

School-Based ACCESS Program (SBAP)

FY2016-2017 Statewide Training

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SBAP Training Agenda

- Overview and Financial Performance
- Statewide Contractors – Lot 1 and Lot 2 Services
- Recurring Timeline – Quarterly Review
- SBAP Handbook – Key Policy Changes/Reminders
- Direct Service Claiming
 - Best Practices, Monthly Reports, Provider Rates
- RMTS
 - Response Compliance, Response Content
- Cost Reconciliation
 - Timeline, Monitoring Categories
- Commitment to Compliance
 - Documentation, Provider Screenings, Self-Audits

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SBAP at a Glance

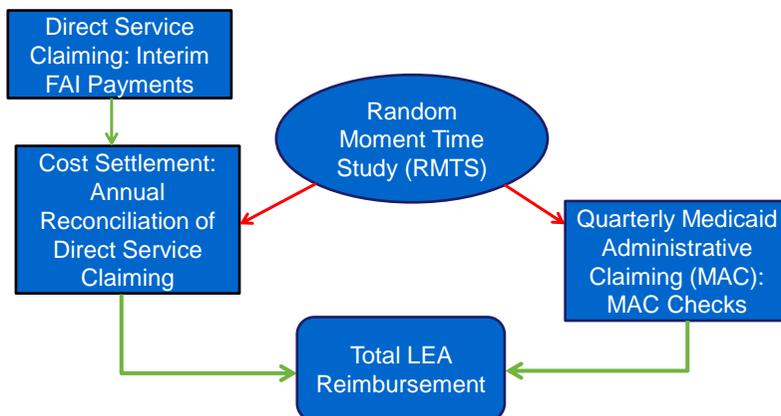
- 2016-2017 school year marks the 25th year of the Pennsylvania SBAP.
- Over 550 Local Education Agencies (LEAs) currently participate in SBAP: school districts, intermediate units, charter schools and early intervention programs.
- 2.8 million paid claims for medically necessary health-related services documented in Individualized Education Program (IEPs) for MA-eligible students in FY 2014-2015

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Program Components

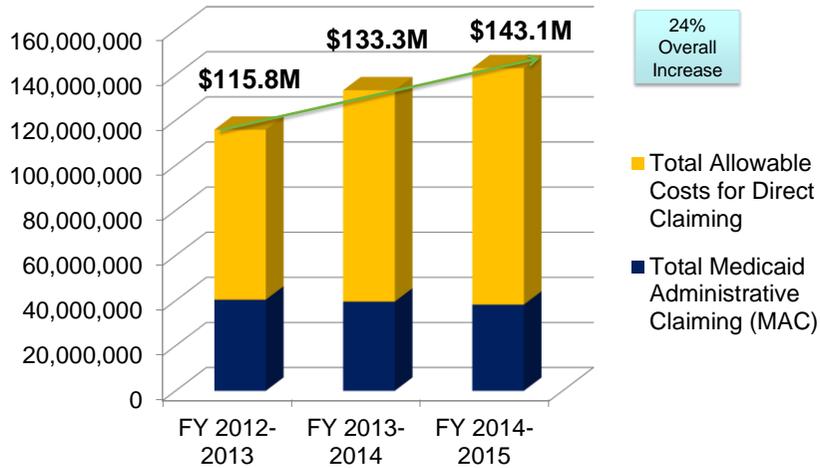
School Based ACCESS Program components that drive reimbursement include:



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Statewide Financial Performance



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SBAP Statewide Contractors

- PA Department of Human Services (DHS) has two statewide contractors to administer the SBAP starting July 1, 2016
 - Contractor for Lot 1: Public Consulting Group (PCG)
 - Contractor for Lot 2: Sivic Solutions Group (SSG)

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Contractor Responsibilities

Lot 1 Services (PCG):

- Operating and maintaining a third party billing system to submit claims to DHS for direct services and special transportation
- Conducting the Random Moment Time Study (RMTS)
- Submitting quarterly claiming for Medicaid administrative activities to DHS
- Contractor Systems: *EasyTrac* and *Claiming System*

Lot 2 Services (SSG):

- Performing annual cost reconciliation and settlement tasks
- Conducting annual cost reconciliation monitoring reviews
- Calculating annual interim rate adjustments
- Conducting quarterly RMTS coding reviews
- Contractor System: *e-SivicMACS*

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Contractor Coordination

- DHS is committed to ensuring a smooth transition from one contractor to two contractors during the new contract period and requires both contractors to work cooperatively in order to provide excellent customer service to the LEAs.
- Successful transition period from July 1 – September 30, 2016
- Help Desk Coordination – Inquiries from LEAs will be routed between the contractors, as needed, and reported to DHS monthly

