

# CPSE Portal Agency Billing – Using the CPSE Portal

# Topics Covered

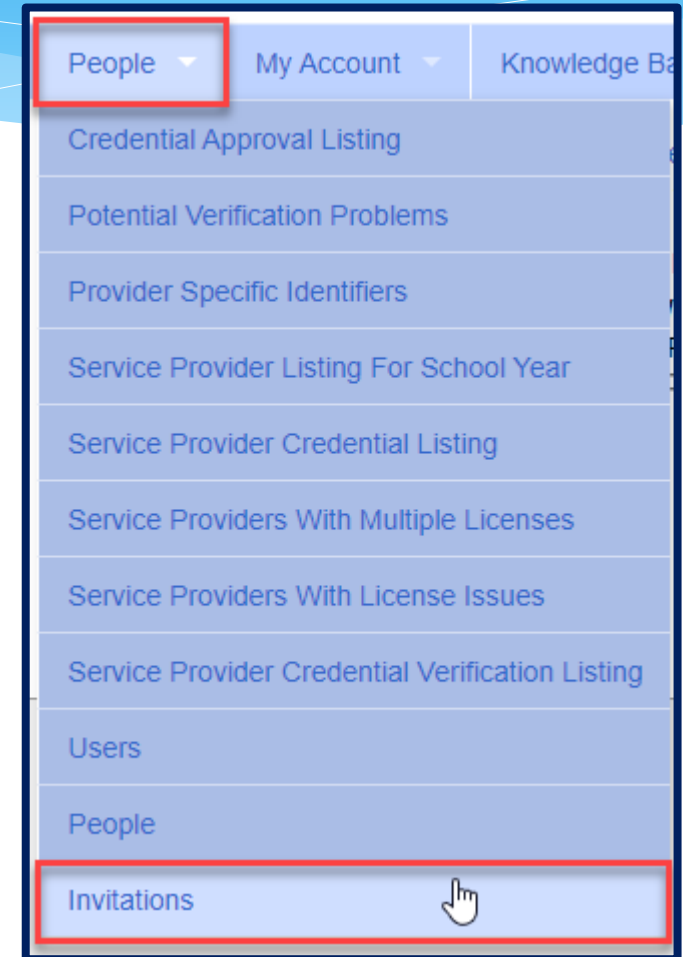
- \* Review of Portal Invitations
  - \* Review Viewing/Changing Existing Users
- \* Review of Credential Verification
- \* Creating a Voucher
  - \* What is an ESID
  - \* Voucher Terminology
- \* Missing Attendance
  - \* Why Doesn't Attendance Appear on my Voucher
  - \* Items Not Ready to Bill
  - \* Move Attendance Between Enrollments
- \* Submitting Vouchers
- \* Cannot Submit Voucher
  - \* Problems on Voucher
  - \* Problem of “Not Co-Signed”
- \* Print Voucher Summary
- \* Attendance Denied by County?
  - \* How to Correct and Re-Bill
- \* Reports
  - \* Voucher Listing Report
- \* Submitted Billing Questions



# **Review of Portal Invitations**

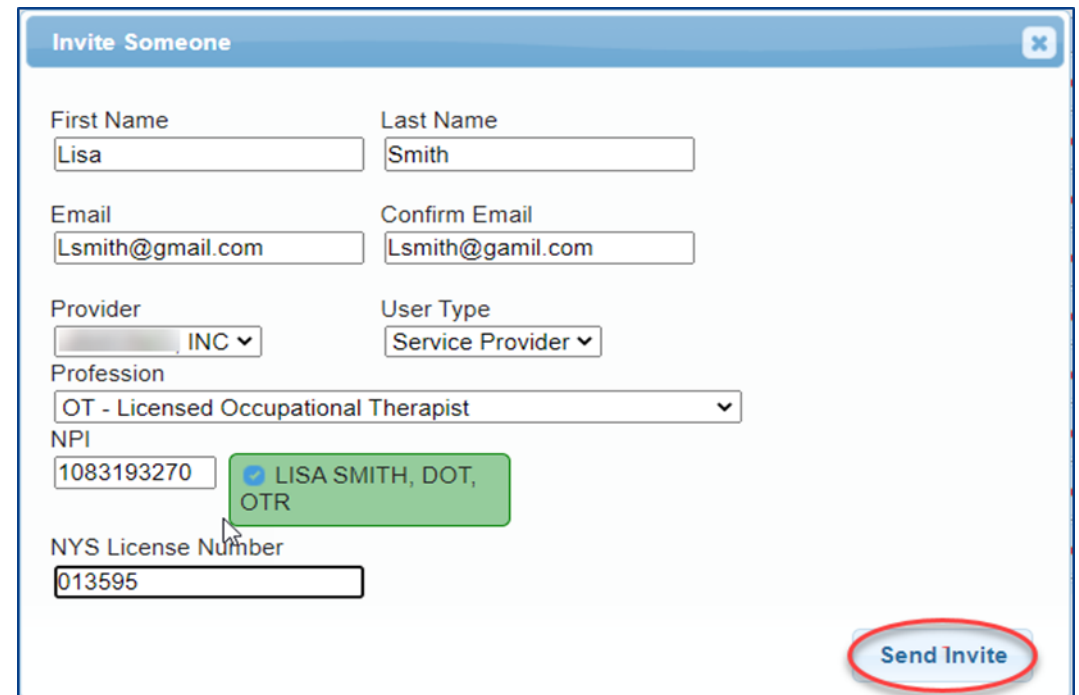
# Portal Invitations – Single Service Provider Invite

- \* Agencies will send an invitation to a Service Provider. A service provider is a person who is an individual who provides services to the child.
- \* To send an invitation, go to **People > Invitations**.



# Portal Invitations – Single Service Provider Invite

- \* After you click Invitations, the following screen appears. Fill in all of the service providers information. Note that the service providers name & credentials will appear next to their NPI #. Make sure this information is correct before clicking “Send Invite.”
- \* The service provider will then receive an email with instructions to follow to accept the invitation.



The screenshot shows a web form titled "Invite Someone" with a close button in the top right corner. The form contains the following fields and options:

- First Name:** Text input with "Lisa" entered.
- Last Name:** Text input with "Smith" entered.
- Email:** Text input with "Lsmith@gmail.com" entered.
- Confirm Email:** Text input with "Lsmith@gamil.com" entered.
- Provider:** Dropdown menu with "INC" selected.
- User Type:** Dropdown menu with "Service Provider" selected.
- Profession:** Dropdown menu with "OT - Licensed Occupational Therapist" selected.
- NPI:** Text input with "1083193270" entered. To the right of this field is a green tooltip box containing a blue circle icon and the text "LISA SMITH, DOT, OTR".
- NYS License Number:** Text input with "013595" entered.
- Send Invite:** A blue button with white text, circled in red at the bottom right of the form.

# Portal Invitations – Multiple User Template Upload

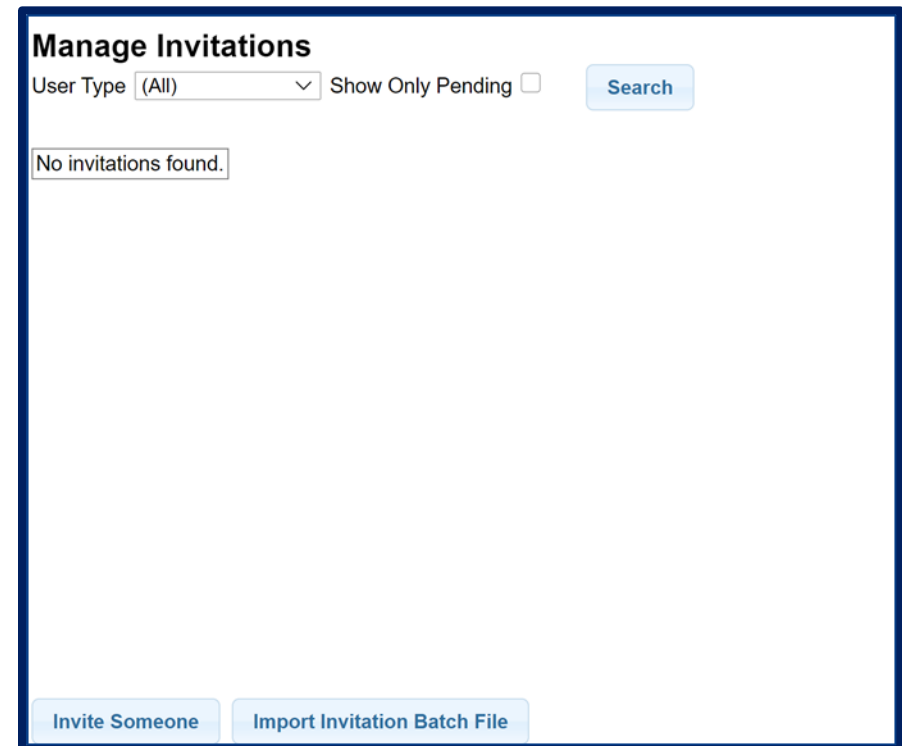
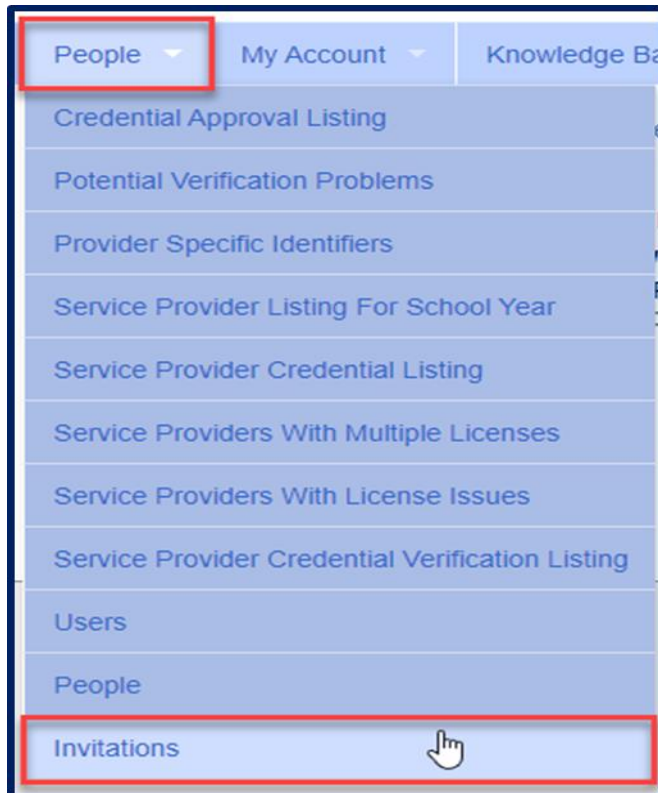
- \* As an alternative the agency can also invite “multiple” service providers at once by completing the template shown below. When complete, this template is imported and all service providers listed in the template will receive the email invitation. Service provider information needed is: First Name, Last Name, Email, NPI & Profession Code.

