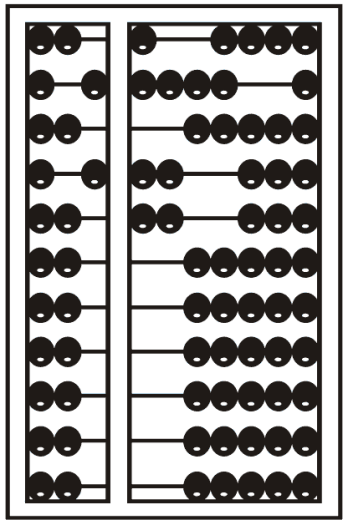
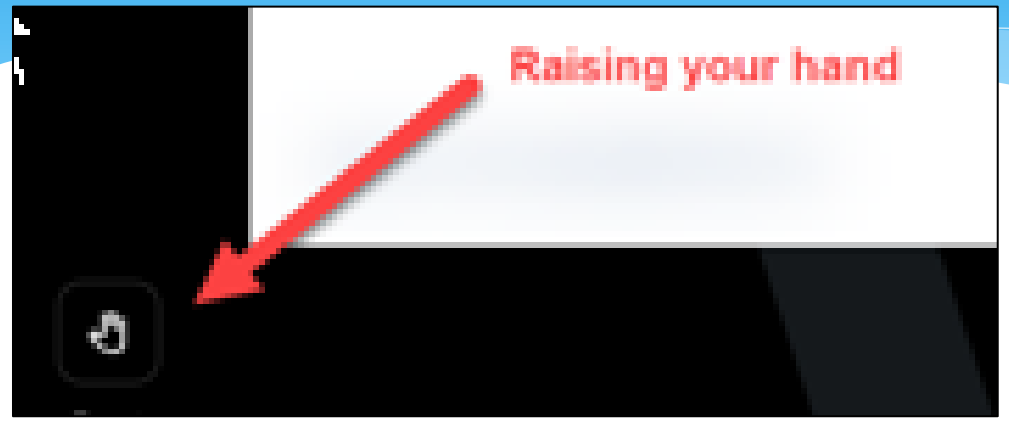
JAMES McGUINNESS & ASSOCIATES INC.
Consultants



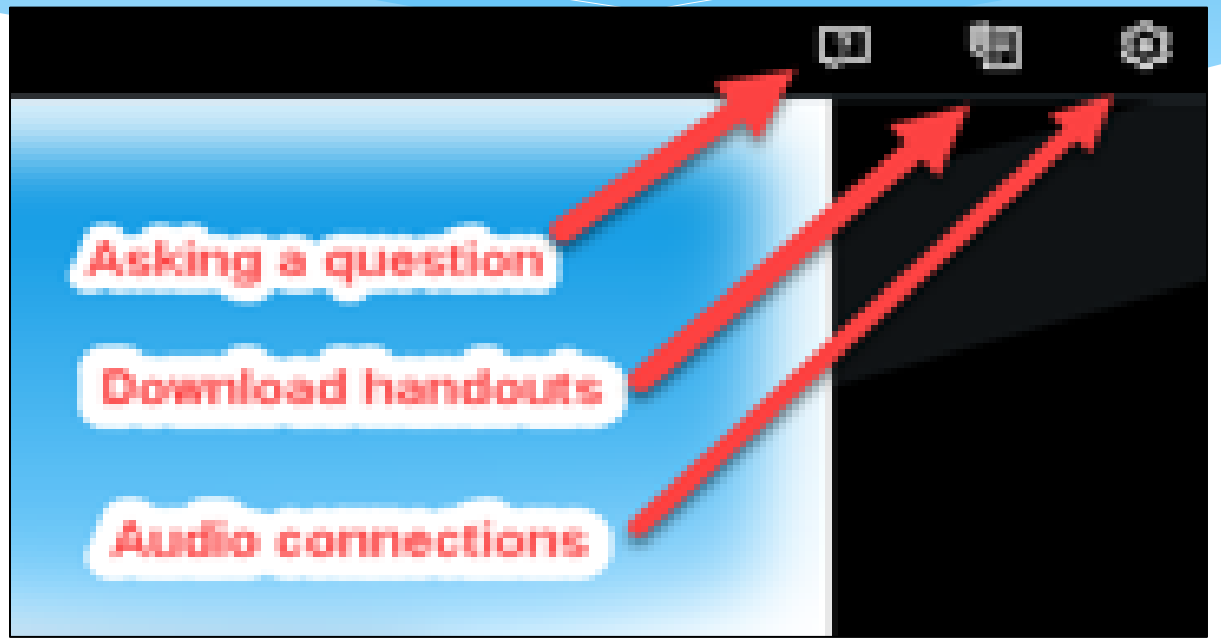
Using Go-to-Webinar
"New Look"

Go-to-Webinar Functions



In the lower left-hand corner of the screen, you will see a **hand icon.** 

If you click this icon, you will be able to raise your hand in response to our questions.



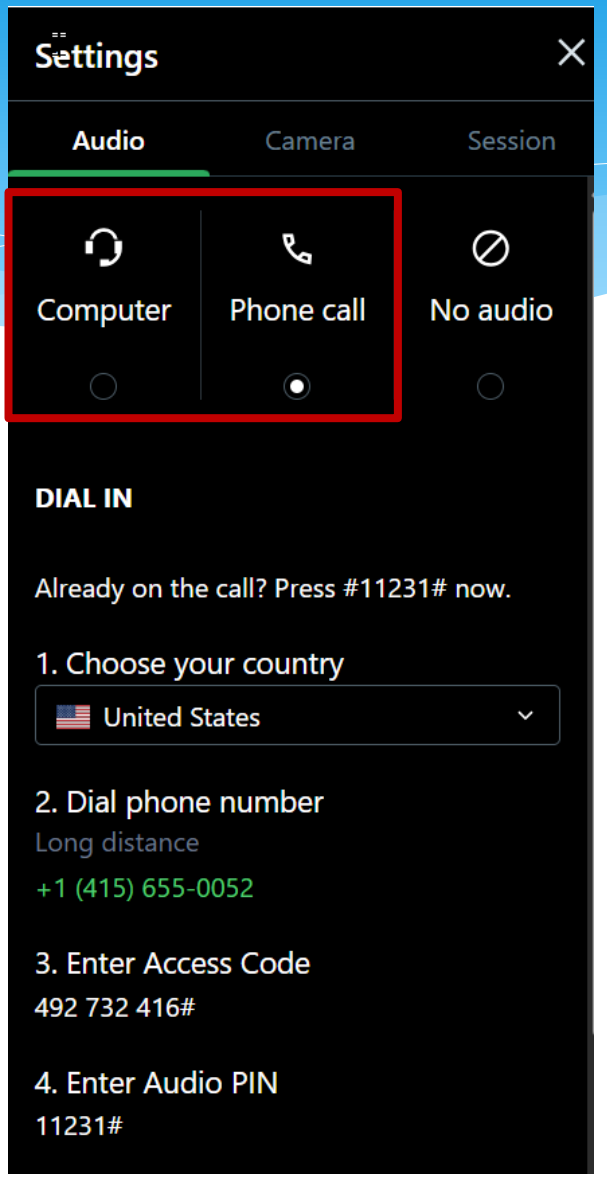
In the upper right-hand corner, you will see icons for the Question Box, Handouts and Audio functions.

