

**Preschool/School Supportive Health Services Program (SSHSP)  
Provider Qualifications and Documentation Requirements**

**NOTE:** Delivered services must be signed/dated by a qualified provider acting within his/her scope of practice. Supporting documentation must be retained for (6) years from the date the services were paid.

SERVICE/ EVALUATION	INITIAL REQUIREMENTS	IEP	APPROVED/MEDICAID SERVICE PROVIDER	REQUIRED DOCUMENTATION FOR MEDICAID
Speech Therapy Services	Signed/dated written referral from: physician; physician assistant; nurse practitioner; or speech-language pathologist (SLP)  Written referral included in the student's record	Yes	SLP having a certificate of clinical competence (CCC) from the American Speech-Language-Hearing Association (ASHA) or certified teacher of the speech and hearing handicapped operating under the direction of a licensed/registered SLP having a CCC from ASHA	Contemporaneous Session Notes <sup>2</sup>
Physical Therapy Services	Signed/dated written order from: physician; physician assistant; nurse practitioner  Written order included in the student's record	Yes	NYS licensed/registered physical therapist <sup>3</sup> or a certified physical therapy assistant under the direction of a NYS licensed/ registered physical therapist <sup>3</sup>	Contemporaneous Session Notes <sup>2</sup>
Occupational Therapy Services	Signed/dated written order from: physician; physician assistant; nurse practitioner  Written order included in the student's record	Yes	NYS licensed/registered occupational therapist or a certified occupational therapy assistant (COTA) under the direction of a NYS licensed/registered occupational therapist	Contemporaneous Session Notes <sup>2</sup>
Psychological Counseling Services	Referral by an appropriate school official, such as a school administrator or the chairperson of the CSE/CPSE or other licensed practitioner acting within his/her scope of practice  Referral included in the student's record	Yes	NYS licensed/registered psychiatrist; NYS licensed/registered psychologist; NYS licensed/registered clinical social worker; or licensed/registered master social worker under the supervision of a qualified psychiatrist, psychologist, or LCSW	Contemporaneous Session Notes <sup>2</sup>
Skilled Nursing Services	Signed/dated written order from: physician; physician assistant; nurse practitioner  Written order included in the student's record	Yes	Licensed registered nurse or licensed practical nurse supervised by a registered nurse, a physician, dentist or other licensed health care provider in accordance with The Nurse Practice Act	In accordance with The Nurse Practice Act

SERVICE/EVALUATION	INITIAL REQUIREMENTS	IEP	APPROVED MEDICAID SERVICE PROVIDER <sup>1</sup>	REQUIRED DOCUMENTATION FOR MEDICAID
Psychological Evaluation	Referral by an appropriate school official, or other official, or other licensed practitioner acting within his/her scope of practice  Referral included in the student's record	Yes	NYS licensed/registered psychiatrist or a NYS licensed/registered psychologist	If used to identify student's health related needs for the IEP, must be reflected in the IEP
Medical Evaluation	Referral by CSE/CPSE documented as part of the IEP process	Yes	NYS licensed/registered physician; physician assistant; or a nurse practitioner	If used to identify student's health related needs for the IEP, must be reflected in the IEP
Medical Specialist Evaluation	Referral by CSE/CPSE or primary care practitioner documented as part of the IEP process	Yes	NYS licensed/registered physician specialist; specialist assistant; or a nurse practitioner	If used to identify student's health related needs for the IEP, must be reflected in the IEP
Audiological Evaluation	Signed/dated written order from: physician; physician assistant; or nurse practitioner  Written order included in the student's record	Yes	NYS licensed/registered audiologist having a certificate of clinical competence (CCC) from the American Speech-Language-Hearing Association (ASHA)	If used to identify student's health related needs for the IEP, must be reflected in the IEP
Special Transportation (On a one-way basis)	CSE or CPSE must identify special transportation needs; must be indicated on the IEP; and billed only on a day that a Medicaid reimbursable service (other than transportation) was delivered, at the rate for each one-way trip	Yes	A vendor lawfully authorized to provide transportation services on the date the services are rendered	Bus/transportation Logs must be maintained

<sup>1</sup> APPROVED MEDICAID SERVICE PROVIDER: Provider licenses, registrations and certifications must be on file prior to submitting claims for Medicaid reimbursement.

<sup>2</sup> CONTEMPORANEOUS SESSION NOTES: The duties of the provider are discussed in Social Services regulation at 18 NYCRR Section 504.3(a). Medicaid providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program. "Contemporaneous" records means documentation of the services that have been provided as close to the conclusion of the session as practicable.

<sup>3</sup> Having graduated from a Commission on Accreditation in Physical Therapy Education (CAPTE) approved program.