School-Based ACCESS Program (SBAP)

General Session
FY2021-2022 Statewide Training

Agenda

• Program Basics
• Overview and Financial Performance
• Unrestricted Indirect Cost Rate (UICR)
• SBAP & Impacts from COVID-19
• The SBAP Handbook
• SBAP Reminders
• SBAP Resources
SCHOOL-BASED ACCESS PROGRAM BASICS

SBAP Roles

- PA Department of Human Services (DHS)
  - Office of Medical Assistance Programs (OMAP)
  - Bureau of Program Integrity (BPI)
  - Bureau of Fiscal Management (BFM)
  - Bureau of Policy, Analysis, and Planning (BPAP)

- PA Department of Education (PDE)
  - Bureau of Special Education (BSE)

- Local Education Agencies (LEA)

- Contractor for Lot 1: Public Consulting Group (PCG)

- Contractor for Lot 2: Sivic Solutions Group (SSG)
Contractor Responsibilities

Lot 1 Services (PCG):
- Operating and maintaining a third-party billing system to submit claims to DHS for direct services and special transportation
- Conducting the Random Moment Time Study (RMTS)
- Submitting quarterly claiming for Medicaid administrative activities to DHS
- Contractor Systems: EasyTrac and Claiming System

Lot 2 Services (SSG):
- Performing annual cost reconciliation and settlement tasks
- Conducting annual oversight and monitoring reviews
- Calculating annual interim rate adjustments
- Conducting quarterly RMTS coding reviews
- Contractor System: e-SivicMACS

Program Components

- This flowchart shows how your ongoing activities impact the financial outcomes for your LEA.
LEA Responsibilities

SBAP Handbook – Appendix D

Flowchart of initial and ongoing SBAP activities required for LEAs.

SBAP Recurring Timeline – FY 2021-2022

- **July (2021)**
  - July – Sept Quarter Begins (Inactive Quarter – No RMTS moments)
  - Certify Costs for April-June Quarter (MAC Checks)
  - LEA Agreements for FY21-22

- **August (2021)**
  - Open Oct – Dec Quarter RMTS Staff Pools and School Calendar
  - Annual Fall Program Trainings / Cost Settlement Webinars

- **September (2021)**
  - Deadline to Certify Oct – Dec Quarter RMTS Staff Pools and School Calendar
  - Annual Cost Settlement Webinars FY20-21

- **October (2021)**
  - Oct – Dec Quarter Begins
  - Certify Costs for July – Sept Quarter (MAC Checks)
  - Interim Rate Adjustments
  - All MAC CPEs due for FY20-21
  - Open Cost Reports FY20-21

- **November (2021)**
  - Jan – March Quarter Begins
  - Certify Costs for Oct – Dec Quarter (MAC Checks)

- **December (2021)**
  - Annual Cost Settlement Desk Reviews
  - Deadline to Certify Jan – March Quarter RMTS Staff Pools and School Calendar

- **January (2022)**
  - Jan – March Quarter Begins
  - Certify Costs for Oct – Dec Quarter (MAC Checks)

- **February (2022)**
  - Open April – June Quarter RMTS Staff Pools and School Calendar
  - Annual Cost Settlement Desk Reviews

- **March (2022)**
  - Deadline to Certify April – June Quarter RMTS Staff Pools and School Calendar
  - Annual Cost Settlement Desk

- **April (2022)**
  - April – June Quarter Begins
  - Certify Costs for Jan – March Quarter (MAC Checks)

- **May (2022)**
  - Release FY20-21 Reconciliation/ Cost Settlements to LEAs
  - Deadline for LEAs to submit FY20-21 Cost Settlement CPE Forms

- **June (2022)**
  - Review and Approval of Cost Reconciliation Report by DHS
**October to December Quarter**

- Note the step to apply for a UICR by completing your Annual Financial Report for PDE by October 31, 2021.
- In October, start preparing your LEA’s Cost Report for previous fiscal year (accrual basis). Start Early and participate in Cost Settlement webinars!
- In October, look back at previous quarter – submit quarterly costs for MAC for July to September quarter, due one month after close of quarter (based on actual costs)
- In November, look ahead to next quarter – update and certify calendars and Staff Pool Lists for January to March quarter.
- December 31 – all LEA Cost Reports are due.

