The Following are standards and procedures set forth by the Rush-Henrietta Central School District to ensure compliance with State and Federal Medicaid-in-Education regulations.
Contents

Provider Credentials..............................................................................................................................2

Individual Education Plan ....................................................................................................................2

Occupational Therapy Services ............................................................................................................3

Evaluations ............................................................................................................................................4

Referral for Occupational Therapy .....................................................................................................5

Documenting Delivery of Service .........................................................................................................6

Under the Direction Of ........................................................................................................................7

Random Moment In Time Study ............................................................................................................8

Directions for Printing a Referral or Order ........................................................................................9

Appendix ..............................................................................................................................................10
Provider Credentials

- Providers must be Medicaid qualified.
- NYS licensed and currently registered occupational therapist or NYS certified occupational therapist assistant (OTA) operating under the direction of a licensed and registered occupational therapist.
- All licensures and certification should be current and up-to-date.
- Licensed providers should have a valid National Provider Identifier (NPI).
- Electronic and scripted signatures should match the name on license and certification documentation.
- If you have a change in name or address, follow the protocol and guidelines for updating your licensure from the Office of Professions at the New York State Education website, http://www.op.nysed.gov/prof/ot/otforms.htm.
- Bring a copy of your most up-to-date license to the Medicaid Compliance meeting annually to give to the Medicaid clerk.

Individual Education Plan

- The services must be included on the Individual Education Plan (IEP).
**Occupational Therapy Services**

The term “services” is defined as including both evaluations and ongoing therapy. Occupational therapy services may be provided in an individual or group setting.

**Definition**

- Identification of children with occupational therapy needs;
- Evaluation for the purposes of determining the nature, extent and degree of the need for occupational therapy services;
- Improving developing or restoring functions impaired or lost through illness, injury, or deprivation;
- Preventing through early intervention, initial or further impairment or loss of function; and
- Planning and utilization of a program of activities to develop or maintain adaptive skills designed to achieve maximal physical and mental functioning of the student in daily life tasks.


**Evaluations**

**Students without an IEP in place (initial evaluation)**

An initial evaluation is the evaluation that is done prior to the development of a student’s first Individualized Education Program (IEP). The initial evaluation for psychological counseling, physical therapy, occupational therapy, and speech therapy are not Medicaid reimbursable unless an IEP is developed which includes a recommendation for ongoing services in the same therapy type for which the student was evaluated. In addition, all other Medicaid requirements must be met:

- The written order/referral (dated prior to the evaluation) must be on file.
- The evaluation must be provided by a Medicaid qualified provider.
- The evaluation must be documented.
- The evaluation must be included in the IEP.

A written report must also be completed at the end of each evaluation. The State’s IEP form includes an *Evaluation Results* section as a place to document the results of evaluations that were conducted and considered in the development of the student’s IEP. Alternatively, the Committee on Special Education (CSE)/Committee on Preschool Special Education (CPSE) could document its consideration of the evaluation and assessment results under the four need areas (academic achievement, functional performance and learning characteristics; social development; physical development; and management needs).

It is important to note that IDEA-driven evaluations are Medicaid reimbursable only for students determined to have a disability.

**Re-evaluations**

A CSE is responsible for arranging an appropriate re-evaluation of a student with a disability. A re-evaluation review must occur at least once every 36 months unless the parent and school district agree in writing that the re-evaluation is not necessary to provide current assessment information for a student in special education. In addition, the CSE/CPSE must arrange for a re-evaluation more frequently if the needs of the student warrant a re-evaluation or if requested by the student’s teacher or parent. A re-evaluation cannot be conducted more frequently than once a year unless the parent and school district representative on the CSE agree otherwise.

If an additional re-evaluation to identify a student’s health-related needs is deemed to be necessary, the re-evaluation is eligible for Medicaid reimbursement once it is conducted and reflected in the student’s IEP, regardless of whether or not the services will continue to be included in the student’s IEP. The CSE/CPSE must review the results of the re-evaluation and to revise the student’s IEP, if appropriate. Re-evaluations are Medicaid reimbursable as long as all Medicaid requirements are met.
Referral for Occupational Therapy
(Written Order)

- A Written Order for service must be on file to claim for Medicaid reimbursement.
- The Written Order is the documentation that establishes medical necessity for the related service to be furnished and constitutes medical direction of the ordering professional.
- If there is no Written Order, for the purpose of Medicaid billing, one should be completed, filed appropriately and a copy sent to the appropriate staff member.
- The following elements must be included on all Written Orders:

1. The name of the child for whom the order is written.
2. The complete date the order was written and signed.
3. The service(s) being ordered. Note: The frequency and duration of the ordered service must be either specified on the order itself or the order can explicitly adopt the frequency and duration of the service in the IEP by reference.
4. Ordering provider’s contact information (office stamp or preprinted address and telephone number).
5. Signature of a NYS licensed, registered, and/or certified, as relevant, physician, physician assistant, or licensed nurse practitioner acting within his or her scope of practice.
6. The time period for which services are being ordered.
7. The ordering practitioner’s National Provider Identifier (NPI) or license number.
8. Additionally, appropriate ICD-10 Code(s) must be included with diagnosis and/or reason for ordered services.

