

SBAP FAQs – 2022 Fall Training

Provider Qualifications/Credentialing

- 1. If our Orientation & Mobility Specialist holds an ACVREP certification and a PDE teaching certification for the visually impaired, can they still provide services for reimbursement?**

Yes. Effective with the May 2022 SBAP Handbook, an Orientation & Mobility (O&M) Specialist must be certified by either the Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP) or the National Blindness Professional Certification Board (NBPCB) to bill for services through SBAP. While the requirement for O&M specialists to hold a Pennsylvania Department of Education (PDE) teaching certification for the visually impaired was removed, holding a PDE teaching certification for the visually impaired does not disqualify the provider from billing SBAP.

- 2. Basic Life Support (BLS) Certification is a higher level of CPR for healthcare providers (Nurse & PCAs). BLS Certifications do not say CPR on them. Will this be an acceptable form of verification for PCAs?**

A BLS Certification is acceptable to acknowledge verification of CPR certification, but the Personal Care Assistant (PCA) would still require a first aid certification, as well as proof of education.

- 3. Can LPNs provide services under a licensed school nurse and have supervisory signature on the logs?**

Licensed Practical Nurses (LPNs) are a qualified provider of Nursing Services as designated in Section 3.4 of the [SBAP Handbook](#). LPNs do not require supervisory signature on their provider logs.

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

- 4. Which providers can sign off on an MPAF to authorize services on the IEP?**

Only a few provider types can sign the MPAF for all SBAP service types. Section 4.2 of the [SBAP Handbook](#) outlines which practitioners are able to order or prescribe SBAP services, acting within their scope of practice and enrolled in the Medical Assistance (MA) Program. Please see the attached chart as a helpful reference.

- 5. If the IEP says “up to” for an amount of time (such as “individual, up to 120 minutes per month”), is it acceptable to write on the MPAF “individual, 1x/month 120 minutes”?**

No, because that authorizes one session per month lasting 120 minutes. Writing “individual, 1x/month 120 minutes” is not the same as “individual, *up to* 120 minutes per month. The IEP and MPAF should reflect what the student is expected to receive, such as “2x/week for 15 to

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30 minutes, up to 120 minutes per month”. In its 2022 Compliance training, the Bureau of Program Integrity (BPI) cautions against using the words “up to” unless it is a nursing or PCA service.

6. If the IEP says “120 minutes” and the MPAF says “up to 120 minutes,” why are these two statements different? If 120 minutes are written into the IEP, wouldn’t anything up to that amount be billable?

In its 2022 Compliance training, BPI notes that what is recommended in the IEP and what is ordered in the MPAF should mirror each other. “120 minutes” and “up to 120 minutes” are not the same statement. As stated in the answer to question 5 below, the IEP and MPAF should indicate the frequency and duration of a service in a way that supports the medical necessity of the service. While a MPAF noting 120 minutes of occupational therapy could be used to bill for services, lack of documentation substantiating the medical necessity of those services as provided could lead to recoupment of funds during a review or audit of claims.

7. The program requirements state that services should tell “how often a service is needed” and the number of minutes per session. Is it sufficient to state “#minutes/week” or use “#minutes across 1-2 sessions per week”?

A required service, documented in the IEP, should be written to show the number of minutes per session and sessions per week that are needed, which supports that the service is truly medically necessary. Other than nursing, PCA, and crisis services, the provider should know and document how many sessions are needed and what length sessions should be for a required service.

8. We have a contracted mental health therapist who provides counseling services to our students in our buildings. This individual meets the provider qualifications for Social Work Services. How should these services be written into an IEP? If it is written as “mental health therapy,” can it still be billed?

Section 3.13 of the [SBAP Handbook](#) defines social work and counseling services as “Services related to the evaluation, diagnosis, and treatment that address a student’s mental, emotional, or behavioral disorder.” Medically necessary services must be ordered or prescribed through a practitioner’s prescription or MPAF, which must be concurrent with the IEP. An IEP that indicates the need for “mental health therapy” may be used in conjunction with a MPAF indicating the need for social work and counseling services.

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

MA covered services, such as medication administration, tube feeding, and suction, 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.

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However, if the MPAF includes these services and points to the doctor's order (with wording such as "per doctor's order"), the doctor's orders for those services must be attached and maintained with the MPAF in case of an audit.

- 10. If I remember correctly, including the doctor's orders with the MPAF for nursing services is a more recent regulation, like within the past couple of years we've been told to do that. If we have records of nursing documentation before that regulation was put into place, are we expected to go back and obtain those doctor's orders?**

This is not a new guideline, but has been addressed in recent trainings and updates to the [SBAP Handbook](#) as it has been identified in audits as an ongoing issue. Please see the attached Department of Health document (from 2010) which includes summaries of the Federal and State Laws which contribute to this policy.