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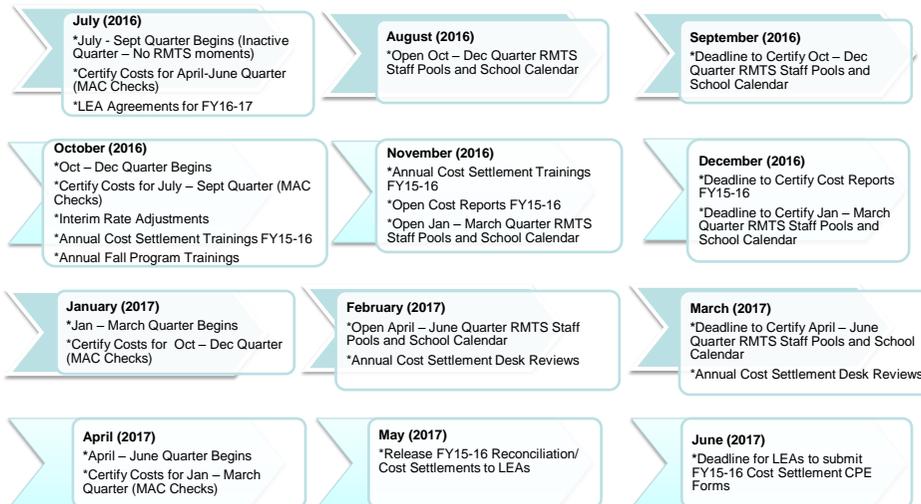


Contractor Fees

- Second year of decreased fees for LEAs
- Decreased direct service claiming fees for 2016-2017, for dates of service beginning July 1, 2016
 - Direct service transaction fee is \$0.33 per claim
 - Special transportation transaction fee is \$0.19 per claim
- MAC processing fees will continue to be 50% of the LEA share, up to a maximum of \$500, per quarter.
 - For example, if the LEA share is \$600, the quarterly processing fee will be \$300.



SBAP Recurring Timeline – FY 2016-2017



July to September Quarter

July (2016)

- *July - Sept Quarter Begins (Inactive Quarter – No RMTS moments)
- *Certify Costs for April-June Quarter (MAC Checks)
- *LEA Agreements for FY16-17

August (2016)

- *Open Oct – Dec Quarter RMTS Staff Pools and School Calendar

September (2016)

- *Deadline to Certify Oct – Dec Quarter RMTS Staff Pools and School Calendar

- Start of new state fiscal year – sign annual LEA participation agreement
- Inactive quarter for RMTS – no moments issued
- Continuation of billing for prior and current state fiscal year – 180 day filing window
- *In July, look back at previous quarter* – submit quarterly costs for Medicaid Administrative Claiming (MAC) for April to June quarter, due one month after close of quarter (based on actual costs)
- *In August, look ahead to next quarter* – update and certify calendars and Staff Pool Lists for October to December quarter. Remember to create unlimited “shifts” especially for contractors/part-time staff.

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October to December Quarter

October (2016)

- *Oct – Dec Quarter Begins
- *Certify Costs for July – Sept Quarter (MAC Checks)
- *Interim Rate Adjustments
- *Annual Cost Settlement Trainings FY15-16
- *Annual Fall Program Trainings

November (2016)

- *Annual Cost Settlement Trainings FY15-16
- *Open Cost Reports FY15-16
- *Open Jan – March Quarter RMTS Staff Pools and School Calendar

December (2016)

- *Deadline to Certify Cost Reports FY15-16
- *Deadline to Certify Jan – March Quarter RMTS Staff Pools and School Calendar

- Attend annual SBAP Trainings – offered in six regions in Pennsylvania
- Continuation of billing for prior and current state fiscal year – 180 day filing window
- In October, start preparing your LEA’s Cost Report for previous fiscal year – due December 31st (accrual basis)
- *In October, look back at previous quarter* – submit quarterly costs for Medicaid Administrative Claiming (MAC) for July to September quarter, due one month after close of quarter (based on actual costs)
- *In November, look ahead to next quarter* – update and certify calendars and Staff Pool Lists for January to March quarter. Remember to create unlimited “shifts” especially for contractors/part-time staff.

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January to March Quarter



- LEAs participate in cost settlement desk reviews – ensure accuracy of your LEA’s cost report
- Continuation of billing for current state fiscal year only – 180 day filing window
- *In January, look back at previous quarter* – submit quarterly costs for Medicaid Administrative Claiming (MAC) for October to December quarter, due one month after close of quarter (based on actual costs)
- *In February, look ahead to next quarter* – update and certify calendars and Staff Pool Lists for April to June quarter. Remember to create unlimited “shifts” especially for contractors/part-time staff.