Note:
A new occupational therapy referral (following all previously mentioned guidelines) must be obtained any time there is a change to occupational therapy services on the student’s IEP.
Documenting Delivery of Service  
(RS Log)

- Rush-Henrietta School District staff must maintain documentation of Related Service treatments through use of the RS Log in Frontline.
- Attendance for **ALL** scheduled services must be entered into the RS Log for each student, including student and/or provider absences.
- All services provided must be entered and electronically signed, by the service provider, in the RS Log on a daily basis.
- Electronic signature indicates that the services entered into the RS Log were provided as stated.

- Session notes must be completed for every service delivered.
  1. Session notes must be entered electronically in the RS Log at the time services are entered.
  2. Session notes must include a description of the activity or brief description of the student’s progress or response to therapy.
  3. Session notes cannot be altered or edited once electronically signed.
  4. If a mistake was made, the entry must be deleted and re-entered.

- All actions in the RS Log must be performed by the related service provider delivering the service. Login and passwords should never be given to another individual for the purpose of entering anything in the RS Log on your behalf.
- RS Log entries will be considered “incomplete” unless all elements are included.
- RS Log Training Manual is available for detailed information regarding entering services and maintenance of the RS Log.
§76.8 Supervision of occupational therapy assistant:

a. A written supervision plan, acceptable to the occupational therapist or licensed physician providing direction and supervision, shall be required for each occupational therapy assistant providing services pursuant to section 7906(7) of the Education Law. The written supervision plan shall specify the names, professions and other credentials of the persons participating in the supervisory process, the frequency of formal supervisory contacts, the methods (e.g. in-person, by telephone) and types (e.g. review of charts, discussion with occupational therapy assistant) of supervision, the content areas to be addressed, how written treatment notes and reports will be reviewed, including, but not limited to, whether such notes and reports will be initialed or co-signed by the supervisor, and how professional development will be fostered.

b. Documentation of supervision shall include the date and content of each formal supervisory contact as identified in the written supervision plan and evidence of the review of all treatment notes, reports and assessments.

c. Consistent with the requirements of this section, the determination of the level and type of supervision shall be based on the ability level and experience of the occupational therapy assistant providing the delegated occupational therapy services, the complexity of client needs, the setting in which the occupational therapy assistant is providing the services, and consultation with the occupational therapy assistant.

d. The supervision plan shall require that the occupational therapist or licensed physician be notified whenever there is a clinically significant change in the condition or performance of the client, so that an appropriate supervisory action can take place.

e. Direction and supervision means that the occupational therapist or licensed physician:
   1. initiates, directs and participates in the initial evaluation, interprets the evaluation data, and develops the occupational therapy services plan with input from the occupational therapy assistant;
   2. participates, on a regular basis, in the delivery of occupational therapy services;
   3. is responsible for determining the need for continuing, modifying, or discontinuing occupational therapy services, after considering any reports by the occupational therapy assistant of any changes in the condition of the client that would require a change in the treatment plan;
   4. takes into consideration information provided about the client’s responses to and communications during occupational therapy services; and
   5. is available for consultation with the occupational therapy assistant in a timely manner, taking into consideration the practice setting, the condition of the client and the occupational therapy services being provided.

f. In no event shall the occupational therapist or licensed physician supervise more than five occupational therapy assistants, or its full time equivalent, provided that the total number of occupational therapy assistants being supervised by a single occupational therapist or licensed physician shall not exceed ten.
**Random Moment In Time Study**

A Random Moment in Time Study (RMTS) is a mechanism for identifying the amount of time School Supportive Health Services Program (SSHSP) practitioners spend delivering Medicaid reimbursable activities. RMTS is not a management tool used to evaluate staff activities or performance.

- All moments will be received via email.
- You will receive an email notification with 48 hours to respond to your moment.
- At the time of your moment, you will log on to a secure website using the name and password provided in the email.
- You will respond to a series of questions describing the activity you were performing at the time of your moment.

**Note:**

- All data transferred and collected is secure and confidential.
- You will have 48 hours to complete your response in order for it to be considered valid.
- You will receive one follow-up email 24 hours after the moment if you have not yet completed your moment.
Directions for Printing a Referral or Order

1. Log into Frontline.
2. Click on my students.
3. Type in the name of the student for whom you are printing an order.
4. Click on the Black box for the current IEP.
5. Click on Letters and Reports.
7. Click on Process.
8. Choose a Service Group – Occupational Therapy.
9. Click on Next.
10. Click on the PDF to open the document.
11. Press Control P to print the order/referral.

The order/referral will be pre-printed with the student’s name, date of birth, related service, frequency, and duration. The provider needs to complete the bottom portion of the form with their information. Two copies of the written/order referral are required for the Special Education Department. One copy needs to be sent to the Medicaid clerk and the other copy needs to be sent to the SPED coordinator’s secretary to be put in the student’s cumulative folder.

