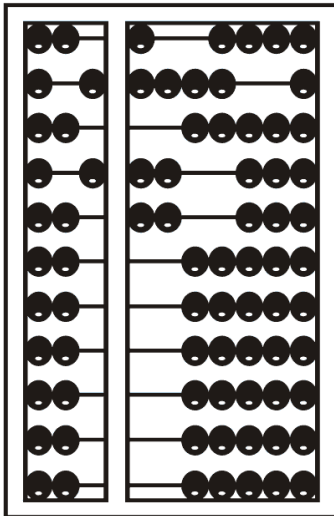


JAMES MCGUINNESS
& ASSOCIATES INC.
Consultants



MEDICAID SUPERVISION PLANS

UDO / PRE-LICENSE

(June 2024)

INTRODUCTIONS

- Deborah Frank, McGuinness Medicaid Specialist
 - Kelly Knowles, McGuinness Medicaid Team
 - Danielle Croskey, McGuinness Medicaid Team
 - Ellen Farney, McGuinness Medicaid Team

AREAS OF DISCUSSION

- 1) **INFORMATION ABOUT SUPERVISION (*Licensure/SSHSP*)**
- 2) **PRE-LICENSE PLANS & UPLOADING AUDIT DOCUMENTATION**
- 3) **SUPERVISION PLANS & UPLOADING AUDIT DOCUMENTATION**
 - Copying Previous Plans to Current School Year
 - Assigning Enrollments to Supervision Plans
 - Entering the Face-to-Face Meeting Dates
 - Uploading Audit Documentation
- 4) **ENROLLMENTS NEEDING FIRST VISIT**
 - Creating Supervision Plans for an Entire Caseload, and
 - Entering the Face-to-Face Meeting Date
- 5) **BILLING ERRORS**

WHAT IS THE PURPOSE OF TODAY'S WEBINAR?

The purpose of today's webinar is to discuss the following topics:

- ❑ The UDO and Pre-License Processes,
- ❑ Discuss how Supervision impacts Medicaid, and
- ❑ Walk you through the new supervision features in the Portal.
 - *Assigning Pre-License Plans*
 - *Assigning UDO Supervision and Enrollment Plans*
 - *Entering the first Face-to-Face Co-visit in the Portal*
 - *Uploading UDO Audit Documentation to the Supervision Screen*

ACRONYMS / TERMINOLOGY

- **Attending Provider/Service Provider** – Supervisor/Supervisee
- **CFY** – Clinical Fellowship Year
- **Face-to-Face Meeting** – The Supervising clinician must meet with the student at the beginning of each enrollment period. This is completed as a co-visit between the student, service provider and supervising clinician.
- **Pre-License/Limited Permit Holders** (a phrase coined by McGuinness) – Individuals that have satisfied all the educational requirements, but are not licensed.
- **Pre-License Plan** – A Pre-Licensed Service Provider and Supervisor Assigned to a specific child/enrollment.
- **Supervision/Enrollment Plan** – A Service Provider and Supervisor Assigned to a specific child/enrollment.
- **TSHH** – Teachers of the Speech and Hearing Handicapped
- **TSSLD** – Teachers of Students with Speech-Language Disabilities
- **SSHSP** – School Supportive Health Service Program
- **UDO** – Under the Direction Of
- **USO** – Under the Supervision Of

**INFORMATION
ABOUT SUPERVISION
*LICENSURE / SSHSP***

SUPERVISION REQUIREMENTS ARE NOT NEW

- ❑ Supervision Requirements are not new. The supervision requirements that we will be discussing in today's presentation have been in place for a long time.
- ❑ As you will see throughout the presentation, some supervision requirements pertain to **licensure** and some pertain to **Medicaid**.

SUPERVISION REQUIREMENTS ARE NOT NEW

Supervision requirements are not new, but can now be handled in the Portal. What does this entail?

- ❑ Assigning a service **provider** and **supervisor** to a **child and enrollment**
(creating a Supervision/Enrollment Plan - UDO)
- ❑ Recording the **Face-to-Face Meeting Date** between the service provider, supervisor and child at the beginning of each enrollment and periodically thereafter (usually quarterly).
- ❑ Uploading the **required documentation** required for audit purposes.
 - Supervision Log (for the child)
 - Certification of Accessibility (for the therapist)
 - Observation meetings minutes
 - Documentation for Pre-License Individuals/Limited Permit Holders that are providing Medicaid services (OT/PT/ST/PSY) (e.g., For a CFY Documentation would include: Form 6 and a Copy of the Permit Application)

CLINICAL SUPERVISION

(NYSED Requirements for Supervision)

- ❑ The New York State Education Department gives specific direction on how related services can be provided with regard to supervision. *For Example: Listed below is an excerpt from NYSED for OT/Occupational Therapy Assistants.*

PRACTICE GUIDELINES FOR:

Occupational Therapy: <http://www.op.nysed.gov/prof/ot/otsup.htm>

Physical Therapy: <http://www.op.nysed.gov/prof/pt/ptgl5.htm>

CFYs: <http://www.op.nysed.gov/prof/slpa/speechpracticeguide.htm>

Social Work: <http://www.op.nysed.gov/prof/sw/swbroch.htm>

Supervising occupational therapy assistants (OTAs):

Education Law and Regulations of the Commissioner of Education require that occupational therapy assistants receive direct supervision. OTAs must work under the supervision of a licensed OT. In certain settings, a licensed physician may supervise an OTA. OTAs should receive supervision in all aspects of their work, including carrying out initial assessments, treatment and assessments to terminate services. The occupational therapist supervisor must meet with and observe the occupational therapy assistant on a regular basis to review the implementation of treatment plans and to foster professional development. The amount and type of supervision provided should be based on the ability level and clinical experience of the occupational therapy assistant and the setting in which the occupational therapy assistant is providing the services.

Good practice suggests that the occupational therapist supervisor participate in the services delivered by the OTA including:

- Initial Evaluation
- Intervention Planning and Goal Setting
- Final Evaluation /Discharge

Additionally, the supervisor should periodically assess each patient's progress, and review and sign treatment notes and reports prepared by the occupational therapy assistant.

CLINICAL SUPERVISION

(Required for Licensure / Required for Medicaid)

☐ **Some situations require supervision regardless of whether a service can be billed to Medicaid.**

Examples – Required for Licensure and Medicaid:

- Occupational Therapy Assistant – Under the Direction of an Occupational Therapist
- Physical Therapy Assistant – Under the Direction of a Physical Therapist
- Teacher of the Speech and Hearing Handicapped – Under the Direction of a Speech Language Pathologist
- “Pre-Licensed” Individuals/Limited Permit Holders – Educational requirements have been fulfilled, but are not licensed * OT Permit * PT Permit * CFY – Clinical Fellowship Year * LMSW – Permit

☐ **Some situations can be billed to the County, but not Medicaid.**

- Example: Licensed Master Social Worker can provide a service without supervision, but the service cannot be billed to Medicaid.

