ANNOUNCEMENT
"Per IEP" on Written Orders/Referrals – Medicaid Alert #25-09

❑ *Effective with **7/1/26** service dates, SSHSP billing providers **will no longer be able to bill Medicaid** when written orders/referrals contain the phrase **"Per IEP" in place of the frequency/duration.*** https://www.oms.nysed.gov/medicaid/medicaid_alerts/alerts_2025/25_09.html

Medicaid in Education Alert

New York State Department of Health (DOH), Office of Health' Insurance Programs (OHIP)
New York State Education Department (NYSED)
Preschool/School Supportive Health Services Program (SSHSP)
Medicaid in Education

Issue #25-09

TO: All SSHSP Medicaid Providers

FROM: NYS DOH OHIP SSHSP &
NYSED Medicaid in Education Unit

DATE: July 16, 2025

SUBJECT: Regarding "Per IEP" on Written Orders/Referrals

Beginning with
7/1/26
Service Dates

…Written Orders/Referrals must include details about the service(s) being ordered. Details such as the frequency and duration of the service must be included on the written order/ referral.

***All Full-Service Medicaid counties have **discontinued accepting "Per IEP"** for the frequency/duration on prescriptions – effective with **7/1/25** Service Dates.*

JAMES McGUINNESS & ASSOCIATES INC. Consultants
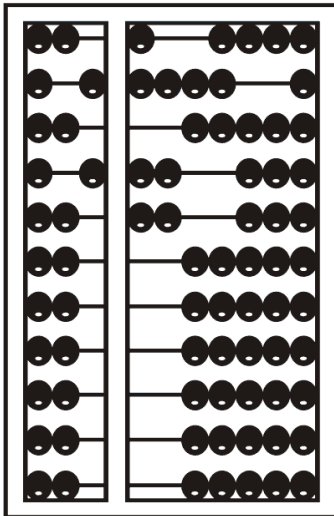
UPLOADING MEDICAID DOCUMENTATION

(September 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 Parental Consent**

☐ **How to Upload a Prescription**

- *Therapist Menu*
- *Billing Admin Menu (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
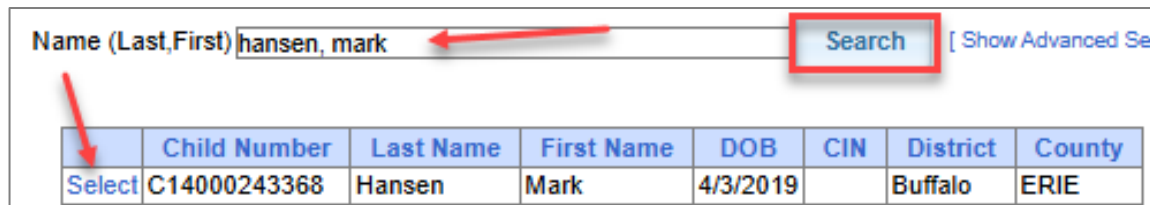   - Practitioner's Address, Phone, Signature
  3) **Order Details Screen**
     - Service, Frequency/Duration, ICD Code
  4) **Attach Enrollments to Details**
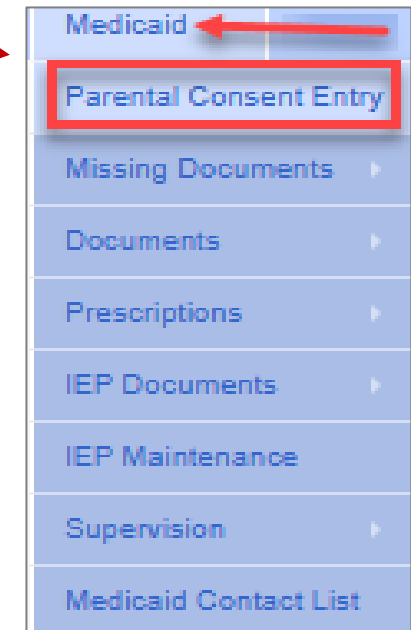
HOW TO UPLOAD A PARENTAL CONSENT

❑ **Before a Consent can be uploaded, it must be scanned and saved on your computer.**