	A	B	C	D	E	F	G	H	I
1	First Name	Last Name	Email	Provider Specific ID	NPI	Profession Code	NY License	License From Date	License To Date
2									
3									
4									
5									
6									

- \* Additional information can be found in the Knowledge Base:
- \* <http://support.cpseportal.com/kb/a66/service-provider-user-template-to-import-therapists-and-users.aspx?KBsearchID=16175> or (search for “template” or invitations”).

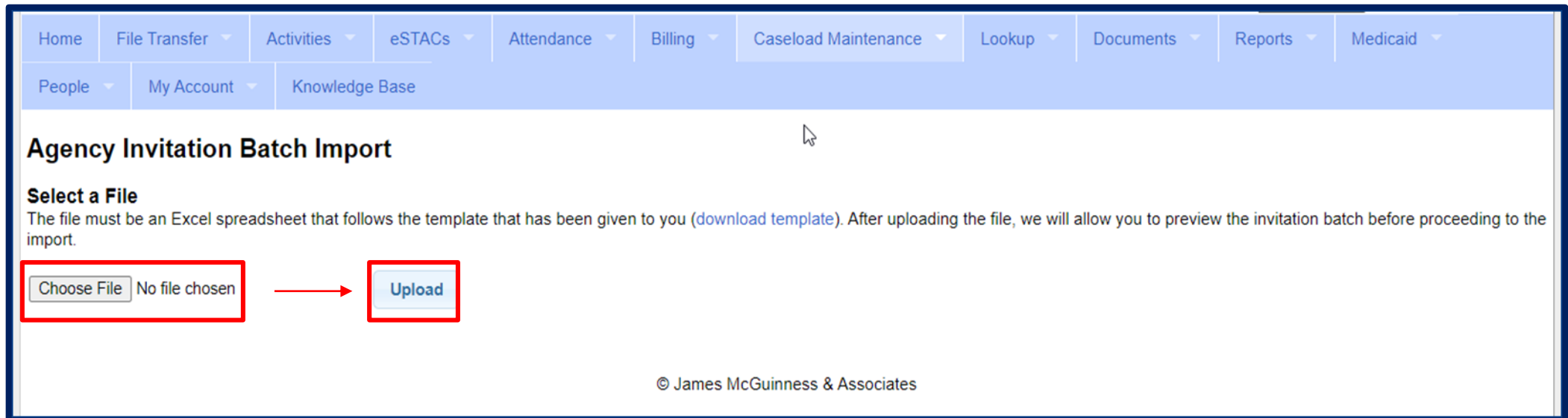
# Portal Invitations – Multiple User Template Upload

- \* To send invitations using the template, go to **People > Invitations**.
- \* You will then choose Import Invitation Batch File.



# Portal Invitations – Multiple User Template Upload

- \* You will then click “*Choose File*”, find your template, and click “*Upload*”.



The screenshot displays the 'Agency Invitation Batch Import' interface. At the top is a navigation bar with links: Home, File Transfer, Activities, eSTACs, Attendance, Billing, Caseload Maintenance, Lookup, Documents, Reports, and Medicaid. Below this is a secondary bar with People, My Account, and Knowledge Base. The main content area is titled 'Agency Invitation Batch Import' and includes a section 'Select a File' with instructions: 'The file must be an Excel spreadsheet that follows the template that has been given to you ([download template](#)). After uploading the file, we will allow you to preview the invitation batch before proceeding to the import.' Below the instructions, there is a 'Choose File' button next to the text 'No file chosen', followed by a red arrow pointing to an 'Upload' button. Both the 'Choose File' button and the 'Upload' button are highlighted with red rectangular boxes. At the bottom of the page, the copyright notice '© James McGuinness & Associates' is visible.

Home File Transfer Activities eSTACs Attendance Billing Caseload Maintenance Lookup Documents Reports Medicaid

People My Account Knowledge Base

### Agency Invitation Batch Import

**Select a File**  
The file must be an Excel spreadsheet that follows the template that has been given to you ([download template](#)). After uploading the file, we will allow you to preview the invitation batch before proceeding to the import.

Choose File No file chosen → Upload

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# Portal Invitations – Multiple User Template Upload

- \* This screen will show problems as well as successful imported entries.
- \* Click either “Accept & Send Invites” or “Decline & Cancel”.
- \* The service providers will then receive an email with instructions to follow to accept the invitation.

**Agency Invitation Batch Import**

Invites Preview - Accept or Decline?

Invalid Invites - Will NOT be imported

First Name	Last Name	Email	Is Supervisor	Profession Code	NPI	Name in NPI Registry	NY License Number	Invalid Reason
Barb	Jones	bj@cpseportal.com	N	SPED				"NPI" must be valid

Valid Invites - Will be imported & sent

First Name	Last Name	Email	Is Supervisor	Profession Code	NPI	Name in NPI Registry	NY License Number
BROOKE	DEMNER	bd@cpseportal.com	N	OT	1003003567	MS. BROOKE DEMNER, OTR	123456
Christina	LOEWENSTEIN	cl@cpseportal.com	N	OT	1003004102	LAURIE CHRISTINA LOEWENSTEIN, OTR	556677
Jen	Owen-Jones	jo@cpseportal.com	N	OT	1003011255	JENNIFER JEAN OWEN, OTR	888222
NEREIDA	Wright	nw@CPSEportal.com	N	SLP	1003001595	DR. NEREIDA IRENE HILLYER-WRIGHT, PH.D.	554433

Accept & Send Invites Decline & Cancel

# Portal Profession Codes

- \* The Portal Profession Codes must be entered on the template and can be found in the Knowledge Base article below.
- \* <http://support.cpseportal.com/kb/a66/service-provider-user-template-to-import-therapists-and-users.aspx?KBsearchID=16175> or (search for “template” or invitations”).

The list of profession codes that can be used:

Profession Code	Description
AIDE	Classroom or 1:1 AIDE
AUD	Audiologist
CFY	Clinical First Year
COTA	Certified Occupational Therapist Assistant
CSP	Certified School Psychologist
CSW	Clinical Social Worker
INT	Bilingual Interpreter
LCSW	Licensed Clinical Social Worker
LMSW	Licensed Master Social Worker
LPN	Licensed Practical Nurse
MUS	Music Therapist
OT	Occupational Therapist (Registered)
OTA	Occupational Therapist Assistant
PSY	Licensed Psychologist
PT	Physical Therapist
PTA	Physical Therapist Assistant
RN	Registered Nurse
SLP	Speech & Language Pathologist
SPED	Special Education Teacher
TD	Teacher of the Deaf
TEACH	Teacher
TSHH	Teacher of Speech & Hearing Handicapped
TSLD	Teacher of Speech & Language Disabilities
TVI	Teacher of the Visually Impaired

# Portal Admin- User Access

## Viewing/Changing Existing Users

- \* You will check off if a staff member is a Service Provider, Supervisor, a Basic User or a Billing Admin. Some staff may have more than 1 box checked.

**Users**

Provider ACHIEVEMENTS ▾

Username	First Name	Last Name	Email	Associated Person	Service Provider	Supervisor	QA Supervisor	Basic	Billing Admin		
ALEXA.FLANAGAN12			demo@cpseportal.com	FLANAGAN, ALEXA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	update cancel	delete
RIKKI.PUCKETT10516	Josephine	Acheta	demo@cpseportal.com	PUCKETT, RIKKI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	edit	delete
RINA.DOWNING10517	Cathy	Campbell	lmell@jmcguinness.com	DOWNING, RINA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	edit	delete
PENEL.BUCKLEY12095	Wendy	Hill	demo@cpseportal.com	BUCKLEY, PENELOPE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	edit	delete
MITCH.WHEELER14250	Katherine	Agard	demo@cpseportal.com	WHEELER, MITCHELL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	edit	delete
BARBR.MCKEE798	RUTH	AGNE	demo@cpseportal.com	MCKEE, BARBRA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	edit	delete
ABIGA.COTTON10257	Aimee	Alvarez	demo@cpseportal.com	COTTON, ABIGAIL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	edit	delete
MINA.GILLESPIE3614	Abigail	Andrews	demo@cpseportal.com	GILLESPIE, MINA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	edit	delete

support@CPSEPortal.com

- \* Admin- (management/ administrators) can submit vouchers on behalf of the agency
- \* Basic- (clerical/billing staff)
- \* Supervisor (UDO/USO)
- \* QA Supervisor (quality assurance supervisor)



# **Review of Credential Verification**

# What is Credential Verification?

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

# Credential Verification

- \* All providers licensed through the New York State Office of the Professions (Occupational Therapists, Physical Therapists, Licensed Clinical Social Workers, etc.) as well as non-licensed professionals that work under the direction of an SLP for speech therapy services (TSHH, TSSLD, etc.) provider will need to have their credentials verified.
- \* Verification means that someone (**the therapist and/or agency staff**) will need to review what is on file with the Office of Professions and the NPI Registry to ensure that the information in the Portal is correct and attest that the information is correct.

# Credential Verification by Service Provider

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

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

CPSE PORTAL

Hello, Betty . You are currently logged in

Home Activities Attendance Caseload Maintenance Lookup Reports My Account Knowledge Base

User Profile [Hide](#)

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

My Professional Profile [Hide](#)

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

**My License(s)**

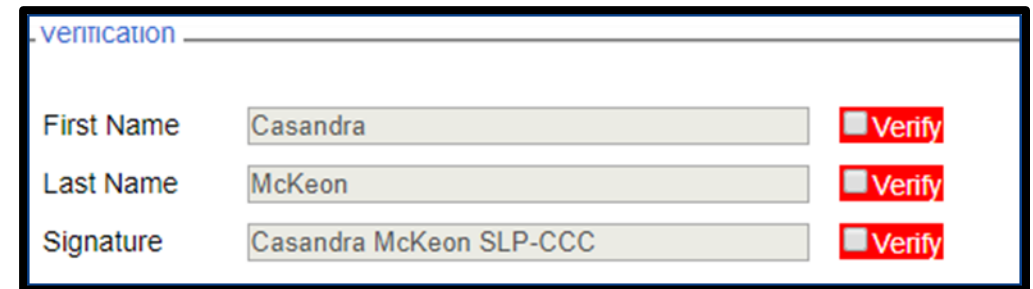
Profession	License	Original Date Of Licensure	Registered Through Date	License Lookup	Verification Status	Verify
Licensed Speech & Language Pathologist	011587	12/23/1999	01/31/2020	<a href="#">Lookup</a>	REQUIRES VERIFICATION	<a href="#">Verify</a>

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

Support@CPSEPortal.com

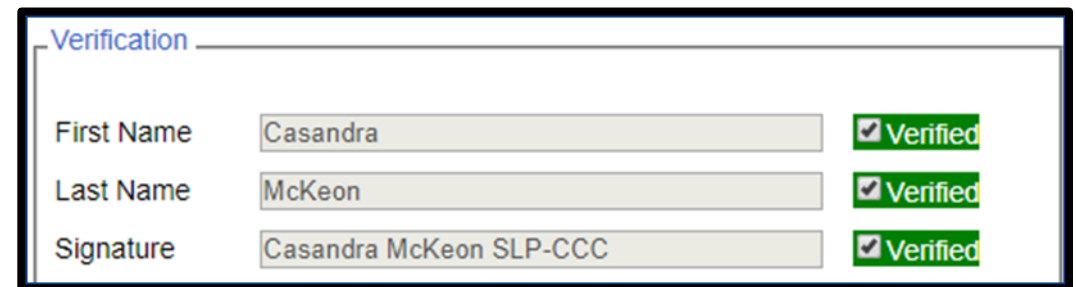
# Verifying Name

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



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

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



The screenshot shows the same web form as above, but the buttons are now green and labeled "Verified".