“NOT MEDICAID ELIGIBLE” SUPERVISION

(Exceptions for Pre-Licensed Social Workers)

Please Note...

- ❑ If an individual is **not** working under the supervision of a License Clinical Social Worker (LCSW), Licensed Psychologist or Licensed Psychiatrist, the service is **not** Medicaid billable. Session Notes should be marked as “**Not Medicaid Eligible.**”
- ❑ If an individual is working with a LMSW Permit providing Counseling Services under a fully-licensed LMSW, sessions must be co-signed by the Licensed LMSW, but the service will not be Medicaid billable. Session Notes should be marked as “**Not Medicaid Eligible.**”

PRE-LICENSE / UDO / USO REQUIREMENTS

- ❑ Some service providers that provide services to children through the CPSE Program require supervision.
- ❑ To be Medicaid reimbursable, clinicians furnishing services must possess certain qualifications including licensure, registration or certification as appropriate.
- ❑ For School Support Health Service Program (SSHSP) purposes...
 - the “**Under the Direction Of**” requirements applies to speech teachers (TSHHs & TSSLDs) and therapy assistants in Physical and Occupational Therapy (OTAs, COTAs & PTAs) .
 - the “**Under the Supervision Of**” requirements applies to Licensed Master Social Workers (LMSWs).
 - the “**Pre-Licensed**” requirements applies to individuals that are **not licensed** (CFY, OT Permit, PT Permit, LMSW Permit, etc.) The service type of the Pre-Licensed individual will determine whether UDO or USO documentation is required.

“PRE-LICENSED” INDIVIDUALS (CFYs AND LIMITED PERMITS)

❑ Limited Permits

In New York State certain professions have limited permits that can be issued to an individual that has graduated from an accredited program, has scheduled their license exam, but has not yet taken the exam.

❑ Clinical Fellowship Year – (CFY)

This is a 36-week program where individuals who want to become SLPs complete their required supervised clinical experience.

Pre-License Permit Holders or students in their Clinical Fellowship Year fall under the same requirements for supervision as speech teachers and OT/PT therapy assistants.

Pre-License Permit Holders in Social Work also need to adhere to similar guidelines.

WHAT IS REQUIRED FOR MEDICAID REIMBURSEMENT?

(Additional Medicaid Supervision Requirements - UDO)

- ❑ Supervision of a OTAs, PTAs, Speech Teachers and CFYs shall consist of contact with their supervisor as follows:
- ❑ The servicing provider (*supervisee – i.e., CFY*) must meet with their attending provider (*supervisor – i.e., SLP*) and the student **at the beginning of each enrollment period** and **periodically throughout the school year**. (*This is required for both the summer (ESY) and ten-month sessions.*)
- ❑ The attending provider must observe the student at the start of each enrollment period before Medicaid can be billed. Typically, this is done as a co-visit between the student, servicing provider and attending provider. This initial meeting is known as the first **face-to-face** meeting. Medicaid cannot be billed prior to this co-visit.
- ❑ If either the servicing provider or attending provider changes, a new face-to-face meeting must occur (*even if it is later in the school year*).

WHAT IS REQUIRED FOR MEDICAID REIMBURSEMENT?

(Additional Medicaid Supervision Requirements - USO)

Supervision of a Licensed Master Social Worker (LMSW) shall consist of contact with their supervisor as follows:

- ☐ *The LMSW apprises the supervisor of the **diagnosis and treatment** of each client*
- ☐ *The LMSW's **cases are discussed***
- ☐ *The supervisor provides the LMSW **with oversight and guidance in diagnosing and treating clients***
- ☐ *The supervisor provides **at least two hours per month of in-person individual or group clinical supervision.***

WHAT IS REQUIRED FOR MEDICAID REIMBURSEMENT?

(Billing Requirements for Supervised Clinicians)

□ OT/PT and Speech Services – (UDO)

In order to bill Medicaid for OT, PT or Speech services where the servicing provider requires supervision:

- *Each session note must be signed as soon as practicable following the session*
- *Each session note must be co-signed within 45 days by the supervisor*
- *The supervisor must be able to show that they have been involved with and endorse the child's treatment plan*

□ Psychological Counseling Services – (USO)

In order to bill Medicaid for services provided by a LMSW:

- *Each session note must be signed as soon as practicable following the session*
- *Each session note must be co-signed by the supervising LCSW or licensed Psychologist within 45 days*
- *The supervisor must be able to show that they have met the “Under the Supervision Of” requirements.”*

UPCOMING SLIDES...

**Medicaid Documents for UDO/USO
&
Service Provider/Supervisor
Assignments by Discipline**

SSHSP SUPERVISION RESPONSIBILITIES - UDO

(For: Speech Teachers, CFYs, OT/PT Therapy Assistants)

- The qualified practitioner must *see the student at the beginning of* (and periodically during treatment);
- Has input and continued involvement in the care provided;
- Assumes professional responsibility for the service provided;
- Spends time directly supervising services;
- Ensures that the treating therapist has contact information; and
- Keeps documentation supporting the supervision in the treatment of each student.

“UNDER THE DIRECTION OF”

“Under the direction of” means that the qualified practitioner:

- Sees the student at the beginning of and periodically during treatment;
- Is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State law;
- Has input into the type of care provided;
- Has continued involvement in the care provided, and reviews the need for continued services throughout treatment;
- Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;
- Spends as much time as necessary directly supervising services to ensure students are receiving services in a safe and efficient manner in accordance with accepted standards of practice;
- Ensures that providers working under his or her direction have contact information to permit them direct contact with the supervising therapist as necessary during the course of treatment; and
- Keeps documentation supporting the supervision of services and ongoing involvement in the treatment of each student.

SSHSP SUPERVISION RESPONSIBILITIES - USO

(For: Licensed Master Social Workers - LMSWs)

Supervision of a licensed master social worker (LMSW) shall consist of contact with their supervisor as follows:

- The LMSW apprises the supervisor of the diagnosis and treatment of each client;
- The LMSW's cases are discussed;
- The supervisor provides the LMSW with oversight and guidance in diagnosing and treating clients; and
- The supervisor provides at least two hours per month of in-person individual or group clinical supervision.