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April to June Quarter



- Annual cost settlement calculations are released to the LEAs – notice of underpayments/overpayments due to or from LEAs
- LEAs review and certify public expenditures to finalize annual cost settlement by June deadline
- Continuation of billing for current state fiscal year only – 180 day filing window
- *In April, look back at previous quarter* – submit quarterly costs for Medicaid Administrative Claiming (MAC) for January to March quarter, due one month after close of quarter (based on actual costs)
- Since July to September quarter is inactive for RMTS, no changes made to calendars/shifts or staff pool lists

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SBAP Handbook

- The SBAP Handbook is available on the SBAP page of the DHS website: <http://www.dhs.pa.gov/provider/School-BasedACCESS/>
- Key Policy Changes or Reminders:
 - Authorization of PCA Services
 - PCA Service Examples
 - Supervision of Speech Providers
 - Medical Authorization Requirements
 - Authorization of Initial Evaluations/ Re-Evaluations
 - Individual/ Group Services
 - Billing Units
 - CRNP Collaborative Agreements
 - Provider Revalidation
 - Ordering, Referring, Prescribing Providers

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Authorization of PCA Services

- Federal regulations require personal care services to be authorized by a physician in accordance with a plan of treatment.
[42 CFR 440.167](#)
- **Beginning with dates of service on 1/1/2017**, personal care services must be prescribed/ordered by a licensed MD or licensed DO enrolled in the MA Program within the scope of his or her practice under state law.

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Examples of PCA Services

- Personal care services are supports that may be required due to *physical or cognitive impairments* and may be provided through:
 - Assisting the student to use equipment or communication devices
 - Total or partial physical assistance
 - Prompting or cueing the student to complete the task
- Observation/monitoring and redirection/intervention that interferes with completion of ADLs.
- Reminder: PCA logs must be signed by a teacher or supervisor who can attest the IEP services documented were provided.

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Supervision of Speech Providers

- PDE-certified Speech Pathologist
 - Must be “under the direction of” a licensed speech pathologist or ASHA CCC speech pathologist who sees the student at least once, has input into the care provided and reviews the student’s treatment on an ongoing basis. The supervising speech pathologist should maintain close oversight for the services they agree to supervise.
- Clinical Fellowship Year
 - Follow ASHA requirements for qualifications of a mentoring SLP who supervises the clinical fellow.
- Speech Pathologist Assistants
 - Defined by [49 Pa. Code § 45.301](#) and [49 Pa. Code § 45.304](#), must be supervised in accordance with [49 Pa. Code § 45.306](#).

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Evaluations

- In order to be compensable within SBAP, Medical Authorizations are required for all initial evaluations and re-evaluations.
 - MPAFs for initial evaluations required **beginning with dates of service on 1/1/2017**
- All evaluations must be ordered/prescribed by licensed practitioner within their scope of practice and enrolled in the MA Program.
- All initial evaluations and re-evaluations are paid based upon a “Per Evaluation” unit of service.

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Evaluations Billing Chart

Evaluations	EI Initial Evaluations	SA Initial Evaluations	EI and SA Re-Evaluations
Date of Service	Date of Service is the IEP Meeting Date or 3 rd birthday, whichever is later.	Date of Service is the IEP Meeting Date.	Date of Service is the last date the evaluation activities with the student were performed.
Medical Authorization	Required – Prior to or Date of Service	Required – Prior to or Date of Service	Required – Prior to or Date of Service. A Re-Evaluation included in the existing MPAF can be conducted any time during the authorization period.
IEP	Required – Evaluation is not compensable if it does not result in an IEP.	Required – Evaluation is not compensable if it does not result in an IEP.	Required
Ongoing Health Related Service in the IEP	Psychological: Not Required All Other: Required. Evaluation is not compensable unless there is a resulting MA health-related covered service.	Psychological: Not Required All Other: Required. Evaluation is not compensable unless there is a resulting MA health-related covered service.	Psychological: Not Required All Other: Required. Evaluation is not compensable if it does not result in an ongoing MA health-related covered service <u>from the evaluation conducted.</u>
Parental Consent	Required – Prior to or Date of Service	Required – Prior to or Date of Service	Required – Prior to or Date of Service

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Individual/Group Services

- Individual and/or group must be clearly identified on both the MPAF and the IEP with the frequency and duration specified for each type of session.
- A combination of individual and/or group may be listed on the MPAF and the IEP, so long as it is deemed medically necessary and clearly indicates the frequency and duration for each type of session.
 - **Compensable example:** An IEP may specify “individual speech therapy for 30 minutes 2x per week” and “group speech therapy for 30 minutes 2x per month.”
 - **Non-compensable example:** An IEP with “individual or group therapy for 30 minutes 10x per month” does not properly identify the service to be provided.

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Billing Units

- Most SBAP services are billed on a 15-minute unit, with the exception of evaluations and medication administration.
- Service minutes can accumulate only when the following occurs: *same student, same date and same service*
- Provider logs are required to contain exact “Start Time” and “End Time” – do not round off or round up!