❑ **Go to Medicaid>Parental Consent Entry**

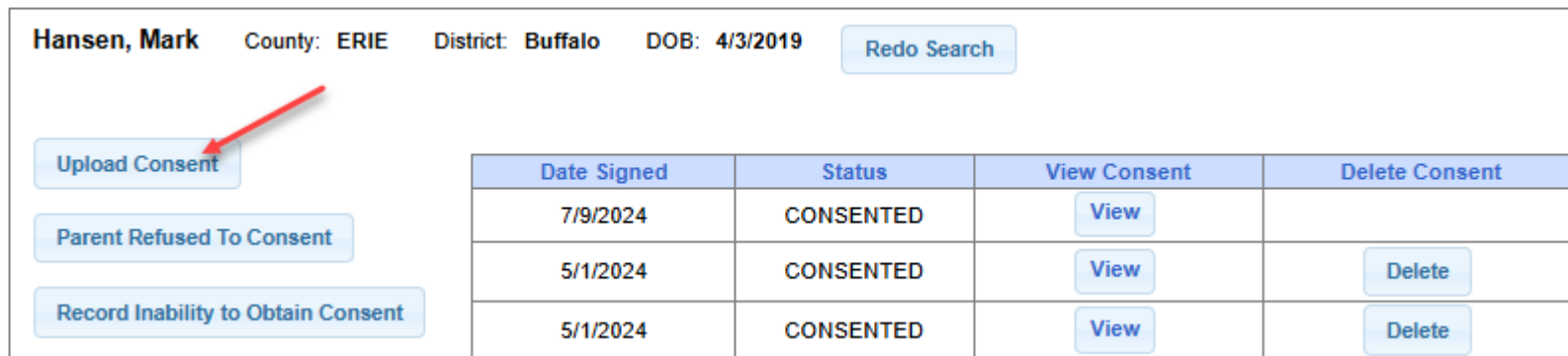- ▪ **Type in the child's Last Name > click Search > Click Select**

	Child Number	Last Name	First Name	DOB	CIN	District	County
Select	C14000243368	Hansen	Mark	4/3/2019		Buffalo	ERIE

Name (Last,First) hansen, mark   Search   [Show Advanced Se

- ▪ **Click the Upload Consent Button**

Hansen, Mark   County: **ERIE**   District: **Buffalo**   DOB: 4/3/2019   Redo Search

Upload Consent	Date Signed	Status	View Consent	Delete Consent
	7/9/2024	CONSENTED	View	
Parent Refused To Consent	5/1/2024	CONSENTED	View	Delete
Record Inability to Obtain Consent	5/1/2024	CONSENTED	View	Delete
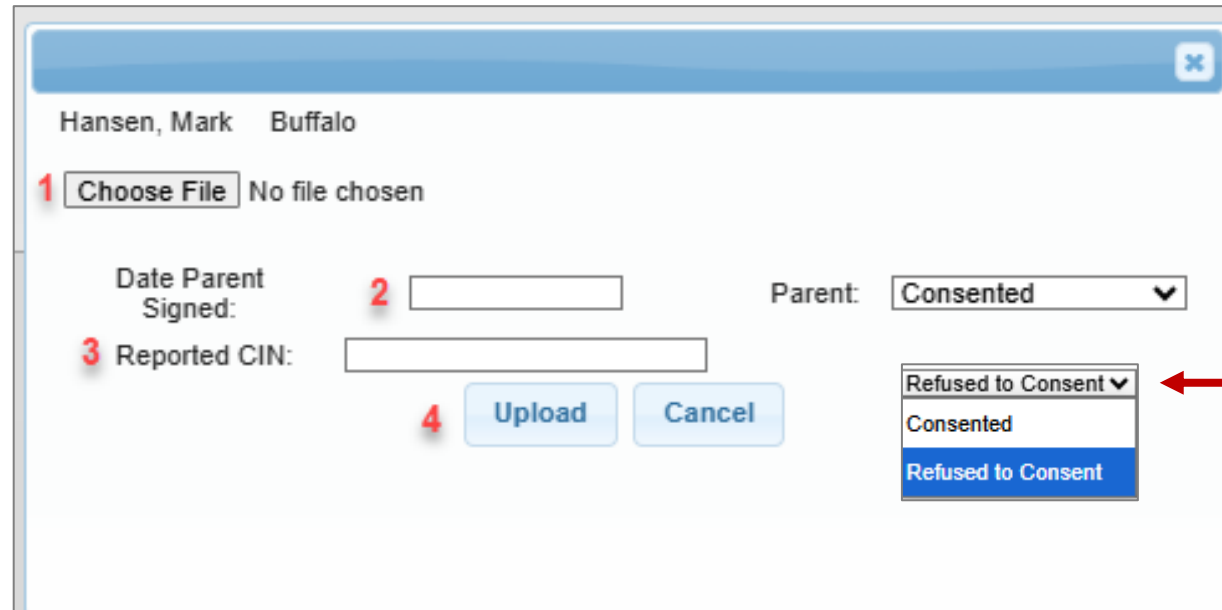
Medicaid

