

A Guide to SLP Medicaid Activities and Requirements for All Speech Providers

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Differential Requirements (SLPs Only)

Speech teachers with the SLP are required to provide the DOE with their National Provider Identification (NPI) number, Medicaid Provider number (billing or non-billing), and New York State active SLP license number. Provision of these items will trigger the \$5,000 salary differential.

Action	Link
1. Apply for individual NPI number	https://nppes.cms.hhs.gov/NPPE/S/Welcome.do
2. Apply for Medicaid Provider ID	https://www.emedny.org/info/ProviderEnrollment/ther/Option2.aspx
3. Enter License, Medicaid, and Provider ID in NYCAPS	http://nyc.gov/ess

SLPs who do not yet have a NPI number or Medicaid provider number must apply for one right away by following the instructions in the attached document. These applications must be completed during the regular workday. **SLPs must have an NPI number to apply for a Medicaid Provider ID.** While the turnaround time for a NPI is 10 business days, most applications are processed and returned via email the same day.

If an SLP is not sure if they have either a NPI or Medicaid Provider ID, they should utilize the following links for assistance:

NPI Registry:

<https://npiregistry.cms.hhs.gov/>

Use this website to search active NPI numbers.

New York State Medicaid Fee for Service Provider Listing:

<https://health.data.ny.gov/Health/Medicaid-Fee-for-Service-Provider-Listing/keti-qx5t>

This is a list of active Medicaid fee-for-service (FFS) providers including the provider's profession or service, MMIS ID, MMIS Name, NPI, county, and state. This list is updated bi-monthly, on approximately the 1st and 15th of the month.

New York State Medicaid Pending Provider Listing

<https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx>

This is a list of providers who have submitted an application to NYS, but a decision has not been made and they are not enrolled. This list is updated bi-monthly, on approximately the 1st and 15th of the month.

Questions regarding the Medicaid Provider Application can be directed to New York State at 800-343-9000.

NYSED Office of the Professions Verification Search

<http://www.op.nysed.gov/opsearches.htm>

Use this website to search for SLP license numbers and expiration dates.

SLPs will not receive the differential until all these steps are completed and current in NYCAPS. SLPs are responsible for maintaining their credentials in NYCAPS; if an item (such as the SLP license) expires, it is the responsibility of the SLP to renew and to update their information in NYCAPS. Guides on [applying for the NPI](#) and the [Medicaid Provider ID](#) as well as [using NYCAPS Employee Self Service](#) are in the [appendix](#). For questions about NYCAPS ESS or the differential please call 718-935-5700 or email Speech-Medicaid@schools.nyc.gov. If you encounter problems with NYCAPS ESS please take screen shots to help facilitate easier assistance.

Speech Referrals (SLPs Only)

Per the agreement between the UFT and the DOE, speech referrals are to be completed within 10 days of first serving a student as per their IEP speech recommendation(s).

- For most students, this means the referral must be written within 10 days of the start of the school year.
- If a student receives a new IEP that includes changes to the speech recommendation(s) and a service start date in the same school year, a new referral must be completed for that student within 10 days of the new service start date.
- Referrals for new students and newly referred students must be written within 10 days of the start of service.

Completing the Referral

The speech referral in SESIS has been revised to comply with Medicaid standards; information has been pre-populated wherever possible to simplify and speed entry. Numerous training resources are available to DOE staff via the NYCDOE intranet at this link:

<https://intranet.nycboe.net/SpecialPopulations/SEGIS/default.htm>

Resources include:

- A short video on how to complete the speech referral form.
- A resource document on completing the speech referral form.
- Contact information for the DOE's Medicaid Compliance Officer.

Understanding "Medical Necessity"

In completing the referral form in SESIS, the SLP must enter their determination regarding whether the student's speech services are "medically necessary." New York law defines "medically necessary medical, dental, and remedial care, services, and supplies" in the Medicaid program as those "necessary to prevent, diagnose, correct, or cure conditions in the person that... interfere with such person's capacity for normal activity... and which are furnished an eligible person in accordance with state law (N.Y. Soc. Serv. Law, § 365-a)

This means that the SLP's professional opinion, without the speech services recommended on IEP, the student would not be able to normally participate in their education, therefore the service is medically necessary. Making this determination is an appropriate function under the SLP license.

If the SLP responsible for completion of the referral does not believe the student's services are medically necessary, the SLP should select the option reflecting that determination on the referral. The DOE will follow up with the student's IEP team for future consideration of the service; the service should continue to be provided as currently recommended.

Choosing an ICD Code

In completing the referral form in SESIS, the SLP must also select at least one applicable ICD-10 code. ICD stands for International Classification of Disease. The speech referral form lists the most common ICD codes used by SLP speech teachers in educational settings; you may also search for additional speech codes using the feature on the SESIS form. At least one ICD code must be selected on the form.

The American Speech-Language Hearing Association (ASHA) provides responses to a list of Frequently Asked Questions concerning the selection and use of ICD-10 coding for speech services on their website here:

<http://www.asha.org/Practice/reimbursement/coding/ICD-10-CM-Coding-FAQs-for-Audiologists-and-SLPs/>

Students with Multiple Speech Providers

There are some instances where one student has multiple speech providers serving the IEP. To determine who is responsible for completing the referral:

- If only one provider has the SLP speech license, that provider is responsible for completing the referral.
- If there is more than one SLP licensed provider serving the student:
 - The provider who serves the student a greater amount of the time per the IEP is responsible for completing the referral, or
 - If the providers serve the student equally, they are to discuss with each other to determine who will complete the referral.

Frequently Asked SESIS Questions

Q1: Why is the System showing following Error Message?

This student does not have a current recommendation for speech services from their most recent review and does not require a referral.

A: The Student doesn't have Speech Language Therapy in their latest finalized conference document (IEP/IESP/CSP).

Q2: Why is the System showing the following Error Message?

The Speech-Language Referral cannot be created because of the following reason(s): Please finalize the recent speech language referral to create the new document.

A: A referral was probably created in SESIS for this student by a previous provider, and it was not finalized. Please contact the SESIS help desk to have the old referral removed, so you can create a new referral.

Q3: Why is the System showing the following Error Message?

You do not currently have either license information and/or a NPI number in NYCAPS. Please utilize the employee self-service feature in NYCAPS to enter your license data and NPI number. It will take one business day for the information to update in SESIS.

A: One or more of your required credentials (NPI, SLP License Number, and Medicaid Provider ID) is missing from the NYCAPS ESS screen. You should verify that all three credentials, including expiration dates, are correct in NYCAPS. If necessary, please update your credentials in NYCAPS and allow 24hrs for the update to come to SESIS.

If all of your information is correct in NYCAPS and you are still getting the error message, please contact the SESIS help desk at 718-935-2985 and send an email with your ticket number to medicaidops@schools.nyc.gov.

Q4: What should I do if my NPI and/or License Number is incorrect on the Speech Language Referral Form?

A: Visit NYCAPS and verify if the NPI Number and License Number are correct. If not, update NYCAPS with the correct numbers and allow 24 hours for the update to come to SESIS. If the numbers in NYCAPS are correct you are still getting the error message, please contact the SESIS help desk and then send an email with your ticket number to medicaidops@schools.nyc.gov.

Q5: Why do I receive the following error message when I attempt to access the “lookup” link associated with Additional ICD-10 codes(s)?

Sorry, you do not have access privileges to view icdcode. If you believe you should have access, consult your system administrator (ADMIN)

A: Your SESIS profile does not have rights to access the Additional ICD-10 codes table. Please contact the help desk.

Q6: Why doesn't the Referral Date populate when I check the “I certify” checkbox?

A: The Referral date is not editable and is populated upon finalization of the Referral.

Q7: Why do I not see Speech Language Referral Form in the Create New Document dropdown?

A: Your user id in SESIS mostly likely does not have the correct security role. Please contact the help desk for assistance.

SEGIS Help Desk: 718-935-2985 (SEGIS Issues Only)

DIIT Help Desk: 718-935-5100 (SEGIS login issues, internet connectivity issues, equipment issues)

License Renewals (SLPs Only)

Updating NYCAPS

SLPs are responsible for updating their NYCAPS ESS profiles when they renew their licenses. To update your NYCAPS ESS profile, navigat to the Medicaid Provider Information Page and enter the start date for your new license period in the field labeled "Issue Date." (This date is typically three years before the new expiration date). When you click save, the expiration date field will automatically update.

Reimbursement

SLPs are entitled to a reimbursement of \$229 for SLP license renewal fee once every three years. Outside of updating NYCAPS, it is not necessary for SLPs to notify the DOE when they renew their licenses. The DOE will be providing these reimbursements automatically as a net pay increase (meaning taxes will not be taken out) in a provider's pay check. These reimbursements will happen over four points of the school year; Once the specific pay date for reimbursement is determined, the UFT will be informed of the date and the specific members who will receive reimbursement.

Session Notes (All Speech Providers)

The session note in encounter attendance is described as a "brief description of the student's progress made by receiving the service during the session" It is documentation of sessions that are part of the student's record of intervention and is referenced to by all members of the IEP team, including the parents. The session notes, along with formal, informal, and authentic assessment, shapes and informs intervention plan.