Audio Functions

* The Audio Controls can be accessed by clicking on the Audio Icon (Gear) in the upper right-hand corner of the screen.

* You will select either **Computer** or **Phone Call**.

* **If you cannot hear, click the Gear Icon and select the correct audio option.**



Communicating with Presenter

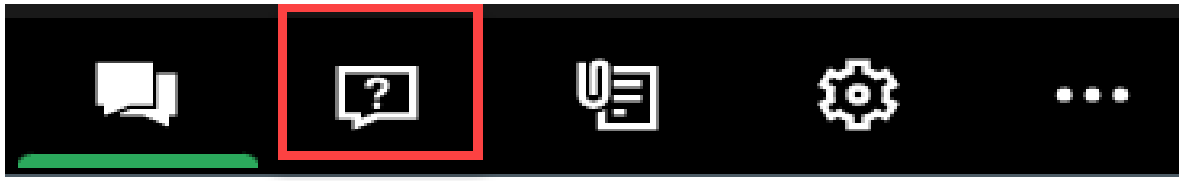
* **All participants are on mute**

* There are two ways to communicate with us
  * **1-Raise your hand**

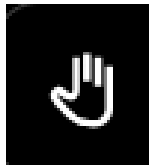
    You can raise your hand in response to a question we ask.

  * **2-Type in a question**

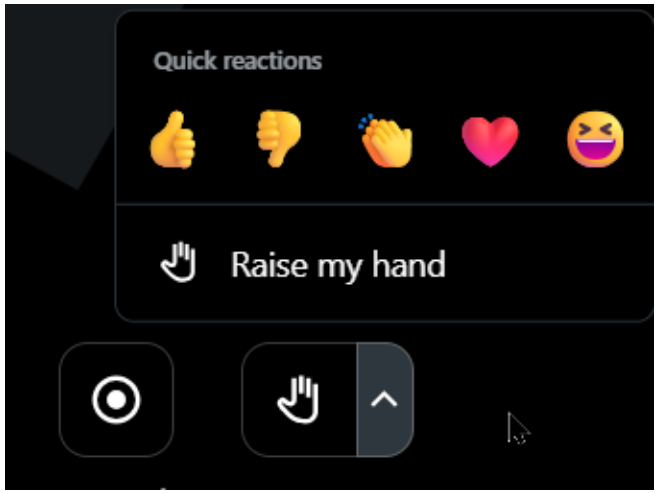
    You can type in a question into the Question Box.



Raising your hand

* On bottom left- hand corner of the screen is a **hand icon.** 

* Click that icon to raise your hand.

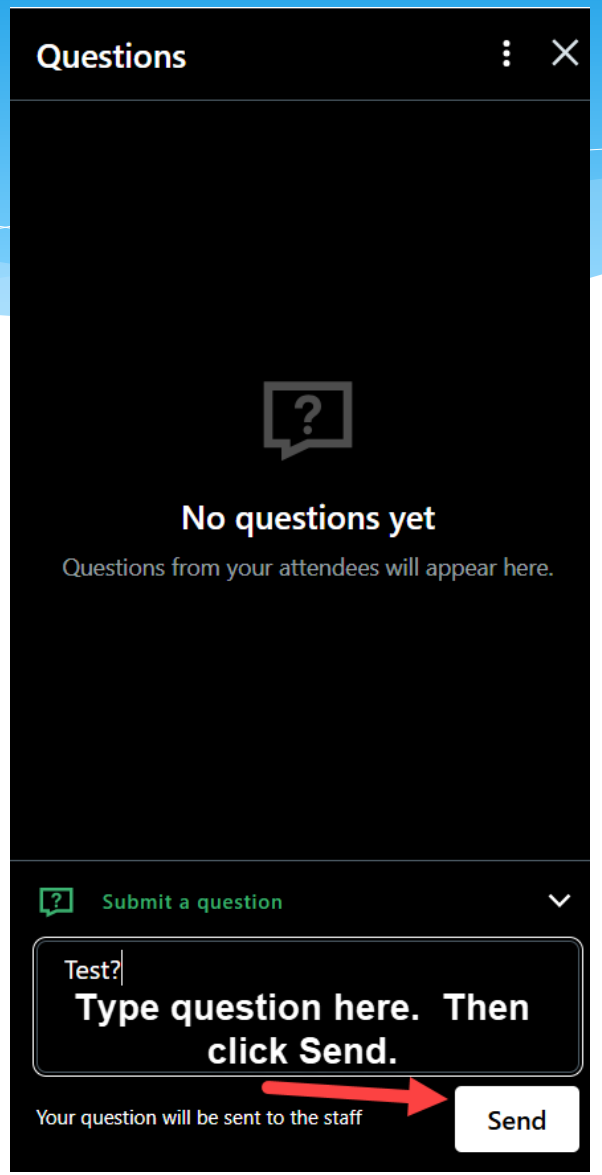


Typing in a Question

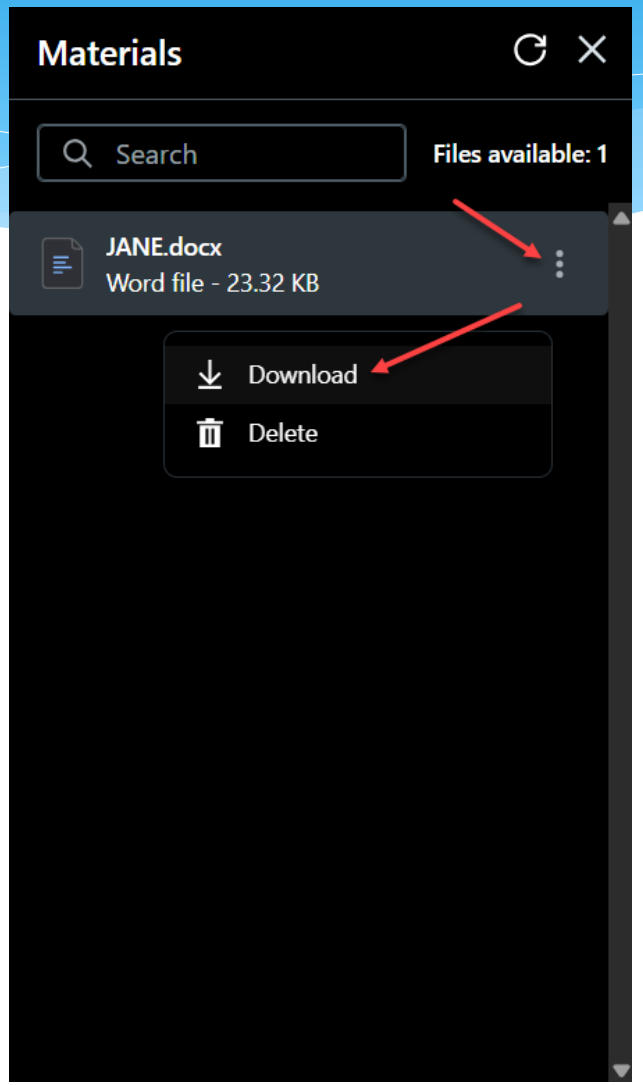
* You can type a question by clicking the **Question Mark Icon** in the upper right-hand corner of the screen.