Parental Consent Entry

Missing Documents

Documents

Prescriptions

IEP Documents

IEP Maintenance

Supervision

Medicaid Contact List

HOW TO UPLOAD A PARENTAL CONSENT

❑ **After you click the Upload Consent Button, the following screen populates.**

1) **Click Choose File**

2) **Enter the Date that the parent signed the Parental Consent Form**
   (In the Parent drop-down box, if the parent refuses Consent, select Refused to Consent.)

3) **If there is a CIN # on the form enter it into the Reported CIN box**

4) **Click Upload**

Hansen, Mark   Buffalo

1 Choose File | No file chosen

Date Parent
Signed: 2 [   ]   Parent: | Consented   ▼ |

3 Reported CIN: [   ]

          4 Upload   Cancel

| Refused to Consent ▼ |
| Consented |
| **Refused to Consent** |

If the parent refuses to sign the form, you will select Refused to Consent from the drop-down.

Otherwise, it should indicate "Consented."

DEMONSTRATION
(How to Upload a Parental Consent)

PRESCRIPTIONS

(Medicaid Compliance / How to Upload a Prescription)

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 re-designed the upload process to coincide with the eight required items on a Medicaid prescription *(from the Medicaid Handbook).*

WHAT ARE THE EIGHT REQUIRED ELEMENTS OF A MEDICAID PRESCRIPTION?

Per the **Medicaid Provider Policy and Billing Handbook** (Update 10) Page 21, www.oms.nysed.gov/Medicaid, there are eight (8) required elements on a SSHSP written order. The prescription upload 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 (I/G)**
8. *Patient diagnosis* (ICD Code)

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

* *As Per IEP is no longer an option for the frequency and duration.*

PRESCRIPTION MENUS
(Caseload Maintenance & Medicaid Menus)

❑ Prescriptions can be uploaded by Billing Admins or Therapists.

❑ Billing Admins and Therapists will use different menus in the Portal to upload the prescription.

❑ While the menus will be different for Therapists and Billing Admins, the upload process and screens are 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 the prescription must be <u>scanned and saved to your computer</u> (Desktop or folder).

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

1. **<u>Caseload Maintenance</u> > Prescriptions for Caseload**

   (for **Therapists**)

2. **<u>Medicaid</u> >**

   1) Prescriptions > <u>Prescription Entry Maintenance</u> &

   2) Prescriptions > <u>Upload Order Image</u>

   (for **Billing Admins**)

THERAPISTS

- Caseload Maintenance
- My Caseload
- Prescriptions for Caseload
- Create New Order
- Supervision

BILLING ADMINS

Medicaid | People | My Account | Knowledge B

- 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

PRESCRIPTION MENU
(Therapists)

❑ **For Therapists:**

Caseload Maintenance > Prescriptions for Caseload
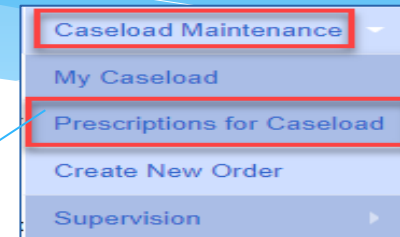
❑ **Click the "*Upload*" link in the *Upload Rx* Column.**

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

Caseload Maintenance ▾
My Caseload
Prescriptions for Caseload
Create New Order
Supervision ▸

