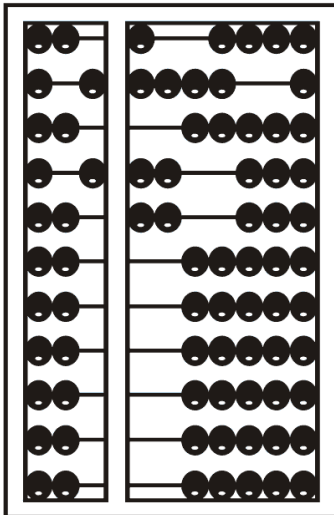


JAMES MCGUINNESS  
& ASSOCIATES INC.  
Consultants



Welcome to Full-Service  
Medicaid with  
James McGuinness &  
Associates, Inc.  
(Suffolk County – April 22, 2026)

# INTRODUCTIONS

Who will you be working with at McGuinness?

***Deborah Frank, McGuinness Medicaid Specialist***

- *Ellen Farney, McGuinness Medicaid Team*
- *Kelly Knowles, McGuinness Medicaid Team*
- *Darcy McMullen, McGuinness Medicaid Team*

# EMAIL ANNOUNCEMENT

- James McGuinness and Associates will be working with Suffolk County as their Medicaid contractor/claiming agent.
- All providers should have received an email from the County explaining that McGuinness will be handling Medicaid claiming/billing for Suffolk County for service dates beginning **July 1, 2026**.

# SUFFOLK COUNTY

## *Pre-Implementation Verifications & Approvals for 2026-27*

- ❑ In preparation for the upcoming school year McGuinness has begun reviewing Medicaid documents and approvals for Suffolk County prior to the **7/1/26** implementation date.
  
- ❑ Agencies/Service Providers may receive an auto-reply email if we find any of the following:
  - Credentials that were verified erroneously,
  - If an SLP is **not** currently OPRA enrolled, or
  - *If non-compliant Medicaid documentation was uploaded.*
  - If you have a signature or service location that does not meet Medicaid requirements.

***If further clarification is required regarding these requests, please email the McGuinness Medicaid Team at [Medicaid@CPSEPortal.com](mailto:Medicaid@CPSEPortal.com).***

- ❑ *If/When you receive these requests, please comply accordingly.*

# WHAT IS THE PURPOSE OF THIS WEBINAR?

- ❑ This is not a training; it is a high-level overview of what lies ahead.
- ❑ We are looking to:
  - *Provide you with an introduction to the upcoming expectations/requirements*
  - *Share a timeline for the implementation process*
  - *Let you know what you can do to ensure a smooth transition*

# MEDICAID REQUIREMENTS

- ❑ **Parental Consents**
- ❑ **Prescriptions/Digital Recommendations (Required for ALL children – Not just Medicaid children)**
  - *Hardcopy Prescriptions (OT/PT/Psychological Counseling)*
  - *Digital Speech Recommendations (Speech)*
  - *OT Prescriptions (Required for Medicaid Purposes)*
  - *Prescription Templates (in CPSE Portal Knowledge Base)*
  - *Per IEP Prescriptions / IEP Tracking*
- ❑ **SLP Requirements**
  - *OPRA Enrollment (Required)*
  - *Digital Speech Recommendations (Required for ALL children – Not just Medicaid children)*
  - *Speech Prescriptions from Community Practitioners*
- ❑ **Approvals** *(Must be approved in order to submit billing to the county)*
  - **Credentials**
  - **Signatures**
  - **Service Locations**
- ❑ **Center-Based Related Service Vouchers** *(Must be submitted at the same time as the CB-Tuition Voucher)*
- ❑ **Non-Compliant & Outstanding Medicaid Documentation**
- ❑ **Supervision**
- ❑ **Billing Edits**

# PARENTAL CONSENT FORMS

- ❑ *McGuinness will begin “verifying” Parental Consent forms that have been uploaded previously into the Portal.*
- ❑ *If the uploaded Consent form does not meet Medicaid requirements, McGuinness will reach out to the school district for a replacement Consent.*
- ❑ *If the school district is unsuccessful in obtaining a replacement Parental Consent, the county has directed McGuinness to reach out to the provider to obtain the Consent.*
- ❑ *Please comply with any requests from McGuinness for outstanding Parental Consents.*