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



# Verifying License

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

Verification

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

License Information From NYSED Office of the Professions

According to data retrieved on: 1/8/2019

Name: MCKEON CASANDRA PATRICIA Address: BALLSTON LAKE NY

License: 020673 Profession: SPEECH - LANGUAGE PATHOLOGY

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

[Update Verification with SED Dates](#)

NYSED.gov  
Office of the Professions

Search OP

Online Services

Verifications

Licensees, by name

Licensees, by license number

Permits, by name

Pharmacy Establishments

Professional Business Entities (other than pharmacies)

Help with Searches

Terms of Use

Registration Renewal

Renewal Information

Verification Searches

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

License Information \*

03/08/2021

Name : MCKEON CASANDRA PATRICIA

Address : MECHANICVILLE NY

Profession : SPEECH - LANGUAGE PATHOLOGY

License No: 020673

Date of Licensure : 12/16/2010

Additional Qualification : Not applicable in this profession

Status: REGISTERED


Registered through last day of : 04/22

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

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

# Credential Verification by Agency Office Staff

- \* Go to **People > Service Provider Credential Verification Listing**
- \* Click “Verify” for staff members that need to be verified.
- \* Office staff will need to verify the same information that the service provider does.
- \* Be sure to compare the **two exactly**, as you are attesting that the information in the Portal is accurate.



Filters

County All Counties Provider ACHIEVEMENTS Retrieve

Profession All Professions ☐ Include Previously Verified

Person Name	NPI	Profession	Credential Type	Credential Number	From Date	To Date	Status	Verify	History
BEASLEY, MELIDA	1346571726	SLP	License	010753	11/12/1998	12/31/2020	REQUIRES VERIFICATION	Verify	History
Benner, MaryRose	1023261047	OT	License	009248	12/13/1999	12/31/2019	REQUIRES VERIFICATION	Verify	History
BLACKWELL, DOMINIQUE	1992939078	LCSW	License	080709	05/02/2013	02/28/2019	REQUIRES VERIFICATION	Verify	History
BRENNAN, MARISA	1528203916	OT	License	007750	10/22/1996	02/29/2020	REQUIRES VERIFICATION	Verify	History
Brezina, Elena	1003051277	SLP	License	009939	01/01/2017	02/01/2020	REQUIRES VERIFICATION	Verify	History
CARLSON, CARMEN	1811445802	OT	License	020866	08/25/2016	07/31/2019	REQUIRES VERIFICATION	Verify	History



# Creating Vouchers

# What is an ESID

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

# Voucher Terminology

## \* **Create Voucher:**

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

## \* **Voucher Info:**

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

## \* **Voucher Details:**

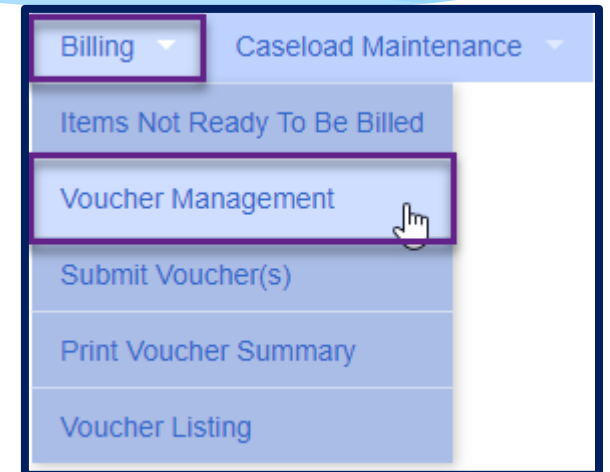
- \* This screen is used to add new monthly billing items (and their corresponding attendances) to a voucher, you use this screen. On the left are monthly items that are ready for billing, but not on any voucher yet. On the right are monthly items currently on this voucher. Note: Attendances won't be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

## \* **Recalculation:**

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

# Creating a Voucher

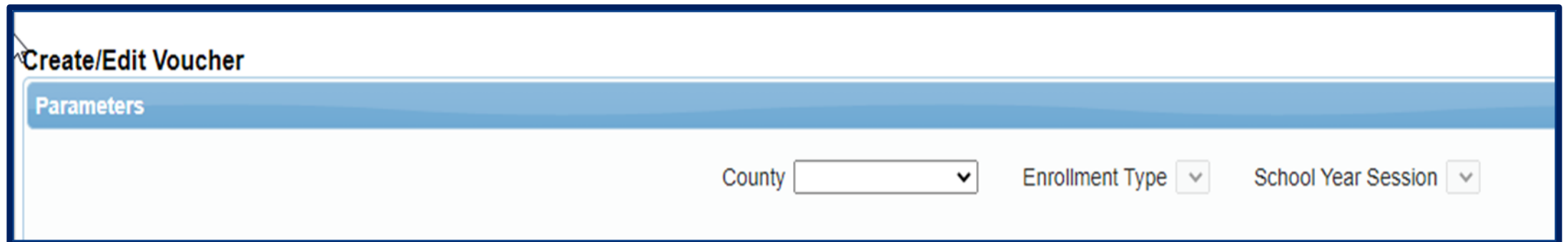
- \* When ready to bill, you will need to create your voucher.
- \* Go to **Billing -> Voucher Management**
- \* Click “Create Voucher”



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

# Creating a Voucher

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



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

# Creating a Voucher

- \* Once you select the previous filters, then the additional options will open up.
- \* Under the “RS” enrollment type, is the option to choose a specific service type which make the voucher be ONLY for that service type.
- \* By leaving the related service code blank, the vouchers may be submitted with mixed services.

**Create/Edit Voucher**

Parameters

County

SCHENECTADY ▼

Enrollment Type

RS ▼

School Year Session

2019 - 2020 Winter ▼

Related Service Code

▼

SED Program Code

▼

Service Month From

Service Month To

Support@CPSEPortal.com



# Creating a Voucher

- \* **Voucher for CB, AIDE and SEIT:**

- \* **Center Based program (CB)** - students will be grouped together under the SED Program Code that you choose (I.E. – all 9160 students will be billed together).
  - \* Also, CB programs can be billed with no attendances, but most counties require attendance. You should follow your county's rules.
- \* **AIDE** – separate AIDE enrollments will be created by the county. When billing, all students receiving AIDE services will be grouped together.
- \* **SEIT** – all students receiving SEIT will be grouped together.

**Create/Edit Voucher**

Parameters

County

ULSTER

▼

Enrollment Type

CB

▼

School Year Session

2021 - 2022 Winter

▼

SED Program Code

▼

9100

9200

AIDE

Service Month From

Service Month To

# Creating a Voucher

- \* **Voucher for RS or CBRs:**

- \* **Related Services** - can be billed by individual service (I.E. – all speech) by selecting the Related Service Code or you can bill all related services together by leaving the Related Service Code blank.
- \* **Center Based Related Services (CBRS)** - will be grouped together under the SED Program Code that you choose. **CBRS MUST be billed and voucher submitted to the county at the same time when billing for Center Based (CB) programs.** Your voucher amount for CBRS will be \$0.

**Create/Edit Voucher**

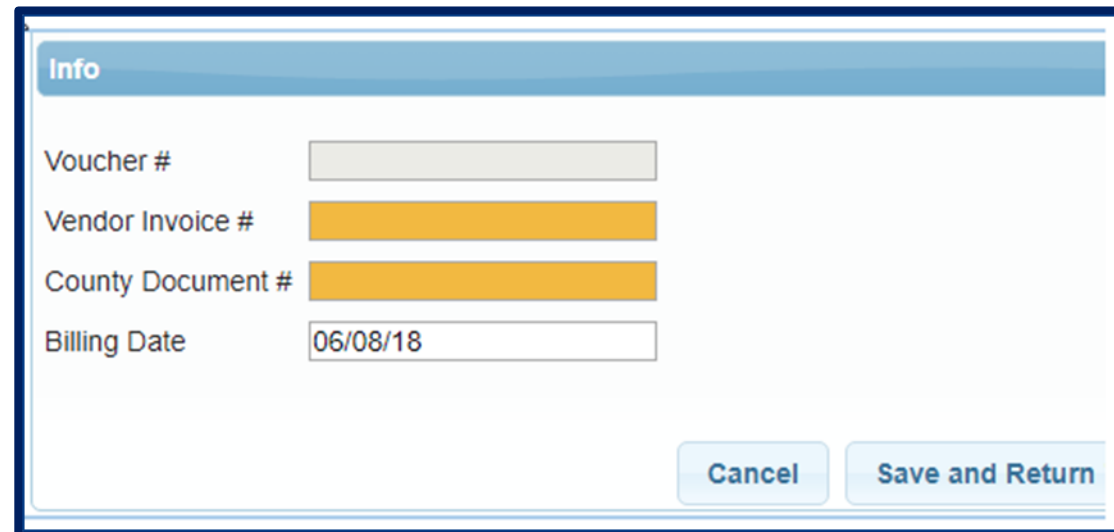
Parameters

County  Enrollment Type  School Year Session  Related Service Code   
Service Month From  Service Month To  SED Program Code   
Info

AID  
CSL  
OT  
PT  
ST  
ST1

# Creating a Voucher

- \* Voucher numbers are auto-assigned.
- \* The Vendor Invoice Number is how you as the agency might identify your Voucher.
- \* The County Document # is how the County might identify your Voucher (for example a pre-printed County specific numbered Voucher).