Core Elements of Session Notes

Individualized to the student's needs

Directly related to IEP goal(s)

Objectively answer the question "***What was the outcome and how was it achieved?***"

Document any important/pertinent information such as:

- Change in strategy/cue
- Specific data impacting future session if appropriate
- Specific event/context related to the session
- Response to peers/interaction with peers for group sessions

Quantity vs. Quality

Session notes in Encounter Attendance entries should be:

- Cohesive

- Concise
- Easily understood by any reader.

REMEMBER, IT IS NOT HOW MUCH YOU WRITE, BUT WHAT YOU WRITE.

Elements to Avoid	
Subjective Language	<i>"Did awesome."</i>
Vague Language	<i>"Working toward IEP goals."</i>
Insufficient Information	<i>"Tolerated session well." "Verbal prompting."</i>
Lack of Context	<i>"Seemed angry."</i>
Use of Abbreviations	<i>"Student used FCD."</i>
Lack of Reference to a Specific Goal	<i>"Addressed deficits as they impact academics/IEP goals."</i>

Sample Student Goal/Note 3/28/18

S- Subjective

O- Objective

A- Assessment

P- Plan

S- Actively participated

O- wrote a short expository essay using five key vocabulary terms and a given topic sentence

A- verbal scaffolding to include two transition words and strong supporting text evidence

P- decrease verbal scaffolding; add a checklist for self-monitoring

For more samples of session notes, see [Appendix](#).

Chromebooks (All Speech Providers)

All DOE speech providers will be provided with a Chromebook to assist in SESIS responsibilities, including the entry of encounter attendance. New hires to the DOE as well as staff returning from leave will receive their Chromebooks beginning in October. If by November you have not been contacted about receiving a Chromebook, please email MedicaidOps@schools.nyc.gov with your name, payroll school, and file number.

Per Session (All Speech Providers)

Eligibility

As part of the agreement between the UFT and DOE, per session hours will be allocated for all DOE speech teachers to assist in their duties. In October of each year, all speech teachers will be informed of the initial number of per session hours allotted to them for use.

Speech teachers maintaining caseloads of 31 or more students will receive a second allocation of per session hours, which will be announced in winter of each year. Speech teachers who are not actively serving 31 or more students will not be eligible to work the additional per session hours.

Allowable Activities

Unlike other per session activities, these per session hours may be completed at home **if the DOE speech teacher is completing encounter attendance in SESIS. No other activity (in SESIS or otherwise) is eligible to be performed at home**; claims for work at home for any purpose other than verified entry of certified encounter attendance records in SESIS will not be approved for payment. Per session hours worked at school are governed by [Chancellor's Regulation C-175](#). Using a per session time card, hours worked at school must be clocked in and out; DOE speech teachers are to utilize a time clock if their school has one available. [For all per session, it is expected that the DOE speech teacher will keep diligent records of the time worked, including the date, start time, end time, and if the per session occurred at school or at home. These per session hours are to assist you in completing SESIS responsibilities, including completion and certification of encounter attendance records for all sessions as close as possible to the date of service.](#) The chart below reflects the two types of per session and what is needed to manage time worked.

<i>Per Session Location</i>	<i>Per Session Timecard</i>	<i>Per Session Timesheet</i>	<i>Allowable Activities</i>
School	✓	✓	All SESIS related work
Home	N/A	✓	Encounter Attendance only

For each time period where per session occurs, the DOE speech teacher [will need to submit both a time sheet and a time card](#) to the payroll secretary **at their payroll school**. If the DOE speech teacher serves multiple locations forms must be submitted to the payroll school in order for time to be processed. A sample time sheet and time card with annotations is in the appendix. Per session time will be reviewed for approval by supervisors **once a month**. After supervisors complete their review and approvals, the per session will be processed in accordance with the Per Session Payroll Schedule, available on the employee info hub.

Technical questions about per session should go to the payroll secretary at the provider's payroll school.

Speech Per Session: Frequently Asked Questions

Q1: Can I do SESIS encounter attendance after school and at home?

A: Yes- encounter attendance can be completed in either location.

Q2: Can I do IEPs at school and at home?

A: No- IEPs can only be completed from school. Time from home is for encounter attendance completion only.

Q3: If the system is not working, can I get paid for attempting to log on?

A: No- you will not be paid for attempting but not being able to access the system.

Q4: Is there a limit of the amount of hours I can work at a time?

A: There is no limit, other than you cannot exceed the total number of hours you have been allotted per the agreement. You are responsible for monitoring your total hours worked. If you are unsure how many hours you have been allotted, please contact your supervisor.

Q5: What are the hours that I cannot do per session?

A: The payroll system cannot process hours worked between midnight and 6:00 a.m.

Q6: Can I do per session during my lunch hour at school?

A: You may not do per session during lunch.

Q7: Can I do per session during parent-teacher conferences?

A: You may not do per session during parent-teacher conferences.

Q8: Can I do per session on school holidays or snow days?

A: As long as the holiday is not a federal holiday, you may do per session.

Q9: Can speech teachers do per session at multiple times on the same day?

A: No. Speech teachers should limit their per session activities to one block of time per day that they are working per session.

Q10: What happens after I use my initial hours and have a larger caseload of 50 students, how do I get the rest of the hours?

A: Providers who are determined to have an active caseload of 31 or more students will receive a communication from their supervisor informing them of receiving additional hours. These communications will go out in winter of each year. Do not assume to have additional hours to work until being notified by your supervisor.

Q11: Do I need to hand in my log to my school secretary or does it go to my speech supervisor? Should I keep a paper log? What needs to go on the log?

A: Hand your completed time sheets and time cards together to the payroll secretary at your payroll school. Please see the attached samples for more information on how to complete the forms.

Q12: Do I get a time card from my school secretary or do I need to speak to my principal and get approved?

A: The payroll secretary can assist with this.

Q13: Do I hand in the time card and other hours monthly, or is there a special form for hours at home?

A: You can hand in the time sheet and time card once per pay period; they will be processed for approval monthly.

Q14: Can I hand in more than one timesheet for the same pay period?

A: No. The payroll system can only process one set of hours for each pay period. Please be sure that all per session hours for the pay period are documented before you hand in the timesheet to your payroll secretary.

Q15: My payroll secretary is unable to process my per session timesheet. What should I do?

A: All necessary information for processing speech per session will be sent to payroll secretaries this Fall by the payroll specialists at the Field Support Centers. Please ask your payroll secretary to contact the appropriate payroll specialist for assistance processing speech per session.

Appendix

National Provider Identification Guide

About the National Provider Identification number

A NPI is a health care provider identification number used by the federal government and many private health care organizations to track health care providers. The number is “information free,” meaning it is not made up of one’s birth date or other identifying information. This identifying information is maintained by the federal government and is not released to the public. However, clinicians’ names and practice locations will be publicly available through the system.

To obtain an NPI, go to <https://nppes.cms.hhs.gov/NPPES/Welcome.do> and follow the instructions on the screen, noting the following:

- make sure you apply for an individual (as opposed to group) NPI
- when asked if you are a sole proprietor, you should answer yes
- when asked for a business address and a practice location you may enter your work location . If you work in more than one school please enter your payroll location (where you receive your pay check or pay stub).
- when asked to supply a contact person, please supply your own information; you may use your DOE phone number and email address
- the taxonomy code for a Speech Language Pathologist is 235Z00000X
- you will need your currently active license number for the application

If you are having problems using this system, please call: 1-800-465-3203 (NPI Toll-Free) (1-800-692-2326 (NPI TTY))

The following pages contain a step by step guide for the online application process.

If you need a login ID to register for the NPI:
<https://npes.cms.hhs.gov/NPPES/Welcome.do>

Try the new NPI Registry at:

You are going to get a NPI for an Individual Provider (not group or an organization). Click here to create a login.

The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 2003* (HIPAA) require the use of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the health care system. The Department of Health & Human Services (HHS) for Medicare & Medicaid Services (CMS) has developed the **National Plan and Provider Enumeration System (NPPES)** to assign these unique identifiers.

How to apply for an NPI

Individual Providers:

As an Individual Provider, you may have a single NPI, which will be associated with your unique, individual information. Once you login to NPPES, you will be able to complete your NPI application.

Healthcare Organizations are currently required to have a separate Username and password for each NPI associated with the organization.

1. Create a Login through the Identity & Access Management System (I&A).
2. Login to NPPES with your I&A Username and password.
3. Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.

1. Create an NPPES ONLY Username and password for the NPI you are applying for.
2. Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.

DIFFERENT LOOK, SAME INFORMATION: If you have accessed NPPES before, your existing account information has not changed.

Manage or Apply for your personal NPI Record
An NPI assigned to you, an Individual who renders health care services.

User ID:

Password:

[Forgot User ID or Password?](#)

New Individual Provider in need of an NPI or have never accessed NPPES to view/update your NPI record? [Create a Login](#).

