

School-Based ACCESS Program (SBAP)

FY2015-2016 Statewide Training

Questions?

For attendees participating via a downlink site into one of the PaTTAN locations, please use the following emails throughout the presentation, as applicable:

February 22 (Harrisburg PaTTAN)

HBG.Questions@pattan.net

February 24 (King of Prussia PaTTAN)

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March 23 (Pittsburgh PaTTAN)

PGH.Questions@pattan.net

▶ Training Agenda

- **PA SBAP Overview**
 - Background
 - Programmatic Changes
 - Roles and Responsibilities
 - SBAP Participation Requirements
 - Program Components
 - Statewide Financial Performance
- **Process & Timeline**
- **Direct Service Claiming**
 - Submitting Direct Service Logs
 - Provider Specific Interim Rates
 - Best Practices
 - Management Reports
 - Documentation & Audits

▶ Training Agenda (cont.)

- **Random Moment Time Study (RMTS)**
 - Staff Pool Lists (Administrative and Direct Service)
 - Quarterly Calendars
 - Helpful Tips from LEAs
- **Medicaid Administrative Claiming (MAC)**
- **Cost Settlement/Cost Reconciliation**
 - Preparing for the end of the process, which is Cost Settlement
 - Identify key steps in the process
- **SBAP Support**
 - Communication and Support
 - Training
 - Contact Information for DHS and PCG
- **Summary**

PA SBAP OVERVIEW

Background

- School-Based ACCESS Program (SBAP) provides Medicaid reimbursement for certain medically necessary health-related services documented in Individualized Education Program (IEPs) for students who are MA-eligible.
- 2015-2016 school year marks the 24th year of the Pennsylvania SBAP.
- Over 500 Local Education Agencies (LEAs) currently participate in SBAP: school districts, intermediate units, charter schools and early intervention programs.

Programmatic Changes

- Centers for Medicare & Medicaid Services (CMS) conducted a Financial Management Review of Pennsylvania's SBAP in 2012
- Department of Human Services (DHS) continues to evaluate SBAP to ensure the program is in compliance with federal requirements
- Significant programmatic changes:
 1. Cost-based Payment Methodology including Random Moment Time Study (RMTS) and cost reconciliation (effective FY 2012-2013)
 2. Discontinuance of billing for IEP meetings and collateral services (effective July 1, 2012)
 3. Daily Progress Notes (effective July 1, 2012)

Programmatic Changes (cont.)

4. Medication Administration – From “Per Day” Unit of Service to “Per Encounter” Unit of Service (effective July 1, 2013)
5. Discontinuance of Approved Private Schools/Chartered Schools for Deaf and Blind as PT 35 school-based providers (effective January 1, 2015)
6. Separate procedure codes used to identify Evaluations/Re-evaluations (effective March 1, 2015)
7. Services/Evaluations performed by PDE-certified psychologists must first be authorized or prescribed by a licensed practitioner (effective April 1, 2015)
8. Authorizations or prescriptions must be direct face-to-face with the student in order to be compensable (effective April 1, 2015)

Roles and Responsibilities

- **Federal Medicaid Oversight**

- Centers for Medicare & Medicaid Services (CMS)
 - Sets Federal requirements that must be implemented on a state level

- **State Oversight**

- PA Department of Human Services (DHS)
 - Determines requirements for Pennsylvania
 - Accountable to CMS
 - Oversight of SBAP Statewide Vendor
 - Partners with PDE
- PA Department of Education (PDE)
 - SBAP Education Advisors/Partners with DHS
 - Issues Penn*Link communications on behalf of SBAP/DHS
 - Manages LEAs' FAI accounts/Approves use of special education funding
 - Issues Unrestricted Indirect Cost Rate (UICR)

➤ Roles and Responsibilities (cont.)

- **Operational & Project Oversight**
 - Statewide Vendor - Public Consulting Group (PCG)
 - Manages web-based systems used to collect required data
 - Assists LEAs with program requirements
 - Submits LEAs' claims to DHS for payment
- **Day-to-Day Operations & Oversight**
 - Local Education Agencies (LEAs)
 - Manages program at local level
 - Maintains compliance
 - Documents services
 - Participates in RMTS
 - Provides cost report
 - Certifies public expenditures for cost settlement

Participation Requirements

In order to participate in the SBAP program, LEAs are required to:

- ☐ **Enroll** in the Pennsylvania MA program as a provider of school-based services (PT 35)
- ☐ **Revalidate** every 5 years as a provider of school-based services (PT 35)
- ☐ **Participate** in the Random Moment Time Study (RMTS)
- ☐ **Submit** quarterly costs (Medicaid Administrative Claim)
- ☐ **Submit** compensable direct service claims
- ☐ **Complete** an annual cost report
- ☐ **Certify** public expenditures for cost settlement

Participation Timeline

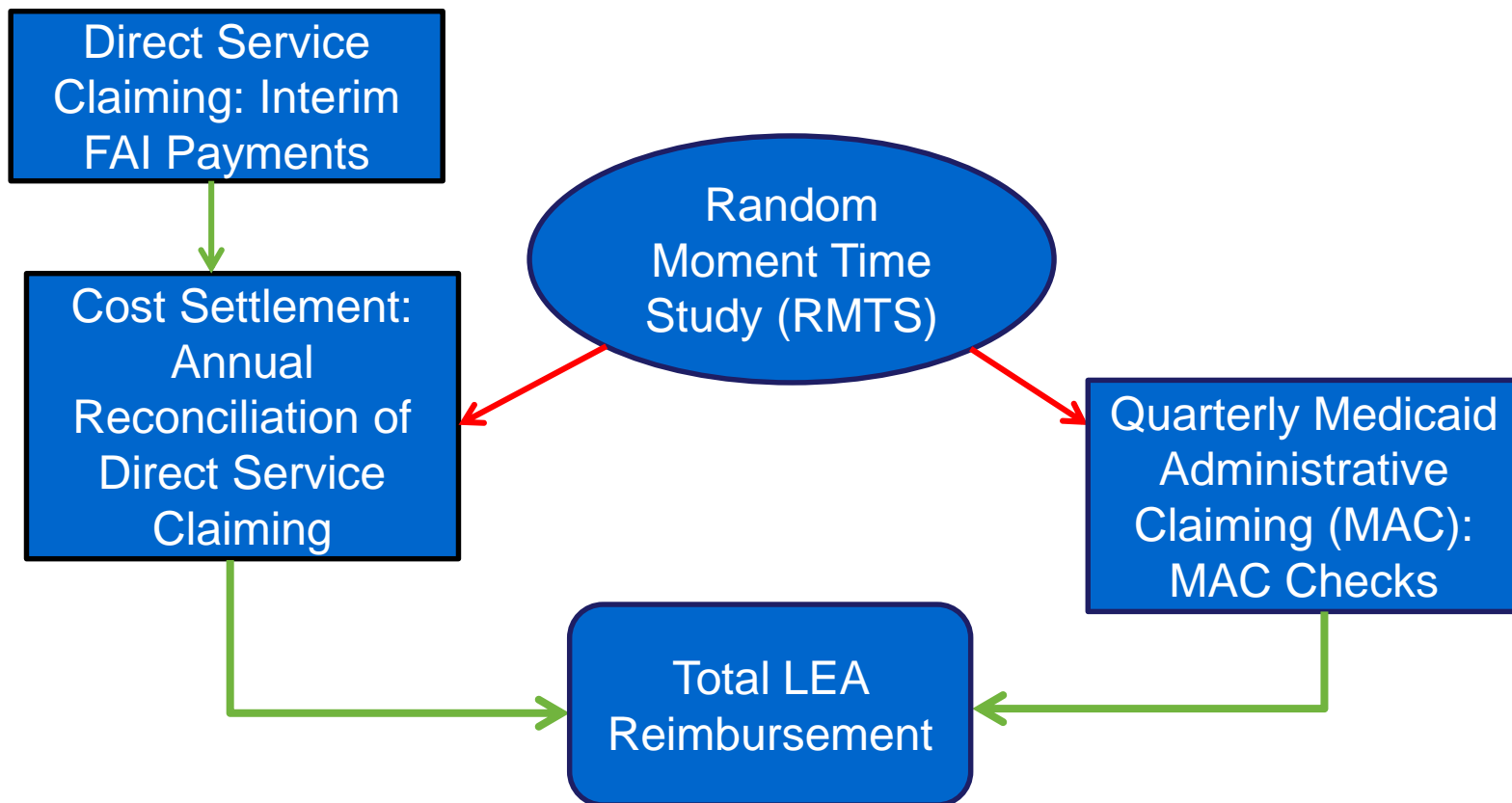
- **Daily/Monthly:** Submission of Direct Services and Transportation claims
 - 180-day billing window from date of service. Establish *Best Practice* to capture services delivered to all eligible students as soon as possible.
- **Quarterly:** Submission of Quarterly Costs for Medicaid Administrative Claiming (MAC), due one month after close of quarter – Actual Costs
- **Quarterly:** Submission of RMTS Staff Pool Lists and Calendars, due one month prior to start of quarter

Participation Timeline (cont.)

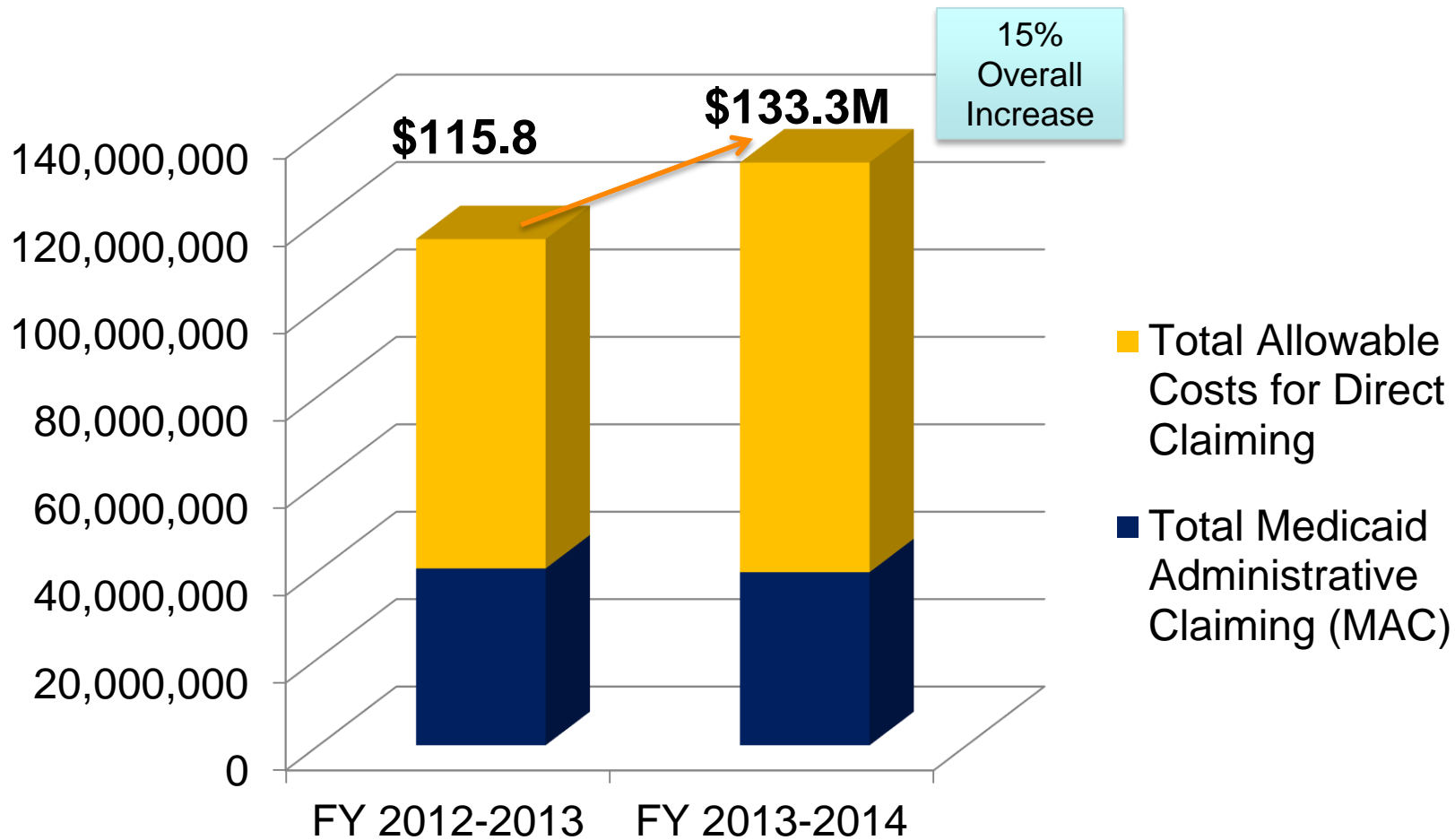
- **Annually:** LEA Participation Agreements
 - School-Based Administrative Claiming/MAC
 - School-Based Direct Service Claiming
- **Annually:** Submission of Cost Reports (cost data, IEP ratios, materials/supplies, etc.) – Accrual Basis
- **Every 5 years:** Provider Revalidation is due March 24, 2016
 - *Due to changes resulting from the Affordable Care Act (ACA), ALL MA Providers must revalidate their provider enrollment every 5 years. This includes LEAs as school-based providers (PT 35).