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   [Upload Image]
*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

PRESCRIPTION MENU
(Billing Admins – Option 1)

☐ **For Billing Admins – *Option 1* (*Prescription Entry Maintenance*)**

Medicaid> **Prescriptions > Prescription Entry Maintenance**

Medicaid	People	My Account	Knowledge B
Parental Consent Entry			
Missing Documents			
Documents			
Prescriptions	Prescription Entry Maintenance		
IEP Documents	Upload Order Image		
IEP Maintenance	Enrollments Needing Prescription		
Supervision	Prescription Details Without Images		
Medicaid Contact List	Images Without Prescription Details		
	Invalid Written Orders		

- **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	Match Status	
Select	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]

Upload Document

Choose File | No file chosen   [Upload Image]

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

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

Or…

PRESCRIPTION MENU
(Billing Admins – Option 2)

❑ **For Billing Admins – *Option 2* (*Upload Order Image*)**

Medicaid> Prescriptions > Upload Order Image

As soon as you click on *Upload Order Image*,
The *Upload Order Image* screen comes up.

To start the process you will upload the prescription image.

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

Now you will need to SEARCH for the child & SELECT.
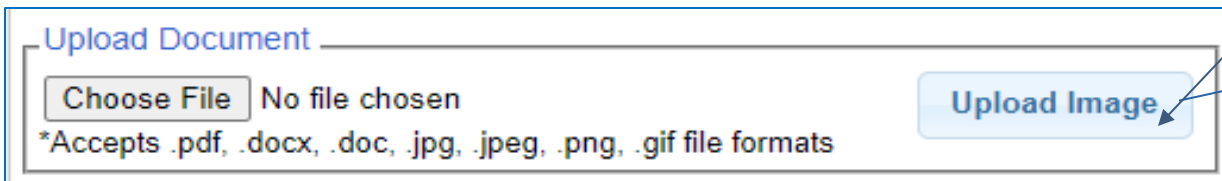
Medicaid	People	My Account	Knowledge B
Parental Consent Entry			
Missing Documents ▸			
Documents ▸			
Prescriptions ▸	Prescription Entry Maintenance		
	Upload Order Image		
IEP Documents ▸	Enrollments Needing Prescription		
IEP Maintenance	Prescription Details Without Images		
Supervision ▸	Images Without Prescription Details		
Medicaid Contact List	Invalid Written Orders		

Upload Order Image

[Reupload File]

Enter child's name>Click Search

Order Image Details
Child

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

Upload Document

[Choose File] No file chosen   [Upload Image]

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

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

REQUIRED FIELD CHECKLIST
(**Child's Name** – Fills in Automatically to Start the Upload 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***.

Upload Order Image for **1)**

Reupload File

Order Image Details

Child

2)   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   ——————————→ **3)** SKY
- ☐ Time Period of Service
- ☐ Ordering Practitioner's Name
- ☐ Ordering Practioner NPI/ License
- ☐ Ordering Practitioner's Address
- ☐ Ordering Practitioner's Phone Number
- ☐ Signature Date
- ☐ Signature

PRESCRIPTION UPLOAD SCREEN
(Upload Order Image Screen – Scanned Prescription)

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

- On the **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.

HOW TO UPLOAD A SCANNED HARDCOPY PRESCRIPTION
(Four-Step Process)

You have already seen this step.

1) **Upload** the Order Image

Upload Document
Choose File No file chosen   Upload Image
*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