If you are still having trouble accessing a script, please contact the Medicaid clerk at 359-7921.

Note:
The most current and up-to-date referral for evaluation form can be found on the staff Intranet site in the Filing Cabinet under Special Education, Other Forms, Medicaid OT-PT Evaluation Script Form. Please always print your forms from here.
Appendix

- UDO Requirements .......................................................... 11
- Under the Direction and Accessibility Form.......................... 12
- Acknowledgement of IEP Responsibilities ............................ 13
- Referral for Evaluation ......................................................... 14
- Adding Evaluations and Reports ......................................... 15, 16, 17 18
- RS Log Training Manual ....................................................... 19, 20, 21, 22, 23, 24, 25
- RS Attendance Wizard ......................................................... 26, 27, 28, 29, 30, 31, 32, 33, 34
- Helpful Web Links ............................................................. 35, 36
- Order Form ........................................................................... 37
“Under the Direction Of” means that the qualified practitioner:

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

Medicaid “Under the Direction of” Services

School Year: 2017 - 2018 OR ESY: 2017

I, __________________, NYS Licensed and Registered ____________________________, with current license number ____________, and NPI number _______________, certify that I am providing "Under the Direction" services to the following Related Service Providers in accordance with all appropriate regulations and guidelines:

From ___________________________ To _______________________________

Date      Date

<table>
<thead>
<tr>
<th>Name of Therapist</th>
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</table>

I further certify that accessibility with these provider(s) will be maintained in the following manner in accordance with all appropriate regulations and guidelines:

| CM = Conference/Meeting | DR = Documentation Review |
| EM = email              | FX = Fax                 |
| TA = Therapy/Attendance Overview | TC = Telephone Call |
| TX = Texting            | SV = Site Visit          |

Note: New York State Social Services Law defines medical appropriateness below:

§ 365-a. Character and adequacy of assistance
The amount, nature and manner of providing medical assistance for needs persons shall be determined by the public welfare official with the advice of a physician and in accordance with the local medical plan, this title, and the regulations of the department.

"Medical assistance" shall mean payment of part or all of the cost of medically necessary medical, dental and remedial care, services and supplies as authorized in this title or the regulations of the department, which are necessary to prevent, diagnose, correct or cure conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity, or threaten some significant handicap and which are furnished an eligible person in accordance with this title and the regulations of the department. Such care, services and supplies, together with such medical care, services and supplies provided for in subdivisions three, four, and five of this section, and such medical care, services and supplies as are authorized in the regulations of the department:

[For effective and termination dates, see notes below. See also, part (a) below.] Services of qualified physicians, dentists, nurses except that private duty nursing shall be provided subject to section three hundred sixty-seven-1 of this chapter, and private duty nursing services shall be further subject to the provisions of section three hundred sixty-seven- of this chapter, optometrists, and other related professional personnel;

[Eff, June 30, 1994. See also, part (a) above.] Services of qualified physicians, dentists to the extent authorized by paragraph (e) herein, nurses, optometrists, podiatrists and other related professional personnel; care, treatment, maintenance and nursing services in hospitals, nursing homes that qualify as providers in the Medicare program pursuant to title XVIII of the federal social security act.

____________________________________________                 ____________________________
Signature of Licensed Professional                                                                 Date
### ACKNOWLEDGEMENT OF IEP RESPONSIBILITIES

**Medicaid “Under the Direction of” Services**

**School Year:** 2017 - 2018  
**OR**  
**ESY:** 2017

**MEDICAID “UNDER THE DIRECTION OF” SERVICES**

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>________________________________</th>
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<tbody>
<tr>
<td>Student’s DOB</td>
<td>________________________________</td>
</tr>
<tr>
<td>School/District</td>
<td>Rush Henrietta Central School District</td>
</tr>
<tr>
<td>TSHH/TSSLD</td>
<td>________________________________</td>
</tr>
<tr>
<td><strong>“Under the Direction of” Provider</strong></td>
<td>________________________________</td>
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</tbody>
</table>

### “UNDER THE DIRECTION OF” ACTIVITY

<table>
<thead>
<tr>
<th>A) IEP Review:</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CSE approval of recommended service (meeting date)</td>
<td></td>
</tr>
<tr>
<td>• Review of IEP goals/objectives</td>
<td></td>
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<tr>
<td>• Evaluation Review</td>
<td></td>
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<tr>
<td>• Observation (prior to treatment)</td>
<td></td>
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<tr>
<td>• Services are medically appropriate (Section 365(a))</td>
<td></td>
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<tr>
<td>• Services are scheduled per IEP</td>
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<table>
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<tr>
<th>B) Report Reviews:</th>
<th></th>
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<tbody>
<tr>
<td>• Diagnostic Evaluation Review</td>
<td></td>
</tr>
<tr>
<td>• Reevaluation Report Review</td>
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<tr>
<td>• Annual Review Report Review</td>
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<tr>
<th>C) Quarterly Observation – Direct:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 Date:</td>
<td>Q2 Date:</td>
</tr>
<tr>
<td>Observation 1:</td>
<td></td>
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<tr>
<td>Observation 2:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>D) ESY Observation – Direct:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation 1:</td>
<td></td>
</tr>
<tr>
<td>Observation 2:</td>
<td></td>
</tr>
</tbody>
</table>

