

SBAP FAQs – 2021 Fall Training

Medical Practitioner Authorization Form (MPAF)/Individualized Education Program (IEP)

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

When using electronic signatures, be sure to follow any guidance issued by your district and the Pennsylvania Department of Education (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. Is it correct that transportation is always billed as individual? The students are typically in a van with a group of students.

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

3. What is the appropriate way to list Special Transportation on an MPAF? The duration is not always known.

For the purposes of Medical Assistance (MA), transportation is the one service that does not require a duration. Noting “maximum twice daily” is sufficient.

4. Since Personal Care Assistant (PCA), Nursing and Transportation services can only be provided individually, is it required to list the service as individual on the (IEP)?

The Department of Human Services (DHS) does not set requirements for the IEP; however, you will note that on the Medical Practitioner Authorization Form, group is listed as N/A for any service that may only be provided as individual.

5. What is the correct way to list medication administration on the MPAF?

While DHS cannot be prescriptive, one example is to note “medication administration as per prescription on file.” The physician order should be retained with the MPAF when a health-related service (medication, tube feeding, suctioning, catheterization, etc.) is ordered by a physician. It is acceptable to document “per physician orders” on the MPAF, but the actual physician order must also be included since it provides the details of the service provided.

6. Is a prescription required to be attached to the MPAF for medication administration, tube feeding and suctioning?

MA covered services, such as medication administration, tube feeding, and suctioning, all require a prescription or order from an enrolled practitioner. In many cases, the MPAF may include sufficient information without requiring additional documentation of the doctor’s order. However, if the MPAF includes these services and points to the doctor’s order (with wording

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such as “per doctor’s order”), the doctor’s orders for those services should be attached and maintained with the MPAF in case of an audit.

7. Is the actual pill bottle a sufficient record of the doctor’s order for medication administration?

The Pennsylvania Department of Health (DOH) has issued “Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care,” which can be used as a tool when developing district policies for medication record retention.

School administrators, certified school nurses (CSN), licensed registered nurses (RN) and licensed practical nurses (LPN) need to be cognizant of state and federal laws and regulations that govern the practice of medical professionals and the administration of medications in the school setting.

When a medication must be administered during school hours, the school district should have clearly written policies and procedures that will provide direction and guidance for medication administration to students, which are in accordance with state laws and regulations, including policies on retaining documentation of medication administration.

School health records should include medication orders.

Records Retention

8. Please clarify the number of years that records need to be kept. Is it 4 or 6 years? If a student “ages out” of 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. Records must be retained even if:

- the student “ages out” of the program;
- the student moves out of the school district; or
- the local education agency (LEA) ends its participation in SBAP.

Additional information related to documentation requirements is included in Chapter 5 of the SBAP Handbook.

Exclusions/Preclusions

9. SAM exclusions showed a potential match with the same name as a district staff person. We are an Intermediate Unit (IU) billing on behalf of that district, and the staff

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person is not comfortable sharing her social security number. How can we proceed to make sure this staff person is NOT the one on the excluded list?

LEAs may contact The System for Award Management (SAM) directly via the Federal Service Desk at https://www.fsd.gov/qsafsd_sp or at 866-606-8220.

10. For Exclusion/Preclusion review, it was mentioned that it was required to run for all service providers on a monthly basis. Is this encouraged as best practice to avoid audit troubles, or required as a monthly activity?

MA Bulletin 99-11-05 establishes the requirement of monthly preclusion/exclusion checks for all providers. Additionally, section 5.4 of the SBAP Handbook establishes the requirement of monthly Preclusion/Exclusion checks within the SBAP. Providers who participate in the MA Program are required to screen their employees and contractors, both individuals and entities, **prior to hire and monthly thereafter**, to determine if they have been excluded from participation in Medicare, Medicaid, or any other federal health care program.

Provider Logs

11. For a log entry to be billable a PCA must track 15 minutes or more of providing a PCA service to a student. Can it be multiple entries that total 15 minutes or more per day?

Yes. While provider logs are required to contain exact “Start Time” and “End Time”, non-consecutive service minutes may accumulate on a single date of service for the same service type provided to the same student. For example, the PCA assists the student with toileting from 10:02 – 10:10 and then opens food containers and assists with feeding from 11:25 – 11:35. Those minutes may accumulate. Reminder: rounding up service minutes is prohibited. Please see Section 4.4 of the SBAP Handbook for more information related to Provider Logs.

12. Are supervisory signatures required on logs entered electronically for providers other than PCAs?

Supervisory signatures are required on logs for services provided by the following providers:

- Personal Care Assistant
- Occupational Therapy Assistant
- Physical Therapy Assistant
- Audiologist Assistant
- PDE-Certified Speech Language Pathologist (CSPG 63)
- Clinical Fellow in Speech Language Pathology (includes provisional licensee)
- Speech Assistant

Supervisory signatures are required for both paper and electronic logs.

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Credentials and Licensing

13. 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.