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CRNP Collaborative Agreement

- In Pennsylvania, CRNPs must have a collaborative agreement with a licensed physician to order, refer or prescribe services (CRNP Practice [49 Pa. Code Section 21.282a](#)) and to enroll in the MA Program.
- CRNPs signing medical authorizations for SBAP must have a collaborative agreement per their scope of practice.
- Discussion of Collaborative Agreement vs. Prescriptive Authority
 - **Collaborative Agreement:** Signed agreement between CRNP and collaborating physician with details of their collaboration
 - **Prescriptive Authority:** Approved by State Board of Nursing for prescribing Schedule II, III and IV controlled substances

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Revalidation of MA Providers

- Federal law requires that all providers must revalidate their MA enrollment every 5 years.
- This includes LEAs enrolled as Provider Type 35 participating in the SBAP.
- Providers who do not comply with the federal revalidation requirement will have their enrollment terminated from the MA Program.
- DHS Provider Enrollment Hotline **1-800-537-8862**

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Ordering, Referring, Prescribing (ORP) Providers

- Federal law requires physicians and other practitioners within their scope of practice who order, refer or prescribe services for MA beneficiaries to enroll as MA providers.
- All licensed practitioners within their scope of practice signing medical authorizations or MPAFs must be enrolled in the MA Program.
- LEAs will need to include the prescribing practitioner's credentials in Easytrac:
 - **National Provider Identifier (NPI)** – 10 digit number, assigned to the provider on the federal level
 - **MA Provider Number** – 13 digit number, assigned to the provider on the state level by DHS

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Entering ORP Providers into Easytrac

- Updating Existing and Adding New ORP Providers
 - Via the “Users” tab in EasyTrac either add the new ORP provider information or search for the existing.
 - Within the personal information section for the ORP provider, there are two new fields;
 - “**NPI Number**”
 - “**Medicaid Provider ID**”

User Type:	Related Service Provider * <input type="text"/> ?
Schools:	Authorizing Provider 1 is associated with all Schools
NPI Number:	<input type="text" value="1276908404"/>
Medicaid Provider ID:	<input type="text" value="1040895970002"/>

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Entering ORP Providers into Easytrac

- Updating Existing and Adding New ORP Providers
 - The services that the ORP provider can authorize must also be selected as **“Can Provide”**. Click the checkbox for each applicable service the ORP provider can authorize.
 - Selection of services the ORP provider can authorize must be based on their scope of practice under state law.

Services:	Can Provide	Approver/Supervisor
Audiology	<input type="checkbox"/>	<input type="checkbox"/>
Audiology Evaluation	<input type="checkbox"/>	<input type="checkbox"/>



Entering ORP Providers into Easytrac

- Adding Service Authorizations
 - From the “Compliance Data” tab choose **“Medical Authorization”**



- Authorizations will **now** be able to be added for more than one (1) service at a time through a “Check All”/”Check None” option.

Add Medical Authorization for Selected <input type="checkbox"/> Check All <input type="checkbox"/> Check None	Related Service	Service Dates Start/End	Group Size	Amount of Service	Doctor Authorization
<input checked="" type="checkbox"/>	Physical Therapy			minutes per Day	07/09/2016 07/10/2016
<input checked="" type="checkbox"/>	Personal Care Assistant			minutes per Day	07/03/2016 07/04/2016
<input checked="" type="checkbox"/>	Audiology - LOG HERE			minutes per Day	08/03/2016 08/04/2016

****Please note:** If a service does not appear, select the “Related Services” tab from the Students sub-menu to add any additional Related Services.



Entering ORP Providers into Easytrac

- Adding Service Authorizations
 - To add new Authorization Dates, enter the Authorization Begin Date and End Date. Then, select the applicable Authorizing ORP provider from the “Authorized By” drop down box.

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Entering ORP Providers into Easytrac

- **Please Note:** If the ORP provider’s profile does not contain all of the required elements for Authorizing (“NPI Number”, “Medicaid Provider ID”, and “Can Provide” for the applicable services), the ORP provider’s name will **NOT** appear in the “Authorized By” drop down box.

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Entering ORP Providers into Easytrac

- Adding Service Authorizations
 - The “**NPI Number**” and “**Medicaid ID number**”, as listed in the ORP provider profile, will appear automatically in the appropriate fields. These fields can **NOT** be edited. Edits to this information can only be done by accessing the “Users” tab.

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Entering ORP Providers into Easytrac

- **Please Note:** Authorizations will only be added for the services the ORP provider is listed as “Can Provide” per their profile. If selected to add authorizations to Audiology, Personal Care Assistant, and Physical Therapy, but the ORP provider is only listed as “Can Provide” to authorize Physical Therapy then only an authorization for Physical Therapy will be added.

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Entering ORP Providers into Easytrac

- Adding Service Authorizations
 - The new Authorization will be added to the “Existing Medical Authorization Records” Table.

Existing Medical Authorization Records						
Service(s)	Start Date	End Date	Authorized By	NPI	Medicaid ID	
Audiology	07/27/2016	07/27/2017				
Audiology	07/28/2016	07/27/2017				
Audiology, Personal Care Assistant, Physical Therapy	08/01/2016	07/30/2017	Authorizing Provider 1	1276909404	1040895970002	



Direct Service Claiming Best Practices

- Due to timely filing limits of 180 days from the date of service, LEAs could miss reimbursement opportunities if services are not entered timely.
- It is recommended as a best practice to enter service logs into EasyTrac by the 15th of each month.
- It is recommended as a best practice to enter multiple service logs for the same student, same service type and same date of service into EasyTrac at one time to reduce contractor processing fees.