Info

Voucher #

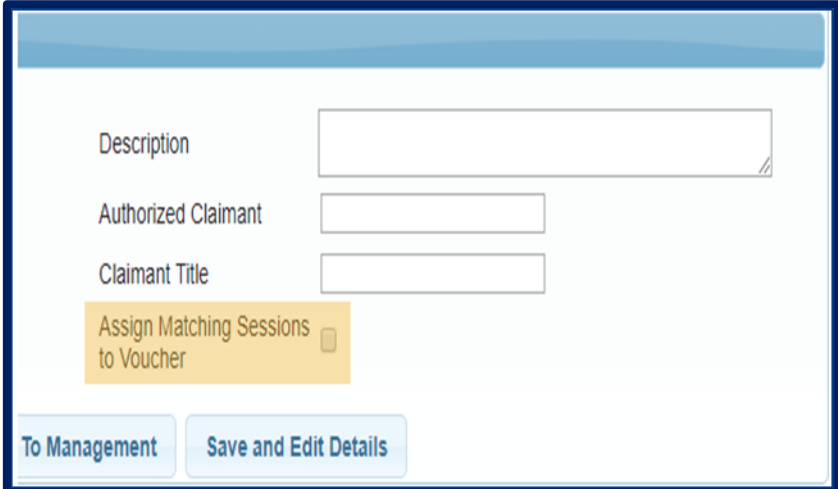
Vendor Invoice #

County Document #

Billing Date

# Creating a Voucher

- \* If you would like the system to automatically assign matches of the chosen criteria, check “Assign Matching Sessions”
- \* This can be used in place of choosing each individually.
- \* These may be unassigned if you do not wish to apply, this is just to skip a step in assigning attendances to a Voucher.
- \* The description is how you can identify the voucher (I.E. – May 2021 SEIT)
- \* Authorized Claimant – for independent provider this is the therapist. For agency this is the billing admin.
- \* Claimant Title – title of claimant (ex. President)
- \* Click Save and Return to Management



The screenshot shows a web form for creating a voucher. It includes the following fields and controls:

- Description:** A text input field with a small icon in the bottom right corner.
- Authorized Claimant:** A text input field.
- Claimant Title:** A text input field.
- Assign Matching Sessions to Voucher:** A checkbox with a yellow background.
- To Management:** A button with a blue gradient.
- Save and Edit Details:** A button with a blue gradient.

# Creating a Voucher

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

**Create/Edit Voucher**

**Parameters**

County  Enrollment Type  School Year Session  Related Service Code  SED Program Code

Service Month From  Service Month To

**Info**

Voucher #	<input type="text"/>	Description	<input type="text" value="May 2021 Speech"/>
Vendor Invoice #	<input type="text" value="ABC123"/>	Authorized Claimant	<input type="text" value="Gloria Gaynor"/>
County Document #	<input type="text"/>	Claimant Title	<input type="text" value="Billing Admin"/>
Billing Date	<input type="text" value="06/10/21"/>	Assign Matching Sessions to Voucher	<input checked="" type="checkbox"/>

# Creating a Voucher

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



## Pending Vouchers

Voucher #	Vendor Invoice #	County Doc #	Bill Date	Service	County	Time Period	Description	Enroll. Count	Total Billed				
CB220613131			6/13/2022	CB	ULSTER	April 2022	April 1-1 Aide - Remaining	0	\$0.00	Info	Details	Recalc	Delete
CB220613134			6/13/2022	CB	ULSTER	May 2022	Ulster - May CB 9100	0	\$0.00	Info	Details	Recalc	Delete

# Creating a Voucher

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

September 2015 ▼ ☒ Program (Service) ▼ Filter

September 2015 ▼ ☒ 9200

Unassigned

<input type="checkbox"/>	Last Name	First Name	Month	Sessions	Amount	Svc	ESID
<input checked="" type="checkbox"/>	ALMAN	Adley	September 2015	5	\$275.00 (R)	OT	RS1516W0018372
<input checked="" type="checkbox"/>	ALMAN	Adley	September 2015	5	\$275.00 (R)	PT	RS1516W0018484
<input checked="" type="checkbox"/>	ANTAKI	ZANI	September 2015	6	\$330.00 (R)	PT	RS1516W0017894
<input type="checkbox"/>	BISCARDI	Goriola	September 2015	6	\$330.00 (R)	PT	RS1516W0018260
<input type="checkbox"/>	BLOOMER	Ara	September 2015	6	\$330.00 (R)	ST	RS1516W0018191
<input type="checkbox"/>	BLOOMER	Ara	September 2015	2	\$165.00 (R)	ST	RS1516W0018562
<input type="checkbox"/>	BLOOMER	Ara	September 2015	6	\$132.00 (R)	ST	RS1516W0018563
<input type="checkbox"/>	BRATSHPIS	Sheri	September 2015	7	\$385.00 (R)	OT	RS1516W0018083
<input type="checkbox"/>	COLAVITO	Don-Anthony	September 2015	2	\$110.00 (R)	OT	RS1516W0018554
<input type="checkbox"/>	CRUZMEJIA	Janne	September 2015	6	\$330.00 (R)	PT	RS1516W0018188

Assign -->

# Creating a Voucher

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

Assigned						
<input type="checkbox"/>	Last Name	First Name	Service Month	Sessions	Amount Billed	ESID
<input type="checkbox"/>	ALMAN	Adley	September 2015	5	\$275.00 (R)	RS1516W0018372
<input type="checkbox"/>	ALMAN	Adley	September 2015	5	\$275.00 (R)	RS1516W0018484
<input type="checkbox"/>	ANTAKI	ZANI	September 2015	6	\$330.00 (R)	RS1516W0017894
<input type="checkbox"/>	DINH	Keysy	September 2015	5	\$275.00 (R)	RS1516W0018486
<input type="checkbox"/>	DINH	Keysy	September 2015	3	\$165.00 (R)	RS1516W0018507
<input type="checkbox"/>	EMANUEL	Zissel Devora	September 2015	3	\$165.00 (R)	RS1516W0018092
<input checked="" type="checkbox"/>	FUGATE	Keylen	September 2015	3	\$165.00 (R)	RS1516W0018105
<input type="checkbox"/>	GANGI	Quatase	September 2015	4	\$220.00 (R)	RS1516W0018581
<input type="checkbox"/>	GODOY	Nyla-Rae	September 2015	5	\$275.00 (R)	RS1516W0018142

<-- Unassign



# Creating a Voucher

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





# Missing Attendance

# Why Doesn't Attendance Appear on my Voucher?

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

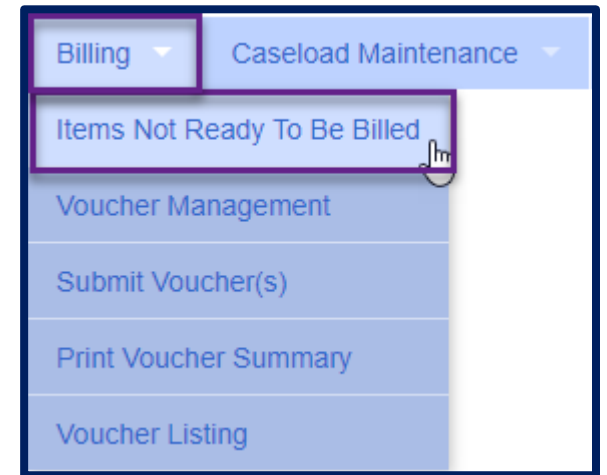
# Items Not Ready to Bill

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

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

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

- \* Attendances missing signatures
- \* Attendances not co-signed
- \* Attendances are outside of enrollment dates



# Items Not Ready to Bill

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

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

# Items Not Ready to Bill

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

## Items Not Ready To be Billed

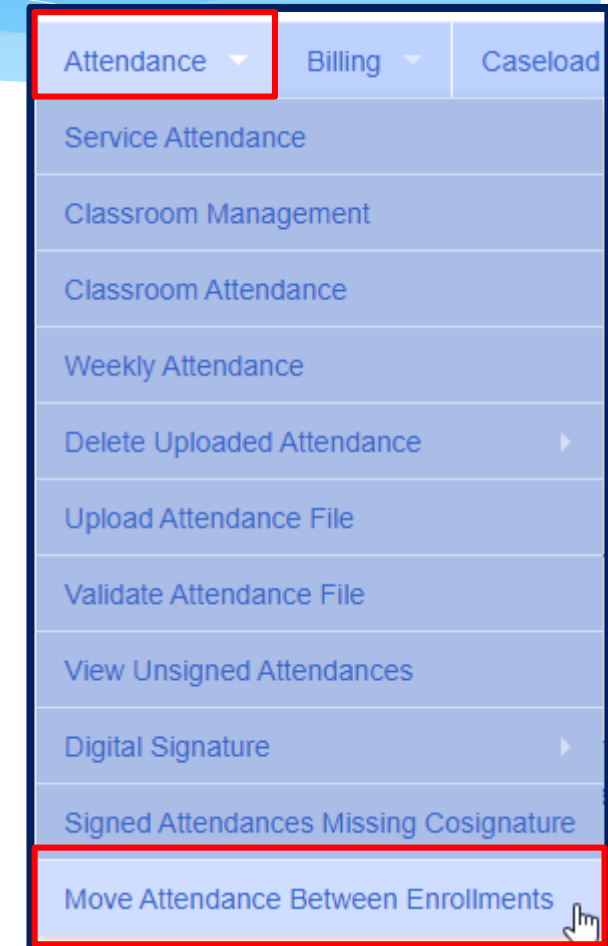
Filters

Provider:  County:   
School Year Session:  Service Month From:  Service Month To:   
Enrollment Type:  Service Type:  Program Code:

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

# Move Attendance Between Enrollments

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



# Move Attendance Between Enrollments

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

Move Attendance Between Enrollments

School Year Session  Provider  Last Name

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



# Move Attendance Between Enrollments

- \* Select Enrollment by clicking “Select” to the Right.
- \* Check correct attendances boxes on left,
- \* Click on “Select” on right for applicable enrollment,
- \* Click on “Move” to move attendance to the other enrollment,
- \* You will the confirmation: *Attendances Moved Successfully.*

Move Attendance Between Enrollments

School Year Session: 2021 - 2022 Winter | Provider: | Last Name: | Search

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

**Selected Enrollment Info**

	Service Date	Service Provider	Individual Or Group
<input type="checkbox"/>	12/2/2021		I
<input type="checkbox"/>	12/6/2021		I
<input type="checkbox"/>	12/9/2021		I
<input type="checkbox"/>	12/20/2021		I
<input type="checkbox"/>	12/21/2021		I

	County	District	ESID	Enrollment Type	From Date	To Date	RS Type	Frequency	Individual Or Group
Select	ULSTER	KINGSTON CITY SD		RS	9/7/2021	6/24/2022	ST	3x30	I
Select	ULSTER	KINGSTON CITY SD	CBRS2122W0036246	CBRS	12/18/2021	6/23/2022	ST	3x30	I

