School-Based ACCESS Program (SBAP)

Compliance Session

FY 2020-2021 Statewide Training
Compliance Training Objectives

• **Learning Objective:** Upon completion of this session, participants will be able to identify key aspects of compliance and recognize commonly identified issues/errors in an audit of School-Based ACCESS Program (SBAP) services billed by the Local Education Agencies (LEAs).

• **Key Topics:**
  - New SBAP Coordinator
  - Common Audit Findings
  - Tele-Medicine
  - License Verification
  - Documentation Reminders
The Bureau of Program Integrity (BPI) is part of the Pennsylvania Department of Human Services (DHS).

BPI has medical professionals responsible for:

- preventing, detecting, deterring, and correcting fraud, abuse, and wasteful practices by providers of Medical Assistance (MA) services – including LEAs,
- applying administrative sanctions, and
- referring cases of potential fraud to the appropriate enforcement agency.
Debra J. Buffington, RN
Department of Human Services
Bureau of Program Integrity
Division of Provider Review
Common Audit Findings

Issues Frequently Discovered During Audits

- Services billed were not documented on Medical Practitioner Authorization form (MPAF)
- Group or individual not specified in the Individualized Education Program (IEP) and/or MPAF
- Order is for individual, but billed as group
- MPAF & IEP do not match/service lacked duration
- Service does not fully disclose the nature & extent of services/lack of sufficient documentation
- Personal Care Attendant (PCA) service not 1:1
- Billed for services that were not face to face
As a condition of MA payment, health-related services identified in a student’s IEP must be authorized or prescribed by a licensed practitioner, acting within their scope of practice and enrolled in the MA Program.

This is addressed in the SBAP Handbook Section 4.2 Medical Necessity/Medical Authorization
Order is for Individual, but Billed as Group

Individual and/or group must be clearly identified on both the MPAF and the IEP with the frequency and duration specified for each type of session.

If providing as an incidental group service that is not recommended in the IEP and authorized/prescribed by the MPAF, do NOT bill for this service.

This is addressed in the SBAP Handbook Section 4.3 Documenting Individual and Group Therapy
Authorized vs. Documented Services

- Units of service billed must be equal to or less than the units of service authorized on the MPAF.

- You are highly encouraged to verify through the self-audit process that the duration and frequency of the services billed are equal to or less than the duration and frequency recommended in the IEP and authorized on the MPAF.

- Link to self audit form: https://paaccess.pcgus.com/documents/PA%20SBAP_Self_Audit%20Review.pdf
Group vs Individual sessions on IEPs and MPAF/order/prescription should be listed as below.

- LEAs should be writing for what is medically necessary for the student. If the student requires only individual, then that is what should appear on the IEP and MPAF/order/prescription (Example- Speech therapy individual 30 min 3x per week).
- If the student requires group only, then that is what should be placed in the IEP and on the MPAF/order/prescription (Example- OT group 30 min 2x/week).
- If the student requires a combination, then we would expect to see both on the IEP and the MPAF/order/prescription (Examples- OT individual 30 min 2x per week, OT group 30 min 4x per year).
- Group therapy has been ordered for the students and everyone is absent except for that student, then the choice is to reschedule group later that week or provide a make-up session (be sure it is documented as a make-up session).
Prescriptions or MPAFs must be concurrent with the IEP and obtained at least annually, or whenever there is a change to the health-related services in the IEP (i.e. service added or changes in frequency of service).

- Ensure the service type, frequency, duration and mode are listed on both the IEP and MPA.
### Medical Practitioner Authorization for SBAP Services

<table>
<thead>
<tr>
<th>Related Services</th>
<th>Duration</th>
<th>Frequency</th>
<th>Projected Start Date</th>
<th>Projected End Date</th>
<th>Group</th>
<th>Individual</th>
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<tr>
<td>Audiology</td>
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<td></td>
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<td>Nursing</td>
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<tr>
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<td>3Xwk</td>
<td>7/1/17</td>
<td>2/1/18</td>
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<td>Orientation, Mobility &amp; Vision</td>
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<tr>
<td>Personal Care Services SD</td>
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<td>Daily</td>
<td>7/1/17</td>
<td>6/30/18</td>
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<tr>
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<td>2XWk</td>
<td>7/1/17</td>
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<tr>
<td>Physical Therapy</td>
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<td>Wkly</td>
<td>7/1/17</td>
<td>6/30/18</td>
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**Re-Evaluations to be provided throughout the duration of this IEP:**

- [ ] Audiology
- [X] Physical Therapy
- [ ] Psychological
- [ ] Speech & Language
- [ ] Orientation, Mobility & Vision
- [ ] Psychiatric
- [ ] Social Work
- [ ] Psychological
- [ ] Speech & Language
- [ ] Hearing Impaired
- [ ] Hearing Impaired
- [ ] Special Transportation

I reviewed the Individualized Education Program (IEP) for this student and agree that the health-related services and re-evaluations recommended above by the IEP team are both appropriate and medically necessary.

Authorized Signature ______

*Date of Signature 7/2/17

Printed Name/Practitioner Title: Im Outofideas/MD
License #: MD--------
NPI#: 1234567890
MA Provider #: 10000000000128

If review of medical necessity was conducted face-to-face with the student, separate documentation must be maintained.

*The date of signature is required prior to or on the date of service.