[Manage your Individual Provider Login Account Information.](#)

Manage or Apply for NPI Records for an Organization
NPI associated with your Healthcare Organization

User ID:

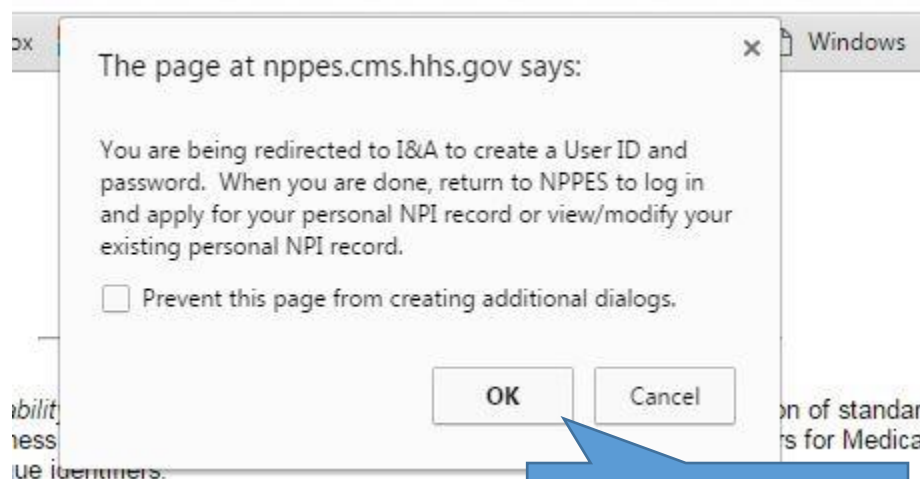
Password:

[Forgot Password?](#)

[Create Login for NPPES Only and Apply for an NPI for a Healthcare Organization.](#)

[If you need to access PECOS or HITECH on behalf of your Healthcare Organization, you must \[Create a Login\]\(#\) in the Identity & Access System \(I&A\).](#)

If you are an Organizational Provider with an NPI, and you would like to create a Login to access NPPES only, please click [here](#).



Click here to continue.

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:


You have no reasonable expectation of privacy for any communication or data transiting or stored on this information system.

At any time, and for any reason, the U.S. Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.


Accept **Decline**


Centers for Medicare & Medicaid Services

Identity & Access Management System
[Help](#)



User Registration

* Indicates required field(s)


Note: The e-mail address provided must be a unique e-mail address for you, and will be the e-mail address used to contact you regarding your user account.

* E-mail Address:

* Confirm E-mail Address:



[Listen to audio](#)

* Enter the text from the image above:

Reference Guide

Overview of features and tools to manage your account.

Frequently Asked Questions

Answers to common questions about registration, who should register, and how to manage your account.

Enter and reenter your DOE email address.

Enter the text from the image on your screen (it will be different than the code shown here). Click "Submit" when done.

The screenshot shows a web-based application form for SLP Medicaid. At the top, there is a progress bar with three steps: Step 1 User Security (active), Step 2 User Info, and Final Review. Below the progress bar, a legend indicates that an asterisk (*) denotes a required field. The form is divided into two main sections. The first section, titled 'User ID' and 'Password', contains three input fields: 'User ID', 'Password', and 'Confirm Password'. To the right of these fields, there are bulleted requirements for each. The 'User ID' requirements are: must be 8-12 alphanumeric characters and unique within the Identity & Management System and NPPES; must not contain more than four digits, nor spaces or special characters; and must not contain personally identifiable information such as SSN or NPI. The 'Password' requirements are: must be 8-12 alphanumeric characters; must contain at least one letter and one number; and may not contain any special characters nor be the same as the User ID. A blue callout box points to the 'User ID' and 'Password' fields with the text: 'Create a User ID and password. You'll need this to complete the application.' The second section, titled 'Please select five different security questions and enter answers below:', contains five rows of questions and answers. Each row has a 'Question' dropdown menu and an 'Answer' text input field. A blue callout box points to this section with the text: 'Choose security questions from the drop down menus and enter answers.' At the bottom of the form, there are two buttons: 'Continue' (with a right arrow) and 'Cancel' (with a left arrow).

Step 1 User Security Step 2 User Info Final Review

* indicates required field(s)

*** User ID:**

*** Password:**

*** Confirm Password:**

User ID

- Must be 8-12 alphanumeric characters and unique within the Identity & Management System and NPPES.
- Must not contain more than four digits, nor spaces or special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password

- Must be 8-12 alphanumeric characters.
- Must contain at least one letter and one number.
- May not contain any special characters nor be the same as the User ID.

Create a User ID and password. You'll need this to complete the application.

Please select five different security questions and enter answers below:

*** Question 1:**

Select One

*** Answer 1:**

*** Question 2:**

Select One

*** Answer 2:**

*** Question 3:**

Select One

*** Answer 3:**

*** Question 4:**

Select One

*** Answer 4:**

*** Question 5:**

Select One

*** Answer 5:**

Continue | [Cancel](#)

User Registration - User Information

Step 1 User Security | Step 2 User Info | Final Review

Please provide the details below. They will be used to verify your identity. [« Back to Previous Page](#)

* indicates required field(s)

* **First Name:**

Middle Name:

* **Last Name:**

Suffix:

* **Business Phone Number:**

Fax Number:

* **Date of Birth:** (MM/DD/YYYY)

* **SSN:**

Primary E-mail Address:

* **Personal Phone Number:**

* **Home Address Line 1:**

Home Address Line 2:

* **City:**

* **Country:**

* **State/ Province/ Territory:**

* **Postal/ZIP Code:**

Continue | [Cancel](#)

Complete this screen with your personal information. Fields with an asterisk are mandatory.

Enter your work phone number here.

Enter your personal phone number here.

The screenshot displays the CMS Identity & Access Management System interface. At the top, the CMS logo and "Centers for Medicare & Medicaid Services" are visible, along with a user login status "Logged in as RTerzul" and a "Sign Out" link. The page title is "Identity & Access Management System" with a "Help" link. The main section is titled "User Registration - User Information". A progress bar shows three steps: "Step 1 User Security" (completed with a green checkmark), "Step 2 User Info" (completed with a green checkmark), and "Final Complete" (highlighted in blue). A light blue message box states: "Congratulations, your account has been successfully created." Below this, a list of instructions is provided:

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or a Delegated Official, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you will need to ask an Authorized Official or Delegated Official associated with your employer to invite you to work on the behalf of the employer.

 At the bottom left, there is a "Continue To Homepage" button with a right-pointing arrow. A blue callout box on the right side of the page contains the text: "Once you reach this page you can close this tab and return to the original page from the beginning of the document."

<https://npiregistry.cms.nms.gov/>

The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the **National Plan and Provider Enumeration System (NPES)** to assign these unique identifiers.

How to apply for an NPI

Individual Providers:

As an Individual Provider, you may only have a single NPI, which will be associated with your unique, individual information. Once you login to NPES, you will be able to complete your NPI application.

1. Create a Login through the Identity & Access Management System (I&A).
2. Login to NPES with your I&A Username and password.
3. Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.

Healthcare Provider Organizations:

Healthcare Organizations are currently required to have a separate Username and password for each NPI associated with the organization.

1. Create an NPES ONLY Username and password for the NPI you are applying for.
2. Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.

DIFFERENT LOOK, SAME INFORMATION:

Manage or Apply for your personal NPI Record
An NPI assigned to you, an Individual who renders health care

User ID:

Password:


[Forgot User ID or Password?](#)

New Individual Provider in need of an NPI or have never accessed NPES to view/update your NPI record? [Create a Login](#).

[Manage your Individual Provider Login Account Information.](#)

Healthcare Organization account information has not changed.

Records for an Organization
Healthcare Organization



Password:

[Forgot Password?](#)


[Create Login for NPES Only and Apply for an NPI for a Healthcare Organization.](#)

① If you need to access PECOS or HITECH on behalf of your Healthcare Organization, you must [Create a Login](#) in the Identity & Access System (I&A).

If you are an Organizational Provider with an NPI, and you would like to create a Login to access NPES only, please click [here](#).

Enter your User ID and password and login. You will be applying for an individual NPI.

NPI Registry Healthcare providers create and maintain NPI records in NPES. Our NPI Registry is a separate service that allows the public to search and view those active NPI records.



NPES
National Plan & Provider Enumeration System

[Logoff](#) [Help](#)

Welcome to the National Provider System

User Name: Rafaella Terzulli

You do not have an individual (Type 1) NPI. Click the [Submit New NPI Application](#) button to begin the process.

NPI Options: Submit new NPI, Generate NPI Assignment Notification and View the NPI record in a single page view.

Apply for an NPI

Send NPI Assignment Notification to the Contact Person e-mail address

View the NPI record in a single page

Manage your Profile

Update the Password

Update the Security Questions and Answers

Click here to start the application process.

NPPES
National Plan & Provider Enumeration System

Home Help

NPI Application Instructions

Note: Use of **Back** and **Forward** browser buttons could result in loss of all the information entered. Users should use the Next and Previous buttons provided on the application to navigate between the pages of the application.

Step 1: Before you begin, make sure you have the following information.
This information will be required to complete the NPI Application Form.
You will not be able to save your work if you quit before you have completed the application form.

