

SBAP FAQs – 2020 Fall Training

Questions Related to COVID-19

1. Should logs for PCA services delivered remotely be removed from EasyTrac since those services are not eligible for reimbursement when provided via telemedicine?

It is not necessary to delete the logs for PCA services, even though those services cannot be submitted for reimbursement. The provider logs also serve as documentation of services provided, regardless of the potential for reimbursement. PCA services delivered via telemedicine may be logged for purposes of documenting services provided to the student; however, they are not reimbursable through Medicaid.

2. How do we determine if the deadline for a PCA to renew his/her First Aid/CPR certification has been extended due to the COVID-19 public health emergency?

Check with the agency that granted the certification to determine if any extensions were granted. If there was an extension, you will need to maintain documentation of that extension along with the PCA's original certification. Providers should be sure to allow enough time to renew the credential before the extension expires.

3. Based on the various changes during COVID, can the CRNP sign off on PCA services?

No. PCA service must be ordered by a licensed MD or DO.

4. Is there a possibility that the requirement to submit claims within 180 days of the date of service will be lifted or extended?

There is no indication at this time that the 180-day filing requirement will be extended.

5. Does either vendor offer consulting services for LEAs which have experienced sudden turnover due to COVID-19 in order to help ensure all documentation for ACCESS is being prepared completely and correctly?

Yes, both vendors are available to provide assistance for staff that are new to SBAP. Please reach out to vendors through their help desks to request additional training and assistance.

6. Please clarify the requirements around providing a service with audio connection only. When is this allowed and how should it be logged?

The US Department of Health and Human Services Office of Civil Rights (HHS/OCR) has offered unprecedented discretion in enforcing HIPAA, and states have been afforded significant flexibility in managing their Medicaid programs during the Public Health Emergency. As a result of this flexibility, PA is permitting the use of audio only connection for telemedicine service delivery when the **beneficiary** is unable to access video connection. The other requirements remain, including delivering the service to the full extent of the procedure code. It is important to note that this option is available only while the PHE is in effect. Telephone connections are generally considered to be the least secure manner to provide a service. LEAs with questions regarding the security of the technology they are using should refer to guidance issued HHS/OCR found here: <https://www.hhs.gov/about/news/2020/03/28/ocr-issues-bulletin-on-civil-rights-laws-and-hipaa-flexibilities-that-apply-during-the-covid-19-emergency.html>.

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Providers should continue to document relevant information about the technology used to deliver a service, especially when technology issues arise during a session. The provider should select one of the following Service Types in EasyTrac as appropriate: Direct Session: Telemedicine or Direct Session: Makeup Telemedicine. Daily progress notes should be used to note relevant technology factors in the session, e.g., whether or not materials were sent prior to session, if any audio, visual, or connectivity issues occurred.

7. What services are actually allowed to be billed when delivered via telemedicine?

The current list of services is available in the most current communication from DHS, provided on April 3, 2020, and posted to the [DHS SBAP website](#). When any updates are finalized to expand the list of services, LEAs will receive an email notice and the updated guidance will be posted to the DHS SBAP website.

8. If our LEA paid contracted transportation providers through the closure of school (March 13 until the end of the year) even though transportation services were not actually provided, can the amount paid throughout the closure be included in the cost settlement?

Yes. Any transportation costs actually incurred for FY19-20 may be reported.

9. In cases where the MPAF has been extended to cover the service being delivered, but the student's IEP coverage dates have expired in EasyTrac, will the claims be submitted for reimbursement?

The claims may still be submitted; however, they will show up on your exception report for missing a current IEP. LEAs must continue to maintain current IEPs and current dates within EasyTrac. In the event that a virtual IEP meeting is held and the IEP is subsequently updated, a new MPAF must be signed to order/prescribe the new services in the updated IEP. This includes changes to frequency/duration and group/individual setting.

10. Is there any chance the requirement to deliver services in group/individual settings per the IEP is going to be relaxed during the COVID crisis?

In order for services to be reimbursable through the MA Program, they must meet certain requirements established by policy and regulation. All services must be medically necessary, documented in the student's IEP and prescribed/ordered by appropriate signature on the Medical Provider Authorization Form. That MPAF must match what was documented in the IEP as being medically necessary – including whether the student is to receive the service in a group or individual setting. If the medically necessary service was determined to be required in a group setting, was documented in the IEP as such, and is ordered/prescribed that way on the MPAF, then that is the only way that service can be billed to MA.