“UNDER THE SUPERVISION OF”

Applies only to a Licensed Master Social Worker (LMSW)

“Under the supervision of” means that:

Supervision of a licensed master social worker providing clinical social work services in accordance with section 7701(1)(d) of the Education Law shall consist of contact between the LMSW and supervisor during which:

- The LMSW apprises the supervisor of the diagnosis and treatment of each client;
- The LMSW's cases are discussed;
- The supervisor provides the LMSW with oversight and guidance in diagnosing and treating clients;
- The supervisor regularly reviews and evaluates the professional work of the LMSW; and
- The supervisor provides at least two hours per month of in-person individual or group clinical supervision.

The supervisor of a licensed master social worker (LMSW) may be a:

- Licensed clinical social worker (LCSW);
- Licensed and registered psychologist; or
- Licensed and registered psychiatrist.

SSHSP PROVIDER SUPERVISION ASSIGNMENTS

(by Service Type)

The various providers that can provide Medicaid related services are listed in this chart along with the type of provider that can provide the UDO/USO supervision.

SERVICE	PROVIDER	"Under the Direction Of"/ "Under the Supervision Of"
Speech-Language Services	Speech-Language Pathologist (SLP)	N/A
	Teacher of the Speech and Hearing Handicapped (TSHH)	Under the direction of a Speech-Language Pathologist
	Teacher of Students with Speech and Language Disabilities (TSSLD)	Under the direction of a Speech-Language Pathologist
Physical Therapy	Physical Therapist (PT)	N/A
	Physical Therapy Assistant (PTA)	Under the direction of a Physical Therapist
Occupational Therapy	Occupational Therapist (OT)	N/A
	Occupational Therapy Assistant (OTA)	Under the direction of an Occupational Therapist
Psychological Counseling Services	Psychiatrist	N/A
	Psychologist	N/A
	Licensed Clinical Social Worker (LCSW)	N/A
	Licensed Master Social Worker (LMSW)	Under the supervision of an LCSW, psychiatrist, or psychologist

WHAT IS REQUIRED FOR MEDICAID REIMBURSEMENT?

This chart lists the Medicaid Reimbursement requirements for:

- Ordering/Referring (Rx)
- The Medicaid Qualified Service Provider for each discipline, and
- The required documentation for each encounter by service type.

Section 6		SSHSP MEDICAID COVERED SERVICES		
MEDICAID QUALIFIED PROVIDERS & MEDICAID DOCUMENTATION REQUIREMENTS				
SERVICE MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE				
SERVICES ¹		ORDERING/REFERRING REQUIREMENTS FOR MEDICAID REIMBURSEMENT	MEDICAID QUALIFIED SERVICE PROVIDER ²	DOCUMENTATION IS REQUIRED FOR EACH ENCOUNTER
THERAPIES	SPEECH	SIGNED/DATED WRITTEN ORDER OR REFERRAL FROM A MEDICAID ENROLLED PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER OR SPEECH-LANGUAGE PATHOLOGIST (SLP) WHO IS CURRENTLY LICENSED, REGISTERED AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED SPEECH-LANGUAGE PATHOLOGIST (SLP) CERTIFIED TEACHER OF THE SPEECH AND HEARING HANDICAPPED OPERATING UNDER THE DIRECTION OF AN SLP CERTIFIED TEACHER OF STUDENTS WITH SPEECH AND LANGUAGE DISABILITIES OPERATING UNDER THE DIRECTION OF AN SLP	EVALUATION REPORT ³ ONGOING THERAPY: SESSION NOTE ⁴
	PHYSICAL	SIGNED/DATED WRITTEN ORDER FROM A MEDICAID ENROLLED PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER WHO IS CURRENTLY LICENSED, REGISTERED AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED PHYSICAL THERAPIST (PT) CERTIFIED PHYSICAL THERAPIST ASSISTANT (PTA) OPERATING UNDER THE DIRECTION OF A PT	
	OCCUPATIONAL	SIGNED/DATED WRITTEN ORDER FROM A MEDICAID ENROLLED PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER WHO IS CURRENTLY LICENSED, REGISTERED AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED OCCUPATIONAL THERAPIST (OT) CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (OTA) OPERATING UNDER THE DIRECTION OF AN OT	
MENTAL HEALTH	PSYCHOLOGICAL COUNSELING	REFERRAL BY AN APPROPRIATE SCHOOL OFFICIAL SUCH AS A SCHOOL ADMINISTRATOR OR THE CHAIRPERSON OF THE CSE/CPSE OR OTHER LICENSED PRACTITIONER ACTING WITHIN HIS/HER SCOPE OF PRACTICE - SEE Q&A #21 FOR MORE INFORMATION	LICENSED & REGISTERED PSYCHIATRIST LICENSED & REGISTERED PSYCHOLOGIST LICENSED CLINICAL SOCIAL WORKER (LCSW) LICENSED MASTER SOCIAL WORKER (LMSW) OPERATING UNDER THE SUPERVISION OF A PSYCHIATRIST, PSYCHOLOGIST, OR LCSW	ONGOING THERAPY: SESSION NOTE ⁴

QUESTIONS??

Are there any questions regarding the Portal Supervision Process or why this is required?

PRE-LICENSE / SUPERVISION TRACKING IN THE PORTAL

☐ **Pre-License Plans** will be assigned and tracked in the Portal for all:

- 1) CFYs
- 2) OT Permit Holders
- 3) PT Permit Holders
- 4) LMSW Permit Holders
- 5) PSY Permit Holders

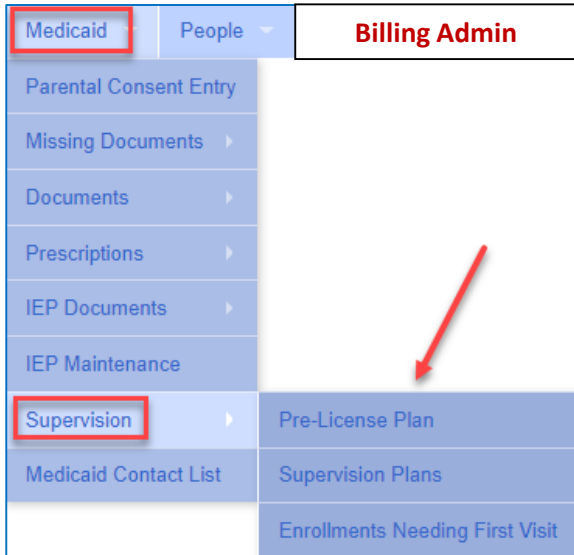
☐ **Supervision Plans** will be assigned and tracked in the Portal for all:

- 1) Speech Teachers & CFYs
- 2) OTAs, COTAS, PTAs, OT/PT Permit Holders
- 3) LMSWs, LMSW Permit Holders, and
- 4) Any other Limited Permit Holders

UNMATCHED CHILDREN & ENROLLMENTS

- ☐ If you need to create your Pre-License or Supervision Plan and the county has not created the official county enrollment yet, you can create an unmatched child/enrollment record.
- ☐ The unmatched record can be used for any of the Portal functions until the official record is created.
- ☐ The matching process will move everything from the unmatched record to the official record.

