School-Based ACCESS Program (SBAP)

Compliance Session

FY 2021-2022 Statewide Training

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SBAP Coordinator

Debra J. Buffington, RN
Department of Human Services
Bureau of Program Integrity
Division of Provider Review

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Compliance Training Objectives

- **Learning Objective:** Upon completion of this session, participants will have a better understanding of the role of the Bureau of Program Integrity (BPI), 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).

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Compliance Training Agenda

- **Key Topics:**
  - o BPI overview
  - o Audit overview/Process
  - o Record Review Process
  - o BPI Audit Findings
  - o Common Audit Findings
  - o Covid-19 Public Health Emergency
  - o Telemedicine
  - o Provider Screenings
  - o Documentation and Storage
  - o Record retention

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Bureau of Program Integrity

- **The Bureau of Program Integrity (BPI) is part of the Pennsylvania Department of Human Services (DHS).**
- **The Mission of BPI:**
  - Identify, monitor and eliminate waste, fraud and abuse of tax payor dollars and to **protect services** delivered to eligible recipients
  - Operate cost-effective programs by proactively **evaluating, delivering and paying** for the highest quality services based on value and verified need
  - Increase consistency in collecting, sharing, and analyzing useful information across multiple program offices to proactively **minimize the potential** for waste, fraud and abuse
  - Hold providers, recipients, retailers and employees accountable for **understanding and complying** with program requirements

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Bureau of Program Integrity (Cont.)

- **BPI responsibilities:**
  - To prevent, identify, and combat fraud, waste and abuse in the MA Program
  - To monitor provider compliance with Medicaid regulations and requirements
  - To assure that MA recipients receive quality care and do not abuse benefits
- **BPI activities:**
  - Evaluate provider services and claims for compliance
  - Monitor for recipient overuse or abuse of services
  - Refer cases to civil and criminal agencies
  - Enforce administrative actions
  - Conduct outreach and education

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What is Waste? What is Fraud? What is Abuse?

- **Waste:**

  Overutilization of services or other practices that result in unnecessary costs; not caused by criminal actions, but rather misuse of resources.

- **Fraud:**

  Knowingly submitting or causing to be submitted, false claims or making misrepresentations of fact to obtain a health care payment for which no entitlement would otherwise exist.

- **Abuse:**

  Provider practices that are inconsistent with sound fiscal, business or medical practices and result in unnecessary costs to the Medicaid Program.

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BPI Audits

BPI conducts audits of school districts to detect potential fraud, abuse or wasteful practice.

Types of audits conducted:.

- **Quarterly Audits** –reviews are completed for each quarter throughout the year
  - Q1 January 1st to March 31st
  - Q2 April 1st to June 30th
  - Q3 July 1st to September 30th
  - Q4 October 1st to December 31st

- **Quarterly Audit Process**

BPI utilizes a statistical software program called Windows Rat-Stats Statistical Software to pull random school districts and students within those school districts

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BPI Audits (Cont.)

- **Yearly Audits**-reviews completed for the entire fiscal year
  - Larger review base
  - More records will be requested
  - Since there are more than 500 LEAs, your chance of having a yearly review is not that high unless we see or become aware of issues
- **Yearly Audit Process**
  - BPI utilizes the Fraud & Abuse Detection System (FADS) and/or Windows Rat-Stats Statistical software to pick the schools that will be receiving a yearly audit
  - A sample of schools are chosen for each fiscal year to receive a full audit
- **Proactive Audits**-the entire fiscal year can be reviewed, or just a particular area or time period.

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BPI Audits (Cont.)

- **Self-Audits**-LEAs are encouraged to conduct self-audits. BPI can also request LEAs conduct a self-audit if an issue is suspected.
  - Best practice is to 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 is appropriately maintained
  - The Self-Audit Tool provides a checklist of documents/records required for SBAP billing
  - Link to the Self-Audit form:

https://paaccess.pcgus.com/documents/PA%20SBAP_Self_Audit%20Review.pdf

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 the next course of action.

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BPI Audits (Cont.)

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
- Self-disclosures should be made directly to the BPI SBAP Coordinator at (717)772-4631 or debuffingt@pa.gov
- Per the SBAP handbook, DHS may, upon review of information submitted, or upon further investigation, determine that the matter may involve state or federal criminal law. In such instances, DHS will refer the matter to the appropriate state or federal agency.

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Audit Process

The audit process:

- Record request letter
- Receipt of records
- Record review
- Discuss findings with school district
- Request additional or missing information
- Preliminary letter (if no findings, go directly to the final letter)
- Final letter
- Take back money (if applicable)
- Request Corrective Action Plan (CAP)
- Closure of the case

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Record Review Process - Record Request

The <u>complete</u> record includes but is not limited to the documents below:

- Individualized Education Programs (IEP) and amendments/updates;
- Evaluations, assessments, testing that was performed to evaluate IEP needs; and/or that led to the creation of an IEP;
- Prescriptions, orders, recommendations, and/or SBAP Medical Practitioner Authorization Forms from qualified family or employed/contracted practitioners/physicians for all SBAP services;
- Parental Notification Letters and/or Parental Consent Letters;
- Professional Service Logs/daily progress notes for direct services;
- Medication administration records and other nursing services records;
- Reports, (including quarterly progress reports), prepared by physicians, nurses, and other medical personnel, psychologists, speech therapists, occupational therapists, physical therapists, and social workers;

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Record Review Process - Record Request (Cont.)

- Evaluations, assessments, and testing including but not limited to those performed by physicians, nurses, and other medical personnel, psychologists, speech therapists, occupational therapists, physical therapists, and social workers;
- Student attendance records;
- Special transportation documentation/Special Transportation Tracking Logs;
- Any other documentation that is maintained in the student's SBAP record to support the SBAP services billed.

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Record Review Process - Record Request (Cont.)

