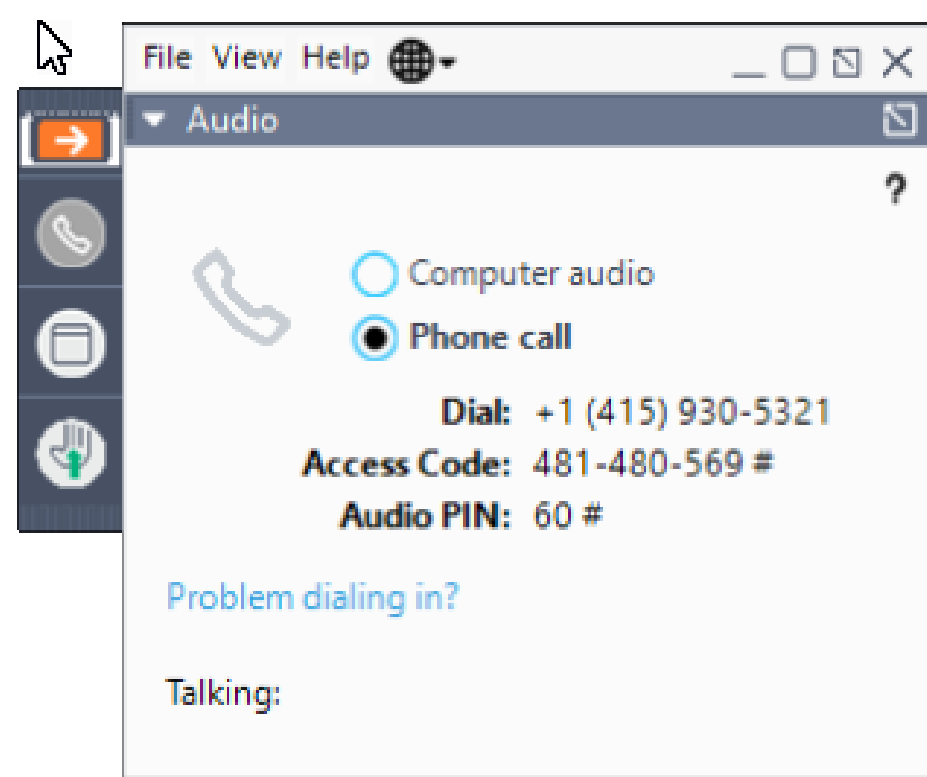


# Using Go-to-Webinar

# Go-to-Webinar Control Panel

- \* Control panel is on far right of screen.
- \* Orange button with white arrow expands and shrinks control panel.

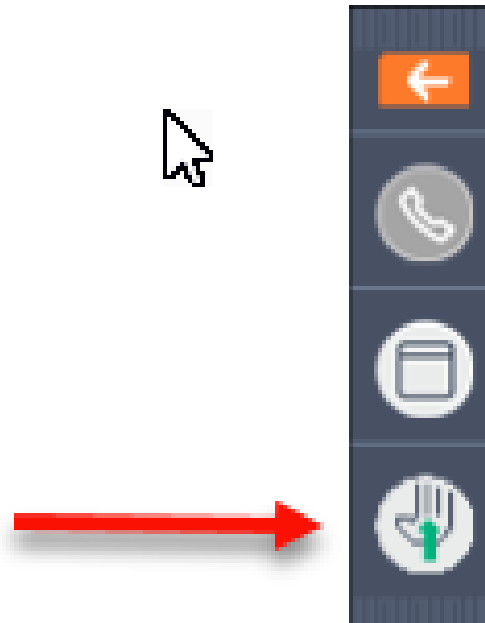


# Communicating with Presenter

- \* All participants are on mute
- \* Two ways to communicate with us
  - 1-Raise your hand
  - 2-Type in a question
- \* You can raise your hand in response to a question we ask
- \* You can type in question in the question box

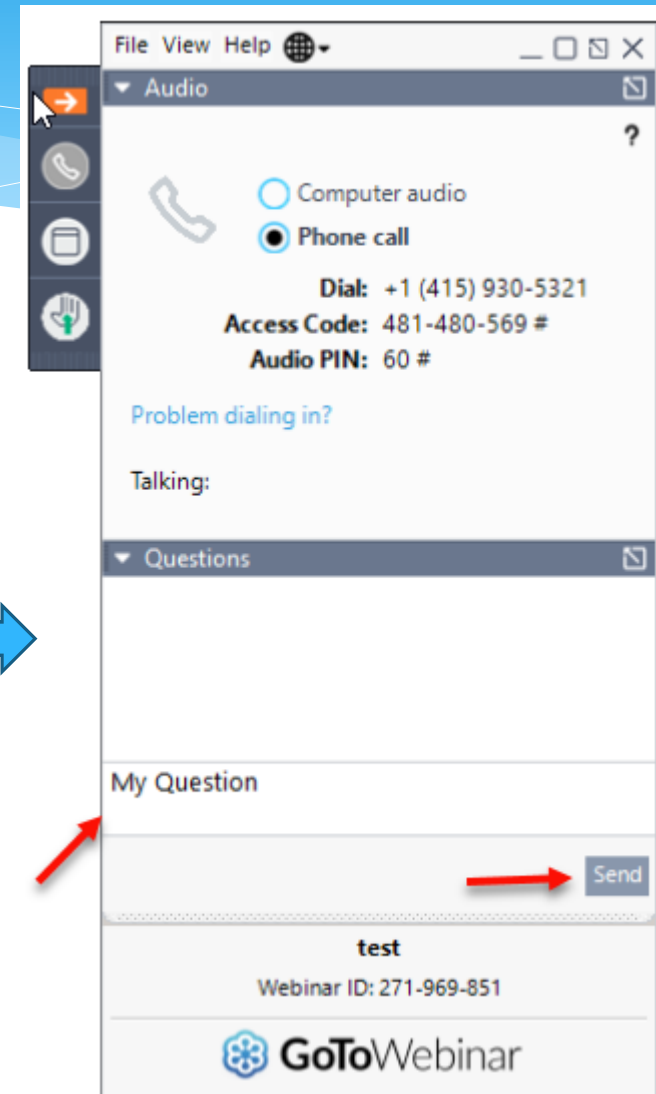
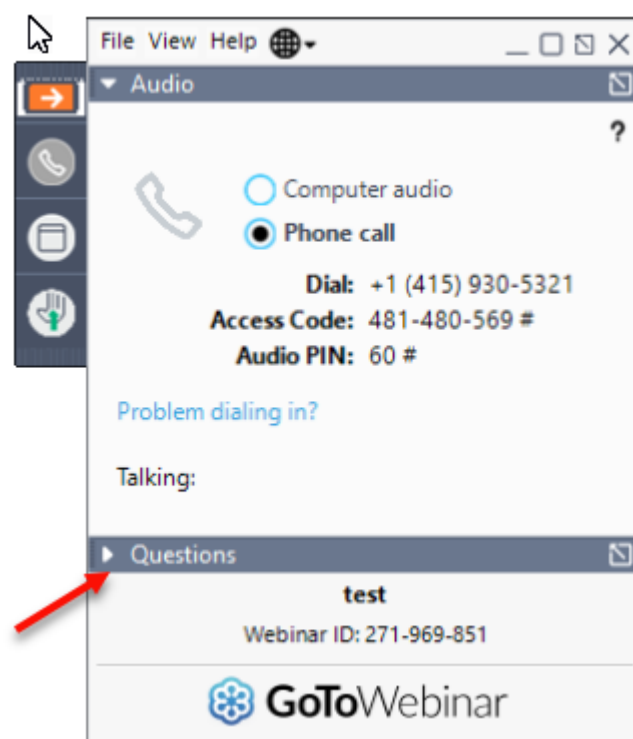
# Raising your Hand

- \* On bottom left of the control panel is a button with a hand icon.
- \* Click that button to raise your hand.