PRE-LICENSE / SUPERVISION TRACKING



Medicaid>Supervision --OR--
Caseload Maintenance>Supervision

- 1) Create **Pre-License Plans**
- 2) Create **Supervision**
- 3) Assign **Children/Enrollments** to the Supervision Plan
- 4) Enter the **Face-to-Face Date** (for OT/PT/ST Enrollments)
- 5) Upload the **Supporting Audit Documentation**



PRE-LICENSE PLANS

(for: CFY's & Limited Permit Holders)

PRE-LICENSE PLAN (Un-Licensed Providers)

1) CREATE THE PRE-LICENSE PLAN

- Go to Medicaid or Caseload Maintenance>**Supervision**>**Pre-License Plans**>**Filter**>**Retrieve**
- Filter for the **County** and **Provider**>Click **Retrieve**

Filters

County

Provider

Profession All Professions

☐ Include Profession Credentials with an end date

☒ Include People with an existing Pre-License Plan

Retrieve

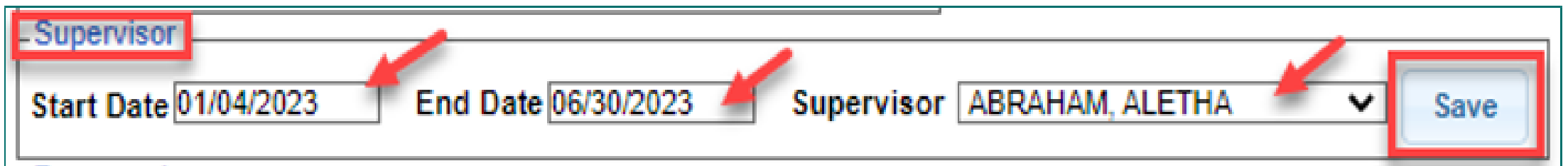
Name	Profession Code	Credential Start	Credential End	Plan Start	Plan End	SupervisorName		
COURTNEY, ANNALISA	CFY							Add Plan
MONROE, CASSIE	CFY			9/1/2022	6/30/2023	HOLGUIN, IRMGARD	Edit Plan	
WEISS, TRINA	CFY							Add Plan

- This will bring up a list of providers from your agency that requires a Pre-License Plan. Click the **Add Plan** Link to create the Plan.

PRE-LICENSE PLAN

2) IN THE SUPERVISOR BOX

- Enter the Start and End Dates of the service plan.
- Select the Supervisor for the pre-licensed service provider from the Supervisor Drop-Down.



The screenshot shows a form titled "Supervisor" at the top. Below the title, there are three input fields: "Start Date" with the value "01/04/2023", "End Date" with the value "06/30/2023", and "Supervisor" with the value "ABRAHAM, ALETHA" and a dropdown arrow. A "Save" button is located to the right of the Supervisor field. Red arrows point to each of these four elements: the Supervisor title, the Start Date field, the End Date field, and the Supervisor dropdown field. The Save button is also highlighted with a red rectangular box.

- Click **SAVE** The Pre-License Plan is now complete!

PRE-LICENSE PLAN

Uploading Pre-License Plan Documentation

3) Upload the Pre-License Plan Documentation

In the Documents Box

- Click the **Choose File** Button and browse to the scanned document on your computer.
- Select the **Document Type** from the **Supervision Document Type Drop-Down**.
- Click the **Upload Document** Button.

The screenshot shows a web interface for uploading documents. On the left, a box labeled "Documents" contains a "Choose File" button and the text "No file chosen". Below this, a note states: "*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats". In the center, there is a label "Supervision Document Type" next to a dropdown menu. The dropdown menu is open, showing "CFY - Form 6" and "Copy of Permit Application". On the right, there is a blue button labeled "Upload Document". Three red arrows point to the "Choose File" button, the dropdown menu, and the "Upload Document" button respectively.

PRE-LICENSE PLAN

Completed Pre-License Plan

Document successfully uploaded

Service Provider

Therapist Name CARTWRIGHT, STEPHAINE

Profession CFY

Credential Dates -

Service Provider

Supervisor

Supervisor

Start Date 01/04/2023

End Date 06/30/2023

Supervisor ABRAHAM, ALETHA

Save

Documents

Choose File No file chosen

Supervision Document Type CFY - Form 6

Upload Document

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

Document Type	File Name	Upload Date	
CFY - Form 6	JANE.pdf	2/13/2023	View

Documentation

Return To Listing

Form 4A – Identification of Supervisor and Setting (for SLP)

☐ **Form 4A** should be submitted to the Office of Professions by the endorser at the beginning of your supervised experience.

Form 4A	<p>The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services www.op.nysed.gov</p>
<input type="checkbox"/> Speech-Language Pathologist	
<input type="checkbox"/> Audiologist	
Identification of Supervisor and Setting	
Applicant Instructions	
<p>An Application for Licensure (Form 1) and Certification of Professional Education (Form 2) must be received and approved before this form can be reviewed.</p> <ol style="list-style-type: none">1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1).2. Have your supervisor complete Section II, Part A.3. Complete the rest of Section II with your employer and/or supervisor and send the entire form directly to the Office of the Professions at the address at the end of this form.	
Section I: Applicant Information	
1 Social Security Number <input style="width: 100px;" type="text"/>	2 Birth Date Month <input style="width: 30px;" type="text"/> Day <input style="width: 30px;" type="text"/> Year <input style="width: 30px;" type="text"/>
(Leave this blank if you do not have a U.S. Social Security Number)	
3 Print Name As It Appears On Your Application for Licensure (Form 1)	5 Telephone/E-Mail Address
Last <input style="width: 150px;" type="text"/>	Daytime phone <input style="width: 100px;" type="text"/>
First <input style="width: 100px;" type="text"/>	Area Code <input style="width: 30px;" type="text"/> Phone <input style="width: 60px;" type="text"/>
Middle <input style="width: 100px;" type="text"/>	E-mail Address (please print clearly) <input style="width: 150px;" type="text"/>
4 Mailing Address (You must notify the Department promptly of any address or name changes.)	
Line 1 <input style="width: 200px;" type="text"/>	
Line 2 <input style="width: 200px;" type="text"/>	
Line 3 <input style="width: 200px;" type="text"/>	
City <input style="width: 150px;" type="text"/>	
State <input style="width: 30px;" type="text"/>	Zip Code <input style="width: 60px;" type="text"/>
Country/Province <input style="width: 150px;" type="text"/>	
Section II: Identification of Supervisor and Setting	
Part A - Identification of the Supervisor	
Name: _____ Title: _____	
Business Address: _____ _____	
Telephone: _____ ext. _____ Fax number: _____ E-mail: _____	
Are you employed at the same place of employment as the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many hours per week are you employed there? _____	