Additional information requested:

- A list of SBAP employees including interim or contracted employees that provided services to the students on the attached list. For each employee (including interim or contracted employees), please provide:
  - Job title and job description
  - Daily schedule
  - Number of hours worked per week
  - Number of hours worked per week per assigned student
  - Timecards/attendance records
  - Licensure/certification/CPR, etc.
  - Supervisor's name
- Weekly class schedules for the students on the attached list; include the length of each class
- School calendar indicating days when school was not in session, for example, holidays, in-service days, spring break, snow days, etc.

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Record Review Process: Checking Staff Credentials

1. Check staff credentials

- Licensure
- PDE certificate
  - If licensed, a PDE certificate is not sufficient documentation, a license is required
  - If the therapist only holds a PDE certificate, then any services would need a supervisor's signature
  - Other credentials
    - ASHA
      - A speech therapist that also holds this certification is qualified as a SBAP provider
- First Aid/CPR certification status
  - Required for PCAs
  - Verification of education is also required for PCAs

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Record Review Process: Documenting Staff Credentials

- **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
  - •Pennsylvania Licensing System Verification service found on the Department of State website at https://www.pals.pa.gov/#/page/search
  - •Certification Verification search function found on the American Speech-Language-Hearing Association website at https://www.asha.org/eweb/ashadynamicpage.aspx?webcode=cccho
  - •Pennsylvania Department of Education website for PDE certificate verification-https://www.education.pa.gov/ Educators/Certification/ Pages/TIMS.aspx

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Record Review Process: Documentation For School Nurse

The individual who holds this PDE certificate ***may*** be a qualified school nurse, but this document **does not** provide sufficient verification.

Commonwealth of Pennsylvania

Professional Certificate

This certificate entitles

to practice the "art of teaching" and render professional service in the endorsement areas hereon in the schools of the Commonwealth of Pennsylvania

MILLERSVILLE UNIVERSITY OF PA

Type Code	Credential Name	Years Valid	Effective Date	Expiration Date	Subject Area Code	Area of Certification
32	Educational Specialist II	99	05/01/2018		1890	School Nurse PK-12

5706126 1036337 156867

Authorized by the Secretary of Education

This is not an official record. Prior to the hiring of the bearer of this certificate, all prospective employers should verify the validity of the certificate presented for employment. The validity and active status of the bearer's Pennsylvania certification(s) may only be officially verified by accessing the Teacher Information Management System (TIMS) at <http://www.teachercertification.pa.gov>.

Additional information appears on the following page.

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Record Review Process: Documentation For School Nurse (Cont.)

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

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
08/12/2021

License Information:

[redacted]
Myerstown, Pennsylvania 17067

Board/Commission:	State Board of Nursing	Status Effective Date:	09/03/2014
LicenseType:	Registered Nurse	Issue Date:	09/03/2014
Specialty Type:		Expiration Date:	10/31/2021
License Number:	[redacted]	Last Renewal:	10/03/2019
Status:	Active		

Disciplinary Action Details:
No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

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Record Review Process: Documentation of SLP Credentials

The individual who holds this PDE certificate ***may*** be a qualified Speech Language Pathologist (SLP), but this document **does not** provide sufficient verification.

Commonwealth of Pennsylvania

Professional Certificate

This certificate entitles

to practice the "art of teaching" and render professional service in the endorsement areas hereon in the schools of the Commonwealth of Pennsylvania
CLARION UNIV OF PA/ MAIN

Type Code	Credential Name	Years Valid	Effective Date	Expiration Date	Subject Area Code	Area of Certification
62	Instructional II	99	10/01/2019		9265	Speech & Language Impaired PK-12

8085428 1112986 260033

Authorized by the Secretary of Education

This is not an official record. Prior to the hiring of the bearer of this certificate, all prospective employers should verify the validity of the certificate presented for employment. The validity and active status of the bearer's Pennsylvania certification(s) may only be officially verified by accessing the Teacher Information Management System (TIMS) at <http://www.teachercertifications.pa.gov>.
Additional information appears on the following page.

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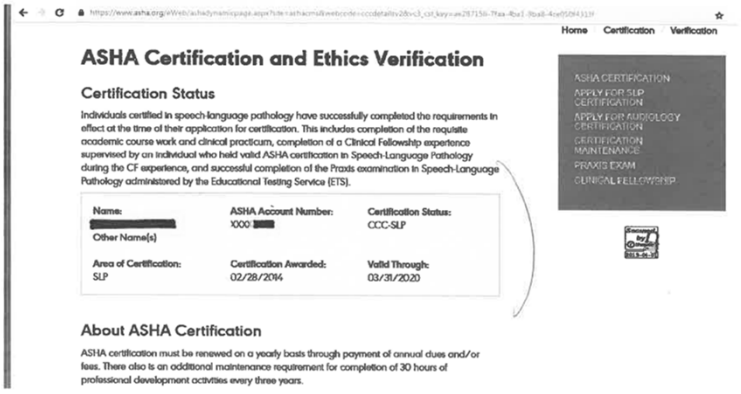
Record Review Process: Documentation of SLP (Cont.)

The screenshot below provides verification of the individual provider's certification as a SLP, including effective dates.



Home Certification Verification

ASHA Certification and Ethics Verification

ASHA CERTIFICATION
APPLY FOR SLP CERTIFICATION
APPLY FOR AUDIOLOGY CERTIFICATION
CERTIFICATION MAINTENANCE
PRAXIS EXAM
CLINICAL FELLOWSHIP

Certification Status

Individuals certified in speech-language pathology have successfully completed the requirements in effect at the time of their application for certification. This includes completion of the requisite academic course work and clinical practicum, completion of a Clinical Fellowship experience supervised by an individual who held valid ASHA certification in Speech-Language Pathology during the CF experience, and successful completion of the Praxis examination in Speech-Language Pathology administered by the Educational Testing Service (ETS).

Name:	ASHA Account Number:	Certification Status:
[redacted]	1000 [redacted]	CCC-SLP
Other Name(s)		
Area of Certification:	Certification Awarded:	Valid Through:
SLP	02/28/2014	03/31/2020

About ASHA Certification

ASHA certification must be renewed on a yearly basis through payment of annual dues and/or fees. There also is an additional maintenance requirement for completion of 30 hours of professional development activities every three years.