Personal Care Services

1. Is there any indication that PCA services delivered via telemedicine will be billable at some point in the future?

No. PCA services must be delivered face-to-face, in person with the student in order to be billable.

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2. Are PCA services required to be medically necessary in order to be billed in SBAP?

Yes. Just like all billable services in SBAP, the service must be medically necessary, documented in the IEP, and ordered/prescribed with a signed Medical Provider Authorization Form.

3. When is “cueing the student to pay attention, participate in activities, and complete tasks” a billable activity for a PCA?

When a student is assigned a PCA to address behavioral issues related to their diagnosis, then redirection of inappropriate behaviors to turn student attention to the task or activity they are supposed to be performing at that time, would be a billable service.

Group vs. Individual Service

1. If the group is only 2 students and one is a no show, can we still bill for the student who did attend?

No. In order for a service to be a “group” there must be 2 or more students in the session. This applies whether the service is delivered face to face or via telemedicine.

2. If a group session is scheduled, but only one student shows up for the session and that student has both group and individual in their IEP, can it then be billed as Individual?

Yes, if it meets the criteria in the student’s IEP and the MPAF.

3. Are both individual and group allowed to be checked on the medical authorization if both are given?

Both settings may be indicated on the MPAF, though it is important to separately indicate the requirements for each. If the student requires a combination, then both should be documented on the IEP and the MPAF (For example, OT individual 30 min 2x per week, OT group 30 min 4x per year).

4. If the IEP states "group," but the session ends up as "individual" due to absent students or because it had to be delivered virtually, should it still be logged into the system?

No. If the student only has group services authorized, then the service as delivered cannot be billed to MA.

Medical Authorization

1. How should electronic signatures on the MPAF form be handled?

When using electronic signature, be sure to follow any guidance issued by your district and PDE (<https://www.education.pa.gov/K-12/Special%20Education/FAQContact/Pages/AddInfoCOVID19.aspx>) as well as information provided in Section 5.3 of the SBAP Handbook.

2. In light of the current circumstances, IEP teams have been advised to indicate location changes, i.e. virtual vs. in school. If this location change also occurs with the health-related service, must medical authorization be obtained?

For purposes of Medicaid, telemedicine is a mode of delivery. Provided that the service is delivered at the same frequency and duration and group/individual setting remains the same, no update to the MPAF is required under the current policy for extension.

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3. What is the correct way to list medication administration on the MPA form?

While BPI can't be prescriptive, one example is to note "medication administration as per prescription on file".

4. What is the appropriate way to list Special Transportation on an MPA form? The duration isn't always known.

For MA purposes, transportation is the one service that does not require a duration. Noting "transportation twice daily" is sufficient.

5. Is it correct that transportation is always billed as individual? The students are typically in a van with a group of students.

Transportation is an individual service regardless of other students being on the bus.

6. When creating an MPAF for as-needed nursing service, what would you put for the duration and frequency?

You would use "up to" rather than "as needed". It's easier if you know the student and can estimate their needs. Does the student have seizures daily/weekly/occasionally? In the case of weekly, you could use something like this: Nursing services for seizure disorder up to 30 mins weekly.

Recordkeeping/Service Documentation

1. Please clarify the number of years that records need to be kept. Is it 4 or 6 years? If the school leaves the program, how many years then do records need to be kept?

Pennsylvania MA Regulations ([55 Pa. Code § 1101.51 \(e\)](#)) require medical and fiscal records that fully disclose the nature and extent of the services rendered to MA beneficiaries be retained for at least four years, or longer if required by the [Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191](#) and implementing regulations at [45 CFR Parts 160, 162, and 164](#). The same applies if you were to leave the program. Additional information related to documentation requirements is included in Chapter 5 of the SBAP Handbook.

2. For the original documentation for services provided, are you looking for specific session notes, like Early Intervention does? Or should the logs be exported and printed from EasyTrac?

This depends on how the provider is logging the service. If the provider is entering their session directly into an electronic system such as EasyTrac, that is the original document and would be printed out in the event of an audit. If the log is being entered into EasyTrac by someone else on behalf of the provider, the original document would be the paper log.