- Information Required for Individual Providers**
 - Provider Name
 - SSN (or ITIN if not eligible for SSN)²
 - Provider Date of Birth
 - Country of Birth (if Country of Birth is U.S.)
 - State of Birth (if Country of Birth is U.S.)
 - Provider Gender
 - Mailing Address
 - Practice Location Address and Phone Number
 - Taxonomy (Provider Type)⁴
 - State License Information¹
 - Contact Person Name
 - Contact Person Phone Number and E-mail
- Information Required for Organizations**
 - Organization Name
 - Employer Identification Number (EIN)³
 - Name of Authorized Official for the Organization
 - Phone Number of Authorized Official for the Organization
 - Organization Mailing Address
 - Practice Location Address and Phone Number
 - Taxonomy (Provider Type)⁴
 - Contact Person Name
 - Contact Person Phone Number and E-mail

¹ (required for certain taxonomies only)
² (SSN or ITIN information should only be reported in the SSN or ITIN field)
³ Do not report an SSN or IRS ITIN in the EIN field
⁴ Provider Taxonomy codes can be obtained from <http://www.wpc-edl.com/codes/taxonomy>
Online Help is available from each page of the Application / Update Form by clicking "Help" at the top right of the page.

If you need additional help or have any questions concerning your application, contact the NPI Enumerator.

NPI Enumerator Contact Information
By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)

By mail at:
NPI Enumerator
PO Box 6059
Fargo, ND 58109-6059

Step 2: Certification Statement of Accuracy.

☐ I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.

- I have read the contents of the application and the information contained herein is true, correct, and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator immediately.
- I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.
- I have read and understand the [Privacy Act Statement](#).
- I have read and understand the **Penalties for Falsifying Information** on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information on the NPI Application / Update Form:
18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, manufactures, or inserts any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to be false, or who in any such matter knowingly and willfully uses any such false, fictitious or fraudulent statements or representations, or who in any such matter knowingly and willfully uses any such false, fictitious or fraudulent writing or document. Offenders that are individuals are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 and imprisonment for up to five years. Offenders that are individuals are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 and imprisonment for up to five years.

Step 3: Begin online application.

NPPES
National Plan & Provider Enumeration System

Logoff Help

NPI Application Form - Provider Profile

Application Sections

- Provider Profile
- Mailing Address
- Practice Location
- Other Identifiers
- Taxonomy
- Contact Person
- Certification

Provider Name Information:

Prefix: * First: Middle: * Last: Suffix:

Credential(s): (M.D., D.O., etc.)

Other Name: (if applicable)

Prefix: First: Middle: Last: Suffix:

Credential(s): (M.D., D.O., etc.)

Type of Other Name:

Other Identifying Information:

* Date of Birth: (MM/DD/YYYY)

* Social Security Number: (Without Dashes)

State of Birth: (* if U.S.)

Country of Birth:

* Gender: ☐ Male ☐ Female

* Is the Provider a Sole Proprietor? ☐ Yes ☐ No

the next page in the application.

NPPES
National Plan & Provider Enumeration System

Logoff Help

Application Sections

- Provider Profile
- Mailing Address**
- Practice Location
- Other Identifiers
- Taxonomy
- Contact Person
- Certification

NPI Application Form - Business Mailing Address

If your address is **outside** the U.S., click here: ☐ Foreign Address

If your address is **military** address, click here: ☐ Military Address

* Indicates Required Field

Domestic Business Mailing Address Information

* Address Line 1: (Street Number and Name)

Address Line 2: (e.g. Suite Number)

* City: * State: * Zip + 4: -

Country:

Phone Number: Extension: Fax Number:

< Previous Next >

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Enter the address of your primary school. If you work in multiple locations, enter an address where you can receive mail, and then click "Next".

NPPES
National Plan & Provider Enumeration System

Logoff Help

Application Sections

- Provider Profile
- Mailing Address**
- Practice Location
- Other Identifiers
- Taxonomy
- Contact Person
- Certification

NPI Application Form - Business Mailing Address Standardization

In order to ensure the optimum performance of the National Provider System, we standardize all addresses; for example, we change "Avenue" to "Ave." This makes it easier to find your information again in the future and to ensure that we do not have duplicate entries where they should not occur.

Your standardized address is:

5619 Flatlands Ave
 Brooklyn NY 11234 - 2501

Please do one of the following:

- 1) Accept the standardized address.
- 2) Reject the standardized address and keep your input as is.
Note: Rejecting standardized address will delay enumeration
- 3) Modify your input in the boxes below and submit for revalidation.

* Indicates Required Field

* Address Line 1: (Street Number and Name)

Address Line 2: (e.g. Suite Number)

* City, State, Zip:
 -

☐ Accept Standardized Address ☐ Use Input Address ☐ Revalidate Address

If you are shown this screen on address standardization, choose to "Accept Standardized Address".

NPPES
National Plan & Provider Enumeration System

Logoff Help

Application Sections

- Provider Profile
- Mailing Address
- Practice Location**
- Other Identifiers
- Taxonomy
- Contact Person
- Certification

NPI Application Form - Business Practice Location Address

If your address is **outside** the U.S., click here: ☐ Foreign Address

If your address is **military** address, click here: ☐ Military Address

Domestic Business Practice Location Address Information

If the Business Practice Location Address is the same as the Business Mailing Address, click here: ☐ Same As Business Mailing Address

If your Business Mailing Address and Business Practice Location Address differ, please fill out the following:

* Address Line 1: (Street Number and Name)

Address Line 2: (e.g. Suite Number)

* City: * State: * Zip + 4:

Country:

* Phone Number: Extension: Fax Number:

(Without Dashes) (Without Dashes)

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Click the "Same As Business Mailing Address" button, and then click "Next".

NPPES
National Plan & Provider Enumeration System

Logoff Help

Application Sections

- Provider Profile
- Mailing Address
- Practice Location
- Other Identifiers**
- Taxonomy
- Contact Person
- Certification

NPI Application Form - Other Identification Numbers

Please Enter All Other Provider Identifiers (Medicare UPIN, Medicare PIN, Medicare OSCAR/Certification, Medicare NSC, Medicaid, and Other):

Note: These numbers will be of use in matching your NPI record to insurers' records so you can continue to be recognized by insurers. If you don't have such numbers, you are not required to obtain them. DO NOT report the Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN) in this section.

Issuer	Number	State	Issuer

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Click "Next" (you do not need an identifier).

NPPES
National Plan & Provider Enumeration System

Logoff Help

Application Sections

- Provider Profile
- Mailing Address
- Practice Location
- Other Identifiers
- Taxonomy**
- Contact Person
- Certification

NPI Application Form - Taxonomy / License Information

Please Enter Provider Taxonomy (Provider Type/Specialty):

NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.

* Primary Taxonomy * Selected Taxonomy

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Click "Add Taxonomy".

NPPES
National Plan & Provider Enumeration System

Application Sections

- Provider Profile
- Mailing Address
- Practice Location
- Other Identifiers
- Taxonomy**
- Contact Person
- Certification

NPI Application Form - Select Individual Taxonomy

Please Select Provider Type Code:

Individual Provider Type Code

OR

18 Pharmacy Service Providers
36 Physician Assistants & Advanced Practice Nursing Providers
21 Podiatric Medicine & Surgery Service Providers
22 Respiratory, Developmental, Rehabilitative and Restorative Service Providers
23 Speech, Language and Hearing Service Providers
39 Student, Health Care
24 Technologists, Technicians & Other Technical Service Providers

29 Laboratories
30 Managed Care Organizations

< Previous Next >

Note:

- The Provider Type Code is the first two digits of the taxonomy number.
- A complete listing of provider taxonomy codes can be obtained from <http://www.wpc-edl.com/codes/taxonomy>.
- Please use the Previous and Next buttons to navigate between the pages in the application.

Select option "23 Speech, Language and Hearing Service Providers" and click "Next".

NPPES
National Plan & Provider Enumeration System

Application Sections

- Provider Profile
- Mailing Address
- Practice Location
- Other Identifiers
- Taxonomy**
- Contact Person
- Certification

NPI Application Form - Select Taxonomy Page 2

You have selected Provider Type: **23 Speech, Language and Hearing Service Providers**

Please Continue Your Taxonomy Selection:

Classification Name - Area of Specialization

231HA2500X - Audiologist - Assistive Technology Supplier
237600000X - Audiologist-Hearing Aid Fitter -
237700000X - Hearing Instrument Specialist -
235000000X - Specialist/Technologist -
235A2700X - Specialist/Technologist - Audiology Assistant
235S0801X - Specialist/Technologist - Speech-Language Assistant
235Z00000X - Speech-Language Pathologist -

Please Enter Your State License Information For Your Taxonomy Selection:

NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.

License Number: State Where Issued:

< Previous Save & Add Another Save

Note: Please use the Previous and Save buttons to navigate between the pages or save the application.

Enter your SLP license number

Select "235Z00000X – Speech Language Pathologist"

Select New York

When these fields are completed, click "Save".