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Record Review Process: Documentation of SLP (Cont.)

The individual who holds this PDE certificate ***may*** be a qualified SLP, but this document **does not** provide sufficient verification.

Commonwealth of Pennsylvania

938247

Professional Certificate

This certificate entitles

[redacted]

to practice the "art of teaching" and render professional service in the endorsement areas hereon in the schools of the Commonwealth of Pennsylvania

CALIFORNIA UNIVERSITY OF PA

Type Code	Credential Name	Years Valid	Effective Date	Expiration Date	Subject Area Code	Area of Certification
62	Instructional II	99	07/01/2016		9265	Speech & Language Impaired PK-12

9382147 932453 469714

Authorized by the Secretary of Education

This is not an official record. Prior to the hiring of the bearer of this certificate, all prospective employers should verify the validity of the certificate presented for employment. The validity and active status of the bearer's Pennsylvania certification(s) may only be officially verified by accessing the Teacher Information Management System (TIMS) at <http://www.teachercertification.pa.gov>.
Additional information appears on the following page.

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Record Review Process: Documentation of SLP (Cont.)

The document below provides verification of the individual provider's Department of State license as an SLP, including effective dates.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
08/19/2021

License Information

[redacted]

Board/Commission:	State Board of Examiners in Speech-Language Pathology and Audiology	Status Effective Date:	03/29/2011
LicenseType:	Speech Language Pathologist	Issue Date:	01/23/2006
Specialty Type:		Expiration Date:	07/31/2022
License Number:	[redacted]	Last Renewal:	08/25/2020
Status:	Active		

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

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Record Review Process: CPR certification

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:

ID

Scan code or visit:
redcross.org/confirm

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Record Review Process: Parental Consent

2. **Parental consent**

- Only has to be obtained 1 time
- Notices are then given to the parent yearly reminding them that they signed the original consent and that they may change their mind
- When reviewing the consent for accuracy, look for the following:
  - Did they check the box that they agree?
  - Did they sign it?
  - Did they date it?

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Record Review Process: Individual Educational Plan (IEP)

3. Individual Educational Plan

- Collaborative plan among parents, teachers, therapists and other members of the school
- Recommendations for the student's education/care during the school year
- Outlines specific measurable goals
- Reviewed on a yearly basis with updates or revisions as needed

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Record Review Process: Individual Educational Plan (IEP) (Cont.)

Individualized Education Program (I

Student:
DOB:
Student ID:
PA Secure ID:
IEP Team Meeting Date: 02/16/2018

Current School Assignment:
Region:
Grade:
Date of Creation: 02/21/2018

B. Related Services - List the services that needs in order to benefit from or access his special education program:

Service	Location	Frequency	Projected Beginning Date	Anticipated Duration
Nursing - Administering Medications/Treatment - Individual - Administration of medication/treatment per physicians orders, as provided by parent(s)/guardian(s) and in compliance with school board policy.	Outside of the Regular Education Classroom	30 minutes/month	02/21/2018	02/15/2019
Speech/Language Therapy - Group (2 or more)	Outside of the Regular Education Classroom	240 minutes/month	02/21/2018	02/15/2019
Speech/Language Therapy - Individual	Outside of the Regular Education Classroom	120 minutes/month	02/21/2018	02/15/2019
Special Transportation - Group (2 or more)	To and From School	60 minntes/round trip	02/21/2018	02/15/2019

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Record Review Process: Individual Educational Plan (IEP) (Cont.)

Modifications and SDI	*Location*	*Frequency*	*Projected Beginning Date*	*Anticipated Duration*
The following procedures need to be followed in the event of a medical emergency: 911 should be called immediately after symptoms of seizure (grand mal). Diastat (7.5 mg) should be prepped after 3 minutes and administered after 5 minutes of seizure activity. Lay [redacted] on her right side and administer Diastat. Don't place anything in [redacted] mouth or airway.	[redacted]	When seizure occurs	2/28/2020	2/23/2021

B. RELATED SERVICES - List the services that the student needs in order to benefit from his/her special education program.

Service	*Location*	*Frequency*	*Projected Beginning Date*	*Anticipated Duration*
Nursing	[redacted]	when seizure occurs	2/28/2020	2/23/2021

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Record Review Process: Medical Practitioner Authorization Form (MPAF)

4. Medical Practitioner Authorization Form

- 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
- The MPAF must be concurrent with the IEP and obtained annually with the IEP or if any changes or revisions occur to the duration, frequency or how the service is provided

This is addressed in the SBAP Handbook Section 4.2 Medical Necessity/Medical Authorization

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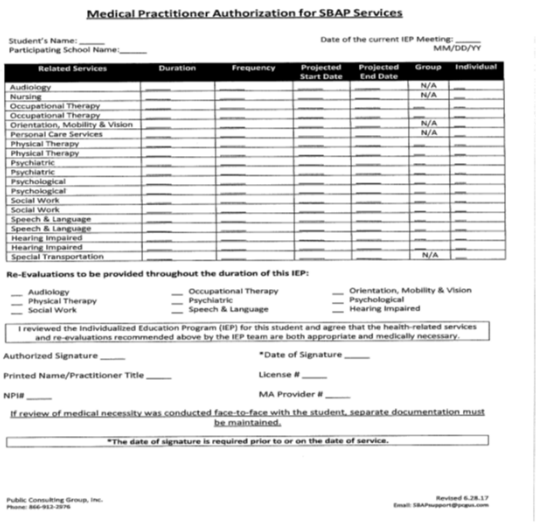
Record Review Process: Medical Practitioner Authorization Form (MPAF) (Cont.)