**Therapist/UDO Provider Meeting – Indirect (notes on file):**

<table>
<thead>
<tr>
<th>Licensed Professional</th>
<th>NYS License #</th>
<th>NPI #</th>
</tr>
</thead>
</table>
Student Name: __________________________ Date of Birth: __________
School: Rush-Henrietta Central School District Grade: __________

Reason for Ordered Evaluation:

Evaluation For: [ ] Occupational Therapy [ ] Physical Therapy

Area(s) for Evaluation:
- [ ] Fine motor development
- [ ] Visual perceptual training
- [ ] Range of motion
- [ ] Gait Training
- [ ] Mobility training
- [ ] Equipment needs
- [ ] Activities of daily living
- [ ] Sensorimotor development
- [ ] Strength/Endurance
- [ ] Gross motor development
- [ ] Oral-motor
- [ ] Oral-motor
- [ ] Prevocational Skill
- [ ] Perceptual motor training
- [ ] Sensory processing
- [ ] Adaptive equipment
- [ ] Splinting
- [ ] Balance
- [ ] Other _____

Therapist requesting written orders:
Therapist Name: __________________________ Title: __________________________
Therapist Signature: __________________________ Date: __________
Therapist License Number: __________________________
NPI Number: __________________________

To be completed by NYS licensed and registered physician, physician assistant, or licensed nurse practitioner

Professional Original Ink Signature: __________________________ Date: ___/___/20__
Professional Name (Print): __________________________
Professional Title: __________________________
NYS License Number: __________________________ NPI: __________________________
Address: __________________________
Phone: __________________________ Fax: __________________________
Reports/ Assessments Tab

(For use in entering Reports, Assessments, Evaluations and/or Test Results for an individual student)

Adding an Evaluation or Report

1. From the My Student’s Page, click the student’s name to access the Student Based Tabs. To add an Evaluation or a Report for a student, place the mouse pointer over Reports/Assessments to expand the menu, and then click the Evaluations/Reports link.

2. Clicking the Evaluations/Reports link displays the following screen:

3. Click the add button.
4. Enter the date of the evaluation or report by typing it in or using the calendar.
5. Select the evaluation or report from the drop down menu.
6. If the evaluation is claimable for Medicaid reimbursement, complete the following steps (if not claimable, proceed to Step 7):
   a. Select the evaluator name from the drop down menu.
   b. If the evaluator is not licensed to perform evaluations, select the name of the USO/UDO staff person providing direction and supervision.
   c. Select the credential. If there is no value displaying, this means that the credential information was not entered by the Central Office Level staff. Please contact your Central Office Level staff regarding this.
   d. Select a value for Initial Evaluation and Service Recommended.
   e. Select a value for Paid By. If the evaluation was paid by the district or performed by a district employee or contractor, select Yes.
   f. Select a value for On File. If the evaluation is signed by the evaluator and the actual report is in the district’s files, select Yes.
   g. Click as indicated to select the appropriate CPT code from the drop down menu.
h. Select the appropriate number of CPT Units for this evaluation from the drop down menu.

7. Enter a brief description of the evaluation or report in the Comments text box. This is optional; please check with your district for their preference. Information entered here will display on the printed IEP. Be sure to use spellcheck.

8. Enter data in the Internal Remarks text box. This is optional; please check with your district for their preference to use this textbox or not. Information entered here will NOT display on a printed document.

9. Click to return to the Evaluations/Reports edit screen.

Adding a Standardized Test Result

1. From the My Student’s Page, click the student’s name to access the Student Based Tabs. To add a Standardized Test Result for a student, place the mouse pointer over Reports/Assessments to expand the menu, and then click the Standardized Test Results link.

2. Clicking the Standardized Test Results link displays the following screen:

3. Click add.

4. Enter the date of the test by typing it in or using the calendar.

5. Select the test name from the drop down menu.

6. Select the evaluator name from the drop down menu. (This is not a required field.)

7. Click add to enter subtest and/or total test scores associated with this standardized test.
8. Select a Subtest name and/or Total Score from the dropdown menu.
9. Select a Score Type from the dropdown menu.
10. Enter the Score that the student received.
11. Optional:
   a. Score Type 2 and Score 2.
   b. Comments: These will print on the IEP.
12. Click [add] to continue entering other Subtest and/or Total Score results.
13. When all scores for this standardized test have been entered click [Save & Return] to return to the Standardized Test Results edit screen.
14. Click [add] to enter other Standardized Test results.

Adding a Statewide or Districtwide Assessment

1. From the My Student's Page, click the student's name to access the Student Based Tabs. To add a Statewide or Districtwide Assessment for a student, place the mouse pointer over Reports/Assessments to expand the menu, and then click the Statewide/Districtwide Assessment link.