3. How should a nurse record a daily note for medication administration only? How descriptive do they need to be?

The note should consist of name of medication given and whether any issues were observed. For example: "Lasix given PO no adverse reactions noted".

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Documenting Services in the IEP

Please remember that your Special Education Director is your first, best resource for questions related to IEPs.

1. When speech and language is a stand-alone service, does it have to be listed under related services in order to bill for ACCESS or can it be listed under the SDI section?

For “speech only” IEPs, the services may be listed under SDI. However, in the event of an audit, BPI won’t necessarily look under SDI, will look only at related services. As a best practice, all services to be billed to MA should be entered under related services.

2. If a student's IEP is written as “one session weekly for 30 min. sessions with additional sessions as requested by the student”, can I bill for the additional sessions if they should occur?

The IEP can be written to include “up to x minutes” of crisis intervention in addition to the regularly scheduled sessions. That will allow for billing of those sessions up to the number of minutes documented in the IEP and ordered in the MPAF. Without any frequency or duration provided for the additional sessions, those sessions would not be billable.

3. In the Related Services section of the IEP, does the Location and Frequency need to be revised to indicate that the service is being provided remotely? If it is updated, will the services still be billable when telemedicine is no longer allowed?

You should first verify with your Special Education Director what the requirements are around location of service. The MA program considers telemedicine to be a mode of delivery, so DHS would not require this to be documented in the IEP. DHS does recommend that the delivery method be documented in the service log, including any technology issues that arise during a session.

4. Can you please clarify if we should change the way we are currently writing our Speech requirements on our IEP's. Currently speech staff have been writing it as " 700 minutes per IEP term"

700 mins per IEP term opens the provider up to an extended time period in the event of an audit. If DHS determines that we may have paid for more time than allowed, we would need to request the entire year rather than the shorter time period originally requested.

5. Are we now allowed to bill for PRN nursing services through SBAP? The Seizure example would seem to be PRN. I thought in the past we couldn't bill for "as needed" services.

As discussed in last year's training DHS has discussed the limited use of “up to” and this would be used in the place of “as needed”. There are limited circumstances that up to would be acceptable such as crisis intervention and seizure activity.

License/Certification

1. Should the credentials for the supervising SLP be maintained with the record of the CFY that they are supervising? Will they be requested?

Yes, the supervising SLP's credential should be maintained because it would be requested.

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2. Are providers with a provisional license SBAP billable? I think some are receiving these due to the delay in getting the full license due to COVID?

Reasons for issuing a provisional license can vary as can the requirements for provisional licensees based upon provider type. DHS recommends checking with Department of State to verify requirements, especially to determine if supervision is required. In many cases, providers that have been issued a provisional license are able to bill in SBAP with proper supervision.

3. As we verify licensures on the state site, do we need to always print out the verification for the providers' files or is checking and updating the dates in Easy Trac enough?

Print it out or save it electronically. You'll need to provide the document in the event of an audit. **BPI recommends you obtain a copy of the individual's actual license.**

LEA tip: I have an electronic file named Provider Licensing and scan or download and save under provider name. I have some providers that have 4-5 licenses in there going back until 2012.

4. Clinical Fellows need to have a proper ASHA supervisory designated (as of Jan 1, 2020) SLP sign their SBAP logs. Does this supervisory SLP need to be the one assigned to the CF under their program or can it be a properly authorized ASHA SLP within the LEA as long as they are following the rules of the supervision of CFs?

DHS does not require that the clinical fellow's supervisory SLP for purposes of oversight and signing of provider logs be the same individual as the clinical fellow's official ASHA supervisor. Per the Handbook, services rendered by a clinical fellow must follow ASHA guidelines.

5. The SBAP Handbook discusses that the SLP supervisor must see each student once. Once an IEP year, once a quarter, once a month...What meets the 'once' requirement?

Based on the current Handbook, the licensed SLP or ASHA CCC SLP must see each student at least once, have input into the type of care provided, and review the student's treatment **on an ongoing basis**. DHS recommends once per quarter. However, we also recommend that SLPs providing supervision in LEAs are familiar with ASHA's guidance on services provided "under the direction of" for Medicaid purposes. That guidance, American Speech-Language-Hearing Association. (2004). *Medicaid guidance for speech-language pathology services: addressing the "under the direction of" rule* [Position Statement], can be found here: <https://www.asha.org/policy/PS2004-00098/>

Student Eligibility

1. When checking MA eligibility in EVS, if the student has an MA number can I assume they are eligible or do I need to confirm they don't have one of the other plans that aren't MA?