# PARENTAL CONSENT FORMS

- ❑ The county will be distributing an updated Parental Consent Template that will display the County's logo and address in the heading of the form. **Please do not replace the Suffolk County heading with your agency's logo/information. The county is the entity billing Medicaid – not the agency.**

COUNTY OF SUFFOLK



**EDWARD P. ROMAINE**  
SUFFOLK COUNTY EXECUTIVE

DIVISION OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS  
3500 Sunrise Highway, PO Box 9006, Great River, NY 11739-9006  
(631) 853-3100 | Fax (631) 853-2310

**PARENT CONSENT FORM FOR ACCESSING A PARENT OR STUDENT'S MEDICAID INSURANCE TO PAY FOR CERTAIN SPECIAL EDUCATION SERVICES IN A STUDENT'S INDIVIDUALIZED EDUCATION PROGRAM (IEP) AND TO CHECK WHETHER A CHILD HAS A CLIENT IDENTIFICATION NUMBER/MEDICAID COVERAGE**

# PRESCRIPTIONS

*“As per IEP”*

*Full-Service Medicaid Counties have already begun the process of requiring the frequency, duration and class designation on all written and digital orders.*

*“Per IEP” prescriptions will not be accepted – even though SED has extended the effective date to 2027.*

*Why? Using the Per IEP option requires tracking IEPs for each Medicaid child throughout the school year to ensure that a new prescription is secured after a new IEP is generated.*

## 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 #26-05

**TO:** All SSHSP Medicaid Providers  
**FROM:** NYS DOH OHIP SSHSP &  
NYSED Medicaid in Education Unit  
**DATE:** February 18, 2026  
**SUBJECT:** UPDATE - Medicaid Alert #25-09 (Regarding "Per IEP" on Written Orders/Referrals)

The purpose of this alert is to notify SSHSP providers of a revision to the effective date announced in [Medicaid Alert # 25-09](#) regarding "Per the IEP" on written orders/referrals.

Starting 7/1/2027 (effective service date), SSHSP billing providers will no longer be able to bill Medicaid when written orders/referrals contain the phrase "per the IEP".

# WHAT WILL SUFFOLK COUNTY EXPECT FROM PROVIDERS?

## *Digital Speech Recommendations*

### □ County Expectations for **Digital Speech Recommendations**

- Effective **July 1, 2026**, the county is expecting SLPs to use the **Digital Speech Recommendation** feature in the Portal for all Speech enrollments including new children and/or changes in service (*instead of uploading a paper prescription*).
- Effective **July 1, 2026**, billing providers will not be able to submit billing to the county for Speech enrollments that do not have a digital speech recommendation (or written order) attached to the enrollment.

(A webinar training has been scheduled to walk through the **PORTAL Digital Speech Recommendation** process on the following dates: **6/3 & 7/29**)

# WHAT WILL SUFFOLK COUNTY EXPECT FROM PROVIDERS?

## *OT/PT/Psychological Counseling Prescriptions*

### ❑ County Expectations for **Hard Copy Prescriptions**:

- The County is expecting providers to upload prescriptions to the Portal for **ALL** children – **Not just Medicaid children**.
- Agency Billing Admins, Agency Service Providers and Independent Providers will be expected to **review** and **upload** prescriptions for **OT, PT and Psychological Counseling** that cover service dates beginning **July 1, 2026**, as well as any new prescriptions (new children/changes in service) for the **2026-27** school year.
- **Upcoming webinars on Prescriptions will take place as follows:**
  - ✓ **Uploading Prescriptions (4/29/26)** will explain how to upload paper prescriptions (OT/PT) into the Portal.
  - ✓ **Medicaid-Compliant Written Orders (5/6/26)** will explain in detail how to recognize a Medicaid-compliant Written Order.

# WHAT WILL SUFFOLK COUNTY EXPECT FROM PROVIDERS?

## *For OT Prescriptions*

- ❑ Prior to February 3, 2012, Occupational Therapists were required to have a written order to provide treatment.
- ❑ The amendment to Education Law §7901 on February 3, 2012, states that occupational therapists can perform services without a prescription if the service is ***not specific to “restorative function.”*** However, ...
- ❑ If the county has contract language for the provider that indicates that the provider must cooperate in the successful processing of Medicaid claims, the county can insist that the provider obtain a written order for ***Medicaid*** purposes. In the absence of a written order, or until a Medicaid written order is obtained, treatment can occur.

