



George Latimer, County Executive

CPSE

PROTOCOL MANUAL

Revised April 2022

DEPARTMENT OF HEALTH
Sherlita Amler, M.D., Commissioner

Introduction and Purpose

The protocols outlined in this manual pertain to those providers who contract with the Westchester County Department of Health to provide services to preschool students with disabilities. The purpose of this manual is to clarify certain policies and procedures which must be followed, and give guidance to assist providers in meeting the requirements of their contract with Westchester County.

This manual will also be helpful for school districts to review to ensure that they understand the contract requirements for providers in the provision of services approved by the CPSE. In furtherance of this, guidance for school districts is included in this manual.

Providers must be thoroughly familiar with both the provisions of their contract and the guidelines for implementation of the contract provisions outlined in this manual. Please note that it is the responsibility of the provider to comply with all New York State Laws and Regulations regarding their provision of services. Further, as outlined in your contract, all providers must comply with Medicaid requirements in the provision of Medicaid reimbursable services. More information regarding Medicaid may be found here: https://www.health.ny.gov/health_care/medicaid/program/psshsp/.

Westchester County is required to maximize Medicaid reimbursement for evaluations and services provided to children who are suspected, or found, to have special education needs by approved preschool evaluators and providers. In furtherance of this, the County contracts with James McGuinness & Associates Inc. (McGuinness). As such, all providers must use the CPSE Portal to document, bill, and substantiate services provided. Questions relating to CPSE Portal functions must be directed to: Support@CPSEPortal.com. Questions related to Medicaid requirements in particular must be directed to: Medicaid@CPSEPortal.com.

Westchester County also contracts with McGuinness for their eSTACs system. It is the responsibility of the school district to use the eSTACs system. Questions relating to eSTACs must be directed to: Support@CPSEPortal.com.

Please be advised that Westchester County requires service providers and school districts to provide documentation pertaining to the provision of services upon request.

Please note that this manual may be edited as the need arises without a full revision of the manual. Providers will be contacted if there is a change in protocol prior to a full revision.

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CHAPTER 1

EVALUATION PROTOCOLS

NYSED Preschool Evaluation Reimbursement STAC-5

Please review, be familiar with, & check for updates at regular intervals: <http://www.oms.nysed.gov/stac/preschool/evaluation>

Guidance:

- The school district is required to complete the STAC-5 at the CPSE meeting.
- If a justification letter is required to process the evaluation provider's bill, the school district must upload the justification letter to the CPSE portal when the STAC-5 is uploaded.
- The provider should NOT be completing the STAC-5
- School districts must ensure that the correct provider is entered on the STAC-5. There are providers that have similar names or multiple names when they provide services in multiple areas. It is the school district's responsibility to ensure that the correct provider is entered on the STAC-5.

STAC-5 Need for Justification

The CPSE Chairperson must submit a justification letter, written on the school district's letterhead, along with the STAC-5 in the following circumstances:

1. When there is more than one psychological and/or social history in a year;
2. When duplicate related service evaluations are requested within a year;
3. When an evaluation is being requested for an early intervention child under the age of 2.9;
4. When "other" is used for an evaluation component;
5. When any evaluation request is made for a CSE eligible student; or
6. When there are any other circumstances that may be questionable for NYSED's approval.

Provider Guidance:

1. Be familiar with 1-6 above and ensure you have a copy of the justification letter prior to commencing the evaluation.
2. Ensure that you:
 - Have the consent to evaluate signed by the parent choosing your agency and listing evaluations that are being sought prior to commencing the evaluation.
 - Can complete the evaluation within the required regulatory timeframe prior to accepting the evaluation.
 - An evaluation must be completed and the CPSE meeting held within 60 calendar days of the district received parental consent.
 - The date the district received signed consent is the date to use **NOT** the date you receive the consent.
 - Look at the consent to see the **PURPOSE** of the evaluation. Is it a consent for an initial evaluation, further evaluations, or for possible declassification? This, along with the evaluations approved, will drive what testing needs to be done and whether you require additional information from the district to complete the testing. If you require additional information, reach out to the district to discuss this with them.

School district guidance:

1. Please be advised that if required, a justification must be completed and forwarded to the agency chosen by the parent PRIOR to the commencement of an evaluation. Justification letters received or dated after the evaluation is commenced will NOT be accepted by the County.
2. Please be advised that a full MDE is NOT required for declassification of a preschool student. Please refer to the guidance that is provided by state education department found here: <https://www.p12.nysed.gov/specialed/spp/7exit706.htm>. If declassification is being sought for a preschool child, ensure that the parents receive proper prior written notice and that the purpose of the meeting is to discuss declassification.
3. Upload the justification letter to the CPSE portal when you upload the STAC-5 to avoid delays in processing provider bills.

NYSED Publications on Evaluations

Please review, be familiar with, & check for updates at regular intervals:

<http://www.p12.nysed.gov/specialed/publications/topics>

Click on - *Evaluations*

Provider Guidance:

1. Ensure you have the consent to evaluate signed by the parent choosing your agency prior to commencing the evaluation.
2. Ensure you have the consent to evaluate signed by the parent choosing your agency and listing evaluations approved by the school district prior to commencing the evaluation.
3. Ensure you can complete the evaluation within the required regulatory timeframe prior to accepting the evaluation. An evaluation must be completed and the CPSE meeting held within 60 calendar days of the district received parental consent. The date the district received signed consent is the date to use NOT the date you receive the consent.
4. Ensure you have all of the required documents for Medicaid. All information can be found at https://www.oms.nysed.gov/medicaid/handbook/sshsp_handbook_9_march_21_2018_final.pdf.
5. Ensure you sign up for the Medicaid in Education listserv and keep up to date with publications. You can use this link to do so: https://www.oms.nysed.gov/medicaid/listserv_registration.html
6. Ensure that qualified individuals are completing the evaluations.
7. If a justification letter is required, ensure that you have it BEFORE you commence the evaluation (justification letters received or dated after the evaluation was commenced will not be accepted).
8. If not provided by the school district, it is strongly recommended that you complete a Home Language Questionnaire (HLQ) prior to commencing an evaluation. Please share the results with the school district if they differ from the language of the evaluation being sought by the district. This will allow the school district to authorize evaluations to be completed in the appropriate language. You should NOT proceed with an evaluation if you know or suspect that it is not being completed in the appropriate language. A sample HLQ can

be found here: <http://www.nysed.gov/bilingual-ed/ell-identification-placementhome-language-questionnaire>

9. Ensure that you are familiar with, abide by, and understand the guidance on evaluating linguistically diverse English language learners. *Please see NYSED Special Education Field Advisory: "Use of Standardized Scores in Individual Evaluations of Culturally and Linguistically Diverse English Language Learners Ages 3-21"* found here: <https://www.p12.nysed.gov/specialed/publications/ells-disabilities-standardized-scores-dec-2014.htm>
10. To the greatest extent possible, the provider completing the evaluation should speak the native language of the child being evaluated.

George Latimer
County Executive

Department of Health

Sherika Amiee, M.D.
Commissioner

March 25, 2022

Dear CPSE Chairpersons:

Westchester County Department of Health has been experiencing difficulty in recouping state aid from the New York State Department of Education (NYSED) STAC Unit for evaluations authorized by the Committee on Preschool Special Education (CPSE) for Kindergarten/CSE eligible students. Although the County is fiscally responsible to pay the provider for evaluations authorized by a school district for preschool students, we are not authorized to pay for evaluations if they are solely used for a CSE eligibility determination.¹


If you choose to request an evaluation for a CSE eligible student, a justification letter must always be submitted to the evaluating agency at the time an evaluation request is made and must be uploaded with the STAC-5. Please note a justification letter cannot be accepted if it is dated after the referral is sent to the evaluating agency. In reviewing a justification letter and STAC-5 for payment, we may request additional documentation from the district before processing payment.

Just a reminder, that if you determine that an evaluation is necessary for the provision of ESY services, data must be collected to support substantial regression pursuant to 200.16(i)(3)(v) of the Commissioner's Regulations.

The procedure is not applicable to those children who are being evaluated as part of the initial referral to the CPSE.

Thank you in advance for your cooperation.

Sincerely,


Marina Yoegel, CCC/SLP/SHH/SAS
Assistant Commissioner
Children with Special Needs

cc:
Jean Zhang

¹ Please review <https://www.n12.nysed.gov/specialed/publications/preschool/evalB-4ed803.htm>

CHAPTER 2

Service Protocols for 4410 CB Programs, SEIS & Related Services

INTERIM LETTER OF PLACEMENT PROCEDURE

The Committee on Preschool Special Education prepares, an Interim Letter of Placement and the prior school District's IEP are typically used when a preschool student moves from one Westchester County School District to another. The interim Letter of Placement allows for services to continue based on the existing IEP, until such time as the receiving school district can hold its own CPSE meeting and generate an IEP. It is expected that the receiving school district will upload the STAC and New IEP to the portal within 30 school days of the date of the letter. The prior school district should let the family know that they must register their preschool child in the receiving district in order for the transition of services to take place in a timely fashion. Interim Letters of Placement may be used for center based placement, SEIS, or related services, provided that the program or related service provider has or is willing to enter into contract with the Westchester County Department of Health.

PROCEDURE

When a child moves into a new school district and services mandated by the prior school district are to be continued, the receiving school district writes an Interim Letter of Placement. This letter must include:

1. Date new school district took over jurisdiction for the child;
2. Name of district child is moving from;
3. The name of the 4410 program child attends or names of the individual(s) or
4. agency(ies) providing the related services or SEIS;
5. The projected date of the CPSE meeting; and
6. The effective date of service for the new school district

A copy of the Interim Letter of Placement and the prior school district's IEP and STAC-1 must be uploaded to the portal AND be sent to the County and the service provider(s) expeditiously to ensure that services resume with as little interruption as possible.

The new school district's IEP should be sent and uploaded following the CPSE meeting. The Interim Letter of Placement will explain the discrepancy in the projected start date of service and the CPSE meeting date on the IEP.

Under certain conditions, an Interim Letter of Placement may also be used when the child moves into a Westchester school district from another county in New York State. Please contact the County regarding individual scenarios on an individual basis.

Signed:

Date: 4/28/22


Marina Yoegel, Assistant Commissioner

INTERIM LETTER OF PLACEMENT

Westchester County Department of Health
145 Huguenot Street, 7th Floor
New Rochelle, New York 10801

Date:

Re: _____ DOB: _____

We have received a referral from _____ informing us that the family moved into _____ from the _____ school district on _____.

Since _____ is a preschool special education student [] receiving services and/or [] attending _____, we would like to continue his special education program or services with as little interruption as possible until such time as we can schedule a CPSE meeting. In order to continue in the current placement, our Committee on Preschool Special Education will approve an interim placement for thirty (30) school days. The effective date for the interim placement is _____.

During that time the Committee on Preschool Special Education will discuss with the program/service provider(s) the educational needs of this child so that we may appropriately meet his needs. We expect to hold a CPSE meeting on _____ to review the information, current placement and make recommendations to our Board of Education based on the outcome of this meeting.

If you have any questions about this matter or need further assistance, please feel free to call me at

_____.

Sincerely,
SIGN NAME
PRINT
NAME
CPSE Chairperson

**NYSED Publications –
Individualized Education Program
(IEP)**

Please review, be familiar with, & check for updates at regular intervals:

<http://www.p12.nysed.gov/specialed/publications/topics>

Click on – *Individualized Education Program*

School District Guidance:

1. A student’s IEP is based on the services that were authorized by the CPSE – NOT the provider’s availability.
2. Do not confuse the services the student is determined to need by the CPSE with placement. As a reminder “Placement decisions cannot be based solely on:
 - category of disability,
 - availability of special education and related services,
 - design of the service delivery system,
 - availability of space, or
 - administrative convenience.”
See: Letter to Rowland, 2019, which can found at:
<https://sites.ed.gov/idea/files/osep-letter-to-rowland-09-09-2019.pdf>
3. 4410 CB programs (whether self-contained, half-day or SCIS) are approved by NYSED and contract with the County to provide “each preschool student served with all of the special programs and services recommended in the student's IEP at the recommended frequency, duration, location and intensity.” Refer to your contract with NYSED. If a CB accepts a student the CPSE refers, they are not permitted to cap any related services they are approved to provide via contract.
4. Indicate one place of service for each service recommended. For example, an IEP should not say home/school for a service. If a service is going to be provided at home, the IEP should indicate home. If the service is going to be provided at school, the IEP should indicate school.
5. “Special Location” and “Integrated/Non Integrated” are not options for related services.
6. If a student is recommended for a CB program, request the school calendar of the CB program to input those dates into the IEP and STAC.
7. When a student is not attending a CB or does not have SEIS, and two or more related services are mandated, the school district must select one of the related services providers to serve as coordinator. Ensure this is on the IEP. SED permits one 30-minute coordination session per month when the related services provider serves as coordinator and “coordination” must appear on the STAC and the IEP.

8. When SEIT plus related services are involved, the SEIT serves as the coordinator and “coordination” does not appear on the STAC or IEP
9. It is the school district’s responsibility to inform the provider of a termination of service or coordination.
10. When a child is receiving two or more services and SEIT is added, the SEIT assumes the role of coordinator. The school district is responsible for informing the related service provider originally designated as coordinator and remove the coordinator from the IEP.
11. Refer to the Regulations of the Commissioner of Education Part 200 – Students with Disabilities - with regard to the requirements and timeliness Board of Education (BOE) authorization and service start dates.
12. Prescriptions:
 - When physical or occupational therapy services are mandated whether CBRS or RS send a copy of the prescription to the provider and upload the prescription to the CPSE Portal. As required under their professional scope of practices, physical and occupational therapy services require an appropriately written prescription in order to initiate services and get compensated for the services provided. THIS APPLIES FOR BOTH CBRS & RS.
 - Speech providers should complete and upload their own prescriptions on the CPSE portal. As required under their scope of practice, speech services require an appropriately uploaded prescription in order to initiate services and get compensated for services provided. THIS APPLIES FOR BOTH CBRS & RS.
 - UNDER NO CIRCUMSTANCES SHOULD A PRESCRIPTION, WRITTEN BY A LICENSED PHYSICIAN, REGISTERED PHYSICIAN’S ASSISTANT, OR A LICENSED NURSE PRACTITIONER, BE ALTERED IN ANY WAY BY THE SCHOOL DISTRICT OR PROVIDER FOR BOTH CBRS AND RS. IF A PRESCRIPTION IS NOT COMPLETED CORRECTLY THEN A NEW PRESCRIPTION NEEDS TO BE OBTAINED.
 - A new prescription is required on an annual basis even if the frequency and duration of service is not changed from one term of service to the next. School districts should review prescriptions annually. A prescription is considered to be in effect for twelve months from the date the order was written, unless it refers to a specific school year. If the prescription submitted does not cover the entire IEP period, a new prescription must be

obtained to avoid a disruption in services to the child and compensation to the provider.

- Important note: If an eligible service on the IEP is amended, a new prescription is REQUIRED. This applies to both CBRS and RS.
- **Questions about Medicaid compliant prescriptions may be directed to: Medicaid@CPSEPortal.com.**

13. Amendments to the STAC may also necessitate amendments to the IEP and vice versa. For example, a change of frequency and/or duration will affect both documents. However, a change in location will affect the IEP only and a change in provider should affect the STAC only.

14. Separate STACS must be used for different sessions. For example, Summer 2022 may not be combined on the same STAC for school year 2022-2023.

17. Ensure that the correct agency is chosen when you are entering the information in the eSTAC system. Some agencies have similar names or multiple sites with different names. If you have a question as to which agency name to use, please speak to the provider PRIOR to entering the information.

******Questions regarding entering information or updating items to the portal should be directed to: Support@CPSEPortal.com***

CB Provider Guidance:

1. 4410 CB programs (whether self-contained, half-day or SCIS) are approved by NYSED and contract with the County to provide “each preschool student served with all of the special programs and services recommended in the student's IEP at the recommended frequency, duration, location and intensity.” *Refer to your contract with NYSED.* There should be no “capping” of any related services you provide. Your rate takes into consideration the provision of all related services recommended in the student’s IEP.
2. As the contract with the County provides, if you are not able to provide all the services on a child’s IEP because of staffing shortages, you may always contract with an outside provider to provide the CBRS at your site. You must inform the County if you plan to contract with an outside provider. As a reminder, your CB daily rate as indicated in your approval with the State and the County is to provide “each preschool student served with all of the special programs and services recommended in the student’s IEP at the recommended frequency, duration, location and intensity.” *Refer to your contract with NYSED.*
3. Ensure school districts have your school year and ESY dates.
4. Progress Reporting
 - As per the provider’s contract with the County, it is the provider’s responsibility to provide progress reports and/or marks to school districts.
 - Before accepting a case, a provider must be aware of the requirements of the school district for reporting progress.
 - If a provider accepts a student, they are agreeing to report progress to the school districts in the manner and frequency the school districts require.
 - It is the provider’s responsibility to provide progress reports to the parents and the district whether or not the provider is given access to IEP direct or Frontline. These progress reports are IN ADDITION to annual review reports.
5. Upon accepting a student for services, ensure that the district knows the correct name of your program to use in the drop down menu in eSTAC system.

CBRS Provider Guidance:

1. Prescriptions:

- When physical or occupational therapy services are mandated, the school district must send the prescription to the provider and upload the prescription to the CPSE Portal. As required under their professional scope of practices, physical and occupational therapy services require an appropriately written prescription in order to initiate services and get compensated for services provided.
- Speech providers must complete and upload their own prescriptions to the CPSE Portal. As required under their scope of practice, speech services require an appropriately uploaded prescription in order to initiate services and get compensated for services provided.
- UNDER NO CIRCUMSTANCES SHOULD A PRESCRIPTION, WRITTEN BY A LICENSED PHYSICIAN, REGISTERED PHYSICIAN'S ASSISTANT, OR A LICENSED NURSE PRACTITIONER, BE ALTERED IN ANY WAY BY THE SCHOOL DISTRICT OR PROVIDER FOR BOTH CBRS AND RS. IF A PRESCRIPTION IS NOT COMPLETED CORRECTLY THEN A NEW PRESCRIPTION NEEDS TO BE OBTAINED.
- A new prescription is required on an annual basis even if the frequency and duration of service is not changed from one term of service to the next. School districts should review prescriptions annually. A prescription is considered to be in effect for twelve months from the date the order was written, unless it refers to a specific school year. If the prescription submitted does not cover the entire IEP period, a new prescription must be obtained to avoid a disruption in services to the child and compensation to the provider.
- Important note: If an eligible service on the IEP is amended, a new prescription is REQUIRED.
- A provider will not be compensated unless there is a properly completed prescription for the current term of service uploaded to the portal.
- **Questions about Medicaid compliant prescriptions may be directed to: Medicaid@CPSEPortal.com.**

2. Progress Reporting
 - As per the provider contract with the County, it is the provider's responsibility to provide progress reports and/or marks to school districts.
 - Before accepting a case, a provider must be aware of the requirements of the school district for reporting progress.
 - If a provider accepts a student, they are agreeing to report progress to the school districts in the manner and frequency the school districts require.
 - It is the provider's responsibility to provide progress reports to the parents and the district whether or not the provider is given access to IEP direct or Frontline. These progress reports are IN ADDITION to annual review reports.
3. ANY CBRS services provided must be done so by qualified personnel, with updated certification and licensure, who are working within their scope of practice. Please refer to the section on qualified personnel in this manual. You should also refer to your contract with NYSED, your contract with the County, and NYS laws and regulations regarding qualified personnel.
4. Upon accepting a student for services, ensure that the district knows the correct name of your program to use in the drop down menu in eSTAC system.