2. Clicking the Standardized Test Results link displays the following screen:

3. Select the assessment from the dropdown menu and then click [Add].
4. Enter the date of the test by typing it in or using the calendar.
5. Select the Result/Outcome from the dropdown menu.
6. Type in the Numeric Score received.
7. Optional: enter comments in the Comments textbox.
8. Click to return to the Statewide/Districtwide Assessments edit screen.
9. Click enter other test scores.
Related Service Log

(For use in entering RS Attendance for an individual student)

Adding an Entry for Medicaid eligible services (Speech, OT, PT, etc.)

1. Click the black button to view the finalized document for the student. To add Related Service Log attendance for a student, place the mouse pointer over Log Entries to expand the menu, and then click the Related Service Log link.

2. Clicking the Related Services Log link displays the following screen:

3. To add attendance, select the Related Service from the IEP Related Service drop down menu, ensuring that the date range of service corresponds to the time period for which attendance is being added. The Ratio, Frequency, Period and Duration from the student’s finalized IEP for the selected service will display across the top of the screen.
4. Next, to the left of the calendar:

   a. Select the appropriate Log Type (i.e., Service Provided, Student Absence, etc.).

      - **NOTE:** Student Not Available or Provider Not Available should be used when indicating the session could not be provided as scheduled. Student Absence or Provider Absence should be used when indicating the student or provider, respectively, was not in school that day.

   b. The Provider field will auto-populate with the name of the provider recording attendance.

   c. Select the Actual Ratio.

   d. The Quantity/Day will default to 1 and is to designate the number of sessions provided. This number should never be changed.

   e. Select the Setting. A drop down menu of all Recommended Schools will display; the default is the Recommended School on the student’s current document. Choose the school where the service is delivered.

      - i. The following choices will also be available:

         1. Home
         2. Hospital or Other Non-School
         3. Preschool Itinerant Services Only
         4. Private Provider Agency
         5. Student is Parentally Placed in a Non-Public School
         6. Other

      - **NOTE:** If Other is selected, a new text box will display, entitled Other Setting. Type in the name of the school, agency or setting in which the service was provided.

   f. Select the Session Start Time and Session End Time. The Duration will be calculated in minutes based on the selections for Start and End Time and the duration field will then become disabled.

      - i. A value should **NOT** be selected from the Duration field dropdown unless recording a service that is **not** Medicaid claimable.
g. Select the **CPT Code (1)** by clicking the link to the right of the text box and choosing the appropriate code from the list. If the session involved using more than 1 procedure, click the link to the right of the **CPT Code (2)** field.

h. Select the number of **CPT Units** based on the Calculated Duration and the Session Time specified for each selected CPT Code.

5. To add the Date of Service, click **on the number** for the first day of service for the month. This will highlight the date in gold on the calendar and enter a checkmark in the box for that date. If adding multiple dates of attendance, click in the checkboxes for subsequent days for the selected Log Type in the month.

   **Note:** Entering multiple dates of attendance is only recommended when recording attendance for those related services that are NOT Medicaid reimbursable.

6. When all information has been entered, click Add. The Related Service Log entries will list at the bottom of the screen. Click Save to save entries.

7. To enter Session Notes, click the notepad icon to the left of the Provider e-Signature column. To view the current Goals and/or Objectives for the student, click the link for Goals and Objectives, as seen below (highlighted).

8. Enter notes in the pop up window and click **Save** to save the notes or **Cancel** to return to the Related Service Log. If allowable by district, click the checkbox for “Session notes on file”, if keeping session notes in another format (i.e.- paper/pen).

9. Once the notes are saved, the notepad icon will turn gold. To view or edit daily notes, click the notepad icon. Notes may be edited until such time as the entry has been electronically signed.

10. To sign an attendance entry, click the pen nib icon. The following pop up message will appear:
Note: Once signed, the session note may not be edited in any way. Click the Sign button to electronically sign, or click Cancel to return to the Related Service Log.

11. After the attendance entry is signed, the pen nib icon will turn yellow. Hovering over the icon will provide the name and credential of the signer, as well as the date and time of the signature.

Notes: If the Provider is NOT a Licensed Provider, the designated USO/UDO Provider will be unable to sign entries until the service provider has signed.

The USO/UDO may sign multiple entries simultaneously using the “Sign All” button. Because session notes must be recorded as soon as practical after the session has been provided, there is no option for the Provider to “Sign All”. A separate notepad is also available for the USO/UDO to enter optional notes.

Adding an Entry for other Related Services (Music Therapy, Parent Counseling and Training, etc.)

1. Click the black button to view the finalized document for the student. To add Related Service Log attendance for a student, place the mouse pointer over Log Entries to expand the menu, and then click the Related Service Log link.

2. To add attendance, select the Related Service from the IEP Related Service drop down menu, ensuring that the date range of service corresponds to the time period for which attendance is being added. The Ratio, Frequency, Period and Duration from the student’s finalized IEP for the selected service will display across the top of the screen.