FORM 6

(Verification of Experience is Approved)

- ❑ Once **Form 4A** has been approved by NYSED, the CFY will receive verification of the approved application (**which is Form 6**).
- ❑ The CFY should give a copy of **Form 6** to your agency and supervisor.
- ❑ Link:
<http://www.op.nysed.gov/prof/slpa/speechforms.htm>

50. Q. Can individuals who are completing their 36 weeks of supervised experience as required for licensure in New York State and for certification by the American Speech-Language-Hearing Association provide Medicaid-reimbursable speech-language pathology services in the School Supportive Health Services Program?

A. Yes. 42 CFR Section 440.110(2)(iii) defines a "speech pathologist" as an individual who "has completed the academic program and is acquiring supervised work experience to qualify for the certificate." Individuals who are acquiring the supervised work experience to qualify for a New York State license as a speech-language pathologist must complete 36 weeks of acceptable supervised experience in accordance with Part 75 of the Regulations of the Commissioner, Section 75.2. The same supervised work experience is also required to obtain a Certificate of Clinical Competence issued by the American Speech-Language-Hearing Association (ASHA). This supervised work experience is also known as a Clinical Fellowship Year or CFY.

An individual completing their supervised work experience (CFY) in speech-language pathology who is supervised by a New York State licensed speech-language pathologist may provide Medicaid-reimbursable speech-language pathology services in the School Supportive Health Services Program **as long as they have submitted the appropriate forms to the NYS Education Department identifying their supervisor and work setting and have received verification (Form 6) that their experience is approved.** Please refer to the NYS Education Department's website at <http://www.op.nysed.gov/prof/slpa/speechforms.htm> for additional information.

The intensity and type of supervision is left to the discretion of the supervising speech-language pathologist. For purposes of the School Supportive Health Services Program, the supervising licensed speech-language pathologist must co-sign and date the supervisee's evaluation reports and session notes. All "under the direction of" requirements outlined in SSHSP guidance at http://www.oms.nysed.gov/medicaid/q_and_a/ in Q&A # 20 must be followed. In addition, the school district, county, or Section 4201 school must maintain documentation identifying the licensed speech-language pathologist who provides supervision to the individual completing their 36 weeks of supervised experience and/or CFY, as well as the terms of supervision. [July 21, 2015]

DEMONSTRATION

PRE-LICENSE PLAN

QUESTIONS??

**Are there any questions regarding creating
Pre-License Plans in the Portal?**

SUPERVISION PLANS

*(for: Speech Teachers, CFYs, OTAs, PTAs,
LMSWs & Limited Permits)*

SUPERVISION TRACKING IN THE PORTAL

☐ Supervision Plans will be assigned and tracked in the Portal for all:

- 1) *Speech Teachers*
- 2) *OTAs, COTAS, PTAs*
- 3) *LMSWs, and*
- 4) *Providers with Limited Permits (OTs, PTs, LMSWs and CFYs – Pre-Licensed Individuals)*

☐ There are four steps to this process. The agency or supervising therapist will:

- 1) *Assign the service provider(supervisee) to the attending Provider (supervisor) in the Portal (Agency).*
- 2) *Assign the children and enrollments to the Supervision Plan (Agency).*
- 3) *Enter the initial Face-to-Face Co-visit date for each Supervision enrollment (Supervisor or Agency).*
- 4) *Upload the supporting supervision/pre-licensing documentation (Supervisor or Agency)*

METHODS FOR CREATING THE SUPERVISION PLAN

(Copy Previous Plans & Create New Plans)

- 1) **Select the Service Provider and Supervisor (Supervision Plan)**
 - Go to Medicaid or Caseload Maintenance>**Supervision**>**Supervision Plans**>**Filter**>**Retrieve**
 - **COPY PLANS** from **Prior Session** or **Create Plans from Pre-License Plans**
 - **CREATE NEW PLANS** – Select the **Service Provider** & **Supervisor** from the respective drop-downs and click the **Add link**. Click the **Details** Link to assign the child/enrollment to the Supervision Plan.

The screenshot shows a web interface for creating supervision plans. At the top, there are three buttons: "Copy Plans from Prior Session", "Create Plans from Pre-License Plans", and "Excel". Below these is a table with four columns: "Session", "Service Provider", "Supervisor", and an unlabeled action column. The "Session" column contains "2022 - 2023 Winter". The "Service Provider" column contains "CASON, KARMEN" with a dropdown arrow. The "Supervisor" column contains "DICKINSON, RYAN" with a dropdown arrow. The action column contains the text "Add". Three red arrows point to the "Copy Plans from Prior Session" button, the "Create Plans from Pre-License Plans" button, and the "Add" link in the table.

<div>Copy Plans from Prior Session Create Plans from Pre-License Plans Excel</div>			
Session	Service Provider	Supervisor	
2022 - 2023 Winter	CASON, KARMEN ▼	DICKINSON, RYAN ▼	Add

ASSIGNING THE ENROLLMENT TO THE SUPERVISION PLAN (Option #1 – Auto Create)

- 2) **Assign the Enrollment Plan** (*child & enrollment*) **to the Supervision Plan** (**Auto Create Option***)
- Click the **Details** Link at the end of the row on the **Supervision Plan Listing Screen**.
 - Click the **“Auto Create Enrollment Plans”** button (to create Plans automatically)
 - If the enrollment, service provider and supervisor have one signed attendance in the Portal, the enrollment will be attached automatically to the Supervision Plan after clicking the **Auto Create Enrollment Plans** button.
 - Click on the **Add/View Face to Face Meeting Dates** Link to add the Observation dates.