* Type your question in the **Submit Question Box** and then click the **Send** Button.

* **Questions will be answered at designated points in the presentation.**



Handouts / Materials



If you would like to download the handout(s):

* Click the "**Materials**" icon on the control panel *(sheet of paper with a paperclip)*.

* Click the **three dots** and then click the **Download** Button.

Certificates

JAMES McGUINNESS & ASSOCIATES INC. Consultants

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

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

We hope you enjoyed our webinar.

Your certificate is available here:

My Certificate

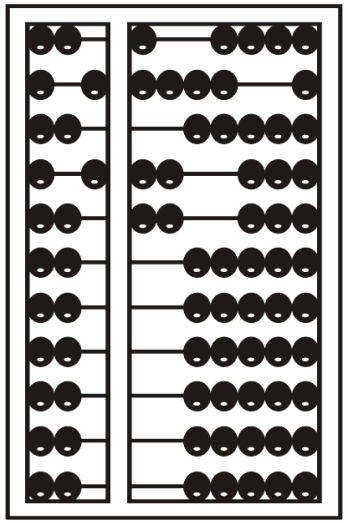
Please send your questions, comments and feedback to:
webinar@jmcguinness.com

Certificates are generated by the Go-to-Webinar software *(if certificates are set up in the software prior to the webinar) – not McGuinness.*

You should receive the certificate the day after the webinar.

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

JAMES McGUINNESS & ASSOCIATES INC.
Consultants



NEW FSM PORTAL FEATURES

(August 2026)

INTRODUCTIONS

- **Deborah Frank, McGuinness Medicaid Specialist/Team Lead**

McGuinness Medicaid Team

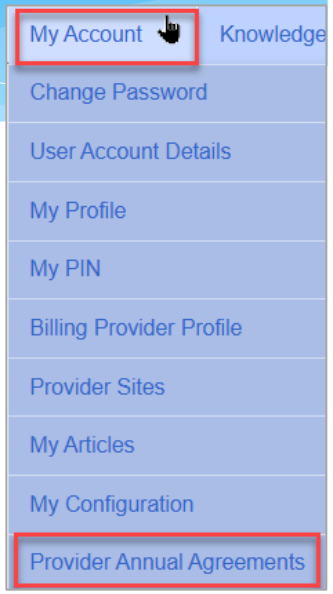
- *Stephanie Arbour*
- *Ellen Farney*
- *Kelly Knowles*
- *Darcy McMullen*

PURPOSE & AREAS OF DISSCUSION

The purpose of today's webinar is to introduce you to some new FSM features in the Portal, which are…

- ***Annual Provider Agreements/Statements of Reassignment (New)***
- ***Prescriptions***
  - *Generate Prescriptions & Generate Prescription Notification (New)*
  - *Prescriptions for Caseload – Digital Orders (Updated)*
  - *Bulk Prescription Upload (Updated)*
- ***Service Location & Signature Notifications (New)***
- ***Attendance Report:*** *Attendances not Meeting Medicaid Requirements > Detail Listing*

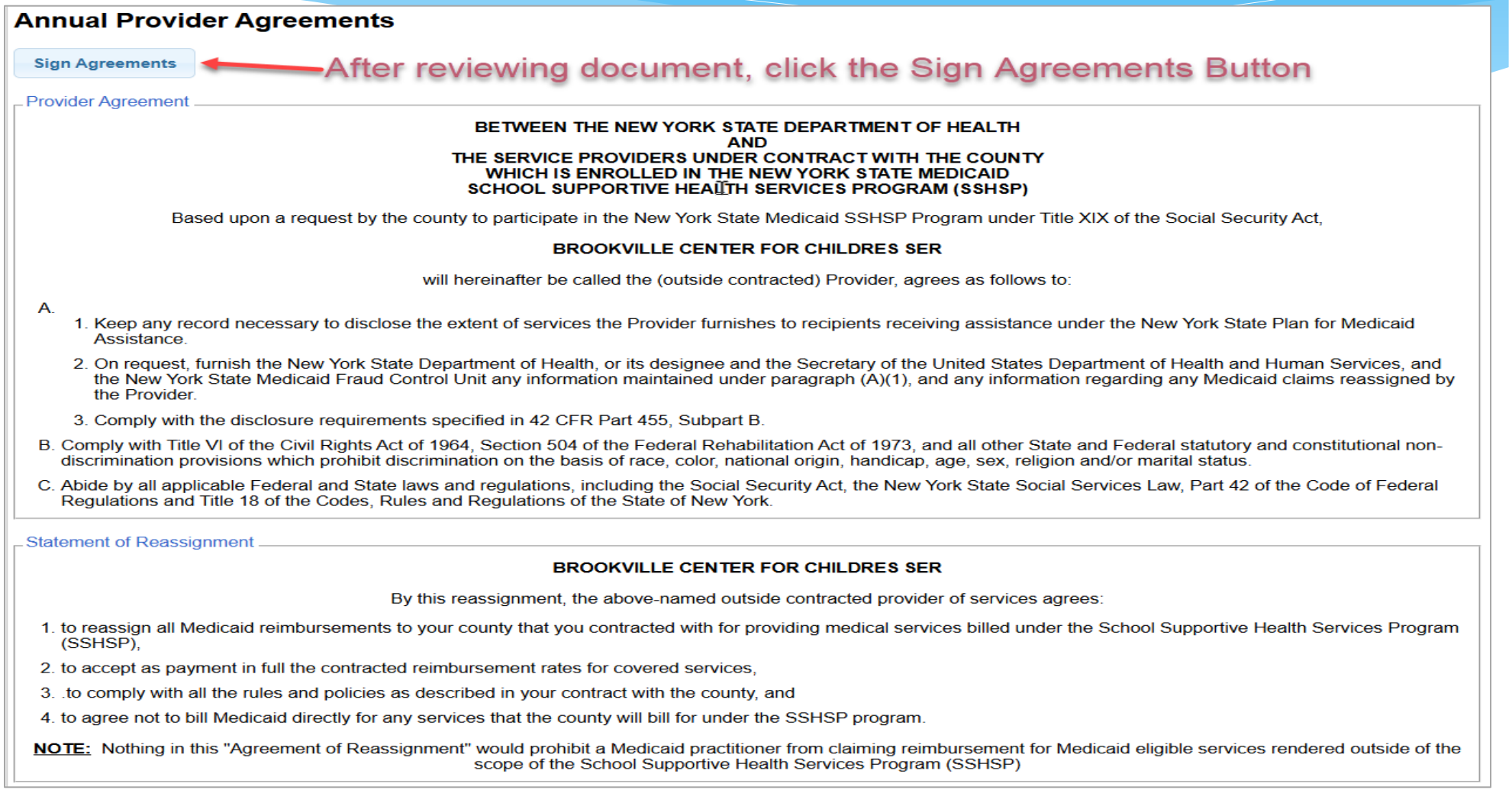
ANNUAL PROVIDER AGREEMENTS & STATEMENTS OF RE-ASSIGNMENTS
(My Account > Provider Annual Agreements)



- **NEW:** Counties now have the option to do ***Provider Agreements & Statements of Reassignment*** through the Portal.
- If this option is enabled by the County, the provider will go to ***My Account>Provider Annual Agreements.***
- *Filter for* ***County, School Year, Provider*** *– Click* ***Retrieve*** *- Click* ***Sign Agreement Button***

ANNUAL PROVIDER AGREEMENTS & STATEMENTS OF RE-ASSIGNMENTS
(My Account > Provider Annual Agreements)

The county will let you know if this option is being used for these documents. This is an Opt-In feature.