# Typing in a Question

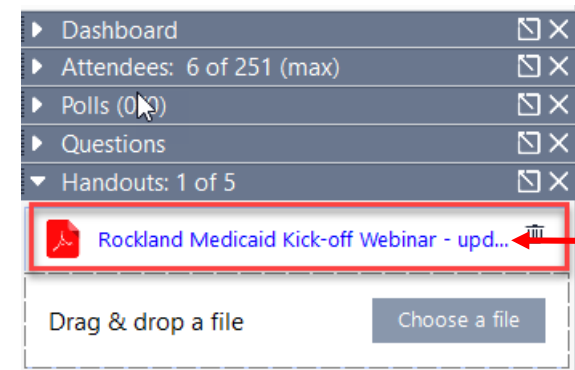
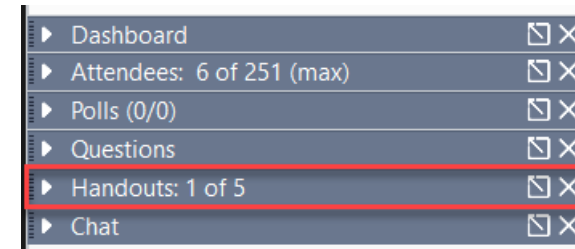
- \* Click the question bar to expand questions section
- \* Type in your question and click send
- \* Type in any questions you have into the Question Box and click Send. We will answer questions at designated points in the presentation.



# Handouts

**If you would like to download the handout:**

- \* Click the “Handouts” icon on the control panel.
- \* If there are more than one handout, click the link for the handout that you would like to download.



# Certificates



## Uploading Medicaid Documentation - 5/30/24 - 10:00

Thu, May 30, 2024 10:00 AM - 11:00 AM EDT

We hope you enjoyed our webinar.

Your certificate is available here:

[My Certificate](#)

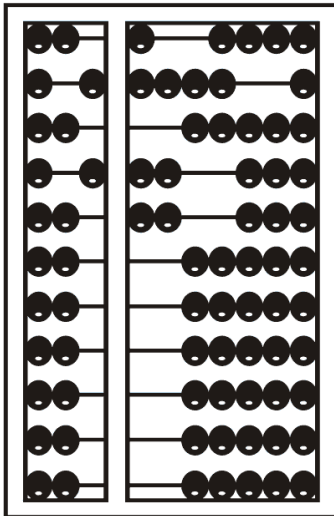
Please send your questions, comments and feedback to:  
[webinar@jmcguinness.com](mailto:webinar@jmcguinness.com)

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**You should receive the certificate the day after the webinar.**

**If you do not receive a certificate, McGuinness will not issue one.**

JAMES MCGUINNESS  
& ASSOCIATES INC.  
Consultants



# UPLOADING PRESCRIPTIONS

(2025)



# INTRODUCTIONS

## □ ***Deborah Frank, McGuinness Medicaid Specialist***

- Kelly Knowles, McGuinness Medicaid/CPSE Portal/eSTACs
- Ellen Farney, Medicaid Client Relationship Manager
- Darcy McMullen, Medicaid Client Relationship Manager

# TOPICS COVERED

## ❑ **How to Upload a Prescription**

- Therapist Menu
- Billing Admin Menus (Two Options)
- PRESCRIPTION UPLOAD SCREEN (Four-Step Process)

### **1) Upload Image**

### **2) Image Details Screen**

#### **Interactive Entry**

- Child Name
- Time Period
- Ordering Practitioner Name & Credentials
- Signature Date

#### **Manual Selection**

- Practitioner's Address, Phone, Signature

### **3) Order Details Screen**

- Service, Frequency/Duration, ICD Code

### **4) Attach Enrollments to Details**

# MEDICAID COMPLIANCE FOR PRESCRIPTIONS

- ❑ Most contracts between counties and providers stipulates that the provider will comply with Medicaid regulations.
- ❑ Since the written order is one of the key components that will allow the Medicaid claiming process to move forward, McGuinness has redesigned the upload process to coincide with the eight required items on a Medicaid prescription.

# WHAT ARE THE EIGHT REQUIRED ELEMENTS OF A MEDICAID PRESCRIPTION?

Per the **Medicaid Provider Policy and Billing Handbook** (Update 9) Page 21, [www.oms.nysed.gov/Medicaid](http://www.oms.nysed.gov/Medicaid), there are eight (8) required elements on a written order. The new screen correlates with this list.

1. Child's Name
2. Term of Service/Period of Service
3. Ordering Practitioner's Information

- Name
- Address/Phone
- NPI #

4. Date the order was written and signed
5. Signature of the ordering practitioner

Items 1-5 will be entered on the Image Details Screen.

6. Service(s) being ordered (OT/PT/ST).
7. Frequency/Duration/Class Designation **Or** As Per IEP Reference
8. Patient diagnosis (ICD Code)

Items 6-8 will be entered on the Order Details Screen.

# PRESCRIPTION MENUS

## (Caseload Maintenance & Medicaid Menus)

- ❑ Prescriptions can be uploaded by therapists and/or billing admins.
- ❑ Therapists and Billing Admins will use different menus to upload the prescription.
- ❑ While the menus will be different for Therapists and Billing Admins the upload process is exactly the same.
- ❑ First I will go over the different menu options and then we will look at the upload process.

# PRESCRIPTION MENUS

## (Therapists & Billing Admins)

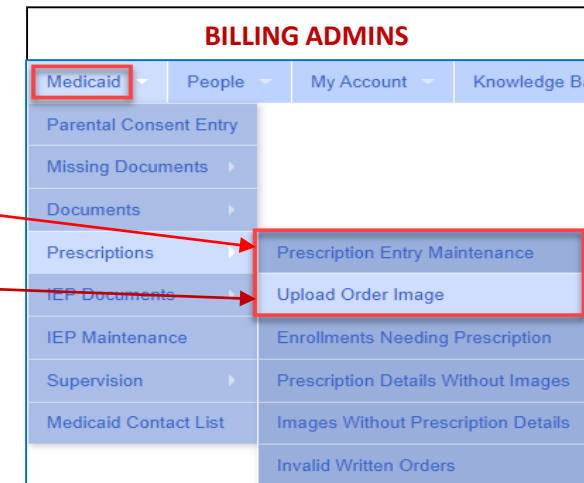
Before you can upload a paper prescription to the Portal you must scan and save the prescription to your computer (Desktop or folder).