When working on December 1 eligibility counts, you need to confirm the student is enrolled in an eligible MA program as of that date.

2. If the student record indicates another MA category along with the category MHX or MRX, are they SBAP eligible?

Yes, they can have those as additional categories of eligibility. For MA eligibility questions, LEAs can call the DHS Provider Helpline at 1-800-766-5387. The DHS Provider Helpline can assist LEAs with

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questions relating to the “Eligibility Verification System” and can provide verification of MA eligibility and plan information.

Cost Report

1. Can we include money spent for health-related services such as speech supplies in our quarterly and annual costs if we are using ACCESS money?

Yes. You can include costs for direct services on the annual cost report if you used ACCESS money to purchase the items and they are on the approved supplies and materials list.

2. Can a direct service provider's gross salary include coaching pay or salary not directly related to special education?

No. Salaries (or stipends) such as coaching or other extracurriculars **cannot** be included in the cost report.

3. Does a student have to be MA Eligible for the LEA to report their tuition costs?

The student does not have to be MA eligible to claim tuition, but they must be receiving a health-related service documented in their IEP.

4. If we are not delivering the health-related service but pay the tuition, can we claim that tuition?

If the health-related service is being delivered by the school to which you are paying tuition AND you have verified that that school is not submitting direct service claims to MA for the student, then you may report the tuition costs for that student.

5. If you are paying for tuition for a student but the student is receiving services through another contract outside of the tuition can you bill for the service and include the provider in the staff pool? For example, you are receiving contracted OT services but you are also paying tuition for a student to be in placement. Can you still bill for the OT and include the provider in the staff pool list?

If the OT service is OUTSIDE of the tuition you may still bill for OT and include the provider in the staff pool list. You MUST include the OT on the SPL in order to then bill for those OT services.

Evaluations

1. Can initial psychological evaluations be billed if the IEP ends up having a speech related service or can it only be billed if it results in counseling/other psychological billable related service?

In the case of an initial evaluation, the evaluation may be billed so long as any health-related service results from the evaluation.

2. Can a psychological re-evaluation be billed only if there is a counseling/psychological billable related service in the IEP or any related service in the IEP?

In the case of a psychological re-evaluation, the resulting service MUST be a psych/counseling service for the re-evaluation to be billable.

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3. Is there a certain specific license that the school psychologist must have in order to bill for the Evaluation/Re-evaluation?

You may bill for an evaluation or re-evaluation conducted by the school psychologist so long as it was ordered by a licensed provider as described in the Handbook, Section 4.8.a. A school psychologist cannot order his/her own evaluation/re-evaluation service.

4. When do we have to have permission for SBAP services signed to bill for the initial psychoeducational evaluation? Must we have permission before the evaluation is complete or can we have it signed when we complete the IEP.

In order to be compensable, the service must be ordered before it is completed.

Revalidation

1. Where can I find my revalidation date?

LEAs can find their revalidation date on the [PROMISe portal](#). The revalidation date will be found on the top right of the screen after log-in.

2. How do I revalidate?

Revalidation applications and application requirements for LEAs may found on the [DHS Provider Enrollment Webpage](#). Note that LEAs are provider type 35, public school. Please allow at least 45 days for processing applications. The LEA will receive a welcome letter in the mail after the application has been processed. Alternatively, providers may call the provider enrollment hotline at 1-800-537-8862 option 2, option 4, to obtain their application status.

For additional information, please view the [Enrollment and Revalidation PowerPoint](#) found on the DHS SBAP webpage.

Miscellaneous

1. For an EI student transferring to school age, can we use the EI parental consent? Or does the district need to obtain a current copy?

DHS recommends that you obtain your own parental consent.

2. Is there a rule as to how long a provider has to make-up a session for it to remain billable?

There is no regulation that mandates it must be within the same week so use your judgement. If it has been 4 months, there may be a question as to whether the makeup session is medically necessary at that time.