Annual Provider Agreements

Sign Agreements

After reviewing document, click the Sign Agreements Button

Provider Agreement

BETWEEN THE NEW YORK STATE DEPARTMENT OF HEALTH
AND
THE SERVICE PROVIDERS UNDER CONTRACT WITH THE COUNTY
WHICH IS ENROLLED IN THE NEW YORK STATE MEDICAID
SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM (SSHSP)

Based upon a request by the county to participate in the New York State Medicaid SSHSP Program under Title XIX of the Social Security Act,

BROOKVILLE CENTER FOR CHILDRES SER

will hereinafter be called the (outside contracted) Provider, agrees as follows to:

A.
1. Keep any record necessary to disclose the extent of services the Provider furnishes to recipients receiving assistance under the New York State Plan for Medicaid Assistance.
2. On request, furnish the New York State Department of Health, or its designee and the Secretary of the United States Department of Health and Human Services, and the New York State Medicaid Fraud Control Unit any information maintained under paragraph (A)(1), and any information regarding any Medicaid claims reassigned by the Provider.
3. Comply with the disclosure requirements specified in 42 CFR Part 455, Subpart B.

B. Comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Federal Rehabilitation Act of 1973, and all other State and Federal statutory and constitutional non-discrimination provisions which prohibit discrimination on the basis of race, color, national origin, handicap, age, sex, religion and/or marital status.

C. Abide by all applicable Federal and State laws and regulations, including the Social Security Act, the New York State Social Services Law, Part 42 of the Code of Federal Regulations and Title 18 of the Codes, Rules and Regulations of the State of New York.

Statement of Reassignment

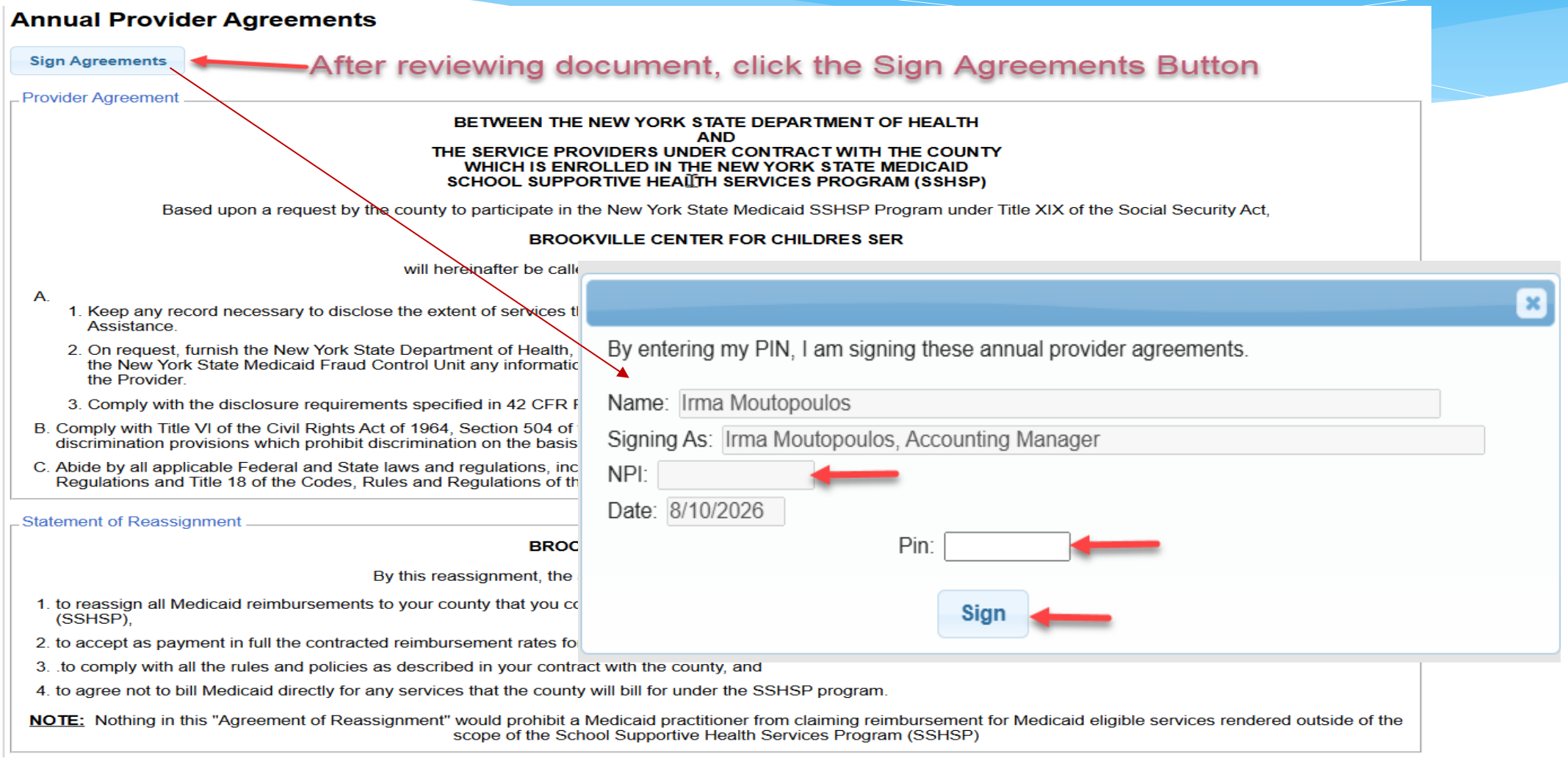
BROOKVILLE CENTER FOR CHILDRES SER

By this reassignment, the above-named outside contracted provider of services agrees:

1. to reassign all Medicaid reimbursements to your county that you contracted with for providing medical services billed under the School Supportive Health Services Program (SSHSP),
2. to accept as payment in full the contracted reimbursement rates for covered services,
3. .to comply with all the rules and policies as described in your contract with the county, and
4. to agree not to bill Medicaid directly for any services that the county will bill for under the SSHSP program.

