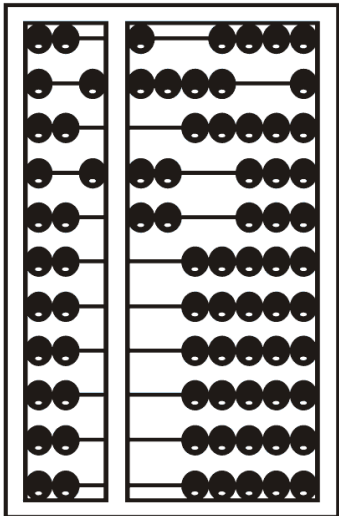


JAMES MCGUINNESS  
& ASSOCIATES INC.  
Consultants



# CPSE Portal Billing for Independent Providers



# **Review of Credential Verification**

# What is Credential Verification?

- \* A simple process to verify that the information about a Licensed Professional (OT, PT, SLP, OTA, PTA, LMSW, LCSW, etc.) is correctly entered in CPSE Portal.
- \* The individual's information that needs to be verified:
  - \* First Name, Last Name & Signature
  - \* Profession (OT, PT, SLP, ....),
  - \* License #,
  - \* Date of Licensure,
  - \* Date Registered Through
  - \* NPI #

# Credential Verification

- \* All providers licensed through the New York State Office of the Professions (Occupational Therapists, Physical Therapists, Licensed Clinical Social Workers, etc.) will need to have their credentials verified.
- \* Verification means that you will need to review what is on file with the Office of Professions and the NPI Registry to ensure that the information in the Portal is correct and attest that the information is correct.

# Credential Verification by Service Provider

- \* A service provider will log into the Portal, and see “REQUIRES VERIFICATION”.
- \* They will then need to Verify their credentials.

The screenshot shows the CPSE Portal interface. At the top, the logo 'CPSE PORTAL' is displayed. A greeting 'Hello, Betty . You are currently logged in' is visible in the top right. A navigation bar contains links: Home, Activities, Attendance, Caseload Maintenance, Lookup, Reports, My Account, and Knowledge Base. The main content area is divided into sections: 'User Profile' (with fields for Username: Betty, First Name: Betty, Last Name: Greene, and Email: lmell@jmcguinness.com), 'My Professional Profile' (with Name: Betty Greene and NPI: 1003017674), and 'My License(s)'. The 'My License(s)' section contains a table with columns: Profession, License, Original Date Of Licensure, Registered Through Date, License Lookup, Verification Status, and Verify. The first row shows 'Licensed Speech & Language Pathologist' with license '011587', original date '12/23/1999', and registered through '01/31/2020'. The 'Verification Status' is 'REQUIRES VERIFICATION' (highlighted in red), and the 'Verify' button is circled in red. Below the table is the 'My signature' section, showing a signature and the text 'Betty Greene CCC-SLP'. At the bottom, there is an 'Edit My Profile' link.

CPSE PORTAL

Hello, Betty . You are currently logged in

Home Activities Attendance Caseload Maintenance Lookup Reports My Account Knowledge Base

User Profile [Hide](#)

Username: **Betty**  
First Name: **Betty**  
Last Name: **Greene**  
Email: **lmell@jmcguinness.com**  
[Edit User Account](#)

My Professional Profile [Hide](#)

Name: **Betty Greene**  
NPI: **1003017674 (BETTY GREENE)**

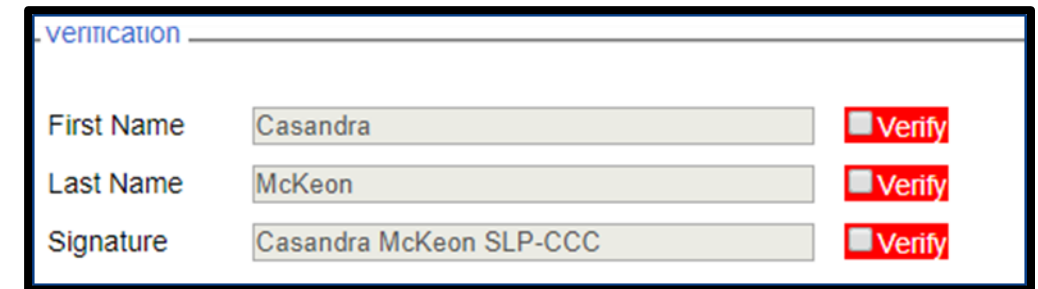
**My License(s)**

Profession	License	Original Date Of Licensure	Registered Through Date	License Lookup	Verification Status	Verify
Licensed Speech & Language Pathologist	011587	12/23/1999	01/31/2020	<a href="#">Lookup</a>	REQUIRES VERIFICATION	<a href="#">Verify</a>

**My signature**  
*Betty Greene CCC-SLP*  
Betty Greene CCC-SLP  
[Edit My Profile](#)

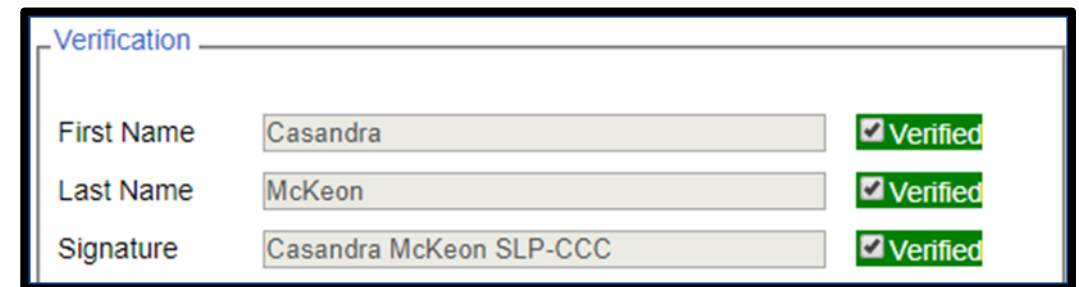
# Verifying Name

- \* Review First Name, if correct click “Verify”
- \* Review Last Name, if correct click “Verify”
- \* Review Signature, if correct click “Verify”
  
- \* After you click the red “verify” button, the status changes to green and says, “verified.”



A screenshot of a web form titled "Verification". It contains three input fields: "First Name" with the value "Casandra", "Last Name" with the value "McKeon", and "Signature" with the value "Casandra McKeon SLP-CCC". To the right of each input field is a red button with the text "Verify".

Verification	
First Name	Casandra <input type="button" value="Verify"/>
Last Name	McKeon <input type="button" value="Verify"/>
Signature	Casandra McKeon SLP-CCC <input type="button" value="Verify"/>



A screenshot of the same web form after verification. The buttons are now green and labeled "Verified".

Verification	
First Name	Casandra <input checked="" type="button" value="Verified"/>
Last Name	McKeon <input checked="" type="button" value="Verified"/>
Signature	Casandra McKeon SLP-CCC <input checked="" type="button" value="Verified"/>

# Verifying License

- \* Compare the CPSE Portal information on left to NYS Office of the Professions on the right to verify that this is you.
- \* You can edit/update the License #, date of licensure and registered through date.
- \* You can also use the “Update Verification with SED Dates” to fill in those fields.

Verification

First Name	Casandra	<input checked="" type="checkbox"/> Verified
Last Name	McKeon	<input checked="" type="checkbox"/> Verified
Signature	Casandra McKeon SLP-CCC	<input checked="" type="checkbox"/> Verified
Profession	Licensed Speech & Language Pathologist	<input type="checkbox"/> Verify
License No	020673	<input type="button" value="Update"/> <input type="checkbox"/> Verify
Date Of Licensure	12/16/2010	<input type="button" value="Update"/> <input type="checkbox"/> Verify
Registered Through	4/30/2019	<input type="button" value="Update"/> <input type="checkbox"/> Verify

License Information From NYSED Office of the Professions

According to data retrieved on: 1/8/2019

Name: MCKEON CASANDRA PATRICIA Address: BALLSTON LAKE NY

License: 020673 Profession: SPEECH - LANGUAGE PATHOLOGY

Status: REGISTERED Date of Licensure: 12/16/2010 Registered Through: 04/19

[Update Verification with SED Dates](#)

NYSED.gov  
Office of the Professions

Search OP

Online Services

Verifications

Licensees, by name

Licensees, by license number

Permits, by name

Pharmacy Establishments

Professional Business Entities (other than pharmacies)

Help with Searches

Terms of Use

Registration Renewal

Renewal Information

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

License Information \*

03/08/2021

Name : MCKEON CASANDRA PATRICIA

Address : MECHANICVILLE NY

Profession : SPEECH - LANGUAGE PATHOLOGY

License No: 020673

Date of Licensure : 12/16/2010

Additional Qualification : Not applicable in this profession

Status: REGISTERED

Registered through last day of : 04/22

\* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

\* Use your browser's back key to return to licensee list.



# Creating Vouchers



# What is an ESID

- \* ESID is the abbreviation for Electronic Service ID number. It is the number that identifies the child and the child's particular enrollment in the Portal.
- \* The CPSE Portal gives each County created enrollment a unique identifier called the ESID. This is how we reference enrollments.
- \* In order to be in compliance with HIPAA you should reference all preschool children by their ESID #, not their name. If you need to contact the help desk, you should **ALWAYS** reference the child's ESID #, and **NOT** the child's name.

# Voucher Terminology

## \* **Create Voucher:**

- \* The first step in creating a voucher is to enter its important information, including specifying the billing criteria that the voucher will contain (which county, enrollment type, and school year session).

## \* **Voucher Info:**

- \* Clicking the "Info" button will bring up the same screen as the "Create Voucher" button, but with the voucher's information pre-entered for you allowing you to edit some information.

## \* **Voucher Details:**

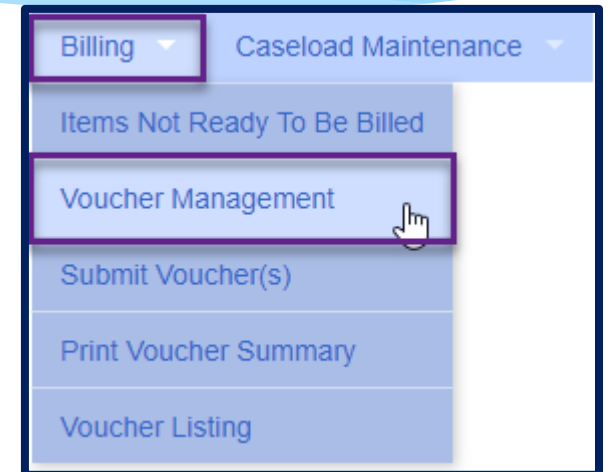
- \* This screen is used to add new monthly billing items (and their corresponding attendances) to a voucher, you use this screen. On the left are monthly items that are ready for billing, but not on any voucher yet. On the right are monthly items currently on this voucher. Note: Attendances won't be shown in the "Unassigned" grid until they are signed or co-signed, if applicable. Check which items you would like to move, then click either "Assign" or "Unassign", depending on what action you would like to take. The "Amount Billed" will update accordingly. These changes do not take effect until you click "Save".