RS & SEIT Provider Guidance:

1. Providers will not be paid for services rendered if they do not have a current executed contract with the Westchester County Department of Health Children with Special Needs.
2. Anyone working with a child in Early Intervention who will be continuing to provide services in preschool, must wait for an authorization from the school district prior to starting services.
3. When two or more related services are mandated and a SEIT is not involved, the school district is responsible for selecting one of the related service providers as the coordinator. If you note that a coordinator is not selected, please reach out to the school district to select one.
4. SED permits one 30-minute coordination session per month when the related service provider services as coordinator.
5. When a child is receiving two or more services and SEIS is added, the SEIT assumes the role of coordinator. The school district is responsible for informing the related service provider originally designated as coordinator.
6. Providers who start to deliver services before the service start date or before a valid prescription is entered into the portal, or who do not follow frequency, duration or service location mandates on the IEP, or do not use qualified personnel, **WILL NOT BE PAID FOR THAT SERVICE.**
7. Progress Reporting
 - As per the provider's contract with the County, it is the provider's responsibility to provide progress reports and/or marks to school districts.
 - Before accepting a case, a provider must be aware of the requirements of the school district for reporting progress.
 - If a provider accepts a student, they are agreeing to report progress to the school districts in the manner and frequency the school districts require.
 - It is the provider's responsibility to provide progress reports to the parents and the district whether or not the provider is given access to IEP direct or Frontline. These progress reports are **IN ADDITION** to annual review reports.
8. A Teacher Assistant who is providing a related service requires appropriate, current, and updated New York State certification and licensure. Please refer to the section on qualified personnel in this manual. You should also refer to your

- contract with NYSED, your contract with the County, and NYS laws and regulations regarding qualified personnel.
9. A SEIT requires appropriate and updated New York certification and licensure to provide SEIS. Providers must be aware and in compliance with NYSED requirements for the employment and qualification of SEIS providers. Please also refer to: <http://www.highered.nysed.gov/tcert/resteachers/spededassignments.html>
 10. ALL RS services provided must be done so by qualified personnel, with updated New York State certification and licensure, who are working within their scope of practice. Please refer to the section on qualified personnel in this manual. You should also refer to your contract with NYSED, your contract with the County, and NYS laws and regulations regarding qualified personnel.
 11. Upon accepting a student for services ensure that the district knows the correct name of your program to use in the drop down menu in the eSTAC system.

QUALIFIED PERSONNEL - RS SERVICES

- *For SEIT Please see chart that can be found at:
<http://www.highered.nysed.gov/tcert/reteachers/spededassignments.html>*
- *For CBRS please refer to your contract with SED and the laws and regulations regarding 4410 Schools and who may provide services.*
- *For MDEs please refer to your contract with SED and the laws and regulations regarding who may conduct evaluations.*

Speech:

- NYS Licensed Speech Pathologist **and** TSHH or TSSLD*
- Clinical Fellow with supervision (supervision must be documented using UDO logs and when supervisor attends sessions, this must be documented in the portal).
- To provide services in a language other than English, a bilingual extension is required.

Occupational Therapy:

- NYS Licensed Occupational Therapist
- NYS Licensed Occupational Therapy Assistant with supervision (supervision must be documented using UDO logs and when supervisor attends sessions, this must be documented in the portal).

Physical Therapy:

- NYS Licensed Occupational Therapist
- NYS Licensed Physical Therapy Assistant with supervision (supervision must be documented using UDO logs and when supervisor attends sessions, this must be documented in the portal).

Psychological Counseling:

- A NYS licensed psychologist**
- A NYS Licensed Clinical Social Worker (LCSW)
- A NYS Licensed Master Social Worker (LMSW) with supervision by a NYS licensed psychologist or LCSW (supervision must be documented using UDO logs, and when the supervisor attends sessions this must be documented in the portal).

Parent Training & Counseling:

- A NYS licensed psychologist*

- A NYS Licensed Clinical Social Worker (LCSW)
- A NYS Licensed Master Social Worker (LMSW) with supervision by a NYS licensed psychologist or LCSW.

Teaching Assistant Services as an RS:

- Must have NYS Teacher Assistant Certification

Nursing Services:

- RN
- LPN with supervision by an RN (supervision must be documented using UDO logs and when supervisor attends sessions, this must be documented in the portal). *For NYS License Requirements for RNs or LPNs please refer to <http://www.op.nysed.gov/prof/nurse/>*

For the provision of any services not mentioned above please refer to New York State Offices of Professions, NYSED, and the TEACHH system.

All licenses and certifications must be current and valid during the provision of services.

* Note requirements found at: <http://www.op.nysed.gov/prof/slpa/speechschoolsvcs.htm>

**Certified School Psychologist: *Please note NYS certified school psychologist who does not have a NYS Psychologist License, may only provide services (counseling, parent training, etc.) if they are a full-time employee of a 4410 school or school district and provide services for preschool children enrolled in their program).*

NYSED Publications –

- 1. NYSED Preschool Service Reimbursement STAC-1 and Instructions**
- 2. NYSED Memorandum 1:1 Aide/Nurse/Interpreter Form for Students with Disabilities**
- 3. NYSED Request for Reimbursement for Partial 1:1 Aide, 1:1 Nurse, 1:1 Interpreter and Instructions**

Please review, be familiar with, & check for updates at regular intervals:
<https://www.oms.nysed.gov/stac/preschool/service/home.html>

School Districts:

Questions regarding entering services using the eSTACs system should be directed to: Support@CPSEPortal.com

NYSED Memorandum
Child-Specific Allowance to Temporarily Exceed an
Approved Special Class Size for Preschool Students
with Disabilities

Please review, be familiar with, & check for updates at regular intervals: <https://www.p12.nysed.gov//specialed/publications/2017-memos/preschool-variance-december-2017.htm>

ESTAC SYSTEM
Notification Sent to School Districts August 1, 2020

To: School District Superintendents
Directors of Pupil Personnel
CPSE Chairs and Support Staff

The Westchester County Department of Health (WCDOH) is committed to ensuring that the Preschool Special Education Program, administered by the New York State Education Department through local school districts, is carried out effectively and efficiently.

We have been reviewing the data management processes and have determined approximately 20,000 handwritten STAC forms are generated annually by the 42 school districts' preschool programs. These paper forms are sent to WCDOH where the information contained therein is manually entered into a WCDOH-contracted CPSE software system for provider payment and reimbursement. WCDOH has been in discussion with its CPSE software vendor, James McGuinness & Associates, to implement a system to collect IEP and STAC information electronically. This was discussed at a CPSE Chairpersons meeting on January 23rd, 2020 held at Louis M Klein Middle School.- Harrison School District

We had every intention of preparing to train for the E-STAC system this past spring however, our timeline was impacted by COVID-19.

This new web-based system will give school districts the ability to:

- Data enter evaluation (STAC-5) information
- Data enter IEP services / mandates to create and support STAC-1s
- Submit and digitally sign STAC forms (both STAC-1 and STAC-5)
- Upload supporting documents including:
 - 1:1 Aide form
 - Interim Letters
 - Medicaid consents
 - Transportation forms
- Upload data file (instead of data entering) containing information for evaluations and IEP mandated services
- Send and receive STAC Research Requests electronically

It is WCDOH 's goal to have a paperless process for the 2020-2021 school year.

Westchester County will require all school districts to use the E-STAC system to submit STAC-related information (both evaluations and services) for CPSE services.

As we work with our software vendor, over the coming weeks, we will provide more information about E-STAC and required procedures.

By close of business today, July 31, 2020, you will have to STOP submitting the following documents to the county:

**STAC's (1&5),
IEP's,
1:1 Aid/Nurse form,
Medicaid consent, Checklist
for Amendments
Prescriptions.**

***Please continue to send only the TAF's (no other documents) to Sandra Villegas. This will ensure that we have the required information for students approved for bus service for September school re-opening.**

Signed:

Date: 4/28/22


Marina Yoegel, Assistant Commissioner

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH
CHILDREN WITH SPECIAL NEEDS**

**REPORTING ABSENCE POLICY
CBRS/RS/SEIT MAKEUP POLICY
EXTREME WEATHER POLICY**

1. Reporting Absences

Excessive absences should immediately be reported to the student's school district. The school district may communicate with the family to ascertain the cause of the absences and determine if adjustments to the student's Individual Education Plan (IEP) are indicated.

Please Note:

- Amendments to services that affect reimbursement shall not start without authorization from the school district.
- The school district is responsible for notifying the County of any amendments in related services or SEIT.
- Any amendments to the child's related service program, e.g., changes in frequency/duration or location (from a home or community service location to the provider's office), must be mandated by the school district's Committee on Preschool Special Education (CPSE). Appropriate documentation in support of such change may be requested by the County.

2. Holidays and Other School Closings due to weather related events

Services and or make up sessions cannot be provided on the following legal holidays: **New Year's Day, Dr. Martin Luther King Jr. Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Christmas Day.** Programs cannot operate and transportation cannot be provided on any of these holidays.

3. Make up sessions

Make-up sessions must be done within the IEP period when the THERAPIST is absent. If make-ups for a therapist being absent cannot be made within 30 calendar days due to a CHILD SPECIFIC reason, the provider must send notice to the CPSE & the County.

Make up sessions can occur under the following conditions:

- Must be completed within the same IEP period.
- Cannot cross over from school year to extended school year IEP periods.
- Must take place within 30 calendar days after the date of the missed session. (provided that the date of the make-up session falls within the service dates authorized by the student's IEP). A missed session during the last 30 days of a child's IEP cannot be made up after the end date of the IEP.

- Follow the school district or program calendar whenever possible.
- Must be clinically appropriate.
- To the extent possible, make-up session cannot occur on the same day as a regularly scheduled session. If this is not possible, please reach out to the school district to get approval.
- The total number of sessions provided cannot exceed the total number of sessions authorized during the IEP period.

3. CPSE approval is required for Make –up sessions as follows:

- Providers must contact the CPSE Chairperson for written approval if they are requesting that make-up sessions take place during school breaks.
- Providers must contact the CPSE Chairperson for written approval when make- up sessions cannot be provided up within 30 calendar days.
- Services approved on the IEP for a particular setting, cannot automatically be made up at a different setting than indicated on the IEP. Providers must contact the CPSE Chairperson to determine if their request to provide a makeup session at a different location is appropriate and complies with the IEP, and must get written approval.

4. Extended Absence:

Agency Providers: In the event that a therapist or SEIT is absent for an extended period of time, the agency is responsible for notifying the school district and the County, and the agency should arrange for a replacement provider.

Independent Providers: In the event that a therapist is absent for an extended period of time, the Independent Provider is responsible to notify the school district. The school district is responsible for notifying the County and arranging for a replacement provider.

5. Limitation on Scheduling Therapy Makeup Sessions

If the school district decides it is appropriate for regularly scheduled “itinerant” related sessions to be extended or the frequency increased on a temporary basis for the purpose of making up a block of missed sessions, the amendment process must be followed.

6. Documentation Required

Makeup sessions must be clearly documented as such on the invoice submitted by the provider in addition to the portal and in the session note. The date the session is replacing should also be documented.

7. 4410 Center Based Programs Affected by School Closings Due to Extreme Weather Events

Programs must be in session for not less than 180 days. If a program decides it is necessary to extend their school calendar for lost days in order to meet the SED 180 day requirement, they must submit a revised calendar to SED and the County. In addition,

they must inform the school district to amend IEPs if appropriate to coincide with the revised calendars to ensure payment. Every effort will be made by the County to ensure that transportation is put in place in order to accommodate these revisions.

Signed:

Date: 4/28/22

Marina Yoegel
Marina Yoegel, Assistant Commissioner

Preschool Signature Authorizations
Required by All School Districts

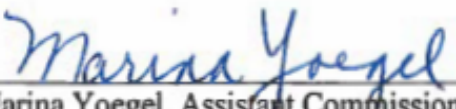
The Westchester County Department of Health (WCDOH) is responsible to collect signature authorization from each school district in the County on an annual basis. This is required by the New York State Department of Education (NYSED). This authorization allows WCDOH to electronically transmit preschool information to the STAC unit. The County is responsible for maintaining the proper documentation from the CPSE to support claims for reimbursement of evaluations or services provided for preschool students.

Authorizations will be requested by the County each school year. Please respond to this request within one week of receipt. Attached is the suggested format to use. This authorization must be submitted to WCDOH on school district letterhead.

Sample Letter Attached

Signed:

Date: 4/28/22



Marina Yoegel, Assistant Commissioner

TO BE PLACED ON SCHOOL DISTRICT LETTERHEAD
SAMPLE AUTHORIZATION LETTER

Date

Westchester County Department of Health – CSN
145 Huguenot Street, 7th Floor
New Rochelle, New York 10801

SUBJECT: SIGNATURE AUTHORIZATION PRESCHOOL

Dear Marina Yoegel,

Please accept this letter as the extension of my authorization to cover electronic STAC data transmissions by Westchester County to the STAC and Medicaid Unit.

This authority has been extended to cover the electronic data transmissions with the condition that Westchester County maintains documentation necessary to support an audit.

Upon receipt and approval of the electronic information by SED, approval information will be available online on the STAC database. The District will be responsible for reviewing the approval information for accuracy and initiating corrections if necessary.

This authorization is intended to be operative for the school year _____ and must be renewed annually.

Name of Superintendent:

Signature of Superintendent:

School District Name:

Date: _____ Telephone: _____

Fax: _____ Email: _____

Inviting the County to Meetings

Reminder Notification Sent to CPSE Chairs December 22, 2022

Dear CPSE Chairpersons:

This is a reminder that when you are scheduling all CPSE meetings and sending out invitations to all required member, you must also include the 4410 Municipal Designee. Members of the CPSE are defined in Part 200.3(ix) *a representative of the municipality of the preschool child's residence. Provided that the attendance of the appointee of the municipality shall not be required for a quorum.*

Please include Marina Yoegel on all CPSE invitations.

Notices can be sent as follows:

- You may send them electronically to this secured fax line: **914-813-4296**
- You may mail them via US mail to:

Marina Yoegel, Assistant Commissioner
Westchester County Department of Health- 7th Floor
145 Huguenot Street
New Rochelle, NY 10801

Thank you.

Signed:

Date: 12/22/2022



Marina Yoegel, Assistant Commissioner

Chapter 2 Documents

- 1. Education Annual Review Sample**
- 2. Speech & Language Annual Review Sample**
- 3. Related Service Annual Review Sample**
- 4. Westchester School Districts – Preschool – Extended School Year Services (ESY) Fillable Version – Documentation to Demonstrate Substantial Regression Form**
- 5. Suggested IEP Goals (for next school year) Form**

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
145 HUGUENOT STREET
NEW ROCHELLE, NEW YORK 10801

SCHOOL DISTRICT:

Name:
Date of Birth:
Date of
Report: C.A.:

Instrument(s) Used:

BACKGROUND INFORMATION

PRESENT LEVELS OF PERFORMANCE (PLEPS)

Academic Achievement, Functional Performance and Learning

Characteristics:

(Levels of knowledge and development in subject and skill area including activities of daily living, level of intellectual functioning, adaptive behavior, expected rate of progress in acquiring skills and information and learning style)

Rate of Progress:

Understanding of Basic Concepts:

Readiness Skills: (Reading, Math, Writing)

Daily Living Skills:

Language Skills:

Student Strengths, Preferences, Interest:

Academic, developmental and functional needs of the student including consideration of student needs that are of concern to the parent:

Student needs to...

Social Development:

(Degree and quality of the students relationships with peers and adults; feelings about self; and social adjustment to school and community environments.)

Social:

Student Strengths, Preferences, Interest:

Social development needs of the student including consideration of student needs that are of concern to the parent:

Student needs to...

Physical Development;

(Degree (extent) and quality of the student's motor and sensory development, health, vitality, and physical skills or limitations which pertain to the learning process.)

Health:

Sensory:

Fine Motor:

Gross Motor:

Student Strengths, Preferences, Interest:

Physical development needs of the student, including consideration of student needs that are of concern to the parent:

Student needs to...

Management Needs

(Management Needs – The nature (type) and degree (extent) to which environmental modifications and human or material resources are required to enable the student to benefit from instruction.)

2015-2016 OBJECTIVES AND PROGRESS

IEP Goals

- 1.
- 2.
- 3.

Current Progress:

- 1.
- 2.
- 3.

Name of Teacher

Date

**Special Education Itinerant Teacher
NYS Certificate Number**

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
145 HUGUENOT STREET

SCHOOL DISTRICT:

SPEECH & LANGUAGE REVIEW

Name:
Date of Birth:
Date of Report:
C.A.:

Instruments Used:

:

BACKGROUND INFORMATION

PRESENT LEVELS OF PERFORMANCE (PLEPS)

The following progress has been noted since the start of the school year:

Receptive

Expressive Language

Articulation and Phonological Skills

Pragmatics

Student's Strength's, Preferences, Interests:

Physical development needs of the student including consideration of student needs that are of concern to the parent (parental concerns will be further discussed at the meeting):

2015-2016 IEP OBJECTIVES AND PROGRESS

IEP Goals

- 1.
- 2.
- 3.
- 4.
- .

Current Progress:

- 1.
- 2.
- 3.
- 4.
- 5.

Therapist
Speech Language Pathologist
NYS License #
ASHA#
NPI#

Date

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
145 HUEGONOT STREET
NEW ROCHELLE, NEW YORK 10801

SCHOOL DISTRICT:

RELATED SERVICE PROGRESS UPDATE

NAME:

DATE OF REPORT:

PROVIDER:

RELATED SERVICE: Physical Therapy/Occupational Therapy DOB:

SCHOOL DISTRICT:

SERVICE MANDATE

Functional Performance and Learning Characteristics

Student Strengths, Preferences, Interests:

Academic, developmental and functional needs of the student:

Physical development needs of the student, including consideration of student needs that are of concern to the parent (parental concerns will be discussed at the meeting)

Westchester County School Districts Annual Review Report

Revised 12/2015

RELATED SERVICE PROGRESS UPDATE

NAME

DATE OF REPORT

PROVIDER:

RELATED SERVICE: Physical Therapy/Occupational Therapy

DOB:

SCHOOL DISTRICT:

SERVICE

Functional Performance and Learning Characteristics

Student Strengths, Preferences, Interests:

Academic, developmental/ and functional needs of the student:

Current IEP Goals and Progress

NYS#

**WESTCHESTER SCHOOL DISTRICTS – PRESCHOOL – EXTENDED SCHOOL YEAR SERVICES (ESY)
Fillable version ~ DOCUMENTATION TO DEMONSTRATE SUBSTANTIAL REGRESSION**

All children are expected to regress after breaks in service. Substantial regression is defined in NYSED REGULATIONS as a student's "inability to maintain developmental levels due to a loss of skill or knowledge during the months of July and August. This loss of skill or knowledge is of such severity as to require an inordinate period of review at the beginning of the school year (at least eight weeks of re-teaching) to reestablish and maintain IEP goals and objectives that were mastered at the end of the previous school year."

Preschool Providers do not always have an opportunity to observe a 10 week summer break. Instead, they observe student performance after school vacations, weekends, and/or absences/illnesses. The CPSE must determine if the criteria for substantial regression have been met on a case by case basis, using the data provided to them.

To support their recommendation, Providers should attach copies of progress notes and other forms of data, as appropriate (e.g. anecdotal notes, graphs, charts, pre-post testing, criterion referenced testing, etc.)

APPROVAL FOR SUMMER SERVICES IS A CPSE DECISION BASED ON A REVIEW OF ALL RELEVANT DATA.

• *Type in Starred Boxes*

Student Name: •		Provider Name: •		Service: •
Skills/Objectives Met Before Absences (based on IEP Goals) •	Date/Length of Absence •	Skills After Absence •	Time to Recoup Goals, Objectives, Skills •	Re-Teaching Strategies •
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•

WESTCHESTER SCHOOL DISTRICTS – PRESCHOOL – EXTENDED SCHOOL YEAR SERVICES (ESY)
Fillable version ~ DOCUMENTATION TO DEMONSTRATE SUBSTANTIAL REGRESSION

1. Explain how the loss of skill(s) was determined. •	
2. Explain how the skill was re-established and how you monitored this process. •	
3. Were there any management issues that needed to be resolved after the break in services? <u>How long</u> did it take for these to be resolved? •	
4. Any additional information you would like the CPSE to consider. •	
Person Completing Form: •	Title: •
Type & Frequency of Current Service: •	

SIGNATURE OF PERSON COMPLETING FORM:

DATE:

(Signature must be hand written – Print completed form and then sign and date)

STUDENT NAME:

DATE:

SUGGESTED IEP GOALS (for next school year)

Goal: What the student will be expected to achieve by the end of the school year and include the following: Variable (if applicable to specific goal, i.e. distance, duration, number, repetition)
 Criteria: Measure to determine if the goal has been achieved
 Criteria Period: Time frame in which the criteria measurement is to occur.
 Method: How progress will be measured
 Schedule: How often progress will be measured (i.e. weekly, monthly)
 Responsibility: Who is responsible for the service?

Benchmark: Each goal should have at least 1 benchmark and include the following
 Variable: (if applicable to specific goal, i.e. distance, duration, number, repetition)
 Month: The month the benchmark is to be achieved by
 Criteria: Measure to determine if the goal has been achieved.