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**FY2019-2020 FINANCIAL PERFORMANCE**
Impacts of COVID & PHE on FY19-20

- Direct Service & Special Transportation Claiming
  - Sudden school closures meant a reduction in both direct service and special transportation claims for the school year.
  - LEAs that were “holding” logs struggled to submit potentially compensable claims to EasyTrac and on to PROMIS© prior to the close of the 180-day timely filing window.

- Supports during the Public Health Emergency (PHE)
  - Prudent Pay Waiver = eligible claims paid more quickly
  - This waiver will continue through the end of the PHE.
  - Enhanced FMAP = reimbursement was increased by 6.2% over Pennsylvania’s rate of 52.25%
  - Enhanced FMAP applied with claims paid on and after January 1, 2020 and will continue through the quarter in which the PHE ends.

Statewide Financial Performance

- Total Allowable Costs for Direct Claiming
- Total Medicaid Administrative Claiming (MAC)
Direct Service Claiming vs. Cost Settlement

- More reimbursement was through cost settlement than Direct Service claiming (Interim Payments) for FY19-20

![Graph showing comparison between Interim Payments and Cost Settlement from 2014-2019](image)

Direct Service Claiming vs. Cost Settlement (cont.)

- A deeper look:
  - The enhanced FMAP added approximately $8.5M in allowable costs across all participating LEAs. As an example:
    
    | Medicaid Allowable Costs (Gross) | Enhanced FMAP | Direct Enhanced FMAP |
    |-------------------------------|----------------|---------------------|
    | Total Medicaid Allowable Costs | $1,000,000.00 | $1,000,000.00       |
    | July 2019 - December 2019 (*)  | $500,000.00   | $500,000.00         |
    | July - December Federal Share  | $300,000.00   | $300,000.00         |
    | January 2020 - June 2020 (*)  | $500,000.00   | $500,000.00         |
    | January - June Federal Share   | $200,000.00   | $200,000.00         |
    | Total Medicaid Allowable Costs | $1,000,000.00 | $1,000,000.00       |

- Total Interim Payments for FY19-20 represent a 3-year low after steady improvements in prior years.
- Whether taking the enhanced FMAP into consideration or not, only 32-34% of final costs came from Interim Payments.
Direct Service Claiming vs. Cost Settlement (cont.)

FY 2019-2020:

- More LEAs received the bulk of reimbursement at cost settlement rather than in interim payments for properly submitted claims.
- Approximately 57% of LEAs claimed 50% or less of Total Medicaid Allowable Costs (compared to 48% in FY18-19).
- Overall, approximately 30% claimed 25% or less (17% in FY18-19).
- Even when taking the PHE into account, there are still too many LEAs that rely on just a few paid claims to support their costs.

<table>
<thead>
<tr>
<th>Interim payments received based on claiming activity</th>
<th>Cost Settlement Payments based on total allowable costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.52</td>
<td>$17,675.56</td>
</tr>
<tr>
<td>$3,277.28</td>
<td>$210,215.82</td>
</tr>
<tr>
<td>$13,516.58</td>
<td>$437,696.48</td>
</tr>
</tbody>
</table>

Direct Service Claiming Improvement Strategies

- Ways to improve claiming levels:
  - Maintain consistent logging and billing practices rather than “end-loading” submission of services late in the school year.
  - Maintain required compliance elements such as parental consent, medical authorization, and provider credentialing.
  - Regularly review exception reports from PCG to ensure that the services your providers are logging are leading to reimbursement.
  - Create emergency and contingency plans to address different scenarios that may affect your LEA’s ability to continue SBAP operations, such as school closures or sudden loss of or change in staff.
Direct Service Claiming and MAC

- Direct Service claiming has a direct impact on reimbursement through MAC.
  - An LEA with $0 in interim payments at the end of the fiscal year is not entitled to MAC reimbursement.
  - Any reimbursement the LEA received will be recouped through a deduction to its FAI account.