## \* **Recalculation:**

- \* This screen introduces a concept known as recalculation of billing items. You can recalculate pending vouchers individually, or all of them at once. The recalculation process determines monthly billing amounts for any enrollments that match the criteria for the voucher contents. These billing items are summarized to a single item for the month. NOTE: Attendances must go through the recalculation and summarizing in order to be added to vouchers. It will also add any new attendances to a voucher if the enrollment month is already on the voucher.

# Creating a Voucher

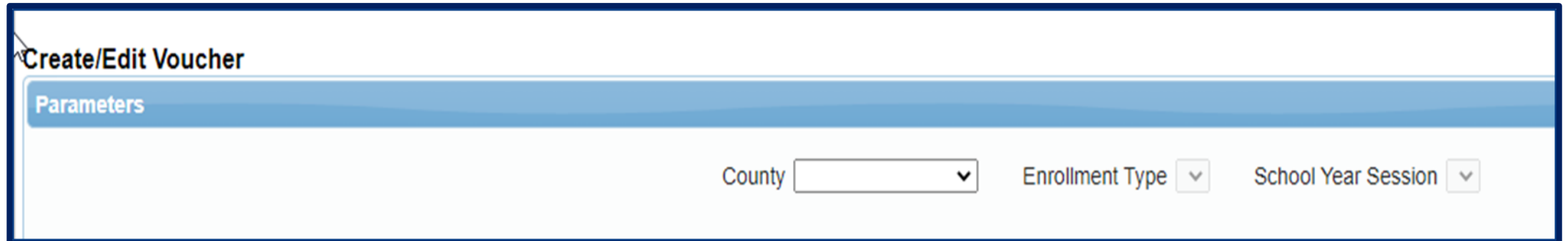
- \* When ready to bill, you will need to create your voucher.
- \* Go to **Billing -> Voucher Management**
- \* Click “Create Voucher”



<div>Recalc All Create Voucher</div>													
Pending Vouchers													
Voucher #	Vendor Invoice #	County Doc #	Bill Date	Service	County	Time Period	Description	Enroll. Count	Total Billed				
RS210310122341			3/10/2021	RS	Albany	2019 - 2020 Winter		0	\$0.00	Info	Details	Recalc	Delete

# Creating a Voucher

- \* Choose filter options for Parameters of voucher:
  - \* Select County
  - \* Select Enrollment (Service) Type
  - \* Select School Year Session



The screenshot shows a web form titled "Create/Edit Voucher". Below the title is a section labeled "Parameters" with a blue header. Under this header, there are three dropdown menus: "County", "Enrollment Type", and "School Year Session". Each dropdown menu has a small downward arrow icon on its right side.

# Creating a Voucher

- \* Once you select the previous filters, then the additional options will open up.
- \* You can fill in the Service Month From & Service Month to dates. The only notes that will then populate to bill for will be those dates chosen.

Create/Edit Voucher

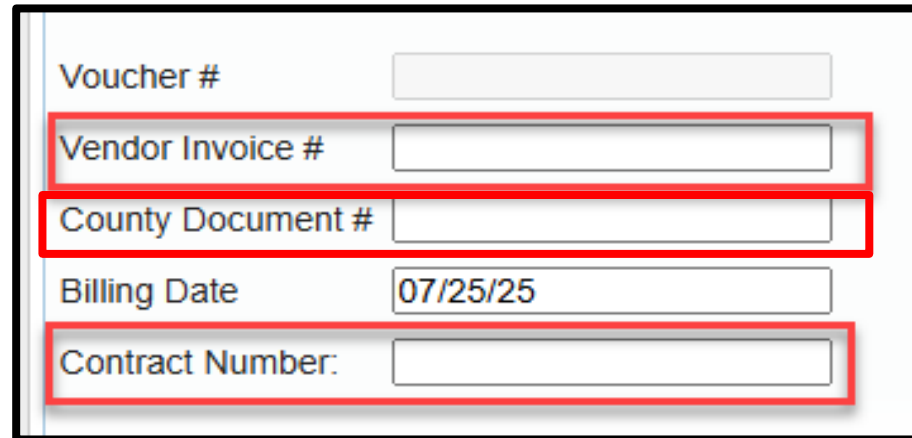
Parameters

County  Enrollment Type  School Year Session   SED Program Code

Service Month From  Service Month To

# Creating a Voucher

- \* Voucher numbers are auto-assigned.
- \* Vendor Invoice #: this will be your PS invoice #. You will manually add this #.
- \* County Document #: this will be your purchase order #. You will manually add this #.
- \* Contract Number: this is your contract # with the county. You will manually add this #.

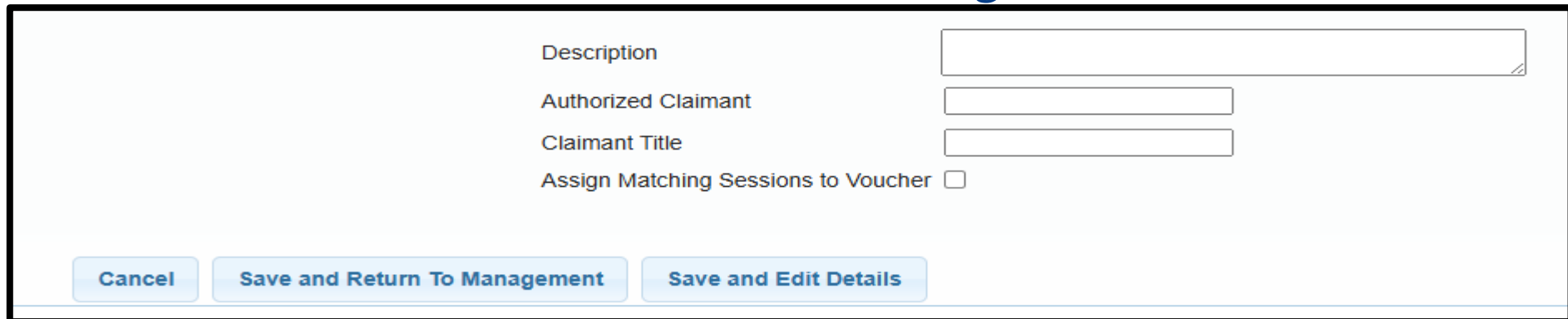


A screenshot of a web form for creating a voucher. The form contains five input fields. The first field, 'Voucher #', is empty. The second field, 'Vendor Invoice #', is empty and highlighted with a red box. The third field, 'County Document #', is empty and highlighted with a red box. The fourth field, 'Billing Date', contains the text '07/25/25'. The fifth field, 'Contract Number:', is empty and highlighted with a red box. The entire form is enclosed in a black border.

Voucher #	<input type="text"/>
Vendor Invoice #	<input type="text"/>
County Document #	<input type="text"/>
Billing Date	07/25/25
Contract Number:	<input type="text"/>

# Creating a Voucher

- \* The description is how you can identify the voucher (I.E. – May 2021 SEIT).
- \* Authorized Claimant –this is your name.
- \* Claimant Title – title of claimant.
- \* If you would like the system to automatically assign matches of the chosen criteria, check “Assign Matching Sessions”.
  - \* This can be used in place of choosing each child individually.
- \* Click Save and Edit Details or Save and Return To Management.



The screenshot shows a web form for creating a voucher. It has four input fields: 'Description' (a large text area), 'Authorized Claimant' (a single-line text box), 'Claimant Title' (a single-line text box), and 'Assign Matching Sessions to Voucher' (a checkbox). At the bottom, there are three buttons: 'Cancel', 'Save and Return To Management', and 'Save and Edit Details'.

Description	<input type="text"/>
Authorized Claimant	<input type="text"/>
Claimant Title	<input type="text"/>
Assign Matching Sessions to Voucher	<input type="checkbox"/>

# Creating a Voucher

- \* When you create a voucher, a recalculation will occur and attendances matching the criteria will be marked for billing.
- \* Below is a screen shot of a completed created empty voucher.

**Create/Edit Voucher**

**Parameters**

County

Enrollment Type

School Year Session

Related Service Code

SED Program Code

Service Month From

Service Month To

**Info**

Voucher #

Vendor Invoice #

County Document #

Billing Date

Contract Number:

Description

Authorized Claimant

Claimant Title

Assign Matching Sessions to Voucher

☒

Cancel

Save and Return To Management

Save and Edit Details



# Creating a Voucher

- \* After creating your voucher go to **Billing -> Voucher Management**
- \* This will bring up all pending vouchers waiting to be billed.
- \* Click on the Details of the voucher that you want to bill.



Pending Vouchers											
Voucher #	Vendor Invoice #	County Doc #	Bill Date	Service	County	Time Period	Description	Enroll. Count	Total Billed		
RS240730081205			7/30/2024	RS	Albany	2021 - 2022 Summer	July 2021 RS	0	\$0.00	Info	Details
RS230210155303			2/10/2023	RS	SCHENECTADY	December 2022	Schenectady RS December 2022	0	\$0.00	Info	Details

# Creating a Voucher

- \* Assign applicable enrollment on left under "Unassigned" by checking each box or check the box at the top and all enrollments will highlight.
- \* Click "Assign"

January 2023  
January 2023

Service Code:   
Program Code:

Filter

Unassigned

<input type="checkbox"/>	Last Name	First Name	Month	Sessions	Amount	Svc	ESID
<input type="checkbox"/>	BURKE	KARL	January 2023	2	\$0.00 (R)	OT	CBRS2223W0025158
<input type="checkbox"/>	BURKE	KARL	January 2023	1	\$0.00 (R)	ST	CBRS2223W0025207
<input type="checkbox"/>	DELONG	SHAWN	January 2023	1	\$0.00 (R)	ST	CBRS2223W0025104
<input type="checkbox"/>	DELONG	SHAWN	January 2023	1	\$0.00 (R)	OT	CBRS2223W0025212
<input type="checkbox"/>	GUIDRY	MARCUS	January 2023	1	\$0.00 (R)	ST	CBRS2223W0024952
<input type="checkbox"/>	HUTCHINS	DEWAYNE	January 2023	5	\$0.00 (R)	PT	CBRS2223W0024074
<input type="checkbox"/>	MOSELEY	WILLARD	January 2023	1	\$0.00 (R)	ST	CBRS2223W0025098
<input type="checkbox"/>	MOSELEY	WILLARD	January 2023	2	\$0.00 (R)	PT	CPSECBRS0000124228
<input type="checkbox"/>	MOSELEY	WILLARD	January 2023	1	\$0.00 (R)	OT	CPSECBRS0000124229
<input type="checkbox"/>	SAVAGE	LOYD	January 2023	1	\$0.00 (R)	ST	CBRS2223W0024287

For missing entries, try clicking "recalc" or checking Items Not Ready to Bill!