NOTE: Nothing in this "Agreement of Reassignment" would prohibit a Medicaid practitioner from claiming reimbursement for Medicaid eligible services rendered outside of the scope of the School Supportive Health Services Program (SSHSP)

ANNUAL PROVIDER AGREEMENTS & STATEMENTS OF RE-ASSIGNMENTS
(My Account > Provider Annual Agreements)



ANNUAL PROVIDER AGREEMENTS & STATEMENT OF RE-ASSIGNMENT

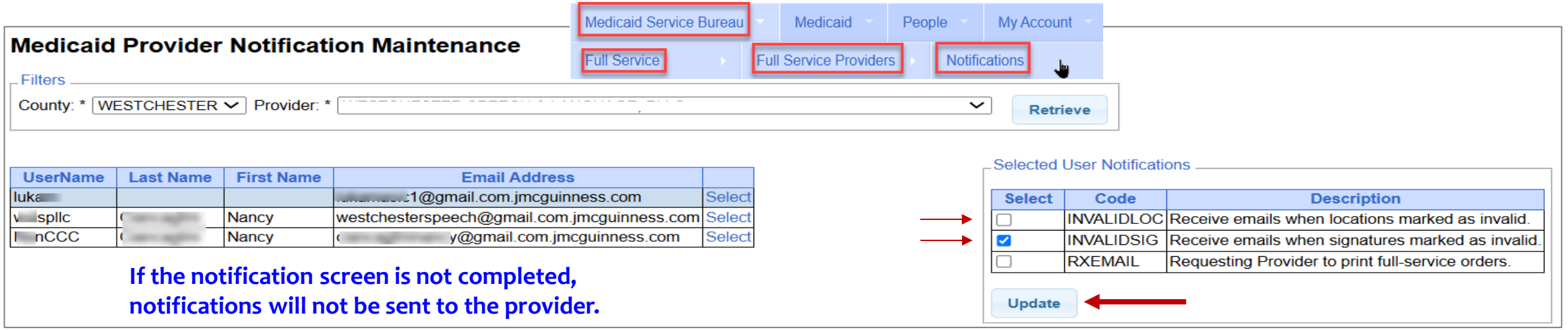
The links below will bring you to the ***Provider Agreement & Statement of Reassignment*** information in the SSHSP Provider Policy & Billing Handbook (Update 10).

Links to: **Provider Agreement** / **Statement of Reassignment**

NEW – SERVICE LOCATION & SIGNATURE NOTIFICATIONS

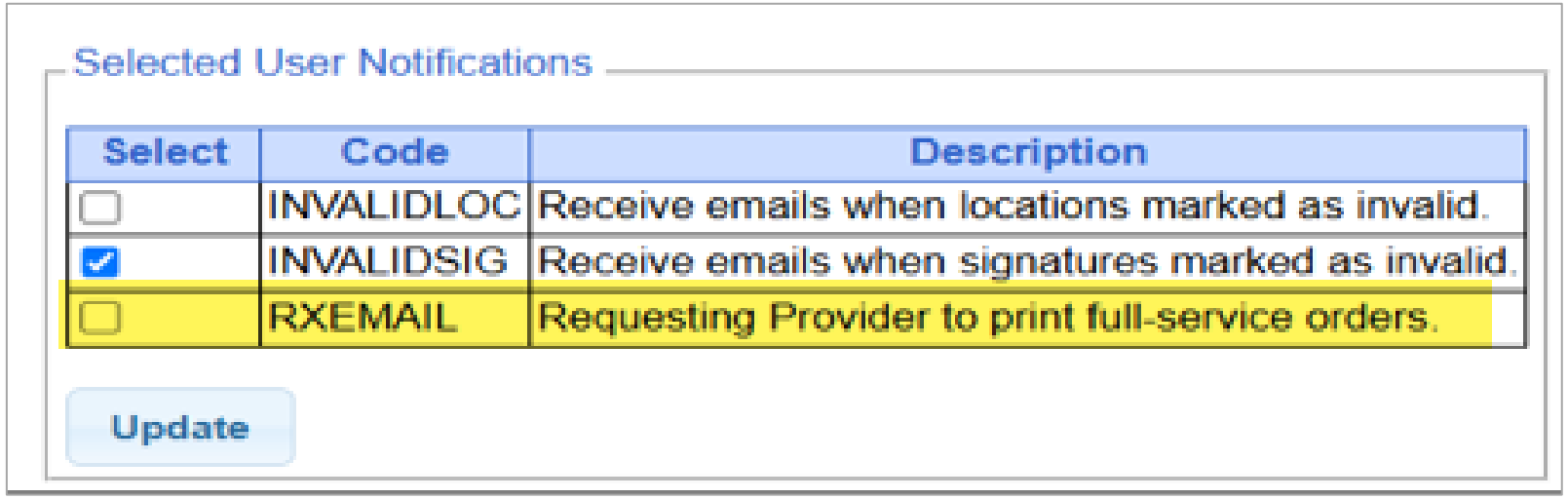
(Medicaid Service Bureau > Full Service Providers > Notifications)

- Providers can now be notified via email when a **signature** or **service location** is invalidated *(at the time of the invalidation)* instead of at the end of the month during the vouchering process.
- The provider will select from their agency listing the specific person/email that will receive each notification. The invalidation notifications can be assigned to one staff member or multiple staff members.
- Select the email in the list on the left and then select the specific notification(s) on the right.



NEW – FULL-SERVICE ORDERS NOTIFICATIONS
(Medicaid Service Bureau > Full Service Providers > Notifications)

- The highlighted option on this screen is a notification that coordinates with the new ***Generate Orders Screen*** (that will be discussed later in the presentation). This is not the notification that is received for Invalid Prescriptions.



ATTENDANCES NOT MEETING MEDICAID REQUIREMENTS

Reports > Attendances Not Meeting Medicaid Requirements >Detail Listing

This updated report will allow the county and the provider to monitor attendances that the provider has marked as Medicaid ineligible. This report will show the ***ESID #, Service Type, Date of Service, Start and End Times, the Service Provider, Voucher # and Submitted Date***.

Entries marked Does Not Meet Medicaid Requirements

Reports>Attendances Not Meeting Medicaid Requirements> Detail Listing

Filters

County NASSAU Provider

School Year Session 2025 - 2026 Winter From Date To Date Retrieve

Excel

Last Name	First Name	CPSE Child Number	Electronic Service ID	Enrollment Type	Related Service Code	Date Of Service	Start Time	End Time	Service Provider	Voucher Number	Submitted Date
		C28000333669	CBRS2526W0085329	CBRS	ST	09/22/2025	11:37 AM	12:07 PM	Murray, Anne	ELPOST873	10/22/2025
		C28000336808	CBRS2526W0085051	CBRS	OT	09/29/2025	10:00 AM	10:30 AM	Brabant, Susan	ELBCW1633	10/24/2025
		C28000336808	CBRS2526W0085052	CBRS	PT	09/29/2025	10:30 AM	11:00 AM	Andersen, Lisa	ELBCW1635	11/21/2025
		C28000340974	CBRS2526W0085443	CBRS	ST	10/08/2025	1:22 PM	1:52 PM	Macken, Katrina	ELPOST907	04/20/2026