A prescription can be uploaded from two different menus in the Portal:

1. **Caseload Maintenance** > Prescriptions for Caseload  
(for **Therapists**)



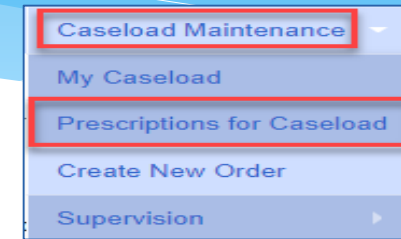
2. **Medicaid** >
  - 1) Prescriptions > Prescription Entry Maintenance &
  - 2) Prescriptions > Upload Order Image  
(for **Billing Admins**)



# PRESCRIPTION MENU (Therapists)

## ❑ For Therapists:

Caseload Maintenance > Prescriptions for Caseload



❑ Click the “**Upload**” link in the Upload Rx Column.

❑ The Upload Document prompt comes up – To start the process you will upload the prescription image.

### Prescriptions / Written Orders for Caseload

Filter By

Provider:



Session:

2022 - 2023 Winter



Search

ESID	Last Name	First Name	From Date	To Date	Description	Rx Status	View Images	Upload Rx	
RS2223W0198283			9/7/2022	6/23/2023	ST 1x30 Individual	POTENTIAL	View existing images	Upload	Create Speech Recommendation
RS2223W0198284			9/7/2022	6/23/2023	ST 1x60 Individual	POTENTIAL	View existing images	Upload	Create Speech Recommendation
RS2223W0197941			9/7/2022	6/23/2023	ST 2x30 Individual	VERIFIED	View	View	

Upload Document

Choose File

No file chosen

\*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

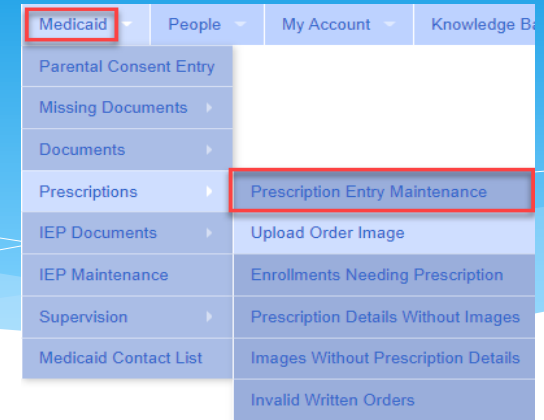
Upload Image

# PRESCRIPTION MENU

## (Billing Admins – Option 1)

### ❑ For Billing Admins – Option 1

**Medicaid** > Prescriptions > Prescription Entry Maintenance



- Enter Last Name, First Name and click **SEARCH**
- Click **Select**.

Name (Last,First)  **Search** [ Show Advanced Search options ]

Name (Last,First)  **Search** [ Show Advanced Search options ]

	Child Number	Last Name	First Name	DOB	CIN	District	County	MatchStatus	
<b>Select</b>	C28000166857			1/3/2016	FU92125M	LEVITTOWN UFSD	NASSAU	County Record	Details

- Click the **“Upload Prescription Image”** button. To start the process you will upload the prescription image.

County: **NASSAU** District: **LEVITTOWN UFSD** DOB: **1/3/2016** **Redo Search**

**Upload Prescription Image**

**Prescription Entries** **Prescription Images**

**Prescription Entries**

From	To	Order Type	Frequency	Signed By	NPI	Date Signed	ICD Codes	Status		
7/9/2021	6/30/2022	Speech Therapy	PER IEP	SHERI MORGASEN	1326326505	7/9/2021	F80.9	VERIFIED	View	Edit Entry
7/1/2020	6/30/2021	Occupational Therapy	PER IEP	FAWZIA KAZMI	1609836501	11/6/2020	F81.9	VERIFIED	View	Edit Entry
7/1/2020	6/30/2021	Speech Therapy	PER IEP	STEPHANIE NEUGEBAUER	1306255229	9/10/2020	F80.9	VERIFIED	View	Edit Entry

**Upload Document**

**Choose File** No file chosen **Upload Image**

\*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

Or...



# PRESCRIPTION MENU

## (Billing Admins – Option 2)

### ❑ For Billing Admins – Option 2

**Medicaid** > Prescriptions > Upload Order Image

As soon as you click on **Upload Order Image**,  
the prescription template comes up.

To start the process you will upload the  
prescription image.

Click **Choose File, Browse** to Rx Image, Click **Upload Image**.

Upload Document

No file chosen

\*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

Medicaid | People | My Account | Knowledge Base

Parental Consent Entry

Missing Documents

Documents

Prescriptions

IEP Documents

IEP Maintenance

Supervision

Medicaid Contact List

Prescription Entry Maintenance

Upload Order Image

Enrollments Needing Prescription

Prescription Details Without Images

Images Without Prescription Details

Invalid Written Orders

Upload Order Image

Enter child's name > Click Search

Order Image Details

Child

Name (Last, First)   [ Show Advanced Search options ]

	Child Number	Last Name	First Name	DOB	CIN	District	County
Select	C28000166857			1/3/2016	FU92125M	LEVITTOWN UFSD	NASSAU

# QUESTIONS

Are there any questions about the different menu options?

# HOW TO UPLOAD A PAPER PRESCRIPTION (Four-Step Process)

## 1) **Upload** the Order Image

Upload Document

No file chosen

\*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

## 2) Enter the **Image Details** Screen - **Required Field Checklist** (*five of the eight required Medicaid items*)

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SA#
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input checked="" type="checkbox"/> Signature	

## 3) Select and/or Enter the **Order Details** Screen (*Service Type, ICD Code, Frequency/Duration – the remaining **three** required Medicaid items*)

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
	<input type="text" value="v"/>	<input type="text"/>	7/1/2021	6/30/2022	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="checkbox"/>	<input type="button" value="Add Detail"/>

## 4) **Attach the enrollment** to the prescription.

Apply To Enrollments

Provider Name	ESID	From Date	To Date	Service	Status	
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223S0047009	07/04/2022	08/12/2022	ST 3x30 I	ON PREVIOUS ORDER	<input type="button" value="Attach"/>
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223W0047014	09/06/2022	06/23/2023	ST 3x30 I		

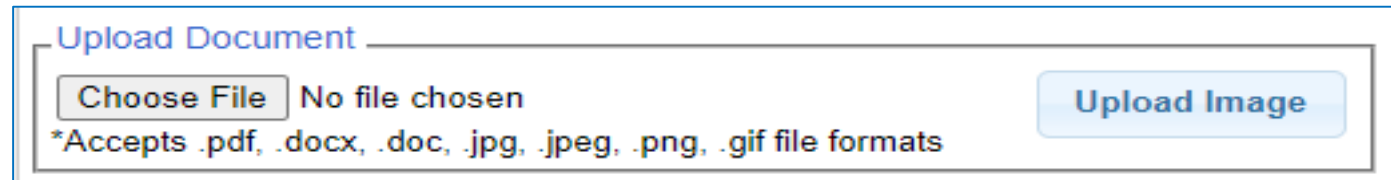
# STEP 1 – UPLOADING THE ORDER IMAGE

## (For Therapists & Billing Admins)

At this point in the process...