3. Next, to the left of the calendar:

   a. Select the appropriate Log Type (i.e., Service Provided, Student Absence, etc.).

   b. The Provider field will auto-populate with the name of the provider recording attendance.

   c. Select the Actual Ratio.

   d. The Quantity/Day will default to 1 and is to designate the number of sessions provided. This number should never be changed.
e. Select the Setting. A drop down menu of all Recommended Schools will display; the default is the Recommended School on the student’s current document. Choose the school where the service is delivered.

- The following choices will also be available:
  - Home
  - Hospital or Other Non-School
  - Preschool Itinerant Services Only
  - Private Provider Agency
  - Student is Parentally Placed in a Non-Public School
  - Other

**NOTE:** If Other is selected, a new text box will display, entitled Other Setting. Type in the name of the school, agency or setting in which the service was provided.

f. Skip the Start/End Time fields. The Duration drop down menu is enabled to make a selection.

10. To add the Date of Service, click on the number for the first day of service for the month on the calendar in the middle of the screen. This will highlight the date in orange on the calendar and put a checkmark in the box for that date. If adding multiple dates of attendance, click in the checkboxes for subsequent days for the selected Log Type in the month.

11. When all information has been entered, click Add. The Related Service Log entries will then be listed at the bottom of the screen.

12. To enter Session Notes, click the notepad icon to the left of the Provider e-Signature column. To view the current Goals and/or Objectives for the student, click the link.

13. **Optional:** Enter notes in the pop up window and click Save to save the notes or Cancel to return to the Related Service Log. If allowable by district, click the checkbox for “Session notes on file”, if keeping any session notes in another format (i.e.- paper/pen).

14. Once the notes are saved, the will turn gold. To view or edit daily notes, click the notepad icon. Notes may be edited until such time as the entry has been electronically signed.

15. Click Save to save the entry(ies).
Deleting or Invalidating an Entry

Medicaid states that electronic records can be kept provided that “…the electronic record is the original record and has not been altered or, if altered, shows the original and altered version, dates of creation and creator”.

To comply with the requirement, deletion of entries will be permitted only for those RS Log entries that have not been saved.

Once saved, the entry may only be “invalidated”. The invalidated record will be treated the same as a deleted record (will not be included for importing and reporting) but will display in the invalidation history tab which is visible in the Related Services Log in Frontline.

1. To delete an entry, click the delete X to the left of the unsaved entry.

2. To invalidate an entry, click the invalidate button, to the left of the saved entry.

3. Once the entry has been marked as invalid, the following warning message appears:

   ![Warning Message]

   Clicking OK will invalidate the entry and remove it from the RS Log screen. Click Save.
To view any invalid entries, click the invalidate button on the upper right corner of the entry detail section at the bottom of the RS Log edit screen. The invalid entries will display in a pop up window as seen below:

![Related Services Log Entries - January 2012 (filtered by Permissions)](image)

**Notes:** In order to enter attendance in a student’s Related Service Log, the student MUST have:
- a finalized document in the selected school year
- Related Services entered on the IEP

In order for the Related Services Provider to use the Electronic Signature feature:
- the provider must be entered into Frontline as a user
- the provider must have Related Service Group Access (i.e. Psychological Counseling, Speech, Physical Therapy, etc.)
- the provider’s credentials must be specified
- the electronic signature feature must be enabled for that use

**Letters/Reports**

The following reports related to RS Log are available on the Letters & Reports page of Frontline depending on the user’s level of access:

- Report - RS Attendance by Provider with Electronic Signature
- Report - RS Attendance By Student
- Report - RS Attendance Summary by Service: Required/Recorded Units of Service
- Report - RS Attendance Summary: Required/Recorded Units of Service
- Report - RS Log E-Signature Validation
- Report - RS Medicaid Compliance Checksheet (In-District Services)
- Report - RS Medicaid Compliance Checksheet (Out-of-District Services)
- Report - RS Monthly Service Report
- Report - RS Students with Attendance by Provider
- Report - RS Students with Attendance by Service
- Report - RS Students without required USO/UDO by Service
- Report - RS Summary of Daily Notes
- Report - RS Summary of Related Service Session Notes with CPT Codes

If unable to access a report on the Letters & Reports screen, please contact the district Central Office.
My Related Service Attendance Wizard

(For use in entering RS Attendance for multiple students)

Adding Entries for Medicaid Eligible services (Speech, OT, PT, etc.)

1. Click on Related Service Attendance, under the My Students tab, next to Select as seen below.

   ![My Students interface](image)

   Note: The Related Service Attendance link will only be accessible to users who have been identified as a Provider, have been assigned Related Service Group Access, have Credentials specified and their Electronic Signature enabled.

2. To add attendance, select the Service and the Month/Day/Year for which attendance is being recorded. If default values are correct, service and date do not need to be selected.

   ![Related Service Attendance interface](image)

3. Click Next.

   - Students for whom attendance may be taken for the selected service on the selected date will display. To be included in the list, the student must have an active, finalized IEP on the selected date and the document must have at least one active row of the selected service.