Assign -->

<-- Unassign

Return to Voucher Management

Recalc

Save

View Items Not Ready To Bill

Amount Billed: \$0.00

# Creating a Voucher

- \* Enrollments that were checked have now been moved to "Assigned" column.
- \* To remove an enrollment from the voucher, check the check box of applicable enrollment and click "Unassign".
- \* Click "Save"

January 2023

Service Code:

Filter

January 2023

Program Code:

Unassigned

Assigned

	Last Name	First Name	Service Month	Sessions	Amount Billed	Svc	ESID
<input checked="" type="checkbox"/>	BURKE	KARL	January 2023	2	\$0.00 (R)	OT	CBRS2223W0025158
<input checked="" type="checkbox"/>	BURKE	KARL	January 2023	1	\$0.00 (R)	ST	CBRS2223W0025207
<input checked="" type="checkbox"/>	DELONG	SHAWN	January 2023	1	\$0.00 (R)	ST	CBRS2223W0025104
<input checked="" type="checkbox"/>	DELONG	SHAWN	January 2023	1	\$0.00 (R)	OT	CBRS2223W0025212
<input checked="" type="checkbox"/>	GUIDRY	MARCUS	January 2023	1	\$0.00 (R)	ST	CBRS2223W0024952
<input checked="" type="checkbox"/>	HUTCHINS	DEWAYNE	January 2023	5	\$0.00 (R)	PT	CBRS2223W0024074
<input checked="" type="checkbox"/>	MOSELEY	WILLARD	January 2023	1	\$0.00 (R)	ST	CBRS2223W0025098
<input checked="" type="checkbox"/>	MOSELEY	WILLARD	January 2023	2	\$0.00 (R)	PT	CPSECBRS0000124228
<input checked="" type="checkbox"/>	MOSELEY	WILLARD	January 2023	1	\$0.00 (R)	OT	CPSECBRS0000124229
<input checked="" type="checkbox"/>	SAVAGE	LOYD	January 2023	1	\$0.00 (R)	ST	CBRS2223W0024287

<-- Unassign

Assign -->

Return to Voucher Management

Recalc

Save

View Items Not Ready To Bill

Amount Billed: \$0.00

For missing entries, try clicking "recalc" or checking Items Not Ready to Bill!

# Creating a Voucher

## Voucher Details

### Info

Voucher#: CBRS221021092159  
Vendor Invoice#  
County Doc #:  
Billing Date: 10/21/2022  
Contract Number:

Description: March 2022 - CBRS  
Authorized Claimant:  
Claimant Title: Administrative Assistant  
[Update](#)

A=Adjustment R=Regular

March 2022 Service Code: [Filter](#)  
March 2022 Program Code:

Unassigned

Assigned

<input type="checkbox"/>	Last Name	First Name	Service Month	Sessions	Amount Billed	Svc	ESID
<input type="checkbox"/>	AUSTIN	ALFRED	March 2022	5	\$0.00 (R)	ST	CBRS2122W0035919
<input type="checkbox"/>	AUSTIN	ALFRED	March 2022	8	\$0.00 (R)	OT	CBRS2122W0035920
<input type="checkbox"/>	AUSTIN	ALFRED	March 2022	8	\$0.00 (R)	PT	CBRS2122W0035921
<input type="checkbox"/>	AUSTIN	ALFRED	March 2022	3	\$0.00 (R)	CSL	CBRS2122W0035922
<input type="checkbox"/>	BEACH	DEANDRE	March 2022	3	\$0.00 (R)	ST	CBRS2122W0036102
<input type="checkbox"/>	BEACH	DEANDRE	March 2022	5	\$0.00 (R)	PT	CBRS2122W0036104
<input type="checkbox"/>	BEACH	DEANDRE	March 2022	4	\$0.00 (R)	OT	CBRS2122W0036103
<input type="checkbox"/>	FRIEND	MILFORD	March 2022	5	\$0.00 (R)	OT	CBRS2122W0036135
<input type="checkbox"/>	FRIEND	MILFORD	March 2022	8	\$0.00 (R)	ST	CBRS2122W0036124
<input type="checkbox"/>	KELLY	ALICA	March 2022	3	\$0.00 (R)	ST	CBRS2122W0036157

For missing entries, try clicking "recalc" or checking Items Not Ready to Bill!

[Assign -->](#)

[<-- Unassign](#)

[Return to Voucher Management](#)

[Recalc](#)

[Save](#)

[View Items Not Ready To Bill](#)

Amount Billed: \$0.00

# Creating a Voucher

- \* Anytime a new attendance is added to voucher details screen, a recalculation on the corresponding voucher is required in order to mark the attendance as ready for billing.
- \* Click “Recalc”
- \* New attendance is then automatically added to the voucher.
- \* Click “Save”

For missing entries, try clicking "recalc" or checking Items Not Ready to Bill!

Assign -->

<input type="checkbox"/>	NUNEZ	ALEJANDRO	January 2023	6	\$0.00 (R)	PT	CBRS2223W0053362
<input type="checkbox"/>	WADDELL	JOSEFINE	January 2023	5	\$0.00 (R)	PT	CBRS2223W0052350

--> Unassign

Return to Voucher Management Recalc Save View Items Not Ready To Bill

Amount Billed: \$0.00



# Missing Attendance

# Why Doesn't Attendance Appear on my Voucher?

- \* There are several reasons why attendances are not available to be put on a voucher. On the Voucher Details Screen, attendances will not appear on the list of items to put on a voucher for the following reasons:
  - \* **The attendance has been added or modified (matched, signed) since the voucher was created:**
    - \* Try using “Recalc” to have system look for ready attendances.
  - \* **The attendance is on an unmatched enrollment (no ESID):**
    - \* Match to County Created enrollment and use “Recalc”.
  - \* **The attendance is missing a Signed Date:**
    - \* You will need to sign the attendance.
  - \* **The attendance is on another Voucher:**
    - \* If the other voucher has not been submitted you can remove it from that voucher.
    - \* If the County denied that attendance on that other voucher, submit request to [support@CPSEPortal.com](mailto:support@CPSEPortal.com) to rebill for that ESID and date of service.
  - \* **The rates have not yet been uploaded:**
    - \* This can be checked by going to **Lookup -> Enrollment Lookup** and Select the School Year Session, County, Provider, and Enrollment Type.
    - \* The column on the right that reads "Rates" will show if there is anything there other than \$0.

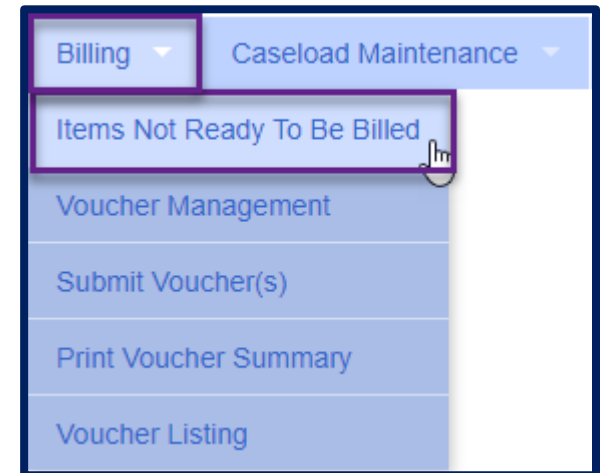
# Items Not Ready to Bill

- \* Another way to see why attendance doesn't appear on your voucher is to run an Items Not Ready to Bill Report.

- \* Go to **Billing** -> **Items Not Ready To Be Billed**

- \* This report will not show unmatched children or unmatched enrollments, but does show:

- \* Attendances missing signatures
- \* Enrollment was rescinded
- \* Attendances outside of enrollment dates





# Items Not Ready to Bill

- \* Complete filters needed to sort attendances by provider, month or enrollment type.
- \* You will need to choose the county, as this report will sort attendances by the county and will not combine counties together.

**Items Not Ready To be Billed**  
**Filters**  
Provider:  County:  \*  
School Year Session:  Service Month From:  Service Month To:   
Enrollment Type:  Service Type:  Program Code:

# Items Not Ready to Bill

- \* On the Items Not Ready to Bill report there is a column labeled Problem. This will show the reason why the attendance cannot be billed at this time. Most often are:
  - \* Attendances Not Signed
  - \* Attendances Outside of Enrollment Dates
  - \* Unmatched Child / Unmatched Enrollment
  - \* Rescinded


## Items Not Ready To be Billed

Filters

Provider:  County:

School Year Session:  Service Month From:  Service Month To:

Enrollment Type:  Service Type:  Program Code:



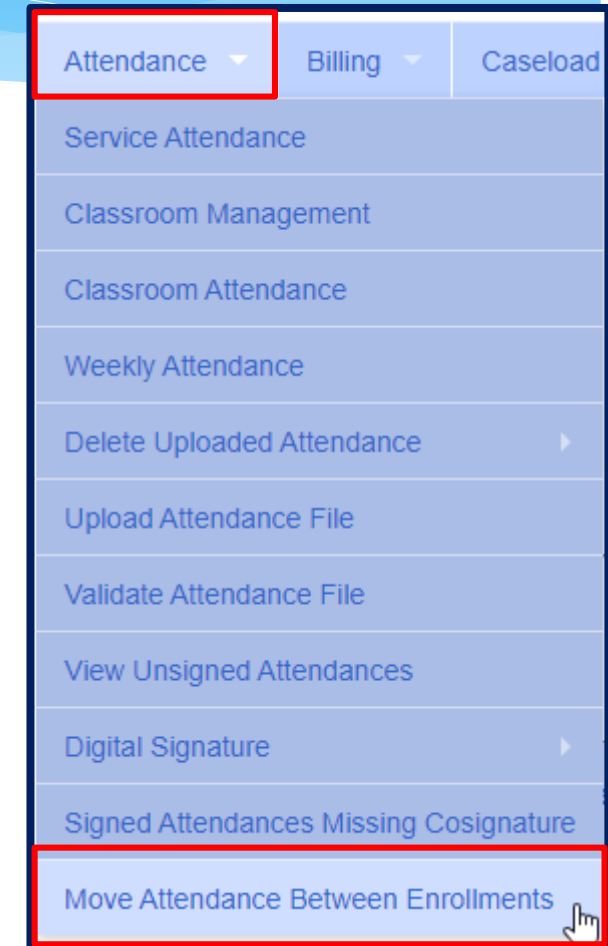
Last Name	First Name	ServiceProvider	DOB	ESID	From	To	Month	Service Dates	Problem	ServiceType	Frequency	Sessions	Amount	
CHERRY	YONG	HOFFMAN, KRISTEN	04/15/15	RS1920W0015042	11/20/19	06/26/20	Mar 2020	3/4, 3/11	Not signed	ST1 (Grp)	1x30	2.00	\$103.00	<a href="#">Attendances</a>
CHERRY	YONG	HOFFMAN, KRISTEN	04/15/15	RS1920W0015043	11/20/19	06/26/20	Mar 2020	3/2, 3/6, 3/9	Not signed	ST (Indv)	1x30	3.00	\$154.50	<a href="#">Attendances</a>



# **Move Attendance Between Enrollments**

# Move Attendance Between Enrollments

- \* If attendances have been entered on the wrong enrollment, then they can be moved from one enrollment to another without the service provider having to recreate the attendances.
- \* In order to move the attendances, they **cannot** be on a voucher.
- \* Go to **Attendance -> Move Attendances Between Enrollments**.



# Move Attendance Between Enrollments

- \* Filter the School Year, Provider & Last Name of the child.
- \* This will pull up all enrollments for the child for the school year chosen.

Move Attendance Between Enrollments

School Year Session  Provider  Last Name

School Year	County	District	Provider	ESID	Last Name	First Name	Enrollment Type	From Date	To Date	RS Type	Frequency	Individual Or Group	
2021 - 2022 Winter	ULSTER	KINGSTON CITY SD					RS	9/7/2021	6/24/2022	ST	3x30	I	Select
2021 - 2022 Winter	ULSTER	KINGSTON CITY SD					RS	9/7/2021	6/24/2022	OT	3x30	I	Select
2021 - 2022 Winter	ULSTER	KINGSTON CITY SD					RS	9/7/2021	6/24/2022	PT	3x30	I	Select
2021 - 2022 Winter	ULSTER	KINGSTON CITY SD		CB2122W0009574			CB	9/8/2021	12/17/2021		5 hrs/day		Select
2021 - 2022 Winter	ULSTER	KINGSTON CITY SD		CB2122W0009573			CB	9/8/2021	12/17/2021		5 hrs/day		Select
2021 - 2022 Winter	ULSTER	KINGSTON CITY SD		CBRS2122W0035916			CBRS	9/8/2021	12/17/2021	ST	3x30	I	Select

# Move Attendance Between Enrollments

- \* Select Enrollment by clicking “Select” to the Right.
- \* Check correct attendances boxes on left,
- \* Click on “Select” on right for applicable enrollment,
- \* Click on “Move” to move attendance to the other enrollment,
- \* You will the confirmation: *Attendances Moved Successfully*.
- \* Dates in **red** are dates that are outside of the enrollment dates, and need to be moved.

Move Attendance Between Enrollments

School Year Session 2024 - 2025 Winter Provider  Last Name  Search

School Year	County	District	Provider	ESID	Last Name	First Name	Enrollment Type	From Date	To Date	RS Type	Frequency	Individual Or Group	
2024 - 2025 Winter	DUTCHESS	Red Hook		CB2425W001			CB	9/4/2024	6/20/2025		5 hrs/day		Select
2024 - 2025 Winter	DUTCHESS	Red Hook		CBRS2425W001			CBRS	9/4/2024	6/20/2025	OT	2x30	I	Select
2024 - 2025 Winter	DUTCHESS	Red Hook		CBRS2425W002			CBRS	9/4/2024	2/20/2025	PT	1x30	I	Select
2024 - 2025 Winter	DUTCHESS	Red Hook		CBRS2425W003			CBRS	9/4/2024	6/20/2025	PNT	4x30 TOTAL	I	Select
2024 - 2025 Winter	DUTCHESS	Red Hook		CBRS2425W004			CBRS	9/4/2024	6/20/2025	ST	2x30	I	Select
2024 - 2025 Winter	DUTCHESS	Red Hook	Wraparound Services of the Hudson Valley	CBRS2425W005			CBRS	2/20/2025	6/20/2025	PT	2x30	I	Select

Selected Enrollment Info

	Service Date	Service Provider	Individual Or Group
<input type="checkbox"/>	2/3/2025	J	I
<input type="checkbox"/>	2/12/2025	J	I
<input type="checkbox"/>	2/21/2025	C	I

Select

County	District	ESID	Enrollment Type	From Date	To Date	RS Type	Frequency	Individual Or Group
DUTCHESS	Red Hook	CBRS2425W003	CBRS	2/20/2025	6/20/2025	PT	2x30	I

Move

# Move Attendance Between Enrollments

- \* In the below example, the attendances are on the wrong enrollment. They need to be moved over to the CBRS enrollment.
- \* Pay attention to the enrollment start/end dates.

Move Attendance Between Enrollments

School Year Session

2021 - 2022 Winter

Provider

Last Name

Search

School Year	County	District	Provider	ESID	Last Name	First Name	Enrollment Type	From Date	To Date	RS Type	Frequency	Individual Or Group	
2021 - 2022 Winter	ULSTER	KINGSTON CITY SD					RS	9/7/2021	6/24/2022	ST	3x30	I	Select
2021 - 2022 Winter	ULSTER	KINGSTON CITY SD					RS	9/7/2021	6/24/2022	OT	3x30	I	Select
2021 - 2022 Winter	ULSTER	KINGSTON CITY SD					RS	9/7/2021	6/24/2022	PT	3x30	I	Select
2021 - 2022 Winter	ULSTER	KINGSTON CITY SD		CB2122W0009574			CB	9/8/2021	12/17/2021		5 hrs/day		Select
2021 - 2022 Winter	ULSTER	KINGSTON CITY SD		CB2122W0009573			CB	9/8/2021	12/17/2021		5 hrs/day		Select
2021 - 2022 Winter	ULSTER	KINGSTON CITY SD		CBRS2122W0035916			CBRS	9/8/2021	12/17/2021	ST	3x30	I	Select
2021 - 2022	ULSTER	KINGSTON CITY SD											

Selected Enrollment Info

Service Date	Service Provider	Individual Or Group
<input type="checkbox"/> 1/5/2022		I
<input type="checkbox"/> 1/6/2022		I
<input type="checkbox"/> 1/11/2022		I
<input type="checkbox"/> 1/19/2022		I
<input type="checkbox"/> 1/20/2022		I
<input type="checkbox"/> 1/24/2022		I
<input type="checkbox"/> 1/25/2022		I
<input type="checkbox"/> 1/26/2022		I
<input type="checkbox"/> 1/27/2022		I
<input type="checkbox"/> 3/2/2022		I
<input type="checkbox"/> 3/3/2022		I
<input type="checkbox"/> 3/4/2022		I

Move

County	District	ESID	Enrollment Type	From Date	To Date	RS Type	Frequency	Individual Or Group
ULSTER	KINGSTON CITY SD	CBRS2122W0035918	CBRS	9/8/2021	12/17/2021	PT	3x30	I
ULSTER	KINGSTON CITY SD	CBRS2122W0036248	CBRS	12/18/2021	6/23/2022	PT	3x30	I



# Submitting Vouchers



# Submitting a Voucher

- \* To submit voucher(s) to county, go to **Billing** -> **Submit Voucher(s)**.
- \* Select unbilled voucher by checking box (or Select All).



Submit voucher(s) for  county (unbilled CB vouchers).

Select any Unbilled Vouchers

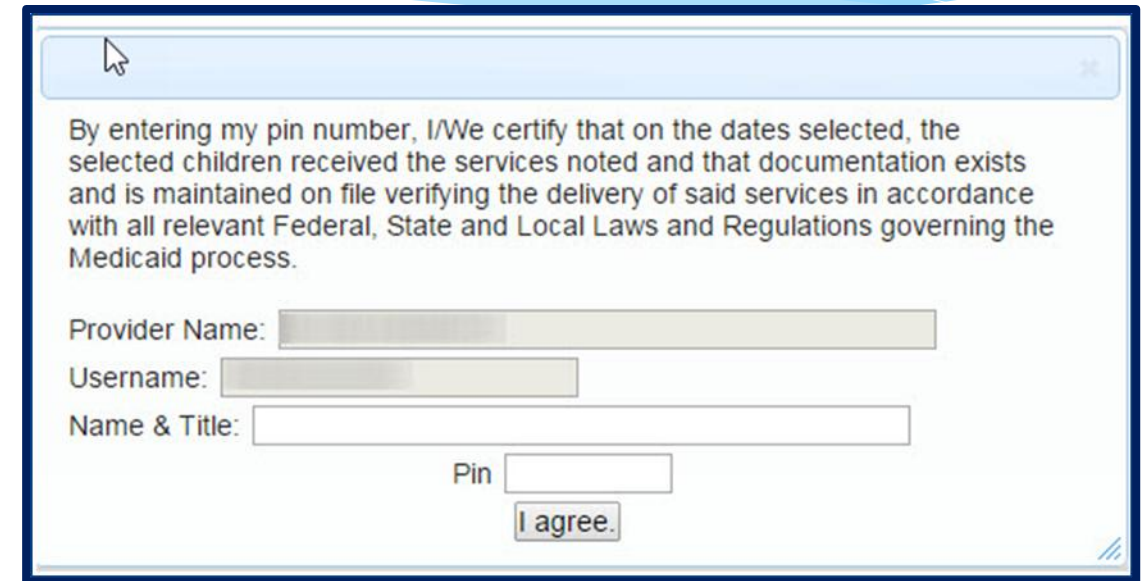
Select	Bill Date	Voucher#	Vendor Invoice#	County Document#	Contract or Account#	Description	Authorized Claimant	Claimant Title	# Enrollments	Amount Billed	
<input checked="" type="checkbox"/>	1/11/2022	CB220111104807							18	\$52,452.00	

☒ Select All    **Total Billed:** \$52,452.00

**Submit Voucher(s)**

# Submitting a Voucher


- \* After clicking "Submit Voucher(s)" - You will then get the screen on the right.
- \* Enter your personal PIN – Click "I Agree".
- \* You will get "Voucher Submitted Successfully" confirmation message at the top of the page.
- \* The voucher summary should pop up automatically upon submission. If for some reason it does not, continue with the following instruction on how to "Print Voucher Summary".