Log ID	Date	Date/Time Signed	Service Type	Provider	Duration of Service	Start Time	End Time	Group Size
12329	10/06/2015	11/25/2015 05:51:00	Direct		1:35	01:45 PM	03:20 PM	Indiv.
12716	10/06/2015	12/01/2015 00:05:00	Direct		0:30	09:30 AM	10:00 AM	Indiv.
12717	10/06/2015	12/01/2015 00:05:00	Direct		1:00	10:30 AM	11:30 AM	Indiv.
12748	10/06/2015	12/01/2015 00:05:00	Direct		1:00	08:30 AM	09:30 AM	Indiv.



Updated Provider Logs 2016-2017

- [Provider Logs](#) for each service type have been updated for FY 2016-2017 dates of service – LEAs can modify templates but must contain all DHS-required fields
- Logs are to be completed by qualified providers only
- Only direct services, face-to-face with the student, are compensable
- Discussion of “Other Direct Service” – provider must provide a clear description of the service

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Monthly Management Reports

- The six monthly claiming reports are available for 30 days in both PDF and Excel formats on each LEA's EasyTrac site.
 - Best Practice: Save the reports locally in order to access them in the future.
 - Helpful Resource: [Report Descriptions](#)
- “*Claim Status by Service Date*” and “*Claim Status by Billing Procedure*” provides an overview of claims and payments by the month in which the services were delivered (i.e. date of service).
 - Best Practice: Both reports can be used for reconciling annual costs once all claims have been paid for the fiscal year.

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Provider Specific Interim Rates

- LEAs receive interim payments in their FAI accounts for compensable Direct Services and Special Transportation claims.
 - FAI Reports are provided on a monthly basis.
- Rates are specific to each LEA and to each service type.
- All LEAs receive annual adjustments to their rates based on their Medicaid Allowable Costs as determined by the prior year's cost settlement.
 - New LEA rates are effective with dates of service on or after October 1, 2016.

Important Note: Rates are based upon the number of claims paid so the level of billing directly impacts your LEA's rates!

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Quarterly Calendars

- LEAs create and certify their individual calendars each quarter to determine dates the LEA will be in session.
 - Best Practice #1: Identify the latest start time and earliest end time within the district.
 - Best Practice #2: Utilize shifts for providers or contractors on specific days/times or for morning/afternoon shifts.
- LEAs that fail to certify their calendars by the quarterly deadline will be required to use the default calendar – only federal holidays are automatically marked off.
- LEA calendars are important because the moments issued to participants are based on the dates the LEAs are in session.

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Quarterly Staff Pool Lists

- **Direct Service** staff pool must include only qualified (holds the required certification or licensure) direct service providers – employees or contractors – who are providing or could provide health-related services in an IEP.
- **Administrative Support** staff pool should include any staff – who are not direct service providers – who spend most of their time (*on a typical day*) supporting the Special Education program and/or health-related services in an IEP.
- Best Practices:
 - Assign a CC Email to each position.
 - Ensure last name and email address of an existing job position are current.
 - Do not overuse vacancy positions, which are eligible for moments.

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Random Moment Time Study (RMTS)

- RMTS directly impacts the level of reimbursement to LEAs.
- RMTS results are used to:
 - Develop the Direct Medical Percentage used in the Cost Settlement Process
 - Develop each participating LEA's quarterly MAC reimbursement
- It is important for participants to both respond timely to the moment and provide a clear description of the activity during the moment.

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RMTS Response Compliance

- RMTS Compliance
 - Statewide response rate must be at least 85%
 - LEAs are monitored for individual compliance. DHS issued warning letters to 36 LEAs not in compliance during at least 2 quarters in FY 2015-2016, and required a corrective action plan.
 - LEAs which continue to be in default may not be able to claim for the remainder of the year and must return all SBAP payments received.

- Keep it up! Quarterly response rates from *Direct Service Staff Pool*:
 - October to December 2015: 88.4%
 - January to March 2016: 89.5%
 - April to June 2016: 90.3%

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RMTS Response Content

- Responses can be brief, but must include sufficient detail so the coder can easily understand the activity occurring during the assigned moment.

- REAL examples from Personal Care Assistants when answering the question "What were you Doing?":
 - Response #1 – "I provided a direct service per the student's IEP."
 - Response #1 is NOT clear. It does not give the coder information about what type of direct service is being provided to the student.

 - Response #2 – "I was transitioning my student through hallways and on stairs to his next period class, to observe for safety and proper conduct, per his IEP."
 - Response #2 provides a clear picture of the activity occurring during the assigned moment.

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RMTS Response Content (cont.)

- Response #3 – “Assisted student in math class per IEP.”
- Response #3 is NOT clear. It does not give the coder information about how the student was specifically being assisted in class.

- Response #4 – “Assisting the student with motor skills and multiple directions during a science experiment in his 3rd grade classroom, per the student’s IEP.”
- Response #4 provides a clear picture of the activity occurring during the assigned moment.

- Response #5 – “Lunch room duty per student’s IEP.”
- Response #5 is NOT clear. It does not give the coder a description of whether a service was being provided to the student during lunch.