- ❑ **Therapists** have clicked the “**Upload**” link (Prescriptions for Caseload) and are ready to upload the prescription image (Step 1).

- 1) Click Choose File
- 2) Browse to document on computer, and
- 3) Click Upload Image



Upload Document

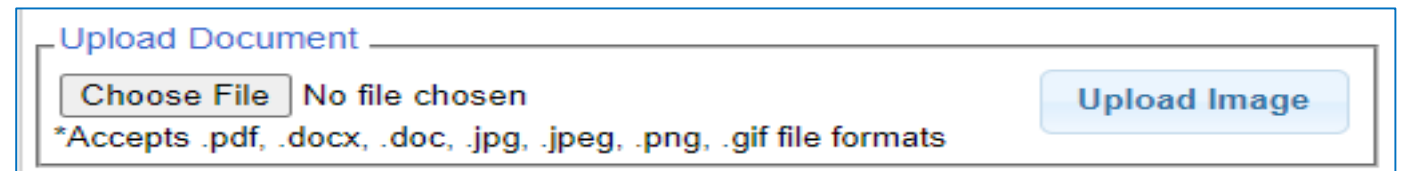
Choose File No file chosen

\*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

Upload Image

- ❑ **Billing Admins** have **entered the child's name** into the name box and clicked **Search** (Prescription Entry Maintenance).
  - After the child was searched, the **Select** link was clicked.
  - The **Upload Order** button was clicked and are ready to upload the prescription image (Step 1).

- 1) Click Choose File
- 2) Browse to document on computer, and
- 3) Click Upload Image



Upload Document

Choose File No file chosen

\*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

Upload Image

**BOTH GROUPS WILL FOLLOW THE SAME STEPS/SCREENS TO ENTER/UPLOAD THE HARDCOPY PRESCRIPTION.**

# PRESCRIPTION UPLOAD SCREEN

## (Upload Order Image Screen – Scanned Prescription)

The screenshot below shows you what you will see on the uploading screen.

- On **left** is the screen that you will use to enter five of the eight required elements of a Medicaid prescription.
- On the **right** is the scanned prescription – where you will obtain the information to enter to the **Image Details** Screen.

**Upload Order Image**

Reupload File

**PRESCRIPTION ENTRY SCREEN**

Order Image Details

Child

**JONES, JANE** County: **NASSAU** District: **LEVITTOWN UFSD** DOB: **1/3/2016** [Redo Search](#)

Period of Service

☐ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

Required Field Checklist

☒ Child Name **JANE JONES**

☐ Time Period of Service

☐ Ordering Practitioner's Name

☐ Ordering Practitioner NPI/ License

☐ Ordering Practitioner's Address

☐ Ordering Practitioner's Phone Number

☐ Signature Date

☐ Signature

**SCANNED PRESCRIPTION**

**PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES**

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name **Jones, Jane** DOB **1/3/2016**

District **Levittown UFSD** County **Nassau**

Agency   
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)  
Reason for Rx: ☐ Annual Review Meeting ☒ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(REQUIRED)  
Term of Service: School Year **July 1, 2022** to **June 30, 2023** (Frequency, Duration & Class Ratio as per the IEP)

# Step 2 – IMAGE DETAILS SCREEN

(Two Parts: Interactive Entry & Manual Selection)

## **Interactive Entry** – (Order Image Screen – Step 2)

1. **Child's Name**
2. **Term of Service/Period of Service**
3. **Ordering Practitioner's Information:**
  - Name, Address**
  - NPI #**
  - Date** the order was written and signed

*As you can see, the Medicaid elements shown in the Medicaid Handbook (this list) has been incorporated into the new screen.*

## **Manual Selection** – (Order Image Screen)

6. **Ordering Practitioner's Address**
7. **Ordering Practitioner's Phone #**
8. **Order Practitioner's Signature**

## Preview of New Image Details Screen

The screenshot displays the 'Order Image Details' screen with the following sections:

- Child**: Includes fields for County (NASSAU), District (LEVITTOWN UFSD), and DOB (1/3/2016), with a 'Redo Search' button.
- Period of Service**: Features radio buttons for 'Applies to entire school year' (selected), 'Applies to specific school year / session', and 'Applies to specific date range'. A dropdown menu shows '2021 - 2022'.
- Ordering Provider Details**: Contains 'Ordering Practitioner Details' with fields for NPI (1912322454), Name (CAROLYN LEMONS), and Address (522 GLENWOOD AVE, NEW BOSTON, OH 456625505). It also has a 'Date Signed' field (09/22/2022) and a 'Redo NPI Search' button.
- Required Field Checklist**: A list of items with checkboxes and corresponding values:
  - ☒ Child Name: SAKI
  - ☒ Time Period of Service: 7/1/2021 to 6/30/2022 (202122)
  - ☒ Ordering Practitioner's Name: CAROLYN LEMONS
  - ☒ Ordering Practitioner NPI/ License: 1912322454
  - ☐ Ordering Practitioner's Address
  - ☐ Ordering Practitioner's Phone Number
  - ☒ Signature Date: 09/22/2022
  - ☐ Signature

Red arrows point from the manual selection list on the left to the corresponding items in the checklist: 'Ordering Practitioner's Address' to the address field, 'Ordering Practitioner's Phone #' to the phone number field, and 'Order Practitioner's Signature' to the signature field.

\* **Service, Frequency/Duration and Diagnosis Code** will be entered on the next screen, **Order Details Screen**

# STEP 2 - IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

## (Child's Name – Fills in Automatically to Start the Process)

❑ The **child's name** auto-fills in three places on the template.

- 1) At the **top** of the screen
- 2) In the **Child Box**, and
- 3) In the **Required Field Checklist** box.

Since you already Searched and Selected the correct child (Billing Admins) or clicked the link in the Prescriptions for Caseload grid (Therapists), the child's name is...

- Auto-filled in the template.
- The Child Check box has been auto-selected.
- The Child's Name appears in the Required Field List.

The screenshot displays a web form titled "Upload Order Image for". At the top, a red "1)" points to a greyed-out text field. Below this is a "Reupload File" button. The "Order Image Details" section contains a "Child" field with a red "2)" pointing to it, followed by "County: WESTCHESTER", "District: NEW ROCHELLE", and "DOB: 9/8/2018". A "Redo Search" button is to the right. The "Period of Service" section has three radio button options: "Applies to entire school year", "Applies to specific school year / session", and "Applies to specific date range". The "Required Field Checklist" section lists several fields with checkboxes. A red "3)" points to the "Child Name" checkbox, which is checked, and a red arrow points from this checkbox to the "Child Name" field in the "Child" section above.