# WHAT WILL SUFFOLK COUNTY EXPECT FROM PROVIDERS?

## *For Prescriptions/Digital Recommendations*

### □ County Expectations for **Prescriptions** (Continued)

- Effective **April 2026**, Independent Providers, Agencies and Agency service providers will use the prescription templates in the Portal Knowledge Base for **OT, PT** and **Psychological Counseling** Services. (beginning with **7/1/26** service dates)
- You will see three prescription templates in the Portal:
  - 1) An *Evaluation Template*,
  - 2) A *Multi-Discipline Template*, and
  - 3) An *OT/PT Template*

# PORTAL RX SERVICE TEMPLATES

**PSSHSP RECOMMENDATION FOR SERVICES**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_  
 District \_\_\_\_\_ County \_\_\_\_\_  
 Agency \_\_\_\_\_  
(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

**TERM OF SERVICE** (Only select one option – Selecting two options will result in an invalid prescription)

SELECT ONE Enter Year Enter Year

School Year: July 1, \_\_\_\_\_ To June 30, \_\_\_\_\_  
FROM DATE TO DATE

School Session: \_\_\_\_\_

Specific Dates: \_\_\_\_\_

**Extended School Year Services (ESY)**

Discipline	Frequency	Duration	(I/G)	ICD Code Services	Purpose of Treatment
Occupational Therapy					
Physical Therapy					
Speech Therapy					
Psychological Counseling					

**10-Month Services**

Discipline	Frequency	Duration	(I/G)	ICD Code Services	Purpose of Treatment
Occupational Therapy					
Physical Therapy					
Speech Therapy					
Psychological Counseling					

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
(Required: Original Signature – Stamps Not Permitted)

(Please Print) Ordering Practitioner's Name/Title/Credentials \_\_\_\_\_

**REQUIRED ORDERING PRACTITIONER INFORMATION (Stamp Accepted)**

Address: \_\_\_\_\_ License # \_\_\_\_\_  
 \_\_\_\_\_ NPI # \_\_\_\_\_  
 \_\_\_\_\_ Medicaid # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Fax # \_\_\_\_\_

Multi-Discipline Template

OT/PT Template

**PSSHSP REFERRAL FOR OT/PT SERVICES**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_  
 District \_\_\_\_\_ County \_\_\_\_\_  
 Agency \_\_\_\_\_  
(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

**TERM OF SERVICE (REQUIRED) (ONLY SELECT ONE OPTION)**

School Year: 7/1/\_\_\_\_\_ to 6/30/\_\_\_\_\_ -OR-  Specific Dates: \_\_\_\_\_ to \_\_\_\_\_  
(Calendar Year Annual Review Dates)

School Session \_\_\_\_\_ to \_\_\_\_\_

Summer Session				10-Month Session			
SERVICE	FREQUENCY	DURATION	(I/G)	SERVICE	FREQUENCY	DURATION	(I/G)
Occupational Therapy			I	Occupational Therapy			I
Occupational Therapy			G	Occupational Therapy			G
<b>OT ICD Code(s)</b>				<b>OT ICD Code(s)</b>			
Physical Therapy			I	Physical Therapy			I
Physical Therapy			G	Physical Therapy			G
<b>PT ICD Code(s)</b>				<b>PT ICD Code(s)</b>			

**FREQUENTLY-USED ICD CODES – Enter the appropriate ICD code(s) next to the specific service above.**

ICD Code	Description	ICD Code	Description
F82	Coordination Disorder	R27.8	Lack of Coordination: Ataxia, not otherwise specified; muscular incoordination
R62.0	Delayed Milestones in Childhood	F84.0	Autism
R62.50	Unspecified lack of expected normal physiological development in childhood	Q90.9	Down Syndrome, Unspecified
R26.89	Abnormality of Gait: Ataxic, paralytic, spastic, staggering		

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
(Required: Original Signature – Stamps Not Permitted)

Ordering Practitioner's Name/Title/Credentials (Please Print) \_\_\_\_\_

**REQUIRED ORDERING PRACTITIONER INFORMATION (Stamp Accepted)**

Address: \_\_\_\_\_ License # \_\_\_\_\_  
 \_\_\_\_\_ NPI # \_\_\_\_\_  
 \_\_\_\_\_ Medicaid # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Fax # \_\_\_\_\_