Program Components

School Based ACCESS Program components that drive reimbursement include:



Statewide Financial Performance



PROCESS & TIMELINE

Program Components & Business Processes

Direct Service Claiming

- MA Eligibility
- Direct Service and Transportation Logs
- Compliance data
- 180-day window
- LEA Specific Rates

Monthly

RMTS

- Direct Service Staff Pool
- Administrative Service Staff Pool
- School Calendar:
 - Start/End Times
 - Creating shifts
- Responding to Moments

Quarterly

MAC

- Submit and Certify Costs for Direct Service Providers and Administrative Staff

Quarterly

Cost Settlement

- Direct Medical Percentage
- IEP Ratio
- Transportation Ratios
- Unrestricted Indirect Cost Rate
- Direct Service Staff Pool Lists

Annually

SBAP Process Timeline



pennsylvania

DEPARTMENT OF HUMAN SERVICES

SBAP Recurring Timeline – (Example FY 2015-2016)

July (2015)

- July - Sept: Quarter 4 Begins (Inactive Quarter – No RMTS moments)
- Certify Costs for April-June: Quarter 3 (MAC Checks)

August (2015)

Open Oct – Dec: Quarter 1 RMTS Staff Pools and School Calendar

September (2015)

- Certify Oct – Dec: Quarter 1 RMTS Staff Pools and School Calendar

October (2015)

- Oct – Dec: Quarter 1 Begins
- Certify Costs for July – Sept: Quarter 4 (MAC Checks)
- Interim Gross Rate Adjustments
- Annual Cost Settlement Trainings FY14-15
- Annual Fall Program Trainings

November (2015)

- Annual Cost Settlement Trainings FY14-15
- Annual Fall Program Trainings
- Open Jan – March: Quarter 2 RMTS Staff Pools and School Calendar

December (2015)

- Deadline for LEAs to Certify Cost Reports FY14-15
- Certify Jan – March: Quarter 2 RMTS Staff Pools and School Calendar

January (2016)

- Jan – March: Quarter 2 Begins
- Certify Costs for Oct – Dec: Quarter 1 (MAC Checks)

February (2016)

Open April – June: Quarter 3 RMTS Staff Pools and School Calendar
Annual Cost Settlement Desk Reviews

March (2016)

- Certify April – June: Quarter 3 RMTS Staff Pools and School Calendar
- Annual Cost Settlement Desk Reviews

April (2016)

- April – June: Quarter 3 Begins
- Certify Costs for Jan – March: Quarter 2 (MAC Checks)

May (2016)

Release FY14-15 Reconciliation/ Cost Settlements to LEAs

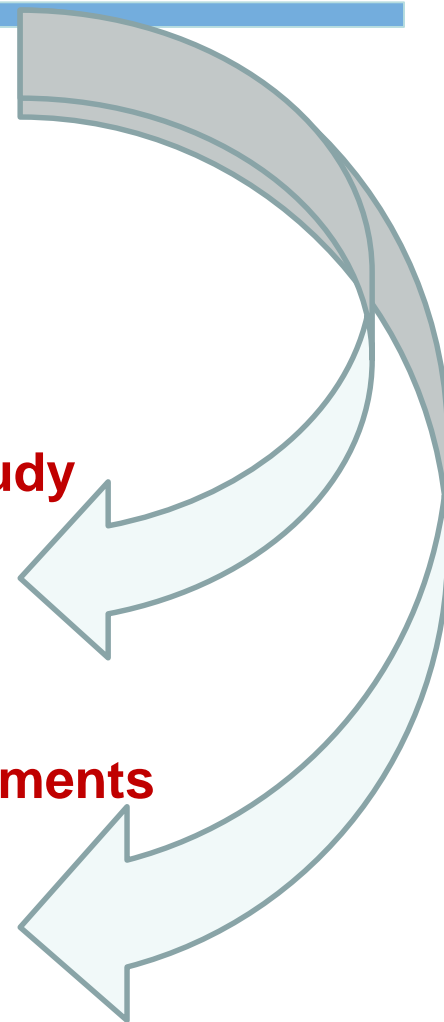
June (2016)

- Deadline for LEAs to submit FY14-15 Cost Settlement CPE Forms



Identifying Connections

- **What factors drive Cost Settlement**
 - LEA's Final Medicaid Allowable Costs
 - Direct Service Cost Pool
 - Direct Medical Percentage
 - IEP Ratio and Transportation Ratios
 - Unrestricted Indirect Cost Rate
 - Interim Payments
- **What factors drive Random Moment Time Study**
 - Time Study Staff Pool Lists
 - LEA's Calendar: Days off, First/Last day of school, Start/Stop times, creating "shifts"
 - Responding to time study "moments"
- **What factors drive Direct Service Interim Payments**
 - Capturing and documenting services in EasyTrac
 - Provider specific interim rates
 - MA eligibility
 - Compliance data elements
 - 180-day claiming window



DIRECT SERVICE CLAIMING

Direct Services

- Services are provided or purchased by LEAs enrolled in the MA Program to MA-eligible beneficiaries under 21 years of age for whom the service is medically necessary and documented in the IEP.
- DHS Requirement for all Providers – 180 days from date of service to bill the MA Program
- Services must be face-to-face to be compensable

Medical Authorization Requirements

- As a condition of Medicaid payment, health-related services identified in a student's IEP must be ordered/prescribed by a practitioner, who is qualified under their licensing scope of practice.
- Services provided to students prior to the date of the medical authorization are not compensable.
- Medical Authorization
 - Practitioner's orders must be documented on:
 - Prescription or SBAP Medical Practitioner Authorization Form (MPAF)
 - Practitioner's orders must be:
 - Concurrent with the IEP and obtained at least annually, or whenever there is a change to a student's health-related service(s)

SBAP Direct Services

- Assistive Technology Devices
- Nursing Services
- Nurse Practitioner Services
- Occupational Therapy Services
- Orientation, Mobility and Vision Services
- Personal Care Services
- Physical Therapy Services
- Physician Services
- Psychological, Counseling and Social Work Services
- Special Transportation Services
- Speech, Language and Hearing Services

➤ Assistive Technology Devices (ATD)

Assistive Technology Devices (ATD)

- 42 CFR 440.70(b)(3)
- Authorized/prescribed only by a physician (MD or DO)
- LEA obtains from medical supplier
- If an LEA submits an ATD for SBAP reimbursement, the ownership of the ATD must be transferred to the student.
- ATD Instructions and Forms:

http://www.publicconsultinggroup.com/client/paaccess/documents/Assistive%20Device%20Packet%20v1.1_2.1.13.pdf

➤ Nursing Services

Nursing Services

- 42 CFR 440.60(a)
- RN or LPN
- Provided by currently licensed RN or LPN
- Medication Administration (per encounter) provided by nurse
- Prescribed by a licensed physician or CRNP

➤ Nurse Practitioner Services

Nurse Practitioner Services

- 42 CFR 440.166
- Provided by currently licensed Certified Registered Nurse Practitioner (CRNP).
- Medical authorizations rendered by CRNPs are identified as physician services for billing in SBAP.

Occupational Therapy Services

Occupational Therapy Services

- 42 CFR 440.110(b)
- Provided by or under the supervision of a currently licensed OT
- Individual or group
- Prescribed by a licensed physician or CRNP

49 Pa. Code § 42.22. Supervision of occupational therapy assistants:

<http://www.pacode.com/secure/data/049/chapter42/s42.22.html>

➤ Orientation, Mobility and Vision Services

Orientation, Mobility and Vision Services

- 42 CFR 440.130(d)
- Provided by an Orientation and Mobility Specialist certified by the Academy for Certification of Vision Rehabilitation and Education Specialists who possesses a Pennsylvania Department of Education teaching certification for the visually impaired.
- Individual or group
- Prescribed by a licensed physician or CRNP

➤ Personal Care Services

Personal Care Services

- 42 CFR 440.167
- Identified as PCA service in SBAP
- Provided by a personal care assistant who is not a legally responsible relative and who is 18 years of age or older and possesses a high school diploma or general equivalency diploma, a current certification in first aid, and a current certification in cardiopulmonary resuscitation (CPR).
- One-to-one direct service
- Provides assistance due to physical disability or cognitive impairment
- Prescribed by physician or CRNP

Physical Therapy Services

Physical Therapy Services

- 42 CFR 440.110(a)
- Provided by or under the supervision of a currently licensed physical therapist
- Individual or group
- Prescribed by a licensed physician or CRNP

49 Pa. Code § 40.173. Supervision of physical therapist assistant by licensed physical therapist:

<http://www.pacode.com/secure/data/049/chapter40/s40.173.html>

Physician Services

Physician Services

- 42 CFR 440.50(a)
- Provided by currently licensed physician (MD or DO)

➤ Psychological, Counseling and Social Work Services

Psychological, Counseling and Social Work Services

- 42 CFR 440.50(a) and 42 CFR 440.130(d)
- Identified as psychological, counseling and social work services in SBAP
- Provided by a:
 - Currently licensed psychologist; or
 - Pennsylvania Department of Education school-certified psychologist; or
 - Currently licensed physician with a specialty in psychiatry; or

➤ Psychological, Counseling and Social Work Services

- Currently licensed professional counselor; or
- Currently licensed Marriage and Family Therapist; or
- Currently licensed Social Worker.
- Individual or group
- Prescribed by a licensed physician, CRNP, licensed psychologist, licensed social worker or other licensed practitioner of the healing arts within the scope of practice of his or her practice under state law.

➤ Special Transportation Services

Special Transportation Services

- 42 CFR 440.170(a)
- Billed as one way trips
- Use of a specially adapted vehicle or other qualified vehicle for special transportation provided on the same day as a paid health-related service
- Must be identified as separate service in the student's IEP
- Services must be documented in a transportation log
- Prescribed by a licensed physician or CRNP

➤ Speech, Language and Hearing Services

Speech, Language and Hearing Services

- 42 CFR 440.110(c)
- Identified as: audiology services; speech, language and hearing services; and teacher of the hearing impaired services.
- Individual or group
- Prescribed by a physician or CRNP

➤ Speech, Language and Hearing Services (cont.)