14. What if an individual working as a PCA does not have a copy of their high school diploma or a GED?

Written documentation from the graduating institution may be substituted for the diploma, such as an official letter or email sent by the district providing the individual's name and graduation status. Also, verification of a higher level of education, such as an associate degree or bachelor's degree, is acceptable documentation, as the individual would have had to meet the requirement of high school graduation to be admitted to a higher-level educational program. Personal attestation, as may be provided on an employment application, is not sufficient documentation.

Direct Service Claiming

15. On the monthly denial report, there is often a "needs more information" comment. Can you provide clarification on what information is required when it appears that all compliance is entered?

The description of "needs more information" is often associated to Third Party Liability, which requires no action on the part of the LEAs. PCG will continue to work with DHS to provide more details on denial descriptions as appropriate.

16. We started the school year with a new physical therapist (PT). Should I inactivate the previous PT now or wait 6 months? I was not sure if I needed to wait 6 months until all their log entries cleared through the claiming process before I inactivate them.

A provider can be inactivated after all associated information, such as provider certification and service logs are entered into EasyTrac. All service logs that have the necessary compliance information, submitted within timely filing limits, will continue to be processed. However, if service logs associated with an inactive provider appear in an exception report, then the provider would need to be reactivated and the certifications entered for processing. Once processed, the provider can then be re-inactivated. The provider should be inactivated

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only when all compliance information associated with the provider you seek to inactivate has been entered.

Random Moment Time Study (RMTS)

17. Should we have all Special Education teachers on the staff pool?

Whether staff or contractors should or should not be listed on a Staff Pool is ultimately up to the LEA's discretion. The decision to add Special Education teachers should be based on the source of funding for the position and the activities they engage in rather than their title. Some items to consider:

- Staff that are 100% federally funded should **not** be included on the time study as none of their costs are reimbursable.
- Only qualified direct service providers should be on the Direct Service Staff Pool.
- Staff who spend most of their time (*on a typical day*) supporting the Special Education program and/or health-related services in an IEP **and** are not a direct service provider could be considered further for the Admin Pool.

18. If a speech therapist has a provisional license (not having all their 3 C's) and is under supervision, can we have them on the staff pool?

Yes, if the speech therapist with a provisional license is providing speech services under supervision and their services are being submitted to Medicaid for reimbursement, the LEA may add the speech therapist to their cost pool. If they are not being supervised and/or not being submitted to Medicaid for reimbursement, they should not be included in the Time Study.

Tuition

19. How can I receive health-related tuition reimbursement?

You may report the tuition costs for a student 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. To receive reimbursement for allowable health-related tuition costs, LEAs must still participate in all program components as indicated in the LEA Agreement and Section 1.3.b. of the SBAP Handbook, including the submission of compensable direct service claims.

20. If you are paying 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 occupational

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therapy (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 cost for OT service is OUTSIDE of the tuition you may include the provider in the staff pool list (SPL) for your LEA and submit the services that the OT provides for your students. You MUST include the OT on the SPL and that provider must participate in the Random Moment Time Study in order to then bill for those OT services.

Cost Settlement/Cost Reconciliation

21. In order to receive the Unrestricted Indirect Cost Rate (UICR), is it required to submit the Annual Financial Report by 10/31?

UICRs are calculated and certified by PDE as part of the Annual Financial Report (AFR) submission. The published deadline to complete the AFR is October 31st. DHS has no input or effect on the timetable for processing AFRs or calculating rates; therefore, it is recommended that the AFR be submitted by 10/31. However, all UICRs received by DHS from PDE by February 15th will be utilized for the relevant MAC claim and Cost Settlement Calculations.

22. Given that the amount of paid logs has been reduced due to the health emergency, have you considered looking at the interim rate calculation differently (a rolling average), to alleviate the impact?

In accordance with the approved payment methodology outlined in Pennsylvania's Medicaid State Plan, DHS annually revises the provider-specific interim rate (rate) for LEAs. DHS must adhere to the process for calculating rates as outlined in the State Plan; therefore, no adjustments are anticipated.

23. Will our 20-21 cost settlement be impacted by our ability to claim certain services delivered via telemedicine?

There is potential for FY20-21 Cost Settlements to be affected by the fact that some SBAP services could not be billed when delivered via telemedicine. For example, if an LEA reports costs for Personal Care Assistants, but none of those PCAs provided in-person services that could be reimbursed resulting in \$0 interim payments for personal care, then the costs would not carry through as Medicaid allowable costs during the cost reconciliation/settlement process. However, LEAs will continue to be reimbursed at the higher enhanced FMAP rate through the quarter in which the public health emergency ends.

24. Must Compensatory services be listed in the current IEP or will the previous IEP, Med Auth and Compensatory agreement be honored?

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Any services that are logged and submitted for payment must be currently documented on the IEP and ordered/prescribed through the concurrent MPAF.

25. When describing compensatory services, does the MPAF actually have to say, “Compensatory Ed?”

The description of services as compensatory is an educational requirement, not a requirement for Medicaid. For any health-related service to be compensable through SBAP, it must be ordered /prescribed in accordance with MA regulations at 55 Pa. Code § 1101.66 and documented in the current IEP. The order/prescription may be documented through the concurrent MPAF.