# WHAT WILL SUFFOLK COUNTY EXPECT FROM PROVIDERS?

## *For Prescriptions/Digital Recommendations*

### Prescription Term of Service Dates

*There are three (3) term of service options to select from when you upload a prescription or create a digital speech recommendation, as shown in the screenshot below.*

### Term of Service Dates

- The first option is for generic school year dates (7/1 to 6/30). This is the default option and is the recommended option.
- The second option is for a specific school year session (**Summer or 10-Month**)
- The third option is for “**specific**” dates within the generic school year dates (e.g., 9/3/26 to 6/25/27)

The screenshot shows a form titled "Period of Service" with three radio button options:

- Applies to entire school year [dropdown menu]
- Applies to specific school year / session [dropdown menu]
- Applies to specific date range [input field] [input field]

# WHAT WILL SUFFOLK COUNTY EXPECT FROM SLP PROVIDERS?

## *Digital Speech Recommendations for SLPs*

### SLPs will be required to...

- Create a **Digital Speech Recommendation** in the Portal for **all** children with **7/1/26** service dates (or later – instead of uploading a paper prescription).
- Create a digital Speech Recommendation in the Portal **in addition to any prescriptions uploaded from community practitioners.**
- Essentially, the SLP will create a digital recommendation for **ALL speech children.**

# WHEN CAN THE SPEECH RECOMMENDATION BE COMPLETED? (Medicaid Q & A #94)

**94. Q. Can a NYS licensed and currently registered speech-language pathologist (SLP) who has not seen the student write a referral for speech therapy?**

**A.** No. The SLP cannot write a referral if they have not seen the student. 18 NYCRR 505.11 states that a written order must contain a diagnostic statement and purpose of treatment. It is not acceptable under the Medicaid program for the ordering or referring professional never to have met with the child as it is incompatible with the obligations of the ordering practitioner to assure that the ordered care, services, or supplies will meet the recipient's needs and restore him or her to the best possible functional level. [December 13, 2010]

# WHAT WILL SUFFOLK COUNTY EXPECT FROM SLP PROVIDERS?

## OPRA Enrollment for SLPs

- ❑ In order for Medicaid to pay on a claim, the service provider must be enrolled with Medicaid as an Ordering, Prescribing, Referring, Attending (**OPRA**) provider.
  
- ❑ Suffolk County is requiring that all speech providers be OPRA enrolled to take on services. This policy ensures that speech services will be Medicaid reimbursable. Use this link to enroll online: <https://my.ny.gov/LoginV4/login.xhtml>.
  
- ❑ If you are an SLP that is not currently enrolled in OPRA, the links below will give you helpful information about the enrollment process. McGuinness can also assist you with this process.
  - Helpful OPRA Links: <https://support.cpseportal.com/kb/a628/opra-reference-guide.aspx>  
<https://support.cpseportal.com/kb/a627/opra-important-links.aspx>
  - **There is no cost to enroll!**

*(An upcoming webinar on OPRA will take place as follows:*

*OPRA (5/20/26) will explain in detail the OPRA Enrollment and Revalidation Processes. Agencies should attend this webinar.)*

# QUESTIONS

Are there any questions?

## WHAT WILL SUFFOLK COUNTY EXPECT FROM PROVIDERS?

### *Comply With Requests For Non-compliant or Missing Documentation*

- ❑ **Non-Compliant Medicaid Prescriptions:** If an uploaded prescription does not meet Medicaid requirements, you will receive an auto-generated email notification from McGuinness regarding what is required to ensure Medicaid claiming.
- ❑ **Outstanding Prescriptions:** Several times throughout the school year you will be contacted by McGuinness with a request for ***missing*** prescriptions (that are required for Medicaid claiming).
- ❑ Please respond to these requests as soon as possible to ensure that Medicaid claims are processed within the limited claiming window.

# WHAT WILL SUFFOLK COUNTY EXPECT FROM PROVIDERS?

## *Credential Verification Approvals*

- ❑ In addition to verifying credentials in the Portal, the verification process must be approved by McGuinness (*on behalf of the County*).
- ❑ Therapists that have unverified credentials or have verified credentials that have not been approved by McGuinness will not be able to submit billing through the Portal.
- ❑ If a billing provider receives a billing error indicating that credentials need to be approved, please email the Medicaid mailbox at [Medicaid@cpseportal.com](mailto:Medicaid@cpseportal.com) requesting credential approval so billing can move forward.