A screenshot of a web application window showing a confirmation screen. At the top, a mouse cursor points to a close button. Below is a paragraph of text: "By entering my pin number, I/We certify that on the dates selected, the selected children received the services noted and that documentation exists and is maintained on file verifying the delivery of said services in accordance with all relevant Federal, State and Local Laws and Regulations governing the Medicaid process." Below this text are four input fields: "Provider Name:" (a wide text box), "Username:" (a text box), "Name & Title:" (a wide text box), and "Pin" (a small text box). Below the "Pin" box is a button labeled "I agree.". In the bottom right corner, there is a small icon of a printer.

**NOTE:** Once you submit a voucher to the county, it is **NO** longer possible to edit its contents. Should you need to make a change to your submitted voucher, you can go to **Billing -> Voucher Listing** to see if the county has downloaded your voucher. If the county has not downloaded the voucher then you can click "Un-Submit", and retrieve the voucher for corrections and resubmit. If the county has downloaded the voucher, the "Un-Submit" button will not be available to you.

# Voucher Summary

- \* Sign the voucher summary, and send to County along with Parent Signature Logs .



**Voucher Summary**

Printed: 6/17/2021 2:13:30 PM

Page 1 of 1

**Provider:**

**Vendor#:** 02061

**Bill Date:** 8/4/2019

**County:** SCHENECTADY

**Tax ID:**

**Submitted :** 8/19/19 04:09 PM

**CPSE Voucher#:** RS190804113625

**BEDS Code:**

**Time Period:** 2019 - 2020 Summer

**Vendor Invoice#:**

**County Doc#:**

**Contract Or Account#:**

**Voucher Description:** July 2019

Child Name	ESID	Frequency	Service	Dates Of Service	Rate	Units	Minutes Per Unit	Amount
HARRIS, RUBEN	RS1920S0014606	2x30 - I	RS - ST	Jul 2019 - 3, 16, 18, 23, 25, 30	\$51.50	6.00	30	\$309.00
WINTERS, LEANORA	RS1920S0014666	2x30 - I	RS - ST	Jul 2019 - 2, 16, 18, 25, 30	\$51.50	5.00	30	\$257.50
WOLFF, JOSUE	RS1920S0014564	1x30 - G	RS - ST1	Jul 2019 - 2, 18, 25	\$51.50	3.00	30	\$154.50
WOLFF, JOSUE	RS1920S0014563	1x30 - I	RS - ST	Jul 2019 - 3, 16, 24, 30	\$51.50	4.00	30	\$206.00
<b>Grand Total:</b>								<b>\$927.00</b>

I certify that on the dates above, the above named child received the services noted and that documentation exists and is maintained on file verifying the delivery of said services in accordance with all relevant Federal, State and Local Laws and Regulations governing the Medicaid process.

Authorized Signature: \_\_\_\_\_

Certification: \_\_\_\_\_

# Information to Send to County

- \* What is needed to send to the County:
  - \* Mail the signed voucher summary.
  - \* Include copies of the Parent Signature Logs.
  - \* Any other miscellaneous items or paperwork that the County requires.



# Cannot Submit Voucher

# Problems on Voucher

- \* If you cannot submit a voucher do to **Problems on Voucher** – click View Problems.

Submit voucher(s) for  county (unbilled RS vouchers).

Select any Unbilled Vouchers

Select	Bill Date	Voucher#	Vendor Invoice#	County Document#	Contract or Account#	Description	Authorized Claimant	Claimant Title	# Enrollments	Amount Billed	
<input type="checkbox"/>	7/25/2024	RS240725100832				June 2024 Speech Therapy	<input type="text"/>	Director	20	\$3,640.00	<a href="#">Problems on Voucher View Problems</a>
<input checked="" type="checkbox"/>	7/30/2024	RS240730071417				Occupational Therapy July 2024	<input type="text"/>	Director	4	\$600.00	

☒ Select All    **Total Billed:** \$600.00

# Problems on Voucher – View Problems

- \* Under the *Problem* column you can see what the problem is.
- \* Click on *Attendances* to see which attendances have an issue.

Last Name	First Name	ESID	From Date	To Date	Service	Frequency	Problem	
		CBRS2324W0	9/7/2023	6/21/2024	ST (Indv)	3x30	Missing Service Location	<a href="#">Attendances</a>
		CBRS2324W0	3/4/2024	6/21/2024	PT (Indv)	2x30	Invalid CPT Code Units: 0 for code: 97110	<a href="#">Attendances</a>
		CBRS2324W0	3/4/2024	6/21/2024	PT (Indv)	2x30	Invalid CPT Code Units: 0 for code: 97112	<a href="#">Attendances</a>
		CBRS2324W0	3/4/2024	6/21/2024	PT (Indv)	2x30	Invalid CPT Code Units: 0 for code: 97116	<a href="#">Attendances</a>
		CBRS2324W0	9/7/2023	10/19/2023	PT (Indv)	3x30	Duplicate CPT Codes for Attendance	<a href="#">Attendances</a>
		CBRS2324W0	2/12/2024	6/21/2024	PT (Indv)	2x45	Invalid CPT Code Units: 0 for code: 97116	<a href="#">Attendances</a>
		CBRS2324W0	2/12/2024	6/21/2024	PT (Indv)	2x45	Invalid CPT Code Units: 0 for code: 97530	<a href="#">Attendances</a>
		CBRS2324W0	9/7/2023	6/21/2024	PT (Indv)	2x30	Duplicate CPT Codes for Attendance	<a href="#">Attendances</a>

# Attendance Issue

- \* Any attendances having an issue will appear in red.
- \* You can view the session note / treatment log.
- \* Child must be removed from voucher before therapist can, unsign, correct and resign attendance.

Service Date	Type	Make Up	Medicaid	Time In	Time Out	Duration	# Sess	Mins/Session	Service Provider	Setting	Ind/Grp	Signed Date	Co-Signed Date	Voucher #	Treatment Log
09/08/23	Provided Treatment Session			11:00 AM	11:30 AM	30	1.00	30		Therapy Room I	I	09/08/23	09/08/23	CBRS240618112554	Treatment Log
09/11/23	Provided Treatment Session			9:30 AM	10:00 AM	30	1.00	30		Therapy Room I	I	09/27/23	09/27/23	CBRS240618112554	Treatment Log
09/13/23	Provided Treatment Session			12:30 PM	1:00 PM	30	1.00	30		Therapy Room I	I	09/27/23	09/27/23	CBRS240618112554	Treatment Log
09/18/23	Provided Treatment Session			11:30 AM	12:00 PM	30	1.00	30		Therapy Room I	I	09/27/23	09/27/23	CBRS240618112554	Treatment Log
09/20/23	Provided Treatment Session			11:30 AM	12:00 PM	30	1.00	30		Therapy Room I	I	09/27/23	09/27/23	CBRS240618112554	Treatment Log
09/22/23	Provided Treatment Session			9:00 AM	9:30 AM	30	1.00	30		Therapy Room I	I	10/03/23	10/03/23	CBRS240618112554	Treatment Log
09/27/23	Provided Treatment Session			12:00 PM	12:30 PM	30	1.00	30		Therapy Room I	I	10/03/23	10/03/23	CBRS240618112554	Treatment Log
09/29/23	Provided Treatment Session			11:00 AM	11:30 AM	30	1.00	30		Therapy Room I	I	10/03/23	10/03/23	CBRS240618112554	Treatment Log
10/02/23	Provided Treatment Session			9:30 AM	10:00 AM	30	1.00	30		Therapy Room I	I	10/06/23	10/06/23	CBRS240618112652	Treatment Log
10/04/23	Provided Treatment Session			11:30 AM	12:00 PM	30	1.00	30		Therapy Room I	I	10/06/23	10/06/23	CBRS240618112652	Treatment Log
10/06/23	Provided Treatment Session			10:00 AM	10:30 AM	30	1.00	30		Therapy Room I	I	10/13/23	10/13/23	CBRS240618112652	Treatment Log
10/11/23	Provided Treatment Session			10:30 AM	11:00 AM	30	1.00	30		Therapy Room I	I	10/13/23	10/13/23	CBRS240618112652	Treatment Log
10/16/23	Provided Treatment Session			9:00 AM	9:30 AM	30	1.00	30		Therapy Room I	I	10/17/23	10/17/23	CBRS240618112652	Treatment Log
10/25/23	Provided Treatment Session			11:00 AM	11:30 AM	30	1.00	30		Therapy Room I	I	10/27/23	10/27/23	CBRS240618112652	Treatment Log
10/27/23	Provided Treatment Session			11:00 AM	11:30 AM	30	1.00	30		Therapy Room I	I	10/27/23	10/27/23	CBRS240618112652	Treatment Log
10/30/23	Provided Treatment Session			9:00 AM	9:30 AM	30	1.00	30		Therapy Room I	I	11/03/23	11/03/23	CBRS240618112652	Treatment Log
11/01/23	Provided Treatment Session			11:00 AM	11:30 AM	30	1.00	30		Therapy Room I	I	11/03/23	11/03/23	CBRS240618114603	Treatment Log
11/03/23	Provided Treatment Session			11:30 AM	12:00 PM	30	1.00	30		Therapy Room I	I	11/03/23	11/03/23	CBRS240618114603	Treatment Log
11/06/23	Provided Treatment Session			11:30 AM	12:00 PM	30	1.00	30		Therapy Room I	I	11/13/23	11/13/23	CBRS240618114603	Treatment Log
11/13/23	Provided Treatment Session			8:30 AM	9:00 AM	30	1.00	30		Preschool	I	11/20/23	11/20/23	CBRS240618114603	Treatment Log
11/15/23	Provided Treatment Session			9:00 AM	9:30 AM	30	1.00	30		Preschool	I	11/20/23	11/20/23	CBRS240618114603	Treatment Log
11/17/23	Provided Treatment Session			9:30 AM	10:00 AM	30	1.00	30		Preschool	I	11/20/23	11/20/23	CBRS240618114603	Treatment Log
11/20/23	Provided Treatment Session			9:30 AM	10:00 AM	30	1.00	30		Preschool	I	11/27/23	11/27/23	CBRS240618114603	Treatment Log
11/27/23	Provided Treatment Session			9:00 AM	9:30 AM	30	1.00	30		Preschool	I	12/01/23	12/01/23	CBRS240618114603	Treatment Log
11/29/23	Provided Treatment Session			9:00 AM	9:30 AM	30	1.00	30		Preschool	I	12/01/23	12/01/23	CBRS240618114603	Treatment Log