Move

# Move Attendance Between Enrollments

## Move Attendance Between Enrollments

School Year Session 2021 - 2022 Winter Provider  Last Name  Search

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

## Selected Enrollment Info

	Service Date	Service Provider	Individual Or Group		County	District	ESID	Enrollment Type	From Date	To Date	RS Type	Frequency	Individual Or Group	
<input type="checkbox"/>	1/5/2022		I		Select	ULSTER	KINGSTON CITY SD	CBRS2122W0035918	CBRS	9/8/2021	12/17/2021	PT	3x30	I
<input type="checkbox"/>	1/6/2022		I		Select	ULSTER	KINGSTON CITY SD	CBRS2122W0036248	CBRS	12/18/2021	6/23/2022	PT	3x30	I
<input type="checkbox"/>	1/11/2022		I											
<input type="checkbox"/>	1/19/2022		I											
<input type="checkbox"/>	1/20/2022		I											
<input type="checkbox"/>	1/24/2022		I											
<input type="checkbox"/>	1/25/2022		I											
<input type="checkbox"/>	1/26/2022		I											
<input type="checkbox"/>	1/27/2022		I											
<input type="checkbox"/>	3/2/2022		I											
<input type="checkbox"/>	3/3/2022		I											
<input type="checkbox"/>	3/4/2022		I											

Move

Move



# Submitting Vouchers

# Submitting a Voucher

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



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

ULSTER  CB

Select any Unbilled Vouchers

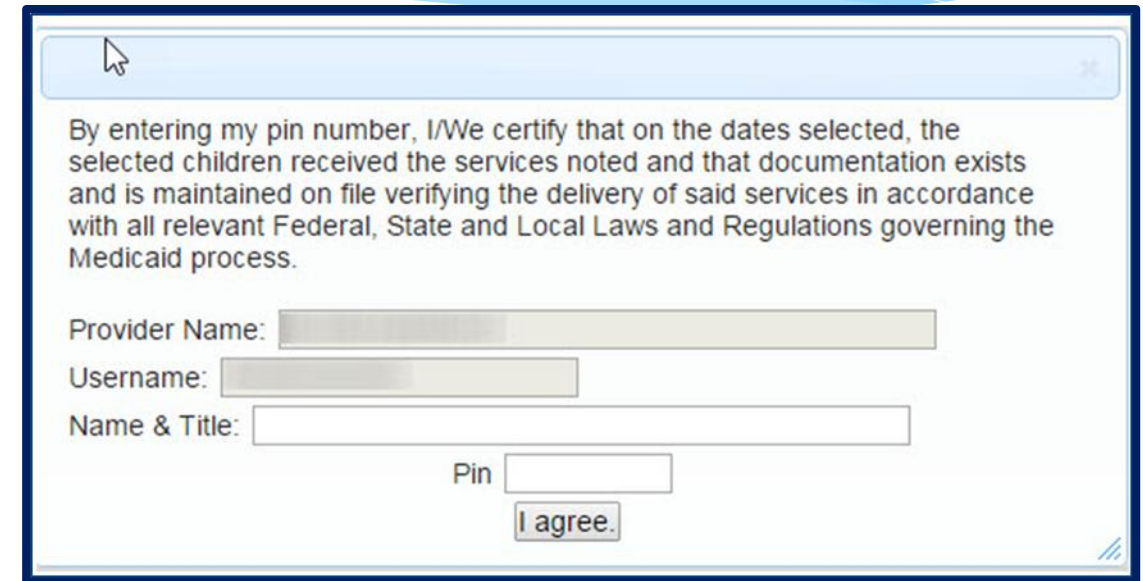
Select	Bill Date	Voucher#	Vendor Invoice#	County Document#	Contract or Account#	Description	Authorized Claimant	Claimant Title	# Enrollments	Amount Billed	
<input checked="" type="checkbox"/>	1/11/2022	CB220111104807							18	\$52,452.00	

☒ Select All    Total Billed: \$52,452.00

Submit Voucher(s)

# Submitting a Voucher


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

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

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

# Voucher Summary

- \* Sign the voucher summary, and send to County .



**Voucher Summary**

Printed: 6/21/2022 8:39:56 AM

Page 1 of 1

**Provider:** \_\_\_\_\_

**Vendor#:** \_\_\_\_\_

**Tax ID:** \_\_\_\_\_

**BEDS Code:** 620600998101

**Voucher Description:** \_\_\_\_\_

**Bill Date:** 1/18/2022

**Submitted :** \_\_\_\_\_

**Time Period:** December 2021

**County:** ULSTER

**CPSE Voucher#:** CB220118152217

**Vendor Invoice#:** \_\_\_\_\_

**County Doc#:** \_\_\_\_\_

**Contract Or Account#:** \_\_\_\_\_

Child Name	ESID	Program Code	Frequency	Rate	Billing Method	Paymt Type	Month	Amount
BARRIOS, CLINT	CB2122W0009550	9100	5 hrs/day - I	\$898.02	WEEKLY DYNAMIC	R	Dec-21	\$0.00
BARRIOS, CLINT	CB2122W0009592	9100	5 hrs/day - I	\$0.00	WEEKLY DYNAMIC	R	Dec-21	\$3,592.08
GRANADOS, EFREN	CB2122W0009615	9100	5 hrs/day - I	\$898.02	WEEKLY DYNAMIC	R	Dec-21	\$3,592.08
KENNY, LUPE	CB2122W0009536	9100	5 hrs/day - I	\$898.02	WEEKLY DYNAMIC	R	Dec-21	\$3,592.08
LEUNG, ANDERSON	CB2122W0009373	9100	5 hrs/day - I	\$898.02	WEEKLY DYNAMIC	R	Dec-21	\$3,592.08
MALLORY, JEAN	CB2122W0009405	9100	5 hrs/day - I	\$898.02	WEEKLY DYNAMIC	R	Dec-21	\$3,592.08
MCLAIN, TOD	CB2122W0009511	9100	5 hrs/day - I	\$898.02	WEEKLY DYNAMIC	R	Dec-21	\$3,592.08
ORNELAS, PHYLLIS	CB2122W0009408	9100	5 hrs/day - I	\$898.02	WEEKLY DYNAMIC	R	Dec-21	\$3,592.08
WU, ELVIN	CB2122W0009566	9100	5 hrs/day - I	\$898.02	WEEKLY DYNAMIC	R	Dec-21	\$3,592.08
<b>Grand Total:</b>								<b>\$28,736.64</b>


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

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

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

# Voucher Summary

- \* The Portal does not record remote learning for Classroom Attendance.
- \* If needed, you can list child and write "R" at the bottom of page.



## PORTAL

### Classroom Attendance

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Page 1 of 1

**Provider:** \_\_\_\_\_

**County:** ULSTER

**Classroom:** \_\_\_\_\_ **Month:** December 2021

	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F
Child Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
BARRIOS, CLINT	A																														
CLIFTON, CONSUELA	A	A	A																												
DOCKERY, EDWARD																															
GRANADOS, EFREN	A	P	P			P	A	A	A	A			P	P	P	P	P				P	P	A	P							
KENNY, LUPE	P	P	P			P	P	P	P	P			P	P	P	P	P				P	P	A	P							
LEUNG, ANDERSON	P	P	P			P	P	P	P	P			P	P	P	P	P				P	P	P	P							
MALLORY, JEAN	P	P	P			P	P	P	P	P			P	P	P	P	P				P	P	P	P							
MCLAIN, TOD	P	P	P			A	A	A	A	A			P	P	A	P	P				P	A	A	A							
ORNELAS, PHYLLIS	P	A	P			P	P	P	P	P			P	P	P	P	P				P	P	P	A							
REEDER, PAUL																															
WU, ELVIN	P	P	P			A	A	A	A	P			A	P	A	A	P				P	P	A	A							


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

**Signature:** \_\_\_\_\_



# Center Based Related Service - CBRS Voucher

- \* CBRS vouchers will list all related service sessions in the CB program with a zero amount.
- \* The CBRS voucher **must** accompany the CB voucher when submitting to the County.



**Voucher Summary**

Printed: 6/21/2022 9:02:04 AM

Page 1 of 1

**Provider:**  
**Vendor#:**  
**Tax ID:**  
**BEDS Code:** 620600998101  
**Voucher Description:**

**Bill Date:** 10/27/2021  
**Submitted :**  
**Time Period:** September 2021

**County:** ULSTER  
**CPSE Voucher#:** CBRS211027112902  
**Vendor Invoice#:**  
**County Doc#:**  
**Contract Or Account#:**

Child Name	ESID	Frequency	Service	Dates Of Service	Rate	Units	Minutes Per Unit	Amount
CULVER, WANDA	CBRS2122W0035806	1x30 - I	CBRS - TVI	Sep 2021 - 8,15,22	\$0.00	3.00	30	\$0.00
ENNIS, LENARD	CBRS2122W0035849	2x30 - I	CBRS - OT	Sep 2021 - 10,23,24,30	\$0.00	4.00	30	\$0.00
ENNIS, LENARD	CBRS2122W0035848	3x30 - I	CBRS - ST	Sep 2021 - 20,21,27,28	\$0.00	4.00	30	\$0.00
JUDD, PARKER	CBRS2122W0035891	2x30 - I	CBRS - OT	Sep 2021 - 21,23,28,30	\$0.00	4.00	30	\$0.00
JUDD, PARKER	CBRS2122W0035890	3x30 - I	CBRS - ST	Sep 2021 - 28,29,30	\$0.00	3.00	30	\$0.00
JUDD, PARKER	CBRS2122W0035888	1x30 - I	CBRS - ST	Sep 2021 - 9,10,14,21,23,24	\$0.00	6.00	30	\$0.00
LEUNG, ANDERSON	CBRS2122W0035448	3x30 - I	CBRS - ST	Sep 2021 - 13,14,20,21,23,27,28,30	\$0.00	8.00	30	\$0.00
LEUNG, ANDERSON	CBRS2122W0035450	2x30 - I	CBRS - PT	Sep 2021 - 8,9,15,17,20,24,27,29	\$0.00	8.00	30	\$0.00
LEUNG, ANDERSON	CBRS2122W0035452	4x30 MONTHLY - I	CBRS - TVI	Sep 2021 - 9,10,13,14,15,17,20,21,22,23,27,29,30	\$0.00	13.00	30	\$0.00
LEUNG, ANDERSON	CBRS2122W0035449	2x30 - I	CBRS - OT	Sep 2021 - 9,15,21,21,23,28,30	\$0.00	7.00	30	\$0.00
LUKE, ODIS	CBRS2122W0035917	3x30 - I	CBRS - OT	Sep 2021 - 8,17,20,21,22,24,27,29	\$0.00	8.00	30	\$0.00
MALLORY, JEAN	CBRS2122W0035468	3x30 - I	CBRS - ST	Sep 2021 - 8,10,13,15,17,20,22,27,29	\$0.00	9.00	30	\$0.00
MCLAIN, TOD	CBRS2122W0035769	2x30 - I	CBRS - PT	Sep 2021 - 10,15,17,22,24,29	\$0.00	6.00	30	\$0.00
MCLAIN, TOD	CBRS2122W0035767	3x30 - I	CBRS - ST	Sep 2021 - 8,10,13,15,17,20,22,27,29	\$0.00	9.00	30	\$0.00
MCLAIN, TOD	CBRS2122W0035768	2x30 - I	CBRS - OT	Sep 2021 - 8,13,17,20,22,27,29	\$0.00	7.00	30	\$0.00
ORNELAS, PHYLLIS	CBRS2122W0035471	2x30 - I	CBRS - PSY	Sep 2021 - 10,14,21,22,24,28,30	\$0.00	7.00	30	\$0.00
<b>Grand Total:</b>								<b>\$0.00</b>