# SIGNATURE & SERVICE LOCATION APPROVALS

## ☐ Signatures Approval

- In order to submit billing to the county a Service Provider's signature must be approved by McGuinness. *(Signatures must include the Name, Signature, Title and Credentials.)*

Example: *Shannon Stark, M.A., CCC/SLP*

## ☐ Service Location Approval

- In order to submit billing to the county, the Service Location (Setting & Location) on Session Notes must be approved by McGuinness. The information entered into the Setting & Location fields must show “**where**” the service was provided.

Example: Setting: **Preschool** / Location: **123 Main Street, City**

**These two approval processes noted above are relatively “new” to the Portal.**

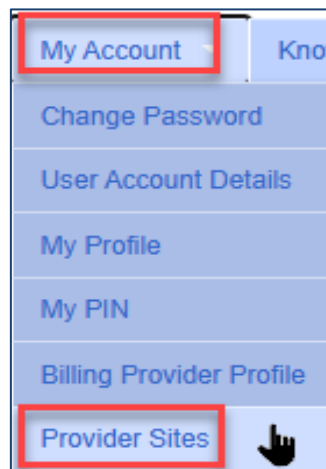
# ADDITIONAL ENTRY & APPROVAL PROCESS

## Center-Based Provider Site Entry

### ☐ Service Locations - Center-Based Provider Site Entry

In order to ensure that Center-Based Programs have enough information to clearly discern the location where services are rendered, Center-Based Agencies will need to enter their Center-Based Provider Sites into the Portal.

The Center-Based Provider Site entries will filter into the **Service Location Approval Screen** where McGuinness will either “Approve” or “Invalidate” the Provider Site Entry.



Provider Sites					
Filters					
Provider:*	ICCD	Retrieve			
Name	Address	City	State	ZIP	
ICCD - Bayside	35-55 223rd Street	Bayside	NY	11361	Edit Delete
ICCD - Northside	16-50 Utopia Parkway	Whitestone	NY	11357	Edit Delete
ICCD - Mineola	121 Jackson Avenue	Mineola	NY	11501	Edit Delete
ICCD - Herricks	999 Herricks Road	New Hyde Park	NY	11040	Edit Delete
			NY		Add

**NOT REAL DATA – SCRAMBLED TRAINING DATABASE**  
**(My Account>Provider Sites)**

## WHAT WILL SUFFOLK COUNTY EXPECT FROM PROVIDERS?

### *Submit CBRS Billing At The Same Time As The CB Billing*

- The County is expecting Center-Based Providers to submit the **Center-Based Related Service (CBRS)** voucher to the county **at the same time** that the Center-Based (Tuition) voucher is submitted.
- While the provider receives payment for their center-based services from the tuition voucher, the county receives reimbursement from Medicaid for the center-based related services (CBRS) listed on the CBRS voucher.
- There is a ***Missing CBRS Report*** in the Portal: ***Billing > Missing CBRS Entries***  
This report will show if the provider was paid for a particular month for tuition where the CBRS enrollments do not show “submitted CBRS Sessions.”
- McGuinness will notify providers who have not submitted CBRS billing.

# WHAT WILL SUFFOLK COUNTY EXPECT FROM PROVIDERS?

## Submit CBRS Billing At The Same Time As The CB Billing

### Summary of CBRS Months Tab

**THIS IS NOT REAL DATA – SCRAMBLED DATABASE**

**Missing Medicaid CBRS entries for Paid CB Months**

Filters  
 County  Provider  School Year Session

County	Provider	Child Name	CPSE Child #	ESID	Description	July	August	Total Submitted	Missing Months
NASSAU	ICCD	ADKINS, ABEL	C28000258999	CBRS2526S0079628	CBRS (ST) 9100-B 2x30 - I - (07/07/2025-08/15/2025)	5	4	9	0
NASSAU	ICCD	ALBERT, ALFRED	C28000281019	CBRS2526S0076480	CBRS (ST) 9160-B 3x30 - I - (07/07/2025-08/15/2025)	11	7	18	0
NASSAU	ICCD	ALTMAN, MILISSA	C28000266085	CBRS2526S0078640	CBRS (ST) 9160-B 1x30 - I - (07/07/2025-08/15/2025)	3	3	6	0
NASSAU	ICCD	ALTMAN, MILISSA	C28000266085	CBRS2526S0078641	CBRS (OT) 9160-B 1x30 - I - (07/07/2025-08/15/2025)	4	MISSING	4	1