Parental Consent

- 11. Are Parental Consent forms without a check box valid?**

If the Parental Consent form your LEA uses does not include a check box, signature by a parent or guardian and date are sufficient to indicate the LEA has consented to bill MA.

Provider Logs

- 12. When logging an initial evaluation to add a new service to a student's IEP, what date of service is correct?**

Section 4.8.d of the [SBAP Handbook](#) states: "The Date of Service to be used for billing an initial service type evaluation when an IEP exists (i.e. when a new service is being added to an existing IEP) would be the last date the evaluation activities with the student were performed."

- 13. For a PCA, you cannot bill from 8am – 2pm in one log, correct? You need to separate them out, right?**

One provider log may cover the timeframe from 8am – 2pm but should contain multiple entries as the PCA should only be logging MA reimbursable time spent on health-related services. Time spent on breaks or assisting with educational activities should not be recorded on the log, as these would not be considered time spent on a MA reimbursable health-related service. Additional information can be found in Section 4.4 of the [SBAP Handbook](#).

- 14. Section 4.4 of the SBAP Handbook has been updated to include information about overlapping service minutes. Is this just in regard to billing when the provider is the same, or does it also apply to PCAs during related services sessions?**

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The new language related to overlapping service minutes covers situations where the same provider has billed more than once for the same minute(s). This does not prohibit co-treatment services, which are described in Section 3.16 of the [SBAP Handbook](#).

- 15. Many of our PCAs in districts do provide the same schedule daily, therefore the logs do not really alter, BUT the child needs to have the PCA to stay on task mostly and possibly be monitored for behavior. Is it OK to have the logs look pretty closely mirrored from day to day?**

The logs should reflect the activities of the particular day the provider is documenting. It is not acceptable to cut and paste responses from one day to the next. This kind of cloning of log entries is something that BPI looks for when auditing. If a student is being monitored for behavior issues, seizures, elopement, etc., the logs should note the behaviors/outcomes for each day, providing support for the medical necessity of a PCA to monitor the student.

Direct Service Claiming

- 16. Are transportation services still only reimbursed if another direct service occurs on that day? We have a number of special education students who receive special transportation due to OHI or ES but do not have other related services such as speech or PCA.**

Yes. Section 3.14 of the [SBAP Handbook](#) states: "Special transportation services must be provided on the same date of service that an MA-covered service, required by the student's IEP, is received, resulting in a paid direct service claim." Therefore, if a special transportation claim is submitted for a student with a date of service of 9/20/22, but no paid direct service claim is found for that student on that date, the special transportation claim will be voided.

- 17. 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. If you suspect action is required for another denial reason, you can work with PCG to determine the reason these claims have been denied.

Random Moment Time Study (RMTS)

- 18. Are there guidelines of who should be included in each of the staff pools and best practices?**

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The direct service staff pool should include only those staff with the proper credentials to provide direct, health-related services to students in accordance with the students' IEPs. Examples include licensed occupational, physical, or speech therapists, nurses, and other providers described in Section 3 of the [SBAP Handbook](#). When deciding which staff to include on the administrative cost pool, consider whether their job responsibilities include activities in support of Medicaid, such as identifying, referring, or coordinating Medicaid covered services for students.

Some items to consider:

- Staff that are 100% federally funded should not be included on the time study as they do not represent a cost to the LEA.
- Only qualified direct service providers as defined in the [SBAP Handbook](#) may be on the direct service cost pool.

19. If an employee has an unpaid lunch, should their day be broken into two shifts?

Generally, it is not recommended to split a salaried employee's shift based on an unpaid lunch in the middle of their day. There could be limited situations where a contracted provider works contracted hours with a prolonged break for lunch where splitting their shift is practical. This decision would be based on the duration and consistency of unpaid time.

20. Can we include staff on the staff pool that are funded with ACCESS funds?

Yes. Salaries and/or benefits for service providers must be partially or fully funded by state and/or local dollars. This includes ACCESS dollars. If provider costs are partially funded with federal dollars, those staff may still be included on the staff pool list, but only the non-federal portion of salary/benefit costs will be carried forward in the cost report. Service providers that are 100% federally funded cannot bill under the SBAP and should NOT be included on the staff pool list.

21. If we have a service provider logging in EasyTrac, but don't have them listed in the staff pool, do those claims get processed or are they ineligible for reimbursement?