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

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






# Cannot Submit Voucher




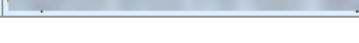
# Problems on Voucher

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

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

  CBRS 

Select any Unbilled Vouchers

Select	Bill Date	Voucher#	Vendor Invoice#	County Document#	Contract or Account#	Description	Authorized Claimant	Claimant Title	# Enrollments	Amount Billed	
<input type="checkbox"/>	9/9/2021	CBRS210909085058	CBRS210909085058			July and August 2021 - CBRS			79	\$0.00	<a href="#">Problems on Voucher</a> <a href="#">View Problems</a>
<input type="checkbox"/>	10/27/2021	CBRS211027112902	CBRS211027112902			September 2021 - CBRS Preschool			42	\$0.00	<a href="#">Problems on Voucher</a> <a href="#">View Problems</a>
<input type="checkbox"/>	11/17/2021	CBRS211117085942	CBRS211117085942			October 2021 - CBRS Preschool			55	\$0.00	<a href="#">Problems on Voucher</a> <a href="#">View Problems</a>
<input checked="" type="checkbox"/>	12/14/2021	CBRS211214143201	CBRS211214143201			November 2021 - CBRS Preschool			54	\$0.00	

☒ Select All    **Total Billed:** \$0.00

Submit Voucher(s)

# Problems on Voucher – View Problems

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

Last Name	First Name	ESID	From Date	To Date	Service	Frequency	Problem	
		CBRS2122S00:	7/5/2021	8/16/2021	OT (Indv)	1x30	Missing image of Prescription/order for enrollment	<a href="#">Attendances</a>
		CBRS2122S00:	7/6/2021	8/16/2021	TVI (Indv)	1x60	Missing Service Location	<a href="#">Attendances</a>
		CBRS2122S00:	7/5/2021	8/16/2021	OT (Indv)	2x30	Details of Prescription/order not entered for enrollment	<a href="#">Attendances</a>
		CBRS2122S00:	7/5/2021	8/13/2021	ST (Indv)	3x30	Missing a full diagnosis (ICD) code	<a href="#">Attendances</a>

# Attendance Issue

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

Service Date	Type	Make Up	Medicaid	Time In	Time Out	Duration	# Sess	Mins/Session	Service Provider	Setting	Ind/Grp	Signed Date	Co-Signed Date	Voucher #	
07/07/21	Provided Treatment Session			2:00 PM	2:30 PM	30	1.00	30		Therapy Room I	I	07/08/21	07/08/21	CBRS210909085058	Treatment Log
07/08/21	Provided Treatment Session			12:30 PM	1:00 PM	30	1.00	30		Therapy Room I	I	07/08/21	07/08/21	CBRS210909085058	Treatment Log
07/12/21	Provided Treatment Session			11:00 AM	11:30 AM	30	1.00	30		Therapy Room I	I	07/16/21	07/16/21	CBRS210909085058	Treatment Log
07/14/21	Provided Treatment Session			2:00 PM	2:30 PM	30	1.00	30		Therapy Room I	I	04/25/22	04/25/22	CBRS210909085058	Treatment Log
07/15/21	Provided Treatment Session			12:30 PM	1:00 PM	30	1.00	30		Therapy Room I	I	04/25/22	04/25/22	CBRS210909085058	Treatment Log
07/19/21	Provided Treatment Session			11:00 AM	11:30 AM	30	1.00	30		Therapy Room I	I	04/25/22	04/25/22	CBRS210909085058	Treatment Log
07/21/21	Provided Treatment Session			1:30 PM	2:00 PM	30	1.00	30		Therapy Room I	I	07/23/21	07/23/21	CBRS210909085058	Treatment Log
07/22/21	Provided Treatment Session			12:30 PM	1:00 PM	30	1.00	30		Therapy Room I	I	04/25/22	04/25/22	CBRS210909085058	Treatment Log

# Problem of “Not Co-Signed”

- \* When submitting a voucher, if you see “Problems on Voucher” and click “View Problems,” you may come across the problem “Not Co-Signed.”



Last Name	First Name	ESID	From Date	To Date	Service	Frequency	Problem	
			9/4/2019	6/26/2020	ST (indy)	1x30	Not Co-Signed	Attendances
			9/4/2019	6/26/2020	ST (indy)	1x30	Not Co-Signed	Attendances
			1/2/2020	6/26/2020	ST (indy)	2x30	Not Co-Signed	Attendances
			1/2/2020	6/26/2020	ST (indy)	4x30	Not Co-Signed	Attendances

- \* When you click on “Attendances,” you will see a listing of all of the attendances for that enrollment.

Service Date	Type	Make Up	Medicaid	Time In	Time Out	Duration	# Sess	Mins/Session	Service Provider	Setting	Ind/Grp	Signed Date	Co-Signed Date	Voucher #	
04/27/22	Provided Treatment Session			10:00 AM	10:30 AM	30	1.00	30	Michelle	Therapy Room	G	04/29/22	05/24/22	CBRS220608144019	Treatment Log
05/04/22	Provided Treatment Session			10:00 AM	10:30 AM	30	1.00	30	Michelle	Classroom	G	05/06/22	05/24/22		Treatment Log Details
05/12/22	Provided Treatment Session			10:30 AM	11:00 AM	30	1.00	30	Michelle	Therapy Room	G	05/13/22	05/24/22		Treatment Log Details
05/19/22	Provided Treatment Session			10:30 AM	11:00 AM	30	1.00	30	Michelle	Therapy Room	G	05/23/22	05/24/22		Treatment Log Details
05/26/22	Provided Treatment Session			10:30 AM	11:00 AM	30	1.00	30	Michelle	Therapy Room	G	05/31/22			Treatment Log Details
06/02/22	Provided Treatment Session			10:30 AM	11:00 AM	30	1.00	30	Michelle	Therapy Room	G	06/06/22			Treatment Log Details

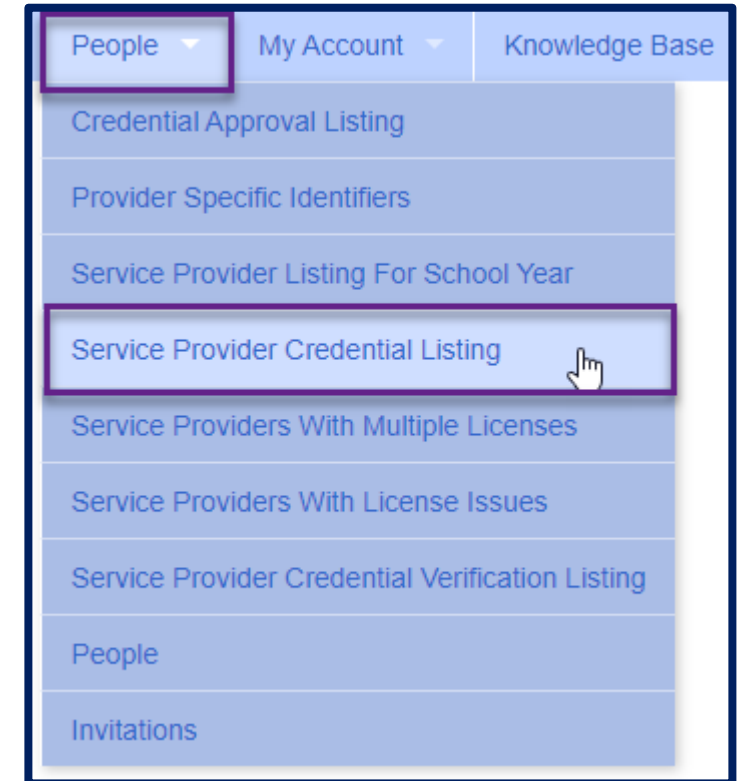
# Problem of “Not Co-Signed”

- \* If a fully licensed provider signs the attendances and their credentials do not require them to have a co-signature, the “Co-Signed Date” will auto-populate with the same information as “Signed Date.”
- \* If the therapist’s credentials expire, **this will no longer be the case**. If you look at the previous screenshot, all of the attendances through March had this date auto-fill, but starting in April this was no longer the case.
  - \* In the Portal, the therapist’s license end date was listed as 03/31/20. This meant that everything on/after 04/01/20 was registering as needing a separate co-signature; this is why the dates no longer pre-filled.
  - \* The system reads these attendances as not being done by a fully licensed provider until the license end date is updated in the system.
  - \* If the attendances were already on the voucher, you will need to proceed through the following steps. If you noticed this before getting to the voucher, you will be able to skip Step 3.

# Problem of “Not Co-Signed”

## Step 1

- \* There are two ways for the credential dates to be updated:
- \* You, as the agency administrator can make the correction:
  - \* Go to **People -> Service Provider Credential Listing**.



# Problem of “Not Co-Signed”

- \* From here, you will click “Retrieve” and see a listing of all therapists within the given criteria.
- \* You will then scroll to the therapist in question and view the credential dates. If you see below, the “Registered Through Date” for this therapist’s license is 04/30/20.
- \* If you have the option of “Edit,” you will be able to correct this yourself.
- \* If you only see “View,” then the therapist will need to make the correction to their account as they are in the CPSE Portal working with multiple agencies and you cannot make changes.