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LEAs' RMTS Best Practices

- LEAs with consistent high response rates have been highlighted in quarterly newsletters with their specific tips to reach at or nearly 100% response rates:
 - [Allegheny Intermediate Unit 3](#)
 - [Blairsville-Saltsburg School District and Homer-Center School District](#)
 - [School District of Philadelphia](#)
 - [Pittsburgh Public Schools](#)

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RMTS Documentation

- Prepare for audits of RMTS moments by maintaining proper documentation
 - Direct Service and Administrative moments
- Best Practice: Participants receiving and responding to a moment should file documentation of the activity described in their moment with their ACCESS Coordinator.

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Cost Reconciliation Process

- Cost Reports from LEAs are due annually by December 31
 - Cost Reports for FY 2015-2016 will open November 1 for this year only due to the contractor transition period.
- Desk Reviews are conducted annually in February and March
 - Purpose of the desk reviews are to compare LEAs' Cost Reports (reported costs and reported ratios) against statewide thresholds.
 - Desk Reviews are the opportunity for LEAs to correct any omissions or errors of their Cost Reports.
- Cost Settlements (amount due to or from the LEAs) are issued annually in May
- CPEs for Cost Settlements from LEAs are due annually in June

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Cost Reconciliation Process Reminders

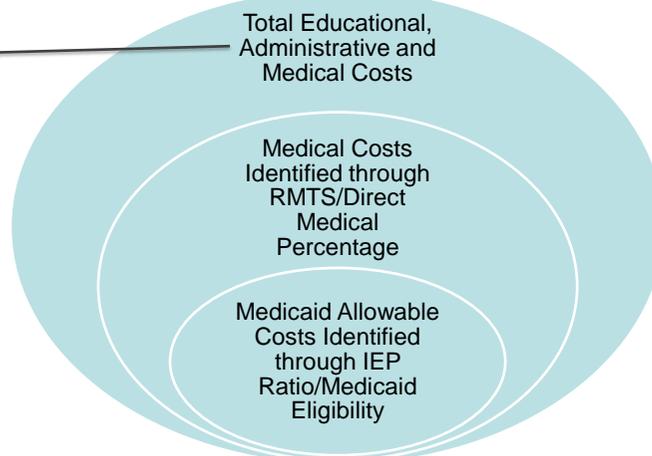
- Since SBAP utilizes a cost-based reimbursement methodology, LEAs cannot receive more than their Total Medicaid Allowable Costs.
- LEAs need both Interim Payments AND Allowable Costs in order for a health-related service category to be included in the final cost settlement calculation.
 - Best Practice: An LEA billing for and receiving interim payments for nursing services should ensure that qualified nurses are included in their Direct Service Staff Pool.

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Identification of Medicaid Allowable Costs

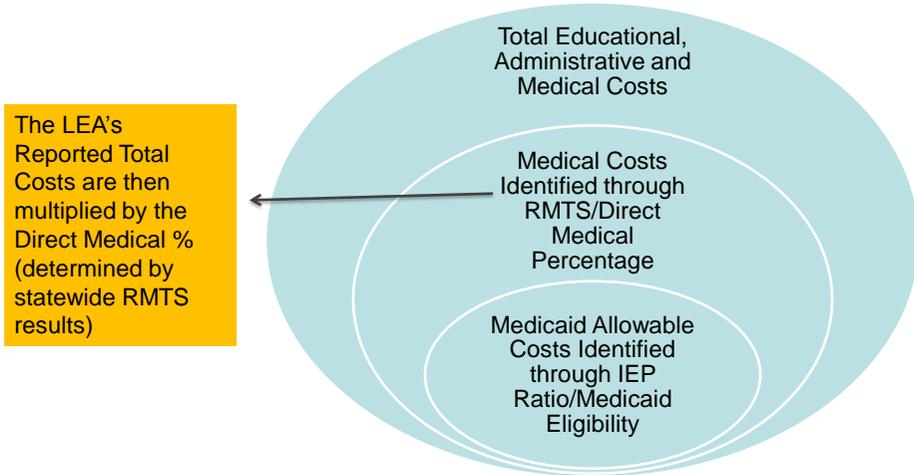
LEAs report 100% of allowable costs: salaries, benefits, tuition, contracted costs, transportation, CMS-approved health-related supplies and materials



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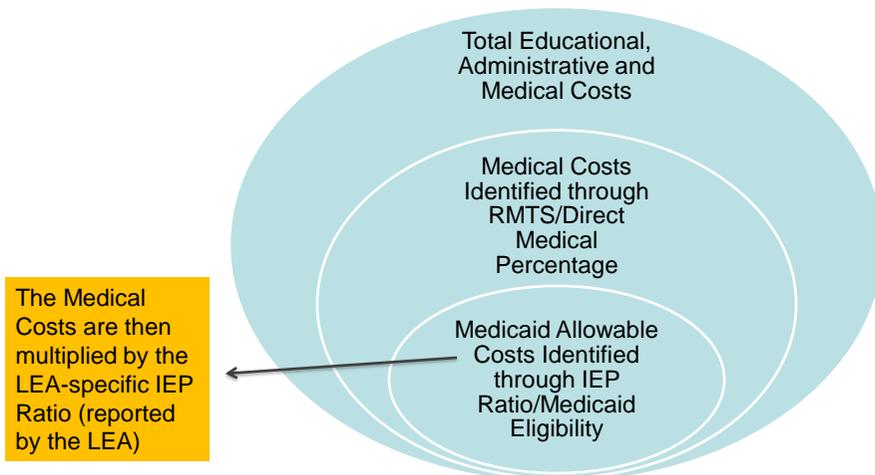
Identification of Medicaid Allowable Costs



