

**Provider:**

**Service:**

**Date:**

**Child Name:**

**Month/Year:**

Based on audit of the above child’s services for the month indicated, the following documentation corrections are needed. Please note if you have received this, payment has been made for this service month. Failure to make needed corrections or provide missing documents will result in non-payment for this child’s future services until the correction(s) are made.

Questions or clarification needed please contact Angela or Maria at (716) 439-7460. If you upload corrections to the CPSE Portal please email [angela.held@niagaracounty.com](mailto:angela.held@niagaracounty.com) and [maria.bykowski@niagaracounty.com](mailto:maria.bykowski@niagaracounty.com).

Required Documentation for Niagara County Preschool Provider Claims	Correction needed if marked (X)	Information/Notes
Script Needed (PT, OT, ST) upload in Portal		
Child name and DOB on script and correct		
Signed and dated by doctor/SLP (SLP OPRA enrolled)		
NPI on script and is correct		
Includes necessary ICD code(s)-most specific when applicable		
Frequency and duration is on script and matches IEP		
New script for changes in service level		
Session Verification/Billing Logs (RS and SEIS)		
Child name, DOB correct		
Time in/time out completed for each date		
Authorized signature completed at each visit		
Provider signed at the end of the service month		
Provider license number and NPI are correct		
Daily Session Notes		
Completed contemporaneously		
One note for each date on session verification form, dates/times match		
At least one ICD code matches script		
CPT Code and Units recorded correctly		
Service is provided per IEP ( I/G, setting, location, frequency)		
Setting-matches IEP (contact district if amendment is needed)		
Location of service is indicated and specific per Medicaid Q&A #164		
Frequency does not match IEP-contact district to send amendment to county		
Group Service-if child seen in G1 consistently contact district to discuss/amend IEP		
Providers		
Current license on file-actual copy of license needed for PT/OT/ST (TEACH printout acceptable for teachers)		
UDO/USO (if applicable)		
Current license on file for supervisor		
Supervision plan (using Niagara County form) in place at the beginning of employment and updated yearly (need a different plan for each supervisor)		
Documented face to face visits, minimally at the beginning of 2 month and 10 month services		
Monthly supervisory notes		
Sign off on each case note and session verification/billing log (within 45 days of service)		
Medicaid Consent Needed (upload in Portal)		