PRESCRIPTIONS

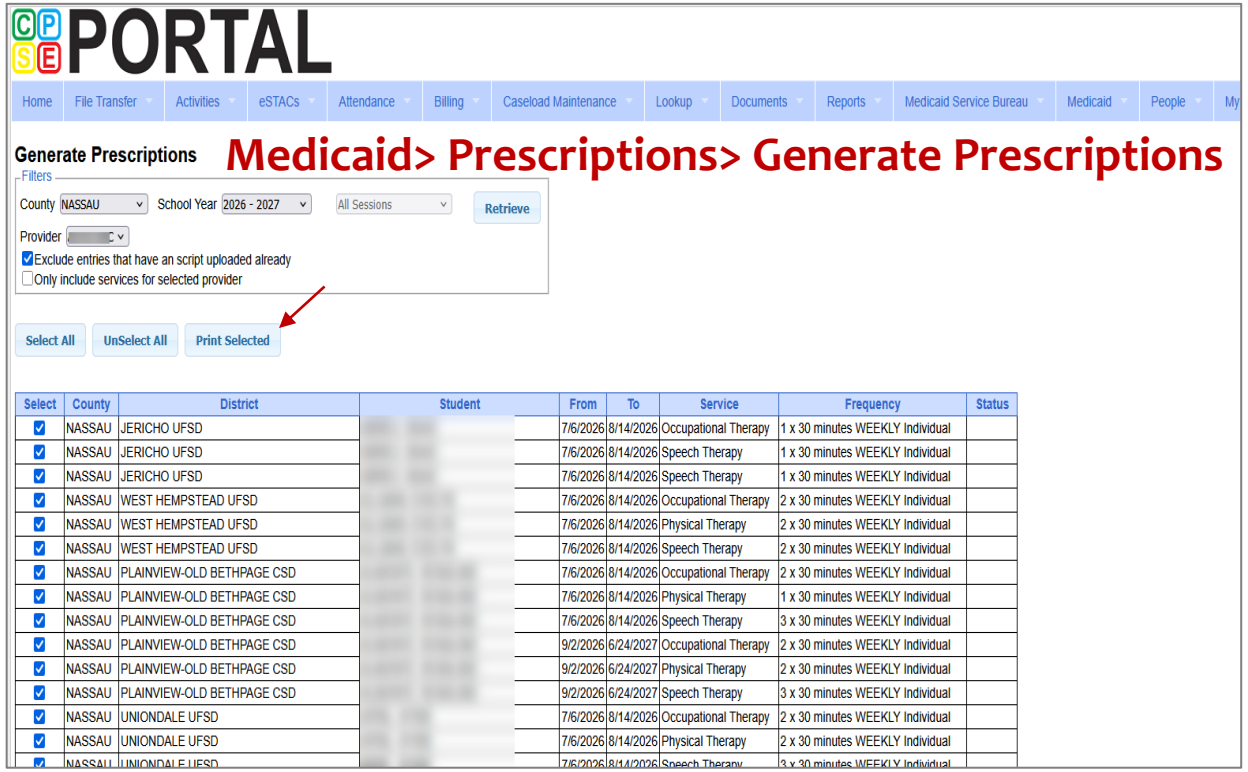
PRESCRIPTIONS
NEW – Generate Prescriptions

- The provider will now have the option of auto-generating multiple prescriptions from their agency's enrollments in the Portal.

- Prescriptions can be generated for All enrollments *(with the option of excluding previously generated scripts if the "**Exclude**" option is checked in the filter).*

- The ***Generating Prescriptions* Option** will allow the Billing Admin to select "***all services***" that the child is receiving or "***only services for the selected provider***," which must be selected using the filter.

Link to Knowledge Base Article:
https://support.cpseportal.com/kb/a873/generating-prescriptions-billing-admins.aspx



Select	County	District	Student	From	To	Service	Frequency	Status
☑	NASSAU	JERICHO UFSD		7/6/2026	8/14/2026	Occupational Therapy	1 x 30 minutes WEEKLY Individual	
☑	NASSAU	JERICHO UFSD		7/6/2026	8/14/2026	Speech Therapy	1 x 30 minutes WEEKLY Individual	
☑	NASSAU	JERICHO UFSD		7/6/2026	8/14/2026	Speech Therapy	1 x 30 minutes WEEKLY Individual	
☑	NASSAU	WEST HEMPSTEAD UFSD		7/6/2026	8/14/2026	Occupational Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	WEST HEMPSTEAD UFSD		7/6/2026	8/14/2026	Physical Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	WEST HEMPSTEAD UFSD		7/6/2026	8/14/2026	Speech Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	PLAINVIEW-OLD BETHPAGE CSD		7/6/2026	8/14/2026	Occupational Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	PLAINVIEW-OLD BETHPAGE CSD		7/6/2026	8/14/2026	Physical Therapy	1 x 30 minutes WEEKLY Individual	
☑	NASSAU	PLAINVIEW-OLD BETHPAGE CSD		7/6/2026	8/14/2026	Speech Therapy	3 x 30 minutes WEEKLY Individual	
☑	NASSAU	PLAINVIEW-OLD BETHPAGE CSD		9/2/2026	6/24/2027	Occupational Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	PLAINVIEW-OLD BETHPAGE CSD		9/2/2026	6/24/2027	Physical Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	PLAINVIEW-OLD BETHPAGE CSD		9/2/2026	6/24/2027	Speech Therapy	3 x 30 minutes WEEKLY Individual	
☑	NASSAU	UNIONDALE UFSD		7/6/2026	8/14/2026	Occupational Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	UNIONDALE UFSD		7/6/2026	8/14/2026	Physical Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	UNIONDALE UFSD		7/6/2026	8/14/2026	Speech Therapy	3 x 30 minutes WEEKLY Individual	

PRESCRIPTIONS
NEW – Generate Prescriptions

- The

CPSE PORTAL

Home | File Transfer | Activities | eSTACs | Attendance | Billing | Caseload Maintenance | Lookup

Generate Prescriptions

Filters

County NASSAU School Year 2026 - 2027 All Sessions Retrieve

Provider [redacted]C

☑ Exclude entries that have an script uploaded already

☐ Only include services for selected provider

Select All | UnSelect All | Print Selected

Selected User Notifications

MSB>Full Service>Full Service Providers>Notifications

Select	Code	Description
☐	INVALIDLOC	Receive emails when locations marked as invalid.
☑	INVALIDSIG	Receive emails when signatures marked as invalid.
☐	RXEMAIL	Requesting Provider to print full-service orders.