* Final goals are developed at CPSE Meeting; these are suggestions to be given to & discussed at CPSE
 * Type in white starred boxes. No limit to how much you can type in each box

GOAL: *							
BENCHMARK/S:*							
GOAL	Variable (if applicable)	Criteria	Criteria Period	Method	Schedule		Responsibility
Goal # (if known) *	•	•	•	•	•		•
BENCHMARK	Variable (if applicable)	Criteria	Month	Benchmark	Variable (if applicable)	Criteria	Month
Benchmark 1 # *	•	•	•	Benchmark 2 # •	•	•	•
GOAL: *							
BENCHMARK/S:*							
GOAL	Variable	Criteria	Criteria Period	Method	Schedule		Responsibility
Goal # (if known) *	•	•	•	•	•		•
BENCHMARK	Variable (if applicable)	Criteria	Month	Benchmark	Variable (if applicable)	Criteria	Month
Benchmark 1 # *	•	•	•	Benchmark 2 # •	•	•	•
GOAL: *							
BENCHMARK/S:*							
GOAL	Variable	Criteria	Criteria Period	Method	Schedule		Responsibility
Goal # (if known) *	•	•	•	•	•		•
BENCHMARK	Variable (if applicable)	Criteria	Month	Benchmark	Variable (if applicable)	Criteria	Month
Benchmark 1 # *	•	•	•	Benchmark 2 # •	•	•	•

CHAPTER 3

BILLING PROTOCOLS

Matched Students

Once a provider has verbally agreed with a school district to provide services for a child, the provider will enter the child's name into the CPSE portal and link the child's name with the provider of service. If the STAC and IEP are uploaded and there are no discrepancies the child's designation in the portal will read "**matched**".

When the designation for a child is "**unmatched**" the provider agency will:

1. Contact the child's school district to determine if the required documents have been entered into eSTAC.
2. If it is confirmed the documents have not been entered to eSTAC, please remind the district that they must do so ASAP.
3. If it is determined that the documents have been entered to eSTAC and uploaded to the portal but there is a discrepancy in the information received from the school district, the provider should change what they entered into the portal to match the correct information uploaded.
4. If it is determined the information received from the school district was incorrectly entered to eSTAC by the school district, please ask them to make the necessary corrections ASAP.

*School Districts:

Ensure that the correct agency is chosen when you are entering the information in the eSTAC system. Some agencies have similar names or multiple sites with different names. If you have a question as to which agency name to use, please speak to the provider PRIOR to entering the information.

*Providers:

Upon accepting a student for services please ensure that the district knows the correct name of your program to use in the ESTAC system drop down menu.

YOU MUST CONTACT THE CPSE PORTAL AT Support@CPSEPortal.com IF YOU ARE HAVING DIFFICULTY OR HAVE QUESTIONS REGARDING MATCHING STUDENTS.

Procedure for New Providers

Once your contract is fully executed, you will receive notification from the County.

The CPSE Portal is a web based portal used by the County to collect and share data with their providers.

- Two weeks prior to the execution of a Westchester County Department of Health Service Provider Contract, the provider will be notified that their approval is imminent. After receiving the notification, the provider should email their agency's name, NPI number, address, contact person's full name, email address, phone number to Jean Zhang at szz1@WestchesterCountyNY.gov .The County will use this information to create a user account in the County's system and link the provider to the CPSE Portal.
- An invitation email will be sent to provider after the user account is created. The email will come from "do not reply CPSE portal." The person who receives the invitation email should follow the instructions in the email to register the user account in CPSE Portal. For the agency, the contact person who received CPSE Portal invitation is also responsible for inviting other staff in the agency who need to use CPSE Portal for their tasks. Providers and agency billing staff will be required to work directly in the Portal once the agency contract is executed.
- The CPSE Portal must be used by all related service providers, SEIS, and 4410 programs.
- Tasks to be completed in the CPSE Portal:
 - ✓ Enter/upload treatment log/session notes for related service providers and SEITs
 - ✓ Enter dates of attendance for classroom programs
 - ✓ Create and submit electronic vouchers for the County
- In the CPSE Portal, under the tag "**Knowledge Base**" there are opportunities to review articles, partake in tutorials and webinars as well as peruse a billing provider site map if any additional clarification is needed.
- Any questions relating to CPSE Portal functions must be directed to:
Support@CPSEPortal.com
- New providers should email Lissy Thomas at ltt4@WestchesterCountyNY.gov to request blank Westchester County Invoices.

General Guidelines for Billing

1. The County will reimburse the provider for services rendered as mandated in the IEP at least quarterly upon receipt of invoices. Quarterly is defined as three (3) months from the end of the month claims are received by the County.
2. When a provider enters the billing information in the CPSE Portal, the voucher (RS number/SEIT number/CB number) will be created by month and by service type.
3. The number of children listed on one CPSE portal voucher (RS number/SEIT number/CB number) must not exceed 25.
4. One Westchester County invoice must be submitted with each CPSE Portal Voucher (RS number/SEIT number/CB number) one voucher **cannot** be separated into two invoices. Additionally, one invoice **cannot** contain two vouchers.
5. Before submitting the CPSE Portal voucher, you must verify your billing entry accuracy by:
 - Ensuring that all RS and SEIT services entered into the CPSE Portal have a parent/guardian signature on the *Westchester County Preschool Confirmation of Service Delivery* form when the service provided at a home or facility location. The form containing the parent's original signature must be submitted to the County.
 - Ensuring that all RS and SEIT services entered into the CPSE Portal have an agency administrator's signature on the *Westchester County Preschool Confirmation of Service Delivery* form when the service provided at a community preschool location. The form having the administrator's original signature must be submitted to the County.

Please Note:

**Electronic signatures will be accepted if the provider uses a billing system having a electronic signature function. However, the electronic signature must be legible and the County reserves the right to reach out to confirm the signature.*

- Ensuring that the RS and SEIT provider has signed the *Westchester County Preschool Confirmation of Service Delivery* form for each child.
- Ensuring that the child's name, total units billed, service session rate, service start time and end time, and the service date billed for the child on CPSE portal matches the corresponding information on the *Westchester County Preschool Confirmation of Service Delivery* form.

6. The amount billed on the Westchester County invoice must match the amount shown in the ***CPSE Portal Voucher Summary*** form.
7. The total units billed for RS and SEIT services for each child cannot exceed the total units found in the “Maximum Sessions” found under “Enrollment Look up” on the CPSE Portal.
8. If any corrections are made to the billing information on the ***CPSE Portal Voucher Summary*** form after printing, the most current ***CPSE Portal Voucher Summary*** form must be attached to the Westchester County invoice.
9. If there is a discrepancy regarding related to service rate, location, frequency, service type, or start date/end date and the designation for that child is “unmatched” the agency staff/provider must contact the school district to correct the discrepancy.
10. Service dates must be listed sequentially and in chronological order on the Westchester County Preschool Confirmation of Service Delivery form. Out of sequence date(s) will not be accepted and will be rejected, and no correction and resubmission will be allowed.
11. Reimbursement for Attendance at Annual Reviews (for RS & SEIT services):
 - Attendance at an annual review meeting must be recorded on the IEP.
 - SEIS providers will attend annual review meetings as the coordinator of services. (no reimbursement)
 - If there is more than one related service provider on the IEP, the identified coordinator designated on the IEP will be reimbursed for attendance at the annual review meeting.
 - The Coordinator will be reimbursed for attending one annual review meeting per year at the rate of \$40.00 per 30 minutes not to exceed 90 minutes in total meeting time.
 - The CPSE chairperson must sign the ***Confirmation of Service Delivery Form*** as the attestation of attendance.
12. A provider should enter the invoice number on the CPSE Portal as the batch number, and write the batch number on the ***Westchester County Preschool Confirmation of Service Delivery*** form that corresponds with the batch number on the ***CPSE Portal Voucher Summary***.

Guidelines for Submission of CPSE Portal Billing

1. For Related Service and SEIT Services:

Billing documents must be submitted to WCDOH monthly including:

- WCDOH Invoice – **one invoice per voucher summary page**
- Voucher Summary- **one voucher per discipline**
- WCDOH Confirmation of Service Delivery Signature Log

2. For Center Based Program services:

Billing documents need to submit to WCDOH monthly including:

- WCDOH Invoice – **one invoice per voucher summary page**
- Voucher Summary – **one voucher per program code (i.e. 9115; 9165)**

Providers should submit bills only for children who have a “matched” status in the CPSE Portal.

3. For submission of billing documents:

All billing documents must be mailed to:

CSN

Westchester County Department of Health

145 Huguenot Street , 7th floor

New Rochelle, New York 10801

No bills will be accepted via email or fax.

Procedure for Obtaining Total Units of RS and SEIT Services

The CPSE portal is equipped to allow providers to see the total units for each type of service. This should assist providers in tracking of the total service units to avoid exceeding the allowable units.

Below is the procedure for obtaining the total units for each type of service:

- Go to CPSE Portal
- Go to Enrollment Look up
- Select School year
- Select your agency name
- Select RS or SEIT
- Click Search button
- On the enrollment screen, scroll to the far right hand side, you will see the “Maximum Sessions” column. This is the total amount of allowable units for a service.

**Procedure for the Viewing and Downloading of
Certain Documents on the Portal**
Effective May 20, 2022

The procedure to view and download documents on the CPSE Portal are as follows:

- Go to the CPSE Portal
- Go to eSTAC
- Click “documents”
- Click “download submitted documents”
- Select district, school year, document type, then click “retrieve”
- You will be able to view the documents listed for each child
- Select and download the documents needed

Please contact CPSE Portal help desk at Support@CPSEPortal.com if you have any questions regarding this function.

COVID 19-Preschool Billing Protocol

4410, SEIS and Related Services

Effective the start of SY 2020-21, preschool Related Services, SEIT services can be provided in person or, if approved by the school district, via telepractice. Services provided via telepractice must be approved by the school district before commencing or switching from in-person to telepractice.

WCDOH CSN will use several service delivery procedures for services effective September 14, 2020:

SEIS/RELATED SERVICES BILLING:

1. Services provided in person: providers should use the regular CPSE Portal billing guidelines.
2. Services provided via Telepractice: providers should use the billing guidelines issued specifically for COVID 19 effective May 1, 2020.
3. Services provided both in-person and in Telepractice: providers should use the regular “Westchester County Preschool Confirmation of Service Delivery” sheet to record service provided and obtain parent/guardian signatures in order to submit to the County for payment.
 - For the in person sessions, the provider should obtain the parent /guardian/or preschool administrator signature on the “Westchester County Preschool Confirmation of Service delivery” sheet at the end of each daily service session.
 - For the Telepractice sessions, the service provider should record the service date, start time and end time on the “Westchester County Preschool Confirmation of Service delivery” sheet in consecutive order, write “Telepractice” next to the date in date column, and obtain the parent/guardian/preschool administrator’s signature for the corresponding day on the next in person service date.

4410 PROGRAM BILLING:

1. All billing for 4410 programs, in person only, virtual only and hybrid:
 - Submit WCDOH Invoice - one invoice per voucher summary page should be attached. The Voucher Summary should consist of one invoice per program code (i.e. 9115 or 9165)
 - Submit electronically the Voucher Summary Report and the CBRS report.

Preschool RS and SEIT Billing Protocol
(During the COVID-19 State of Emergency)
Effective May 1, 2020

Billing procedures for the Westchester County RS and SEIS billing requirements for services provided through distance learning and tele-practice platforms during the COVID-19 State of Emergency issued on March 30, 2020 have been revised.

The following changes will go into effect for services that are provided starting on May 1, 2020 and will continue to the end of the state of emergency.

Provider may choose one of the following options for billing submission:

1. **What you are currently doing:** Email or mail, to the parent, the Westchester County CPSE Weekly Confirmation of Telepractice Services for COVID-19 Form (WC Weekly Confirmation Form) once a week for parent signature of session provided. Parents must date and sign the WC Weekly Confirmation Form as close as possible to the time the service is provided. Weekly signatures confirm that services have been delivered contemporaneously.

2. **Alternatively:** Email or mail, to the parent, the WC Weekly Confirmation Form at the beginning of the month. Parents must date and sign the WC Weekly Confirmation Form as close as possible to the time the service is provided. Twice each month, at the end of the first two weeks and at the end of the month, you will send an email to the parent listing the dates of service for those sessions provided for the previous two weeks, with a requirement for reply from the parent confirming that the services were delivered and signed. At the end of the month the parent will attach their email confirmation to the completed signed WC Weekly Confirmation Form. Parent emails will be considered verification that the sessions were delivered contemporaneously. Please keep copies of the WC Weekly form and the verification emails, as the original documentation in the student's record. Agencies can determine how they want their providers to manage documentation required.

Required billing documents for either option:

Submit copies of the WC Weekly Confirmation Form with the CPSE Portal Voucher Summary and Westchester County Invoice to the County at the end of each month for services rendered.

We will process and pay bills that are accurate and submitted with the required billing documents.

It is your responsibility to follow the procedures outlined in this protocol, to ensure that you obtain parent signatures for sessions provided. Westchester County Department of Health-CSN will be conducting fiscal audits to ensure compliance with billing requirements in the future.

Signed:

Date: 4/28/22


Marina Yoegel, Assistant Commissioner

CHAPTER 3 Documents

- 1. Westchester County Confirmation of Service Delivery Form**
-
- 3. Westchester County CPSE Weekly Confirmation of Telehealth Services for COVID-19 Form**

Westchester County Department of Health Services for Preschool Children with Disabilities
 Approved Rates for Related Services (12% increase)
 Effective September 1, 2023 to June 30, 2025

Service Type	Agency Provider											Individual Provider										
	Provider's Site			Home/Community			Coord	Group		Bilingual Group		Provider's Site			Home/Community			Coord	Group		Bilingual Group	
	30 Mins	45 Mins	60 Mins	30 Mins	45 Mins	60 Mins	30 Mins	Per Child 30 Mins	Per Child 45-60 Mins	Per Child 30 Mins	Per Child 45-60 Mins	30 Mins	45 Mins	60 Mins	30 Mins	45 Mins	60 Mins	30 Mins	Per Child 30 Mins	Per Child 45-60 Mins	Per Child 30 Mins	Per Child 45-60 Mins
ST,OT,PT, Psychologist	55	82	110	67	95	110	46	37	54	39	56	50	76	101	63	88	101	46	35	52	37	55
Social Worker, TVI,TDF	48	73	97	55	79	97	46	30	44	32	46	45	67	88	50	72	88	46	27	41	30	44
1:1 aide			16			16																
Teaching assist			40			40																
Nursing LPN			39																			
Nusing RN			63			63																

- (A) Bilingual professionals for individual session add \$5.60 for 30 minutes, \$8.40 for 45 minute sessions, \$11.20 for 1 hour sessions regardless of the number of children.
- (B) Rates are per child where applicable - the therapist must have a bilingual extension on certification/license.
- (C) Full rate will be paid for COTA and PTA inclusive of the required clinical supervision. Supervision will be audited by WCDOH.
- (D) Teaching Assistants must have NYS Certification.
- (E) Maximum Group Size = 3 children. If only one child in attendance therapist is reimbursed at the individual therapy session rate. There is no reimbursement for absences for children in a group.
- (F) Coordination - SED permits only 1/2 hour per month where SED regulations require a coordinator of 2 or more related services when a SEIT is not involved. Coordination is built into the SEIT rate
- (G) Assistive Tech Service - At the rate of the discipline delivering the service. The discipline must be noted on the IEP.
- (H) Assistive Tech Device - Cost of the device plus 3 hours at the rate of the discipline ordering the device when the IEP mandates a child specific device.

Westchester County Department of Health Services for Preschool Children with Disabilities
 Tele Practice Rates for Related Services
 Effective from September 1, 2023 to June 30, 2025

Service Type	Agency Provider											Individual Provider										
	Provider's Site			Home/Community			Coord	Group		Bilingual Group		Provider's Site			Home/Community			Coord	Group		Bilingual Group	
	30 Mins	45 Mins	60 Mins	30 Mins	45 Mins	60 Mins	30 Mins	Per Child 30 Mins	Per Child 45-60 Mins	Per Child 30 Mins	Per Child 45-60 Mins	30 Mins	45 Mins	60 Mins	30 Mins	45 Mins	60 Mins	30 Mins	Per Child 30 Mins	Per Child 45-60 Mins	Per Child 30 Mins	Per Child 45-60 Mins
ST,OT,PT, Psychologist	49	73.5	98	60	85	98	41	33	48	35	50	45	67.5	90	56	79	90	41	31	46	33	49
Social Worker, TVI,TDF	43	65	87	49	70.5	87	41	27	39	29	41	40	59.5	79	45	64	79	41	24.5	37	27	39
1:1 aide			14.5			14.5																
Teaching assist			36			36																
Nursing LPN			31																			
Nusing RN			56			56																

- (A) Bilingual professionals for individual session add \$5.00 for 30 minutes, \$7.50 for 45 minute sessions, \$10.00 for 1 hour sessions regardless of the number of children.
- (B) Rates are per child where applicable - the therapist must have a bilingual extension on certification/license.
- (C) Full rate will be paid for COTA and PTA inclusive of the required clinical supervision. Supervision will be audited by WCDOH.
- (D) Teaching Assistants must have NYS Certification.
- (E) Maximum Group Size = 3 children. If only one child in attendance therapist is reimbursed at the individual therapy session rate. There is no reimbursement for absences for children in a group.
- (F) Coordination - SED permits only 1/2 hour per month where SED regulations require a coordinator of 2 or more related services when a SEIT is not involved. Coordination is built into the SEIT rate.
- (G) Assistive Tech Service - At the rate of the discipline delivering the service. The discipline must be noted on the IEP.
- (H) Assistive Tech Device - Cost of the device plus 3 hours at the rate of the discipline ordering the device when the IEP mandates a child specific device.

CHAPTER 4

TRANSPORTATION

PROVIDER'S RESPONSIBILITY IN THE TRANSPORTATION OF
CHILDREN WITH SPECIAL NEEDS

A. REQUIRED DOCUMENTS

Beginning with the summer 2013 school term, The PROVIDER is no longer required to submit to Westchester County Department of Health Children with Special Needs (CSN) a completed Student Information Form (SIF) for each student. Instead, Westchester school districts will submit a completed Bus Transportation Authorization Form (TAF) for each student. As before, the PROVIDER is still required, as per its contract, to send CSN a transportation list – a complete alphabetical listing of the names of all children requiring bus transportation, as well as a transportation calendar.

- 1) TRANSPORTATION LIST: A separate list of students is to be submitted and labeled appropriately using the attached form. Please be aware that CSN sends the TRANSPORTATION LIST to the transporters with the completed TAFs to aid them in efficiently arranging routes on a timely basis. The transporters will not transport a child without approval from CSN. CSN's approval for each student is contingent upon receipt of a properly signed, dated and completed TAF, STAC-1 and IEP Summary page(s) from the school district Committee on Preschool Special Education (CPSE).

- 2) TRANSPORTATION CALENDAR: The TRANSPORTATION CALENDAR is the only calendar needed. The calendars submitted shall agree with those approved by the New York State Education Department (SED) for both the summer and school term. Any changes as to the initial or last date of service for either summer or school term shall receive written SED approval prior to change. The PROVIDER must offer transportation service from the first day of student attendance at the program. A separate calendar must be completed for each program campus. Please be aware that CSN sends the TRANSPORTATION CALENDAR to the transporters and this is the only notice the transporters receive of the dates they are required to provide transportation service – **including the first day of school**; if your calendar is not correct, bus service will not be provided on the correct dates.

WHERE TO SEND: The PROVIDER is to submit all information to Sandra Villegas, Transportation Assistant sav9@WestchesterCountyNY.gov or by fax to (914) 813-4159.