2) **Enter the *Image Details* Screen - *Required Field Checklist***

Three of the eight required Medicaid items will be *manually selected.*

Five of the eight required Medicaid items will be *entered.*

Required Field Checklist
- ☑ Child Name — SA▮▮▮▮
- ☑ Time Period of Service — 7/1/2021 to 6/30/2022 (202122)
- ☑ Ordering Practitioner's Name — CAROLYN LEMONS
- ☑ Ordering Practioner NPI/ License — 1912322454
- ☑ Ordering Practitioner's Address
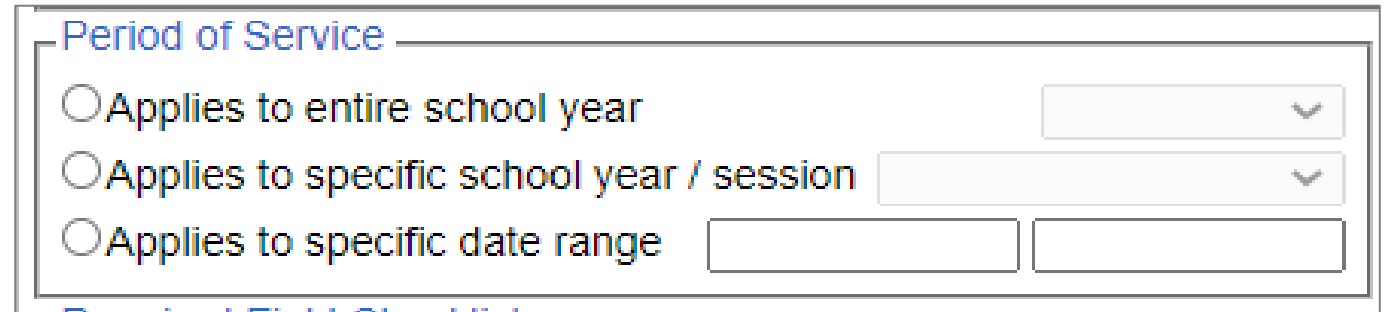- ☑ Ordering Practitioner's Phone Number
- ☑ Signature Date — 09/22/2022
- ☑ Signature

Save Order Image

3) **Select and/or Enter the *Order Details* Screen** (Service Type, ICD Code, Frequency/Duration)

This option should no longer be used.

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
⌄		7/1/2021	6/30/2022			⌄	⊘	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	
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223W0047014	09/06/2022	06/23/2023	ST 3x30 I		Attach

Finish and Go To Child Details

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

View Images	Upload Rx	
View existing images	Upload	Create Speech Recommendation

Upload Document
Choose File No file chosen   Upload Image
*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

❑ **Billing Admins** have either…
- **Entered the child's name** into the name box and clicked **Search** (from the Prescription Entry Maintenance Screen), OR…
- The *Upload Order* button was clicked from the Medicaid Menu 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   Upload Image
*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

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

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

QUESTIONS

About the different **menu options**?

About **uploading** the prescription image (Step 1).

STEP 2 – IMAGE DETAILS SCREEN
(Required Field Checklist – Interactive Entry)

❑ **As you begin the entering process, 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-selected in the selection boxes to the left of the Medicaid item in the **_Required Field Checklist_**.

- You will also you see a list of the _entered_ information building (in red) to the right of the _Required Field Checklist_.

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**
   Ordering Practitioner's Information:
3. **Name, Address**
4. **NPI #**
5. **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 this screen.

Manual Selection – (Order Image Screen – Step 2)

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

Preview of Image Details Screen

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

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST
(Period of Service/Term 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** (Default)
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 <u>entire school year</u>_**, will be selected if the term of service dates are delineated on the prescription as **_<u>7/1 to 6/30</u>_**. *(This option is also the "Default" if nothing else is selected.)*

Period of Service
- ● Applies to entire school year   [2022 - 2023 ▼]
- ○ Applies to specific school year / session   [▼]
- ○ 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 <u>as specified in the Individualized Education Program</u> (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)

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**.

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 generic session dates, which encompass the entire session. This option must be selected if the prescription has this type of specificity OR if the child has their annual reviews using a calendar year.

STEP 2 – IMAGE DETAILS SCREEN
(Required Field Checklist – Interactive Entry)

❑ **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-selected in the selection boxes to the left of the Medicaid element.

▪ You will also you see a list of the _entered_ information building (in red) to the right of the _Required Field Checklist_.

Required Field Checklist

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 screenshots below.)*

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 populates).

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.

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.

Five (5) elements have been auto-selected and five (5) entries appear in the list of entries.

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.**

The last three elements require a visual inspection of the Rx and will be manually selected.