NPPES
National Plan & Provider Enumeration System

Application Sections

- Provider Profile
- Mailing Address
- Practice Location
- Other Identifiers
- Taxonomy**
- Contact Person
- Certification

NPI Application Form - Taxonomy / License Information

Please Enter Provider Taxonomy (Provider Type/Specialty):

NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.

* At least one taxonomy is required

Add Taxonomy

*Primary Taxonomy	*Selected Taxonomy	State	License Number
235Z00000X - Speech-Language Pathologist -		NY	022766

< Previous Next >

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Click "Next".

NPPES
National Plan & Provider Enumeration System

Logoff Help

Application Sections

- Provider Profile
- Mailing Address
- Practice Location
- Other Identifiers
- Taxonomy
- Contact Person**
- Certification

NPI Application Form - Contact Person Information

Contact Person Name:

If you would like to use the Provider as the contact person, click here

If you would like to designate an alternate contact person, please fill out the following:

Prefix: * First: Middle: Last: Suffix:

Credential(s): Title:

Please Complete The Following Additional Information For The Contact Person:

To use the mailing phone or practice phone for the contact, click one of the following:

* Contact Person Phone Number: Extension:

(Without Dashes)

* Contact Person E-mail: * Retype Contact Person E-mail:

NOTE: All notifications will be sent to the Contact Person E-mail provided on this page.

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Click "Same As Provider".

Click "Same As Mailing Phone".

Click "Next".

NPPES
National Plan & Provider Enumeration System

Logoff Help

Application Sections

- Provider Profile
- Mailing Address
- Practice Location
- Other Identifiers
- Taxonomy
- Contact Person
- Certification**

NPI Application Form - Certification Statement

☒ I certify that this form is being completed by, or on behalf of, a health care provider.

- I have read the contents of the application and the information is true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.
- I authorize the NPI Enumerator to verify the information contained herein. I agree to provide verification within 30 days of the effective date of the change.
- I have read and understand the Privacy Act Statement.
- I have read and understand the Penalties for Falsifying Information on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statement or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to greater than the amount specifically authorized by the sentencing statute.

Note: Please use the Submit button to submit the application or the Previous button to navigate between pages in application.

Click to certify

Click "Submit".

Thank you. Your application will be processed.

Application processing times may vary based on current inventories. If you have any questions regarding this application or if the designated contact person does not receive the provider's NPI via email within 15 working days, please contact the NPI Enumerator at 1-800-465-3203 (NPI Toll-Free).

Provider Name:
Your tracking number is:

Please provide this tracking number on all correspondence.

Please print this page for your records.

 [View Printer Friendly Application](#)

Clicking this button will allow you to view and print the information furnished on your application.
Please Note: This page/printout may contain sensitive information.

NPI Enumerator Contact Information

By phone: 1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)
By e-mail at: customerservice@npienumerator.com
By mail at: NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059

For your reference, please print this page by clicking the Print icon, located in your browser's toolbar.

You're done! If you would like, you can click this button for a print friendly page to either save or print for your records. You'll receive an email soon with your NPI number.

Medicaid non-Billing ID Application Guide

All DOE speech teachers who are licensed speech language pathologists (SLPs) are required to enroll with Medicaid so that referrals for speech services can be completed. Obtaining the Medicaid ID is also required to receive the salary differential for SLPs.

You will need to **print and mail** this application. To complete the application you will need your NPI number and your SLP license number. You will also need to enclose a copy of your New York State license for your SLP that shows active registration.

This document contains screen shots with details on how you can complete the application. General instructions for this application are:

General Instructions:

- Read the instructions carefully
- Complete ALL items on the enrollment form unless otherwise instructed. Failure to complete all required fields will result in your enrollment form being returned to you which may have an impact on the enrollment effective date.
- Required documentation MUST cover the application date and be continuous through the current date.
- Submit proof of current license/registration. Examples: 1) Copy of license with future expiration date, 2) Copy of license registration/renewal, or 3) Printout of license status from the licensing agency's website.
- Completion of signature field is required and must be original. Initials or rubber stamped signatures will not be accepted.
- Type or legibly print in black or blue ink. Do not use red ink, nor white-out. All attachments will be scanned so they must be legible and on standard 8 ½ x 11 paper in good condition.
- Keep a copy of all documents submitted.
- Orderer-Prescribers-Referrers-Attending Enrollment Form, #436901
 - Page 2: Category of Service = 0623
 - Page 2: Check the box labeled "New Enrollment"
 - Page 2: LEAVE BLANK "Specialty" field
 - Page 2: The box labeled "Correspondence Address" is for the address where the SLP would like to receive any Medicaid correspondence
 - Page 2: The box labeled "Service Address" is for the address of the SLP's employer
 - Page 3: Section 1, "Ownership in Applicant" – "Name of Individual or entity" SLP can enter N/A (unless it applies)
 - Page 3: Sections 2, 3 and 4 – SLP can enter N/A, unless it applies
 - Page 4: Section 5 – SLP can enter None, unless it applies (i.e., the enrolling SLP employs individuals who exercise operational or managerial control over the day to day operations of the enrolling SLP)
 - Page 4: Section 6 – SLP should answer questions #1 - #4. Answering 'yes' to any of them necessitates the answering of question #5 and submit a "Prior Conduct Questionnaire" (#431001 attached)
 - Page 5: Sign and date application, and mail originals to:
Computer Sciences Corporation
PO Box 4603
Rensselaer, NY 12144-4603

To begin, please go to this webpage:

<https://www.emedny.org/info/ProviderEnrollment/ther/Option2.aspx>

eMedNY Google Custom Search

What's New | EHR Incentive Program | Information | Provider Enrollment | Provider Manuals | Provider TRAINING | Contacts | eMedNY HIPAA Support | eMedNY Tools Center | PTAR

Provider Enrollment > Therapist (PT, OT, Speech) > Order/Prescribe/Refer/Attend

Provider Enrollment

THERAPIST (PT, OT, SPEECH)

Enrollment information for Therapists who Order/Prescribe/Refer/Attend ONLY:

Therapists ...
Includes Occupational, Physical and Speech Therapy services.

If you are **ALREADY ENROLLED** and need to change your address, [click here](#).

Complete this Enrollment Form if you are:

1. Applying for initial **ENROLLMENT** or **ALREADY ENROLLED** and enrolling another NPI, *or*
2. Responding to a letter instructing you to **REVALIDATE** your enrollment, *or*
3. Seeking **REINSTATEMENT** or **REACTIVATION** of your previous enrollment

Instructions for those who ONLY Order/Prescribe/Refer/Attend
Orderer-Prescribers-Referrers-Attending ENROLLMENT FORM

Don't forget to come back here for additional forms needed to complete your enrollment package

If you have any questions or concerns, please contact the eMedNY Call Center at 1-800-343-9000 or [click here](#) to send us an email.

Ordering/Prescribing Referring/Attending FAQs

Additional forms/information which may be **REQUIRED to complete your enrollment:**

- ✓ **Disclosure Form for Practitioners - form #380104**
- ✓ **Prior Conduct Questionnaire - form #431001**

Supplemental Information:

- [Rehabilitation Services Manual](#)

Click here to access the form. You may either print it out and complete by hand, or fill out on a computer through your web browser or PDF reader.

NEW YORK STATE | Department of Health

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HOME
GLOSSARY
PRIVACY POLICY
SITE MAP
SELF HELP
CONTACT US

New York State Medicaid Enrollment Form

Thank you for your interest in enrolling with the New York State Medicaid Program. As a Medicaid provider, you agree to comply with the rules, regulations and official directives of the Department, including, but not limited to Part 504 of 18 NYCRR which can be found at the Department of Health's website, www.health.ny.gov.

This enrollment form should be used by practitioners seeking enrollment as an ordering, referring, attending or prescribing practitioner only (attending providers should use this form if their name and NPI will only appear on the hospital's claim). These practitioners will not submit claims to Medicaid and, therefore, will not receive payment from the Medicaid Program.

If you will also provide medical services to patients, or as an attending provider will submit a separate claim to Medicaid for your service, do not complete this form. Visit www.eMedNY.org and complete the enrollment form appropriate for your license/certification.

Consider printing the **Instructions to Complete Enrollment Form** before continuing.

New York State's Personal Privacy Protection Law requires us to inform every person from whom we request personal information why we are requesting information and how we will use it. The information requested will permit proper payments to you as a Medicaid provider, according to the provisions of applicable State and Federal Law and Regulations. Collection of this information is authorized by Section 367-b of the Social Services Law. This information will be used as one element of various reviews before payment is made for the goods or services furnished and/or for any post payment audits required by the State or Federal authorities. This information will also be used to satisfy the reporting requirement imposed upon us by State and Federal Regulations (e.g., by IRS for payment information reporting purposes). Failure to provide us with the information will prevent establishing the records necessary to enroll you as a Medicaid provider. The information will be maintained by the New York State Department of Health, Office of Health Insurance Programs, Division of OHIP Operations, Bureau of Provider Enrollment, Albany, New York.

There is no action to take on this page.