### Detail Listing of Missing Months Tab

County	Provider	Child Name	CPSE Child #	ESID	Description	ServiceMonthDescription	AmountPaid
NASSAU	ICCD	ALTMAN, MILISSA	C28000266085	CBRS2526S0078641	CBRS (OT) 9160-B 1x30 - I - (07/07/2025-08/15/2025)	August 2025	\$2,889.36
NASSAU	ICCD	CASTELLANOS, KEVIN	C28000251562	CBRS2526S0081743	CBRS (ST) 9160-B 1x30 - I - (07/07/2025-08/15/2025)	August 2025	\$2,889.36
NASSAU	ICCD	CASTELLANOS, KEVIN	C28000251562	CBRS2526S0083064	CBRS (ST) 9160-B 1x30 - I - (07/07/2025-08/15/2025)	August 2025	\$2,889.36
NASSAU	ICCD	RUSSO, MILLARD	C28000264638	CBRS2526S0078213	CBRS (ST) 9100-B 3x30 - I - (07/07/2025-08/15/2025)	August 2025	\$2,589.68

# WHAT WILL SUFFOLK COUNTY EXPECT FROM PROVIDERS?

## *Supervision – (UDO)*

- ❑ Providers will not be able to submit a voucher for supervision enrollments to the County for payment until the...
  - 1) Pre-License/Supervision Plans have been created for all CFYs and/or providers with limited permits,
  - 2) The enrollments and children have been assigned to the Supervision Plan, and
  - 3) The Face-to-Face observation meeting date has been entered into the Portal.
  
- ❑ Prior to receiving Medicaid Support for Supervision, providers **must attend** the ***Supervision Webinar*** or ***watch*** the recording of the webinar in order to understand how to correct any supervision issues.

**Supervision Webinars:** (6/10 & 8/5/26) will explain in detail how to create a Pre-License Plan, Supervision/Enrollment Plan, how to enter the Face-to-Face Date and upload the Audit Documentation. **Billing Admins should attend this training.**

# BILLING EDITS

□ McGuinness has the ability to set certain billing requirements for Full-Service Medicaid Counties (*that may prevent submitting a voucher to the County*). Listed below are some of the billing edits that will be applied for Suffolk County.

- **Credentials** need to be verified by the provider and **approved** by McGuinness
- **Conditional Approvals** will allow the provider to bill while certain items are in process (such as changing your name with SED, waiting for OPRA enrollment, etc.)
- **Signature** and **Service Location** Approvals
- A **Prescription** or **Digital Order** must be uploaded to Medicaid enrollment(s)
- **Supervision**
  - *Pre-License and/or Supervision/Enrollment Plan* must be entered in the Portal (even for outside systems)
  - *Face-to-Face Date* must be entered (to ensure that Medicaid is not billed erroneously for dates of service prior to the first observation meeting).

# TO SUMMARIZE

*Providers/Agencies will be expected to...*

- ❑ **Review** and **upload** Prescriptions or create a digital order for **all** children (*not just Medicaid children*) for service dates beginning **7/1/26**.
- ❑ Use the **McGuinness prescription templates** for all prescriptions (except Speech) beginning in **April** for **7/1/26 billing dates**. Billing providers will not be able to submit attendances to the county if a prescription is not attached to a Medicaid enrollment.
- ❑ Comply with requests for **non-compliant** and/or **missing** Medicaid documentation.
- ❑ **Verify credentials** in the Portal. Billing providers will not be able to submit billing to the county for non-verified or non-approved providers.
- ❑ Submit **Center-Based Related Services (CBRS) billing** at the same time as the Tuition billing.
- ❑ **Create Supervision/Enrollment Plans & Enter the Face-to-Face Dates** in the Portal for all Medicaid Supervision enrollments (billing requirement).