## Service Providers Listing with Credentials

Filters

County  Provider

Active on:

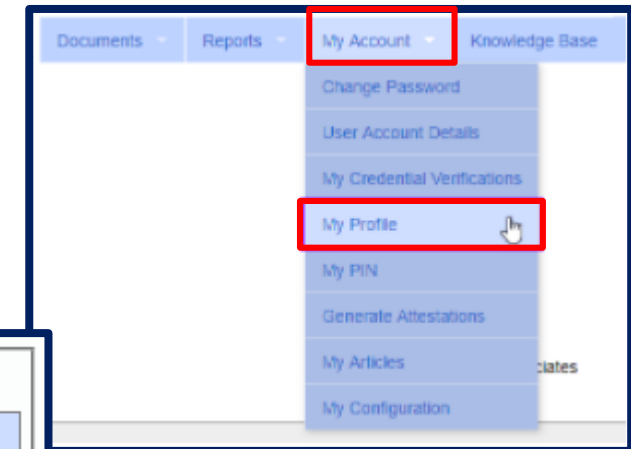
Last Name	First Name	NPI	NPI Status	NPI Registry Name	Profession	License	Original Issue Date	Registered Through Date	Cert #	Username	
HOFFMAN	KRISTEN	1508012717		GEBAUER, BETTY	Licensed Speech & Language Pathologist	008342	12/20/94	04/30/20		KRIST.HOFFMAN73	<a href="#">Edit</a>





# Problem of “Not Co-Signed”

- \* You may have the therapist correct this (They must have a login to the CPSE Portal to do so):
- \* The therapist will go to **My Account -> My Profile**
- \* Click “*Edit*” next to the corresponding credential line:



Licenses / Certifications / Professions [NYS Office of the Professions]										
	Description	Credential Type	#	State	NY Profession Code	From	To	Active		
SLP	Licensed Speech & Language Pathologist	License	008342	NY	058	12/20/1994	4/30/2020	<input type="checkbox"/>	<b>Edit</b>	<b>Remove</b>

**Add**

- \* Update with the necessary end date and click “Save.”

# Problem of “Not Co-Signed”

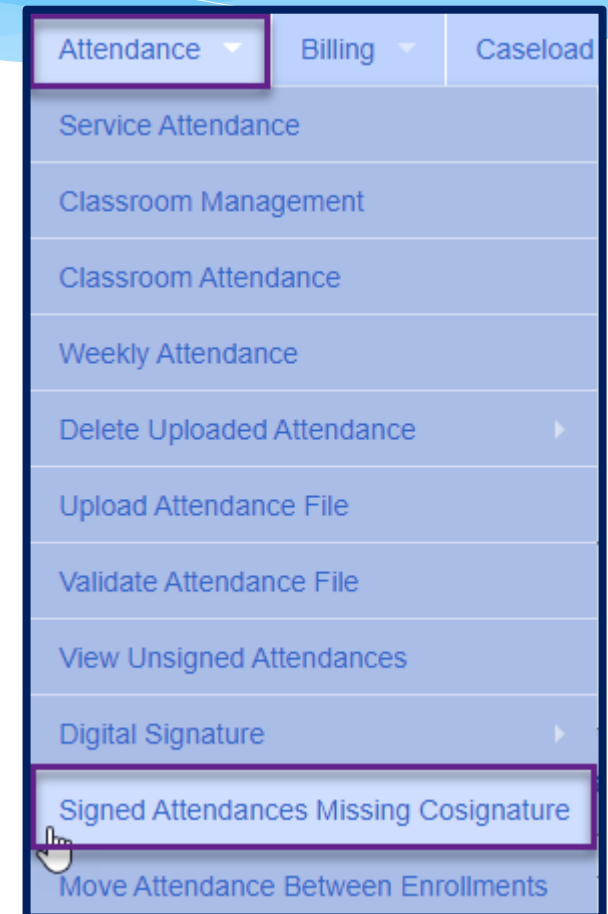
## Step 2

- \* After the credential dates are updated, the Credential Verification will also need to be re-done. This can be done by the agency or the service provider.
- \* Below are the links for the Knowledge Base Articles on Credential Verification:
  - \* **Agency:**
  - \* <http://support.cpseportal.com/kb/a149/credential-verification-agencies.aspx?KBSearchID=14295>
  - \* **Providers:**
  - \* <http://support.cpseportal.com/kb/a150/credential-verification-providers.aspx?KBSearchID=14295>

# Problem of “Not Co-Signed”

## Step 3

- \* The attendances now **no longer** need to be removed from the voucher, but instead you can "re-check" the attendances.
- \* To do this go to **Attendance -> Signed Attendances Missing Cosignature**



# Problem of “Not Co-Signed”

- \* "Retrieve" for the school year in question and you will see "ReCheck" as a column. If you know that you have corrected and verified the credentials, the "ReCheck" will allow you to refresh without removing the attendances from the voucher or un-signing.
- \* You can also view the credentials from here as well.

Signed Attendances Missing Cosignature												
Filters												
School Year <span>2021 - 2022</span> <span>Retrieve</span>												
Provider	Last Name	First Name	ESID	Service Date	Service	Therapist Last Name	Therapist First Name	Meets Medicaid Requirements	Can Person Sign	ReCheck	Credentials	Attendance Correction
			CBRS2122W00	05/04/2022	ST 3x30 Individual			Yes	True	ReCheck	View Credentials	Edit
			CBRS2122W00	05/05/2022	ST 3x30 Individual			Yes	True	ReCheck	View Credentials	Edit
			CBRS2122W00	05/11/2022	ST 3x30 Individual			Yes	True	ReCheck	View Credentials	Edit
			CBRS2122W00	05/12/2022	ST 3x30 Individual			Yes	True	ReCheck	View Credentials	Edit
			CBRS2122W00	05/18/2022	ST 3x30 Individual			No	True	ReCheck	View Credentials	Edit
			CBRS2122W00	05/19/2022	ST 3x30 Individual			Yes	True	ReCheck	View Credentials	Edit
			CBRS2122W00	05/26/2022	ST 3x30 Individual			Yes	True	ReCheck	View Credentials	Edit
			CBRS2122W00	05/31/2022	ST 3x30 Individual			No	True	ReCheck	View Credentials	Edit

## NOTE:

- \* If the credentials were not changed, and the problem was pointing to the Credential Verification; simply complete the credential verification as noted in Step 2.
- \* Not all counties require the electronic credential verifications.

# Missing Prescriptions

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

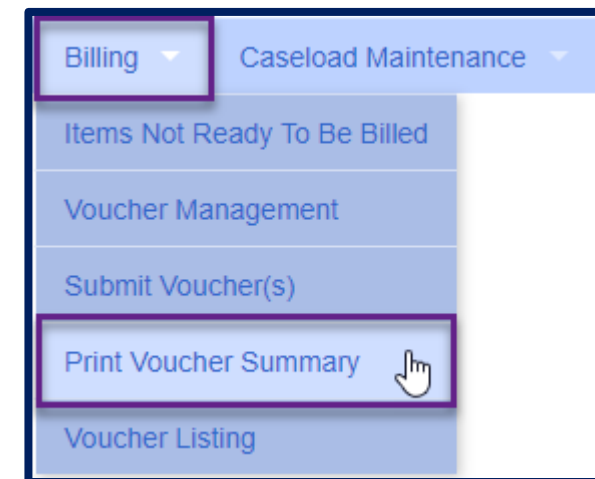
Last Name	First Name	ESID	From Date	To Date	Service	Frequency	Problem	
			12/16/2021	6/23/2022	OT (Indv)	2x30	Missing a full diagnosis (ICD) code	Attendances
			9/8/2021	6/23/2022	OT (Indv)	2x30	Details of Prescription/order not entered for enrollment	Attendances
			2/22/2022	6/23/2022	OT (Indv)	2x30	Missing a full diagnosis (ICD) code	Attendances
			12/18/2021	6/23/2022	ST (Indv)	3x30	Details of Prescription/order not entered for enrollment	Attendances
			12/18/2021	6/23/2022	OT (Indv)	3x30	Details of Prescription/order not entered for enrollment	Attendances
			12/18/2021	6/23/2022	PT (Indv)	3x30	Details of Prescription/order not entered for enrollment	Attendances
			1/3/2022	6/23/2022	OT (Indv)	2x30	Details of Prescription/order not entered for enrollment	Attendances
			4/4/2022	6/23/2022	ST (Indv)	2x30	Missing image of Prescription/order for enrollment	Attendances
			4/4/2022	6/23/2022	OT (Indv)	2x30	Details of Prescription/order not entered for enrollment	Attendances
			9/8/2021	6/23/2022	OT (Indv)	2x30	Details of Prescription/order not entered for enrollment	Attendances
			9/8/2021	6/23/2022	ST (Indv)	3x30	Missing image of Prescription/order for enrollment	Attendances



# Print Voucher Summary

# Print Voucher Summary

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



# Print Voucher Summary

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

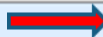
Home	File Transfer ▾	Activities ▾	Attendance ▾	Billing ▾	Caseload Maintenance ▾	Lookup ▾	Documents ▾	Reports ▾	Medicaid ▾	People ▾	My Account ▾	Knowledge Base
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## Print Voucher Summary Reports

Filter By... \_\_\_\_\_

School Year Session: (All School Year Sessions) ▾ Enrollment Type: (All Enrollment Types) ▾ County: (All Billed Counties) ▾ Billing Month: (All Billing Months) ▾ Service Month: (All Service Months) ▾ Voucher Status: (Any Voucher Status) ▾


Apply Filter

Voucher #	Enrollment Type	Description	Billing Date	Total Billed	Submitted Date	Claimant Title	Authorized Claimant	Destination County	# Enrollments	Print All Voucher Submission Reports
RS200308133551	RS	FEB. 2020	3/8/2020	\$4,261.50	3/8/2020	CCC-SLP	Betty P. Gebauer	SCHENECTADY	22	<a href="#">Print</a>
RS200308133622	RS	FEBRUARY 2020	3/8/2020	\$2,926.00	3/8/2020	CCC-SLP	Betty P. Gebauer	Albany	11	 <a href="#">Print</a>
RS200213143706	RS	JAN. 2020	2/13/2020	\$3,993.00	2/14/2020	CCC-SLP	Betty P. Gebauer	Albany	10	<a href="#">Print</a>
RS200205073831	RS	JAN. 2020	2/5/2020	\$5,620.50	2/9/2020	CCC-SLP	Betty P. Gebauer	SCHENECTADY	22	<a href="#">Print</a>
RS200102193725	RS	DEC. 2019	1/2/2020	\$2,486.00	1/4/2020	CCC-SLP	Betty P. Gebauer	Albany	9	<a href="#">Print</a>



# Print Voucher Summary

- \* You will then see voucher summary:

**PORTAL**

**Voucher Summary**

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

Page 1 of 1

**Provider:** GEBAUER,BETTY

**County:** SCHENECTADY

**Vendor#:** 02061

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

**CPSE Voucher#:** RS190804113625

**Tax ID:**

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

**Vendor Invoice#:**

**BEDS Code:**

**Time Period:** 2019 - 2020 Summer

**County Doc#:**

**Voucher Description:** July 2019

**Contract Or Account#:**

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

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

# Print Voucher Summary

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



- \* **NOTES:**

- \* When billing Center Based, the Voucher Summary includes Voucher Billing info as well as Classroom Attendance.
- \* It is **IMPERATIVE** that a voucher for CBRS is created and submitted to the county along with the CB voucher even though it will have a zero billing amount. This is how the county can then bill Medicaid for any Medicaid billable services. Most counties will not pay your CB Voucher unless a CBRS Voucher is also submitted along with the CB Voucher.