- Beginning in 2020, calculated MAC claims will be compared with current interim payment levels
  - For any LEAs with $0 in interim payments at the time the MAC claim is calculated, MAC reimbursement will be withheld.
  - This reduces the need for recoupment at the end of year.

UNRESTRICTED INDIRECT COST RATE

[Footer]
Unrestricted Indirect Cost Rate

Indirect costs are an allowable component of the LEA reimbursement within the School-Based ACCESS Program.

To include indirect costs as part of the reimbursement calculation, an LEA-specific unrestricted indirect cost rate (UICR) must be established.

- PDE has the authority to establish and certify UICRs.

LEAs may apply for a UICR by completing the Indirect Cost Schedule portion of the Annual Financial Report (AFR) and submitting it to PDE.

- Completion of the AFR by October 31 each year is an existing requirement for LEAs.
- Requesting an indirect rate is **not required** by PDE or DHS.
- If an LEA does not timely apply for and receive an LEA-specific UICR, a zero rate will be applied and no indirect costs will be included.
- Rates are certified by PDE, provided to DHS and then to vendors.
- The result of a zero rate is decreased SBAP reimbursement for your LEA for both MAC and Cost Settlement.

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Unrestricted Indirect Cost Rate

Please note: the screen to request an indirect rate does NOT mention SBAP; however, selecting that you are NOT requesting an indirect cost rate will have a negative impact on your SBAP reimbursement levels.
Unrestricted Indirect Cost Rate

For more information how to apply for a UICR when completing your AFR, please contact PDE at:

• RA-EDPDEINDIRECTCOST@pa.gov

Instruction manuals and other helpful information can be found at:

• ftp://copaftp.state.pa.us/pub/PDE_PUBLIC/Indirect_Cost_Training/

For more information about how an UICR affects your SBAP reimbursement, see the SBAP Handbook, Section 9.4.

SBAP & COVID-19: Long Term Impacts & Lingering Questions
Effects of COVID-19 on SBAP

- Telemedicine in FY 21-22 and beyond
- Telemedicine and Documenting Services
- Medical Provider Authorization Form

Telemedicine in SBAP

Where are we now…

The service types listed below with the corresponding Handbook section may be billed when provided via telemedicine:

- Audiology Services (3.2)
- Hearing-Impaired Services (3.3)
- Nurse Practitioner Services (3.5)
- Occupational Therapy Services (3.6)
- Orientation, Mobility and Vision Services (3.7)
- Physician Services (3.10)
- Physical Therapy Services (3.9)
- Psychiatric Services (3.11)
- Psychological Services (3.12)
- Social Work and Counseling Services (3.13)
- Speech and Language Services (3.15)
Telemedicine in SBAP, cont.

• Personal Care and Nursing continue to require in-person, one-to-one services in order to be billable. We do NOT anticipate this policy to change.
• Physician and Nurse Practitioner services must involve a direct student contact to be billable. Physician review of the IEP and associated documentation for medical authorization purposes is not a billable service in SBAP.

More information related to the current status of Direct Services delivered via telemedicine in SBAP can be found in the DHS communication issued December 23, 2020.

Where are we going...

• Long-term guidance for telemedicine will be incorporated into the upcoming edition of the SBAP Handbook.
• Service types will be reviewed to determine if all service types that currently allow delivery via telemedicine will continue to do so.
• DHS will be sending a survey to direct service providers to gather information about their use of telemedicine.
• Evaluations are now included for appropriate providers as a potentially billable service when delivered via telemedicine.
  – Providers should consider whether the instrument used for evaluation is appropriate for use via telemedicine.
  – When instrument requires face-to-face administration to determine appropriate results, then evaluation must be done in person.
  – All other requirements associated with evaluations must still be met.
Telemedicine Reminders

• The Centers for Medicare & Medicaid Services (CMS) defines telemedicine as the use of two-way, real time interactive telecommunications technology that includes, at a minimum, audio and video equipment as a mode of delivering healthcare services.