Medical Practitioner Authorization for SBAP Services

Student's Name: _____ Date of the current IEP Meeting: _____ MM/DD/YY
Participating School Name: _____

Related Services	Duration	Frequency	Projected Start Date	Projected End Date	Group	Individual
Audiology					N/A	
Nursing					N/A	
Occupational Therapy						
Occupational Therapy						
Orientation, Mobility & Vision					N/A	
Personal Care Services					N/A	
Physical Therapy						
Physical Therapy						
Psychiatric						
Psychiatric						
Psychological						
Psychological						
Social Work						
Social Work						
Speech & Language						
Speech & Language						
Hearing Impaired						
Hearing Impaired						
Special Transportation					N/A	

Re-Evaluations to be provided throughout the duration of this IEP:

__ Audiology __ Occupational Therapy __ Orientation, Mobility & Vision
__ Physical Therapy __ Psychiatric __ Psychological
__ Social Work __ Speech & Language __ Hearing Impaired

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 _____

Printed Name/Practitioner Title _____ License # _____

NPI# _____ MA Provider # _____

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.

Public Consulting Group, Inc. Phone: 866-912-2976 Revised 6.28.17 Email: SBAPsupport@pcgus.com

MPAF= Medical Necessity

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Record Review Process: Service Logs

- Each service should have a log that is used to document the service that was provided
- PCG has log templates approved by DHS for each service area on their website, but the LEAs may decide to create their own logs
- This is acceptable as long as the log includes all of the components as the PCG designed logs:
  - Name
  - DOB
  - School
  - Diagnosis/Symptoms
  - Service Start Time
  - Service Stop Time
  - PA Secure ID
  - Date
  - Signature and Title of the provider
  - Signature of the Supervisor (if applicable)
  - Treatment and Progress Indicator keys
  - Service Type and Description of Service

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

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Record Review Process: Service Logs (Cont.)

Personal Care Services Log | 2020 - 2021

Student's name:			Provider's Name:
Student's date of birth:		PA Secure ID	Provider's Title:
School:		Date:	Provider's Signature:
Diagnosis/symptom(s):			☐ Early Intervention ☐ School Age

Service	Treatment			Refer to the keys below for an explanation of the treatment codes and progress indicators		
Date	Start Time	End Time	Treatment Key (see Pg 2)	Service Type	Progress Indicator Key	Description of Service (daily notes on activity, location, and outcome)

Service Type:	
O = Direct	DM = Direct Session: Make-up Session
DT = Direct: Telemedicine	DTM = Direct: Make Up Telemedicine
PA = Provider Absent	PNA = Provider Not Available
SA = Student Absent	SNA = Student Not Available

Progress Indicator Type		
Mn = Maintaining	Pr = Progressing	In = Inconsistent
Rg = Regressing	Ms = Mastering	

Teacher/Supervisor's Name: _____ Teacher/Supervisor's Signature*: _____ Date: _____

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

Public Consulting Group | https://paaccess.pcgus.com/ SSAPsupport@pcgus.com (866) 912-2976 Updated: 9/1/2020

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Record Review Process: Service Logs (Cont.)

Supervisory signatures are required for :

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

Electronic signatures may be used in lieu of physical signatures provided that the electronic signature is made in accordance with the Electronic Transaction Act (73 P.S. § 2260.101-2260.5101) and:

- Identifies the individual signing the document by his or her name and title;
- Ensures that the document cannot be altered after the signature has been affixed by limiting access to the code or key sequence; and
- Provides an audit trail that validates the signer's identity

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BPI Audit Findings

Once the review is complete, BPI reaches out to the LEA Access Coordinator to obtain any missing information or to discuss any major issues discovered. The provider has the opportunity to send any missing information they may have.

- Once the preliminary letter is sent out, the LEA has 30 days to respond to the letter
- The LEA may choose to agree or disagree with the findings. If the LEA disagrees, they may submit missing documentation which could alter the preliminary findings
- A response to the preliminary letter is appreciated but not mandatory
- An extension of time can be given if more time is needed to gather the information or to draft a response.

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BPI Audit Findings (Cont.)

- If the provider sends additional information, it is reviewed and if necessary, the audit findings and subsequent amount of restitution will be adjusted
- A final letter will be issued after 30 days, or after the extension period has expired
- The provider has 45 days from the date of the letter to file an appeal if they do not agree with the final findings. The information regarding filing an appeal is included in the final letter. The request for a Corrective Action Plan (CAP) is also included in the final findings letter
- If a check is received from the LEA, it is processed upon receipt. If a check is not received within the 45 days, a claim adjustment will be processed by BPI
- If a CAP is received, it will be reviewed and if accepted a follow-up letter will issued
- If a CAP is not accepted initially, revisions will be requested
- The case can then be closed upon final resolution

BPI Common Audit Findings

Service does not fully disclose the nature & extent of services/lack of sufficient documentation

- Lack of sufficient Documentation
  - When documenting the service, providers should ensure that these 5 questions are addressed in the documentation:
    1. Why did the student present for service/treatment?
    2. What kind of treatment did the student receive?
    3. What was observed during the service/treatment?
    4. What was the outcome during the service/treatment?
    5. Is follow-up needed?

Relate documentation to goals and objectives in the IEP

BPI Common Audit Findings (Cont.)

Billing for services that are health-related (Nurses, PCAs)

- MA will only pay for health-related services
  - Personal Care Services are supports that may be required due to *physical or cognitive impairments* and may be provided through:
  - Assisting the student to use equipment or communication devices
  - Total or partial physical assistance
  - Prompting or cueing the student to complete the task or to stay focused on the task
  - Monitoring behavior

Examples of health-related services provided by Nurses, PCAs

- Assisting student to the bathroom
- Monitoring for elopement
- Monitoring for seizures
- Observing/monitoring and redirection/intervention for issues that interfere with completion of ADLs

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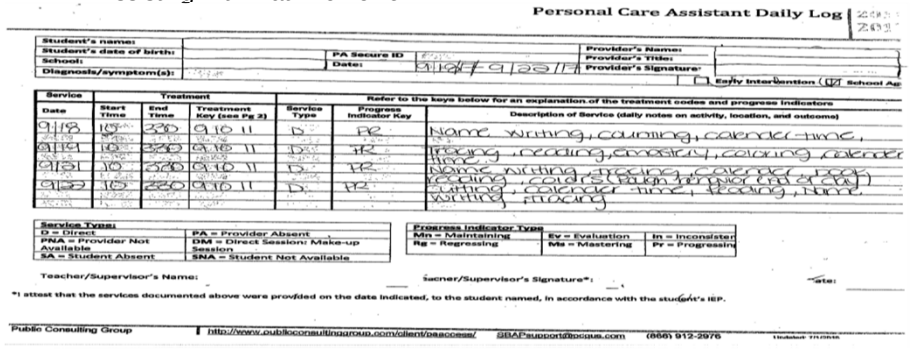
BPI Common Audit Findings (Cont.)