# TO SUMMARIZE

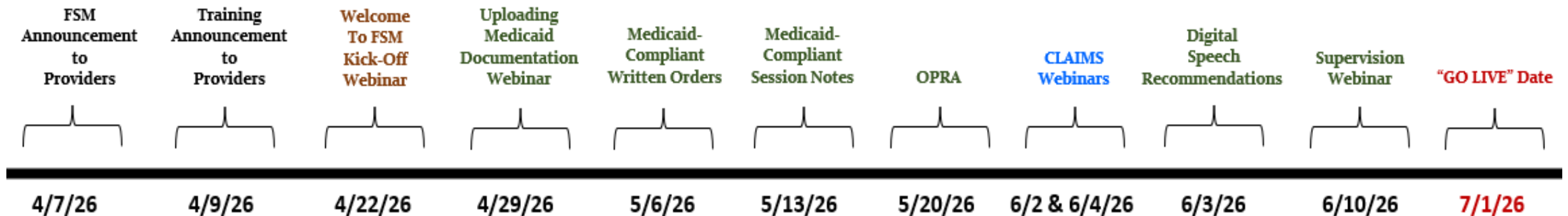
*Speech Providers will be expected to...*

## ☐ SLP Requirements:

- SLPs are expected to be OPRA enrolled (**Ordering, Prescribing, Referring, Attending) in order to provide services for Suffolk County. (A webinar to go over OPRA is scheduled for May 20, 2026.)**
- SLPs are required to complete a digital speech recommendation in the Portal for **ALL Speech Enrollments** beginning with **7/1/26** service dates. (A webinar to go over Digital Speech Recommendations is scheduled for June 3 and July 29)
- SLPs are required to complete a digital speech recommendation in the Portal in addition to any prescriptions uploaded to the Portal from medical practices.

# SUFFOLK COUNTY FSM TRAINING TIMELINE

## SUFFOLK FULL-SERVICE MEDICAID IMPLEMENTATION TIMELINE



- *Medicaid Webinars will be conducted on Wednesdays at 10:00 & 2:00 (only one session is required).*
- *CLAIMS Webinars will be conducted on Tuesdays or Thursdays at 10:00 and 2:30 (only one session is required).*
  - ✓ *Successful Medicaid using CLAIMS & EnterClaims*
  - ✓ *EnterClaims Digital Orders*

# PRIOR TO BILLING...

## Suffolk County

### Prior to billing...

(**July 2026** – First Medicaid Billing Cycle)

- Make sure credentials have been ***verified*** and ***approved***,
- A ***prescription*** or digital speech recommendation has been uploaded/created and attached to the correct Medicaid enrollment,
- Supervision Requirements*** have been entered and/or uploaded,
- Signatures and Service Locations*** have been approved, and
- Unmatched enrollments*** have been matched.

# MEDICAID SUPPORT (Medicaid@CPSEPortal.com)

- ❑ **McGuinness should be the *first point of contact* for Medicaid Issues; such as...**
  - Prescription Questions
  - Medicaid Compliance Questions
  - Medicaid Functions in Portal (such as the Supervision process)
  - Uploading Medicaid documentation (such as prescriptions)
  - Medicaid billing errors (unverified credentials, Missing Rxs, Missing Supervision Plans, etc.)
  
- ❑ If you need assistance, please contact [Medicaid@cpseportal.com](mailto:Medicaid@cpseportal.com). Someone from the McGuinness Medicaid Team will assist you.
  
- ❑ Feel free to copy the county when you submit your questions/issues. McGuinness will **Reply to All** when we reply.

# Link to All FSM Follow-up Webinars

**Link to all Suffolk County Webinar Postings for all Medicaid Presentations:**

**<https://support.cpseportal.com/kb/c103/suffolk-full-service-medicaid.aspx>**

???

# QUESTIONS

# McGuinness Medicaid-in-Education Contact Information

**James McGuinness and Associates, Inc.**

**1482 Erie Boulevard**

**Schenectady, NY 12305**

**Phone: (518) 393-3635**

**Fax: (518) 393-9938**

**Deborah Frank, McGuinness Medicaid Specialist – [dfrank@jmcguinness.com](mailto:dfrank@jmcguinness.com) – Extension #41**

**Medicaid Support – [Medicaid@cpseportal.com](mailto:Medicaid@cpseportal.com)**

# Webinar 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>
  - Email for **Medicaid Support**: [Medicaid@CPSEPortal.com](mailto:Medicaid@CPSEPortal.com)
  - **Questions/Guidance** regarding Medicaid compliance: **Contact Deborah Frank – [dfrank@jmcguinness.com](mailto:dfrank@jmcguinness.com), 518-393-3635, Ext. #41**

# Provider Follow-up

- ❑ Provider feedback is very important to us.
- ❑ If you would like to share any feedback regarding today's presentation, please email me at [dfrank@jmcguinness.com](mailto:dfrank@jmcguinness.com).
- ❑ I want to thank everyone for attending today's webinar. I hope you found the content helpful.