Upload Order Image for **1)** [Redacted]

Reupload File

Order Image Details

Child **2)** [Redacted] County: WESTCHESTER District: NEW ROCHELLE DOB: 9/8/2018 Redo Search

Period of Service

☐ Applies to entire school year [Dropdown]

☐ Applies to specific school year / session [Dropdown]

☐ Applies to specific date range [Date Range]

Required Field Checklist

☒ Child Name **3)** SKY [Redacted]

☐ Time Period of Service

☐ Ordering Practitioner's Name

☐ Ordering Practitioner NPI/ License

☐ Ordering Practitioner's Address

☐ Ordering Practitioner's Phone Number

☐ Signature Date

☐ Signature

## STEP 2 – IMAGE DETAILS SCREEN

(Required Field Checklist – Interactive Entry)

- ❑ Now you will begin the Interactive Entry from the scanned prescription beginning with the Period of Service.
- ❑ Before we begin, please keep an eye on the “**Required Field Checklist**” box.
  - As you progress through the entering process, beginning with the child’s name, each required Medicaid element will be auto-checked in the selection boxes to the left of the Medicaid item in the **Required Field Checklist**.
  - You will also see a list of the entered information building (in red) to the right of the **Required Field Checklist**.

The screenshot displays a web form titled "Upload Order Image for". It includes a "Reupload File" button and a section for "Order Image Details". Under "Child", there are fields for "County: WESTCHESTER", "District: NEW ROCHELLE", and "DOB: 9/8/2018", with a "Redo Search" button. The "Period of Service" section has three radio button options: "Applies to entire school year", "Applies to specific school year / session", and "Applies to specific date range". The "Required Field Checklist" section lists several items, with "Child Name" checked and highlighted by a red box. To the right of the checklist, a red arrow points to the text "The Name begins the running list." and the name "SKY" is displayed in red.

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child

[Redacted] County: WESTCHESTER District: NEW ROCHELLE DOB: 9/8/2018 Redo Search

Period of Service

☐ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

Required Field Checklist

☒ Child Name The Child's Name is already checked.

☐ Time Period of Service

☐ Ordering Practitioner's Name

☐ Ordering Practitioner NPI/ License

☐ Ordering Practitioner's Address

☐ Ordering Practitioner's Phone Number

☐ Signature Date

☐ Signature

The Name begins the running list.

SKY

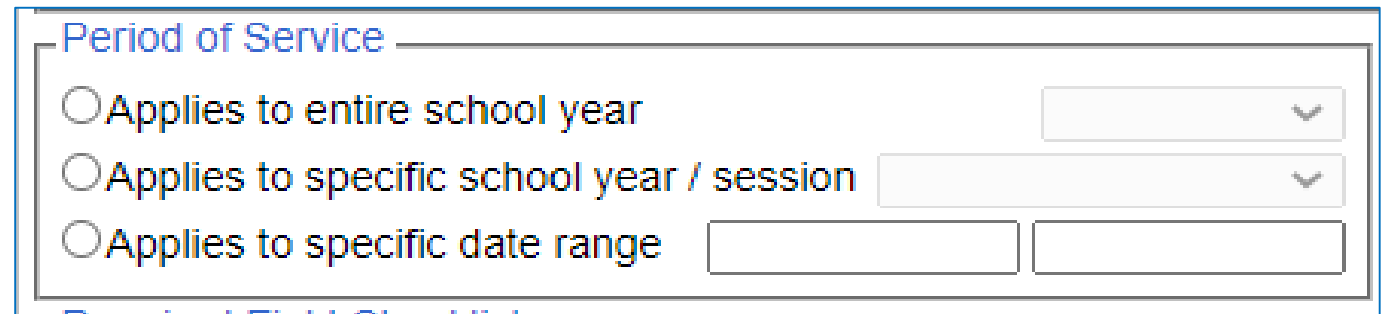


## STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Period of Service – Three Options)

- ❑ The first item that you will enter is the **Period of Service** (*Term of Service*) for the prescription.
- ❑ The **Period of Service** shows three options for the provider to select.

- 1) Applies to entire school year
- 2) Applies to specific school year/session
- 3) Applies to specific date range



Period of Service

☐ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

- ❑ What you enter in this section is pre-determined by what is written on the hardcopy prescription.

# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Time Period of Service – Option #1 – Applies to Entire School Year)

- 1) ***Applies to entire school year***, will be selected if the term of service dates are delineated on the prescription as ***7/1 to 6/30***.

Period of Service

☒ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

2022 - 2023 ▼

**PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES**

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

Agency Achievements  
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)  
Reason for Rx: ☐ Annual Review Meeting ☒ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(REQUIRED)  
Term of Service: School Year July 1, 2022 to June 30, 2023 (Frequency, Duration & Class Ratio as per the IEP)

# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Time Period of Service – Option #2 – Applies to Specific School Year/Session)

- 2) ***Applies to specific school year/session***, will be selected if the term of service dates are delineated on the prescription as ***7/1 to 8/30 or 9/1 to 6/30***.

Period of Service

☐ Applies to entire school year

☒ Applies to specific school year / session **2022 - 2023 Summer**

☐ Applies to specific date range

Period of Service

☐ Applies to entire school year

☒ Applies to specific school year / session **2022 - 2023 Winter**

☐ Applies to specific date range

**PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES**

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

Agency Achievements  
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)  
Reason for Rx: ☐ Annual Review Meeting ☒ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(REQUIRED)  
Term of Service: **School Year 7/1/22 to 8/30/22** (Frequency, Duration & Class Ratio as per the IEP)

**PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES**

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

Agency Achievements  
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)  
Reason for Rx: ☐ Annual Review Meeting ☒ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(REQUIRED)  
Term of Service: **School Year 9/1/22 to 6/30/23** (Frequency, Duration & Class Ratio as per the IEP)

# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

## (Time Period of Service – Option #3 – Applies to Specific Date Range)

- 3) ***Applies to specific date range***, will be selected if there are “***specific***” term of service dates delineated on the prescription such as ***7/5 to 8/5*** or ***9/8 to 6/21***. These are specific dates that are more specific than session dates, which encompass the entire session. This option must be selected if the prescription has this type of specificity.

Period of Service

☐ Applies to entire school year

☐ Applies to specific school year / session 2022 - 2023 Winter

☒ Applies to specific date range 7/5/22 8/5/22

Period of Service

☐ Applies to entire school year

☐ Applies to specific school year / session 2022 - 2023 Winter

☒ Applies to specific date range 09/08/2022 06/21/2023

**PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES**

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

Agency Achievements  
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)  
Reason for Rx: ☐ Annual Review Meeting ☒ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(REQUIRED)  
Term of Service: School Year 7/5/22 to 8/5/22  
(Frequency, Duration & Class Ratio as per the IEP)

**PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES**

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

Agency Achievements  
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)  
Reason for Rx: ☐ Annual Review Meeting ☒ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(REQUIRED)  
Term of Service: School Year 9/8/22 to 6/21/23  
(Frequency, Duration & Class Ratio as per the IEP)

# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST (Time Period of Service)

- ❑ After you select the appropriate term of service option (as indicated on the hardcopy prescription), you will need to **enter the school year**. When you select the school year, the next section of the entry screen populates, The Ordering Practitioner's Name, Address and NPI #. (See next slide.)