Billing for non-health-related services (Nurses, PCAs)

- MA will **NOT** pay for purely educational services

Example of an educational service

- Assisting with math homework



Personal Care Assistant Daily Log

Student's name:				Provider's Name:	
Student's date of birth:		PA Secure ID		Provider's Title:	
School:		Date:	9/18/17 - 9/22/17	Provider's Signature:	
Diagnosis/symptom(s):					Early Intervention ☑ School Age

Service	Treatment			Refer to the keys below for an explanation of the treatment codes and progress indicators		
Date	Start Time	End Time	Treatment Key (see Pg 2)	Service Type	Progress Indicator Key	Description of Service (daily notes on activity, location, and outcome)
9/18	10	330	9 10 11	D	PR	Name writing, counting, calender time,
9/19	10	330	9 10 11	D	PR	tracing, reading, emotion, coloring, calender time
9/21	10	330	9 10 11	D	PR	Name writing, tracing, calender, book reading, colors (Rough behavior end of day)
9/22	10	330	9 10 11	D	PR	Cutting, calender time, reading, Name writing, tracing

Service Type:	
D = Direct	PA = Provider Absent
PNA = Provider Not Available	DM = Direct Session: Make-up Session
SA = Student Absent	SNA = Student Not Available

Progress Indicator Type		
Mn = Maintaining	Ev = Evaluation	In = Inconsister
Rg = Regressing	Ms = Mastering	Pr = Progressin

Teacher/Supervisor's Name: Teacher/Supervisor's Signature*: Date:

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

Public Consulting Group | http://www.publicconsultinggroup.com/client/paaccess/ | SBAPsupport@pcgus.com | (866) 912-2976 | Updated: 7/1/2016

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BPI Common Audit Findings - Insufficient Documentation

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
- Speech therapy - used words in sentences
- Hearing/Audiology - hearing aids are functioning

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BPI Common Audit Findings - Sufficient Documentation

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.

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BPI Common Audit Findings - Sufficient Documentation

Sufficient Documentation Examples, cont.

- Speech therapy - Student was able to remember items worked on previously. He/she was able to match multiple meaning words to two definitions with 55% accuracy. He/she participated well in the session and is progressing. Will continue to work with the student.
- Hearing/Audiology - Student is adjusting well to recently acquired hearing aids. Student was able to insert and remove hearing aids with little assistance. Was able to demonstrate proper care of hearing aids. Will continue to monitor.

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BPI Common Audit Findings - Cloning

Cloning

- Cloning is the practice that involves copying and pasting previously recorded information from a prior note into a new note. 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 that appear identical for every visit

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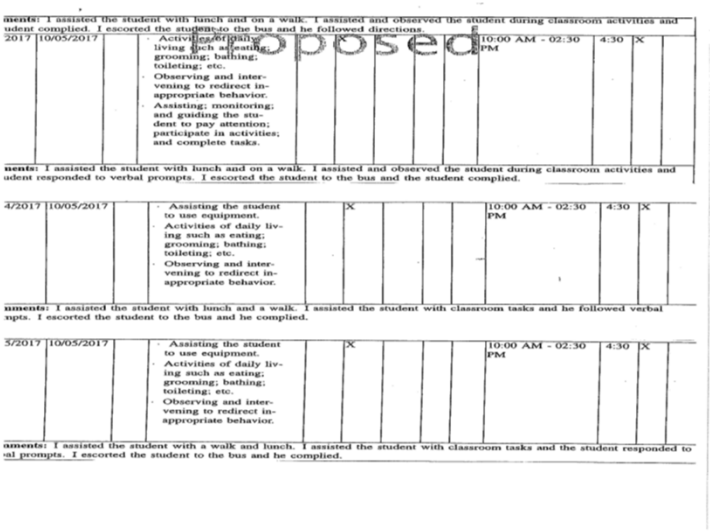
BPI Common Audit Findings - Cloning (Cont.)



ments: I assisted the student with lunch and on a walk. I assisted and observed the student during classroom activities and udent complied. I escorted the student to the bus and he followed directions.

2017	10/05/2017		· Activities of daily living such as eating; grooming; bathing; toileting; etc. · Observing and intervening to redirect inappropriate behavior. · Assisting; monitoring; and guiding the student to pay attention; participate in activities; and complete tasks.					10:00 AM - 02:30 PM	4:30	X	

nents: I assisted the student with lunch and on a walk. I assisted and observed the student during classroom activities and udent responded to verbal prompts. I escorted the student to the bus and the student complied.

4/2017	10/05/2017		· Assisting the student to use equipment. · Activities of daily living such as eating; grooming; bathing; toileting; etc. · Observing and intervening to redirect inappropriate behavior.		X			10:00 AM - 02:30 PM	4:30	X	

nments: I assisted the student with lunch and a walk. I assisted the student with classroom tasks and he followed verbal mpts. I escorted the student to the bus and he complied.

5/2017	10/05/2017		· Assisting the student to use equipment. · Activities of daily living such as eating; grooming; bathing; toileting; etc. · Observing and intervening to redirect inappropriate behavior.		X			10:00 AM - 02:30 PM	4:30	X	

nments: I assisted the student with a walk and lunch. I assisted the student with classroom tasks and the student responded to al prompts. I escorted the student to the bus and he complied.