- Provided by a speech pathologist who:
 - Has a certificate of clinical competence (CCC) from the American Speech-Language-Hearing Association (ASHA); or
 - Has completed the equivalent educational requirements and work experience necessary for the CCC; or
 - Has completed the academic program and is acquiring supervised work experience to qualify for the CCC; or
 - Is currently licensed as a speech-language pathologist.
- Services may be provided under the direction of a speech pathologist, who must have:
 - A certificate of clinical competence (CCC) from the American Speech-Language-Hearing Association (ASHA); or
 - A current license as a speech-language pathologist.

NOTE: All services provided under the direction of a qualified speech pathologist must have a supervisory signature on SBAP documentation.

➤ Speech, Language and Hearing Services (cont.)

- Provided by a currently licensed audiologist
- Provided by or under a teacher of the hearing impaired who:
 - Has a current professional certificate issued by the Council on Education of the Deaf; or
 - Has a Master's degree, from an accredited college or university, with a major in teaching of the hearing impaired or in a related field with comparable course work and training.

Co-Treatment Services

- Co-treatment may occur as long as the services are documented and clearly identified as to why the service is medically necessary, appropriate to occur simultaneously, and consistent with standards of care and quality.
- Co-treatment cannot occur for the therapists' convenience; it must be what is medically necessary for the student.
- Documentation must be maintained by each therapist for the services provided.

Evaluations

- In order to be compensable within SBAP, Medical Authorizations are required for initial evaluations and re-evaluations
- All evaluations must be authorized or prescribed by an M.D., D.O., CRNP or other licensed practitioner within their scope of practice. Licensed psychologists and licensed social workers can sign medical authorizations for only services and/or evaluations within their scope of practice.
- All initial evaluations and re-evaluations are paid based upon a “Per Evaluation” unit of service, effective March 1, 2015.

➤ ICD-10 Compliance

Federally required to transition from ICD-9 to ICD-10 diagnosis codes effective October 1, 2015 dates of service.

- What does it mean for LEAs?
LEAs continue to choose the student's primary, secondary and tertiary disability in EasyTrac from a dropdown menu; however, the list was modified to allow for additional options as implementation of ICD-10 codes allowed for greater specificity.

EasyTrac/IDEA Disability Category
Autism
Blind/visually impaired*
Deaf-Blindness
Deafness*
Developmental Delay (3-5 in EI Program)
Emotional Disturbance
Hearing Impaired*
Intellectual Disability
Low vision/visually impaired*
Multiple Disabilities
Orthopedic Impairment
Other Health Impairment
Specific Learning Disability
Speech or Language Impairment
Traumatic Brain Injury
*Denotes Revised Categories

PROVIDER SPECIFIC INTERIM RATES

Provider Specific Interim Rates

- LEAs receive interim payments in FAI accounts for compensable claims
 - Direct Services and Special Transportation are billed to DHS using each LEA's Provider specific interim rates (rates).
 - When claims are compensable, the rates are multiplied by the current Federal Medical Assistance Percentage (FMAP) to determine the net interim payment that is then deposited into the LEA's FAI account.
 - Pennsylvania's FMAP is 52.01% (through September 30, 2016)
- Rates are specific to each LEA and to each service type.
- All LEAs receive adjustments to their rates on an annual basis, beginning in FY 2015-16, based on completion of the prior year's cost settlement.

➤ Provider Specific Interim Rates (cont.)

- The most recent rate adjustments were effective with dates of service on or after October 1, 2015.
- The next rate adjustment will occur in October 2016 for the FY 2016-17 based on the outcomes from the FY 2014-15 cost settlement.
- Rates may not exceed the DHS-established maximum rate per unit.
- If an LEA does not have data to support the calculation of a cost per unit (missing cost data, service unit data, or both), the rate will default to \$1.00

➤ Provider Specific Interim Rates (cont.)

- In some cases, an LEA may receive both increased rates for some service types and decreased rates for some service types, based on the outcomes from the LEAs' prior year cost settlements.

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

Sample Rate Decrease

Pre-Cost Settlement Rate Methodology (July 2012)	
Speech Cost (identified by LEA)	\$4,054,321.00
Speech Overhead (25% Cap)	\$1,013,580.00
Total Speech Costs (Costs + Overhead)	\$5,067,901.00
Total Speech Hours (identified by LEA)	59,718
Hours converted to units (Hours*4)	238,872
Speech Unit Rate (Total Cost/Units)	\$21.22
*Effective FY2012-2013, FY2013-2014, and FY2014-2015 Dates of Service	

Current Cost Settlement Rate Methodology (Based on FY2013-2014 Cost Settlement Information)	
Speech Cost (identified by LEA)	\$4,546,313.00
Total Gross Speech Medicaid Cost (application of Direct Medical Percentage, UICR, and IEP Ratio to total cost in Cost Settlement calculation)	\$667,712.19
Total Paid Speech Units (FY 2013-2014 Dates of Service; per MMIS Data)	37,571
Speech Unit Rate (Total Cost/Unit)	\$17.77
*Effective FY2015-2016 Dates of Service	

Sample Rate Increase

Pre-Cost Settlement Rate Methodology (July 2012)	
Psychological Cost (identified by LEA)	\$420,537.00
Psychological Overhead (25% Cap)	\$105,134.25
Total Psychological Costs (Costs + Overhead)	\$525,671.25
Total Psychological Hours (identified by LEA)	5,910
Hours converted to units (Hours*4)	23,640
Psychological Unit Rate (Total Cost/Units)	\$22.24
*Effective FY2012-2013, FY2013-2014, and FY2014-2015 Dates of Service	

Current Cost Settlement Rate Methodology (Based on FY2013-2014 Cost Settlement Information)	
Psychological Cost (identified by LEA)	\$795,058.00
Total Gross Psychological Medicaid Cost (application of Direct Medical Percentage, UICR, and IEP Ratio to total cost in Cost Settlement calculation)	\$117,720.40
Total Paid Psychological Units (FY 2013-2014 Dates of Service; per MMIS Data)	3,544
Cost Per Unit (Total Cost/Unit)	\$33.22
Psychological Unit Rate (95% of Cost per Unit)	\$31.56
*Effective FY2015-2016 Dates of Service	

Sample Rate Calculation Model

rate calculation model.pdf - Adobe Reader

File Edit View Window Help

\$1.00
 minimum
 rate

Source	District (MCRCS)	MMIS	Final Medicaid Allowable Costs / Total Service Units	Cost Per Unit	Multiply Cost Per Unit by Lower Level Clinician Discount Factor (see Assumptions)	Divide by Avg. Group Size of 3						Final Adjusted Rates	
Service #	Service Type	Final Medicaid Allowable Costs	Total Service Units*	Cost Per Unit	Individual (no clinician discount factor**)	Individual (clinician discount factor**)	Group	Max (Individual)	Service Limit (Individual)	Max (Group)	Service Limit (Group)	Individual	Group
1	Assistive Technology Devices	\$ 500.00	10	\$ 50.00	\$ 50.00	n/a	n/a	\$ 15,000.00	Per Item	n/a	n/a	\$50.00	n/a
2	Nursing Services - RN	\$ 30,000.00	1200	\$ 25.00	\$ 25.00	n/a	n/a	\$ 51.98	15 min/unit	n/a	n/a	\$25.00	n/a
	Nursing Services - LPN	\$ 30,000.00	1200	\$ 25.00	n/a	\$ 6.77	n/a	\$ 31.25	15 min/unit	n/a	n/a	\$6.77	n/a
3	Nurse Practitioner Services	\$ 5,000.00	0	#DIV/0!	#DIV/0!	n/a	n/a	\$ 47.50	Per Visit	n/a	n/a	\$1.00	n/a
4	Occupational Therapy Services	\$ 200,000.00	10000	\$ 20.00	\$ 20.00	n/a	\$ 6.67	\$ 56.25	15 min/unit	\$ 18.75	15 min/unit	\$20.00	\$6.67
5	Orientation, Mobility and Vision Services	\$ 2,000.00	5	\$ 400.00	\$ 400.00	n/a	n/a	\$ 48.46	15 min/unit	n/a	n/a	\$48.46	n/a
6	Personal Care Services	\$ 65,000.00	35000	\$ 1.86	\$ 1.86	n/a	n/a	\$ 15.36	15 min/unit	n/a	n/a	\$1.86	n/a
7	Physical Therapy Services	\$ 100,000.00	7000	\$ 14.29	\$ 14.29	n/a	\$ 4.76	\$ 50.00	15 min/unit	\$ 16.25	15 min/unit	\$14.29	\$4.76
8	Physician Services	\$ 5,000.00	60	\$ 83.33	\$ 83.33	n/a	n/a	\$ 47.50	Per Visit	n/a	n/a	\$47.50	n/a
	Psychological Services	\$ 350,000.00	1500	\$ 233.33	n/a	\$ 220.92	\$ 73.64	\$ 56.25	15 min/unit	\$ 18.75	15 min/unit	\$56.25	\$18.75
9	Psychiatric Services	\$ 350,000.00	1500	\$ 233.33	\$ 233.33	n/a	\$ 77.78	\$ 150.00	30 min/unit	\$ 30.00	15 min/unit	\$150.00	\$30.00
	Social Work Services	\$ 350,000.00	1500	\$ 233.33	n/a	\$ 72.93	\$ 24.31	\$ 49.00	15 min/unit	\$ 16.33	15 min/unit	\$49.00	\$16.33
	Speech, Language and Hearing Services	\$ 600,000.00	17000	\$ 35.29	\$ 35.29	n/a	\$ 11.76	\$ 37.34	15 min/unit	\$ 12.50	15 min/unit	\$35.29	\$11.76
10	Audiological Services	\$ 600,000.00	17000	\$ 35.29	\$ 35.29	n/a	n/a	\$ 60.94	15 min/unit	n/a	n/a	\$35.29	n/a
	Hearing Impaired Services	\$ 600,000.00	17000	\$ 35.29	n/a	\$ 12.22	\$ 4.07	\$ 89.06	15 min/unit	\$ 29.69	15 min/unit	\$12.22	\$4.07
11	Specialized Transportation	\$ 10,000.00	800	\$ 12.50	\$ 12.50	n/a	n/a	\$ 25.00	one way trip	n/a	n/a	\$12.50	n/a

Assumption Type	Assumption	Note
Average Group Size	3	
Lower Level Clinician Discount Factor - Speech Therapy	35%	Used for services provided by a Teacher of the Speech and Hearing Handicapped
Lower Level Clinician Discount Factor - Nursing Services	27%	Used for LPNs
Lower Level Clinician Discount Factor - Psychological, Counseling and Social Work Services	31%	Used for Social Workers
Lower Level Clinician Discount Factor - Psychological, Counseling and Social Work Services	95%	Used for Psychology Services

Definitions	
*Total Service Units	Total number of service units from Medicaid paid claims data
**Lower Level Clinician Discount Factor	Used for service types with multiple clinician levels (i.e. a speech therapist and a teacher of speech and hearing handicapped) and multiple procedure code and modifier combinations; calculated based on the statewide averages of the individual rates for the services provided by those clinicians in FY2013-14

Notes
If an LEA does not have the data to support the calculation of a cost per unit (missing cost data, service unit data, or both), as shown above, the rate for that service will default to \$0. In this circumstance, a \$1 minimum rate will be applied. (refer to Step #7 of Memo)

DIRECT SERVICE CLAIMING BEST PRACTICES

➤ Direct Service Claiming – Best Practices

- Direct Service Providers should capture all services delivered to all eligible students as soon as possible into EasyTrac.
- ACCESS Coordinators should review and approve direct services before the end of each month.
- LEA should manage activity of any third party vendor
- LEA should check for student Medicaid eligibility

➤ Direct Service Claiming – Best Practices

- Capture & submit all service logs to EasyTrac
 - LEA enters service logs directly into EasyTrac (manually or via import); or
 - Third party vendor enters service logs into the LEA's EasyTrac (LEA is responsible to manage activity of any third party vendor)
- DHS Requirement for all Providers – 180 days from date of service to bill the MA Program
- Enter all compliance data elements into EasyTrac: student IEP, parental consent, medical authorization, primary disability, PA Secure ID and provider certification.