Yes, these claims will be submitted for possible reimbursement, although costs for such a provider could not be reported. As stated in Section 8.4 of the [SBAP Handbook](#), staff members and contractors who perform direct service and administrative activities are required to participate in the quarterly time study. It is the responsibility of the LEA to identify qualified providers that may not be included and add them as a direct replacement or include them during the certification process for the following quarter as appropriate.

22. I work for an Intermediate Unit. We have had requests to put IU staff on district staff pools. Can IUs be mandated to place their IU staff members (speech, OT, PT) in a

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school district-based staff pool when the IU should be reporting their own staff members in the IU's staff pool?

School districts and intermediate units are each eligible to enroll in MA as a LEA and participate in the SBAP by submitting their own direct service and administrative claims. Each participating LEA is required to submit the names of its direct service providers and administrative staff for participation in the Random Moment Time Study. When an individual provides services for more than one participating LEA, the individual should be on the staff pool list for **both** LEAs. Entities should work together to ensure that costs for any one provider, serving in multiple LEAs, are not over-reported to the SBAP.

The relationship between IUs and school districts is a local decision, including when both entities participate in SBAP. The Department of Human Services (DHS) does not dictate how those entities do business with one another.

Tuition

23. If a student is in multiple school districts, which school has the ability to claim the tuition for the student?

Only one school district may claim the tuition of the student on its cost report. This would be the home district which is actually paying the cost of tuition for the student.

24. It was noted that LEAs may NOT report tuition paid to entities that are eligible to participate in the SBAP. Can you confirm that this starts for the 2022-2023 cost settlement?

Correct. LEAs may continue to report tuition paid to entities identified on the tuition drop-down list for the 2021-2022 cost settlement. Beginning with the 2022-2023 cost settlement, LEAs may only report tuition paid to licensed private academic schools, including Approved Private Schools (APS) and Chartered Schools for the Deaf and Blind (CSDB). Additional information can be found in Section 7.5.a of the [SBAP Handbook](#).

25. It was noted that tuition documentation must reflect dates of attendance, NOT the date of when costs were paid. Our 4010 approved private school tuition payments are paid in May/June of the year following attendance, which is after the December 31 date to submit the cost report. How are we ever to report these costs if the costs lag a full year behind the attendance?

When reporting costs for tuition paid to Approved Private Schools, DHS would expect the LEA to refer to the APS Directory published by PDE. [The current version](#), issued May 2022, includes the tuition rates for the 2021-2022 fiscal year. As LEAs are preparing to report costs for the 2021-2022 fiscal year cost settlement process, these figures would be appropriate for reporting the tuition costs even though those amounts haven't processed

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through the LEAs' basic education funding yet. In looking toward reporting costs for the 2022-2023 school year, the LEA would be able to report the full amount of the day rate for tuition (subject to the health-related tuition percentage) AND the LEA will be able to report any amount on invoices received for the services not included in tuition as a contracted cost (which will be adjusted by relevant ratios but not reduced by the health-related tuition percentage).

26. If we are claiming tuition for a student, should they be included in the IEP ratio?

Yes. Tuition costs are subjected to the LEA's IEP ratio to determine Medicaid Allowable costs. It is important that any students for which costs are reported be included in the IEP ratio, with the total of all students with a health-related service in the IEP included in the denominator and the total number of MA eligible students with a health-related service in their IEP included in the numerator.

Cost Settlement/Cost Reconciliation

27. Where does the MER come from? Is it LEA-specific?

The Medicaid Eligibility Rate (MER) is an LEA-specific rate which reduces the costs associated with several MA administrative activities performed by the LEA to the amount for services specific to MA-eligible individuals. The numerator of the MER is the total number of MA-eligible students in the LEA, provided by DHS, and the denominator is the total number of students enrolled in the LEA, provided by PDE. Additional information can be found in Section 9.3 of the [SBAP Handbook](#).

28. When reporting costs for materials and supplies, would you include supplies that you purchased with SBAP funds on the report? Can we only include the supplies purchased for MA eligible students?

If your LEA purchased an allowable material or supply with ACCESS funds pulled from the FAI account, this cost can still be reported on the cost report. Allowable materials and supplies are those items used to provide covered direct medical services and which will primarily be used for special education students. These costs are reported under "Direct Medical Other" on your cost report and only includes those single items costing \$5,000 or less (single items at \$5,000 or more should be depreciated). There is no restriction on whether those materials and supplies were purchased for MA eligible students.

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

Delayed submission of your AFR will not prevent you from receiving a UICR; *however*, it can impact the application of that rate within the SBAP. UICRs are calculated and certified by PDE as part of the AFR's submission. The published deadline to complete the AFR is

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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. Only those UICRs received by DHS from PDE by February 15th will be utilized for the relevant Medicaid Administrative Claiming and Cost Settlement calculations.