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Identification of Medicaid Allowable Costs



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Monitoring of Cost Reconciliation

- A randomly selected number of LEAs will be required to participate in Monitoring Reviews to ensure compliance with the annual cost reconciliation process.
- Review Categories:
 - **Category #1: Costs reported for Salaried Staff.**
 - Purpose: Ensure documentation supports reported salaries and benefits for staff included on the Direct Service Staff Pool.
 - **Category #2: Costs reported for Contracted Staff.**
 - Purpose: Ensure documentation supports reported contracted costs for contractors included on the Direct Service Staff Pool.
 - **Category #3: Credentials/Licensing of Providers.**
 - Purpose: Ensure documentation supports credentialing/licensing requirements for staff/contractors included on the Direct Service Staff Pool.

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Monitoring of Cost Reconciliation (Cont.)

- **Category #4: Direct Medical Service Other Costs.**
 - Purpose: Ensure costs reported are listed on the CMS list of approved materials/supplies and documentation supports the reported expenditures.
- **Category #5: IEP Ratio.**
 - Purpose: Ensure documentation supports reported numerator (MA eligible students with health-related services in IEPs) and reported denominator (ALL students with health-related services in IEPs).
- **Category #6: Tuition Payments.**
 - Purpose: Ensure documentation supports reported tuition payments for only MA eligible students with health-related services in IEPs.

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Monitoring of Cost Reconciliation (Cont.)

- **Category #7: Transportation.**
 - Purpose: Ensure documentation supports reported transportation costs and ratios.
 - *Subcategory #1: One Way Trip Ratio.*
 - Ensure documentation supports reported denominator (total number of one-way trips for students with specialized transportation documented in their IEPs).
 - *Subcategory #2: Specialized Transportation Ratio.*
 - Ensure documentation supports reported numerator (total number of students with specialized transportation documented in their IEPs) and reported denominator (total number of ALL students receiving transportation services).
 - *Subcategory #3: Transportation Payroll.*
 - Ensure documentation supports reported salary and benefits of transportation staff.
 - *Subcategory #4: Transportation Other Costs.*
 - Ensure documentation supports reported transportation contracted costs, fuel and oil, insurance, maintenance and repairs, and lease/rental.

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Commitment to Compliance: Documentation

- LEAs must maintain any and all documents relevant to the services claimed, including Provider Certifications.
 - Reminder: LEAs must maintain current certifications and/or licensure for every provider listed on their Direct Service Staff Pool.
- Records must comply with State Medicaid Regulations (55 Pa. Code § 1101.51):
 - Record Retention
 - Readily available for review or copying
 - Must be legible
 - Alterations must be dated and signed

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Sample Logs

Special Transportation Log 2016-2017

LEA Name:		Provider Name:	
Distance ID:		Verification of Services:	
Month of Service:		LEA Approval (date name):	
		LEA Signature:	

Early Intervention School Age

PA Secure ID	Student Name	Day of the Month (Indicate Bellring Trip or On-Off Wks)																															
		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	
ONE	Two O	R	O	R	R																												
Two	Three	O	O	O	O																												
Three	Four					R																											

Logging Tips:

- Can be the bus company logging
- Can be one log per student if students are met at the bus by PCA
- How are you verifying the student rode the bus?



Sample Logs

Nursing Log 2016 - 2017

Student's name:	One Two	Provider's Name:	
Student's date of birth:		PA Secure ID:	
School:		Provider's Title:	
Diagnosis/symptom(s):		Date:	
		Provider's Signature:	

Early Intervention School Age

Service		Treatment		Refer to the keys below for an explanation of the treatment codes and progress indicators			
Date	Start Time	End Time	Treatment Key (see Pg 7)	Progress Indicator Key	Medication Name and Dosage (if applicable)	Description of Service (daily notes on activity, location, and outcome)	
9/1/16	11:42	11:44	6	MN	Diltiazem 100mg	Med given	
9/2/16	11:45	11:47	6	MN	Diltiazem 100mg	Oral medication given no complications noted	
9/3/16	11:43	11:48	6	R3	Diltiazem 100 mg	oral medication given, difficulty swallowing noted parent to be advised.	
9/6/16	1:42	2:04	3	MN		Dress @ skin changed per phys order. No change to wound noted.	
9/7/16	1:44	2:00	3	MN			

Mn = Maintaining	Ev = Evaluation	In = Inconsistent
Rg = Regressing	Ms = Mastering	Pr = Progressing