- 3) WHEN TO SEND: TRANSPORTATION LISTS and CALENDARS are due for each term of service as listed below:

<u>TERM</u>	<u>DUE</u>
Summer	June 1
School Year	August 1

B. TRANSPORTATION LIAISON FOR FAMILIES

The PROVIDER is to act as a liaison in transmitting CSN transportation policies and service information to the parent/guardian:

- 1) TRANSPORTATION HANDBOOK: The PROVIDER is required to give each parent/guardian a copy of the Westchester County Department of Health Preschool and Early Intervention Transportation Handbook for Parents instructing them on the responsibilities of all parties (English and Spanish language versions are included in the manual). It is the PROVIDER'S responsibility to print and distribute these.
- 2) CHANGES IN TRANSPORTATION INFORMATION: The PROVIDER shall direct families to contact the school district when there is a change in transportation information. Changes in pick-up/drop-off address, contact information, etc. may only be made when the school district submits a new/updated TAF to CSN. The Provider must remind parents that transportation service must be consistent five days a week i.e. same pick-up and if different drop-off, both are consistent 5 days per week. No changes in transportation will be made during the first 10 days of a new school session; summer or fall.
- 3) PARENT REIMBURSEMENT: The PROVIDER shall give the parent information on CSN reimbursement of parent transportation expenses in lieu of the bus and shall assist families in completing the necessary documents.
- 4) WHEN A STUDENT MOVES OUT OF DISTRICT: If a child moves their residence to a new school district, **transportation will cease** until CSN is mandated (via proper documentation) to commence service from the new school district of residence.
- 5) SERVICE WILL STOP IF CONTACT INFO IS INCORRECT: In order to assure safety, transportation will cease if parent/guardian or emergency numbers are not found to be valid working numbers.
- 6) IF PARENT/GUARDIAN IS NOT AVAILABLE TO RECEIVE THE CHILD: If a parent/guardian or another designated individual on the TAF is not available to receive the child at drop-off, the transportation carrier will finish the route while the emergency contacts are called. If at the end of the route, neither of the alternative contacts can be reached and the parent/guardian is still unavailable, it is the policy to deliver the child into the care of the Westchester County Child Protective Service. **UNDER NO CIRCUMSTANCES MAY A CARRIER BRING A CHILD BACK TO THE GARAGE OR DELIVER THE CHILD TO AN INDIVIDUAL NOT DESIGNATED BY THE PARENT/ GUARDIAN ON THE STUDENT INFORMATION FORM** unless such information is approved in writing by the PROVIDER during the emergency situation.

- 7) WHEN A PARENT/GUARDIAN'S BEHAVIOR APPEARS QUESTIONABLE AT DROP-OFF: Questionable behavior can be defined as, but not limited to, repeatedly stumbling, staggering, acting in a seemingly intoxicated or incoherent manner, hitting or dropping a child. When a child is about to be discharged from the vehicle to a parent/guardian (or designee listed on the TAF) and the driver has concern about that person:
- a. The driver must determine from the parent/guardian if another caregiver is available to assist in taking care of the child. This individual and the parent/guardian must both be physically present or the caregiver may not assume responsibility for the child. If an available caregiver is designated by the parent/guardian, the driver must notify Dispatch immediately. Dispatch will verbally notify CSN and then forward a completed incident report, including the available caregiver's name. If no other adult is available to take care of the child, steps b, c and d are followed.
 - b. The driver must immediately call Dispatch and report the situation.
 - c. Dispatch must immediately call the police whose jurisdiction covers the area of the child's drop-off, and report the driver's suspicion that the parent/designee is unable to provide the appropriate care for the child thus endangering the child's welfare. The police will make a determination as to parent/guardian's ability and resources.
 - d. Dispatch must also immediately notify CSN verbally and then forward a completed incident report. CSN may also initiate a State Central Registry report based on the circumstances, the driver's account of the incident, and the police report.

C. THE PROVIDER AND THE TRANSPORTERS MUST WORK TOGETHER

Each program campus is served exclusively by one transportation carrier. However programs with multiple campuses may be served by multiple transportation carriers. Cooperation between the PROVIDER and the transportation carrier(s) is essential for safe and efficient transportation service.

- 1) POLICY/PROCEDURE FOR DELAY OR CLOSING OF SCHOOL DUE TO INCLEMENT WEATHER: Cooperation between the PROVIDER and the transportation carrier is necessary when the weather causes road conditions which may warrant a delay or closing of the school. The emphasis, when making these decisions, shall be on the safety of the children. The process to be used regarding school closings/delays due to weather conditions:
- a. PROVIDER appoints a responsible decision maker and alternate.

- b. Transportation carrier and PROVIDER'S delegated decision makers exchange inclement weather before-hours and after-hours phone numbers/contact information at the beginning of each term of service.
 - c. **The Transportation Carrier is responsible for deciding whether or not transportation is provided on inclement weather days.** The decision to provide transportation is independent of the decision to open or close a school. While the PROVIDER may elect to be open, road conditions may prevent transportation from being provided. When the transporter has determined that road conditions will not support safe transportation, it will notify the PROVIDER immediately. When the PROVIDER makes a decision to close or delay, the PROVIDER delegate makes a call to the transportation carrier at least 1-1/2 hours before program opening. Transportation carrier acts as consultant on current road conditions to aid PROVIDER in making its decision.
- 2) VERIFICATION OF TRANSPORTATION AND ATTENDANCE: The PROVIDER program must verify in writing the actual transportation of children on a daily basis on forms submitted by the county contracted transporter. Upon arrival at the school, the PROVIDER staff will verify each child's attendance on the bus that day by initialing the Daily Transportation Attendance Log presented by the transporter staff. Upon dismissal from school, the transporter staff will record each child's attendance on the bus for the trip home and the PROVIDER staff will verify by initialing the Daily Transportation Attendance Log.

D. PROBLEMS WITH TRANSPORTATION SERVICE

The PROVIDER and program staff should be aware of the standards CSN requires of the transportation contractors (see below). When parents report problems with transportation service and when the PROVIDER notices deficiencies and lack of compliance by the transporters of safe procedures and required standards, the PROVIDER must work with the transporter to resolve the problems and notify CSN when necessary.

PARENT COMPLAINTS ABOUT TRANSPORTATION SERVICE: Parents are to be directed to report complaints and problems with transportation service directly to the PROVIDER for resolution. PROVIDERS and program staff are to work with the transporters and families to resolve transportation service issues while maintaining CSN policies and procedures for safety and efficiency. It is expected that the various types of complaints will be handled as indicated below. When it becomes necessary to notify CSN about a transportation service problem, the Provider will submit a written report by e-mail to Sandra Villegas, Transportation Assistant at sav9@WestchesterCountyNY.gov

Complaint Type

How Handled

1. Parent complaint regarding service of transporter.	The parent deals directly with school to resolve problem. The school, in turn, will attempt to resolve the problem but will also notify CSN. CSN will intervene when necessary.
2. School complaint regarding service of transporter (instituted by school or passed on by parent).	If a minor problem, the school deals directly with transporter to resolve problem. It must also notify CSN. If a major problem or a minor problem not resolved between the school and transporter, school presents problem in writing to the CSN. Report must be factual, objective, specific and detailed.
3. CSN complaint regarding service of transporter (instituted by CSN or passed on by school).	CSN deals with transporter to resolve problem.
4. Transporter complaint about child/family or school	Same as above, #2

- 1) TRANSPORTATION SERVICE EMERGENCIES: The PROVIDER's designated transportation coordinator should contact the CSN Transportation Manager when a transportation service emergency exists and you cannot reach the bus company, or the bus company has been non-responsive. We are available on weekdays when programs are in session between 9:00 a.m. and 5:00 p.m. Please call (914) 813-5085 or (914) 813-5089; if we do not answer, please reach us by dialing the emergency cell phone, (914) 424-5850. The cell phone is intended to facilitate communication between CSN and its service providers and this telephone number should not be given to the parent or guardian of a child. Examples of emergency situations include the following:
 - If a vehicle has arrived at your program without an appropriate and properly functioning car seat for each child or an appropriate and functioning securement device for a student traveling with a wheelchair.
 - If a vehicle has arrived at your program without a monitor or with a driver or monitor who appears to be impaired.
 - If a vehicle has failed to arrive within 20 minutes of the dismissal time.
 - If a parent is requesting a last-minute change involving an alternate drop-off address or delivery to a person who is not listed on the child's student information form.

- 2) QUICK SUMMARY OF EXPECTED STANDARDS: The following is a summary of the minimal standards the transporter is required to meet while transporting preschool children with special needs:
 - Appropriate car seats; clean and in good condition, for all children.
 - A list of children on the run, directions to their home and a functioning GPS device.
 - A daily attendance list.
 - An attendant on each vehicle.

- A working two-way radio or cellular phone.
- A clean, well-running vehicle.
- An appropriately heated or cooled vehicle as necessary.

3) **COMPLETE SCHEDULE OF REQUIRED TRANSPORTER STANDARDS:** To review the complete schedule of the transporter’s required standards of service the PROVIDER may read a copy of the transporter’s contract. Copies of the contracts between CSN and its transportation providers (and all County contracts) may be accessed through the County’s website, www.westchestergov.com. To access the County Contract Database, click on the Business tab, choose Contract Search from the Quick Links Menu, and perform a search by Vendor (transporter) Name. Included below is a series of key excerpts from transportation contract specifications that will help define the responsibilities of all parties.

Procedures When the Child is not Ready to be Picked up at Home at the Scheduled Time: In the event a child is not ready to be picked up at the scheduled time, the driver will not be required to wait more than 5 minutes for an acknowledgement before continuing on with the route. The driver shall notify the radio dispatcher of the “no-show” prior to leaving and proceeding to the next scheduled pick-up.

Children shall be expected to wait no longer than 15 minutes beyond the scheduled pick-up time. Likewise, at the end of the program, children shall arrive at their home within 15 minutes of the scheduled drop-off time. In the event Contractor is unable to comply with this requirement, it shall be Contractor’s responsibility to notify the child’s parent/ guardian of the delay and the expected drop-off time, in addition to notifying the County.

The Contractor will not provide transportation for a child when the parent/guardian has communicated (at least one hour in advance of the scheduled pick-up time) that the child will not be requiring transportation on a given day. Additionally, the Contractor will not provide transportation when it has been notified by the County of a child’s planned, extended absence.

Pick-up at School at the End of the Program Day: Contractors will insure that vehicles are available at the program facility at least 5 minutes prior to the program’s dismissal.

UNREPORTED ABSENCE OF CHILDREN:

The Contractor is to discontinue service to a child if the child is not transported for 2 consecutive days and the parent/guardian did not inform the Contractor that the child would be absent. The Contractor is to immediately notify the school by phone and the County in writing within 24 hours after service is discontinued.

Service will be reinstated when the parent/guardian calls the Contractor and requests it.

EARLY DISMISSALS FOR WEATHER OR OTHER EMERGENCY CONDITIONS:

Cooperation between the school and the Contractor is necessary when a delay or closing of a program is warranted due to an emergency and/or when the weather causes unsafe road conditions. The emphasis, when making these decisions, shall be on the safety of the children.

In the event of an early dismissal, the Contractor will ensure that the children are picked up as quickly as possible and delivered to their homes or other emergency locations as may be necessary, and as directed by the County. The Contractor will inform the school when the vehicles will arrive to pick up the children. Additionally, the Contractor will ensure that every parent/guardian has been notified about the early dismissal and the children's whereabouts as applicable, either directly or in cooperation with the school.

PROCEDURES WHEN PARENT OR PARENTAL DESIGNEE DOES NOT MEET SCHOOL BUS:

1. If no one is home when the bus arrives to drop off the child, the driver will notify Dispatch.
2. Dispatch calls the home. If there is no answer, Dispatch instructs the driver to continue with the route. The driver will return to the child's home once the rest of the children are dropped off.
3. If no one is home when the bus arrives the second time, Dispatch attempts to reach the parents' home and work numbers and the emergency contacts.
4. If Dispatch can reach an emergency contact, arrangements are made so that the emergency contact can take the child.
5. If Dispatch cannot reach a parent or an emergency contact, the school is notified. The school may accept the child when he/she attends an a.m. session and the school has a p.m. session.
6. If the school is unable to accept the child, and Dispatch has not been able to contact a parent or caregiver, and it is before 5:00 p.m., Dispatch contacts Westchester County Department of Health (WCDH). If Dispatch cannot reach WCDH, he/she will call the emergency cell phone at (914) 424-5850.
7. WCDH will verify with Dispatch that all of the above steps have been followed and call Child Protective Services (CPS.) Emergency Services at 995-2099 to arrange to place the child.

8. If it is after 5:00 p.m., Dispatch will call and make arrangements to bring the child to CPS.
9. The Contractor will provide an incident report the school day following the event.

4410 PRESCHOOL TRANSPORTATION LIST

Service Period: School Year 20 /20 or Summer 20 Page of

Program Name:	Address:	Date Completed:
Contact Name:	Phone #:	E-mail address:

We are aware that CSN must receive a STAC, IEP Summary, and TAF for each student from his/her respective school district in order for transportation service to be authorized; these documents must be received by June 1st for the summer session and August 1st for the fall session, or service will be delayed. The following is an alphabetical list of students that will be attending our program whose families have indicated they will require transportation service:

	Last Name of Child	First Name of Child	Session (AM/PM/MD)	School District
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

A separate calendar must be submitted for each campus.

Example of
Westchester County Department of Health
Children with Special Needs
SUMMER 2012 TRANSPORTATION CALENDAR

(Must agree with dates of program submitted to SED and dates of education calendar)

PRESCHOOL PROVIDER _____ CAMPUS LOCATION _____

Contact Person: _____ Telephone
No.: _____

ONE HALF (1/2) DAY PROGRAM: (hours student in attendance)

A.M. -- from _____ to _____

P.M. -- from _____ to _____

ALL DAY PROGRAM: (hours student in attendance)

_____ A.M. to _____ P.M.

Anticipated maximum number of Westchester preschool students*:

		<u>Preschoolers Bussed From Other Counties</u>
1/2 day A.M.	_____ Per Campus	_____
1/2 day P.M.	_____ Per Campus	_____
Full day	_____ Per campus	_____
Total:	_____	Total: _____

*Use actual children not F.T.E.

DATES OF: TRANSPORTATION
(Use only dates children attend—circle dates students attending and star any conference dates.) Transportation and education days must agree with dates submitted to SED.

2012

<u>JULY</u>					<u>AUGUST</u>				
M	T	W	T	F	M	T	W	T	F
2	3	4	5	6			1	2	3
9	10	11	12	13	6	7	8	9	10
16	17	18	19	20	13	14	15	16	17
23	24	25	26	27	20	21	22	23	24
30	31				27	28	29	30	31

Total number of student attendance days _____.

COMMENTS:

A separate calendar must be submitted for each campus.

Westchester County Department of Health
Children with Special Needs
2012/13 TRANSPORTATION CALENDAR

(must agree with dates of program submitted to SED and dates of education calendar)

SCHOOL _____ CAMPUS LOCATION _____

Contact Person: _____ Telephone No.: _____

ONE-HALF (1/2) DAY PROGRAM: (hours student in attendance)

A.M. -- from _____ to _____

P.M. -- from _____ to _____

ALL DAY PROGRAM: (hours student in attendance)

_____ A.M. to _____ P.M.

Anticipated maximum number of Westchester preschool students*:

		<u>Preschoolers Bussed From Other Counties</u>	
1/2 day A.M.	_____ Per Campus		_____
1/2 day P.M.	_____ Per Campus		_____
Full day	_____ Per Campus		_____
Total:	_____	Total:	_____

*Use actual children not F.T.E.

DATES OF: TRANSPORTATION

(Use only dates children attend—circle dates students attending and star any conference dates.) Transportation and education days must agree with dates submitted to SED.

2012

<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>
M T W T F	M T W T F	M T W T F	M T W T F
	1 2 3 4 5		3 4 5 6 7
3 4 5 6 7	8 9 10 11 12	5 6 7 8 9	10 11 12 13 14
10 11 12 13 14	15 16 17 18 19	12 13 14 15 16	17 18 19 20 21
17 18 19 20 21	22 23 24 25 26	19 20 21 22 23	24 25 26 27 28
24 25 26 27 28	29 30 31	26 27 28 29 30	31

2013

<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>APRIL</u>
M T W T F	M T W T F	M T W T F	M T W T F
			1 2 3 4 5
1 2 3 4	1	1	8 9 10 11 12
7 8 9 10 11	4 5 6 7 8	4 5 6 7 8	15 16 17 18 19
14 15 16 17 18	11 12 13 14 15	11 12 13 14 15	22 23 24 25 26
21 22 23 24 25	18 19 20 21 22	18 19 20 21 22	29 30
28 29 30 31	25 26 27 28	25 26 27 28 29	

<u>MAY</u>	<u>JUNE</u>
M T W T F	M T W T F
1 2 3	3 4 5 6 7
6 7 8 9 10	10 11 12 13 14
13 14 15 16 17	17 18 19 20 21
20 21 22 23 24	24 25 26 27 28
27 28 29 30 31	

Total student attendance dates _____

COMMENTS:

PRESCHOOL and EARLY INTERVENTION PROGRAM

Transportation Handbook for Parents

The Westchester County Preschool/Early Intervention Transportation Program is managed by Westchester County Department of Health Children with Special Needs. We are pleased to provide you with this handbook to help you understand the procedures and answer any questions you may have. Please take a few moments to read this important information now, and keep this handbook available as a reference throughout the school year.

Transportation Service Options:

Mileage Reimbursement



No-Cost Monthly Metro Cards



County-Provided Bus Service



September, 2023

Transportation Service Options

Westchester County Department of Health (WCDH) provides Transportation Service for children with special needs as mandated by Section 4410 of the Education Laws of 1989, Title II-A of Article 25 of the Public Health Law and/or other applicable acts.

Transportation Service is defined as transportation of each child to and from the child's special needs program (the program or agency providing educational services to the child) using a vehicle that can accommodate the specific needs of the specific child. This includes County-provided school bus service in vehicles equipped with a radio, child-restraint seat and properly trained drivers and monitors; and parent transportation by personal car or public bus. As the parent/guardian, you must discuss all available transportation service options with your Early Intervention Service Coordinator or your school district's Committee on Preschool Education (CPSE) Chairperson. Your school district is defined by the geographical area in which your family lives. Each school district has its own CPSE for children 3-5, which determines your child's special education needs.

Mileage Reimbursement Parents/guardians will be reimbursed for driving their child to and from an Early Intervention Toddler Development Group contained in the Individualized Family Service Plan (IFSP), Early Intervention services occurring at a facility (not a toddler development group) contained in the Individualized Family Service Plan (IFSP), a Parent-Child group contained in the Individualized Family Service Plan (IFSP) or to the approved 4410 Special Education Preschool Program contained in the Individualized Education Plan (IEP). Reimbursement is paid at the current County approved rate per mile, for one round trip daily between the child's residence or daycare and the location of the program, service or group, as calculated by Google Maps. Parking and tolls may also be reimbursed when required and when authorized by WCDH. Parents are required to submit the necessary documentation.

No-Cost Monthly Metro Cards Parents/guardians who transport their child to and from the program, service or group contained in the Individualized Family Service Plan (IFSP) or in the Individualized Education Plan (IEP) by public transportation may receive one no-cost unlimited-use monthly MetroCard for each month during the period their child is authorized for services. The MetroCard is valid for 30 days from its first use and can be used on any Westchester Bee-Line Bus and all New York City local buses and subways*. Parents are required to submit the necessary documentation. In some cases, Taxi Fare Reimbursement may be available.

*The OMNY fare payment system is scheduled to replace the MetroCard in 2024.

County-Provided Bus Service is available to children attending an Early Intervention Toddler Development Group contained in the Individualized Family Service Plan (IFSP), or the approved 4410 Special Education Preschool Program contained in the Individualized Education Plan (IEP).

Whichever option is selected at the IFSP or CPSE meeting, it must be listed on your child's IFSP or IEP prior to the beginning of transportation services and it **must be consistent for each day** your child is scheduled to attend the program/service. You may not combine a Metro Card or transportation reimbursement and County-provided bus service. Any necessary change in the selected transportation option must be communicated to either the Early Intervention Service Coordinator or your school district's CPSE Chairperson; and the appropriate paperwork completed prior to the beginning of the new service option.

If You Choose Bus Service

The Westchester County Department of Health (WCDH) must ensure safe and efficient transportation is provided for all Westchester children approved for transportation service. Bus service will only begin once WCDH receives and reviews your child's IFSP or IEP authorizing transportation service and a properly completed Bus Transportation Authorization Form (TAF). If WCDH does not receive these required documents, or if they are incorrect or arrive late, **BUS SERVICE MAY NOT BE AVAILABLE ON THE FIRST DAY OF PROGRAM**. Speak to your child's Early Intervention Service Coordinator to confirm that the correct paperwork is submitted in a timely manner. Or speak to your school district's CPSE to request that your child's meeting be scheduled in a timely manner and that all required documents have been completed and submitted to the WCDH.