MPAF = Medical Necessity!
Common Audit Findings (Cont.)

Lack of Sufficient Documentation

When documenting the service, providers should ensure that these 5 questions are addressed in the documentation:

- Why did the student present for service/treatment?
- What kind of treatment did student receive?
- What was observed during the service/treatment?
- What was the outcome of the service/treatment?
- Is follow-up needed?

Relate documentation to goals and objectives in the IEP.
Common Audit Findings (Cont.)

Insufficient Documentation Examples

- **OT** – FM/HW initials traced & copied
- **PT** – balance and reaching for toy
- **SW/PSY** – anger management
- **Nursing** – post seizure care
- **PCA** - monitored and assisted
Common Audit Findings (Cont.)

Sufficient Documentation Examples

- **OT** - Fine motor/handwriting exercise. Traced initials 12X with 90% accuracy. Copied initials 18X, T legible, C is not. Will continue to work with student.

- **PT** - Worked on standing balance by taking steps to the R & L to reach for a toy with min assistance. Able to ambulate 200’ by holding hands.

- **SW/PSY** - Anger management group. Focused on de-escalation techniques. Very agitated and unable to focus and participate.

- **Nursing** - Emergency skilled nursing services required for post grand mal seizure observation. Teacher reported at 1230 (note what teacher stated), Moved to nurse’s office for observation. (Document what you did or observed while waiting for mom). Home with mom at 1310.

- **PCA** - Opened milk carton and inserted straw, all other items opened, cut food into bite size pieces, monitored while eating, hand-over-hand assistance given 3 times.
Billing for Multiple PCAs Time

Personal care is a one-to-one service provided to beneficiaries with physical or mental impairments or conditions in accordance with a plan of treatment and prescribed by a physician.

• Should a student require the assistance of more than one PCA, you may only bill for one PCA.
Billing for Non-Face-to-Face Services

All services must be face-to-face with the student in order to be compensable.

MA does not pay for consultation with another provider or parent.
For purposes of Medicaid, telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

For dates of service on or after March 16, 2020, the following SBAP services may be provided via telemedicine and billed for payment:

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Social Work and Counseling
Asynchronous or "Store and Forward": Transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation. Asynchronous or "store and forward" applications would not be considered telemedicine.

Telemedicine Documentation Example

• Mother and student actively participating via Zoom no connectivity issues. ‘Her mother said she can understand her better now.’ Rose produced /l/ in the final position of words with 70% accuracy. Rose’s pronunciation has improved 10% since the last session with visual cues of tongue placement. Rose continues to improve with /l/ in the final position and is reaching goal status of /l/ in the initial position. The next session will focus on /l/ in the medial position.
Department of State sought, and the Governor granted, extensions to various (not all) professions whose licenses were scheduled to expire. We recommend if any of your providers fall under this extension that you save a copy of the memo granting this extension.

The following is a link to the Pennsylvania Department of State - COVID-19 Suspensions:
American Red Cross

has successfully completed requirements for

Adult and Pediatric First Aid/CPR/AED: valid 2 Years

Date Completed: 05/23/2018
conducted by: American Red Cross
Instructor:

Scan code or visit: redcross.org/confirm
LEAs will need to reach out to the entity that issued the certificate to determine if that entity has provided an extension.
Many individuals who provide SBAP services have a Pennsylvania Department of Education (PDE) certificate associated with their position (e.g., school nurse, social worker); however, most PDE certificates are NOT sufficient verification of the individual’s eligibility to provide services under the SBAP.

How do I ensure my LEA has the appropriate documentation?

- Ideally, the individual should provide the LEA with a copy of his/her current license or certification.
The individual who holds this PDE certificate *may* be a qualified school nurse, but this document *does not* provide sufficient verification.
The document below provides verification of the individual provider’s Department of State license as a Registered Nurse, including effective dates.  https://www.pals.pa.gov/#/page/search
The individual who holds this PDE certificate *may* be a qualified Speech Language Pathologist (SLP), but this document *does not* provide sufficient verification.
The screenshot below provides verification of the individual provider’s certification as a SLP, including effective dates.
The individual who holds this PDE certificate may be a qualified SLP, but this document does not provide sufficient verification.
The document below provides verification of the individual provider’s Department of State license as a SLP, including effective dates.
Self-Audits

• Best Practice: Perform periodic self-audits on your LEA’s direct service and transportation compliance data and documentation to ensure services were rendered and billed correctly and documentation appropriately maintained.

• The Self-Audit Tool provides a checklist of documents/records required for SBAP billing.

NOTE: Just because you find an error on a log does not mean it was a paid claim! Be sure to check with BPI or PCG on whether the log resulted in a paid claim to determine next action.
Self-Disclosures

• Providers have a legal and ethical commitment to return inappropriate Medicaid payments.

• LEAs are encouraged to self disclose billing errors and violations identified.

• Disclosures should be made directly to the BPI SBAP Coordinator at (717)772-4631.
Documentation and Storage

- Scanning – Must maintain originals

- Electronic Records/Storage
  - EasyTrac Export – Backup

- Physical Records/Storage

- For MA related purposes, retain records for at least four (4) years from date of service

**NOTE**: Discontinued participation in SBAP doesn’t avoid the LEA’s obligation as an MA Provider to follow the records retention requirement.
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