NY MEDICAID PROVIDER ENROLLMENT FORM for those who <u>ONLY</u> <u>ORDER-REFER-ATTENDING-PRESCRIBE</u> (non-billers)		Mail to: eMedNY PO Box 4603 Rensselaer, NY 12144-4603
Category(s) of Service: Enter the 4-digit code(s) given in the instructions: <u>0623</u>		
<input checked="" type="checkbox"/> New Enrollment (currently enrolled)	<input type="checkbox"/> Revalidation (enrolled; required to revalidate)	<input type="checkbox"/> Reinstatement/ Reactivation If Applicant was previously excluded/terminated from the Medicaid Program, complete the Prior Conduct Questionnaire found at www.eMedNY.org and include it with this Enrollment Form
Applicant Name (exactly as it appears on your license/registration) Last, First, MI Peters, Sally, L		
Date of Birth (MM/DD/YY) 05/20/73	SSN 987-65-4321	Applicant's e-mail address - REQUIRED slpeters@schools.nyc.gov
NPI (Individual) 1234567890	Specialty	
License # 234432	State of Licensure if not New York	Limited License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CORRESPONDENCE ADDRESS: PO Box not acceptable		
Attention: PS 123 - c/o Sally Peters	Street Address 123 Oak Circle	Suite / Department/ Floor Rm 318 - Special Education
City New York	State NY	Zip Code (9 digit) 10019-6227
County (if in New York) New York	Telephone Number (w/ extension) (212) 555-1212 x212	Fax Number
SERVICE ADDRESS: where service is provided) – DO NOT LIST A PATIENT'S ADDRESS (see instructions)		
Attention: NYC Dept. of Education	Street Address (PO Box is not acceptable) 52 Chambers Street	Suite / Department/ Floor Office of Related Services
City New York	State NY	Zip Code (9 digit) 10007-1243
County (if in New York) New York	Telephone Number (w/ extension) (212) 374-0800	Fax Number
SERVICE ADDRESS: where service is provided) – DO NOT LIST A PATIENT'S ADDRESS (see instructions)		
Attention:	Street Address (PO Box is not acceptable)	Suite / Department/ Floor
City	State	Zip Code (9 digit)
County (if in New York)	Telephone Number (w/ extension)	Fax Number

Enter 0623 for Category of Service.

Select this box for New Enrollment.

Complete this section with your personal information. Leave Specialty blank. The SLP is NOT a limited license.

Enter your school name, and then care of your name.

The "Correspondence Address" is your school's address. If you work in more than one school please enter your payroll location (where you receive your pay check or pay stub).

Fill out the service address section EXACTLY as it is here. You only need to complete the first "Service Address" section.

Note: If you need to look up a nine-digit zip code, you can utilize this link:

<https://tools.usps.com/go/ZipLookupAction!input.action>

{If additional space is needed, copy form; all entries must be on the form}

DISCLOSURE OF OWNERSHIP AND CONTROL

Completion is required by 42 CFR Part 455.104. Failure to provide the information requested will cause the application to be returned. Click [here](#) to review definitions and policy found at 18NYCRR, Section 504.1 before completing this form. {If additional space is needed, copy form; all entries must be on the form}.

SECTION 1:

Disclosing Entity / Applicant (Individual named on page 2 of this application)

Name Sally Peters		NPI 1234567890	
Home Address - Street 456 Golden Road		City & State Brooklyn, NY	Zip Code (9 digits) 11201-5043
SSN 987-65-4321	Date of Birth 05/20/1973		

Enter
"N/A"; you
do not need
to complete
the rest of
the
"Ownership
in Applicant
Section".

Enter your
personal
information as
you did on the
previous page.

Ownership in Applicant (if required by 18NYCRR, Section 504.1(d)(18)(iv)). Include familial relationship to the Applicant and other Owners (spouse, parent, child, sibling), if any. The address for corporate entities must include every business address. See 42 CFR Part 455.104(b)(1)(i) for more information).

Name of Individual or Entity N/A		% of Ownership	NPI
Address (Home Address if individual)		City & State	Zip Code (9 digits)
SSN (if indiv)/ FEIN (if entity)	Date of Birth (if individual)	Familial Relationship (if individual, if any)	

SECTION 2:

Ownership in Other Disclosing Entities(ODE) (per 42 CFR, Part 455.104(a)(3)) - (Complete if any identified in Section 1 has an ownership or control interest in ODE)

Name (from Section 1) N/A	Name of ODE	NPI or Medicaid ID of ODE
Name (from Section 1)	Name of ODE	NPI or Medicaid ID of ODE

SECTION 3:

Ownership in Subcontractors If the Applicant has an ownership or control interest of 5% or more in a subcontractor and an Owner of the Applicant also has an ownership or control interest in the subcontractor, complete the boxes below. If those identified in this Section have a familial relationship with a person with ownership or control interest in one of these subcontractors, complete Section 4).

Owner's Name (from Section 1) N/A	Subcontractor Name	Tax Identification Number
Owner's Name (from Section 1)	Subcontractor Name	Tax Identification Number

SECTION 4:

Familial Relationship in Subcontractors (Complete if those identified in Section 3 have a *familial relationship with a person with ownership or control interest in one of the subcontractors identified in Section 3).
*parent, child, sibling, spouse

Owner's Name (from Section 1) N/A	Subcontractor's Name	Name & Familial Relationship
Owner's Name (from Section 1)	Subcontractor's Name	Name & Familial Relationship

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3

If you do not have ownership in a company that participates in Medicaid or ownership is a subcontractor that works for a company that participates in Medicaid, enter "N/A" in the name Section 2, Section 3, and Section 4.

If you do have ownership as described above, you will need to complete these sections.

For more information on Other Disclosing Entities and Subcontractors, see this link:
<https://www.law.cornell.edu/cfr/text/42/455.104>

SECTION 5:

Agents and Managing Employees (e.g. office manager, administrator, director or other individuals who exercise operational or managerial control over the day to day operations of the provider. *Although unusual, if None, indicate **NONE** in the first "Name" field below. Include familial relationship to the Applicant (spouse, parent, child, sibling), if any. If additional space is needed, copy form; all entries must be on the form.*

Name None		Association Type (see instructions)	
Home Address - Street		City & State	Zip Code (9 digits)
SSN	Date of Birth	Familial Relationship	
Name			
Home Address - Street		City & State	Zip Code (9 digits)
SSN	Date of Birth	Familial Relationship	
Name			
Home Address - Street		City & State	Zip Code (9 digits)
SSN	Date of Birth	Familial Relationship	

You may enter "None" here. NYC DOE speech teachers with SLPs are not required to complete this section.

SECTION 6:

Respond to these questions on behalf of:

1. the Applicant
2. all individuals and entities identified in Sections 1 & 5
3. any entity in which the Applicant has a 5% or more ownership

1. Have any of the individuals/entities (1, 2 and 3) been terminated, denied enrollment, suspended, restricted by Agreement or otherwise sanctioned by the Medicaid Program in New York or in any other State, Medicare, or any other governmental or private medical insurance program?
☐ Yes ☒ No
2. Have any of the individuals/entities (1, 2 and 3) ever been convicted of a crime related to the furnishing of, or billing for, medical care or supplies or which is considered an offense involving theft or fraud or an offense against public administration or against public health and morals?
☐ Yes ☒ No
3. Have any of the individuals/entities (1, 2 and 3) ever had their business or professional license or certification, or the license of an entity in which they had an ownership interest over 5% ever been revoked, suspended, surrendered, or in any way restricted by probation or agreement by any licensing authority in any State?
☐ Yes ☒ No
4. Is there currently pending any proceedings that could result in the above stated sanctions for the individuals/entities (1, 2 and 3)?
☐ Yes ☒ No

NOTE: If you answered "Yes" to any of the questions above, you must complete and submit the "Prior Conduct Questionnaire" available at www.emedny.org.

5. Do you, including any entity in which you have ownership, have any unpaid balances owed to the NY Medicaid Program? ☐ Yes ☒ No If yes, indicate amount \$ _____
If yes, has payment been arranged? ☐ Yes ☐ No If yes, attach verification of arrangement.
If no, this enrollment will be reviewed by the OMIG

Please read and answer the questions in Section 6.

SIGNATURE AND AFFIRMATION

By signing this enrollment form for participation in the New York State Medicaid Program, the Applicant/Provider understands and agrees to the following:

- ▶ As a Medicaid Provider you agree to comply with the rules, regulations and official directives of the Department including, but not limited to Part 504 of 18NYCRR which can be found at the Department of Health's website, www.health.ny.gov
- ▶ In addition, pursuant to 42 CFR, Part 455.105, by enrolling in the Medicaid Program you agree to disclose the following regarding business transactions within the next 35 days upon request of the Department or the Secretary of Health and Human Services.
 - (1) Information about the ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request, and
 - (2) Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor during the 5-year period ending on the date of the request.
- ▶ As a Medicaid Provider you agree to abide by all applicable Federal and State laws as well as the rules and regulations of other New York State agencies particular to the type of program covered by this enrollment application.
- ▶ For those providers for whom the Mandatory Compliance Law applies (see www.OMIG.ny.gov), the Provider has certified via the Office of the Medicaid Inspector General's web site referenced above that the provider and its affiliates have adopted, implemented and maintains an effective compliance program that meets the requirements of Social Service Law Section 363-d & 18NYCRR, Part 521. A copy of the certification confirmation is included with this enrollment.
- ▶ Unannounced site visits by Medicaid, CMS or their agents/designated contractors may be a condition of initial and continued enrollment. In addition, the provider and/or owners (defined as at least a 5 % interest) may be required to consent to criminal background checks including fingerprinting.
- ▶ As a Medicaid Provider you agree to notify this Department immediately of any changes supplied in this enrollment agreement, including impending ownership changes.
- ▶ The Department may deny or terminate enrollment as a provider in the Medicaid program if it is determined that executive compensation, bonuses, incentives and costs of administration exceed reasonable levels.