Bus Transportation Authorization Form (TAF) A completed Bus Transportation Authorization Form (TAF) is required before your child can ride the school bus. Your school district or service coordinator will provide you with the TAF to complete. The TAF provides the following information:

1. **PICK-UP ADDRESS** – Your home address. If you choose an address other than your home, the alternate address must also be located within Westchester County. **The pick-up address must be the same every day of the week.**
2. **DROP-OFF ADDRESS** – Your home address or an alternate address within Westchester County. This address may be different from the pick-up address, but **it must be the same every day of the week.**
3. **EMERGENCY NUMBERS** — in case we cannot reach you. This should be someone who knows your child and who has agreed to receive and assume responsibility for your child.
4. **MEDICAL INFORMATION** — This is information you and your child's physician feel is important for us to have in order to provide safe transportation. Complete this section to help us understand your child's needs. Tell us if your child has special medical conditions such as seizures, temperature difficulties, allergies, etc., if your child takes medication regularly and what the medication is. **This information may be shared with EMS workers in an emergency.**

You must contact your school district or service coordinator to request a change in information on the TAF. Changes to bus routes cannot be made by submitting forms or requests directly to the bus driver/company. Your school district/service coordinator will complete a new TAF and submit the form to the WCDH. Changes to the pick-up and/or drop-off address or the program location may take up to 10 days to accommodate.

No temporary changes to pick up or drop off locations are permitted. Once a student's trip is scheduled according to the information on the TAF, it can only be changed if the family permanently moves to a new address or permanently changes the alternate pick-up or drop-off address. Do not submit forms requesting a temporary change of address.

Your child's TAF must be up-to-date at all times. Bus service will be suspended if any significant information on the TAF is found to be incorrect. You must contact your school district or service coordinator to request an updated TAF if there is a change in your child's pick-up or drop-off address, program location, the program session time, the name of the person(s) authorized to meet your child at the bus, the telephone numbers for yourself or emergency contacts or your child's medical needs.

Bus Service Procedures

What to Expect:

- Your child will receive one round trip (from home to program, from program to home) on a vehicle equipped with child-restraint seats for all children. The vehicles will provide air conditioning as needed from May 1st through October 1st and be properly heated in cold weather months. The vehicles will be wheelchair accessible if necessary.
- Medications are not permitted on the bus. If your child requires medication, it is your responsibility to bring your child's medication to the program.
- Parents may not enter or ride on the bus.
- Bus routes are generally scheduled for up to 60 minutes. If your child lives a significant distance from the program, the scheduled time of the bus route may be up to 75 minutes. Factors such as traffic congestion/accidents or inclement weather may cause the bus route to take more than the scheduled amount of time. Parents should also keep in mind that buses often depart from the program several minutes after the program's dismissal time once all children have boarded the bus.
- **Scheduled pick-up and drop-off times are approximate.**

Bus Monitors:

- Each vehicle will have one bus monitor.
- The bus monitor will assist your child with getting on, riding, and getting off the bus.
- The bus monitor is not permitted to escort your child to or from the school bus. A parent/caregiver, school/program employee or daycare provider must escort all children to and from the bus.
- The bus monitor will assist the bus driver in making sure all children are securely fastened in a child restraint system or the wheelchair tie-down and are traveling comfortably. The bus monitor will report any problems to the bus driver.
- The bus monitor is not permitted to help dress your child while on the bus.
- The bus monitor is not permitted to help feed your child while on the bus. Children must not eat while on the bus.
- The bus monitor is not permitted to give a toy to a child and must not allow a child to enter the bus while playing with a toy. Children may not hold or play with a toy while traveling on the bus.
- The bus monitor may not take messages from you for the bus company dispatcher or manager.

Waiting for the Bus:

- The Bus Company will call to give you the **approximate** scheduled pick-up and drop-off times for your child.
- Your child must be ready 10 minutes before the pick-up time. If occasionally your child is not ready at the scheduled pick-up time, the driver is not required to wait more than 5 minutes before continuing on the route. **The driver is not required to wait 5 minutes for your child each day.**
- If you are waiting more than 15 minutes from the scheduled pick-up time, and are not contacted by the Bus Company, please call the dispatcher.
- If the bus is late more than two (2) consecutive times, report this to your child's EI or preschool program for assistance.
- Changes in pick-up and drop-off times happen during the school year when children are added or leave the program. The Bus Company will notify you of any schedule changes.

You or an Authorized Caregiver Must Meet the Bus:

- All children must be met at the school bus by a **parent/guardian** (a person legally responsible for the care of the child; may be parent, foster-parent, relative, The Department of Social Services) or **caregiver/responsible person** (individuals designated by the parent/guardian to care for the child who are **at least 14 years of age**) **listed on the TAF.**
- For the safety of your child the **bus driver is prohibited from releasing your child to someone not named on the TAF.** ID must be presented.
- The parent/guardian must be waiting at the drop-off address 10 minutes before the scheduled drop-off time.
- If you or someone listed on the TAF are not available to meet the bus and the Bus Company cannot reach you or the emergency contacts, the Bus Company **must call 911 to report that no one is available to receive your child.**

Absence:

- The parent/guardian is required to **notify the Bus Company at least one (1) hour in advance** of the scheduled pick-up time if the child is going to be absent.
- If your child will not need the bus for several days because of a family vacation, etc., a minimum of one (1) day advance notification is requested. **You must call the Bus Company dispatch office (do not tell the bus driver or monitor).** You must also notify the program.

Suspension of Service:

- If you fail to notify the Bus Company that your child will be absent and the bus arrives at your home to provide service, this is considered a No-Show. **If your child is a No-Show for two (2) consecutive days, bus service will stop.** You may call the Bus Company to start service again. If it has been five days or more since your child's bus service was stopped due to No-Shows, you must contact your child's service coordinator or school district to request bus service. **It will take 5-10 days for bus service to start again.**
- **If the bus company is unable to transport your child safely due to his/her behavior while traveling or boarding and alighting the bus, it may be necessary to temporarily suspend bus service. Your child's program will notify you if there is a problem. The program, your school district, the bus company and the WCDH will work with you and your child to find a solution. Bus service will resume when your child can be transported safely.**

Inclement Weather:

- Please listen to local radio or TV or search online for school delays or closing notifications. You may find school district and program closings by following these links to News 12 Westchester and WHUD Westchester:

<http://westchester.news12.com/> and <http://pamal.com/stormcenter/whud.php>
- If you are not sure about your child's program, contact the program directly.
- The WCDH follows the local school district closings throughout the county. If your school district is closed, WCDH transportation will also be canceled.
- If your child's program chooses to open and WCDH does not provide bus service, you may drive your child to the program; **please be aware that you are responsible for round-trip transportation.**
- Please be aware that if bus service is provided in bad weather you should expect delays.

Complaints:

- If you have questions or concerns about your child's bus schedule, lateness, or other service problems, please call the bus company office and speak with the dispatcher or the manager. **Do not discuss problems with the bus driver or monitor.**
- Please report unresolved bus service problems to your child's program for assistance.
- If the program is unable to resolve the service problem, they will contact the WCDH Program Administrator.

School Bus Service for the 2023-2024 School Year & Summer 2024:

PROGRAM or GROUP NAME	BUS COMPANY NAME
ACDS - PELHAM	ALL COUNTY BUS
ACDS - SCARSDALE	ALL COUNTY BUS
ALCOTT SCHOOL - DOBBS FERRY	ASTRA TRANSPORTATION
ASCEND AUTISM - HAWTHORNE	ASTRA TRANSPORTATION
BLYTHEDALE/MT. PLEASANT BLYTHEDALE -VALHALLA	TLC TRANSPORTATION
CITY PRO GROUP - NEW ROCHELLE	ALL COUNTY BUS
CLEAR VIEW SCHOOL - BRIARCLIFF MANOR	ASTRA TRANSPORTATION
CHILDREN'S SCHOOL - HAWTHORNE	ASTRA TRANSPORTATION
CHILDREN'S SCHOOL CCC/WHITE HOUSE - KATONAH	WHITE PLAINS BUS
CHILDREN'S SCHOOL - MT. KISCO CHILD CARE -MT. KISCO	WHITE PLAINS BUS
CHILDREN'S SCHOOL PEAS & KARROTS - OSSINING	WHITE PLAINS BUS
CHILDREN'S SCHOOL MASCIA - TARRYTOWN	ASTRA TRANSPORTATION
EASTER SEALS PROJECT EXPLORE - VALHALLA	ALL COUNTY BUS
EASTER SEALS PROJECT SOAR - CARMEL	WHITE PLAINS BUS
ELIZABETH SETON CHILDREN'S SCHOOL - WHITE PLAINS	ASTRA TRANSPORTATION
FRED S. KELLER SCHOOL - PIERMONT	ASTRA TRANSPORTATION
FRED S. KELLER SCHOOL - WHITE PLAINS	ALL COUNTY BUS
FRED S. KELLER SCHOOL - YONKERS	ASTRA TRANSPORTATION
GREENBURGH PRE-K - HARTSDALE	ALL COUNTY BUS
GUIDANCE CENTER - NEW ROCHELLE	ASTRA TRANSPORTATION
GUIDANCE CENTER - PEEKSKILL	WHITE PLAINS BUS
HAWTHORNE COUNTRY DAY SCHOOL - HAWTHORNE	ALL COUNTY BUS
HUDSON VALLEY EARLY CHILDHOOD CENTER - BREWSTER	MAT BUS CORP.
JCC TOWARD TOMORROW - SCARSDALE	ASTRA TRANSPORTATION
JCC TOWARD TOMORROW TIC - WHITE PLAINS	ASTRA TRANSPORTATION
LOS NINOS - HAWTHORNE	ASTRA TRANSPORTATION
LOS NINOS - VALHALLA	SUPER WHEELS
MAMARONECK PRE-K - MAMARONECK	ALL COUNTY BUS
NY INSTITUTE FOR SPECIAL EDUCATION - BRONX	ALL COUNTY BUS
PARKSIDE PRESCHOOL - MAHOPAC	MAT BUS CORP.
PORT CHESTER THERAPEUTIC NURSERY - PORT CHESTER	ASTRA TRANSPORTATION
PRIME TIME PRESCHOOL- FISHER AVENUE, WHITE PLAINS	ASTRA TRANSPORTATION
PRIME TIME PRESCHOOL - NORTH BROADWAY, WHITE PLAINS	ASTRA TRANSPORTATION
PRIME TIME PRESCHOOL - NORTH STREET, WHITE PLAINS	ASTRA TRANSPORTATION
PSSLLC - NEW ROCHELLE	ALL COUNTY BUS
REBECCA TURNER PRESCHOOL - MT. VERNON	ALL COUNTY BUS
RISING GROUND/AMES - YONKERS	ASTRA TRANSPORTATION
STEPPING STONES - WHITE PLAINS	ALL COUNTY BUS
THERA CARE BRIGHT BEGINNINGS - YORKTOWN	WHITE PLAINS BUS
THERA CARE HARRISON CHILDREN'S CENTER - HARRISON	ALL COUNTY BUS
UNITED PRESCHOOL CENTER - WHITE PLAINS	TLC TRANSPORTATION
WESTCHESTER SCHOOL FOR SPECIAL CHILDREN - YONKERS	TLC TRANSPORTATION
WESTSTCOP THERAPEUTIC NURSERY - GRANITE SPRINGS	TLC TRANSPORTATION

Bus Company Contact Information:

All County Bus	914-963-9600
Astra Transportation	914-965-9006
MAT Bus	914-278-6829
Super Wheels	914-613-8225
TLC Transportation	914-375-2258
White Plains Bus	914-328-1400

When There is an Accident:

Our most important mission is the safe transport of your child. If your child is in an accident or appears to be ill, the following steps will be taken.

- The Bus Company immediately notifies WCDH and your child's program.
- During program hours, your child's program will contact you. After program hours, the Bus Company will contact you.
- Your child may be taken to the Emergency Room; the police officer(s) at the scene will determine if this is necessary.
- Since New York is a no-fault insurance state, **in the event that your child is involved in a school bus accident and requires medical treatment, the parent/guardian's automobile insurance is primary for all costs, including the emergency room.** This is a New York State Law.
- Should the parent/guardian not have automobile insurance, the bus company is responsible for insurance and possible post-accident costs.

When There is Illness or an Injury on the Bus:

- The bus driver and monitor do not administer first aid.
- In the event of an emergency, the bus driver will park the bus in a safe location and contact the dispatcher.
- When there is a nurse on the vehicle, the nurse will treat the child or determine if it is necessary to call for an ambulance. Otherwise, Dispatch will call an ambulance.
- The bus driver will wait for assistance/an ambulance to arrive.

PROGRAMA PREESCOLAR y DE INTERVENCIÓN TEMPRANA

Manual de transporte para padres

El Departamento de Salud para Niños con Necesidades Especiales del Condado de Westchester administra el Programa de Transporte Preescolar/de Intervención Temprana del Condado de Westchester. Nos complace entregarle este manual para ayudarlo a comprender los procedimientos y responder cualquier pregunta que pueda tener. Tómese un momento para leer esta información importante ahora mismo y tenga este manual a mano como referencia durante todo el año escolar.

Opciones de servicio de transporte:

Reembolso de millas



Tarjetas MetroCard mensuales sin costo



Servicio de autobús provisto por el condado



Septiembre de 2023

Opciones de servicio de transporte

El Departamento de Salud del Condado de Westchester (WCDH) ofrece el Servicio de Transporte para niños con necesidades especiales según lo dispuesto por la Sección 4410 de las Leyes de Educación de 1989, Título II-A del Artículo 25 de la Ley de Salud Pública u otras leyes aplicables.

El Servicio de Transporte se define como el transporte de cada niño de ida y vuelta al programa de necesidades especiales del niño (el programa o la agencia que presta servicios educativos al niño) utilizando un vehículo que puede adaptarse a las necesidades específicas de cada niño. Esto incluye el servicio de autobús escolar provisto por el condado en vehículos equipados con radio, asiento de seguridad para niños, conductores y monitores debidamente capacitados y transporte para padres en auto privado o autobús público. Como padre/tutor, debe analizar todas las opciones de servicio de transporte disponibles con su Coordinador de Servicios de Intervención Temprana o el presidente del Comité de Educación Preescolar (CPSE) de su distrito escolar. Su distrito escolar se define por el área geográfica en la que vive su familia. Cada distrito escolar tiene su propio CPSE para niños de 3 a 5 años, que determina las necesidades de educación especial de su hijo.

Reembolso de millaje: se reembolsará a los padres/tutores por llevar de ida y vuelta a su hijo a un Grupo de Desarrollo Infantil de Intervención Temprana incluido en el Plan de Servicio Familiar Individualizado (IFSP), los servicios de Intervención Temprana que se dan en una instalación (no un grupo de desarrollo infantil) incluido en el Plan de Servicio Familiar Individualizado (IFSP), un grupo de padres e hijos incluido en el Plan de Servicio Familiar Individualizado (IFSP) o el Programa Preescolar de Educación Especial 4410 aprobado incluido en el Plan de Educación Individualizado (IEP). El reembolso se paga según la tarifa actual por milla aprobada por el condado, por un viaje de ida y vuelta diario entre la residencia o la guardería del niño y la dirección del programa, servicio o grupo según el cálculo de Google Maps. El estacionamiento y los peajes también pueden reembolsarse cuando sea necesario y cuando lo autorice el WCDH. Los padres deben presentar la documentación necesaria.

Tarjetas MetroCard mensuales sin costo: los padres/tutores que llevan a su hijo de ida y vuelta al programa, servicio o grupo incluido en el Plan de Servicio Familiar Individualizado (IFSP) o en el Plan de Educación Individualizado (IEP) en transporte público pueden recibir una tarjeta MetroCard mensual sin costo de uso ilimitado cada mes durante el período en que su hijo esté autorizado a recibir los servicios. La tarjeta MetroCard es válida por 30 días a partir de su primer uso y se puede usar en cualquier autobús Bee-Line de Westchester y en todos los autobuses y subterráneos locales de la ciudad de Nueva York*. Los padres deben presentar la documentación necesaria. En algunos casos, puede estar disponible el reembolso de la tarifa de taxis.

*El sistema de pago de tarifas OMNY está programado para reemplazar la tarjeta MetroCard en 2024.

Servicio de autobús provisto por el condado: está disponible para los niños que asisten a un Grupo de Desarrollo Infantil de Intervención Temprana incluido en el Plan de Servicio Familiar Individualizado (IFSP) o el Programa Preescolar de Educación Especial 4410 aprobado incluido en el Plan de Educación Individualizado (IEP).

Cualquiera sea la opción que se seleccione en la reunión del IFSP o CPSE, debe estar incluida en el IFSP o IEP de su hijo antes del comienzo de los servicios de transporte y **debe ser la misma cada día** que su hijo asista al programa/servicio. No puede combinar un reembolso de la tarjeta MetroCard o de transporte y el servicio de autobús provisto por el condado. Cualquier cambio necesario en la opción de transporte seleccionada debe comunicarse al Coordinador de Servicios de Intervención Temprana o al presidente del CPSE de su distrito escolar. La documentación correspondiente debe completarse antes del comienzo de la nueva opción de servicio.

Si elige el servicio de autobús

El Departamento de Salud del Condado de Westchester (WCDH) debe garantizar que se ofrezca un transporte seguro y eficiente para todos los niños de Westchester aprobados para el servicio de transporte. El servicio de autobús solo comenzará una vez que el WCDH reciba y revise el IFSP o IEP de su hijo donde se autoriza el servicio de transporte y un Formulario de Autorización de Transporte en Autobús (TAF) debidamente completado. Si el WCDH no recibe estos documentos requeridos, o si son incorrectos o llegan tarde, **EL SERVICIO DE AUTOBÚS PUEDE NO ESTAR DISPONIBLE EL PRIMER DÍA DEL PROGRAMA.** Hable con el Coordinador de Servicios de Intervención Temprana de su hijo para confirmar que la documentación correcta se presentó de manera oportuna. O bien, hable con el CPSE de su distrito escolar para pedir que la reunión de su hijo se programe de manera oportuna y que todos los documentos requeridos se hayan completado y enviado al WCDH.

Formulario de Autorización de Transporte en Autobús (TAF): se requiere un Formulario de Autorización de Transporte en Autobús (TAF) completo para que su hijo pueda viajar en el autobús escolar. Su distrito escolar o el coordinador de servicios le dará el TAF para que lo complete. El TAF da la siguiente información:

1. **DIRECCIÓN DE RECOGIDA:** La dirección de su casa. Si elige una dirección que no es la de su casa, la dirección alternativa también debe estar dentro del condado de Westchester. **La dirección de recogida debe ser la misma todos los días de la semana.**
2. **DIRECCIÓN DE LLEGADA:** La dirección de su casa o una dirección alternativa dentro del condado de Westchester. Esta dirección puede ser diferente de la dirección de recogida, pero **debe ser la misma todos los días de la semana.**
3. **NÚMEROS DE EMERGENCIA:** si no podemos comunicarnos con usted. Debe ser alguien que conozca a su hijo y que haya aceptado asumir la responsabilidad de su hijo.
4. **INFORMACIÓN MÉDICA:** Es información que usted y el médico de su hijo consideran que es importante que tengamos para ofrecer un transporte seguro. Complete esta sección para ayudarnos a comprender las necesidades de su hijo. Infórmenos si su hijo tiene condiciones médicas especiales como convulsiones, problemas de temperatura, alergias, etc., si su hijo toma medicamentos habitualmente y cuál es el medicamento. **Es posible que esta información se comparta con los trabajadores de EMS durante una emergencia.**

Debe comunicarse con su distrito escolar o coordinador de servicios para pedir un cambio en la información del TAF. Los cambios en las rutas de los autobuses no se pueden hacer mediante la presentación de formularios o solicitudes directamente al conductor o la compañía del autobús. Su distrito escolar/coordinador de servicios completará un nuevo TAF y enviará el formulario al WCDH. Los cambios en la dirección de recogida o llegada o en el lugar del programa pueden tardar hasta 10 días en incorporarse.

No se permiten cambios temporales en los lugares de recogida o llegada. Una vez que el viaje de un estudiante está programado de acuerdo con la información en el TAF, solo se puede cambiar si la familia se muda permanentemente a una nueva dirección o cambia permanentemente la dirección alternativa de recogida o llegada. No envíe formularios para pedir un cambio temporal de dirección.