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

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).*

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
- ☑ Child Name — SAK_____
- ☑ Time Period of Service — 7/1/2021 to 6/30/2022 (202122)
- ☑ Ordering Practitioner's Name — CAROLYN LEMONS
- ☑ Ordering Practioner NPI/ License — 1912322454
- ☑ Ordering Practitioner's Address
- ☑ Ordering Practitioner's Phone Number
- ☑ Signature Date — 09/22/2022
- ☐ 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
- ☑ Child Name — SAK_____
- ☑ Time Period of Service — 7/1/2021 to 6/30/2022 (202122)
- ☑ Ordering Practitioner's Name — CAROLYN LEMONS
- ☑ Ordering Practioner NPI/ License — 1912322454
- ☑ Ordering Practitioner's Address
- ☑ Ordering Practitioner's Phone Number
- ☑ Signature Date — 09/22/2022
- ☑ Signature

Save Order Image

QUESTIONS
About the Order Image Screen
(Step 2)

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)**

> The prescription must have the **specific frequency/duration and class designation (I/G)** delineated on the prescription. That information will be entered into the respective boxes on the **Order Detail Screen** and then click the **Add Detail** link at the end of the row. The link will change from **Add Detail** to **Edit/Delete**. After you click the **Add Detail** link, a new row will populate so you can enter additional service types. (Do not select the Per IEP selection box.)
>
> **Since all Full-Service Medicaid counties are no longer accepting *Per IEP* prescriptions, you should not be selecting the *Per IEP* option on the Order Details Screen.**

Order Details

Service Type	ICD	Has Reason	Start Date	End Date	Frequency	Duration	Unit	I/G	Per IEP	
Occupational Therapy ∨	R62.50	☐	7/1/2023	6/30/2024	2	30	Weekly ∨	I ∨	☐	Add Detail

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

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, you can click the *Hide File Details* button.**

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.**

(If the enrollments are not attached, the order will have a "Potential" Status.)

STEP 4 – ATTACHING/DETACHING THE ENROLLMENT

❑ **After you click the Attach link, <u>the link</u> changes to show "Detach." The prescription is now uploaded and is attached to the child's enrollment(s). You can click the link again to change the status back to "Attach" to remove the enrollment from the prescription.**

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*.**

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
(Lookup> Child Lookup> Written Orders Tab)

Click the "Manage" Link.

1.

Upload Prescription Image

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
Frequency, Duration & I/G or Per IEP
Click ADD DETAIL

OrderImageHandler....   1 / 1   — 75% +

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 show 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	☐	Edit Delete
	▼		7/1/2022	6/30/2023			▼	☐	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; these are unfinished uploads.

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.

PLEASE NOTE:

Listed below are a few things to note when uploading prescriptions…

❑**Multiple Services** can be entered for one upload

❑Enter all **ICD Codes** from the Rx to the **Order Details Screen** (use a comma to separate codes.)

❑Do not select the **Per IEP** option – **Enter the specific frequency, duration, unit, I/G**

❑If there is an ICD Code on the Rx, do not select "**Has Reason**"

❑Make sure you **attach the enrollment(s)** to the prescription

Order Details

Service Type	ICD	Has Reason	Start Date	End Date	Frequency	Duration	Unit	I/G	Per IEP	
Occupational Therapy	R62.50	☐	7/1/2023	6/30/2024	2	30	Weekly	I	☐	Add Detail

DEMONSTRATION
(How to Upload a Prescription)

QUESTIONS

About Entering the Order Details
Attaching the Enrollment

UPCOMING WEBINARS

October
- 10/22/25: Medicaid-Compliant Written Orders

November
- 11/19/25: Medicaid-Compliant Session Notes

June
- 6/3/26 & 7/29/26: Digital Speech Recommendations
- 6/10/26 & 8/5/26: Supervision

2025-26 Annual Medicaid Trainings with Registration Links *(September 2025 through August 2026)* **:**
https://support.cpseportal.com/kb/a716/00-annual-training-schedule-with-registration-links.aspx

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Ellen Farney, McGuinness Medicaid Team – efarney@jmcguinness.com – Extension **#50**

Darcy McMullen, McGuinness Medicaid Team **–** 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

   ▪ **Medicaid Support Email:** Medicaid@CPSEPortal.com

   ▪ Questions/Guidance regarding Medicaid compliance:

   Contact Deborah Frank 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