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION ON THIS STATEMENT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR SECRETARY, AS APPROPRIATE.

Applicant / Provider's Signature (original; no stamps)

11/21/2016

Date

Sally Peters; 212-555-1212 x212

Name & Telephone Number of Person who Prepared Application

Please print, sign, and date the form. It is recommended you retain a copy for your records. Please mail the completed form *along with a copy of your SLP license* to:

Computer Sciences Corporation
PO Box 4603
Rensselaer, NY 12144-4603

NYCAPS Employee Self Service (ESS) Guide

NYCAPS Employee Self Service for SLPs

SLP Speech Teachers are required to share their NYS license number, NPI, and Medicaid Provider ID with the DOE by entering the data into the employee self service portal in NYCAPS. This data may be entered either all at once or piece by piece; salary differentials will not be effective until all three components are entered in full.

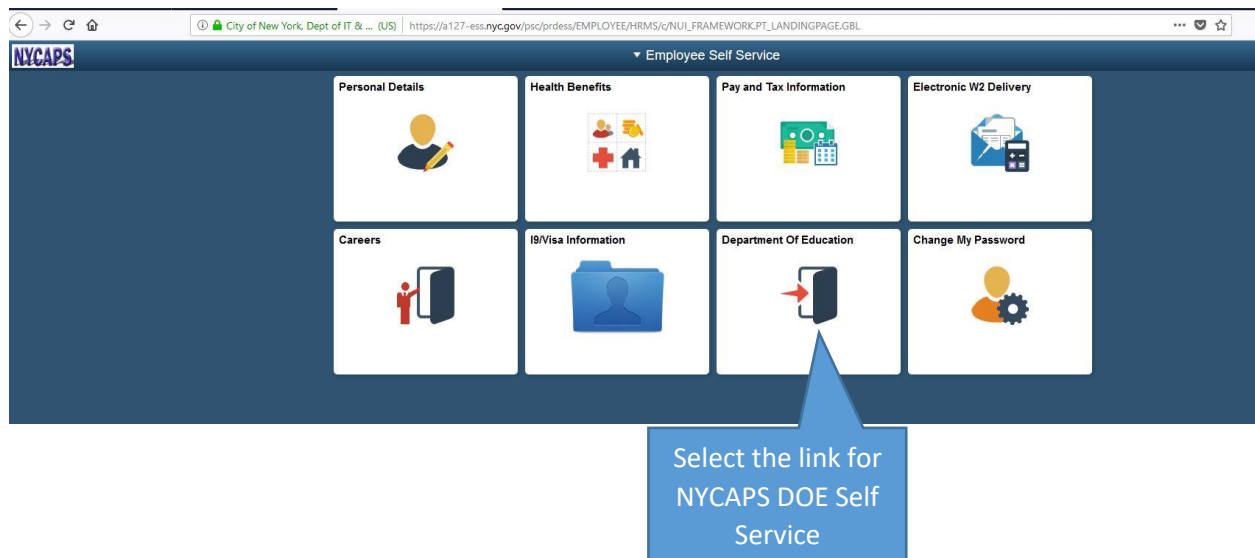
To begin, access the employee self service portal here: <http://nyc.gov/ess>

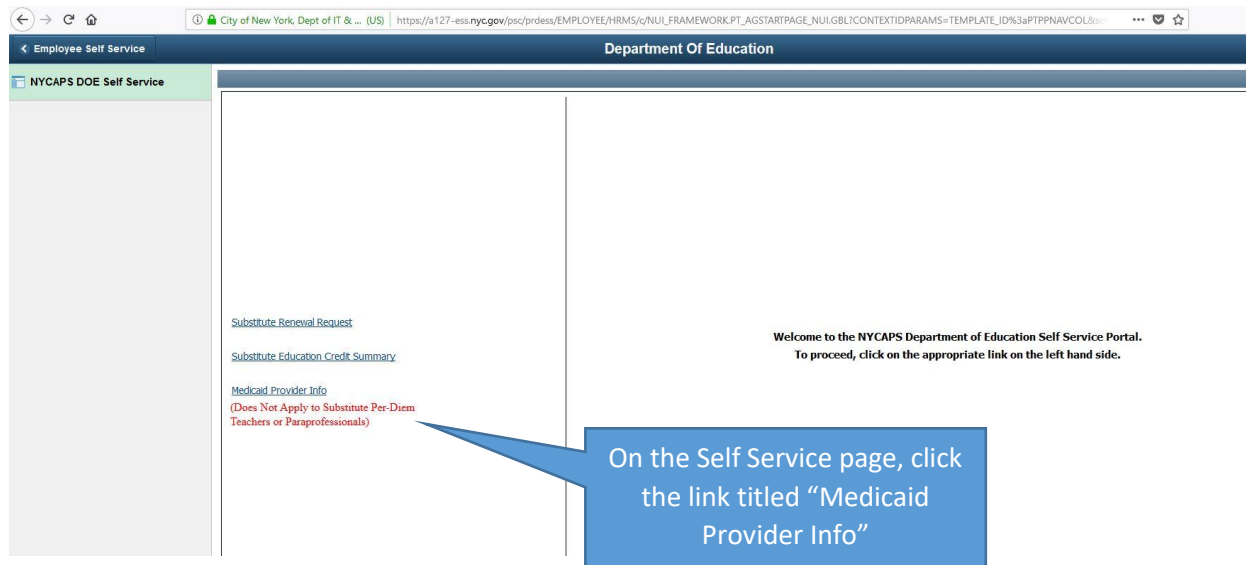


If you have forgotten or do not know your user ID and/or password when logging into NYCAPS Employee Self Service, please e-mail your name and Employee ID to NYCAPSESSPASSWORD@schools.nyc.gov. You can also call HR Connect at 718-935-4000.

For more information on ESS, visit the HR Connect Web Portal at <https://doehrconnect.custhelp.com>. After logging in with your Windows/Outlook User ID and password, you can search for “ESS” or paste the following URL into your browser:

https://doehrconnect.custhelp.com/app/answers/detail/a_id/9121/





Medical Provider Information

New York City Department of Education

File Number:

Please provide your National Provider Identification (NPI), your New York State active SLP license, and your Medicaid Provider number (billing or non-billing) information below.

National Provider Identification

Please enter your ten digit National Provider ID number (NPI) below.

NPI Number:

Enumeration Date:

Enter your NPI number here.
The enumeration date will
populate automatically based
on the federal database.

New York State Speech Language Pathology License Information

Please enter your six digit Speech Language Pathology (SLP) license number and the date it was issued below. If you do not know the exact issuance date, please enter an approximate date. Renewal of your license is required once every three years. Please do not include the preceding professional code of 058 or 58, and do not include any digits that may come after a hyphen when entering the license number.

License Number:

Issue Date:

Expiration:

Enter your 6-digit New York State license number and issue
date. Do not include the professional code (058 or 58) or any
number after a hyphen.

New York State Medicaid Provider Information

Please enter your eight digit New York State Medicaid Provider number (PTAN) and the date it was issued below. If you do not know the exact issuance date, please enter an approximate date. Your provider number must be revalidated once every five years.

Medicaid Provider Number:

Issue Date:

Expiration:

Enter your 8-digit New York State license number and
issue date. If you do not know your issue date or are
unsure, you can enter an approximate date.

Click SAVE when done.

Per Session Time Entry Guide
PER SESSION TIME SHEET

Hourly Professional Personnel Time Report

1. A time sheet, in duplicate, must be maintained for each person assigned. Print all entries in ink.
2. Fill in all required information. Signatures must be original and in ink.
3. Keep one copy of this Time Report for Payroll Record File.