▶ Direct Service Claiming – Best Practices

- Establish a best practice to require direct service providers to enter service logs on a timely basis (i.e. enter previous month's logs by the 15th of each month).
- Establish a best practice for ACCESS coordinator to review entered service logs on a regular basis (Report: Logged Related Service Summary)
- Track overall status of claiming on Monthly Management Reports
- Ensure your LEA has received interim payments for each health-related category that your LEA will claim costs on annual Cost Report (Monthly Management Report: Claim Status by Billing Procedure)

MANAGEMENT REPORTS

▶ Monthly Management Reports: Interim Payments

LEAs can track paid and denied claims via PCG's reports after claims are processed by DHS' PROMISe™ system:

- Every month PCG posts six (6) monthly management reports to the LEA's EasyTrac site.
- An email is sent to let you know that the reports are available. A link is provided in the email that offers detailed information about the data on the reports. (PA Access Monthly Management Report Descriptions)
- Reports availability has recently increased from 30 to 60 days. It is strongly recommended that you save the reports locally in order to access them in the future.

Monthly Management Reports: Interim Payments

Type	Title	Description
Billing/Interim Payments		
1	Monthly Management Claim Status Report by Service Date	Provides an overview of Access claim submissions and payments by the month in which the services were delivered
2	Monthly Management Claim Status Report by Date Paid	Provides an overview of Access claim submissions and payments broken out into the months when the funds were paid to the provider
3	Monthly Management Claim Status Report by Date Paid by Responsible District	Displays the same information as Claim Status by Date Paid report but breaks information down to a responsible district level
4	Monthly Management Claim Status Report by Billing Procedure	Provides a detailed layout of claims submitted by Related Service and, where applicable, by Procedure Code
5	Monthly Management Claim Analysis Report by Billing Procedure	Compares high level of claiming activity across three periods of time. Previous Month is the month of the report; School Year is the school year to date (beginning July 1); Previous School Year is the total activity for last school year
6	Monthly Management Claim Status Report by Denial	Detailed layout of claims submitted on a student level that have been denied by Medicaid.
7	FAI Report	Detailed breakdown of LEA reimbursements, withdrawals and vendor fees.

Monthly Management Reports: Interim Payments

- From the EasyTrac main menu, click on Reports/School System, then go to bottom and click on the report name.



Saved System Reports

Date Generated ?	Created By	Report Type ?	Expiration Date
01/15/2016 19:23:00	Scott Brammer	Monthly Mgmt- Claim Status by Billing Proc	02/14/2016
01/15/2016 19:23:00	Scott Brammer	Monthly Mgmt- Claim Status by Service Date	02/14/2016
01/12/2016 05:10:00	Scott Brammer	Monthly Mgmt- Claim Status By Denial	02/11/2016
01/12/2016 05:09:00	Scott Brammer	Monthly Mgmt- Claim Status by Responsible District	02/11/2016
01/12/2016 05:09:00	Scott Brammer	Monthly Mgmt- Claim Analysis by Billing Proc	02/11/2016
01/12/2016 05:08:00	Scott Brammer	Monthly Mgmt- Claim Status by Date Paid	02/11/2016

- Additionally, LEAs can monitor their payment activity through **FAI Reports**, which are directly emailed to LEAs on a monthly basis, and includes: ACCESS Payments, PCG Fees, LEA Withdrawals and Cost Settlement credits/debits.

➤ Exception Reports: Missing Compliance

- PCG sends exception reports monthly to the LEA (around the 15th of the month) via SecureEmail.
- The services identified on these reports were unable to be processed due to missing compliance data.
- It is important to review the data on the reports and fix the issues in EasyTrac that prevented the services from being billed.

Note: These are *not* Denied Claims; these are services that were not submitted to DHS due to missing compliance data.

➤ Exception Reports: Missing Compliance

There are six possible Exception Reports:

Type	Title	Description
Exception		
1	Missing Physician Authorization Dates	Identifies students, number of services and their date range unable to be billed for missing physician authorization dates
2	Missing IEP Dates	Identifies students, number of services and their date range unable to be billed for missing IEP dates
3	Missing Primary Disability	Identifies students, number of services and their date range unable to be billed for missing a primary disability
4	Missing PA Secure ID	Identifies students, number of services and their date range unable to be billed for missing PA Secure IDs
5	Missing Parental Consent Dates	Identifies students, number of services and their date range unable to be billed for missing parental consent dates
6	Missing Provider Certification Dates	Identifies providers, their associated related service and number of student services and their date range unable to be billed for missing provider certifications

EasyTrac Reports

These Ad Hoc Reports are available on each LEA's EasyTrac site:

Drill Down Reports

Service Log Reports

[Service Documentation Review](#)

Students

Students ServiceLogs Users

[Active Student Listing \(xls\)](#)
[Percent of Students Receiving Services.](#)
[Medicaid Eligibility and Parent Consent Report](#)
[Inactive Students](#)
[Missing IEP Implementation Dates](#)
[Active Student Extract](#)
[Services Report](#)

ServiceLogs

Students ServiceLogs Users

[Deleted Log Report \(xls\)](#)
[Logged Related Services Summary.](#)
[Standard Service Log](#)

Users

Students ServiceLogs Users

[Percent of Providers logging Services.](#)
[Provider Caseload Services.](#)
[Recent Logins.](#)
[Caseloads Report.](#)
[Provider Summary Report](#)

EasyTrac Reports: Compliance Monitoring

Type	Title	Description
EasyTrac/Direct Service		Drill Down
	1 Drill Down Report- Service Log Service Documentation Review	A detailed listing of service logs for each service provider (by student) within a specified date range (not to exceed 366 days)*
EasyTrac/Direct Service		Students
	1 Active Student Listing	Identifies demographic information on Active Students, i.e. name, school, disability, age, race, grade
	2 Active Student Extract	Identifies demographic information on Active Students, as well as, Primary Disability, IEP Dates, PA Secure ID and Parental Consent.
	3 Percentage of Students Receiving Services	Indicates percent of total services logged and an average of services logged per student in desired date range
	4 Medicaid Eligibility and Parental Consent Report	Indicates dates of Parental Consent as listed in EasyTrac and the status of Medicaid Eligibility by student
	5 Inactive Students Report	Lists students who have been designated as inactivated in EasyTrac
	6 Printable Service Report	Indicates each service listed on each students Related Service page with all applicable fields
	7 Missing IEP Implementation Dates	Lists students for which there is not a current IEP within the specified date range.
EasyTrac/Direct Service		ServiceLogs
	1 Deleted Log Report	Identifies service logs that have been requested for deletion in EasyTrac.
	2 Logged Related Services Summary	Breaks down provider logging by service type, entries logged, and hours logged
	3 Standard ServiceLog Report	Breaks down services logged for each student by related service, service type, date of service, and duration
EasyTrac/Direct Service		Users
	1 Percentage of Providers Logging Services	Breaks down the amount of services logged by the total amount of providers
	2 Provider Caseload Services	Indicates how many service units a provider spends with a student by service type
	3 Recent Logins	Indicates the providers last date logged in to EasyTrac
	4 Caseload Report	Indicates the services a user has indicated as being able to provide in EasyTrac by student
	5 Provider Summary	Identifies providers, their service type and any missing or expired certification dates that are applicable

DOCUMENTATION & AUDITS

Provider Screening Requirements

- Provider Screening of Employees and Contractors for Exclusion from Participation in Federal Health Care Programs

- Medical Assistance Bulletin #99-11-05

http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_005732.pdf

An excluded individual or entity cannot be part of a task that is reimbursed by Federal healthcare program dollars.

Preclusion Websites

- Office of Inspector General LEIE:
http://oig.hhs.gov/exclusions/exclusions_list.asp
- System for Award Management:
<https://www.sam.gov>
- Medichex:
<http://www.dhs.pa.gov/publications/medichexsearch/#.VsdmAK1wX4Y>

**Need to be able to document monthly
preclusion/exclusion checks, should your LEA be
audited.**

Instructions for Preclusion Websites

Go the following website for Office of Inspector General LEIE :

http://oig.hhs.gov/exclusions/exclusions_list.asp

- Select LEIE Database: "Updated LEIE Database" ZIP option
(This is the entire list. The one listed below would be the most current monthly exclusions.)
- Select SAVE AS
- Save to desktop
- Go to desktop
- Right click on the zipped folder.
- Select "Extract All"
- Select Extract.
- The file created on your desktop will be a folder and within the folder will be the working file named UPDATED.DBF
- Open Excel and pull document into it
- Save the somewhere as an Excel file (not DBF).
- This is the list you need to compare with our files to see if we are using any of them relating to Special Ed

Go the following website for System for Award Management :

<https://www.sam.gov/portal/SAM/##11>

- On the top ribbon, click on Data Access.
- Scroll to the bottom of the screen and under Exclusions Extract Data Package, select the latest date.
- Select OPEN. This will open up a temp file that you can click on to open in Excel.
- Once opened, save file somewhere as an Excel file (not CSV).
- You can delete and sort columns as needed.

Go the following website for Medichex :

<http://www.dhs.pa.gov/publications/medichexsearch/#.VsdmAK1wX4Y>

- Select View Complete List
- Click on headings to sort however you want

DHS Preclusion Actions

- 2015 total 311
- 2014 total 206
- 2013 total 252
- 2012 total 196

*Provider Type	2015	2014	2013	2012
RN	34	47	43	34
CRNP	3	1	0	0
LPN	23	24	19	24
OT	0	1	0	1
PT	1	1	1	0
PCA	33	13	25	14
HOME HEALTH AIDE	4	17	16	12
PHYSICIAN	93	97	76	57
PSYCHOLOGIST	6	6	2	1
SOCIAL WORKER	1	0	2	1
COUNSELOR	1	9	1	2
INDIVIDUAL	19	24	25	20
CORPORATIONS	13	6	3	1

*Selection of provider types that could work within the SBAP

Documentation

LEAs must maintain any and all documents relevant to the services claimed:

- Parental Consent
- IEP
- Medical Practitioner Authorization Form/Order/Prescription
- Daily logs
- Attendance records
 - Student
 - Provider
- Licenses
- Certifications
- Transportation Logs
- Evaluations

Documentation (cont.)

Records must comply with State Medicaid Regulations (55 Pa.Code § 1101.51)

- Record Retention
- Fully disclose the nature and extent of services rendered
- Readily available for review or copying
- Must be legible
- Alterations must be dated and signed
- Plans must be part of the record (IEP, treatment plan, evaluations and reports)

Documentation (cont.)

- Must document progress for each session, change in diagnosis, treatment and response to treatment
- Must be dated and signed
 - Supervisory signature
- Original documents must be maintained for 'on behalf of' entries

Documentation – Daily Logs

- Progress notes (daily logs) support specific claims and justify payment
- Progress notes (daily logs) provide evidence of:
 - The delivery of the covered service
 - Progress toward the goals and objectives
 - Analysis of treatment strategy and needed adjustments
 - Continued need for services (supports medical necessity)

The daily log needs to provide a complete picture of what the direct service provider did with the student.

Daily Log Example

Which example is complete?

Example #1: Assisted student with breakfast.

vs.

Example #2: Guided student to the cafeteria, carried tray to table, opened all sealed containers and cut food into small pieces. Assisted student to eat using hand-over-hand technique, student was able to feed himself approximately 5 to 6 bites. Student ate everything on the tray without incident.