Sample Logs

Personal Care Assistant Daily Log 2016 - 2017

Student's name:		PA Secure ID		Provider's Name:	
Student's date of birth:		Date:		Provider's Title:	
School:		Diagnosis/symptom(s):		Provider's Signature:	
				<input type="checkbox"/> Early Intervention <input type="checkbox"/> School Age	

Service	Treatment		Service Type	Progress Indicator Key	Description of Service (daily notes on activity, location, and outcome)
	Start Time	End Time			
9/10/16	7:45	7:58	10	Mn	on bus
9/10/16	7:43	7:56	10	Mn	Monitoring behavior on bus no outbursts noted
9/10/16	8:00	11:00	6	Mn	No signs of seizure activity
9/10/16	11:03	11:08	5	Mn	Walked with student to Bathroom. Reminded her to wipe and wash hands. Walked with student back to class room no outbursts or seizure activity noted

Service Type: D = Direct PA = Provider Absent PNA = Provider Not Available DM = Direct Session: Make-up Session SA = Student Absent SNA = Student Not Available		Progress Indicator Type Mn = Maintaining Ev = Evaluation In = Inconsistent Rg = Regressing Ms = Mastering Pr = Progressing		
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Teacher/Supervisor's Name: _____ Teacher/Supervisor's Signature*: _____ Date: _____

*I attest that the services documented above were provided on the date indicated, to the student named, in accordance with the student's IEP.

Public Consulting Group | <http://www.publicconsultingpa.com/clientaccess/> | SRAPSupport@pcgus.com | (866) 912-2976 | updated 7/13/16



Commitment to Compliance: Provider Screenings

- LEAs as MA Providers are required to monthly screen employees and contractors for exclusion from participation in federal health care programs.
 - An excluded/precluded individual or entity cannot be part of a task that is reimbursed by Federal healthcare program dollars.**
- LEAs must use all 3 preclusion websites:
 - Office of Inspector General (LEIE)
 - System for Award Management (SAM)
 - Medicheck (DHS)



DHS Preclusion Actions

- 2016 YTD 145
- 2015 total 311
- 2014 total 206
- 2013 total 252

*Provider Type	YTD 2016	2015	2014	2013
RN	22	34	47	43
CRNP	-	3	1	0
LPN	13	23	24	19
OT	-	0	1	0
PT	-	1	1	1
PCA	35	33	13	25
HOME HEALTH AIDE	1	4	17	16
PHYSICIAN	18	93	97	76
PSYCHOLOGIST	1	6	6	2
SOCIAL WORKER	1	1	0	2
COUNSELOR	2	1	9	1
INDIVIDUAL	16	19	24	25
CORPORATIONS	4	13	6	3
SPEECH	-	1	-	-

*Selection of provider types that could work within the SBAP

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Commitment to Compliance: Self Audits

- Best Practice: Perform periodic self audits on your LEA's direct service and transportation compliance data and documentation to ensure services were rendered and billed correctly.
- The [Self-Audit Tool](#) provides checklist of documents/records required for SBAP billing.

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Commitment to Compliance: Self Disclosures

- LEAs are encouraged to self disclose billing errors and violations identified.
- Providers have a legal and ethical commitment to return inappropriate Medicaid payments.
- Disclosures should be made directly to the Bureau of Program Integrity (BPI) within DHS:
 - **BPI SBAP Coordinator (717) 705-6873**

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Commitment to Compliance: Deleted Logs

- Requesting deletion of logs through EasyTrac does not automatically void paid claims in DHS' PROMISe system.
- Active Claiming Periods: LEAs may request to delete service logs directly through EasyTrac. If service logs have been paid, PCG will submit these to DHS for voids processing (quarterly).
- Non-Active Claiming Periods: Coming soon, EasyTrac will prohibit LEAs from requesting deletion of service logs from prior claiming periods. LEAs will need to contact PCG or BPI to submit service logs for voids processing.

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Commitment to Compliance: Prescribed vs. Documented

- Units of service billed must be equal or less than the units of service authorized on the Medical Practitioner Authorization Form (MPAF).
- BPI continues to find instances where there are more units of service billed than are authorized.
- You are highly encouraged to verify through the self-audit process that the duration and frequency of the services billed are equal to or less than the duration and frequency recommended in the IEP and authorized on the MPAF.

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DHS Contact Information

Becky Ludwick, SBAP Director
 (717) 787-5512
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Barry Decker, Bureau of Policy, Analysis and Planning
 (717) 772-6113
bdecker@pa.gov

Pam Tressler, Bureau of Program Integrity
 (717) 705-6873
ptressler@pa.gov

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SBAP Contractors' Contact Information

Lot 1 Contractor - PCG:

1-866-912-2976

SBAPsupport@pcgus.com

Lot 2 Contractor - SSG:

1-877-916-3222

PAsupport@sivicsolutionsgroup.com

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SBAP Training Survey

We want to hear from you!

Please provide feedback of the morning session by completing this short survey:

<https://www.surveymonkey.com/r/NL3NJ59>

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