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child [Redacted] County: WESTCHESTER District: NEW ROCHELLE DOB: 9/8/2018 Redo Search

Period of Service

☒ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

Required Field Checklist

☒ Child Name [Redacted]

☐ Time Period of Service

☐ Ordering Practitioner's Name

☐ Ordering Practitioner NPI/ License

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child [Redacted] County: WESTCHESTER District: NEW ROCHELLE DOB: 9/8/2018 Redo Search

Period of Service

☒ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Search Criteria

NPI: Begins With:  Ends With:  State:  Search

Last Name: Begins With:  Ends With:  Clear

First Name: Begins With:  Ends With:

Date Signed:  Redo NPI Search

Required Field Checklist

☒ Child Name [Redacted]

☒ Time Period of Service

# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

## (Ordering Practitioner's Name, Address & NPI #)

- ❑ You will now see that the **Ordering Provider Details** box has filled in with the **NPI search criteria**. You can enter the NPI # for the ordering practitioner from the scanned prescription **or** if you cannot read the NPI # on the prescription you can enter the practitioner's name (and click **Search**).
- ❑ When you click **Search**, the name, address and NPI # for the ordering practitioner appears below the NPI search. Click **Select** in the list for the correct person (if more than one).

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child [Redacted] County: WESTCHESTER District: NEW ROCHELLE DOB: 9/8/2018 Redo Search

Period of Service

☒ Applies to entire school year 2021 - 2022

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Search Criteria

NPI: Begins With: Ends With: State: Search

Last Name: Begins With: Ends With: Clear

First Name: Begins With: Ends With: Clear

Date Signed: Redo NPI Search

Required Field Checklist

☒ Child Name

☒ Time Period of Service 7/1/2021 to 6/30/2022 (202122)

☐ Ordering Practitioner's Name

☐ Ordering Practitioner NPI/ License

☐ Ordering Practitioner's Address

☐ Ordering Practitioner's Phone Number

☐ Signature Date

☐ Signature

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child [Redacted] County: WESTCHESTER District: NEW ROCHELLE DOB: 9/8/2018 Redo Search

Period of Service

☒ Applies to entire school year 2021 - 2022

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Search Criteria

NPI: Begins With: 1912322454 Ends With: State: Search

Last Name: Begins With: Ends With: Clear

First Name: Begins With: Ends With: Clear

Date Signed: Redo NPI Search

	NPI	Last Name	First Name	Credentials	Address1	City	State	Zip
Select	1912322454	LEMONS	CAROLYN		522 GLENWOOD AVE	NEW BOSTON	OH	456625505



# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

## (Ordering Practitioner's Name, Address & NPI #)

- ❑ After you click **Select**, you will see that the **Ordering Practitioner Details** box has filled in with the Ordering Practitioner's information (Name, Address and NPI #).
- ❑ You will also see that four checkboxes are now checked and the NPI number for the ordering practitioner is now listed in the growing list of Medicaid elements to the right.

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child [Redacted] County: **WESTCHESTER** District: **NEW ROCHELLE** DOB: **9/8/2018** Redo Search

Period of Service

☒ Applies to entire school year 2021 - 2022

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Search Criteria

NPI: Begins With: **1912322454** Ends With: State: Search

Last Name: Begins With: Ends With:

First Name: Begins With: Ends With: Clear

	NPI	Last Name	First Name	Credentials	Address1	City	State	Zip
Select	1912322454	LEMONS	CAROLYN		522 GLENWOOD AVE	NEW BOSTON	OH	456625505

Date Signed: Redo NPI Search

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child [Redacted] County: **WESTCHESTER** District: **NEW ROCHELLE** DOB: **9/8/2018** Redo Search

Period of Service

☒ Applies to entire school year 2021 - 2022

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

NPI: **1912322454**

Name: **CAROLYN LEMONS**

Address: **522 GLENWOOD AVE  
NEW BOSTON, OH 456625505**

Date Signed: Redo NPI Search

Required Field Checklist

Four checkboxes are now checked.

☒ Child Name

☒ Time Period of Service

☒ Ordering Practitioner's Name

☒ Ordering Practitioner NPI/ License

☐ Ordering Practitioner's Address

☐ Ordering Practitioner's Phone Number

☐ Signature Date

☐ Signature

Practitioner's name, address and NPI # auto fills

The Required Field List is growing.

7/1/2021 to 6/30/2022 (202122)  
**CAROLYN LEMONS**  
**1912322454**

# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST (Signature Date)

- ❑ Next you will enter the **signature date** from the scanned prescription.  
*If the signature date is not on the prescription, you will need to secure a replacement prescription.*
- ❑ After you enter the signature date, the **Signature Date** field is auto-checked in the **Required Field Checklist** and the signature date appears in the growing list of fields on the right.

The screenshot shows the 'Upload Order Image' form. The 'Required Field Checklist' at the bottom has five items checked: Child Name, Time Period of Service, Ordering Practitioner's Name, Ordering Practitioner NPI/ License, and Signature Date. A red arrow points to the 'Signature Date' checkbox with the text 'Five check boxes are now checked.' The 'Signature Date' field is highlighted with a red box and contains the value '9/1/22'. A purple arrow points from the 'Signature Date' checkbox to the '9/1/22' value with the text 'Signature date fills in here.' The form also displays 'Order Image Details' including Child information (County: WESTCHESTER, District: NEW ROCHELLE, DOB: 9/8/2018), 'Period of Service' (Applies to entire school year, 2021 - 2022), and 'Ordering Practitioner Details' (NPI: 1912322454, Name: CAROLYN LEMONS, Address: 522 GLENWOOD AVE, NEW BOSTON, OH 456625505). The 'Date Signed' field is also highlighted with a red box and contains the value '9/1/22'.

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child

[Redacted] County: WESTCHESTER District: NEW ROCHELLE DOB: 9/8/2018 Redo Search

Period of Service

☒ Applies to entire school year 2021 - 2022

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

NPI: 1912322454  
Name: CAROLYN LEMONS  
Address: 522 GLENWOOD AVE  
NEW BOSTON, OH 456625505

Date Signed: 9/1/22 Redo NPI Search

Required Field Checklist

☒ Child Name  
☒ Time Period of Service  
☒ Ordering Practitioner's Name  
☒ Ordering Practitioner NPI/ License  
☐ Ordering Practitioner's Address  
☐ Ordering Practitioner's Phone Number  
☒ Signature Date  
☐ Signature

Five check boxes are now checked.