Example #2 answers:

- Specifically what was done for the student?
- Did he open containers, cut up food, assist with feeding using hand-over-hand technique?
- What was the outcome?
- Were there any unexpected issues?

Daily Log Example

Which example is complete?

Example #1: Assisted student with toileting.

vs.

Example #2: Pushed student in wheelchair to bathroom assisted her to transfer to the toilet; student had a bowel movement assisted student in wiping buttocks. Transferred student back to wheelchair, student became agitated, adjusted position in wheelchair to make her more comfortable. Student became less agitated so we returned to classroom in wheelchair.

Example #2 answers:

- How was this accomplished? Did he walk the student to the bathroom?
- Specifically what was done for the student? Did he assist with fastening and unfastening clothing, assisted with personal hygiene?
- What was the student's response? Was he able to complete toileting and wash the student's hands without complaint or incident?
- Were there any unexpected issues?

Auditor's View of Documentation

CMS Documentation Toolkit:

- Without complete clinical documentation, including a description of what took place in a therapy session, the medication prescribed, the individual's interaction with group members, his or her progress compared to the treatment plan goals, and future plans of treatment, the appropriateness of the individual's level of care is unclear.
- An auditor wants to see that the provider delivers services according to the nature, frequency and intensity prescribed in the treatment plan.
- **Cloning**—This practice involves copying and pasting previously recorded information from a prior note into a new note. For example, features like auto-fill and auto-prompts can facilitate and improve provider documentation, but they can also be misused. The medical record must contain documentation showing the differences and the needs of the patient for each visit or encounter. **Auditors watch for “cloned” notes- notes that appear identical for every visit.**

Who conducts Audits and/or Reviews?

Federal:

- Centers for Medicare & Medicaid Services(CMS)
- Office of Inspector General (OIG)
- Payment Error Rate Measurement (PERM)
- Medicaid Integrity Contract (MIC)

State:

- DHS – Bureau of Program Integrity (BPI)
- Statewide Vendor – Public Consulting Group (PCG)

➤ BPI Frequent Findings

- Documentation not maintained
- Insufficient documentation
- Cloning
- Supervisory signature lacking
- Certifications not maintained
- Expired certifications/licenses
- Service not listed in the IEP
- Service not listed on the Medical Practitioner Authorization Form (MPAF)
- MPAF not signed
- More units billed than ordered/prescribed

Corrective Action Plans

A CAP is:

- A written step-by-step plan of action developed to achieve targeted outcomes for resolution of identified problems
- Requested by BPI as a component of its review when violations are identified
- BPI will either accept a provider's CAP or request revisions

The ultimate goal is to incorporate a CAP into an LEA's everyday operations in an effort to:

- Comply with state and federal regulations;
- Ensure quality, accessible, timely services;
- Achieve measurable improvement in identified areas; and
- Eliminate repeated deficient practices.

Self Audits

Self-Auditing activities include:

- Periodic self auditing of service delivery and billing
- Review of regulation/requirements to ensure that services were rendered and billed correctly
- Self-Audits help to:
 - Identify incomplete/inaccurate documentation
 - Promote a commitment to comply with rule/regulations
 - Prevent/detect criminal conduct and violations

➤ Self Audits (cont.)

Benefits:

- Identify overpayments
- Identify services you could be billing for
- Identify individuals that might not be submitting time appropriately
- DHS isn't standing over your shoulder conducting the review

Self Audit Review Checklist:

<http://www.publicconsultinggroup.com/client/paaccess/documents/SBAP101/Compliance/Self%20Audit%20Review.pdf>

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.

RANDOM MOMENT TIME STUDY (RMTS)

RMTS Purpose

What is the purpose of RMTS?

The Random Moment Time Study (RMTS) methodology is used to select, capture and code moments in time for determining on a statewide basis how frequently participants are involved in a Medicaid billable activity.

RMTS results are used to:

- Develop the Direct Medical Percentage used in the Cost Settlement Process
- Develop each participating LEA's quarterly MAC reimbursement

➤ RMTS Purpose (cont.)

- A RMTS “moment” represents one minute of time that is randomly selected from all available moments statewide within the time study quarter.
- RMTS significantly reduces staff time needed to record participant activities.
- Statewide time study sample:
 - Direct Service cost pool
 - Administrative Support cost pool
- All staff receiving a “moment” must respond (within 5 working days) and provide sufficient detail

RMTS Questions

Moment Questions:

1. Were you working during your sampled moment? (If the answer is “no” the survey ends)
2. Who was with you?
3. What were you doing?
4. Why were you doing this activity?
5. Is this activity regarding a Special Education student?
6. Is the service you provided part of the child’s IEP?

Participants should be able to complete the required information in less than 5 minutes!

➤ RMTS Questions (cont.)

- Moment Notifications are received by participants:
 - 24 hours before time of moment
 - 1 hour before moment
 - 1 hour after moment (RMTS Admin receives CC)
 - 24 hours after moment (RMTS Admin receives CC)
 - 72 hours after moment (RMTS Admin receives CC)
- Follow-up questions are used if clarification or additional information is needed to code the moment
- Failure to respond will disqualify the moment, impacting the state response rate

RMTS Compliance

- RMTS Compliance:
 - **Statewide response rate must be at least 85%**
 - Each LEA should maintain goal of 100% response rate
- LEA Penalties:
 - LEAs are monitored for individual compliance of “returns/non-returns”
 - DHS Warning Letters to LEAs in default
 - LEAs in default over multiple quarters may not be able to claim for the remainder of the year and must return all SBAP payments received

Two Staff Pool Lists – Quarterly

Each Staff Pool List is comprised of two distinct cost pools:

- ***Direct Service*** cost pool must include **ONLY** qualified direct service providers (e.g. PT, OT, SLP, etc.) – employees or contractors – who are providing or could provide health-related services in an IEP
- ***Administrative Support*** cost 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

➤ Setting up Staff Pool Lists – Quarterly

ACCESS Coordinators should manage Staff Pool Lists by:

- Using “placeholders” only for direct service providers who are expected to be hired during the upcoming quarter, not necessarily based upon your hiring budget.
- Replacing any direct service provider who vacates their position during the quarter, with their replacement

NOTE: The Staff Pool Lists are based upon positions not people. Ensure your LEA is not over-using empty placeholders, which ARE eligible for moments!

➤ Setting up School Calendars – Quarterly

ACCESS Coordinator should:

- Begin district-wide “school day” with the *latest* start time and the *earliest* dismissal time of any district school
- Note that Federal Holidays are automatically marked as part of the default calendar.
- Indicate days off/ first and last day of school for each quarter
- Indicate every weekday that the district will not be conducting classes, including, every day after the last day of class
- Utilize “**shifts**” for service providers (eg. Contractors) who come at specific days/times; for example, Monday and Wednesday from 9:00am to 11:30am. Or, assign school-specific providers to morning and/or afternoon shifts. An unlimited number of shifts can be utilized on your district calendar.

RMTS Helpful Tips: Harrisburg PaTTAN

LEA best practices: **Karen Harmon, Lincoln IU12**

- At the beginning of each school year, we send an email to all staff as to what RMTS is and what is expected of them.
- Beginning of each quarter we print out a list of staff who are chosen for a moment.
- If any staff chosen for a moment, have resigned or are on medical leave, and there is not a replacement, send an email to notify SBAPsupport@pcgus.com.
- Every morning, check who has not completed their moment and after 3 days of not being completed, an email is sent to the staff, their supervisor and program secretary. (Supervisor or program secretary then calls the staff person to inform them to complete it.)
- With completing the above steps we have been able to obtain 100% participation for each RMTS Quarter with around 120 staff being chosen for a moment each quarter.

➤ RMTS Helpful Tips: KOP PaTTAN

LEA best practices: **Michelle Ovington, SD of Philadelphia**

- Maintain a current list of participants, including contracted staff, and note changes as received so you are prepared for the next quarter's update.
- Facilitate communication regarding the program with participants as part of professional development presentations regarding SBAP.
- Monitor moments daily and send Urgent/Time Sensitive reminder notices to participants within 24 hours of the missed moment.
- Copy the principal or supervisor on the follow-up notice when the moment remains outstanding after 2 days.
- Do not use a vacancy position holder unless you are certain the position will be filled during the quarter.
- Assign a single point of contact in the district or IU to oversee the program, answer questions and assure compliance.
- Work with the SBAP support team to identify staff out on medical leave or no longer employed.
- Strive for 100% -- Do not settle for less.

➤ RMTS Helpful Tips: IU19, Scranton

LEA best practices: **Ginger Stanton, Wayne Highlands SD**

- Training is the key to success. During EasyTrac training, emphasize the importance of completing the moment.
- At the beginning of each quarter:
 - Run a Compliance Report listing all moments
 - Write an eye catching email notification:
 - Email Subject line: **“Congratulations Fred ...”**
 - Body of email: ***Include date and time of the moment*** (Use different colors/fonts to grab the eye.)
 - Attach a read receipt to acknowledge that the email is read.
 - Include tips in the email:
 - “Fred, you will get an exclusive **RMTS** email invitation”
 - “Remember if SBAP needs additional details ... your moment isn’t over !”
 - Assistance is available if you deleted your notification email.
- Add all moments to an email calendar (Outlook, Google, etc.) and include a reminder.
- Run another Compliance Report following the moment to make sure the moment was completed.
- If the moment is not completed, contact the staff member via phone.

➤ RMTS Helpful Tips: Ramada, State College

LEA best practices: **Jennifer Starner, Central IU10**

- Information is provided to all new staff about RMTS – what it is and what their role is in the process
- Access coordinator sends an email reminder after the moment has passed
- If no response, a phone call by program supervisor to the individual is made

➤ RMTS Helpful Tips: Pittsburgh PaTTAN

LEA best practices: **Regina Wagner, Pittsburgh Public Schools**

- Develop a morning routine, mine only takes 10 minutes, to review moment compliance and follow up with those who haven't completed their moments.
- I follow up with an email that links the importance of completing the moment directly with Pittsburgh Public Schools' Medicaid reimbursement. While many aspects of SBAP reimbursement are outside of our control, completing moments is something we can control.
- Make RMTS a priority and convey the importance to staff and develop buy-in from key Administration members of the district.
- The Time Study itself is only six questions and can be completed in a few minutes or less. Once participants and school administrators realize this isn't a burden, and rather quite easy, the few minutes it takes to complete the moment is well worth the profound impact it has on our Medicaid reimbursement. Because we have actively engaged Principal's into the process we have found that ALL time study moments get completed at this point.
- If contracted employees don't have an email address, I make them create a free Gmail or other free email account before I put them on the roster. Then make sure I have their cell, plus supervisor contact etc. so I never have people assigned a moment without an email.
- The key is having a phone number and a supervisor of the participant who could directly assist if need be.
- We have over 1,000 people on our roster, have 55 schools in our district and 120 sites that provide EI services. These tips serve as a few examples of how we've maintained a 100% compliance in RMTS since the 3rd quarter of 2013.

RMTS Helpful Tips: IU5, Erie

LEA best practices: **Tammy Soltis, Northwest Tri-County IU5**

- An important component of the SBAP is the RMTS. As a staff member, you may be selected randomly to participate in the time study by answering 6 questions describing what you were doing during your assigned "moment" on a specific work day, at a specific time. You should be able to complete the required information in less than 5 minutes. The questions you'll be asked are:
 1. Were you working during your sampled moment? (if the answer is "no" the survey ends)
 2. Who was with you?
 3. What were you doing?
 4. Why were you doing this activity?
 5. Is this activity regarding a Special Education student?
 6. Is the service you provided part of the child's IEP?
- We ask that you answer these questions honestly about what you were doing at the given moment. If you were not working and answer "no" to question 1 - that's OK!
- Including as much detail as possible when giving your answers to the rest of the questions is necessary. For example, a PCA (aide) may answer question # 3 with "math class" - however, answering that the student needed constant redirection during math class better describes the purpose and activity. The moments are coded and ultimately impact our SBAP reimbursements. If there is not enough information included, you may be contacted for further clarification or a lack of needed information can negatively impact our reimbursement rate.