*** Must have a signed/co-signed attendance in the Portal to use this option.**

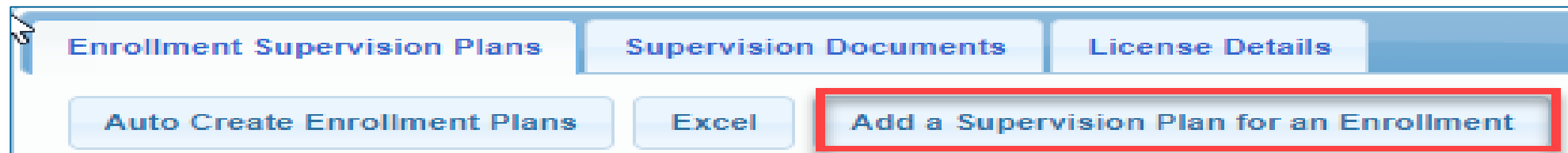
ASSIGNING THE ENROLLMENT TO THE SUPERVISION PLAN (Option #2 – Manual Selection Process)

-- OR --

** Use this option if there are no signed/co-signed attendances in the Portal.*

2) Assign the Enrollment Plan (*child & enrollment*) to the Supervision Plan (**Manual Selection Option*)

- Click the **Details** Link at the end of the row to assign the **child/enrollment** to the Supervision Plan.
- Click the “**Add a Supervision Plan for an Enrollment**” button.
- Select the specific Supervision Plan in the Supervision Plans Grid.
- Select all the children and enrollments that apply to the specific Supervision Plan.
- Click **Create Enrollment Supervision Plans** button.



ASSIGNING THE ENROLLMENT TO THE SUPERVISION PLAN (1 - Auto Create and 2 - Add a Supervision Plan for an Enrollment)

TWO OPTIONS

Enrollment Supervision Plans

Supervision Documents

License Details

Auto Create Enrollment Plans

Excel

Add a Supervision Plan for an Enrollment

Requires a Signed/Co-Signed Attendance

Child Name	ESID	Service Description	Attendance Count	First Date Supervisor Saw Child	
	RS2122W0179523	ST 2x30 Individual	48		Add/View Face to Face Meeting Dates
	RS2122W0178129	ST 3x30 Individual	63		Add/View Face to Face Meeting Dates
	RS2122W0179700	ST 2x30 Individual	21		Add/View Face to Face Meeting Dates

Create Enrollment Supervision Plans

Return to Supervision Details

Supervision Plans

	Session	Service Provider	Supervisor
Select	2022 - 2023 Winter	CASSIE MONROE	FREDDIE HICKEY
Select	2022 - 2023 Winter	CASSIE MONROE	TEMPLE VALLE
Select	2022 - 2023 Winter	CASSIE MONROE	TWILA GAY

Manual Selection
No Signed/Co-Signed Attendance

Enrollments

Select All

Deselect All

Add a Supervision Plan for an Enrollment

	Child Name	ESID	Service Description	Has Supervision Plan
<input type="checkbox"/>	DEVINE, GUILLERMO	RS2223W0121291	RS (ST) 9200-2 2x30 - I - (01/03/2023-06/22/2023)	No
<input type="checkbox"/>	FONTENOT, ROBIN	RS2223W0120731	RS (ST) 9200-2 2x30 - I - (09/01/2022-06/30/2023)	No
<input checked="" type="checkbox"/>	GAINES, VITO	RS2223W0118429	RS (ST) 9200-2 2x30 - I - (09/01/2022-06/30/2023)	No
<input checked="" type="checkbox"/>	GILMAN, DARRYL	RS2223W0121507	RS (ST) 9200-2 2x30 - I - (01/03/2023-06/30/2023)	No
<input type="checkbox"/>	HAMMOND, MERIDITH	RS2223W0122388	RS (ST) 9200-2 1x30 - I - (02/08/2023-06/23/2023)	No
<input type="checkbox"/>	MADDEN, MAI	RS2223W0116984	RS (ST) 9200-2 3x30 - I - (09/01/2022-06/30/2023)	No
<input type="checkbox"/>	SHIPP, GERALD	RS2223W0116230	RS (ST) 9200-2 3x30 - I - (09/01/2022-06/30/2023)	No

ENTERING THE FACE-TO-FACE DATE

3) Enter the Face-to-Face Meeting Date

- (Medicaid or Caseload Maintenance>Supervision>Enrollment
Needing First Visit)
- Filter for County, Provider, School Year Session, Click the **Missing** Radio Button, Click Retrieve.
- Click the **Add Meeting Date** Link at the end of the row.
- Enter the meeting date and click the Update link at the end of the row.

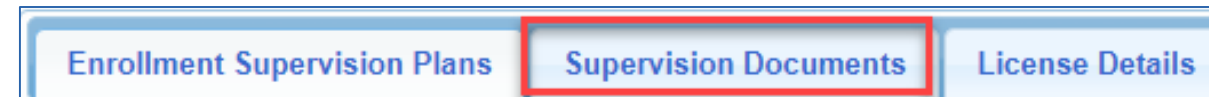
Child Name	ESID	Service	Service Provider	Co-Signer	Supervision Plan Exists	Supervision Plan Attached to Enrollment	Date of First Meeting	Supervision	
BELL, AHMAD	RS2223W0119408	RS (ST) 9200-2 2x30 - I - (09/01/2022-06/30/2023)	WEISS, TRINA	HICKEY, FREDDIE	No	No		Add	
BOGGS, HYON	RS2223W0118499	RS (ST) 9200-2 2x30 - I - (09/01/2022-06/30/2023)	WEISS, TRINA	HICKEY, FREDDIE	No	No		Add	
DEVINE, GUILLERMO	RS2223W0121291	RS (ST) 9200-2 2x30 - I - (01/03/2023-06/22/2023)	MONROE, CASSIE	HICKEY, FREDDIE	Yes	Yes		Plan Details	Add Meeting Date

UPLOADING THE REQUIRED AUDIT DOCUMENTATION (Supervision>Supervision Plan>Documents Tab)