# Treatment Log

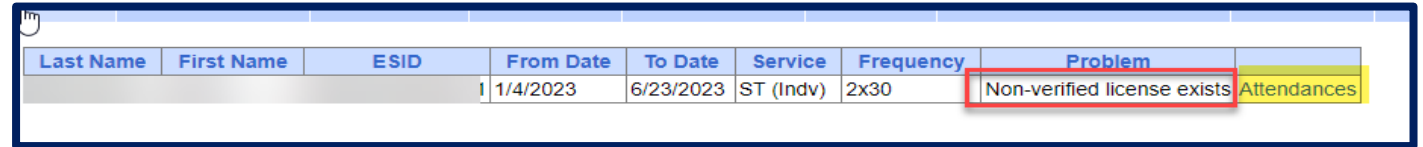
- \* When you look at the treatment log / session note, you will see that there is not a location listed. All Medicaid billable notes must contain a location.

<div style="display: flex; align-items: center;"> <span style="font-size: 24px; font-weight: bold;">PORTAL</span> </div>				Treatment Log			
Child Name			DOB		Billing Provider	NPI	
			09/22/19				
Service		Individual/Group	IEP From	IEP To	District	County	
Speech Therapy		Individual	09/07/23	06/21/24	ELMONT UFSD	NASSAU	
Frequency		ESID			Rendering Provider	License	
3x30		CBRS2324WC					
Date Of Service		Time In	Time Out	Duration	Supervising Provider (UDO/USO)	License	
11/01/23		11:00 AM	11:30 AM	30			
Setting		Location			Referring Provider	NPI	
Therapy Room							
CPT	Units	Minutes	Description		ICD	Description	
92507	1		TREATMENT OF SPEECH, LANGUAGE, VOICE,		F80.2	Mixed receptive-expressive language disorder	
<b>Session Notes: Activity Related to IEP Goals (including objectives and measures of success) and response(s) of child</b> <div style="border: 1px solid black; padding: 5px; min-height: 200px;"> [caterpillar preposition activity ]:Identified preposition in 2/4 opportunities (in, out, on) given moderate verbal cues . [food basket]Verbally requested I want+ food, open, close given moderate visual, verbal cues. Answered yes/no questions given visual and verbal cues with yes/no chart about the therapy room. </div>							
		Name, Title and Credentials			NPI	License	
Rendering Provider							
UDO/USO Supervisor							
QA Review							
					Date Signed	Signature Method	
					11/03/23	DIGITAL	

# Other Possible Problems

## \* Non-verified License Exists:

- \* Click on the “Attendances” to see who the service provider is.
- \* Go to **People -> Service Provider Credential Verification Listing** and verify credentials of therapist.
- \* Once credentials are verified you will need to “Recalc” your voucher.
- \* Your county will then approve credentials.

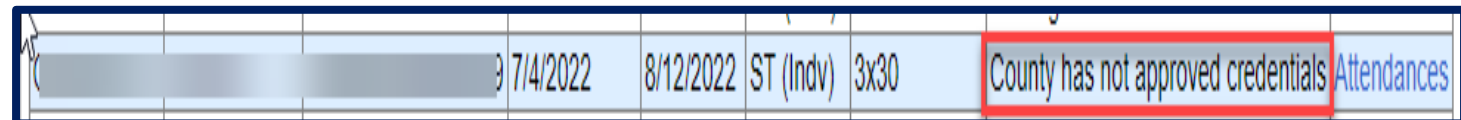


A screenshot of a table with columns: Last Name, First Name, ESID, From Date, To Date, Service, Frequency, Problem, and Attendances. The 'Problem' column for the first row contains the text 'Non-verified license exists', which is highlighted with a red rectangular box. The 'Attendances' column for the same row is highlighted in yellow.

Last Name	First Name	ESID	From Date	To Date	Service	Frequency	Problem	Attendances
			1/4/2023	6/23/2023	ST (Indv)	2x30	Non-verified license exists	

## \* County Has Not Approved Credentials:

- \* Click on the “Attendances” to see who the service provider is.
- \* Contact your county to approve credentials for service provider.
- \* If you are from Columbia, Dutchess, Herkimer, Jefferson, Livingston, Rockland, Nassau, Niagara, Orange, Sullivan or Westchester County, then contact McGuinness and we will approve the credentials. All other counties will need to contact their county.



A screenshot of a table with columns: Last Name, First Name, ESID, From Date, To Date, Service, Frequency, Problem, and Attendances. The 'Problem' column for the first row contains the text 'County has not approved credentials', which is highlighted with a red rectangular box. The 'Attendances' column for the same row is highlighted in blue.

Last Name	First Name	ESID	From Date	To Date	Service	Frequency	Problem	Attendances
			7/4/2022	8/12/2022	ST (Indv)	3x30	County has not approved credentials	

# Missing Prescriptions

- \* When submitting the voucher, you may have a problem of:
  - \* Details of Prescription/order not entered for enrollment – ***You will need to upload the prescription, enter information and attach the enrollments to the prescription.***

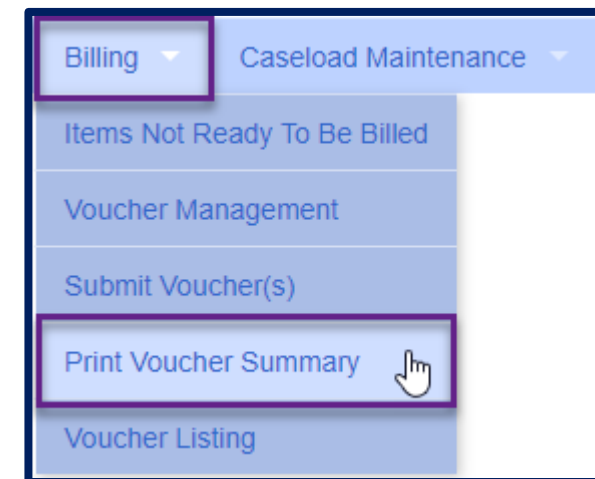
Last Name	First Name	ESID	From Date	To Date	Service	Frequency	Problem	
			2/17/2023	6/23/2023	ST (Indv)	2x30	Details of Prescription/order not entered for enrollment	Attendances
			2/17/2023	6/23/2023	OT (Indv)	1x30	Details of Prescription/order not entered for enrollment	Attendances
			2/21/2023	6/23/2023	PT (Indv)	2x30	Details of Prescription/order not entered for enrollment	Attendances



# Print Voucher Summary

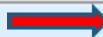
# Print Voucher Summary

\* Go to **Billing** -> **Print Voucher Summary**




# Print Voucher Summary

- \* Complete filters if needed to find a specific voucher.
- \* Click "*Print*" link for applicable voucher

Home	File Transfer ▾	Activities ▾	Attendance ▾	Billing ▾	Caseload Maintenance ▾	Lookup ▾	Documents ▾	Reports ▾	Medicaid ▾	People ▾	My Account ▾	Knowledge Base
<b>Print Voucher Summary Reports</b>												
Filter By... _____												
School Year Session: (All School Year Sessions) ▾ Enrollment Type: (All Enrollment Types) ▾ County: (All Billed Counties) ▾ Billing Month: (All Billing Months) ▾ Service Month: (All Service Months) ▾ Voucher Status: (Any Voucher Status) ▾												
Apply Filter												
Voucher #	Enrollment Type	Description	Billing Date	Total Billed	Submitted Date	Claimant Title	Authorized Claimant	Destination County	# Enrollments	Print All Voucher Submission Reports		
RS200308133551	RS	FEB. 2020	3/8/2020	\$4,261.50	3/8/2020	CCC-SLP		SCHENECTADY	22	Print		
RS200308133622	RS	FEBRUARY 2020	3/8/2020	\$2,926.00	3/8/2020	CCC-SLP		Albany	11	 Print		
RS200213143706	RS	JAN. 2020	2/13/2020	\$3,993.00	2/14/2020	CCC-SLP		Albany	10	Print		
RS200205073831	RS	JAN. 2020	2/5/2020	\$5,620.50	2/9/2020	CCC-SLP		SCHENECTADY	22	Print		
RS200102193725	RS	DEC. 2019	1/2/2020	\$2,486.00	1/4/2020	CCC-SLP		Albany	9	Print		

# Print Voucher Summary

- \* You will then see voucher summary:

**PORTAL**

**Voucher Summary**

Printed: 6/17/2021 2:13:30 PM

Page 1 of 1

**Provider:**

**Vendor#:** 02061

**Bill Date:** 8/4/2019

**CPSE Voucher#:** RS190804113625

**County:** SCHENECTADY

**Tax ID:**

**Submitted :** 8/19/19 04:09 PM

**Vendor Invoice#:**

**BEDS Code:**

**Time Period:** 2019 - 2020 Summer

**County Doc#:**

**Voucher Description:** July 2019

**Contract Or Account#:**

Child Name	ESID	Frequency	Service	Dates Of Service	Rate	Units	Minutes Per Unit	Amount
HARRIS, RUBEN	RS1920S0014606	2x30 - I	RS - ST	Jul 2019 - 3, 16, 18, 23, 25, 30	\$51.50	6.00	30	\$309.00
WINTERS, LEANORA	RS1920S0014666	2x30 - I	RS - ST	Jul 2019 - 2, 16, 18, 25, 30	\$51.50	5.00	30	\$257.50
WOLFF, JOSUE	RS1920S0014564	1x30 - G	RS - ST1	Jul 2019 - 2, 18, 25	\$51.50	3.00	30	\$154.50
WOLFF, JOSUE	RS1920S0014563	1x30 - I	RS - ST	Jul 2019 - 3, 16, 24, 30	\$51.50	4.00	30	\$206.00
<b>Grand Total:</b>								<b>\$927.00</b>

I certify that on the dates above, the above named child received the services noted and that documentation exists and is maintained on file verifying the delivery of said services in accordance with all relevant Federal, State and Local Laws and Regulations governing the Medicaid process.