• Services rendered via telemedicine must be clinically appropriate, provided with the same standard of care as if delivered in person, and allowable according to the provider’s scope of practice.

• The Medicaid definition of telemedicine does not include asynchronous or store and forward technology or facsimile machines, electronic mail systems or remote patient monitoring devices. However, these technologies may be utilized as part of a MA-covered service.

Telemedicine Reminders (cont.)

• Asynchronous, or “store and forward” transfer of data may be used as part of a service but is NOT considered telemedicine.

• For billing purposes, that means only the time spent directly with a student providing a service may be billed to Medicaid.

EXAMPLE:

• Occupational Therapist designs an activity, emails a video and list of materials to the student and his/her parent before the scheduled session.

• The OT and the student have a real-time session where the student demonstrates completion of the activity (using materials as requested by OT).

• The time spent with the student in the real-time session may be submitted to SBAP.
Telemedicine Reminders (cont.)

• Personal Care Services must be:
  - Face to face with the student
  - Medically necessary
  - NOT educational in nature

<table>
<thead>
<tr>
<th>Example of a Service</th>
<th>Is this billable?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A PCA is helping a student with an educational IEP task.</td>
<td>No, this is not billable.</td>
</tr>
<tr>
<td>A PCA is monitoring a student through zoom or remote location.</td>
<td>No, this is not billable.</td>
</tr>
<tr>
<td>Your LEA sent the PCA to the student’s house to provide a service.</td>
<td>Provided that the service is medically necessary and not educational in nature, this is billable.</td>
</tr>
</tbody>
</table>

Telemedicine Reminders (cont.)

• The Department will continue to allow the use of audio-only telecommunications technology to deliver care when the beneficiary does not have video capability or for an urgent medical situation.

• Services rendered via telemedicine with and without video must still occur in real time, be interactive, and provide the same standard of care.

• **It is the responsibility of the service provider to consider what his/her licensing body permits and what services are clinically appropriate when delivering a service via telemedicine.**
### Telemedicine & Documenting Services

- As always, ALL services provided should be documented, regardless of the ability to bill for that service.
- Paper Logs for FY21-22 have been updated to reflect that a service was provided either direct face-to-face or direct telemedicine.
- Providers should continue to note any technology issues that affected service delivery.

**Note:** While you should continue to document all services provided, the following services may not be billed when delivered via telemedicine:
  - Personal Care Services
  - Nursing Services/Medication Administration

### Medical Authorization & PHE

- The extension for Medical Provider Authorization Forms (MPAF) ended on June 30, 2021, per the DHS communication issued May 17, 2021.
- As of July 1, 2021, all students receiving health-related services for which LEAs are seeking reimbursement through SBAP must have a prescription or signed MPAF concurrent with the valid IEP as explained in Section 4.2 of the SBAP Provider Handbook.
- IEPs and MPAFs do NOT need to make note of whether or not the service is being delivered via telemedicine.
- **Services must be delivered as prescribed,** i.e., if the service is authorized as a group service on the MPAF it is not compensable if delivered as an individual service.
SBAP Handbook Updates

- The SBAP Handbook issued September 2020 remains in effect until a new Handbook is issued.
- Additional guidance related to telemedicine and the medical provider authorization is posted on the SBAP webpage.

SBAP Handbook is available at:
http://www.dhs.pa.gov/provider/School-BasedACCESS/
Pending Updates to the SBAP Handbook

- Long-term guidance regarding delivery of services via telemedicine.
- Updates to the credentialing requirements for Orientation & Mobility Specialists.

SBAP REMINDERS
Medical Provider Authorization Form

- All 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 prescription or MPAF must be concurrent with the IEP and obtained on an annual basis, or whenever there is a change to the health-related services in the IEP.