4. A series of radio buttons are available to indicate an Attendance Type for each student on the selected date. Attendance Types include:

   - Service Provided (SP)
   - Student Not Available (SNA)
   - Student Absence (SA)
   - Provider Not Available (PNA)
   - Provider Absence (PA)
   - School Closed (SC)
   - Not Scheduled (NS)
NOTE: Student Not Available or Provider Not Available should be used when indicating the session could not be provided as scheduled. Student Absent or Provider Absence should be used when indicating the student or provider, respectively, was not in school that day.

5. Select the appropriate Attendance Type for each student.

- The default Attendance Type is Not Scheduled; if the student is not scheduled for service on the selected date, the attendance type should remain set to the default. If the date selected is a school holiday, date of closing or a weekend day, all students will default to School Closed; if the student did not receive services on that date, the attendance type should remain set to the default. More details about the specific service from each student’s IEP (Service Delivery, Frequency, Period, and Duration) displays to the right of the radio buttons.

6. Click Next.

7. Record session information that is common to all of the students that were selected in Step 2 with an attendance type of Service Provided.

- Select the Setting. A drop down menu of all Recommended Schools will display. Choose the school where the service is delivered.

The following choices will also be available:

- Home
- Hospital or Other Non-School
- Preschool Itinerant Services Only
- Private Provider Agency
- Student is Parentally Placed in a Non-Public School
- Other
NOTE: If “Other” is selected, a new text box will display, entitled Other Setting. Type in the name of the school, agency or setting in which the service was provided.

- Select the Actual Ratio.
- The Quantity will default to “1” and is to designate the number of sessions provided. This number should never be changed.
- Select the Session Start Time and Session End Time. The AM/PM will default according to the time of day entered. The Duration is calculated in minutes based on the values for Start and End Times.
- Select the CPT Code by clicking the link to the right of the text box and choosing the appropriate code from the list. Up to 4 codes may be selected. Select the number of CPT Units based on the Calculated Duration and the Session Time specified for the selected CPT Code.

8. When all information has been entered, click Next.

9. Click the edit pencil to modify session information (Setting, Actual Ratio, Start/End Times, CPT Code and/or CPT Unit) for each individual student, if needed.
   - Enter session notes or check the box for Session Notes on File.
   - To view the student’s current Goals and/or Objectives, click the link, as seen below (highlighted).

10. Click Next to save changes and review the session information for all students for whom the service was provided.

11. Step 5 allows the Provider to review the session information for all students for whom the service was provided.
    - If changes need to be made, click Back to modify attendance for any of the students.
    - If all Session information is correct, click Submit to continue to Step 6, the final step of the Wizard.

12. To sign all attendance entries simultaneously, click Sign All. Click the pen nib to sign entries for individual students.
• The following pop up message will appear after clicking Sign All or the pen nib:

![Electronic Signature Pop-Up Message]

• Once signed, the session note **may not** be edited in any way. Click the **Sign** button to electronically sign, or click **Cancel** to return to the Related Service wizard Step 6 screen.

• After the attendance entry is signed, the pen nib will turn yellow. Hovering over the pen nib will provide the name and credential of the signer, as well as the date and time of the signature.

• If the Provider is **NOT** a Licensed Provider, the designated USO/UDO Provider will be unable to sign entries until the service provider has signed. The USO/UDO will need to enter each student’s Related Service Log; they may **NOT** use the Group Attendance feature to review or sign entries.

13. Click Finish. Entries will now appear in each student’s Related Service Log. The Group Attendance process is now complete.

14. To review attendance that has been recorded, click on the My Related Service Attendance link. Select the Service and the Month/Day/Year for which attendance was recorded. If default values are correct, service and date do not need to be selected.
Adding an Entry for a non-Medicaid Eligible Service (Music Therapy, Parent Counseling and Training, etc.)

1. Click on Related Service Attendance, under the My Students tab, next to Select as seen below.

![Related Service Attendance](image)

**Note:** The Related Service Attendance link will only be accessible to users who have been identified as a Provider, have been assigned Related Service Group Access, and have Credentials specified in Manage Users.

2. To add attendance, select the Service and the Month/Day/Year for which attendance is being recorded. If default values are correct, service and date do not need to be selected.

3. Click Next.

   a. Students for whom attendance may be taken for the selected service on the selected date will display. To be included in the list, the student must have an active, finalized IEP on the selected date and the document must have at least one active row of the selected service.
   
      b. **Note:** All non-Medicaid eligible services will display; be sure to choose those students and services that pertain to your caseload and service type.

4. A series of radio buttons are available to indicate an Attendance Type for each student on the selected date. Attendance Types include:

   a. Service Provided (SP)
   b. Student Not Available (SNA)
   c. Student Absence (SA)
   d. Provider Not Available (PNA)
   e. Provider Absence (PA)
   f. School Closed (SC)
   g. Not Scheduled (NS)

5. Select the appropriate Attendance Type for each student.

   a. The default Attendance Type is *Not Scheduled*; if the student is not scheduled for service on the selected date, the attendance type should remain set to the default. If the date selected is a school holiday, date of closing or a weekend day, all students will default to *School Closed*; if the student did not receive services on that date, the attendance type should remain set to the default.