**Authorized Signature:** \_\_\_\_\_**Certification:** \_\_\_\_\_

# Print Voucher Summary

- \* Depending on your browser and set up for reading Adobe PDF documents you should see icons for saving and printing - Click "Print" icon to print summary:







# **Attendance Denied by County?**

# How to Correct and Re-Bill

- \* You **MUST** confirm that the attendances have been denied by the county, and that you understand the removal is permanent.
- \* If a provider makes a mistake and submits the erroneous data on a voucher, the County may choose to deny payment for certain dates of service.
- \* If this occurs, and the provider would like to attempt to correct the data and resubmit on a new voucher, the process is as follows:
- \* The denied attendance needs to be removed from the initial voucher. To do this, you must inform the CPSE Portal support team of the ESID and service dates that you would like removed. To do this, complete the below form and email it to **support@cpseportal.com**
  - \* **RequestToHaveAttendanceRemovedFromSubmittedVouchers.xlsx**

# How to Correct and Re-Bill

\* Example of form:

	A	B	C	D	E	F
1	<i>Complete the form below to request attendance entries to be removed from vouchers so they can</i>					
2	<i>be corrected and rebilled on a new voucher</i>					
3						
4	County					
5	Billing Provider Name					
6						
	Electronid Service ID (ESID)	Date of Service				
7	(*Child's, not Voucher #*)	(Date Needing to be Removed)				
8						
9						
10						
11						
12						

IMG1: Example of form to be completed

# How to Correct and Re-Bill

- \* Once the attendance is no longer on a voucher:
  - \* If you need to modify the treatment log:
    - \* Since the attendance has already been digitally signed attesting to the fact that everything was reviewed and correct, you must first unsign the attendance and indicate why you need to modify the signed treatment log. Here are instructions for unsigning attendance: <http://support.cpseportal.com/kb/a33/unsigned-attendance.aspx>
    - \* Once the attendance entry has been unsigned, it can now be modified.
    - \* The modified attendance entry needs to be **resigned**.
  - \* If the attendance needs to be moved to a different ESID because the original enrollment dates changed, was rescinded or attendance was entered on the wrong enrollment, here are the instructions:
    - \* <http://support.cpseportal.com/kb/a53/move-attendance-between-enrollments.aspx>
  - \* The attendance can be added to a new voucher and submitted. If the attendance is not appearing, make sure you do a “**recalc**” on the voucher.



# **Signature and Location Approvals**

# Signature Approvals

- \* All Full Service Medicaid counties will need to have signatures of therapists approved. This includes therapists that use the Portal or bill from an outside source.
  - \* Once the therapists signature is approved, it will not need to be approved again unless there is a change.
  - \* To see who needs approval, or who has been invalidated, go to **People -> Signature Approval Listing**, and use filters.
- \* Below is a screen shot showing that the therapists were missing their credentials on their attendance signatures.
- \* Any questions, contact [Medicaid@CPSEPortal.com](mailto:Medicaid@CPSEPortal.com).

Signature Approvals

Filters

County 

NASSAU

 Provider 

NEW PROVIDICES

☒ Include Invalid Signatures

☐ Include Approved Signatures

Retrieve

Provider	Last Name	First Name	CPSE Signature	Attendance Signature	Approved	Invalidated	Invalid Reason
NEW PROVIDICES	Adams	A	CCC-SLP	, , 020762, 1750689584	A	03/17/25	Missing Credential / Title
NEW PROVIDICES	ARNOLD-LIEBMAN	L	MAN, DPT	, , 029492, 1366684623	L	12/23/24	Missing Credential / Title
NEW PROVIDICES	BERNOLD	E	CCC-SLP TSSLD	, , 025594, 1811351224	E	12/23/24	Missing Credential / Title
NEW PROVIDICES	BERNOLD	A	OTD, OTR/L	ERSEN, , 024444, 1245709492	A	12/23/24	Missing Credential / Title
NEW PROVIDICES	BERNOLD	N	IA SLP	STEIN, , 001627, 1851545248	N	12/23/24	Missing Credential / Title

# Location Approvals

- \* All Full Service Medicaid counties will need to have the locations that are listed on attendances / session notes approved.
  - \* Once a location is approved, it will not need to be approved again.
  - \* To see what attendances were approved or invalidated, go to **Caseload Maintenance -> Service Location Approvals**, and filter for county and school year.
- \* All session note / attendances must have a valid location.
  - \* If the setting is Preschool, what is the name & location of the Preschool? You should enter the name & address of the Preschool under the location field on the session note.
  - \* If the setting is Daycare, what is the name & address of the daycare.

**Service Location Approvals For Provider**

Filters

County

All Counties

▼

Provider

▼

School Year Session

2025 - 2026 Summer

▼

Retrieve

# Location Approvals

- \* Below is an example of Approved and Invalid session note locations.
- \* You can click on the Enrollments, and you will see a list of children that have been invalidated for the location being Therapy Room. The setting is Therapy Room, so the location should be the address of the therapy room.
- \* All notes need to be removed from the voucher, unsigned, corrected & resigned.

NASSAU	RS	Preschool	WIND 'N WILLOW PRESCHOOL: 1201 N BROADWAY, MASSAPEQUA, NY 11758	02/03/25	APPROVED	Enrollments
NASSAU	RS	Preschool	WIND AND WILLOW PRESCHOOL:	01/27/25	APPROVED	Enrollments
NASSAU	RS	Therapy Room	THERAPY ROOM:	02/14/25	INVALID	Enrollments
NASSAU	RS	Universal Pre-K	UPK NORTHSIDE Elementary School: 55 POWELL PL FARMINGDALE NY 11735	06/25/25	APPROVED	Enrollments

## Enrollments for Service Location Approvals

LastName	FirstName	CPSEChildNumber	ESID	EnrollmentType	Service	Setting	Location	Oldest Service Date	Newest Service Date
E	ITEO	C28000	RS2425W0:	RS	OT	Therapy Room	THERAPY ROOM:	09/12/24	01/30/25
E	AN	C28000	RS2425W0:	RS	ST	Therapy Room	THERAPY ROOM:	09/12/24	12/19/24
C	:K	C28000	RS2425W0:	RS	PT	Therapy Room	THERAPY ROOM:	09/11/24	02/13/25
C	MA	C28000	RS2425W0:	RS	OT	Therapy Room	THERAPY ROOM:	09/10/24	10/31/24
I	RENZO	C28000	RS2425W0:	RS	OT	Therapy Room	THERAPY ROOM:	09/11/24	02/13/25
J	AVIS	C28000	RS2425W0:	RS	OT	Therapy Room	THERAPY ROOM:	10/29/24	02/14/25
F	VER	C28000	RS2425W0:	RS	OT	Therapy Room	THERAPY ROOM:	09/10/24	10/31/24
I	IN	C28000	RS2425W0:	RS	ST	Therapy Room	THERAPY ROOM:	09/10/24	02/13/25
F	SHA	C28000	RS2425W0:	RS	OT	Therapy Room	THERAPY ROOM:	09/05/24	10/31/24
S	N	C28000	RS2425W0:	RS	OT	Therapy Room	THERAPY ROOM:	09/05/24	10/31/24
S	M	C28000	RS2425W0:	RS	ST	Therapy Room	THERAPY ROOM:	09/17/24	01/23/25
T	/IN	C28000	RS2425W0:	RS	ST	Therapy Room	THERAPY ROOM:	09/05/24	02/03/25
V	AYDEN	C28000	RS2425W0:	RS	ST	Therapy Room	THERAPY ROOM:	09/17/24	12/17/24
V	JJAMIN	C28000	RS2425W0:	RS	OT	Therapy Room	THERAPY ROOM:	09/05/24	10/31/24





# Reports

# School Districts Using eSTACs

- \* Agencies can go to **eSTACs -> Reports -> Submitted Placements**, and review children & services that the district has assigned to them.
- \* You will filter for the county, district, school year, and click Retrieve.
- \* You can review the Submission History and print the STAC-1 if needed.

Submitted Placements

Filters

County

ROCKLAND

District

ABBOT

Retrieve

Provider

All Providers

School Year Session\*

2023 - 2024 Winter

Excel

County	District	Provider	School Year Session	Child Name	DOB	ESID	Description	Submitted Date	From Date	To Date	Service Type	Individual or Group	Frequency	Duration	Frequency Period	Location	SED Program Code	Status		
ROCKLAND	ABBOT	FRED S KELLER SCHOOL	2023 - 2024 Winter	Jones, Patty	10/1/2020		TVI 3x45 (Home)	10/25/2024	9/1/2023	11/30/2023	Teacher of Visually Impaired	I	3	45	WEEKLY	Home		Submitted	<a href="#">Submission History</a>	<a href="#">Print STAC-1</a>
ROCKLAND	ABBOT	Head Start of Rockland	2023 - 2024 Winter	Jones, Patty	10/1/2020		ST(I) 2x30 (Home)	10/25/2024	9/1/2023	11/30/2023	Speech Therapy Indiv	I	2	30	WEEKLY	Home		Submitted	<a href="#">Submission History</a>	<a href="#">Print STAC-1</a>
ROCKLAND	ABBOT	Head Start of Rockland	2023 - 2024 Winter	Jones, Patty	10/1/2020		ST(I) 1x30 (Home)	10/25/2024	9/1/2023	11/30/2023	Speech Therapy Indiv	I	1	30	WEEKLY	Home		Submitted	<a href="#">Submission History</a>	<a href="#">Print STAC-1</a>
ROCKLAND	ABBOT	HEBREW ACAD FOR SPEC CHLDRN	2023 - 2024 Winter	Jones, Patty	10/1/2020		OT(G) 2x30 (Preschool Classroom)	10/25/2024	9/1/2023	11/30/2023	Occupational Therapy Group	G	2	30	WEEKLY	Preschool Classroom		Submitted	<a href="#">Submission History</a>	<a href="#">Print STAC-1</a>
ROCKLAND	ABBOT	HEBREW ACAD FOR SPEC CHLDRN	2023 - 2024 Winter	Jones, Patty	10/1/2020		OT(I) 2x30 (Preschool Classroom)	10/25/2024	9/1/2023	11/30/2023	Occupational Therapy Indiv	I	2	30	WEEKLY	Preschool Classroom		Submitted	<a href="#">Submission History</a>	<a href="#">Print STAC-1</a>
ROCKLAND	ABBOT	HTA OF NEW YORK	2023 - 2024 Winter	Jones, Patty	10/1/2020		SEIS 4x30 (Home)	10/25/2024	9/1/2023	11/30/2023	Special Education (SEIS)	I	4	30	WEEKLY	Home		Submitted	<a href="#">Submission History</a>	<a href="#">Print STAC-1</a>