Proposed

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BPI Common Audit Findings - Double Billing

Double Billing

- One example of double billing occurs when 2 providers bill for the same service
  - An example of this would be a nurse and a PCA billing for the same service
  - Student receives a tube feed. Nurse (RN or LPN) signs for giving the tube feed either by bolus or hooking the student up to the tube feed
  - PCA cares for the student by monitoring the student for seizures. When charting, the PCA charts that the patient was eating-tube feeding and charts 30 minutes instead of charting that he/she monitored the student for seizures. The nurse billed for his/her time for the tube feeding as did the PCA, which would be double billing.

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BPI Common Audit Findings - Double Billing Example

Nursing Log

Student's name:				Provider's Name:	
Student's date of birth:		PA Secure ID	–	Provider's Title:	
School:		Date:	10/2, 10/3, 10/4	Provider's Signature:	
Diagnosis/symptom(s):				☐ Early Intervention	

Service Date	Treatment Start Time	Treatment End Time	Treatment Key (see Pg 2)	Refer to the keys below for an explanation of the treatment codes and progress indicators: Progress Indicator Key	Medication Name and Dosage (if applicable)	Description of Service (daily notes on activity, location, and
10/2/17	0900	0930	8	Mn	Jevity 1.2 cal	263 cc via Bolus Feeding with 150 cc flush
	1300	1330	8	Mn	Jevity 1.2 cal	263 cc via Bolus Feeding with 150 cc Flush
10/3/17	0900	0930	8	Mn	Jevity 1.2 cal	263 cc via Bolus Feeding with 150 cc flush
	1300	1330	8	Mn	Jevity 1.2 cal	263 cc via Bolus Feeding with 150 cc flush
10/4/17	0900	0930	8	Mn	Jevity 1.2 cal	263 cc via Bolus Feeding with 150 cc flush
	1300	1330	8	Mn	Jevity 1.2 cal	263 cc via Bolus Feeding with 150 cc flush

Progress Indicator Type		
Mn = Maintaining	Pr = Progressing	In = Inconsistent
Rg = Regressing	Ms = Mastering	

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BPI Common Audit Findings - Double Billing Example

Personal Care Assistant Daily Log

Student's name:				Provider's Name:	
Student's date of birth:		PA Secure ID		Provider's Title:	
School:		Date:		Provider's Signature:	
Diagnosis/symptom(s):				☐ Early Intervention	☑ Sch

Service Date	Treatment Start Time	Treatment End Time	Treatment Key (see Pg 2)	Refer to the keys below for an explanation of the treatment codes and progress indicators: Service Type	Progress Indicator Key	Description of Service (daily notes on activity, location, and outcome)
10/3	900	930	5	D		Eating - tube feeding
10/3	1017	1018	3	D		Transfer to table
10/3	1018	1022	5	D		Toileting - Change brief
10/3	1022	1025	3	D		Transfer to wheelchair
10/3	1245	1246	3	D		Transfer to table
10/3	1246	1250	5	D		Toileting - Check brief
10/3	1250	1255	3	D		Transfer to wheelchair
10/3	1001	1130	5	D		Eating - tube feeding

Service Type:	
D = Direct	PA = Provider Absent
PNA = Provider Not Available	DM = Direct Session: Make-up Session
SA = Student Absent	SNA = Student Not Available

Progress Indicator Type		
Mn = Maintaining	Pr = Progressing	In = Inconsistent
Rg = Regressing	Ms = Mastering	

Teacher/Supervisor's Name: Teacher/Supervisor's Signature* Date:

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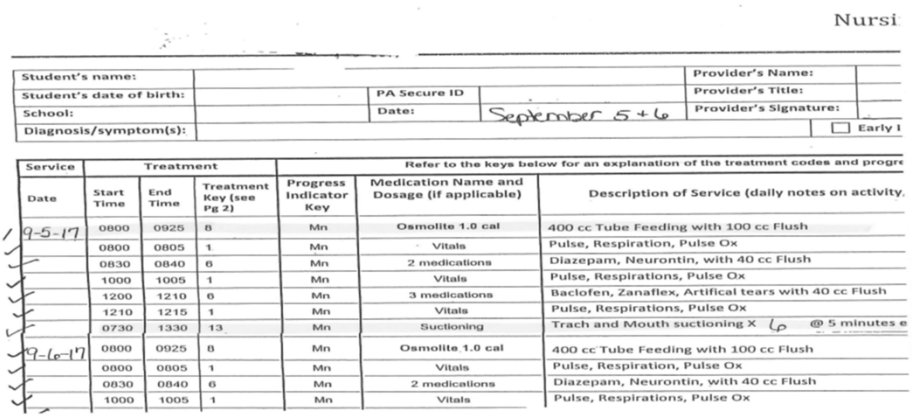
BPI Common Audit Findings - Overlapping Billing Example

This is an example of overlapping billing which occurs when the provider bills for overlapping services.



Nursi

Student's name:				Provider's Name:	
Student's date of birth:		PA Secure ID		Provider's Title:	
School:		Date:	September 5 + 6	Provider's Signature:	
Diagnosis/symptom(s):				☐ Early I	

Service	Treatment			Refer to the keys below for an explanation of the treatment codes and progre		
Date	Start Time	End Time	Treatment Key (see Pg 2)	Progress Indicator Key	Medication Name and Dosage (if applicable)	Description of Service (daily notes on activity,
9-5-17	0800	0925	8	Mn	Osmolite 1.0 cal	400 cc Tube Feeding with 100 cc Flush
	0800	0805	1	Mn	Vitals	Pulse, Respiration, Pulse Ox
	0830	0840	6	Mn	2 medications	Diazepam, Neurontin, with 40 cc Flush
	1000	1005	1	Mn	Vitals	Pulse, Respirations, Pulse Ox
	1200	1210	6	Mn	3 medications	Baclofen, Zanaflex, Artifical tears with 40 cc Flush
	1210	1215	1	Mn	Vitals	Pulse, Respirations, Pulse Ox
	0730	1330	13	Mn	Suctioning	Trach and Mouth suctioning X 6 @ 5 minutes e
9-6-17	0800	0925	8	Mn	Osmolite 1.0 cal	400 cc Tube Feeding with 100 cc Flush
	0800	0805	1	Mn	Vitals	Pulse, Respiration, Pulse Ox
	0830	0840	6	Mn	2 medications	Diazepam, Neurontin, with 40 cc Flush
	1000	1005	1	Mn	Vitals	Pulse, Respirations, Pulse Ox