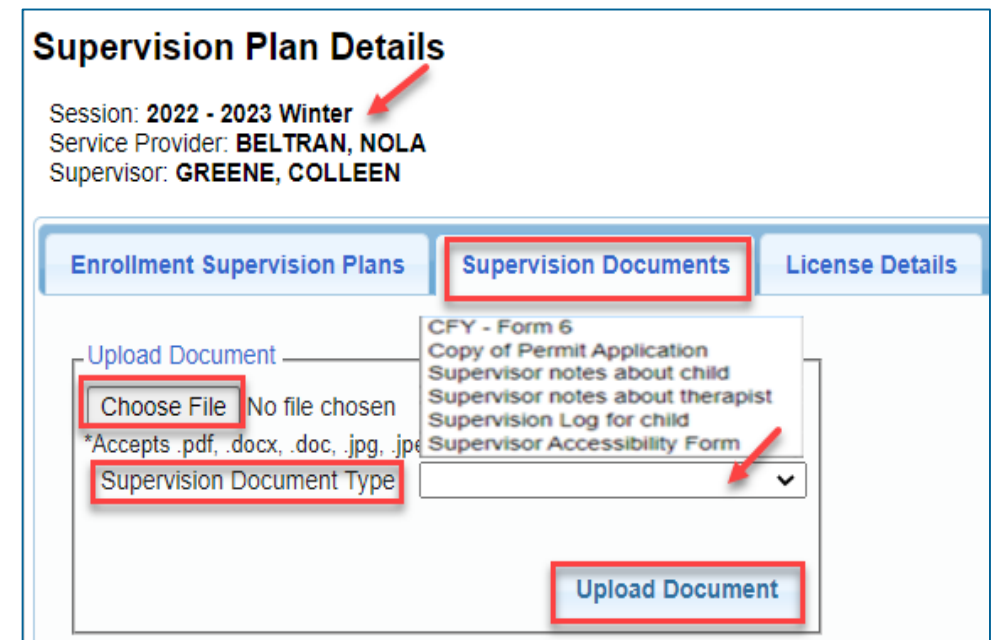
4) Upload the Required Audit Documentation

- Click the **Details** link at the end of the row on the Supervision Plan Listing Screen.
- Click the **Supervision Documents Tab**
- Click **Choose File**
- Select **Document Type**
- Click **Upload Document**

(If you need to upload documentation for a specific child, you will need to select the child from the “**Enrollment Supervision Plan**” Drop-Down.)



Enrollment Supervision Plans **Supervision Documents** License Details



Supervision Plan Details

Session: **2022 - 2023 Winter**
Service Provider: **BELTRAN, NOLA**
Supervisor: **GREENE, COLLEEN**

Enrollment Supervision Plans **Supervision Documents** License Details

Upload Document

Choose File No file chosen
*Accepts .pdf, .docx, .doc, .jpg, .jpeg

Supervision Document Type

CFY - Form 6
Copy of Permit Application
Supervisor notes about child
Supervisor notes about therapist
Supervision Log for child
Supervisor Accessibility Form

Upload Document

SUPERVISION DOCUMENTATION

(UDO Child Log – Meeting Minutes)

“UNDER THE DIRECTION OF” LOG

Child Name _____ School Year _____

Service _____ Service Mandate _____

Service Provider _____ Certification/License # _____

Supervising Clinician _____ License # _____

Activity	Meeting Date	Meeting Type (Individual, Group, Phone, Etc.)	Services/Evaluation Recommended	UDO Signature
Initial Observation Face-to-Face w/ Child				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				

These forms were created for presentation purposes only. Check with your County for official forms. --OR--

Check the Knowledge Base for your county at this link:
<https://support.cpseportal.com/kb/a466/udo-uso-documents-all-full-service-medicaid-counties.aspx>

Name of Child: |

Date:

☐ Observation

☐ Review Meeting

Notes:

Date:

☐ Observation

☐ Review Meeting

Notes:

SUPERVISION DOCUMENTATION

(Certification of Under the Direction of and Accessibility)

These forms were created for presentation purposes only.

Check with your County or Knowledge Base for official forms.

CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY	
I, _____, _____, _____ (Name of Supervising Clinician) (Credential) (Type of Therapist)	
With current license number _____, certify that I am providing "Under the Direction of" services to the following	
_____ for the _____ school year: (Title of Provider, e.g., PTA)	
CHILD: _____ DOB _____	

Name of Therapist being Supervised	Certification/License # & NPI #

DEMONSTRATION

SUPERVISION PLAN

Caseload Maintenance or Medicaid >Supervision>Supervision Plans

Copying Pre-License Plans / **Copying** Previous Supervision Plans

Creating **New** Supervision Plans

Assigning Children/**Enrollments**

Entering the **Face-to-Face Date**

Uploading **Audit Documentation**

(Supervision Plan: Monroe, Cassie / Hickey, Freddie)

(2022 Winter to 2023 Summer)

QUESTIONS??

**Are there any questions regarding creating
Supervision Plans in the Portal?**

ENROLLMENTS NEEDING FIRST VISIT SCREEN

Missing Report
Existing Report

ENROLLMENTS NEEDING FIRST VISIT – MISSING

(*Signed/Co-Signed Attendance Required)

- 1) **Add Supervision & Enrollment Plans *for an Entire Caseload** (with one click!)**
 - Click the **Add** link in the Supervision Column. Multiple Plans will be created (if there is more than one child for the Supervision Plan).
 - After all the “**Add**” links show as “**Plan Details**,” you will need to click the “**Add Meeting Date**” link and enter the Face-to-Face meeting dates.

Child Name	ESID	Service	Service Provider	Co-Signer	Supervision Plan Exists	Supervision Plan Attached to Enrollment	Date of First Meeting	Supervision	
BELL, AHMAD	RS2223W0119408	RS (ST) 9200-2 2x30 - I - (09/01/2022-06/30/2023)	WEISS, TRINA	HICKEY, FREDDIE	No	No		Add	
BOGGS, HYON	RS2223W0118499	RS (ST) 9200-2 2x30 - I - (09/01/2022-06/30/2023)	WEISS, TRINA	HICKEY, FREDDIE	No	No		Add	
DEVINE, GUILLERMO	RS2223W0121291	RS (ST) 9200-2 2x30 - I - (01/03/2023-06/22/2023)	MONROE, CASSIE	HICKEY, FREDDIE	Yes	Yes		Plan Details	Add Meeting Date

ENROLLMENTS NEEDING FIRST VISIT – MISSING (*Signed/Co-Signed Attendance required)

2) Add the Face-to-Face Meeting Date

- Once all the Supervision/Enrollment Plans have been created, add the Face-to-Face Meeting Date for each child.

Child Name	ESID	Service	Service Provider	Co-Signer	Supervision Plan Exists	Supervision Plan Attached to Enrollment	Date of First Meeting	Supervision	
USH, RODERICK	RS2223W0190121	RS (ST) 9200-2 3x30 - I - (09/01/2022-06/23/2023)	BELTRAN, NOLA	GREENE, COLLEEN	Yes	Yes	<input type="text"/>	Plan Details	Update Cancel

- After you click the **Update** link to add the Face-to-Face Date, the child/enrollment will fall off of the Missing Report and populate onto the **Existing Report**.