El TAF de su hijo debe estar actualizado en todo momento. El servicio de autobús se suspenderá si hay información significativa en el TAF que no sea correcta. Debe comunicarse con su distrito escolar o coordinador de servicios para pedir un TAF actualizado si hay un cambio en la dirección para recoger o dejar a su hijo, el lugar del programa, la hora de la sesión del programa, el nombre de las personas autorizadas para encontrarse con su hijo en el autobús, los números de teléfono suyos o de contactos de emergencia o las necesidades médicas de su hijo.

Procedimientos del servicio de autobús

Qué esperar:

- Su hijo obtendrá un viaje de ida y vuelta (de la casa al programa, del programa a la casa) en un vehículo equipado con asientos de seguridad para niños para todos los niños. Los vehículos tendrán aire acondicionado según sea necesario desde el 1 de mayo hasta el 1 de octubre y se calefaccionarán adecuadamente en los meses fríos. Los vehículos serán de fácil acceso para sillas de ruedas si fuese necesario.
- No se permiten medicamentos en el autobús. Si su hijo necesita medicamentos, es su responsabilidad llevarlos al programa.
- Los padres no pueden entrar ni viajar en el autobús.
- Las rutas de autobús generalmente tienen un horario de hasta 60 minutos. Si su hijo vive a una distancia considerable del programa, el tiempo programado de la ruta del autobús puede ser de hasta 75 minutos. Factores como la congestión vehicular/accidentes o las inclemencias meteorológicas pueden hacer que la ruta del autobús tome más tiempo del programado. Los padres también deben tener en cuenta que los autobuses a menudo salen del programa varios minutos después de la hora de salida del programa una vez que todos los niños han subido al autobús.
- **Los horarios de recogida y llegada programados son aproximados.**

Monitores del autobús:

- Cada vehículo tendrá un monitor de autobús.
- El monitor del autobús ayudará a su hijo a subir, viajar y bajarse del autobús.
- No se permite que el monitor del autobús acompañe a su hijo hacia o desde el autobús escolar. Un padre/cuidador, empleado de la escuela/programa o proveedor de cuidado infantil debe acompañar a todos los niños de ida y vuelta al autobús.
- El monitor del autobús ayudará al conductor del autobús a asegurarse de que todos los niños estén bien sujetos en un sistema de sujeción para niños o en la silla de ruedas y que viajen cómodamente. El monitor del autobús informará cualquier problema al conductor del autobús.
- No se permite que el monitor del autobús ayude a su hijo a vestirse mientras está en el autobús.
- No se permite que el monitor del autobús ayude a su hijo a alimentarse mientras está en el autobús. Los niños no deben comer mientras están en el autobús.
- El monitor del autobús no puede dar un juguete a un niño y no debe permitir que un niño entre al autobús mientras juega con un juguete. Los niños no pueden sostener ni jugar con un juguete mientras viajan en el autobús.
- El monitor del autobús no puede recibir mensajes suyos para el despachador o gerente de la compañía de autobuses.

Espera del autobús:

- La compañía de autobuses lo llamará para darle los horarios **aproximados** para recoger y dejar a su hijo.
- Su hijo debe estar listo 10 minutos antes de la hora de recogida. Si ocasionalmente su hijo no está listo a la hora programada para recogerlo, el conductor no está obligado a esperar más de 5 minutos antes de continuar con la ruta. **El conductor no está obligado a esperar 5 minutos a su hijo cada día.**
- Si espera más de 15 minutos desde la hora de recogida programada y la compañía de autobuses no se comunica con usted, llame al despachador.
- Si el autobús llega tarde más de dos (2) veces consecutivas, infórmele al programa de El o preescolar de su hijo para recibir ayuda.
- Los cambios en los horarios de recogida y llegada se hacen durante el año escolar cuando los niños se agregan o salen del programa. La compañía de autobuses le informará de cualquier cambio de horario.

Usted o un cuidador autorizado deben esperar el autobús:

- Todos los niños los deben ser recibidos en el autobús escolar por un **padre/tutor** (una persona legalmente responsable del cuidado del niño; puede ser un padre, un padre adoptivo, un pariente, el Departamento de Servicios Sociales) o un **cuidador o persona responsable** (individuos designados por el padre/tutor para cuidar al niño que tienen **al menos 14 años**) que **figuren en el TAF**.
- Por la seguridad de su hijo, el **conductor del autobús tiene prohibido entregar a su hijo a alguien que no figure en el TAF**. Se debe presentar una identificación.
- El padre/tutor debe estar esperando en la dirección de llegada 10 minutos antes de la hora de llegada programada.
- Si usted o alguien que figura en el TAF no está disponible para esperar el autobús y la compañía de autobuses no puede comunicarse con usted ni con los contactos de emergencia, la compañía de autobuses **debe llamar al 911 para informar de que no hay nadie disponible para recibir a su hijo**.

Ausencia:

- Es necesario que el padre/tutor **informe a la compañía de autobuses por lo menos una (1) hora antes** de la hora programada de recogida si el niño va a estar ausente.
- Si su hijo no necesitará el autobús por varios días debido a vacaciones familiares, etc., debe informarlo con un mínimo de un (1) día de anticipación. **Debe llamar a la oficina de despacho de la compañía de autobuses (no se lo diga al conductor ni al monitor del autobús)**. También debe informar al programa.

Suspensión del servicio:

- Si no informa a la compañía de autobuses de que su hijo estará ausente y el autobús llega a su casa para prestarle el servicio, esto se considera como ausencia. **Si su hijo está ausente durante dos (2) días consecutivos, el servicio de autobús se detendrá.** Puede llamar a la compañía de autobuses para iniciar el servicio nuevamente. Si han pasado cinco días o más desde que se detuvo el servicio de autobús de su hijo debido a las ausencias, debe comunicarse con el coordinador de servicios de su hijo o el distrito escolar para pedir el servicio de autobús. **Tomará de 5 a 10 días para que el servicio de autobús comience de nuevo.**
- **Si la compañía de autobuses no puede transportar a su hijo de manera segura debido a su comportamiento mientras viaja o sube y baja del autobús, puede ser necesario suspender temporalmente el servicio de autobús.** El programa de su hijo le informará si hay algún problema. El programa, su distrito escolar, la compañía de autobuses y el WCDH trabajarán con usted y su hijo para encontrar una solución. El servicio de autobús se reanudará cuando su hijo pueda ser transportado de manera segura.

Inclencias meteorológicas:

- Escuche la radio o la televisión local o busque en línea los retrasos escolares o las notificaciones de cierre. Puede encontrar los cierres de programas y del distrito escolar a través de estos enlaces a News 12 Westchester y WHUD Westchester:
<http://westchester.news12.com/> y <http://pamal.com/stormcenter/whud.php>
- Si no está seguro acerca del programa de su hijo, comuníquese directamente con el programa.
- El WCDH sigue los cierres de los distritos escolares locales en todo el condado. Si su distrito escolar está cerrado, el transporte del WCDH también se cancelará.
- Si el programa de su hijo elige abrir y el WCDH no presta el servicio de autobús, puede llevar a su hijo al programa. **Tenga en cuenta que usted es responsable del transporte de ida y vuelta.**
- Tenga en cuenta que si se presta el servicio de autobús cuando hay mal tiempo, puede haber retrasos.

Reclamaciones:

- Si tiene preguntas o preocupaciones sobre el horario del autobús de su hijo, el retraso u otros problemas del servicio, llame a la oficina de la compañía de autobuses y hable con el despachador o el gerente. **No hable de los problemas con el conductor del autobús ni el monitor.**
- Informe sobre los problemas no resueltos del servicio de autobús al programa de su hijo para obtener ayuda.

Si el programa no puede resolver el problema del servicio, se comunicará con el administrador del programa del WCDH.

Servicio de autobús escolar para el año escolar 2023-2024 y el verano de 2024:

NOMBRE DEL PROGRAMA o GRUPO	NOMBRE DE LA COMPAÑÍA DE AUTOBUSES
ACDS - PELHAM	ALL COUNTY BUS
ACDS - SCARSDALE	ALL COUNTY BUS
ALCOTT SCHOOL - DOBBS FERRY	ASTRA TRANSPORTATION
ASCEND AUTISM - HAWTHORNE	ASTRA TRANSPORTATION
BLYTHEDALE/MT. PLEASANT BLYTHEDALE -VALHALLA	TLC TRANSPORTATION
CITY PRO GROUP - NEW ROCHELLE	ALL COUNTY BUS
CLEAR VIEW SCHOOL - BRIARCLIFF MANOR	ASTRA TRANSPORTATION
CHILDREN'S SCHOOL - HAWTHORNE	ASTRA TRANSPORTATION
CHILDREN'S SCHOOL CCC/WHITE HOUSE - KATONAH	WHITE PLAINS BUS
CHILDREN'S SCHOOL - MT. KISCO CHILD CARE -MT. KISCO	WHITE PLAINS BUS
CHILDREN'S SCHOOL PEAS & KARROTS - OSSINING	WHITE PLAINS BUS
CHILDREN'S SCHOOL MASCIA - TARRYTOWN	ASTRA TRANSPORTATION
EASTER SEALS PROJECT EXPLORE - VALHALLA	ALL COUNTY BUS
EASTER SEALS PROJECT SOAR - CARMEL	WHITE PLAINS BUS
ELIZABETH SETON CHILDREN'S SCHOOL - WHITE PLAINS	ASTRA TRANSPORTATION
FRED S. KELLER SCHOOL - PIERMONT	ASTRA TRANSPORTATION
FRED S. KELLER SCHOOL - WHITE PLAINS	ALL COUNTY BUS
FRED S. KELLER SCHOOL - YONKERS	ASTRA TRANSPORTATION
GREENBURGH PRE-K - HARTSDALE	ALL COUNTY BUS
GUIDANCE CENTER - NEW ROCHELLE	ASTRA TRANSPORTATION
GUIDANCE CENTER - PEEKSKILL	WHITE PLAINS BUS
HAWTHORNE COUNTRY DAY SCHOOL - HAWTHORNE	ALL COUNTY BUS
HUDSON VALLEY EARLY CHILDHOOD CENTER - BREWSTER	MAT BUS CORP.
JCC TOWARD TOMORROW - SCARSDALE	ASTRA TRANSPORTATION
JCC TOWARD TOMORROW TIC - WHITE PLAINS	ASTRA TRANSPORTATION
LOS NINOS - HAWTHORNE	ASTRA TRANSPORTATION
LOS NINOS - VALHALLA	SUPER WHEELS
MAMARONECK PRE-K - MAMARONECK	ALL COUNTY BUS
NY INSTITUTE FOR SPECIAL EDUCATION - BRONX	ALL COUNTY BUS
PARKSIDE PRESCHOOL - MAHOPAC	MAT BUS CORP.
PORT CHESTER THERAPEUTIC NURSERY - PORT CHESTER	ASTRA TRANSPORTATION
PRIME TIME PRESCHOOL- FISHER AVENUE, WHITE PLAINS	ASTRA TRANSPORTATION
PRIME TIME PRESCHOOL - NORTH BROADWAY, WHITE PLAINS	ASTRA TRANSPORTATION
PRIME TIME PRESCHOOL - NORTH STREET, WHITE PLAINS	ASTRA TRANSPORTATION
PSSLLC - NEW ROCHELLE	ALL COUNTY BUS
REBECCA TURNER PRESCHOOL - MT. VERNON	ALL COUNTY BUS
RISING GROUND/AMES - YONKERS	ASTRA TRANSPORTATION
STEPPING STONES - WHITE PLAINS	ALL COUNTY BUS
THERA CARE BRIGHT BEGINNINGS - YORKTOWN	WHITE PLAINS BUS
THERA CARE HARRISON CHILDREN'S CENTER - HARRISON	ALL COUNTY BUS
UNITED PRESCHOOL CENTER - WHITE PLAINS	TLC TRANSPORTATION
WESTCHESTER SCHOOL FOR SPECIAL CHILDREN - YONKERS	TLC TRANSPORTATION
WESTSTCOP THERAPEUTIC NURSERY - GRANITE SPRINGS	TLC TRANSPORTATION

Información de contacto de la compañía de autobuses:

All County Bus	914-963-9600
Astra Transportation	914-965-9006
MAT Bus	914-278-6829
Super Wheels	914-613-8225
TLC Transportation	914-375-2258
White Plains Bus	914-328-1400

Cuando hay un accidente:

Nuestra misión más importante es el transporte seguro de su hijo. Si su hijo tiene un accidente o parece estar enfermo, se tomarán las siguientes medidas.

- La compañía de autobuses informa inmediatamente al WCDH y al programa de su hijo.
- Durante el horario del programa, el programa de su hijo se comunicará con usted. Después del horario del programa, la compañía de autobuses se comunicará con usted.
- Es posible que lleven a su hijo a la sala de emergencias; los oficiales de policía en la escena determinarán si esto es necesario.
- Dado que Nueva York es un estado de seguro sin culpa, **si su hijo se ve involucrado en un accidente de autobús escolar y requiere tratamiento médico, el seguro de automóvil del padre/tutor es el principal para todos los costos, incluida la sala de emergencias.** Esta es una ley del estado de Nueva York.
- Si el padre/tutor no tiene seguro de automóvil, la compañía de autobuses es responsable del seguro y los posibles costos posteriores al accidente.

Cuando hay una enfermedad o una lesión en el autobús:

- El conductor del autobús y el monitor no administran primeros auxilios.
- En caso de una emergencia, el conductor estacionará el autobús en un lugar seguro y se comunicará con el despachador.
- Cuando hay una enfermera en el autobús, la enfermera tratará al niño o determinará si es necesario llamar a una ambulancia. De lo contrario, Dispatch llamará a una ambulancia.
- El conductor del autobús esperará a que llegue la asistencia/una ambulancia.

Invoice for Parent Mileage Reimbursement: PART 1

MILEAGE REIMBURSEMENT: Transportation for children attending preschool programs is governed by Section 4410 of the Education Law of New York State. Parents are encouraged to transport their children to their preschool programs at public expense to enable the child to receive services contained in the Individualized Education Plan (IEP). Accordingly, the Westchester County Department of Health Children with Special Needs (CSN) offers parents reimbursement for mileage expenses when driving their child to approved 4410 preschool programs.

Reimbursement will be made for the number of round trip miles traveled from the city or town in which the child's home is located to the city or town in which the approved 4410 special education preschool program is located, as calculated by an online web mapping site. Reimbursement will be at the current rate as established by the Internal Revenue Service for mileage allowance. Only one Round-Trip will be reimbursed per day. A Round-Trip is defined as the trip from your home to the program location with your child in your car and the trip from the program location to your home with your child in your car. Parents are required to submit all necessary documentation in order to receive reimbursement. Reimbursement for parking and or tolls will be provided when appropriate and only with the submission of receipts.

Parents must choose only ONE option for transportation; School Bus, Mileage Reimbursement or no-cost monthly Metro Cards. Parents will not be eligible to receive Mileage Reimbursement for transportation expenses or a Metro Card if a child is normally transported by School Bus and the parent occasionally provides transportation to or from the service location. Changes made to the type of transportation the child receives may only be made by contacting the School District.

.....
PARENT CERTIFICATION: I am the parent/guardian of the child named on this Invoice form. I request reimbursement from the County of Westchester for expenses incurred by me transporting my child to and from the approved 4410 preschool program pursuant to Section 4410 of the Education Law of New York State. I will accept the rate of reimbursement for transporting my child established by Westchester County. I will comply with the procedures established by Westchester County for reimbursement and will submit my invoices and other requested documentation in a timely manner. I agree to absolve and release Westchester County from any and all responsibility, liability and any claims for damages of any nature whatsoever arising from the transportation of my child to and from the authorized services during the authorized service period. I represent that during the period when I will transport my child, I or my designee will ensure that my child travels in a child car seat at all times. I will ensure that the automobile used is duly registered and insured in accordance with New York State Law; the driver's license will be current and contain no restrictions on his/her ability to transport their child. **I certify that I transported my child to his/her approved 4410 preschool program on the dates referenced on PART 2 of this form.**

Parent or Guardian's Signature

Print Name

Date

Send completed and signed invoices, Parts 1 and 2, to: Westchester County Department of Health
CSN - Preschool PMR
145 Huguenot Street, 7th Floor
New Rochelle, New York
10801

CHILDREN WITH SPECIAL NEEDS

TRANSPORTATION PLAN - Preschool

Child's Name: _____ School District: _____

Address: _____

Preschool Program Name: _____

Address: _____

4410 Approved Preschool Program Transportation Facts

Transportation for children attending preschool programs is governed by the 4410 Preschool Law. The Law encourages parents to transport their children to their preschool programs at public expense. Accordingly, the following options are available to Westchester parents who transport their children to an approved special education preschool program:

Mileage Reimbursement: Parents will be reimbursed for driving their child to and from the child's preschool program. Reimbursement will be paid at the current county approved rate per mile, for one round trip per day between the city or town in which the child lives and the city or town in which the child's preschool program is located as calculated by an online web mapping service (MapQuest or similar). Reimbursement for parking and tolls may also be provided when necessary and authorized by the County.

Metro Card: Parents will receive at no cost a monthly Metro Card to be used for transporting the child to and from the preschool program.

Taxi Fare Reimbursement: Parents will be reimbursed for the cost to transport their child to and from the preschool program by taxi each day.

Whatever option is selected, it must be consistent for each day of travel to the program; bus transportation may not be combined with receipt of a Metro Card, mileage or taxi fare reimbursement. Special school bus transportation is available for children whose parents decline to transport them to preschool.

I will transport my child to special needs preschool and select the following option:

Mileage Reimbursement Metro Card Taxi Fare Reimbursement

Parent's Printed Name: _____ Phone: _____

Parent's Signature: _____ Date: _____

Please note that once you have selected an option, you may only change your selection by contacting your school district's Committee on Preschool Education and completing another form.

Westchester County Department of Health
Bus Attendance Log for the Month of _____, 20____

Trip Code: P/U = Pickup from Home; D/O = Drop Off to Home
 Daily Attendance Code: P=Present; A=Absent; N=No Show; n/a=not scheduled ; O=Child in another bus

Page ____ of ____

Check if bus is one way

Bus Co: _____ Bus # _____ School: _____ School Location: _____

Last, First Name	Trip	DAY OF MONTH TRANSPORTED																																
		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		
	P/U																																	
	D/O																																	
	P/U																																	
	D/O																																	
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	D/O																																	
	P/U																																	
	D/O																																	
Driver Signature:																																		

Contractor Verification: I do hereby certify that the foregoing is a true and accurate representation of services provided for the Children with Special Needs Program for the month indicated.

Administrator Signature _____ Print _____ Title _____ Date _____

School Verification: I have reviewed this list of children and have verified that the children listed above were transported by the above listed contractor on the days indicated.

Administrator Signature _____ Print _____ Title _____ Date _____

**NYSED Memorandum
Special Transportation for Students with
Disabilities**

<http://www.p12.nysed.gov/specialed/publications/topics>

Click on *Transportation*

CHAPTER 5

ASSISTIVE TECHNOLOGY PROTOCOLS

**PROTOCOL FOR
OBTAINING ASSISTIVE TECHNOLOGY THROUGH
WESTCHESTER COUNTY DEPARTMENT OF HEALTH
FOR 4410 PRESCHOOL CHILDREN**

Assistive technology devices may be provided to children enrolled in a 4410 Preschool Program. An assistive technology means “any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a student with a disability. Such term does not include a medical device that is surgically implanted or the replacement of a surgically implanted device. The Committee on Preschool Special Education (CPSE) would recommend and include the assistive technology on the child’s Individualized Education Plan (IEP) after considering an assistive technology evaluation.

For more information on Assistive technology, please visit:
<https://www.p12.nysed.gov/specialed/publications/topics.htm> and click on *assistive technology*.

Assistive technology can be obtained two ways.


1. Assistive technology can be provided through the TRAIID Loan Program. These devices are to be returned to the Loan Program upon expiration of the agreed upon terms.

2. Assistive technology can be obtained through the Westchester County Department of Health. The device would be available for the duration of the IEP as well as the length of the child’s enrollment in a 4410 Preschool Program. When a child transitions out of Preschool, the device becomes the property of the County. At this time, the School District may purchase the device from the County if it wishes.

The Protocol that follows pertains to the process to be followed if assistive technology is going to be obtained through the Westchester County Department of Health.