# Missing Prescriptions Report

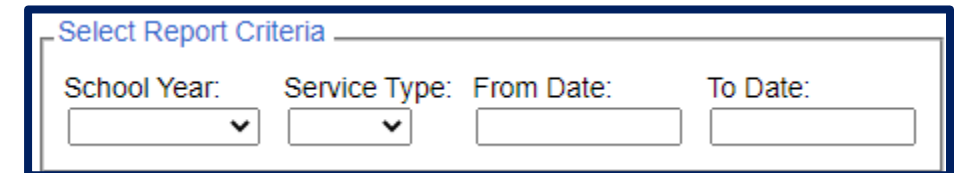
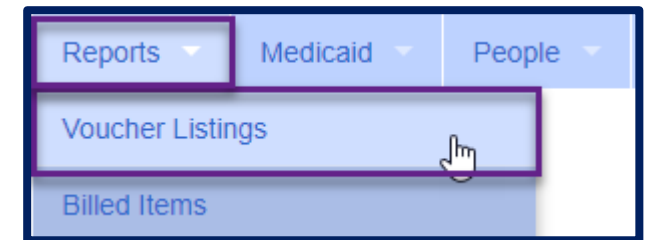
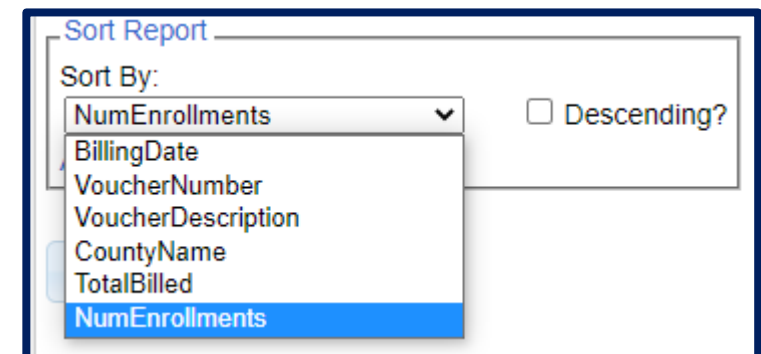
- \* Go to **Medicaid -> Prescriptions -> Enrollments Needing Prescription.**
- \* Filter by school year and county.
- \* All Full Service Medicaid counties require a prescription for each service to voucher and bill for children.

ESID	Child Name	From - To	RS	Frequency			
CBRS2021W0034275	GORDON, FAUSTINO	09/08/2020 - 06/24/2021	ST	4x30	Assign To Existing Rx	Upload Image	
CBRS2021W0034276	GORDON, FAUSTINO	09/08/2020 - 06/24/2021	OT	3x30	Assign To Existing Rx	Upload Image	
CBRS2021W0034635	HUERTA, HUMBERTO	09/08/2020 - 06/25/2021	ST	2x30	Assign To Existing Rx	Upload Image	
CBRS2021W0034636	HUERTA, HUMBERTO	09/08/2020 - 06/25/2021	OT	2x30	Assign To Existing Rx	Upload Image	
CBRS2021W0034402	JONES, JAME	09/08/2020 - 06/24/2021	ST	3x30	Assign To Existing Rx	Upload Image	
CBRS2021W0034403	JONES, JAME	09/08/2020 - 06/24/2021	ST	1x30	Assign To Existing Rx	Upload Image	
CBRS2021W0034404	JONES, JAME	09/08/2020 - 06/24/2021	OT	2x30	Assign To Existing Rx	Upload Image	



# Voucher Listing Report

- \* To see all Vouchers that have been submitted to the county, you can run a Voucher Listing Report.
- \* Go to **Reports -> Voucher Listings**
- \* Enter Criteria, and choose how you want to sort your report.

A screenshot of a form titled 'Select Report Criteria'. It contains four input fields: 'School Year:' with a dropdown arrow, 'Service Type:' with a dropdown arrow, 'From Date:' with a text box, and 'To Date:' with a text box.A screenshot of a form titled 'Sort Report'. It has a 'Sort By:' label followed by a dropdown menu. The dropdown menu is open, showing a list of options: 'NumEnrollments', 'BillingDate', 'VoucherNumber', 'VoucherDescription', 'CountyName', 'TotalBilled', and 'NumEnrollments' (which is highlighted in blue). To the right of the dropdown is a checkbox labeled 'Descending?'.

# Voucher Listing Report

- \* Your report will look like the screenshot below.
- \* You can download or print this report for your records.

CP  
SE  
PORTAL

Voucher Listings

Printed: 7/2/2021 3:18:00 PM

Page 1 of 2

**Report Criteria: School Year: 201819 Service Type: RS Sorted By: NumEnrollments Ascending**

Voucher Number	Voucher Description	County Name	Billing Date	# Enrollments	Total Billed
RS190416194659	March 2019/Quinn	SCHENECTADY	4/16/2019	1	\$268.00
RS180805085528	July 2018	SCHENECTADY	8/5/2018	2	\$450.00
RS180819200723	August 2018	SCHENECTADY	8/19/2018	2	\$400.00
RS180819204244	July 2018	Albany	8/19/2018	4	\$1,100.00
RS180820185858	August 2018	Albany	8/20/2018	4	\$605.00
RS181010190803	September 2018	Albany	10/10/2018	6	\$1,870.00
RS181112190013	October 2018	Albany	11/12/2018	6	\$2,750.00
RS181208181032	November 2018	Albany	12/8/2018	7	\$2,365.00
RS190106124044	DECEMBER 2018	Albany	1/6/2019	7	\$2,090.00



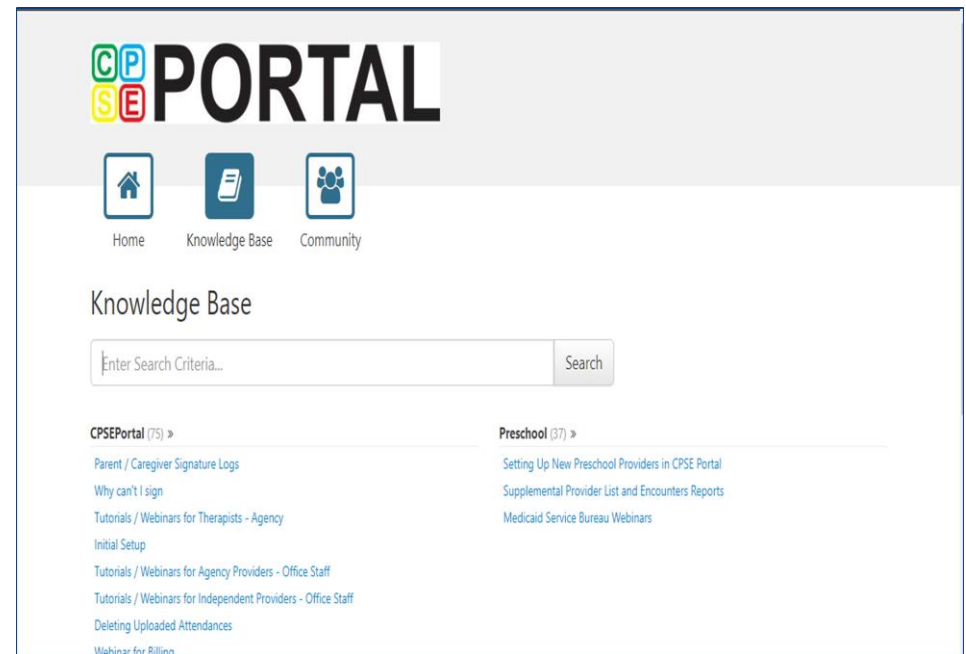
# Closing

# Important Note

- \* You **cannot** bill on Unmatched Enrollments. Therefore, you should be matching your children, and unmatched enrollments throughout the week.

# Portal Training – Knowledge Base

- \* The Knowledge Base provides numerous articles, trainings, webinars and other pertinent information that will help answer your questions before having to contact Portal support.
- \* You can simply click the Knowledge Base tab in the Portal or you can go to:
- \* <http://support.cpseportal.com/kb>





# Helpful Knowledge Base Articles

- \* Credential verification by individual with login:
  - \* <http://support.cpseportal.com/kb/a150/credential-verification-providers.aspx?KBSearchID=16524>
- \* Creating and Submitting a Voucher
  - \* <http://support.cpseportal.com/kb/a62/creating-and-submitting-a-voucher.aspx?KBSearchID=17204>
- \* Why doesn't attendance appear to be put on a voucher?
  - \* <http://support.cpseportal.com/kb/a92/why-doesnt-attendance-appear-to-be-put-on-a-voucher.aspx?KBSearchID=17204>
- \* Missing a Full Diagnosis (ICD) Code
  - \* <http://support.cpseportal.com/kb/a339/missing-a-full-diagnosis-icd-code.aspx?KBSearchID=25519>

# Helpful Knowledge Base Articles

- \* Attendance Denied? How to Remove in Order to Correct and Re-Bill
  - \* <http://support.cpseportal.com/kb/a81/attendance-denied-how-to-remove-in-order-to-correct-and-re-bill.aspx?KBSearchID=17204>
- \* Therapist Cannot Unsign a Session
  - \* <http://support.cpseportal.com/kb/a405/therapist-cannot-unsign-a-session.aspx?KBSearchID=25519>
- \* How to Unsubmit a Voucher
  - \* <http://support.cpseportal.com/kb/a445/how-to-unsubmit-a-voucher.aspx?KBSearchID=25519>
- \* How to Submit a Ticket to the CPSE Portal
  - \* <http://support.cpseportal.com/kb/a188/how-to-submit-a-ticket-to-the-cpse-portal.aspx?KBSearchID=17204>

# Closing Remarks

- \* In addition to the Portal Knowledge Base, our Helpdesk is available through email at [support@CPSEPortal.com](mailto:support@CPSEPortal.com)
  - \* When sending an email:
    - \* Do **not** use child's name
    - \* Use ESID #, Child # or STAC ID #
    - \* Include your county, and info needed