➤ RMTS Helpful Tips: IU5, Erie (cont.)

LEA best practices: **Tammy Soltis, Northwest Tri-County IU5**

- If you are selected for a moment, you will be notified 1 day in advance via email. The email will include the website address that you will need to respond to the moment. You should NOT log in to the system during the moment, but rather conduct your normal business during that time. You'll also receive a reminder one hour prior which also has the website address. If you complete the moment within 1 hour after the moment has passed, you will not receive further reminders. If not, you will get another reminder 1 day after, and again on the 3rd day after the moment has passed.
- You have 5 days to respond. After that, you will no longer be able to participate in the time study for that moment. Please try to complete the survey as soon after it has passed as you can. The sooner you respond, the easier it will be to answer the questions.
- IU5 monitors the system to ensure that everyone is completing their moments when selected. We are required to have a very high completion rate in order to be eligible for any SBAP reimbursements.

Claiming System Reports: RMTS Users

- **Active Participants Report:** This report will display all participants on the roster that are active at the time of the report. Since you may move participants in and out of established positions on your roster, this report identifies participants currently filling all positions on your roster.

Report

[Active Participants](#)

[Active Coordinators](#)

[SPL History](#)

[Compliance Report](#)

[Inactive Participants](#)

- **Active Coordinators Report:** This report will display all LEA Admin's currently active in your site. Notification reminders are automatically sent to active LEA Admin's so you may use this report to identify if all applicable LEA Admin's are receiving Cost Reporting or RMTS notification reminders.

Claiming System Reports: RMTS Users

- **SPL History Report**: This report will display the finalized roster that moments were generated. These are the certified positions that moments were originally assigned to. If any participants listed on this report are no longer working at some point in the quarter, you may fill these positions with direct replacements.
- **Compliance Report**: This report may be run at the beginning of the quarter to display all moments generated for the quarter. The Compliance Report may be used as tool for RMTS coordinators to work towards 100% moment compliance. Below is an example of the compliance report:

Agency	Last Name	First Name	Moment Date	Submit Date	Week#	Job Category	Cost Pool	Email
Sample School District	Moment	Jennifer	02/16/2016 12:30 PM EST		8	Personal Care	Direct Service	jm@sample.org

Claiming System Reports: RMTS Users

Some suggestions on how to use the Compliance report.

- Run the compliance report at the beginning of the quarter to confirm the name and email address of participants selected for a moment are correct.
 - Send an email to the participant alerting them that they've been selected for a moment. Attaching the Participant RMTS Training document will provide important information regarding the moment and emphasize the importance in answering the moment. The Participant RMTS Training document is located in the Resources section of the Claiming System Dashboard page.
 - In addition to using the Moments tab in the Claiming System, you may monitor moment compliance by running the Compliance Report throughout the quarter. If no date is listed in the Submit Date column, the moment remains unanswered.
-
- **Inactive Participants Report**: This report will display all participants at the time of running the report. If you have deleted a position in a previous quarter, the participant that filled that position will now be inactive. You may reactivate these participants by using the 'Fill with Existing' option during the quarter.

Claiming System: RMTS Tips

1. Uploading your Random Moment Time Study Staff Pool List

The following changes/updates to your Random Moment Time Study Staff Pool List may be completed via upload into the claiming system.

- **Adding New Job Positions:** Vacancy positions will be created via upload in cases when the Start Date of the employee is after the begin date of that same quarter. Vacancy positions are eligible to receive moments as they serve as an established position on your Random Moment Time Study.
- **Inactivating Job Positions:** This will delete the Job Position from your roster and is different from vacating a Job Position. **Inactivating a position completely removes that position from your RMTS roster regardless of the end date you enter in your import template.**
Vacating a Job Position removes the existing employee's information from that position but allows the Job Position to remain on your roster, as a vacancy to be filled, for the upcoming quarter. This is to be done when the person filling the position leaves but you anticipate filling this position with a new person in the quarter.

Claiming System: RMTS Tips

Please note, positions that have a moment assigned to them but are vacated does not remove the moment, it only assigns the moment to the vacancy position and will remain unanswered unless the position is filled.

Vacancies should only be used if hiring within that quarter!

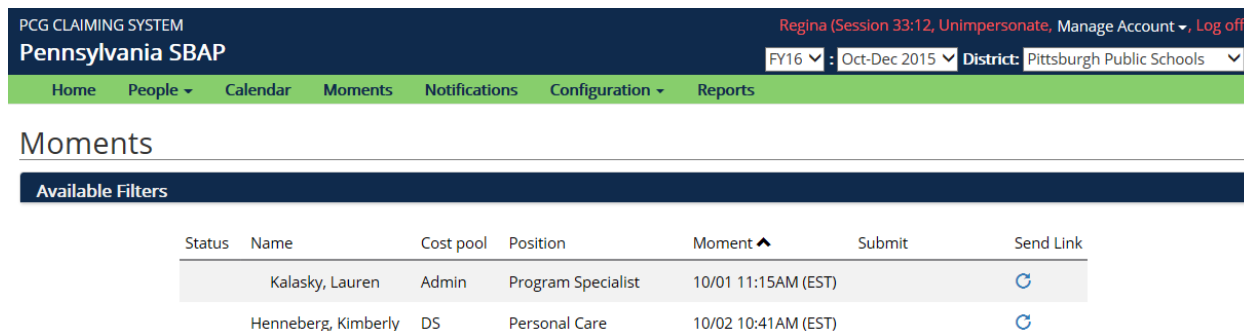
- **Assigning a CC Email to a Position:** This allows an RMTS administrator to receive notice when a member of your staff pool is selected for a moment.
- **Updating Last Name or Email:** Updating last name or email address of an existing Job Position.

Claiming System: RMTS Tips


Resending Moments from the Moments Tab

In addition to the Compliance Report to monitor moment compliance, moments can be resent to participants from the moments tab in the Claiming System. If a participant deletes the moment reminder email that contains the link to answer the moment the RMTS coordinators may resend the moment reminder directly to the participant.

- Click on the Moments tab in the green toolbar towards the top of the screen. This will display your current week's moments.



The screenshot shows the PCG CLAIMING SYSTEM Pennsylvania SBAP interface. The top navigation bar includes links for Home, People, Calendar, Moments, Notifications, Configuration, and Reports. The Moments tab is selected. Below the navigation bar, there is a section for Moments with an Available Filters bar. A table displays the following data:

Status	Name	Cost pool	Position	Moment	Submit	Send Link
	Kalasky, Lauren	Admin	Program Specialist	10/01 11:15AM (EST)		
	Henneberg, Kimberly	DS	Personal Care	10/02 10:41AM (EST)		

- To the right, in the **Send Link** column, click the half circle/arrow icon for the moment to be resent. This will take you to a confirmation screen asking you to confirm you want to resend the moment. Click Confirm to resend the moment.

MEDICAID ADMINISTRATIVE CLAIMING (MAC)

▶ MAC: Cost Calculation for CPE

The MAC claim is calculated by taking the Total Costs Entered by the District into the Claiming System, and allocating them into separate cost pools for **Direct Service Providers** and **Administrative Support Providers**.

Once two cost pools have been established, the total costs for each are separately multiplied through both the quarterly **Statewide** Random Moment Time Study (RMTS) percentages and the District's Medicaid Eligibility Rate (MER).

MAC

Direct Service Providers	Percent of Time Spent on Reimbursable Activity X	Total Costs Entered into MCRCS X	Medicaid Eligibility Rate X	General Admin Overhead Factor X	= Total Gross Claim Amount
X	0.07564%	\$3,571,899	N/A	N/A	\$2,702
X	0.00%	\$3,571,899	N/A	N/A	\$0.00
X	0.00%	\$3,571,899	78.76%	N/A	\$0.00
X	0.00%	\$3,571,899	78.76%	N/A	\$0.00
X	0.00%	\$3,571,899	78.76%	N/A	\$0.00
X	0.26475%	\$3,571,899	78.76%	N/A	\$7,448
X	6.73222%	\$3,571,899	78.76%	N/A	\$189,399
X	13.32220%	\$3,571,899	N/A	6.45%	\$30,847

Direct Service Providers Total Gross Claim : \$230,396

Administrative Providers	Percent of Time Spent on Reimbursable Activity X	Total Costs Entered into MCRCS X	Medicaid Eligibility Rate X	General Admin Overhead Factor X	= Total Gross Claim Amount
X	0.14050%	\$1,348,515	N/A	N/A	\$1,895
X	0.00%	\$1,348,515	N/A	N/A	\$0
X	0.00%	\$1,348,515	78.76%	N/A	\$0
X	0.00%	\$1,348,515	78.76%	N/A	\$0
X	0.03512%	\$1,348,515	78.76%	N/A	\$373
X	0.21075%	\$1,348,515	78.76%	N/A	\$2,238
X	5.65508%	\$1,348,515	78.76%	N/A	\$60,064
X	17.00035%	\$1,348,515	N/A	5.77%	\$13,226

Administrative Providers Total Gross Claim : \$77,796

MAC

Direct Service Providers	\$	29,567
Administrative Only Providers	\$	73,296
<hr/>		
Gross Claim Subtotal 1	\$	102,864
Indirect Cost Rate (10%)	\$	10,286
Total Gross Claim Amount	\$	113,150
Federal Financial Participation (FFP) Rate		<hr/>
		x 50%
<u>Total Net Claim Subtotal</u>		<u>\$56,575</u>
<div></div>		
50% PA State Share (unreimbursed)		50% District Share
\$28,287		\$28,287
		<u>-\$500 Processing Fee</u>
		Total QE 6/30/14 Claim: \$27,787.58

MAC Claims – Submitted & Paid Quarterly

- LEA to enter actual, allowable costs on a quarterly basis
- 30 days to submit quarterly costs (*cash basis*)
- Once actual costs have been captured and reviewed, and a MAC claim amount calculated, each participating school receives a **Certification of Public Expenditure** (CPE) letter that must be signed & returned within 10 days. Any letter received after that deadline would delay payment until the following quarter within the fiscal year.
- Participating schools who are entitled to receive a MAC claim payment will receive a *paper check* (*Note: MAC payment dollars are never deposited in the school's FAI account*)

COST SETTLEMENT

➤ Cost Settlement Defined

What is Cost Settlement?

Cost settlement is the annual reconciliation of reimbursement of each LEA's interim payments for direct service claiming as compared to each LEA's total Medicaid allowable costs.

Since SBAP utilizes a cost-based reimbursement methodology, LEAs cannot receive more than their Total Medicaid Allowable Costs.

Cost Settlement Steps

1. LEAs provide their Cost Report data annually by December 31st
2. LEA cost data is multiplied by the following to determine their Net Medicaid Allowable Costs:
 - Direct Medical Percentage (RMTS)
 - Unrestricted Indirect Cost Rate
 - LEA's IEP Ratio
 - LEA's Transportation Ratio
 - Pennsylvania's FMAP

➤ Cost Settlement Steps (cont.)

3. Cost Settlement methodology produces these outcomes:

- NET Medicaid **Allowable Costs**
- NET Medicaid **Interim Payments**

4. Cost Settlement result

- When an LEA's net Medicaid allowable costs exceed its net interim payments, the LEA will receive a payment for the difference
- When an LEA's net interim payments exceed its net Medicaid allowable costs, the LEA must repay the difference

NOTE: Cost Settlement does not include quarterly MAC payments that the LEA has received during the school year.