Signed:

Date: 4/28/22


Marina Yoegel, Assistant Commissioner

PROCEDURE FOR OBTAINING AN ASSISTIVE TECHNOLOGY DEVICE

I. COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)

- A. For children who receive Related Services/SEIT or Center-Based children who require child specific assistive technology, the CPSE makes the recommendation after reviewing an assistive technology evaluation and input from the child and service providers and indicates the type of assistive technology and the number of assistive technology service visits needed, if necessary, in the child's IEP.
- B. The CPSE Chairperson should contact the TRAIID Loan Closet to see if the device is available for loan until such time that the child receives their own.
- C. A STAC-1 is completed in Related Services fashion. In Section 11, Line 1 write in "Purchase AT Device (specify type of device)". In Section 12, RS Line 1, fill in the type of device. Be sure to list the type and not the brand name. In Section 12, RS Line 2, fill in AT Service Visits, if needed. The STAC-1 along with a copy of the child's IEP should be sent to the AT Coordinator at the Department of Health.
- D. The CPSE sends the 4410 WCDH-contracted Evaluator/Provider the AT Packet to be completed.
- E. In order for WCDH to obtain an assistive technology device for a child, the Evaluator or Provider must complete and submit an AT Packet ("Packet") to the AT Coordinator consisting of the following:
 - Form PRE-AT-1. Since assistive technology equipment will be acquired through a bidding process, it is especially important that the device specifications and features noted on this form are sufficiently precise to enable potential vendors to offer appropriate equipment during the bidding process.
 - Form PRE-AT-2. This form must present clearly how the device will be used, its relationship to the child's functional capabilities, and the functional outcomes expected to be attained by the child as a result of using the device.
 - Itemized Price Quote. This should specify the estimated cost of the device, cost of any and all accessories; adaptations and/or modifications needed; extended warranties; insurance; and a suggested vendor. Whenever feasible, please include the name of vendor representative from which you obtained the information.

The AT-1 and AT-Forms are to be completely filled out. The Packet must be complete and received along with the STAC and IEP in order for it to be processed. Any incomplete packets or missing information will result in a delay.

II. CSN

- A. Will log in the receipt of the AT Packet.
- B. Will review the AT Packet in order to determine: CSN. Any additional information which the County needs will be obtained through the Evaluator/Provider who completed the Packet.

III. CSN

The County will process all AT devices to be sent out to bid, as follows:

- A. Transfer the information noted in the Packet, including the device specifications, accessories/attachments, cost per item, suggested vendor for the device and delivery address, to a computerized Westchester County PURCHASE REQUISITION.
- B. Transmit the Purchase Requisition Form electronically.

IV. PURCHASING DEPARTMENT

- A. Upon receipt of a computerized PURCHASE REQUISITION from the Department of Health, the Purchasing Department will initiate a bidding process for selection of the lowest responsible bidder for the AT device.

Bid prices may include shipping and handling as well as extended warranties.

The device will be purchased from the lowest responsible bidder who has met all of the specifications described on the PRE-AT-1 form. The device that is purchased may not necessarily be the same brand that is named in the specifications; however, the individual specifications prescribed for the device may not be substituted.

- B. Once the vendor is selected, the Purchasing Department will send a PURCHASE ORDER to the vendor with a copy to the Department of Health

V. CSN

Upon receipt of the PURCHASE ORDER, CSN will send out a NOTIFICATION OF ASSISTIVE TECHNOLOGY EQUIPMENT VENDOR letter to the Evaluator/Provider.

VI. AT VENDOR

Upon receipt of the PURCHASE ORDER, the vendor will contact the Evaluator/Provider to arrange for delivery and post-delivery fitting visit(s), if needed.

VII. EVALUATOR/PROVIDER

- A. When the delivery and any post-delivery adjustments/attachments that may be needed have been completed to the satisfaction of the Evaluator/Provider (agency/therapist), they/s/he will **notify CSN AT Coordinator to this effect by phone within two (2) business days of acceptance/completion of the device.**
- B. For the AT devices purchased by the provider, submit a Westchester County Department of Health Provider Invoice Form along with a copy of the vendor's invoice and packing slip to CSN Operations.

VIII. CSN

For items obtained through a bid:

- A. Note the date of the Evaluator/Provider's acceptance call and the date of acceptance/completion of the device.
- B. Complete the RECEIVING REPORT and forward it to the Westchester County Finance Department. (This gives the Finance Department permission to pay the AT Vendor's claim for the device.)

For provider purchased items:

- A. Log in the receipt of the Provider Invoice.
- B. Review invoice for completeness.
- C. Process the invoice for payment.

IX. AT VENDOR

When the Evaluator/Provider has accepted delivery of the AT device, the assistive technology vendor may bill the county for the device. To bill, the vendor must submit an

invoice which includes the Purchase Order Number for the device. Invoices should be forwarded to:

Westchester County Department of Finance
148 Martine Avenue, 7th Floor
White Plains, NY 10601

X. EVALUATOR/PROVIDER

In cases where upon delivery an item is found to be deficient, (i.e., does not meet the Specifications noted in the Purchase Order; workmanship is not up to standard; material is of inadequate quality, etc.) the Evaluator/Provider (agency/therapist) will work with the vendor to correct the deficiencies or replace the item.

The device obtained will reflect the specifications as submitted. Any features not included in the Original specifications noted on the PRE-AT-1 form are not a reason for rejection of the device.

If the vendor and Evaluator/provider are unable to resolve problems related to AT devices, then the Evaluator/Provider should:

1. Notify AT Coordinator; and
2. Ask AT Coordinator to intervene and either insist that appropriate Corrections be made or arrange for exchange or return of the device.

XI. SCHOOL DISTRICT


If the school district wishes to purchase the AT Device from the County as the child transitions out of Preschool, please contact AT Coordinator to make arrangements.

XII. PARENT OF PRESCHOOL CHILD

Assistive Technology Devices purchased by the Westchester County Department of Health may be used by the child for the duration of his/her enrollment in a 4410 Preschool Program. When the child transitions out of Preschool, the AT Device is to be returned to the County. It is at this time that the County will direct the parent to bring/ship the device to the TRAIID Program in Valhalla.

Signed:

Date: 9/22/2023


Marina Yoegel, Assistant Commissioner

CHAPTER 5 Documents

- 1. 4410 Preschool Assistive Technology Information Form**
- 2. 4410 Assistive Technology Justification**
- 3. Invoice for 4410 Assistive Technology Reimbursement**

4410 PRESCHOOL ASSISTIVE TECHNOLOGY INFORMATION FORM

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Phone Number: _____

Address: _____

Responsible Therapist recommending the device name/e-mail/phone numbers: _____

Agency Affiliation and Address/Phone: _____

School District name: _____ Chairperson name: _____

Date of Evaluation: _____ Child's Diagnosis/ICD-9 Code: _____

Provider: _____ Discipline: _____

Agency/Program _____ Medicaid: Yes No

Device(s) being requested: _____

CPT/HCPCS: _____

Where device is to be delivered: _____

Suggested Vendor for the device: _____

Number of Assistive Technology Service Visits Needed (must be indicated on the IEP): _____

SPECIFICATIONS of the device: (Include dimensions, weight, material, or catalog picture with this information so that potential vendors can offer an appropriate device. The device purchased need not be the brand name you request, so be sure you are specific enough to get as close a match as possible.) **Attach an itemized invoice from the suggested vendor with the cost of the device including any necessary modifications and/or attachments/accessories.**

Is the device available for loan through TR Aid? Yes No

If yes, will the family be borrowing the device from the Loan Program while this order is being processed? Yes No

Prescription attached Vendor price quote attached Specifications attached

Responsible Therapist's Signature: _____ Date: _____

Physician/Evaluator's Signature: _____ Date: _____

Children with Special Needs
Department of Health

4410 PRESCHOOL ASSISTIVE TECHNOLOGY JUSTIFICATION

Child's Name: _____

Date of Birth: _____ IEP Period: _____
From/To

DIAGNOSIS - Describe the relationship of this device to the child's functional capability.

DESIRED OUTCOMES - Identify the functional outcomes expected to be attained by the child as a result of the use of this device during this IEP period. Describe how the device will be used to accomplish these outcomes.

PLAN FOR USE OF DEVICE - How will the device be used? Frequency and duration? By whom? In what setting (i.e. home, center)? If used by more than 1 therapist, specify goals for each discipline. Specify if parent will be using the device and any precautions or safety factors they should be made aware of.

DURATION -What is the anticipated period of time (months/years) device will be used by the child?

Responsible Therapist's Signature: _____ Date: _____

For WCDH/CSN Use Only

RECOMMENDATION: Device Approved Device Disapproved

Reviewed By: _____

Date: _____

INVOICE FOR 4410 PRESCHOOL ASSISTIVE TECHNOLOGY REIMBURSEMENT

For Health Department use: INVOICE# _____ INVOICE DATE: _____

CHILD'S NAME _____ DOB _____

PARENT'S NAME _____ TEL# _____

ADDRESS _____

SERVICE PROVIDER'S NAME _____ TEL# _____

SERVICE PROVIDER'S AGENCY _____

ASSISTIVE TECHNOLOGY DEVICE(S) PURCHASED

NAME/DESCRIPTION OF DEVICE: _____

QUANTITY: _____ ESTIMATED LENGTH OF USE: _____

DATE PURCHASED: _____ METHOD OF PAYMENT: _____

PRICE OF ASSISTIVE TECHNOLOGY DEVICE(S): _____ fl

COST OF SHIPPING, TAXES, OR OTHER FEES: _____

TOTAL ASSISTIVE TECHNOLOGY EXPENSE/REIMBURSEMENT REQUESTED \$ _____

CERTIFICATION STATEMENT:

I certify that the parent referenced above provided the listed Assistive Technology Device(s) as described to this child.

Name of Related Service Provider Signature of Related Service Provider Date

I certify that I provided the listed Assistive Technology Device(s) as described to this child.

Name of Parent Signature of Parent Date

You must attach a receipt/proof of purchase for each device in order to be reimbursed.

CHAPTER 6

MEDICAID

PROTOCOLS

Medicaid

As outlined in your contract, all providers must comply with Medicaid requirements in the provision of Medicaid reimbursable services. More information regarding Medicaid may be found at https://www.health.ny.gov/health_care/medicaid/program/psshsp/.

Westchester County contracts with James McGuinness & Associates Inc. (McGuinness) to assist in maximizing Medicaid reimbursement for evaluations and services provided to children who are suspected, or found, to have special education needs by approved preschool evaluators and providers. As such, all providers must use the CPSE Portal to document, bill, and substantiate services provided. For questions regarding relating to CPSE Portal functions must be directed to: Medicaid@CPSEPortal.com.

Please be advised that Westchester County requires service providers to provide documentation pertaining to the delivery of services upon request.

You are required to respond to the CPSE Portal Team for any issues that require corrections/clarification. Repeated failure to respond or refusal to comply with documentation requirements will be considered a breach of your contract with the County. Please see below.

“(vi) If the failure of the contractor to cooperate in the processing of claims for payment by Medicaid or any other third party payor results in the disallowance of such claim, the County may deduct and withhold such amount that has not been reimbursed from any moneys due the Contractor. The Contractor agrees to pay the County the amount of the balance due the County that has not been reimbursed by Medicaid or any other third party payor.”

Index of Medicaid Protocol Information

- A. Required Documentation
- B. IEP (Special Transportation)
- C. Medicaid Training
- D. Useful Websites
- E. One-Time Medicaid Consent Form with Instructions
- F. Prescription / Referral for Preschool Evaluations / Services
- G. Speech Referral / Recommendation for Evaluation / Services
- H. Psychological Counseling Referral for Evaluation / Services
- I. Medical Referral for Evaluation (Prescription)
- J. “Under the Supervision of” Form & Log – Psychological Counseling
- K. “Under the Direction of” Forms & Logs
 - (a) Speech Therapy Services
 - (b) Occupational & Physical Therapy Services
 - (c) Skilled Nursing Services

Required Documentation

- Referral for Evaluation(s)
- Evaluation Report for Service(s) that are listed on the IEP
- One-Time Consent from Parent to Bill Medicaid (school districts should secure these when meeting with the parents) – Please note the CM-1 is no longer a valid consent
- IEP (if special transportation is required the school district should specify this in the IEP)
- Prescription/Written Order/Referral for Service (signed and dated)
 - Effective January 1, 2014 the Ordering/Prescribing/Referring/Attending provider must be Medicaid Enrolled (eMedNY)
- Session Notes:
 - Student Name
 - Service Type
 - Individual
 - # in Group
 - Setting (Location)
 - Date & Time
 - Notes/Comments
 - CPT Code
 - ICD-10 Code
 - License & NPI Number
 - Name, Title & Signature of provider
 - Signature of Supervisor (if required)
- “Under the Direction of” Form & Notes (is applicable)
- “Under the Supervision of” Form & Notes (if applicable)

IEP (Special Transportation)

- According to NYSED guidelines:
 - Special Transportation is reimbursable when it is medically necessary and included in the student's IEP.
 - Student must be traveling to or from a Medicaid reimbursable service (other than special transportation).
 - Vehicle must be specially modified.
- Two exceptions listed in the Alert:
 - “A student resides in an area that does not have school bus transportation (such as those areas in close proximity to a school) but has a medical need for transportation that is noted in the IEP and the student is traveling to or from a Medicaid reimbursable service; and
 - A student is transported from school or home directly to and/or from a provider in the community for the exclusive purpose of accessing an SSHSP service, (e.g., BOCES or other contracted provider), and transportation is noted in the IEP. If the student is transported to a provider located in the community and is then transported directly back to school or directly home, both one-way trips are Medicaid reimbursable.
- Medicaid Alert #13-10:
http://www.oms.nysed.gov/medicaid/medicaid_alerts/alerts_2013/13_10_clarification_of_federal_guidelines_for_transport_8_28_13.pdf
- FAQ's regarding Medicaid Alert #13-10:
http://www.oms.nysed.gov/medicaid/q_and_a/Q_and_A_220-226_11_25_13.pdf

Medicaid Training

1. NYSED provides Medicaid Training for relevant employees within the Preschool/School Supportive Health Services Program.

When available, newly hired, relevant staff should receive the most current Medicaid Training provided by NYSED.

For detailed instructions on the requirements, to review previous training material and to sign up for any available training, please follow the link below:

http://www.oms.nysed.gov/medicaid/training_materials/home.html

2. McGuinness also provides webinars to assist you in submitting Medicaid compliant billing. They conduct several webinars a year and all webinars are updated with new information. Beginning in March 2022, webinars are being held that addresses new expectations for the **2022-23 school year**.

All of the presentations will be recorded for future reference. In addition, the recordings will be posted to the Portal Knowledge Base.

If you cannot attend due to scheduling conflicts, the county would like you to view the recordings of these webinars so you will be aware of any new expectations for the upcoming school session.

If you have any questions, please contact Deborah Frank:

- Email: dfrank@jmcguinness.com
- Phone: (518) 393-3635, Ext. 41

Useful Websites

- NY State: www.health.state.ny.us/health_care/medicaid
- eMedNY: <https://www.emedny.org/toolscenter.aspx>
- CPT Codes: <http://health.westchestergov.com/images/stories/pdfs/medicaid-protocol.pdf>
- ICD10 Codes: <https://www.cms.gov/Medicare/Coding/ICD10/index.html>
- NYSED Medicaid-in-Education: www.oms.nysed.gov/medicaid/
- Frequently Asked Questions: http://www.oms.nysed.gov/medicaid/q_and_a/

One-Time Medicaid Consent Form

The One-Time Medicaid Form should be secured by the appropriate school district. This consent form has strict requirements regarding Written Notification prior to the parent/guardian signing the consent form and strict requirements regarding the Annual Notification which must be sent out each year after the consent form is signed. The following is the current consent form that is required for Medicaid claiming.

(Insert district information)

CIN # _____

Medicaid Consent

Dear Parent/ Guardian of _____ :

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's Individualized Education Program (IEP). This consent allows the School District/ Westchester County to bill for covered health-related services and to release information to the school district's Medicaid Billing Agent for that purpose. I, _____ as the parent/guardian of _____,

(Print child's name)

have received a written notification from the School District that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District/ County may access Medicaid to pay for special education and related services provided to my child.

I understand that: providing consent will not impact my child's/ my Medicaid coverage; upon request, I may review copies of records disclosed pursuant to this authorization; services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid; I have the right to withdraw consent at any time; and the School District must give me annual written notification of my rights regarding this consent.

I also give my consent for the School District/ County to release the following records/information about my child to the State's Medicaid Agency for the purpose of billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (such as records or information about services your child receives)	
Prescription	Service Provider Attendance
Referral	"Under the Direction of" Certification
Treatment Logs	"Under the Supervision of" Certification
Individualized Education Program - IEP	"Under the Direction of" Logs
Attendance Records	"Under the Supervision of" Logs
Bus Logs	Calendar
Other unnamed documents needed to support a claim to Medicaid	

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

(Insert district information)
Consentimiento para el Medicaid

CIN# _____

Estimado Padre/Guardian de,

La presente es para pedirle su permiso (consentimiento) para cobrarle a usted o al Programa de Seguro Medico del Medicaid/Medicaid Insurance Program de su niflo para educaci6n especial y servicios relacionados que estan en el Plan Educacional Individualizado (IEP). Este consentimiento le permite al Distrito Escolar/Westchester County cobrar por la cobertura de servicios relacionados-salud y para entregarle informacion al Agente de Cobranzas de) Medicaid de] distrito escolar para ese prop6sito. Yo, _____ como padre/guardian de _____,

(Imprima el nombre del nino)

he recibido una notificaci6n escrita del Distrito Escolar que explica sobre mis derechos federates con respecto al uso de beneficios publicos o seguro para pagar por ciertos servicios de educaci6n especial y servicios relacionados.

Yo entiendo y estoy de acuerdo que el Distrito Escolar/Westchester County puede tener acceso al Medicaid para pagar por la educaci6n especial/servicios relacionados proporcionados a mi niii.o.

Yo entiendo que: ofreciendo el consentimiento no impactara la cobertura de Medicaid de mi nino; a pedido, yo pudiera revisar las copias de los records mostrados en confonnidad con esta autorizaci6n; los servicios listados en el IEP de mi niiiio me deben ser proporcionados sin costo alguno sea que ofrezca o no mi consentimiento para cobrarle al Medicaid; Yo tengo el derecho a retirar mi consentimiento en cualquier momento; y el Distrito Escolar debe darme una notificaci6n escrita sobre mis derechos con respecto a este consentimiento.

Yo tambien ofrezco mi consentimiento a los proveedores de] Distrito Escolar/Westchester County a entregar los siguientes records/informaci6n sobre mi nifio a la Agencia del Medicaid del Estado con el prop6sito de cobrar la educaci6n especial y servicios relacionados que estan en el IEP de mi niflo. Los siguientes records seran compartidos.

Records a ser compartidos (como records o informacion sobre servicios que recibe su nino)	
Receta	Asistencia del Proveedor de Servicios
Referimiento	Certificaci6n "Under the Direction of"
Records del Tratamiento	Certificaci6n "Under the Supervision of"
Plan Educacional Individualizado - IEP	Records "Under the Direction of"
Records de Asistencia	Records "Under the Supervision of" _____
Records del Bus	Calendario
Otros documentos sin nombre necesarios para apoyar una queja al Medicaid	

Yo autorizo voluntariamente y entiendo que yo puedo retirar mi consentimiento en cualquier momento. Yo tambien entiendo que los derechos de mi nifio de recibir educaci6n especial y servicios relacionados no depende de ninguna manera en si doy mi consentimiento y que, sin importar mi decision para ofrecer mi consentimiento, todos los servicios requeridos en el IEP de mi niflo le seran proporcionados sin costo alguno para mi.

Firma del Padre/Guardian: _____

Imprima su Nombre: _____

Fecha: _____

Universal Prescription Form

Prior to uploading the prescription into the CPSE portal CBRS and RS providers must make sure the information is filled in correctly. If information is missing or incorrect the CPSE portal will reject the prescription/referral for services until the required information is obtained.

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required) **Evaluation** **Services**

Student Name _____ **DOB** _____
 District _____ County _____
 Agency _____

 (Agency, Center-based Program or Individual Provider)/Phone

Term of Service: School Year July 1, _____ to June 30, _____ (Frequency, Duration & Class Ratio as per the IEP)			
Evaluation/Service	(Required) ICD CODE for EVALUATION(S)	(Required) ICD CODE for SERVICE(S)*	Medical Diagnosis/Purpose of Treatment
Audio			
Occupational Therapy			
Physical Therapy			
Speech			
Psychological/Psychological Counseling			
Skilled Nursing (Requires a Physician's Order)			

***The most specific ICD code is required for each evaluation/service.
 Medicaid requires that a written referral be in place prior to the initiation of evaluations/services.***

• An order/referral for services must be completed for each IEP period.
 A new order/referral must be completed whenever reviews conducted during an IEP period results in a change in service (i.e. frequency/duration/ratio).