7/1/2021 to 6/30/2022 (202122)  
CAROLYN LEMONS  
1912322454

Signature date fills in here.

9/1/22



# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

## (Manual Selection)

- ❑ Five check boxes have auto-filled throughout the **entering** process so far.
- ❑ Three checkboxes remain unchecked.

These fields will require the person uploading the prescription to view the scanned prescription for the **Ordering Practitioner's address, phone number and signature**.

- ❑ If the Ordering Practitioner's contact information and signature is listed on the prescription, you will check these (3) boxes.
- ❑ If these items are not listed on the prescription, you will not be able to proceed any further and you should secure a replacement prescription.

Required Field Checklist	
<input checked="" type="checkbox"/> Child Name	SAKI [REDACTED]
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input type="checkbox"/> Ordering Practitioner's Address	
<input type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input type="checkbox"/> Signature	

# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

## (Saving the Required Field Checklist – Image Details – Save Order Image)

- ❑ After you check the three remaining boxes, the **Save Order Image** Button populates to the screen. you will click the **Save Order Image** button.

**Upload Order Image for CHRISTIAN, SKYLAR**

**Reupload File**

**Order Image Details**

**Child**  
**CHRISTIAN, SKYLAR** County: **WESTCHESTER** District: **NEW ROCHELLE** DOB: **9/8/2018** **Redo Search**

**Period of Service**  
☒ Applies to entire school year **2021 - 2022** **▼**  
☐ Applies to specific school year / session **▼**  
☐ Applies to specific date range **▼** **▼**

**Ordering Provider Details**

**Ordering Practitioner Details**  
NPI: **1912322454**  
Name: **CAROLYN LEMONS**  
Address: **522 GLENWOOD AVE  
NEW BOSTON, OH 456625505**

Date Signed: **9/1/22** **Redo NPI Search**

**Required Field Checklist**

<input checked="" type="checkbox"/> Child Name	<b>SKYLAR CHRISTIAN</b>
<input checked="" type="checkbox"/> Time Period of Service	<b>7/1/2021 to 6/30/2022 (202122)</b>
<input checked="" type="checkbox"/> Ordering Practitioner's Name	<b>CAROLYN LEMONS</b>
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	<b>1912322454</b>
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input type="checkbox"/> Signature Date	<b>9/1/22</b>
<input checked="" type="checkbox"/> Signature	

**Check boxes if information is on Rx.**

**Save Order Image**

# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

## (Saving The Required Field Checklist)

- ❑ You will notice in screenshot #1 that the last check box (Signature) remains unchecked. You will also notice there is no **SAVE** button at the bottom of the screen.

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SAK [REDACTED]
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input type="checkbox"/> Signature	

Last item unchecked

No Save Button

- ❑ Screenshot #2 shows all the boxes checked, which will now allow you to **SAVE**.
- ❑ All eight items must be checked and/or entered or you will not have the option to **SAVE**.

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SAK [REDACTED]
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input checked="" type="checkbox"/> Signature	

Save Order Image

# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

## (Saving the Required Field Checklist – Image Details – Save Order Image)

- ☐ After you click the **Save Order Image** button, you will receive a message indicating that the Order File saved successfully (Yellow bar/top of screen).

Upload Order Image

**Order File saved successfully. Please enter details.**

Required Field Checklist	
<input checked="" type="checkbox"/> Child Name	SKY
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	9/1/22
<input checked="" type="checkbox"/> Signature	

Check boxes if information is on Rx.

Save Order Image

# QUESTIONS

## About the Order Image Screen

## STEP 3 – ENTERING THE ORDER DETAILS

❑ The following items (*Order Details*) needs to be completed.

- 1) The **Service Type** (OT/PT/ST/PSY)
- 2) The **ICD Code**
- 3) The **Frequency, Duration, Class Designation (I/G)** (Only choose one option below – Not Both.)
  - a) If the prescription has narrative that states that the frequency and duration will be delivered “**As per the IEP**,” you will check the **Per IEP** box on the **Order Detail Screen**.

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Occupational Therapy	R62.50	7/1/2022	6/30/2023			✓	<input checked="" type="checkbox"/>	Add Detail

- b) If the prescription has the **specific frequency/duration and class designation (I/G)** delineated on the prescription, you will enter that information into the respective boxes on the **Order Detail Screen**.

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Occupational Therapy	R62.50	7/1/2022	6/3 * 3	2	30	G	<input checked="" type="checkbox"/>	Add Detail

\* The **Start** and **End** Dates auto-fill with the period of service dates that were entered on the Image Detail Screen.

- Click the **Add Detail** link. (The link changes from *Add Detail* to *Edit/Delete*.)

# SHOW FILE DETAILS BUTTON

- ❑ Once you get to the Order Details screen, you can check the Image Details by clicking the **Show File Details** button.
- ❑ To return to the Order Details screen from the Order Image Details Screen, click the **Hide File Details** button.

**Upload Order Image**

**Order File saved successfully. Please enter details.**

**Show File Details**

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
<input type="text"/>	<input type="text"/>	7/1/2021	6/30/2022	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<a href="#">Add Detail</a>

**Upload Order Image**

**Hide File Details** Click Hide File Details to return to the Order Details Screen.

Order Image Details

Child

County: **NASSAU** District: **LEVITTOWN UFSD** DOB: **1/3/2016** [Redo Search](#)

Period of Service

☒ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

NPI: 1912322454  
Name: CAROLYN LEMONS  
Address: 522 GLENWOOD AVE  
NEW BOSTON, OH 456625505

Date Signed: 09/22/2022 [Redo NPI Search](#)

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SA <input type="text"/>
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input checked="" type="checkbox"/> Signature	

[Save Order Image](#)

# STEP 4 – ATTACHING THE ENROLLMENT – FINAL STEP

- ❑ After you enter the (Service Type, ICD Code Frequency/Duration) and click the **Add Detail** link, you will see the following screen.
- ❑ The next step is attaching the enrollment(s) to the prescription – Step 4 of the process.
- ❑ Click **Select** for each therapy shown on the screen.  
(which will bring up all the enrollments for the selected service type within the selected period of service).
- ❑ Click the **“Attach”** link to link the enrollment(s) to the prescription.

Upload Order Image

Show File Details

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Select	Speech Therapy	F80.9	7/1/2021	6/30/2022				<input checked="" type="checkbox"/>	Edit Delete Add Detail
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	

Upload Order Image

Show File Details

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Select	Speech Therapy	f80.9	7/1/2022	6/30/2023				<input checked="" type="checkbox"/>	Edit Delete Add Detail
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	

Apply To Enrollments

Provider Name	ESID	From Date	To Date	Service	Status	
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223S0047009	07/04/2022	08/12/2022	ST 3x30 I	ON PREVIOUS ORDER	<input checked="" type="checkbox"/>
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223VW0047014	09/06/2022	06/23/2023	ST 3x30 I		<input type="checkbox"/>

Finish and Go To Child Details



## STEP 4 – ATTACHING THE ENROLLMENT – FINAL STEP

- After you click the **Attach** link, the link changes to show “**Detach**.” The prescription is now uploaded and is attached to the child’s enrollment(s).