Cost Report Data

- LEA provides all actual and allowable costs on an accrual basis on the Cost Report – due December 31st Annually
 - LEAs should not prorate costs when they enter costs into their annual Cost Report
 - Be sure to:
 - Provide 100% of the costs of health-related service providers who were included on the LEA's quarterly Direct Service Staff Pool Lists (SPL)
 - Include both Employees and Contractors from the SPL
- NOTE: Can only include costs for each quarter an individual is on the SPL*
- For contractors, LEA must have: 1) an invoice for services, or 2) a cost memo documenting the effective hourly rate (cost) for each contractor listed on your Direct Service SPL

Billing for Allowable Health-Related Purchased Services

- LEAs that have agreements with licensed private academic schools, including Approved Private Schools (APS), or any other licensed school may report the costs of the purchased services on their annual cost report.
- Health-related purchased services can include contracted health services or contracted tuition costs and will not be subject to the cognizant agency's indirect cost rate.
- Communication:
 - Penn*Link September 2, 2015
 - Updated FAQ's September 14, 2015
 - Clarification of Reporting Tuition January 13, 2016

Billing for Allowable Health-Related Purchased Services

Contracted Tuition Costs:

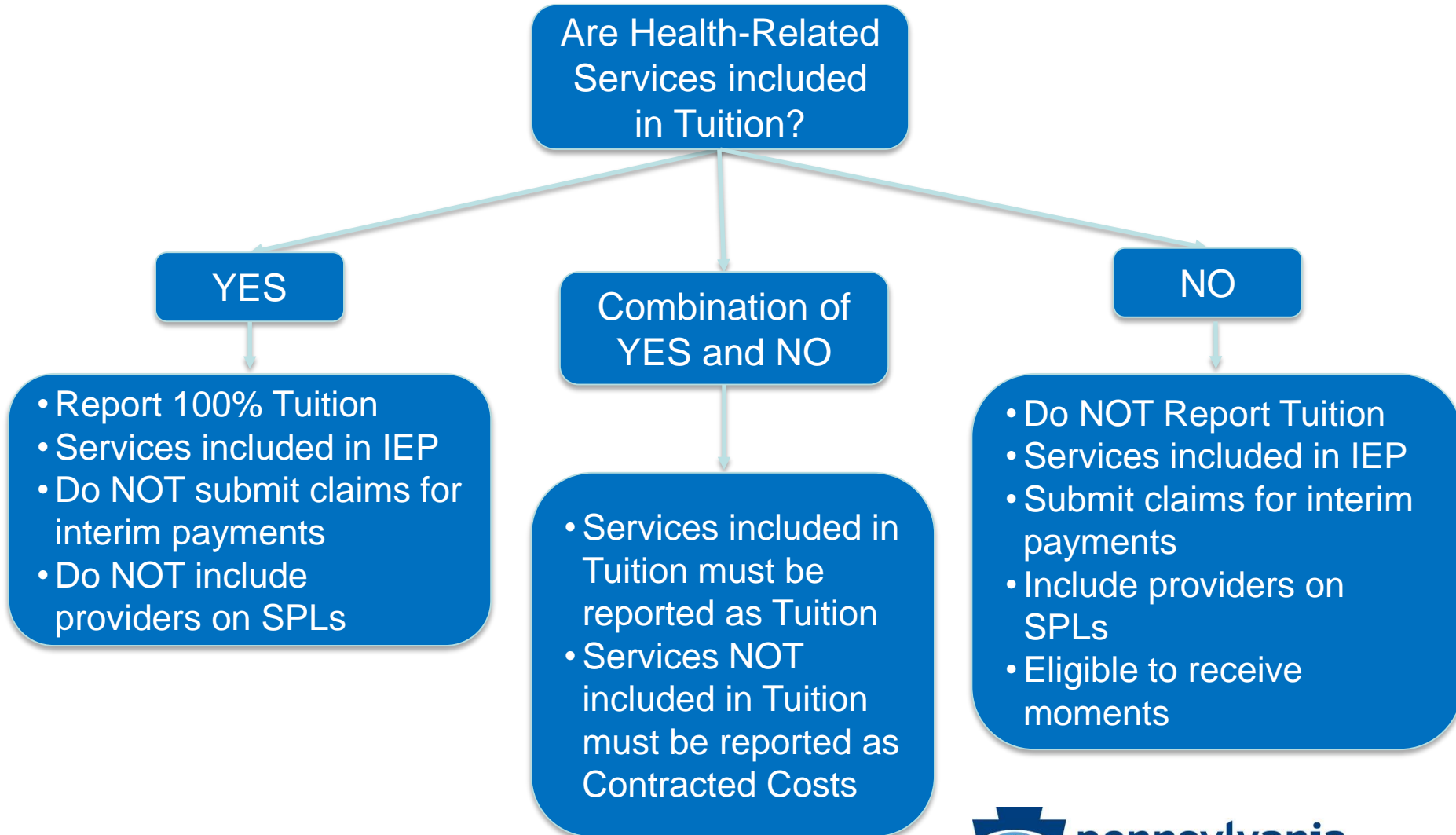
- Report 100% of tuition costs
- Must have health-related service(s) identified in the students' IEP that is included in the tuition costs
- Do NOT submit separate claims to receive interim payments for health-related services that are included in tuition
- Do NOT include out-of-district service providers on the LEA's SPL
- An individual health-related tuition percentage is applied to determine the Medicaid allowable health-related tuition costs

Billing for Allowable Health-Related Purchased Services

Contracted Health Services:

- Must have health-related services included in the students' IEP and is billed separately (outside of tuition rates)
- Submit claims for health-related services (outside of tuition) to Medicaid for interim payments
- Include the appropriate out-of-district service providers on the LEA's SPL.
 - The LEA will need to be able to report the costs of individual service providers on their quarterly and annual costs reports.
 - Service Providers on the LEA's SPL are eligible to receive and are required to respond to moments from RMTS
- The statewide direct medical service percentage is applied to determine the Medicaid allowable health-related costs

Billing for Allowable Health-Related Purchased Services



Factors for Calculating Cost Settlement

- Direct Medical Percentage
- Unrestricted Indirect Cost Rate
- LEA's IEP Ratio
- Transportation Ratios
 - One Way Trip Ratio
 - Special Transportation Ratios
- FMAP Rates for Pennsylvania

Direct Medical Percentage

Direct Medical Percentage (statewide factor)

- Statewide percentage used to prorate 100% of the costs (reported by each LEA) to approximate the percent of time providers were delivering a health-related service to any special education student as listed in their IEP
- Statewide percentage – all districts, all health-related service categories – calculated from responses to random moments captured by direct service providers

➤ Unrestricted Indirect Cost Rate (UICR)

Unrestricted Indirect Cost Rate (statewide factor)

- Provides reimbursement for certain functions which are considered overhead and, therefore, are only allowable through the application of an approved indirect cost rate.
- Where indirect costs are allowed, the LEA must certify that costs claimed as direct costs do not duplicate those costs reimbursed through application of the indirect cost rate.
- In lieu of an indirect cost rate for each LEA by PDE, a rate of 10% is applied to each LEA.

IEP Ratio

Individualized Education Program Ratio (LEA-specific factor)

- *Numerator.* The total number of students who have a health-related service in their IEP and are Medicaid eligible
- *Denominator.* The total number of students who have a health-related service in their IEP
- LEAs self-report both the numerator and denominator of this ratio
- LEAs must use **December 1** of the cost settlement fiscal year to determine their IEP Ratios
 - For example, student data and eligibility from December 1, 2014 would be used to determine the IEP ratios for the 2014-2015 cost settlement.

Remember to maintain all back-up documentation!

Transportation Ratios

- LEAs can bill for Special Transportation services throughout the school year; however, they submit their costs (payroll, fuel, maintenance, etc.) annually during the Cost Settlement process
- **Special Transportation Ratio**
 - Numerator: Total Number of IEP students receiving specialized transportation services
 - Denominator: Total Number of ALL students receiving transportation services (Specialized or Non-Specialized)
- **One Way Trip Ratio**
 - Numerator: Total Number of One Way Trips paid by Medicaid
 - Denominator: Total Number of ALL One Way Trips

Remember to maintain all back-up documentation!

▶ FMAP Rates

Federal Medical Assistance Percentage (statewide factor)

- Each state is provided a federal medical assistance percentage (FMAP) rate, on an annual basis (federal fiscal year)
- FMAP rates for Pennsylvania:
 - 53.52% (effective 10/1/2013 – 9/30/2014)
 - 51.82% (effective 10/1/2014 – 9/30/2015)
 - 52.01% (effective 10/1/2015 – 9/30/2016)
- The FMAP rate is used to determine the net Medicaid allowable costs by multiplying the current FMAP rate by the gross Medicaid allowable costs

➤ Cost Settlement – Desk Review Process

Purpose of Desk Reviews: Each LEA's reported costs and ratios are reviewed and compared against statewide thresholds to identify outliers in order to ensure compliance. Conducted by statewide vendor on behalf of DHS.

LEA Responsibility: Upon receipt of the Desk Review, an LEA must confirm the information is accurate or request to make adjustments/corrections. If LEA identifies they have entered or omitted information in error this is the opportunity to make all corrections.

Occurs Prior to Release of Cost Settlements: An LEA's Desk Review must be completed in order for the cost settlement to be calculated.

Determining LEAs' Cost Settlements

- Net Interim payments for the fiscal year are compared to Net Medicaid allowable costs
 - IMPORTANT REMINDER: An LEA needs both Interim Payments AND Allowable Costs in order for a health-related service category to be included in the final cost settlement calculation.
- Cost Settlement Outcomes:
 - When an LEA's net Medicaid allowable costs exceed its net interim payments, the LEA will receive a payment for the difference
 - When an LEA's net interim payments exceed its net Medicaid allowable costs, the LEA must repay the difference
- Desired Cost Settlement Outcome
 - For an LEA to achieve a cost settlement result with minimal payment or recovery. This will allow for interim payments received during the school year to more likely remain in the LEA's FAI, providing a more predictable cash flow.

➤ Cost Settlement Paybacks

Common reasons for “pay back” result:

- The salary and benefit costs for all direct service providers (*employees and contractors*) were NOT been included on your quarterly Staff Pool Lists, therefore, not all salary and benefit costs could be included in your cost settlement process.
- Even when the salary and benefit costs for all service providers have been captured in the LEA’s Cost Report, in order for them to be included in your cost settlement process, the LEA must have received reimbursement for each health-related category they bill to Medicaid. Otherwise, those costs are EXCLUDED from your Medicaid cost settlement calculation.