Update

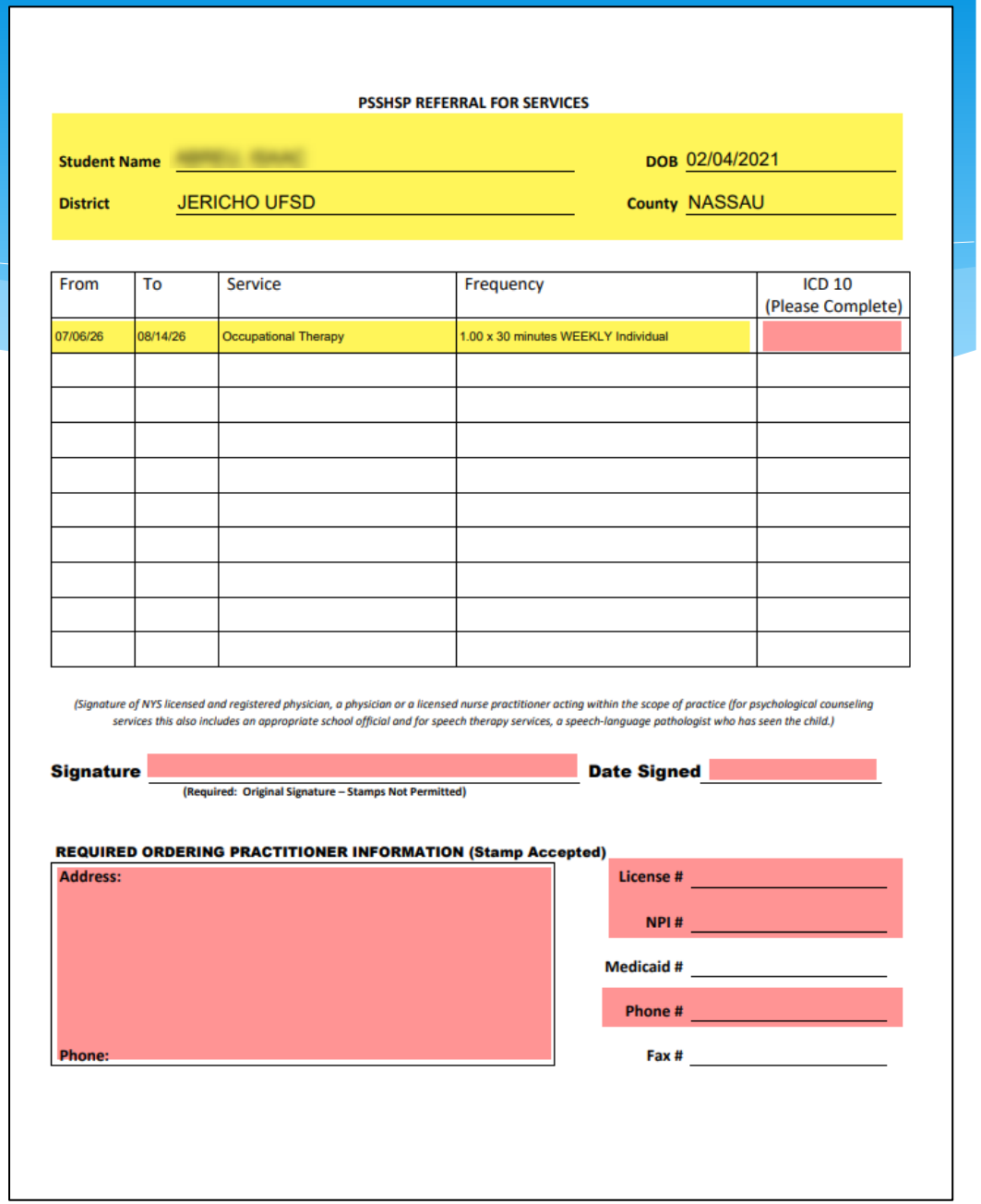
NOTIFICATIONS can be assigned.

Medicaid> Prescriptions> Generate Prescriptions

Select	County	District	Student	From	To	Service	Frequency	Status
☑	NASSAU	JERICHO UFSD	[redacted]	7/6/2026	8/14/2026	Occupational Therapy	1 x 30 minutes WEEKLY Individual	
☑	NASSAU	JERICHO UFSD	[redacted]	7/6/2026	8/14/2026	Speech Therapy	1 x 30 minutes WEEKLY Individual	
☑	NASSAU	JERICHO UFSD	[redacted]	7/6/2026	8/14/2026	Speech Therapy	1 x 30 minutes WEEKLY Individual	
☑	NASSAU	WEST HEMPSTEAD UFSD	[redacted]	7/6/2026	8/14/2026	Occupational Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	WEST HEMPSTEAD UFSD	[redacted]	7/6/2026	8/14/2026	Physical Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	WEST HEMPSTEAD UFSD	[redacted]	7/6/2026	8/14/2026	Speech Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	PLAINVIEW-OLD BETHPAGE CSD	[redacted]	7/6/2026	8/14/2026	Occupational Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	PLAINVIEW-OLD BETHPAGE CSD	[redacted]	7/6/2026	8/14/2026	Physical Therapy	1 x 30 minutes WEEKLY Individual	
☑	NASSAU	PLAINVIEW-OLD BETHPAGE CSD	[redacted]	7/6/2026	8/14/2026	Speech Therapy	3 x 30 minutes WEEKLY Individual	
☑	NASSAU	PLAINVIEW-OLD BETHPAGE CSD	[redacted]	9/2/2026	6/24/2027	Occupational Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	PLAINVIEW-OLD BETHPAGE CSD	[redacted]	9/2/2026	6/24/2027	Physical Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	PLAINVIEW-OLD BETHPAGE CSD	[redacted]	9/2/2026	6/24/2027	Speech Therapy	3 x 30 minutes WEEKLY Individual	
☑	NASSAU	UNIONDALE UFSD	[redacted]	7/6/2026	8/14/2026	Occupational Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	UNIONDALE UFSD	[redacted]	7/6/2026	8/14/2026	Physical Therapy	2 x 30 minutes WEEKLY Individual	
☑	NASSAU	UNIONDALE UFSD	[redacted]	7/6/2026	8/14/2026	Speech Therapy	3 x 30 minutes WEEKLY Individual	

PRESCRIPTIONS
Generate Prescriptions

- This is the prescription that is generated from the ***Generate Prescriptions Screen.***
- The **child's demographic information** auto fills in the top of the order (highlighted in yellow).
- The **child's service mandate(s)** will auto-populate to the template (highlighted in yellow).
- The practitioner will fill in the **ICD Code**, the **practitioner contact information,** and the **practitioner's NPI & License numbers.**



PSSHSP REFERRAL FOR SERVICES

Student Name [redacted] **DOB** 02/04/2021

District JERICHO UFSD **County** NASSAU

From	To	Service	Frequency	ICD 10 (Please Complete)
07/06/26	08/14/26	Occupational Therapy	1.00 x 30 minutes WEEKLY Individual	

(Signature of NYS licensed and registered physician, a physician or a licensed nurse practitioner acting within the scope of practice (for psychological counseling services this also includes an appropriate school official and for speech therapy services, a speech-language pathologist who has seen the child.)

Signature _____ **Date Signed** _____

(Required: Original Signature – Stamps Not Permitted)

REQUIRED ORDERING PRACTITIONER INFORMATION (Stamp Accepted)

Address:

Phone:

License # _____

NPI # _____

Medicaid # _____

Phone # _____

Fax # _____

DIGITAL SPEECH RECOMMENDATIONS - Updated
Prescriptions for Caseload Screen

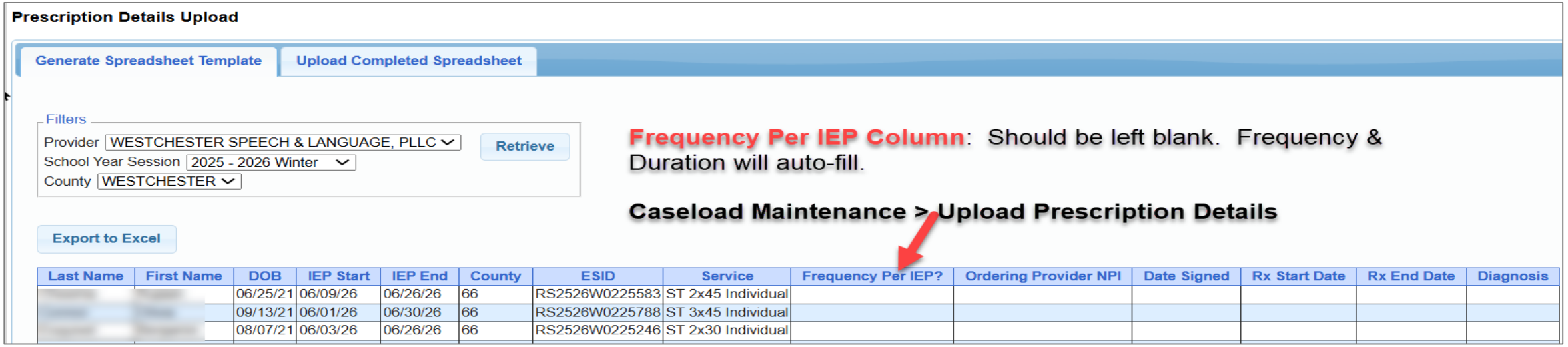
- *SLPs will now be able to create a subsequent (additional) digital order from the Prescriptions for Caseload Screen even though a previous digital order exists. You will no longer need to go to the Create New Order Screen to create a subsequent digital order.*
- *If the Prescriptions for Caseload Screen is used for subsequent digital orders, the frequency and duration will not need to be entered; it will auto-populate into the digital order template.*
- *A line will be added to the grid for each child/order.*

PRESCRIPTIONS - BULK PRESCRIPTION UPLOAD SCREEN

(Prescription Details – Part I - Updated)

- *FSM Counties can now use the **Prescription Bulk Upload Screen** to add Prescriptions Details. To use this option go to **Caseload Maintenance>Upload Prescription Details.***

- ***Important Note:** FSM Counties should leave the **Frequency Per IEP** Column **blank.** The specific frequency/duration will auto-fill into this field if left **blank.***



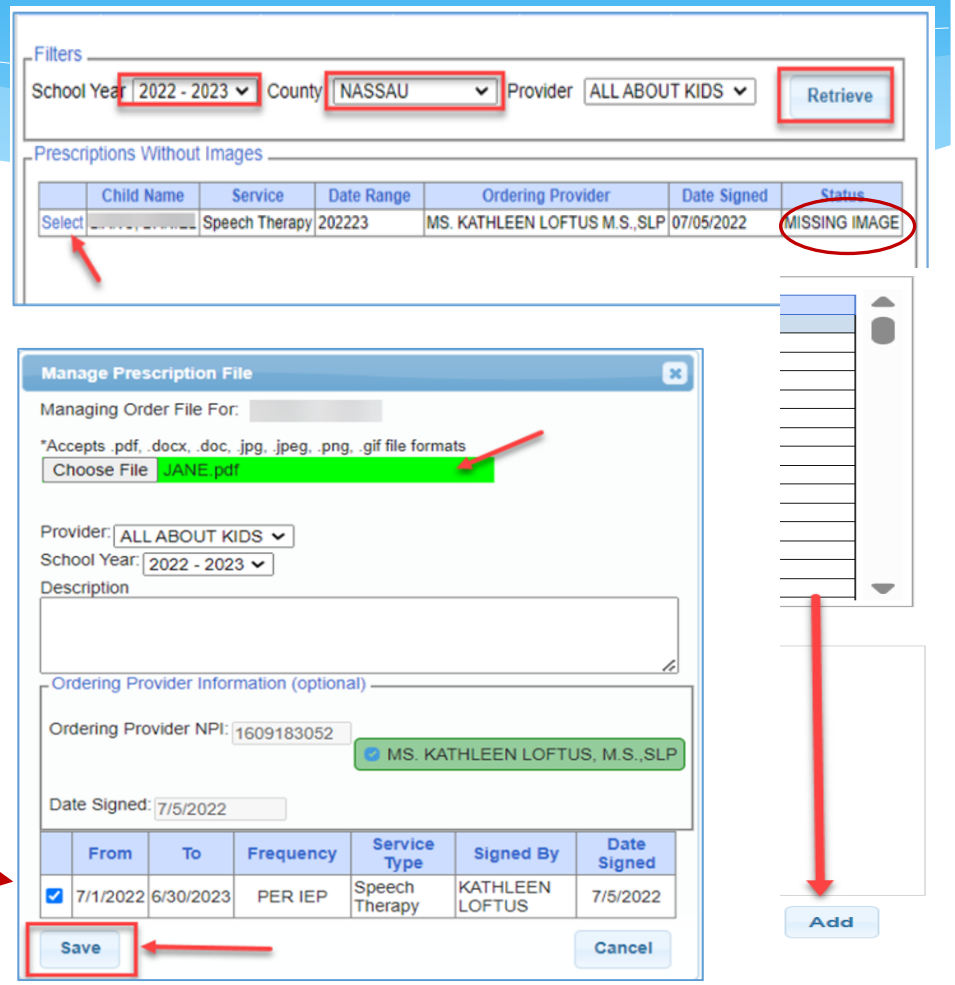
Last Name	First Name	DOB	IEP Start	IEP End	County	ESID	Service	Frequency Per IEP?	Ordering Provider NPI	Date Signed	Rx Start Date	Rx End Date	Diagnosis
		06/25/21	06/09/26	06/26/26	66	RS2526W0225583	ST 2x45 Individual						
		09/13/21	06/01/26	06/30/26	66	RS2526W0225788	ST 3x45 Individual						
		08/07/21	06/03/26	06/26/26	66	RS2526W0225246	ST 2x30 Individual						

Knowledge Base How-To Article : *https://support.cpseportal.com/kb/a448/bulk-prescription-upload-process.aspx?KBSearchID=43319*

PRESCRIPTIONS - BULK PRESCRIPTION UPLOAD SCREEN

(Prescription Images – Part II)

- After the Order Details spreadsheet is uploaded, the **Order Image** must be attached to the **Order Details,** along with the enrollment.
- Go to **Medicaid > Prescriptions** > ***Prescription Details without Images***
  - ***Select*** *the child for whom you would like to upload an image and either select the correct image from list of uploaded scripts or click* ***ADD*** *(to add a new image). The* ***ADD*** *link is at the very bottom of the screen on the right side.*
  - *The Upload Screen will populate – **Choose File** to select the **order image** > Select the **enrollment**>Click **SAVE***



Knowledge Base How-To Article : *https://support.cpseportal.com/kb/a448/bulk-prescription-upload-process.aspx?KBSearchID=43319*

KNOWLEDGE BASE ARTICLES

Some of these new screens may not have Knowledge Base Articles uploaded yet. If you need assistance until the Knowledge Base Articles have been created and uploaded, please send an email to Medicaid@cpseportal.com.

Thank you for your patience!

McGuinness Medicaid-in-Education Contact Information

James McGuinness and Associates, Inc.

1482 Erie Boulevard

Schenectady, NY 12305

Phone: (518) 393-3635

Fax: (518) 393-9938

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Ellen Farney, McGuinness Medicaid Team – efarney@jmcguinness.com

Kelly Knowles, McGuinness Medicaid Team – kknowles@jmcguinness.com

Darcy McMullen McGuinness Medicaid Team – dmcmullen@jmcguinness.com

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

THANK YOU!

I want to thank everyone for taking the time to attend this presentation.

I hope you found the content helpful.

Deborah Frank