ENROLLMENTS NEEDING FIRST VISIT - EXISTING

- ❑ After the Face-to-Face date is added on the “**Missing**” Screen, the enrollment will move to the “**Existing**” Screen.
- ❑ The goal is to eventually have an empty “**Missing**” Screen and a full “**Existing**” screen.

Enrollments Supervision Plans

Filters

County

NASSAU

Provider

FANTASTIC CHILDREN

School Year Session

2022 - 2023 Winter

First Meeting Date

☐ Missing ☒ Exists

Retrieve

Excel

There is a Supervision Plan.
There is an Enrollment Attached to the Supervision Plan.
There is a First Meeting Date Entered.

Child Name	ESID	Service	Service Provider	Co-Signer	Supervision Plan Exists	Supervision Plan Attached to Enrollment	Date of First Meeting	Supervision	
AVILES, RAPHAEL	RS2223W0188019	RS (ST) 9200-2 2x30 - I - (09/06/2022-06/23/2023)	BELTRAN, NOLA	GREENE, COLLEEN	Yes	Yes	2/1/2023	Plan Details	Add Meeting Date

DEMONSTRATION

ENROLLMENTS NEEDING FIRST VISIT

QUESTIONS??

**Are there any questions regarding creating
Supervision Plans from the
Enrollments Needing First Visit Screen?**

SUPERVISION BILLING ERRORS

SUPERVISION BILLING ERRORS

If the Supervision requirements have not been fulfilled in the Portal, you will receive the following errors that will appear as “**Problems**” when submitting billing in the Portal.

- 1) **First Supervisor meeting date** required to submit supervision
- 2) Billable attendance cannot occur **prior to the first Face-to-Face meeting date**
- 3) Supervised attendance requires a **Supervision Plan**
- 4) Some **attendances** have **not been assigned** to the Supervision Plan

Let's take a look at what each error message means and the screen to correct the issue.

SUPERVISION BILLING ERRORS

- 1) **First Supervisor meeting date** required to submit supervision
 - This error indicates that the *Face-to-Face meeting date* has not been entered for a particular enrollment.
 - The Face-to-Face Meeting date can be entered from the *Enrollments Needing First Visit>Missing Report* Screen (or the *Supervision>Supervision Plans* Screen).
 - Click the *Add Meeting Date* link (or the *Add/View Face to Face Meeting Dates* link) at the end of the row for the specific enrollment, enter the date in the *Date of First Meeting Column* and click *Update* at the end of the row.

SUPERVISION BILLING ERRORS

2) Billable attendance cannot occur **prior to the first Face-to-Face meeting date**

- This error message indicates that there are attendances that occurred **prior** to the initial Face-to-Face Meeting date. These sessions must be marked as, **“Does not meet Medicaid requirements”** on the session note because **any sessions prior to the Face-to-Face meeting date cannot be billed to Medicaid.**
- The county may give you a period of time to complete the Face-to-Face observation meeting, but these sessions cannot be billed to Medicaid and must be marked accordingly.

SUPERVISION BILLING ERRORS

3) Supervised attendance requires a **Supervision Plan**

- This error message indicates that there is a supervision enrollment that has not been assigned to a Supervision Plan.
- To create the Supervision Plan go to either **Caseload Maintenance or Medicaid>Supervision>Supervision Plans**. Filter for County, Provider, School Year – **Retrieve**.
- Select the **service provider** and **supervisor** from the drop-down and click the **Add** link at the end of the row. Click the **Details** link for the Plan that you just created. Assign the Enrollments to the Plan.
- Click the **Add/View Face to Face Meeting Dates** link to Enter the Face-to-Face meeting date.

SUPERVISION BILLING ERRORS

4) Some **attendances** have **not been assigned** to the Supervision Plan

- This error message indicates that a Supervision Plan exists for the therapist/co-signer, but the enrollment/ESID # is not assigned to the Supervision Plan. *(Perhaps the child had a change in service and the enrollment was not added to the Supervision Plan.)*
- There are two screens where you can assign attendances to the Supervision Plan.
 - 1) Supervision>**Enrollments Needing First Visit** (if there is a signed/co-signed attendance)
 - Click the **Add** Link .
 - 2) Supervision>**Supervision Plans>Details**
 - Click **Auto Create** (if there is a signed/co-Signed attendance)
 - Click **Add a Supervision Plan for an Enrollment** (if there is no signed/co-signed attendance)

WHEN TO USE

“Does not meet Medicaid Requirements”

For Supervision purposes, the “***Does not meet Medicaid requirements***” status must be selected on a session note for the following reasons:

- ❑ Any attendances that occur **prior to the initial Face-to-Face** meeting date.
- ❑ **Covering Therapists** – If a covering therapist provides services to a child on an interim basis the agency has two options:
 - 1) Have the therapist mark the attendances as, “Does not meet Medicaid requirements,” or
 - 2) Create a Supervision Plan and conduct a Face-to-Face meeting with the covering therapist and child.

CORRECTING ATTENDANCE FOR INELIGIBLE MEDICAID SESSIONS

For Billing Admins:

First, if the attendance is on a voucher, it must be removed from the voucher.

- 1) Go to **Lookup>Child Lookup** – Search for the child and click **Details** at the end of the row.
- 2) On the **Enrollments** Tab find the specific enrollment for the child.
- 3) At the end of the row is an **Attendance** link. Click on the link.
- 4) Click the **Details** Link at the end of the row for the specific attendance.
- 5) Click the **Edit** Button (in the Billing Box).
- 6) Check the **“Does Not Meet Medicaid Requirements”** selection box.
- 7) Click **SAVE**.

Last, you will need to RECALC the voucher after completing this process.

Sending an Email to Medicaid@CPSEPortal.com

If you receive a Supervision Billing Error and require assistance from the Medicaid team (Medicaid@CPSEPortal.com), please include the following information in the body of your request. Without this information, we cannot look into your issue.

Please provide the following information:

- **County**
- **Agency**
- **Specific School Year and Session (Summer/Winter)**
- **Service Provider**
- **Supervisor**
- **ESID # for the enrollment (if enrollment specific)**

McGuinness Medicaid-in-Education Contact Information

James McGuinness and Associates, Inc.

1482 Erie Boulevard

Schenectady, NY 12305

Phone: (518) 393-3635

Fax: (518) 393-9938

Deborah Frank, McGuinness Medicaid Specialist – dfrank@jmcguinness.com

Kelly Knowles, McGuinness Medicaid Team – kknowles@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