- Health-related services may be submitted to MA on and after the date that the prescription or MPAF is signed by the appropriate licensed practitioner. MPAFs may not be backdated!

Medical Provider Authorization Form (cont.)

- MPAFs may be completed via electronic signature. Sections 4.2 and 5.3 of the SBAP Provider Handbook address DHS requirements for use of electronic signature.

- IEPs and MPAFs must also include relevant service information related to frequency and duration as well as setting (i.e., individual or group).

- For more details on the MPAF please see Section 4.2 of the SBAP Provider Handbook.
**MPAF – Group vs. Individual**

The 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 is reimbursable through MA.

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**MPAF – COVID Compensatory Services**

- **COVID Compensatory Services** must be documented on the IEP and ordered/prescribed through the MPAF to be reimbursable.

- **COVID Compensatory Services** are still subject to frequency and duration requirements.

- For any questions related to how to note COVID Compensatory Services on the IEP, please refer to guidance from PDE’s **Bureau of Special Education**.
Impediments to MAC Reimbursement

Contractor Responsibility Program (CRP) Block

If an LEA has a CRP block, MAC reimbursement will not be received until the LEA resolves the block.

Impediments to MAC Reimbursement (cont.)

- These blocks are usually associated with an outstanding tax obligation to the State or with a failure to file a required tax report.

- Most are enacted by the Department of Revenue or the Department of Labor & Industry.

- This obligation must be resolved by the LEA.

- It is important to know who the business or financial manager is for your district so that you can reach out to the appropriate Department in the event that you are notified of one of these blocks.
Impediments to MAC Reimbursement (cont.)

Failure to submit compensable claims

- As noted in the earlier slides related to Direct Service claiming, when an LEA is determined to have $0 in interim payments at the time a MAC claim is calculated that payment will be withheld.

- If the LEA has interim payments in the subsequent quarter, then the prior MAC claim will be released.

- If the LEA has no interim payments at the close of the fiscal year, then no MAC claim or cost settlement reimbursement will be received by the LEA.

RESOURCES
LEA Contact Information Form

- Please use the LEA Contact Information Form to:
  - Inform us when LEA SBAP staff and/or their contact information changes.
  - Ensure that the appropriate LEA staff members receive the relevant communications from DHS and the vendors.
- The form is located on the SBAP website and should be submitted to: RA-PWSBAP@pa.gov.
- The Contact Information Forms are used to update the Master Contact List, which is used by DHS and the two SBAP vendors.
- The Master Contact List is updated once a month, usually on the 15th.

COVID-19 PHE Resources

There are many websites available that address questions and concerns about delivering services during the PHE. These sites will also address the end of specific flexibilities related to the PHE.

- LEAs are encouraged to stay up to date on all current IEP guidance from the Pennsylvania Department of Education, Bureau of Special Education.
- Communication related to direct services allowable via telemedicine is available on the SBAP Webpage.
- Additional information related to COVID-19 is also available on the CDC or CMS websites.
- Information on MA Program coverage related to COVID-19, to include an FAQ document, can be found on the Department of Human Services website here.
- The Pennsylvania Department of Health has a dedicated page for COVID-19 that provides regular updates. Click here for the most up to date information regarding COVID-19.
Resources

- SBAP on the DHS website
  - www.dhs.pa.gov/provider/School-BasedACCESS/

- SSG website – cost settlement FAQs

- PCG website – document library and SBAP 101

- PCG weekly webinars
  - https://paaccess.pcgus.com/calendar.html

DHS SBAP Contact Information

Program questions should be directed to the DHS resource account:

RA-PWSBAP@pa.gov
SBAP Contractors’ Contact Information

Lot 1 Contractor - PCG:
1-866-912-2976
SBAPsupport@pcgus.com

Lot 2 Contractor - SSG:
1-877-916-3222
PAsupport@sivicsolutionsgroup.com

SurveyMonkey

We appreciate your feedback!

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

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