**Upload Order**  

Show File Details

Upload File

**Order Details**

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Select	Speech Therapy	f80.9	7/1/2022	6/30/2023				<input checked="" type="checkbox"/>	Edit Delete
	<div></div>	<div></div>	<div>7/1/2022</div>	<div>6/30/2023</div>	<div></div>	<div></div>	<div></div>	<input type="checkbox"/>	Add Detail

**Apply To Enrollments**

Provider Name	ESID	From Date	To Date	Service	Status	
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223S0047009	07/04/2022	08/12/2022	ST 3x30 I	ON PREVIOUS ORDER	
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223W0047014	09/06/2022	06/23/2023	ST 3x30 I	ATTACHED	<div>Detach</div>

Finish and Go To Child Details

# FINISH AND GO TO CHILD DETAILS

- ❑ If you click the “**Finish and Go To Child Details**” button, you can check the Portal details for the uploaded prescription from the **Written Orders Tab**.

Apply To Enrollments					
Provider Name	ESID	From Date	To Date	Service	Status
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223S0047009	07/04/2022	08/12/2022	ST 3x30 I	ON PREVIOUS ORDE
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223W0047014	09/06/2022	06/23/2023	ST 3x30 I	
Finish and Go To Child Details 					

# REVIEWING THE PRESCRIPTION DETAILS

## (Written Orders Tab)

After you click the **“Finish and go to Child Details”** button, this screen comes up.

- ❑ Click on the **Written Orders** Tab to view Prescriptions.
- ❑ You can see that a prescription was entered and includes the following information:
  - The school year for the prescription
  - Who signed the prescription
  - Signature date of the prescription
  - The date the prescription was uploaded

Enrollments **Written Orders** IEPs Consents Documents CINs

Upload Prescription Image

Prescription Images

Description	SchoolYear	Signed By	Date Signed	Date Uploaded	Invalid Reason	Invalidated	Invalidated By	
	202223	CAROLYN LEMONS	9/1/2022	9/20/2022				manage
	202223	NORA GERSTEIN	7/5/2022	7/5/2022				manage
OT Prescription	202122	MAURICE CHIANESE	8/24/2021	9/10/2021				manage
	202122	KATRINA MACKEN	9/2/2021	9/2/2021				manage

Prescription Entries

From	To	Service	Frequency	Signed By	Date Signed	
7/1/2022	6/30/2023	Speech Therapy	PER IEP	CAROLYN LEMONS	9/1/2022	manage
7/5/2022	6/30/2023	Speech Therapy	PER IEP	NORA GERSTEIN	7/5/2022	manage
7/1/2021	6/30/2022	Occupational Therapy	PER IEP	MAURICE CHIANESE	8/24/2021	manage
9/2/2021	6/30/2022	Speech Therapy	PER IEP	KATRINA MACKEN	9/2/2021	manage

# FINISHING AN INCOMPLETE PRESCRIPTION

## (Written Orders Tab)

Upload Prescription Image

**Click the "Manage" Link.**

1.

Prescription Images

Description	SchoolYear	Signed By	Date Signed	Date Uploaded	Invalid Reason	Invalidated	Invalidated By	
	202223	CAROLYN LEMONS	9/10/2021	10/13/2022				manage

Upload Order Image for Jones, Jane

Show File Details

2.

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
		7/1/2022	6/30/2023					Add Detail

**Enter the Service Type**  
**ICD Code**  
**Per IEP or Frequency, Duration & I/G**  
**Click ADD DETAIL**

OrderImageHandler...

1 / 1 | 75% + | [Icons]

**PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES**

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

Agency Achievements  
(Name of Agency, Center-based Program or Individual Provider / Phone)

**Click the "Select" Link to attach the enrollments.**

3.

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Select Occupational Therapy	R62.50	7/1/2022	6/30/2023	2.00	30	I	<input type="checkbox"/>	Edit Delete
		7/1/2022	6/30/2023				<input type="checkbox"/>	Add Detail

# FINISHING AN INCOMPLETE PRESCRIPTION

## (Written Orders Tab)

As you can see from the screenshot below, there are two prescriptions that have Image Entries, but do not have any Prescription Entries.

To finish entering the Order Details and Enrollment Details, just click the ***“Manage”*** link at the end of the row.

After you complete the prescription, you should see an entry in the *Prescription Entries* Table that corresponds with the entry in the *Images* Table.

**Child Details (Jones, Jane)**  
Child Number: C53000231487  
DOB: 1/2/2017      Gender: F  
Address:      County: SCHENECTADY  
District: Schenectady  
Matched?: N  
NY

Enrollments   Written Orders   IEPs   Consents   Documents   CINs

Upload Prescription Image   Images are saved.  
Rx not complete.

Prescription Images

Description	SchoolYear	Signed By	Date Signed	Date Uploaded	Invalid Reason	Invalidated	Invalidated By	
	202223	CAROLYN LEMONS	9/10/2021	10/13/2022				manage
	202223	CAROLYN LEMONS	9/1/2022	10/10/2022				manage

Prescription Entries

No prescription entries found for child      Order Details are missing.

# LIVE DEMONSTRATION

# QUESTIONS

## About Entering the Order Details

## Attaching the Enrollment

# McGuinness Medicaid-in-Education Contact Information

**James McGuinness and Associates, Inc.**  
**1482 Erie Boulevard**  
**Schenectady, NY 12305**  
**Phone: (518) 393-3635**  
**Fax: (518) 393-9938**

**Deborah Frank**, McGuinness Medicaid Specialist – [dfrank@jmcguinness.com](mailto:dfrank@jmcguinness.com) – Extension #41  
**Kelly Knowles**, McGuinness Medicaid Team – [kknowles@jmcguinness.com](mailto:kknowles@jmcguinness.com) – Extension #28  
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**Darcy McMullen**, McGuinness Medicaid Team – [dmcmullen@jmcguinness.com](mailto:dmcmullen@jmcguinness.com) – Extension #34



# Follow-up

- ❑ This presentation will be recorded and the PowerPoint presentation will be uploaded to the Portal Knowledge Base for future reference.
  - Search for help in our Knowledge Base: <http://support.cpseportal.com/Main/Default.aspx>
  - Portal Support Email: [Support@cpseportal.com](mailto:Support@cpseportal.com)
  - Medicaid Support Email: [Medicaid@CPSEPortal.com](mailto:Medicaid@CPSEPortal.com)
  - Questions/Guidance regarding Medicaid compliance:  
**Contact Deborah Frank** [dfrank@jmcguinness.com](mailto:dfrank@jmcguinness.com), 518-393-3635, Ext. #41

## ❑ HELPFUL LINKS

CPSE Portal Knowledge Base Links for Medicaid

<http://support.cpseportal.com/kb/a231/medicaid-knowledge-base-links.aspx>