➤ Cost Settlement Estimation Tool

- Cost Settlement Estimation Tool
 - ✓ Allows LEAs to use its costs, its interim payments and previous year's statewide ratios, to estimate cost settlement outcome
 - ✓ Provides estimates only – does not provide final cost settlement calculations for LEAs
 - ✓ Spreadsheets for both Cost Summary Report and Cost Settlement Summary

Estimation Tool – Cost Summary Report

PA SBAP 2013 - 2014 School Year Medicaid Cost Settlement Estimation Tool.pdf - Adobe Reader
File Edit View Window Help

Commonwealth of Pennsylvania
Department of Public Welfare
Department of Education
School Based Access Program
2013 - 2014 School Year Medicaid Cost Settlement Estimation Tool

Cost Summary Report

LEA Information Summary Report

Service Type	Salaries	Benefits	Contracted Staff Costs	Other Costs	Total Costs	Federal Revenues and Other Reductions	Net Direct Costs Less Reductions	Direct Medical Percentage	Net Direct Medical Service Costs	Net DMS	Unrestricted Indirect Cost Rate	Indirect Costs	Net All Costs Plus Indirect Costs	IEP Ratio	Medicaid Allowable Costs
Assistive Technology Devices					\$0.00		\$0.00	22.73%	\$0.00	\$0.00	10%	\$0.00	\$0.00	0.00%	\$0.00
Nurse Practitioner Services					\$0.00		\$0.00	22.73%	\$0.00	\$0.00	10%	\$0.00	\$0.00	0.00%	\$0.00
Nursing Services					\$0.00		\$0.00	22.73%	\$0.00	\$0.00	10%	\$0.00	\$0.00	0.00%	\$0.00
Occupational Therapy Services					\$0.00		\$0.00	22.73%	\$0.00	\$0.00	10%	\$0.00	\$0.00	0.00%	\$0.00
Orientation, Mobility and Vision Services					\$0.00		\$0.00	22.73%	\$0.00	\$0.00	10%	\$0.00	\$0.00	0.00%	\$0.00
Personal Care Services					\$0.00		\$0.00	22.73%	\$0.00	\$0.00	10%	\$0.00	\$0.00	0.00%	\$0.00
Physical Therapy Services					\$0.00		\$0.00	22.73%	\$0.00	\$0.00	10%	\$0.00	\$0.00	0.00%	\$0.00
Physician Services					\$0.00		\$0.00	22.73%	\$0.00	\$0.00	10%	\$0.00	\$0.00	0.00%	\$0.00
Psychological, Counseling and Social Work Services					\$0.00		\$0.00	22.73%	\$0.00	\$0.00	10%	\$0.00	\$0.00	0.00%	\$0.00
Speech, Language and Hearing Services					\$0.00		\$0.00	22.73%	\$0.00	\$0.00	10%	\$0.00	\$0.00	0.00%	\$0.00
Grand Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	22.73%	\$0.00	\$0.00	10%	\$0.00	\$0.00	0.00%	\$0.00

Transportation Services Total Costs Summary

Service Type	Salaries	Benefits	Contracted Staff Costs	Other Costs	Total Costs	Federal Revenues and Other Reductions	Net Direct Costs Less Reductions	Unrestricted Indirect Cost Rate	Indirect Costs	Net Direct Costs plus Indirect Costs	Specialized Transportation Ratio	One Way Trip Ratio	Medicaid Allowable Costs
Transportation Services (not only specialized trans)					\$0.00		\$0.00	10%	\$0.00	\$0.00	0.00%	0.00%	\$0.00
Transportation Services (only specialized trans)					\$0.00		\$0.00	10%	\$0.00	\$0.00	100.00%	0.00%	\$0.00
Grand Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00			\$0.00

Annual Tuition Costs Summary

Total Tuition Payments	Federal Revenues and Other Reductions	Net Tuition Payments	Average Health Related Tuition Percentage	Net Health Related Tuition Payments	Unrestricted Indirect Cost Rate	Indirect Costs	Net Tuition Costs Plus Indirect Costs	IEP Ratio	Medicaid Allowable Costs
		\$0.00	5.00%	\$0.00	10.00%	\$0.00	\$0.00	0.00%	\$0.00

GENERAL AND STATISTICAL INFORMATION

Individualized Education Program (IEP) Ratio	
Total Medicaid Special Education Students with a SBAP Reimbursable Related Service in their IEP:	
Total Special Education Students with a SBAP Reimbursable Related Service in their IEP:	
Ratio:	0.00%
One Way Trip Ratio	
Total Number of Paid One-Way Trips for Medicaid Special Education Students with Specialized Transportation Services Documented in their IEP	
Total Number of One-Way Trips for Special Education Students with Specialized Transportation Services Documented in their IEP	
Ratio:	0.00%
Specialized Transportation Ratio	
Total Number of Special Education Students with Specialized Transportation Services in their IEP	
Total Number of All Students Receiving Transportation Services	
Ratio:	0.00%

Prepopulated
Statewide
Percentages

Enter
Provider
Costs

Enter
Transportation
Costs

Enter
Tuition
Costs

Enter IEP
Ratio

Enter Transportation
Ratios



Estimation Tool – Cost Settlement Summary

PA SBAP 2013 - 2014 School Year Medicaid Cost Settlement Estimation Tool2.pdf - Adobe Reader

File Edit View Window Help

Commonwealth of Pennsylvania
Department of Public Welfare
Department of Education
School Based Access Program
2013 - 2014 School Year Medicaid Cost Settlement Estimation Tool
Cost Settlement Summary

1. Total Computable Direct Medical Service and Transportation Medicaid Costs				
Service Type	Total Medicaid Costs	Medicaid Interim Payments	Include in Medicaid Cost Settlement	Final Medicaid Costs
Assistive Technology Devices	\$0.00	\$0.00	\$0.00	\$0.00
Nurse Practitioner Services	\$0.00	\$0.00	\$0.00	\$0.00
Nursing Services	\$0.00	\$0.00	\$0.00	\$0.00
Occupational Therapy Services	\$0.00	\$0.00	\$0.00	\$0.00
Orientation, Mobility and Vision Services	\$0.00	\$0.00	\$0.00	\$0.00
Personal Care Services	\$0.00	\$0.00	\$0.00	\$0.00
Physical Therapy Services	\$0.00	\$0.00	\$0.00	\$0.00
Physician Services	\$0.00	\$0.00	\$0.00	\$0.00
Psychological, Counseling and Social Work Services	\$0.00	\$0.00	\$0.00	\$0.00
Specialized Transportation	\$0.00	\$0.00	\$0.00	\$0.00
Speech, Language and Hearing Services	\$0.00	\$0.00	\$0.00	\$0.00
Total Medicaid Costs	\$0.00			\$0.00

1 - Only those direct medical service costs for which the LEA billed and received reimbursement for the dates of service within the cost reporting period are included in the Medicaid cost settlement calculation.

	Total Medicaid Costs	Final Medicaid Costs
Total Medicaid Health Related Tuition Costs	\$0.00	\$0.00
Total Medicaid Allowable Costs	\$0.00	\$0.00

2. FMAP Application to Medicaid Cost Settlement		
	Cost Settlement	FMAP %
Total Medicaid Allowable Costs (Gross)	\$0.00	
July 2013 - September 2013 (*.25)	\$0.00	54.28%
July-September Federal Share Medicaid Allowable Costs	\$0.00	
October 2013 - June 2014 (*.75)	\$0.00	53.52%
October-June Federal Share Medicaid Allowable Costs	\$0.00	
Total Medicaid Allowable Costs (Net)	\$0.00	

3. Total Interim Payments Received	
Service Type	Medicaid Interim Payments
Assistive Technology Devices	
Nurse Practitioner Services	
Nursing Services	
Occupational Therapy Services	
Orientation, Mobility and Vision Services	
Personal Care Services	
Physical Therapy Services	
Physician Services	
Psychological, Counseling and Social Work Services	
Specialized Transportation	
Speech, Language and Hearing Services	
Total Interim Payments Received (Net)	\$0.00

4. Total Medicaid Cost Settlement (Net)	
Medicaid Allowable Cost (Net) (Section 2) LESS Medicaid Interim Payments (Net) (Section 3)	\$0.00

5. Cost Settlement Federal Share Amount Due to or From Provider	
From Section 4	\$0.00

These cells will
prepopulate
based on costs
entered in Cost
Summary
Report

Enter Interim Payments –
Dates of Service FY
2014-2015

End Result:
Estimated Cost
Settlement



pennsylvania
DEPARTMENT OF HUMAN SERVICES

➤ Post Cost Settlement Monitoring Reviews

Purpose of Monitoring Reviews: A randomly selected number of LEAs will be required to participate in Monitoring Reviews in order to ensure compliance with the cost settlement process. Conducted by statewide vendor (PCG) on behalf of DHS.

LEA Responsibility: Upon selection of the Monitoring Review, an LEA must provide source documentation to support the Cost Report information selected for review.

Occurs After Cost Settlement is Finalized: As an MA provider, an LEA must comply with Monitoring Reviews and Audits in order to continue participation in SBAP.

➤ Post Cost Settlement Monitoring Reviews (cont.)

Frequent Findings:

- Documentation does not support the IEP Ratio reported
- Did not maintain required transportation logs
- Did not maintain required certification, licensing or credentials for direct service staff listed on the Staff Pool Lists
- Did not report full amount of Social Security benefits
- Included costs for staff for quarters NOT listed on the Staff Pool Lists
- Did not provide documentation supporting reported costs for each contractor

➤ Post Cost Settlement Monitoring Reviews (cont.)

Frequent Findings:

- Documentation does not support Specialized Transportation Ratio reported
- Documentation does not support Transportation Fuel & Oil costs reported
- Documentation does not support materials and supplies reported
- Salaries reported don't match the submitted payroll documentation for staff on the Staff Pool Lists

Over-Reporting or Lack of Documentation = Payback
Under-Reporting = Missed Opportunities

Ensure your LEA is reporting accurate ratios and reporting the total allowable amount of your LEA's costs!

SBAP SUPPORT

SBAP Trainings Available

- **Annual Regional Training** – DHS, PDE, and PCG present annual training and updates on the School-Based ACCESS Program at various regions across the commonwealth.
- **Classroom Training** – The training on one or more SBAP topics is presented onsite, at the IU training room facility by a PCG trainer.
- **Customized Training** – Typically this type of training delivery occurs when any participating LEA requests and schedules training on one or more SBAP topics. The training can include customized information pertaining to that LEA and is delivered onsite by a PCG trainer.
- **WebEx Live Training** – Weekly training modules are delivered online at scheduled days and times. LEA staff members can find the training course they would like to attend by searching the training calendar on PCG's SBAP website, where they can also register for a specific class provided on a specific date/time.
- **WebEx Recorded Training** – PCG records select live WebEx training sessions and places links to these recorded sessions on PCG's SBAP website so that they are available 24x7x365 for LEA staff members to preview or review after they attend a live session

SBAP Help Desk and Customer Support

- **Email** – SBAPsupport@pcgus.com
- **Phone** – (866) 912-2976
- **EasyTrac Message Board** – Every participating LEA's EasyTrac site contains an integrated, *secure message* platform. This allows for detailed communication and exchange of information regarding any problem or issue with a particular student's record. Because this is a secure email platform, the LEA may use a student's name or other student information that would be useful to identify and describe any issue or problem that the LEA is having with that student information, without violating HIPAA or FERPA regulations.
- **Website** – Participating LEAs can access pertinent information to the SBAP <http://www.publicconsultinggroup.com/client/paaccess/>
- **Training Calendar** – Participating LEAs can sign up for live trainings <http://www.publicconsultinggroup.com/client/paaccess/calendar.html>

SUMMARY

Evaluating your Program

- Know the SBAP Timeline and the Interaction of Program Components
- Focus on RMTS Responses – each LEA is responsible to meet participation requirements
- Evaluate Total Allowable Costs:
 - Staff Pool Lists
 - Billing Categories
 - Accuracy of IEP Ratio
- Schedule a 1-on-1 Program Meeting to review Operational and Financial Performance with DHS and PCG (SBAP Support: SBAPsupport@pcgus.com or 1-866-912-2976)

Commit to a Team Approach: Remember that this program now requires coordination between Business Managers and Special Education Directors!

SBAP Contact Information

DHS Staff can be contacted as follows:

Becky Ludwick, SBAP Director
(717) 787-5512
rebludwick@pa.gov

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

The PCG Team can be contacted at:

SBAPsupport@pcgus.com

866-912-2976

Questions?

For attendees participating via a downlink site into one of the PaTTAN locations, please use the following emails throughout the presentation:

February 22 (Harrisburg PaTTAN)

HBG.Questions@pattan.net

February 24 (King of Prussia PaTTAN)

KOP.Questions@pattan.net

March 23 (Pittsburgh PaTTAN)

PGH.Questions@pattan.net