FOR PAYROLL PERIOD ENDING: 03/15/19

LAST NAME: Peters FIRST: Sally M.I.: SCHOOL NUMBER: 260526 BORO: Q
PROGRAM NAME: Speech DISTRICT: 26 BUDGET CODE: QUICK CODE:
HOME ADDRESS: 12 Oak Circle City: Queens State: NY Zip Code: 11365 CHECK HERE IF NON-RESIDENT OF NEW YORK CITY: ☐
LICENSE: FILE NUMBER: SOCIAL SECURITY NUMBER:
POSITION TITLE: Speech Teacher POSITION SYMBOL: TR
OFFICIAL WORK HOURS: FROM: TO: SOCIAL SECURITY ALREADY DEDUCTED ON DEPARTMENT OF EDUCATION PAYROLL? ☒ YES ☐ NO

DATE	IN	OUT	SIGNATURE	Lunch/Supper*	DATE	IN	OUT	SIGNATURE	Lunch/Supper*
1					17				
2	2:45pm	3:45pm	Sally Peters		18				
3					19				
4	11:00am	1:00pm	Sally Peters		20				
5					21				
6					22				
7	6:00am	7:20pm	Sally Peters		23				
8					24				
9					25				
10					26				
11					27				
12					28				
13	2:45pm	3:45pm	Sally Peters		29				
14					30				
15					31				
16									

TOTAL DAYS/HOURS WORKED

I hereby certify that I have read and understand the Chancellor's Regulation C-175 on Per Session Employment and the summary that is listed on the reverse side of this form. In addition, I hereby certify that I have served in the program at the exact time indicated herein. I understand that any material misrepresentation of fact provided by me on this form will result in appropriate disciplinary action.

EMPLOYEE SIGNATURE: Sally Peters DATE: 3/15/19

I hereby certify that I am familiar with Chancellor's Regulation C-175 regarding Per Session Employment. Additionally, the employee for whom this timesheet is being submitted has indicated his/her familiarity with the same regulation. I additionally certify that I have examined this report and find the time and other information indicated herein are correct to the best of my knowledge, information and belief. I understand that any material misrepresentation of fact provided by me on this form will result in appropriate disciplinary action.

SIGNATURE OF SUPERVISOR OR TEACHER IN CHARGE/COORDINATOR: DATE:

BA/PAY 5048 (10/02) ba d7
Item No. 25-6200.00.9 Rev 10/02
COPY 1. WORK SITE/OFFICE
COPY 2. EMPLOYEE
* One hour for Lunch/30 minutes for Supper.

You can leave the license field blank.

You can leave the budget and quick code blank.

Enter the hours for your payroll school.

Enter "TR" in this field.

Enter the exact time you started and stopped per session activities in the "In" and "Out" fields for the date that you worked. This must match the information on your time card. Sign your name next to each entry.

Sign and date at the bottom.

Leave this blank- your supervisor does not have to sign this form before you submit it.

TIME MUST REFLECT THE ACTUAL TIME WORK STARTED AND STOPPED. IT SHOULD NOT BE ROUNDED TO NEAREST HOUR OR MINUTE.

TIME WORKED BEYOND THE ALLOTTED PER SESSION HOURS WILL NOT BE PAID.

THIS SHEET WITH YOUR TIME CARD MUST BE SUBMITTED TO THE PAYROLL SECRETARY AT YOUR PAYROLL SCHOOL.

PER SESSION TIME CARD

THIS SIDE OUT, 1st to 15th

No.
Name Sally Peters

MONTH ENDING March 31, 2019 19

	MORN IN	NOON OUT	NOON IN	NIGHT OUT	EXTRA IN	EXTRA OUT
1						
2					2:45	3:45
3						
4	Worked from home				11:00	1:00
5						
6						
7	Worked from home				6:00	7:00
8						
9						
10						
11						
12						
13					2:45	3:45
14						
15						

Enter your time to the corresponding day of the month in the "EXTRA IN" and "EXTRA OUT" columns. Utilize your school's time clock for per session worked from school.

Write "worked from home" next to any date where per session to complete encounter attendance was worked from home.

TIME MUST REFLECT THE ACTUAL TIME WORK STARTED AND STOPPED. IT SHOULD NOT BE ROUNDED TO NEAREST HOUR OR MINUTE.

TIME WORKED BEYOND THE ALLOTTED PER SESSION HOURS WILL NOT BE PAID.

THIS CARD WITH YOUR TIME SHEET MUST BE SUBMITTED TO THE PAYROLL SECRETARY AT YOUR PAYROLL SCHOOL.

Sample Session Notes

Sample Student PLOP (Bobby)

Present Levels of Performance

Bobby is an 8 year old boy who is an eager to participate in classroom activities and enjoys engaging in conversations with peers. He continues to present as a more passive student when working as part of a group or during partner work (turn and talk). He will rarely initiate the exchange with his partner and often shares his feedback after his partner or peer has shared theirs. Generating ideas is a difficult task for Bobby. He is usually unable to begin a writing task or answer a personal question based on past events without prompting. Completing the entire task independently is difficult as well, as Bobby can become very distracted by a noise, movement, another peer, etc. He may miss information and therefore begin an assignment incorrectly. Asking Bobby to repeat directions back for specific assignments has aided in his understanding and assisted him in beginning activity. Using checklists to complete a task has been implemented in individual sessions as well as graphic organizers to help Bobby with organization and task completion. Bobby is able to answer who, what, and where questions when reading age level text. Bobby has difficulty answering questions pertaining to inferences, predictions and sequences within the same text. This inhibits Bobby from making gains with his reading level.

— — — — —

Sample Student Goal/Note

Goal

- Bobby will initiate and actively participate in group discussion, by asking questions or adding at least two related comments, when given verbal turn and talk strategies in 3 out of 4 discussions.

Session Note: 11/30/2017

- During his Social Studies lesson, Bobby required focusing prompts to remain connected to the topic during a small group discussion and was provided with verbal question prompts.

Sample Session Goal/Note

Goal

- Bobby will verbally/in written form answer at least four inference questions using correct syntactic structure with 75% accuracy over four consecutive sessions as measured by class activities, teacher made materials, and checklists per quarter.
- Bobby will write one paragraph essay, using text evidence that includes a topic sentence, at least three details, and a conclusion in 3 out of 5 opportunities per month.

Session Note: 11/06/2017

- During reading comprehension task, Bobby referenced text with verbal scaffolding to find the evidence needed for the response. His sentences lacked appropriate grammar and connectedness to the beginning focal point.

Sample Student PLOP (Caitlyn)

Present Levels of Performance

Caitlyn, a 13 year old girl, works well in her group and always participates. She does require reminders to listen to her group members as she tends to interrupt them at times. Caitlyn has basic reading comprehension skills. She is able to identify the main idea and answer questions about the text that are clearly stated. She is able to revisit the story and identify location of the answer. **Caitlyn's reading comprehension difficulties are characterized by a decreased ability to answer higher order thinking questions such as inferencing and drawing conclusions. Additionally, Caitlyn requires assistance to annotate the text correctly to help identify character development, events that contribute to the plot and the central idea.** When answering short response questions, Caitlyn has difficulty correctly identifying and utilizing relevant details to support her answers. She has difficulty expressing and organizing her thoughts clearly. She benefits from the use of graphic organizers and sentence stems to guide her. **Her grammar and punctuation needs improvement specifically using correct punctuation and proper use of verb tenses.**

Sample Student Goal/Note

Goal

Caitlyn will formulate essays that includes a topic sentence, at least two examples of text evidence to support the response, and transition words with appropriate grammar in 3 out of 4 occurrences.

Session Note: 03/14/2018

Given a verbal model of a correct response, Caitlyn used the RACE strategy to respond to a question related to the article. She used text evidence and a transition word appropriately in her response. She continues to have difficulty with appropriate grammar and punctuation.

Session Note: 03/28/2018

Caitlyn wrote a short expository essay using five key vocabulary terms and a given topic sentence. Caitlyn needed verbal scaffolding to include two transition words and locate strong supporting text evidence to support her claim.

Sample Student Goal/Note

Goal:

- Caitlyn will write a response to a DOK level 3 question that includes evidence from text to support answers in 2 out of 3 questions.

Note: 11/14/17

- Caitlyn independently answered 1 out of 3 inference questions that were related to character development with evidence. When given a sentence starter she was able to correctly answer the other two questions.

Note: 11/17/17

- Caitlyn identified a character's feeling and provided evidence given a verbal cue.

Sample Student PLOP (Sara)

Sara 16 year old female student who attends speech regularly. She has demonstrated improvement with stating the main idea and relevant supporting details of a text read and creating text connections. Sara **exhibits difficulty with writing cohesive paragraphs using relevant text evidence in support of her response and using descriptive language in her writing.** She benefits from writing scaffolds, visuals (i.e., graphic organizers), and repetition (i.e., directions and information taught and re-taught). In speech, Sara independently asks for assistance when confused on how to complete assignments. At times, she requires refocusing prompts to attend to the task at hand and breaks if the assignment is lengthy and difficult.

Sample Student Goal/Note

Goal:

- Sara will write a cohesive paragraph to develop a response to a content-curriculum related passage read incorporating key phrases (i.e., "one reason", "for example"), topic sentence, relevant supporting details, and an ending sentence with 75% accuracy over 3 sessions as measured by provider's observation, class activities, and teacher made materials once per quarter.

Session Note:

- Sara provided two relevant supporting details in her response to a science-related passage with minimal cueing provided a topic sentence and verbal prompts to elaborate.

Session Note:

- Sara wrote a cohesive paragraph using transitions and locating supporting text evidence independently to develop a response to a content-curriculum related passage read when given the topic and ending sentences with 70% accuracy.