   More details about the specific service from each student’s IEP (Service Delivery, Frequency, Period, and Duration) displays to the right of the radio buttons.

6. Click Next.
7. Record session information that is common to the students that were selected in Step 2 with an attendance type of Service Provided. CPT Code and CPT Unit fields may be left blank.
   a. Select the **Setting**. A drop down menu of all Recommended Schools will display. Choose the school where the service is delivered.
      i. The following choices will also be available:
         1. Home
         2. Hospital or Other Non-School
         3. Preschool Itinerant Services Only
         4. Private Provider Agency
         5. Student is Parentally Placed in a Non-Public School
         6. Other

     **NOTE:** If “Other” is selected, a new text box will display, entitled **Other Setting**. Type in the name of the school, agency or setting in which the service was provided.

   b. Select the **Actual Ratio**.

   c. The **Quantity** will default to “1” and is to designate the number of sessions provided. This number should never be changed.

   d. Select the **Session Start Time** and **Session End Time**. The AM/PM will default according to the time of day entered. The Duration is calculated in minutes based on the values for Start and End Times.

8. When all information has been entered, click Next.

9. Click the edit pencil to modify session information (Setting, Actual Ratio, Start/End Times) for individual students, if needed. Complete all students.

   a. Enter session notes or check the box for **Session Notes on File**. Entering Session Notes is Optional.

   b. To view the student’s current Goals and/or Objectives, click the link, as seen below (highlighted).

Click Next to save changes and review the session information for all students for whom the service was provided.
10. Step 5 allows the Provider to review the session information for all students for whom the service was provided.
   - If changes need to be made, click Back to modify attendance for any of the students.
   - If all Session information is correct, click Submit to continue to Step 6, the final step of the Wizard.

11. Click Finish. Entries will now appear in each student’s Related Service Log. The Group Attendance process is now complete.

12. To review attendance that has been recorded, click on the Related Service Attendance link. Select the Service and the Month/Day/Year for which attendance was recorded. If default values are correct, service and date do not need to be selected.

Deleting or Invalidating an Entry

Medicaid states that electronic records can be kept provided that “…the electronic record is the original record and has not been altered or, if altered, shows the original and altered version, dates of creation and creator".

To comply with the requirement, deletion of entries will be permitted only for those RS Log entries that have not been saved. An unsaved entry is one that has not been electronically signed yet.

Once saved, the entry may only be “invalidated”. The invalidated record will be treated the same as a deleted record (will not be included for importing and reporting) but will still display on the screen.

1. To delete an entry, click on the delete X to the left of the unsaved entry.

2. To invalidate an entry, click on invalidate button to the left of the saved entry.

3. Once the entry has been marked as invalid, the following warning message appears:
Clicking OK will invalidate the entry and remove it from the RS Log screen. Click Save.

To view any invalid entries, click invalidate button on the upper right corner of the entry detail section at the bottom of the RS Log edit screen. The invalid entries will display in a pop up window as seen below:

![Invalid Entry Pop Up](image)

Notes: In order to enter attendance, the student MUST have:

- a finalized document
- related services entered on the IEP

In order for the Related Service Provider to use the Electronic Signature feature:

- the provider must be entered into Frontline as a user
- the provider must have Related Service Group Access (i.e. Psychological Counseling, Speech, Physical Therapy, etc.)
- the provider’s credentials must be specified
- the electronic signature feature must be enabled for that user
Letters/Reports

The following reports related to RS Log are available on the Letters & Reports page of Frontline depending on the user’s level of access:

- Report - RS Attendance by Provider with Electronic Signature
- Report - RS Attendance By Student
- Report - RS Attendance Summary by Service: Required/Recorded Units of Service
- Report - RS Attendance Summary: Required/Recorded Units of Service
- Report - RS Log E-Signature Validation
- Report - RS Medicaid Compliance Checksheet (In-District Services)
- Report - RS Medicaid Compliance Checksheet (Out-of-District Services)
- Report - RS Students with Attendance by Provider
- Report - RS Students with Attendance by Service
- Report - RS Students without required USO/UDO by Service
- Report - RS Summary of Daily Notes
- Report - RS Summary of Related Service Session Notes with CPT Codes (In-District)
- Report - RS Summary of Related Service Session Notes with CPT Codes (Out-of-District)

If unable to access to a report on the Letters & Reports screen, please contact the district Central Office.
Helpful Web Links:

Updated CPT Codes:

Medicaid FAQ’s
http://www.oms.nysed.gov/medicaid/q_and_a/

Medicaid Handbook
http://www.oms.nysed.gov/medicaid/handbook/handbook_8/

Annual Medicaid Training Materials
http://www.oms.nysed.gov/medicaid/training_materials/home.html

RS Log Training Manual

RS log Attendance Wizard

Adding Evaluations or Reports

ICD 10 website link
http://www.icd10data.com
Frontline (formerly IEP Direct)
https://login.frontlineeducation.com/login?signin=328d456bb17c87029645cc9914e9490f&productId=leplegacy&clientId=StudentSolutions#/login

The American Occupational Therapy Association (OATA)
http://www.aota.org/