL	ERNIE	03/26/14	09/05/18	06/26/19	01	CBRS1819W0010215	OT 1 1x30 Group								
18	MIDDLETON	HARRIETT	01/13/14	09/05/18	06/26/19	01	CBRS1819W0010577	ST 1x30 Individual								
19	MIDDLETON	HARRIETT	01/13/14	09/05/18	06/26/19	01	CBRS1819W0010578	ST 1 2x30 Group								
20	POLLARD	OLIN	04/13/14	09/05/18	06/21/19	01	RS1819W0021532	OT 2x30 Individual								
21	RADFORD	RANDOLPH	12/25/13	09/05/18	06/26/19	01	CBRS1819W0011384	OT 1x30 Individual								
22	RADFORD	RANDOLPH	12/25/13	09/05/18	06/26/19	01	CBRS1819W0011385	OT 1 1x30 Group								
23	RADFORD	RANDOLPH	12/25/13	09/05/18	06/26/19	01	CBRS1819W0011382	ST 2x30 Individual								
24	RADFORD	RANDOLPH	12/25/13	09/05/18	06/26/19	01	CBRS1819W0011383	ST 1 1x30 Group								
25	ROBERTS	HAROLD	08/16/15	09/05/18	06/26/19	01	CBRS1819W0011242	OT 2x30 Individual								
26	ROBERTS	HAROLD	08/16/15	09/05/18	06/26/19	01	CBRS1819W0011241	PT 2x30 Individual								
27	ROBERTS	HAROLD	08/16/15	09/05/18	06/26/19	01	CBRS1819W0011239	ST 4x30 Individual								

Enrollmentprescriptions

# Prescription/Recommendations Entry Excel Spreadsheet Method

**CPSE PORTAL** Hello, Rikki . You are currently logged in for **ACHIEVEMENTS** ([Logout](#))  **JAMES MCGUINNESS & ASSOCIATES INC. Consultants**



[Home](#) [File Transfer](#) [Activities](#) [Attendance](#) [Billing](#) [Caseload Maintenance](#) [Lookup](#) [Reports](#) [Medicaid](#) [People](#) [My Account](#) [Knowledge Base](#)

### Prescription Details Upload

[Generate Spreadsheet Template](#) [Upload Completed Spreadsheet](#)

Upload File

Copy of Enrollmentprescriptions.xls



# Prescription/Recommendations Entry Excel Spreadsheet Method



Hello, Rikki . You are currently logged in for **ACHIEVEMENTS** (Logout)



[Home](#) [File Transfer](#) [Activities](#) [Attendance](#) [Billing](#) [Caseload Maintenance](#) [Lookup](#) [Reports](#) [Medicaid](#) [People](#) [My Account](#) [Knowledge Base](#)

File Successfully Added!

## Prescription Details Upload

[Generate Spreadsheet Template](#)

[Upload Completed Spreadsheet](#)

[Clear Upload](#)

[Post Uploaded Data](#)



Last Name	First Name	DOB	IEP Start	IEP End	County	ESID	Service	Ordering Provider NPI	Date Signed	Rx Start Date	Rx End Date	Diagnosis
ZHANG	FRANCES	02/13/15	09/05/18	06/26/19	01	CBRS1819W0011300	OT 1x30 Individual	1003068040	9/1/2018	9/5/2018	6/26/2019	F82
ZHANG	FRANCES	02/13/15	09/05/18	06/26/19	01	CBRS1819W0011301	OT1 1x30 Group	1003068040	9/1/2018	9/5/2018	6/26/2019	F82
ZHANG	FRANCES	02/13/15	09/05/18	06/26/19	01	CBRS1819W0011298	ST 2x30 Individual	1003068040	9/1/2018	9/5/2018	6/26/2019	F82
ZHANG	FRANCES	02/13/15	09/05/18	06/26/19	01	CBRS1819W0011299	ST1 2x30 Group	1003068040	9/1/2018	9/5/2018	6/26/2019	F82

# Prescription/Recommendations Entry

## Portal Knowledge Base Articles:

- \* To enter script information into Portal directly  
<http://support.cpseportal.com/kb/a120/uploading-script-documentation.aspx>
- \* To enter script information into Portal through Excel spreadsheet  
<http://support.cpseportal.com/kb/a159/uploading-prescriptions.aspx>

# Questions?

- \* Search for help in our knowledge base  
<http://support.cpseportal.com/Main/Default.aspx>
- \* Email [support@CPSEPortal.com](mailto:support@CPSEPortal.com)