Signature _____
 (Original Signature Required- Stamps Not Permit)

Date Signed _____
 (Required)

Print Name _____

Title _____

Address & Phone (Required)-Stamp Accepted

(Required) **License #** _____
 (Required) **NPI #** _____
Medicaid # _____
Fax# _____

(Signature of NYS 1/censed and registered physic/on, a physician or o licensed nurse practitioner acting within the scope of practice or psychological counseling services this also includes on appropriate school officio/ and /or speech therapy services, a speech language pathologist who has seen the child.)

The Following are the:

**“Under the Direction of”
&
“Under the Supervision of”
Forms and Logs**

**CERTIFICATION OF UNDER THE SUPERVISION AND ACCESSIBILITY
FOR PSYCHOLOGICAL COUNSELING SERVICES**

School Year: _____

Name (LMSW): _____ License #: _____ NPI #: _____

Signature of Licensed Master Social Worker

Date

I am providing accessibility to the Licensed Master Social Worker in the following manner:

I will keep the appropriate records documenting that the "Under the Supervision of" activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student etc.)

Print Name of Supervisor: _____ NYS License #: _____ NPI #: _____

Signature of Supervisor/Title

Date

Contact Information:

Child: _____ Date of Birth: _____

Psychological Counseling "Under the Supervision of" LOG

Child Name: _____ Agency: _____

School Year: _____ Psychological Counseling Services Mandated: _____

Assigned LMSW: _____ License #: _____ NPI #: _____

Supervisor Name/Title: _____ License #: _____ NPI #: _____

I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student and LMSW).

ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone Etc.)	Services / Evaluation Recommended	SUPERVISOR SIGNATURE
IEP REVIEW				
<i>INITIAL OBSERVATION - Face to Face with Child</i>				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>2nd OBSERVATION - Face to Face with Child</i>				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>3rd OBSERVATION - Face to Face with Child</i>				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>4th OBSERVATION - Face to Face with Child</i>				
FOURTH QTR REVIEW				
Meeting				
Meeting				
Meeting				

NOTE: The Supervisor **MUST** provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by a TSHH "under the direction of". The Supervisor **MUST** have on file the manner in which he/she has provided supervision to the LMSW for each and every child being serviced.

****The Supervisor must provide at least two hours per month of in person individual or group clinical supervision****

**CERTIFICATION OF
UNDER THE DIRECTION AND ACCESSIBILITY
FOR SPEECH THERAPY SERVICES**

School Year: _____

Name (TSHH/TSSLD): _____ Certification Number: _____
(Please circle one)

Signature of Certified TSHH or TSSLD

Date

**I am providing accessibility to the Teachers of the Speech and Hearing Handicapped
in the following manner:**

I will keep the appropriate records documenting that the "**Under the Direction of**" activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, **initial and subsequent periodic face to face contacts with each student**, etc.). I verify that I am providing "Under the Direction of" services to the above named TSHH/TSSLD.

Print Name of SLP: _____ NYS License #: _____ NPI #: _____

Signature of Licensed / ASHA Speech/Language Pathologist

Date

Contact Information:

Child: _____ Date of Birth: _____

SPEECH "Under the Direction of" LOG

Child Name: _____ Agency: _____

School Year: _____ Speech Services Mandated: _____

Assigned TSHH/TSSLD: _____ Certification #: _____

Supervising SLP: _____ License #: _____ NPI #: _____

I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student and TSHH/TSSLD).

ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone Etc.)	Services / Evaluation Recommended	SLP SIGNATURE
IEP REVIEW				
<i>INITIAL OBSERVATION - Face to Face with Child</i>				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>2nd OBSERVATION - Face to Face with Child</i>				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>3rd OBSERVATION - Face to Face with Child</i>				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>4th OBSERVATION - Face to Face with Child</i>				
FOURTH QTR REVIEW				
Meeting				
Meeting				
Meeting				

NOTE: The supervising SLP **MUST** provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by a TSHH/TSSLD "under the direction of". The SLP must have on file the manner in which he/she has provided supervision to the TSHH/TSSLD for each and every child being serviced.

CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY FOR OCCUPATIONAL AND PHYSICAL THERAPY

School Year: _____

Name (OTA/PTA): _____ License #: _____ NPI #: _____
(Please circle one)

Signature of Certified OTA/PTA

Date

I am providing under the direction of and accessibility in the following manner:

- Participate in the development of the child's IEP program, signing and dating the treatment plan
- Monitor the mandated delivery of OT services;
- Be readily available to the OTA/PTA for assistance and consultation, through phone, email or fax;
- Perform an initial face to face contact with each student served by the OTA/PTA I am supervising and periodically observe the OTA with each student in the provision of services;
- Review periodic progress notes prepared by the OTA/PTA, consult with the OTA/PTA through regular monthly meetings and make recommendations, as appropriate; and
- Review service sheets used for Medicaid billing.

I will keep the appropriate records documenting that supervision activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations etc.)

Print Name of OT/PT: _____ NYS License #: _____ NPI #: _____

Signature of Licensed Occupational/Physical Therapist

Date

Contact Information:

Child: _____ **Date of Birth:** _____

OCCUPATIONAL / PHYSICAL THERAPY "Under the Direction of" LOG

CHILD NAME _____

SCHOOL YEAR _____

AGENCY _____

OT / PT SERVICES MANDATED _____

ASSIGNED OTA / PTA _____ LICENSE # _____ NPI # _____

SUPERVISING OT / PT _____ LICENSE # _____ NPI # _____

I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student and OTA / PTA).

ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone Etc.)	Services / Evaluation Recommended	OT / PT SIGNATURE
IEP REVIEW				
<i>INITIAL OBSERVATION - Face to Face with Child</i>				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>2nd OBSERVATION - Face to Face with Child</i>				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>3rd OBSERVATION - Face to Face with Child</i>				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>4th OBSERVATION - Face to Face with Child</i>				
FOURTH QTR REVIEW				
Meeting				
Meeting				
Meeting				

NOTE: The supervising OT / PT MUST provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by an OTA / PTA.

The PT must have on file the manner in which he/she has provided supervision to the PTA for each and every child being serviced. (One PT cannot supervise more than four (4) PTA, per Article 136, section 3738 a.)

The OT must have on file the manner in which he/she has provided supervision to the OTA for each and every child being serviced. The supervision must be direct supervision.

**CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY
FOR SKILLED NURSING SERVICES**

School Year: _____

Name (LPN): _____ License #: _____ NPI #: _____

Signature of Licensed Practical Nurse Date

I am providing accessibility to the Licensed Practical Nurse in the following manner:

I will keep the appropriate records documenting that the "Under the Supervision of" activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, **initial and subsequent periodic face to face contacts with each student etc.**)

Print Name of Supervisor: _____ NYS License #: _____ NPI #: _____

Signature of Supervisor/Title Date

Contact Information:

Child: _____ Date of Birth: _____

Skilled Nursing Services "Under the Direction of" LOG

Child Name: _____ Agency: _____

School Year: _____ Skilled Nursing Services Mandated: _____

Assigned LPN: _____ License #: _____ NPI #: _____

Supervisor Name/Title: _____ License #: _____ NPI #: _____

I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student and LPN).

ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone Etc.)	Services / Evaluation Recommended	SUPERVISOR SIGNATURE
IEP REVIEW				
<i>INITIAL OBSERVATION - Face to Face with Child</i>				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>2nd OBSERVATION - Face to Face with Child</i>				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>3rd OBSERVATION - Face to Face with Child</i>				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>4th OBSERVATION - Face to Face with Child</i>				
FOURTH QTR REVIEW				
Meeting				
Meeting				
Meeting				

NOTE: The Supervisor **MUST** provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by an LPN "under the direction of ". The Supervisor **MUST** have on file the manner in which he/she has provided supervision to the LPN for each and every child being serviced.

NYS Early Intervention Program Assistive Technology Medical Necessity Justification Form

**WESTCHESTER COUNTY EARLY INTERVENTION PROGRAM
ASSISTIVE TECHNOLOGY MEDICAL NECESSITY JUSTIFICATION TEMPLATE**

Therapist: Please complete each of the following questions for each Assistive Technology Device (ATD) being requested, as detailed in the attached instructions. In an effort to streamline Early Intervention authorization as well as facilitate third-party commercial insurance and Medicaid approval, your answers should reflect where and how the ATD will be used by this child to support both 1) medical needs and 2) Early Intervention Individualized Family Service Plan (IFSP) functional outcomes.

Recommending Therapist must ensure a complete, current and legible AT packet (this *Assistive Technology Medical Necessity Justification* form, the Recommending Therapist's current progress note, and the prescription for the exact device and required accessories) is submitted to the Service Coordinator for submission to the local Early Intervention Program (EIP).

Service Coordinator: Transmit the complete AT packet provided to you from the Recommending Therapist to the local EIP through a secure process, preferably HCS.

Child's Name:	
Child's Date of Birth:	NYEIS ID:
Current Medical Equipment in Use:	
Current Assistive Technology Devices in Use:	
Recommending Therapist's Name:	Discipline:
Phone:	Email:
If completed by a Certified Occupational Therapy Assistant or Physical Therapy Assistant, name of the supervising OT or PT:	
EI Provider Agency (As applicable):	AT Coordinator (As applicable):
Service Coordinator's Name:	
Phone:	Email:
Location of Service Provision (select at least one):	
<input type="checkbox"/> Home <input type="checkbox"/> EI Facility Based <input type="checkbox"/> Community/Day Care <input type="checkbox"/> Other:	
I. TRAIID Center: Recommending Therapists must contact the TRAIID Center (preferably email): [<i>Specific TRAIID Center info</i>] to ask about device availability. They must document the outcome of this effort in order for any device to be authorized by the EIP.	
Date TRAIID contacted:	
Outcome:	
<input type="checkbox"/> TRAIID will provide a loan for ____ months with an anticipated delivery date of: _____	
<input type="checkbox"/> TRAIID is unable to provide a loaner ATD in this category	
<input type="checkbox"/> No TRAIID contact required for amplification or custom devices	
<input type="checkbox"/> No response from TRAIID at the time of request submission	

Document attempts:	
II. ATD Vendor, Recommending Therapist, Family, and Child Collaboration	
Date of ATD Vendor Collaboration:	ATD Category:
ATD Model:	
ATD Manufacturer:	
Location for Use:	
Does this child already have an ATD and is the requested device compatible?	
Identify the complete list of required device accessories, customizations and/or additions that apply to this exact ATD:	
II. Relevant Medical and Developmental Justification	
1. Describe in detail the child's medical conditions and history that are relevant to the need for this ATD. Detail how each condition is manifested in this child and how it impacts their functional abilities.	
2. Describe how this ATD will address the child's medical needs as well as their functional abilities.	
3. What is the anticipated time frame in which this child will benefit from this ATD to improve functional abilities and address medical condition(s)?	
4. What other therapy interventions/methods have been tried and what was the outcome?	

HEALTH ASSESSMENTS

SEITs and Related Service providers are still expected to complete the Westchester County Department of Health COVID-19 Health Screening Assessment for the Preschool Special Education Program for all in-person services prior to each in-person session.

While the CDC no longer recommends temperature screenings or screening questionnaires at school, NYSDOH reminds schools that daily health screenings and temperature checks are still an option for all students, faculty, staff, visitors and contractors to increase protections against transmission.

Signed:

Date: 4/28/22

Marina Yoegel
Marina Yoegel, Assistant Commissioner

Westchester County Department of Health – Guidance for Preschool Evaluations

Guidance for Remote Assessments by Preschool Multidisciplinary Evaluation Sites during COVID-19

The New York State Department of Education recently issued guidance, in conformity with United States Department of Education guidance, which indicates that evaluations and reevaluations, including bilingual evaluations, that do not require face-to-face assessments or observations may take place while schools are closed, if the student's parent or legal guardian consents. A reevaluation may be conducted by reviewing existing evaluation data and this review may occur without a meeting and without obtaining parental consent, unless it is determined that additional assessments are needed. If an evaluation of a student with a disability requires a face-to-face assessment or observation, the evaluation would need to be delayed until school reopens and the CPSE must notify the family in writing.

The determination as to whether a specific evaluation can be conducted remotely must be made on a case-by-case basis. In order to proceed with a remote evaluation for a student, CPSE Administrators and CPSE evaluators, must consult to determine whether a licensed or certified professional is able to perform an evaluation via telepractice in accordance with their applicable professional practice guidance and consistent with privacy requirements.

The licensed or certified professional conducting the evaluation must refer to the telepractice guidance issued by the NYSED Office of Professions and consult the assessment administration guides to determine if administration of the assessment remotely allows for valid results.

If a determination is made that a student can be appropriately evaluated via telepractice, the parent must provide consent to the CPSE as outlined later in this guidance. And, for any assessment not conducted under standard conditions, a description of the extent to which it varied from standard conditions (e.g., the method of test administration) must be included in the evaluation report to the CPSE.

With the consent of the parents, the CPSEs are provided with the most recent evaluation report for a child in transition from Early Intervention, and CPSEs will also review progress reports and input from the parent to determine a student's needs, whenever possible.

The Westchester County Department of Health issued updated guidance indicating that if the parent consents to a referral of their child who is currently receiving EI services and turning age three to determine eligibility for preschool special education services, but obtaining an evaluation and Part B eligibility determination is not feasible prior to the child's third birthday due to the COVID-19 emergency, such child may remain in Early Intervention until a Part B eligibility determination can be made or June 30, 2020, whichever comes first.

As with any evaluation, the CPSE must determine whether sufficient information exists or whether further information is required for a determination of eligibility and any recommendation for programs and services including assessments conducted via telepractice. There may be situations where either the licensed/certified professional or the CPSE come to the conclusion that a face-to-face evaluation is needed depending on the circumstances. In those cases, the CPSE will arrange for that face-to-face evaluation to be performed when school reopens. For questions about remote preschool evaluations, please contact the School District Committees on Preschool Special Education.

This guidance is provided in order to assist with using this new modality in preschool assessments. However, it is not exhaustive, and evaluators are required to comply with all regulations and guidance documents.

Signed:

Date: 4/28/22


Marina Yoegel, Assistant Commissioner

PLEASE SEE CHAPTER 3 FOR THE
Preschool RS and SEIT Billing Protocol
(During the COVID-19 State of Emergency)

CHAPTER 7 DOCUMENTS

1. Westchester County Department of Health COVID-19 Health Screening Assessment for the Preschool Special Education Program
2. Westchester County Preschool Consent for the Use of Telehealth During Declared State of Emergency for COVID-19 - Audio Only
3. Westchester County Preschool Consent for the Use of Telehealth During Declared State of Emergency for COVID-19-Audio and Video

Westchester County Department of Health COVID-19 Health Screening Assessment for the Preschool Special Education Program

As mandated by the Westchester County Department of Health, this form must be completed for every household and provider for all in-person services prior to each session or evaluation to screen for possible exposure to the COVID-19 Virus. Answers should be documented from the parent/guardian/caretaker (preschool/daycare staff). Answers will remain **confidential** in accordance with State and federal law and maintained by the provider.

Section 1 Provider	
First Name:	Last Name:
Independent Provider	Agency Name:
Provider's Phone Number:	Provider's Email:
Service/Eval) Type:	Location of Service Session/Evaluation: home community office/facility preschool/daycare
Address of Session/Evaluation:	

Section 2 Parent/Guardian/Caretaker Information	
First Name:	Last Name:
Child's Name:	Child's Date of Birth:
Parent/Caretaker Phone number:	

Date of Service	Have you or anyone in your household tested positive for COVID-19 in the past 10 days?	Has anyone experienced symptoms of COVID-19 in the past 10 days? (symptoms include, but are not limited to: cough, shortness of breath or difficulty breathing, fever, chills, headache, muscle or body aches, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, fatigue, or new loss of taste and/or smell or temperature of 100° or more) Important: For a temperature to be considered as normal, it must register lower than 100° F without fever reducing medications.	Has anyone been in close contact in the past 10 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?	Parent/Caretaker & Provider Signature *I hereby affirm that to the best of my knowledge, all answers are true. Parent/Caretaker should sign the top line. Provider should sign the bottom line.
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	* *
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	* *
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	* *
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	* *
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	* *

WESTCHESTER COUNTY PRESCHOOL

**CONSENT FOR THE USE OF TELEHEALTH DURING DECLARED STATE OF
EMERGENCY FOR COVID-19
AUDIO ONLY**

Student's Name:	School District:	DOB: / /
Address:		Apt#;
City/Town:	State: New York	Zip Code:
Service Type to Be Delivered Using Telehealth:	Service Mandate:	
Name of Therapist/Teacher:	Phone#:	
	Email:	

Instructions: This consent form for the use of Telehealth as a service delivery method for the provision of CPSE services must be completed for each service type authorized for the above referenced student before telehealth services can be initiated. Telehealth as a preschool related service/ SEIS delivery method is only available *during the declared state of emergency* for COVID-19.

A consent form for the use of Telehealth can be returned by email if the parent/guardian also signs and returns the Westchester County Parental Approval to Use E-mail to Exchange Personally Identifiable Information. The consent form for the use of Telehealth must signed and returned prior to the initiation of services. A separate consent form is required for each service.

I, (Parent/Guardian's Full Name _____), consent to have my child's

(enter service type) _____ service delivered using Telehealth as a service delivery method for Related Services/SEIS services listed on his/her IEP. I understand that the Telehealth services that my child will be receiving will fulfill the service mandate in my child's Individualized Education Plan (IEP) and are not being delivered in addition to the services that my child is authorized to receive.

I understand that Telehealth a preschool related service/SEIS service delivery method is only available during the declared state of emergency for COVID-19 and that my child's services will be delivered using the method authorized in my child's IEP after the declared state of emergency.

I understand that Telehealth means that the CPSE services will be delivered using **audio only along with lesson plans** delivered for the duration of the session. The audio portion will allow for questions and guidance for use of lesson plans.

My child's therapist/teacher has explained how the service will be delivered and I further understand my role in assisting with the service delivery.

I understand that I will have access to all information resulting from the sessions conducted via Telehealth in the same way I would when services are delivered as per the mandated IEP.

Parent Name (Print)

Parent Signature

Date

WESTCHESTER COUNTY PRESCHOOL

**CONSENT FOR THE USE OF TELEHEALTH DURING DECLARED STATE OF
EMERGENCY FOR COVID-19
AUDIO and VIDEO**

Student's Name:	School District:	DOB: / /
Address:		Apt#:
City/Town:	State: New York	Zip Code:
Service Type to Be Delivered Using Telehealth:	Service Mandate:	
Name of Therapist/Teacher:	Phone#:	
	Email:	

Instructions: This consent form for the use of Telehealth as a service delivery method for the provision of CPSE services must be completed for each service type authorized for the above referenced student before telehealth services can be initiated. Telehealth as a preschool related service/ SEIS delivery method is only available *during the declared state of emergency* for COVID-19.

A consent form for the use of Telehealth can be returned by email if the parent/guardian also signs and returns the Westchester County Parental Approval to Use E-mail to Exchange Personally Identifiable Information. The consent form for the use of Telehealth must signed and returned prior to the initiation of services. A separate consent form is required for each service.

I, (Parent/Guardian's Full Name) _____ , consent to have my child's

(enter service type) _____ service delivered using Telehealth as a service delivery method for Related Services/SEIS services listed on his/her IEP. I understand that the Telehealth services that my child will be receiving will fulfill the service mandate in my child's Individualized Education Plan (IEP) and are not being delivered in addition to the services that my child is authorized to receive.

I understand that Telehealth a preschool related service/SEIS service delivery method is only available during the declared state of emergency for COVID-19 and that my child's services will be delivered using the method authorized in my child's IEP after the declared state of emergency.

I understand that Telehealth means that the CPSE services will be delivered using **an audio and video at the same time** for the duration of the session.

My child's therapist/teacher has explained how the service will be delivered and I further understand my role in assisting with the service delivery.

I understand that I will have access to all information resulting from the sessions conducted via Telehealth in the same way I would when services are delivered as per the mandated IEP.

Parent Name (Print)

Parent Signature

Date