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BPI Common Audit Findings - Billing For More Units

Billing for more units than authorized

- 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

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BPI Common Audit Findings - Individual VS Group

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
- Do NOT bill for a service if you are providing the service as an incidental group service that is not recommended in the IEP and authorized/prescribed by the MPAF

This is addressed in the SBAP Handbook Section 4.3
Documenting Individual and Group Therapy

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BPI Common Audit Findings - Group or Individual

Group or Individual Not Specified in the IEP and/or MPAF

- Group vs Individual sessions on IEPs and MPAF/order/prescription should be listed as follows:
  - 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 MPA/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 student 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).

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BPI Common Audit Findings - Non-Face-to-Face

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
- Real-time, interactive services delivered via telemedicine, are considered Face-to Face and would be compensable, with the exception of nursing services and PCA services

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Covid-19 Public Health Emergency

The Department of State sought, and the Governor granted extensions to various (not all) professions whose licenses were scheduled to expire during the Public Health Emergency (PHE). BPI recommends saving a copy of the memo granting the extension to those providers that provide services within the SBAP.

The following is a link to the Pennsylvania Department of State -COVID-19 Waivers:

https://www.dos.pa.gov/Pages/COVID-19-Waivers.aspx

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Telemedicine

CMS (Centers for Medicare and Medicaid Services) defines telemedicine as the use of real-time, interactive telecommunications technology that includes, at a minimum, audio and video equipment

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Telemedicine (Cont.)

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.

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Provider Screenings (Preclusion/Exclusion)

- LEAs as MA Providers are required to screen employees and contractors for exclusion from participation in federal health care programs, prior to hire then on an ongoing monthly basis.
- **An Excluded/precluded individual or entity cannot be a part of a task that is reimbursed by Federal healthcare program dollars.**
- **LEAs must use all 3 preclusion websites:**
  -Office of Inspector General (LEIE)
  https://exclusions.oig.hhs.gov/default.aspx

  -Medicheck (DHS)
  https://www.humanservices.state.pa.us/Medchk/MedchkSearch/Index

  -System for Award Management (SAM)
  https://sam.gov/content/exclusions

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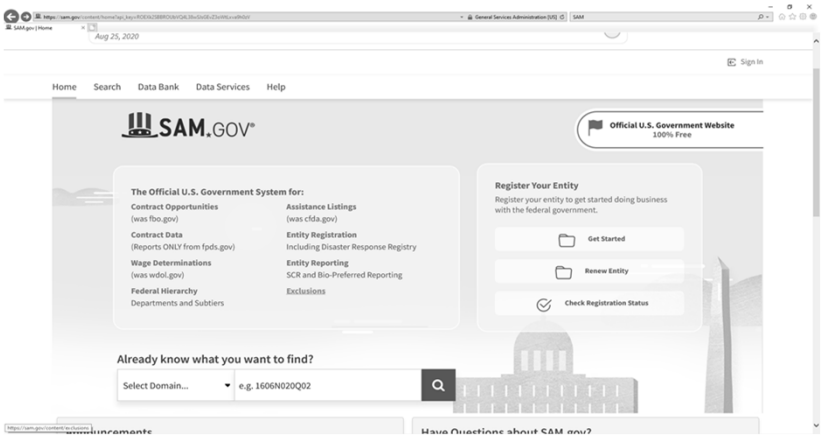
Provider Screenings (SAM website help)



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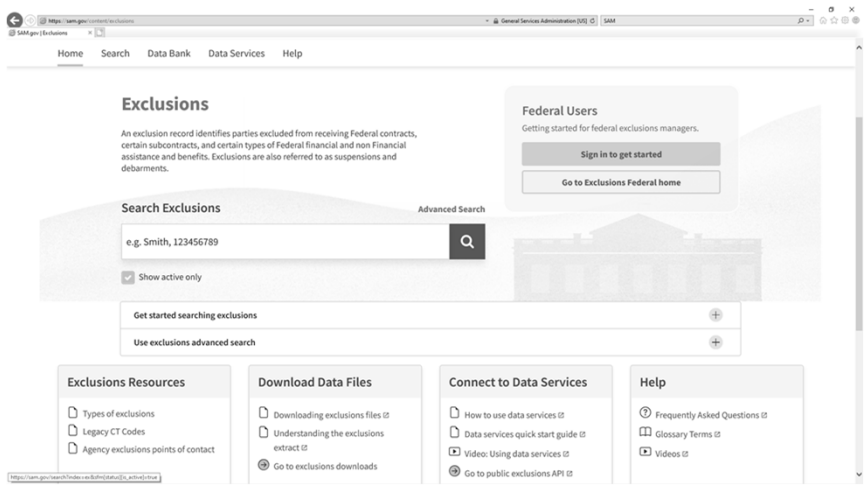
Provider Screenings (SAM website help) (cont.)



