

**SCHENECTADY COUNTY PUBLIC HEALTH SERVICES  
CHILDREN WITH SPECIAL NEEDS PROGRAM  
BILLING PROCEDURES (CPSE EVALUATIONS)  
EFFECTIVE SEPTEMBER 2018**

The following billing procedures apply to Evaluation services provided to children ages 3-5 eligible under section 4410 of the New York State Education Law. Evaluations can be done on all business days (Monday – Friday) except legal holidays.

**Rates:** Schenectady County will pay the most current rates for the time period that the evaluation was completed.

**Billing:**

1. A copy of the STAC-5 will be sent to the provider once it has been received and reviewed for accuracy by the County. **THIS IS YOUR NOTICE** that we have the proper paperwork in place to reimburse you for the evaluation. **If you have not received your copy of the STAC-5 and are ready to bill for an evaluation, IT IS YOUR RESPONSIBILITY TO CONTACT THE SCHOOL DISTRICT. WE WILL NOT PAY WITHOUT A STAC-5.**
2. Billing for the Children with Special Needs Program is submitted on a MONTHLY basis. **All vouchers must be submitted within three (3) months of the CPSE meeting date.** Vouchers submitted after **three months** from the date of the CPSE meeting will not be accepted for payment. If you are having a problem obtaining the STAC-5 from the School District, you are to notify us and provide documentation for us to extend this deadline. If the child moves out of the district prior to the CPSE meeting or if the parent withdraws from the process, then the three month submission requirement will start from the date that the last component was completed.
3. Dates of submission are as follows:
  - a. Submit each month in a single billing packet on or after the 1<sup>st</sup> of the following month.
4. The completed billing packet consists of:
  - a. One County voucher completed in accordance with the attached instructions, for each voucher verification form. **If using the Schenectady County voucher in Excel that is posted on our website, the original and one copy is required for submission.**
  - b. One original voucher verification form and ***two copies*** per voucher. Bill up to thirty children per voucher verification form.
  - c. One signed Evaluation Report for each child listed on the voucher verification form.
    - No copies are needed, submit only originals.

**\*\*\*Please note that for 4410, evaluations and services cannot be billed on the same voucher.**

**\*\*\* BILLING THAT HAS BEEN RETURNED FOR CORRECTIONS MUST BE RESUBMITTED  
WITHIN 15 DAYS OR PAYMENT WILL NOT BE MADE.**

**Signatures:**

1. All signatures must be original; photocopies are not acceptable. Signature stamps are acceptable if approved in the by-laws of the organization submitting the billing and written authorization to accept the stamp as original is provided by the CEO. This authorization must be provided annually at the beginning of the school year.

**REMINDER:** All CPSE evaluations (including supplementals) must be completed within 60 days of parent consent, with sufficient time for the district to convene a CPSE meeting. Evaluations done over 60 days from referral may not be paid.

**SCHEENECTADY COUNTY PUBLIC HEALTH SERVICES  
INSTRUCTIONS FOR COMPLETING  
SCHEENECTADY COUNTY  
CPSE EVALUATION REPORT**

1. **NAME OF CHILD:** Enter the child's full legal name (last name, first).
2. **DOB:** Complete with the child's date of birth (month, date, year).
3. **SED APPROVED EVALUATOR:** Enter the name of your program.
4. **AUTHORIZING SCHOOL DISTRICT:** Enter the school district that authorized the evaluation(s).
5. **DATE REVIEWED BY CPSE:** Enter the date that the evaluations were reviewed by the CPSE.
6. **ICD – 10 CODE(S):** Place the diagnostic code(s) for conditions or reasons for which care is provided.
7. **DATE OF EVAL/ EVALUATION COMPONENTS/RATE:**
  - a. **Date of Eval:** Enter the date that the evaluation took place.
  - b. **Evaluation Components:** Place an "x" in the box indicating which evaluations were completed.
  - c. **Rate:** Enter the evaluation rate in the box next to the appropriate component. **Please be sure to adjust the rate if the evaluation was bilingual or if it was conducted in an alternative method.**
8. **COMMENTS:** If a child has moved or if the parent has withdrawn from the process, please note that in this section.
9. **AUTHORIZED SIGNATURE:** The program director must certify the form on the authorized signature line using your full name. The form must be submitted with an original signature. Photocopies are not acceptable.
10. **DATE:** This is the date in which the form was completed.

**SCHENECTADY COUNTY PUBLIC HEALTH SERVICES  
INSTRUCTIONS FOR COMPLETING  
SCHENECTADY COUNTY VOUCHER VERIFICATION FORM  
(EVALUATIONS)**

1. **EVALUATOR:** Enter the name of the program.
2. **VOUCHER PERIOD:** Check one box for the period in which the services were provided. Only one period per Voucher Verification Form.
3. **SCHOOL YEAR:** The school year in which the services were provided.
4. **CHILD'S NAME:** Complete using last name first, listing children in alphabetical order.
5. **TOTAL AMOUNT:** The total amount of all components billed for the child.
6. **TOTAL THIS VOUCHER:** The total of all services being billed on the voucher. This amount is transferred to the Schenectady County Voucher.
7. **AUTHORIZED AGENCY SIGNATURE:** This must be an original signature.
8. **DATE:** This is the date in which the form was completed.

**SCHENECTADY COUNTY PUBLIC HEALTH SERVICES  
INSTRUCTIONS FOR COMPLETING  
SCHENECTADY COUNTY VOUCHER FORMS  
(EVALUATIONS)**

1. **DATE:** This is the date that you completed the voucher.
2. **CONTRACT NUMBER:** Please fill in the correct contract number assigned to you from the Children with Special Needs Program. Note: contract numbers change yearly.
3. **NAME AND ADDRESS:** Please use your complete name and mailing address, including zip code.
4. **CHARGE ACCOUNT NO(S):** The following information should be filled in under 'Charge Account No(s):

**“A     2960     480218”**

**The last two digits of ‘4802\_\_’ are the last two digits of the year in which services were provided.** For services delivered through 12/31/18, the code is 480218. For services delivered from 1/1/19– 12/31/19, the code will be 480219.

5. **DEPT. FURNISHED:** Please insert the "**CHILDREN WITH SPECIAL NEEDS PROGRAM**".
6. **DESCRIPTION:** For **CPSE** evaluations, one invoice voucher for each Voucher Verification Form, please insert the following information in the "Description" Section:  
  
    "**CPSE EVALUATION SERVICES PROVIDED AS PER THE ATTACHED DOCUMENTATION FOR THE PERIOD OF \_\_\_\_\_.**"
7. **AMOUNT:** This is the total of the entire voucher taken from the total line on the Voucher Verification Form.
8. **CERTIFICATION:** After the word, "I" print the full name of the person certifying the voucher. After the words "I am", corporations write the name of the officer and corporation/partnership name.
9. **SIGNATURE:** This must be an original signature on the 'payee' line.