# **Attendance Denied by County?**

# How to Correct and Re-Bill

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

# How to Correct and Re-Bill

\* Example of form:

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

IMG1: Example of form to be completed

# How to Correct and Re-Bill

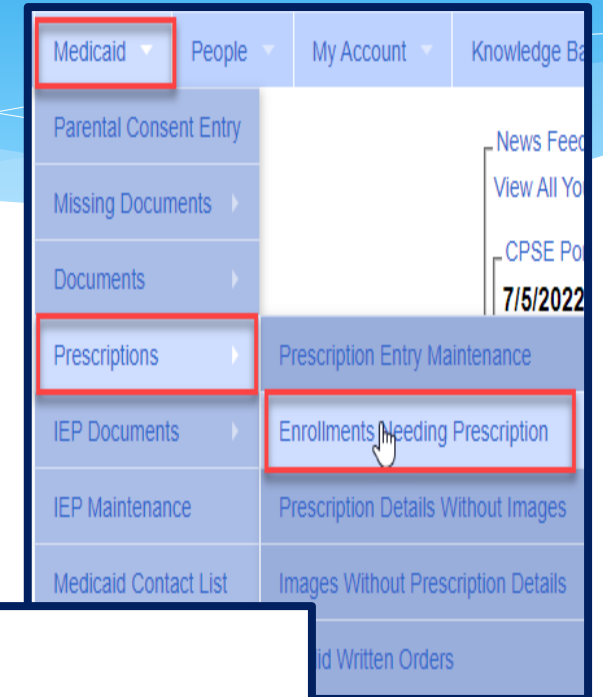
- \* Once the attendance is no longer on a voucher:
  - \* If you need to modify the treatment log:
    - \* Since the attendance has already been digitally signed attesting to the fact that everything was reviewed and correct, you must first unsign the attendance and indicate why you need to modify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



# Reports

# Missing Prescriptions Report

- \* Go to **Medicaid -> Prescriptions -> Enrollments Needing Prescription**.
- \* You can filter the school year and the county.
- \* On this page you can: 1) Add New RX 2) Assign To Existing RX 3) Upload Image



## Enrollments Missing Prescription

Filters

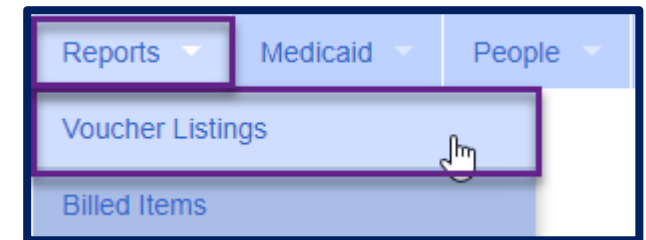
School Year Session  County  Provider

ESID	Child Name	From - To	RS	Frequency			
CPSECBRS0000120449		07/04/2022 - 08/12/2022	OT	1x30	Add New Rx	Assign To Existing Rx	Upload Image
CPSECBRS0000120450		07/04/2022 - 08/12/2022	OT1	1x30	Add New Rx	Assign To Existing Rx	Upload Image
CPSECBRS0000120451		07/04/2022 - 08/12/2022	PT	3x30	Add New Rx	Assign To Existing Rx	Upload Image
CBRS2223S0036334		07/04/2022 - 08/12/2022	CSL	1x30	Add New Rx	Assign To Existing Rx	Upload Image



# Voucher Listing Report

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

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

# Voucher Listing Report

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

CP  
SE PORTAL

Voucher Listings

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

Page 1 of 2

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

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



# ***Billing Questions from Previous Webinars***

# Submitted Billing Questions

- \* **Will providers be expected to print and submit electronic billing each month?**
  - \* *No, a provider who works for an agency will not need to submit electronic billing. The agency or Independent Provider will need to submit electronic billing each month.*
- \* **Can services be billed on an unmatched record?**
  - \* *No, you cannot bill on an unmatched record. The agency or Independent Provider should check for any potential matches frequently in order to bill at the end of the month.*
- \* **For related services within a Center-Based program, can an agency bill for a student if scripts have not been submitted?**
  - \* *No, a prescription needs to be uploaded and attached to an enrollment for an agency or an Independent Provider to be able to bill for any service.*

# Submitted Billing Questions

- \* **What is an SED program code?**

- \* *This is a code that SED uses to delineate programs.*

- \* **Where do we get the SED code?**

- \* *The SED code will be entered into the Portal by the county.*

- \* **Does SED program codes apply to itinerant providers or just center based?**

- \* *SED has a program code for every service.*

- \* **Please clarify whether an SLP providing related service is entering an SED code?**

- \* *All SED codes will already be entered.*

# Submitted Billing Questions

- \* **Where do we get the form to request attendance removed?**
  - \* *Below is the link to a knowledge base article that includes this form:*  
<http://support.cpseportal.com/kb/a81/attendance-denied-how-to-remove-in-order-to-correct-and-re-bill.aspx?KBSearchID=17204>
- \* **Do we create a rebill voucher or add it to the subsequent month's bill?**
  - \* *Yes, you would need to create another voucher for any rebills.*
- \* **For summer billing, should we bill for July and August separately, or can we submit one bill for the entire summer in August?**
  - \* *The Portal will allow you to bill for 2 months together (just be sure to filter for the correct time period). This is County specific, please check with the County to see what the billing requirements are.*

# Submitted Billing Questions

- \* **Do we wait until the end of the month to start creating a voucher or can we add to the voucher for the month on a daily basis?**
  - \* *We would recommend waiting until the end of the month, or you would have to do a “Recalc” each time a change is made to the voucher.*
- \* **What would be an example of a vendor number and county document number?**
  - \* *Those are numbers that you can chose or the county can provide if they would like you to use certain numbers.*
- \* **Do you mail in the CB & CBRs billing with the SEIT billing or RS billing together or can you submit SEIT, RS separately from all other vouchers?**
  - \* *You can submit the SEIT and RS vouchers separately.*

# Submitted Billing Questions

- \* **How are you notified if an attendance is denied?**
  - \* *The County will notify you.*
- \* **What if a prescription is not obtained because the student's doctor will not sign and CBRS were not provided - is there a way to be paid?**
  - \* *You **should not** be providing services if you don't have a script. Also, CBRS services are a zero dollar amount, as only the CB will be paid.*





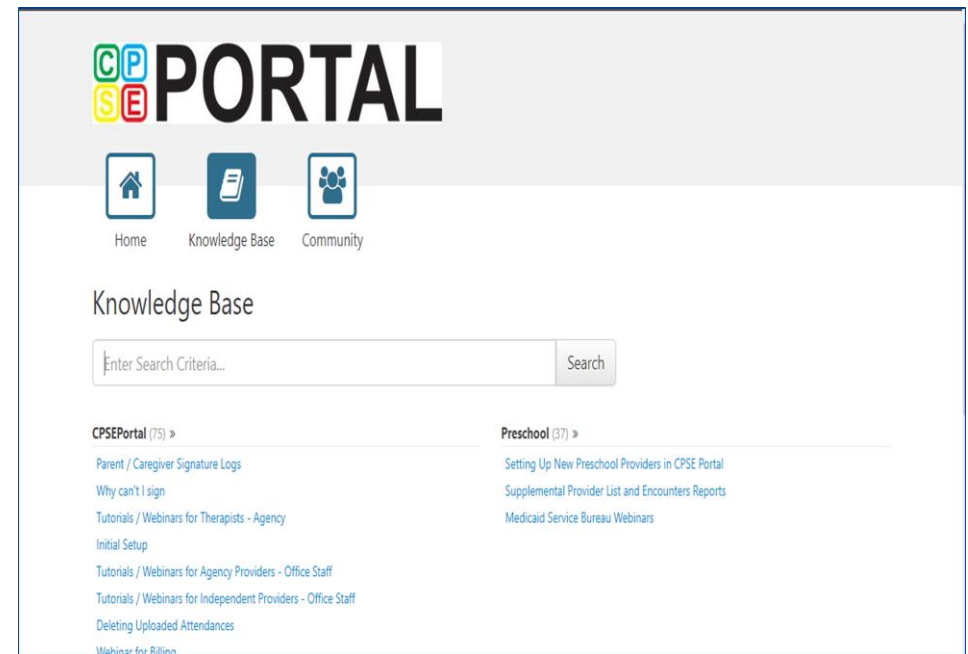
# Closing

# Important Note

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

# Portal Training – Knowledge Base

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



# Helpful Knowledge Base Articles

- \* Portal Invitations – Multiple User Template Upload
  - \* <http://support.cpseportal.com/kb/a66/service-provider-user-template-to-import-therapists-and-users.aspx?KBsearchID=16175>
- \* Credential verification by individual with login:
  - \* <http://support.cpseportal.com/kb/a150/credential-verification-providers.aspx?KBSearchID=16524>
- \* Credential verification by agency office staff
  - \* <http://support.cpseportal.com/kb/a149/credential-verification-agencies.aspx?KBSearchID=16524>
- \* Cannot Submit Voucher: Problem of “Not Co-Signed”
  - \* <http://support.cpseportal.com/kb/a230/cannot-submit-voucher-problem-of-not-co-signed.aspx?KBSearchID=17202>

# Helpful Knowledge Base Articles

- \* Creating and Submitting a Voucher
  - \* <http://support.cpseportal.com/kb/a62/creating-and-submitting-a-voucher.aspx?KBSearchID=17204>
- \* Why doesn't attendance appear to be put on a voucher?
  - \* <http://support.cpseportal.com/kb/a92/why-doesnt-attendance-appear-to-be-put-on-a-voucher.aspx?KBSearchID=17204>
- \* Attendance Denied? How to Remove in Order to Correct and Re-Bill
  - \* <http://support.cpseportal.com/kb/a81/attendance-denied-how-to-remove-in-order-to-correct-and-re-bill.aspx?KBSearchID=17204>
- \* How to Submit a Ticket to the CPSE Portal
  - \* <http://support.cpseportal.com/kb/a188/how-to-submit-a-ticket-to-the-cpse-portal.aspx?KBSearchID=17204>

# Closing Remarks

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