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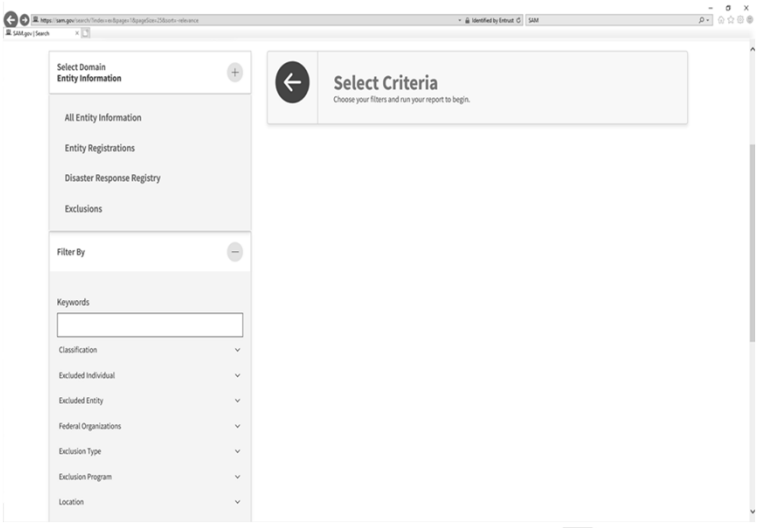
Provider Screenings (SAM website help) (cont.)



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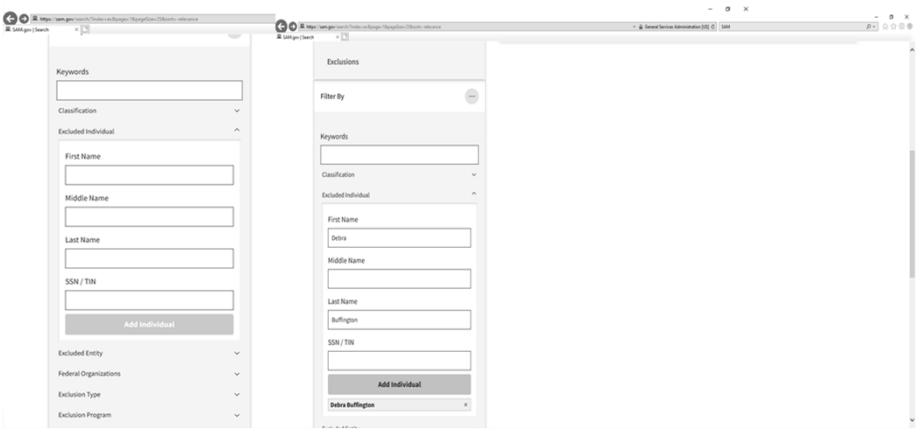
Provider Screenings (SAM website help) (cont.)



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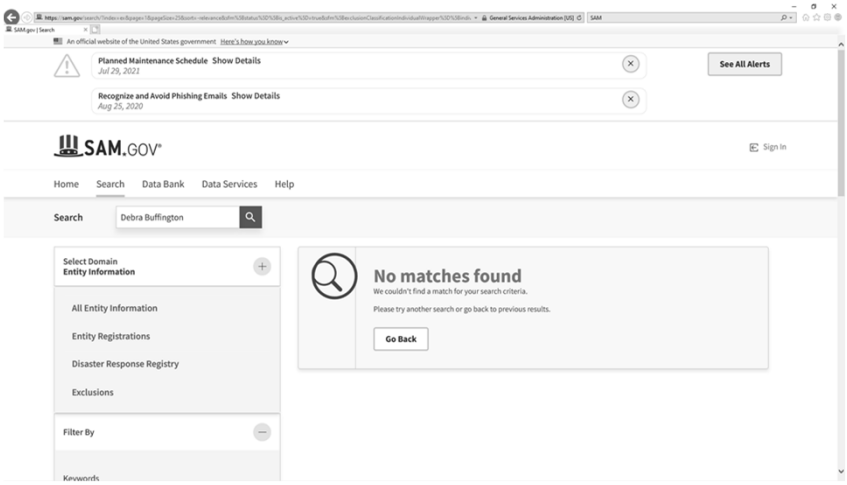
Provider Screenings (SAM website help) (cont.)



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Documentation and Storage

- LEAs must maintain any and all documents relevant to the services claimed
- Current certifications and/or licensure for ***every provider*** listed on the Direct Service Staff Pool must be maintained
- Records must comply with State Medicaid Regulations (55 Pa. Code §1101.51)
- Documentation should fully disclose the nature and extent of services rendered
- Plans must be part of the record (IEP, treatment plan, evaluations and reports)
- Must document progress for each session, change in diagnosis, treatment and response to treatment
- Record retention
- Originals readily available for review or copying
- Original documents must be maintained for all 'on behalf of' entries
- Must be legible
- Any alterations must be dated and signed

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Record Retention

- **For <u>MA related purposes</u>, retain records for *at least* four (4) years from date of service even if the student "ages out" or moves/changes to another school district.**

- If the student receives services up to June 15, 2021, his records should be kept *at least* until June 15, 2025.

- If the student moves to another school district on June 16, 2021, his records should be kept *at least* until June 15, 2025.

- If the student graduates on June 16, 2021, at the age of 18, and turns 21 on May 1, 2023, his records should still be kept *at least* until June 15, 2025.

NOTE: Discontinued participation in SBAP does not avoid the LEA's obligation as an MA Provider to follow the records retention requirement.

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Record Retention (cont.)

The following is an example of documents that should be maintained in the event of a BPI audit:

- Parental Consent
- IEP
- Medical Practitioner Authorization Form/Doctor's orders/Prescriptions
- Daily logs for each service rendered
- Attendance records
  - Student
  - Provider
- Licenses
- Certifications
- Transportation logs
- Evaluations

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A Few Things to remember

- **Reduce Risks with Preparation**
  - ❑ **Stay up to date with changes to rules and regulations**
  - ❑ **Train all staff for compliance**
  - ❑ **Take advantage of training opportunities (vendors, annual training, SBAP, etc.)**
  - ❑ **Regularly conduct self-audits**
  - ❑ **Reach out to BPI with any questions**

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Presenter Contact Information

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Bureau of Program Integrity
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debuffingt@pa.gov

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SurveyMonkey

We appreciate your feedback!

Please take a few moments to complete the survey at the link below.

https://www.surveymonkey.com/r/7PQSV2Y

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