PENNSYLVANIA SCHOOL-BASED ACCESS PROGRAM (SBAP) FREQUENTLY ASKED QUESTIONS (FAQ)
FY2023-2024 ANNUAL STATEWIDE TRAINING

Obtaining Parental Consent

1. **DHS has advised that best practice is to obtain parental consent at the initial IEP Meeting. Wouldn't best practice for obtaining parental consent be to obtain it when the Permission to Evaluate is issued? This would enable the LEA to bill for the initial evaluation. Not getting it until the initial IEP meeting makes that impossible.**
   Please remember that although no services may be billed prior to the date of signature on the Parental Consent, additional requirements must also be in place, including the IEP and authorization of that service or evaluation on the Medical Practitioner Authorization Form (MPAF).

   Within the SBAP, an initial evaluation occurs any time that a student is evaluated or assessed in a service type under which they have not been previously evaluated. This can occur both when the initial IEP is being completed (in which case, the Date of Services used for SBAP billing is either the IEP Meeting Date or the child's 3rd birthday, whichever is later), and when a new service type is being evaluated when an IEP already exists (in which case, the Date of Service used for SBAP billing is the last date the evaluation activities with the student were performed). In both of these cases, the LEA would have the ability to bill for those evaluations, provided the Parental Consent, the IEP, and the MPAF are all signed on or before the date of the IEP Meeting. See Section 4.8.d of the SBAP Handbook for additional information on billing evaluations.

   Parental Consent documents are now available on the SBAP Website as linked below:

   - PA Parental Consent for Medical Assistance (MA) Billing: English | Spanish
   - PA Annual Notice of Parental Consent for MA Billing: English | Spanish

2. **Do parents need to agree to teletherapy? Or is a signed MA form enough?**

   Yes, parents/guardians must consent to their student receiving services via telehealth. Refer to Medical Assistance Bulletin 99-23-08 titled "Updates to Guidelines for the Delivery of Physical Health Services via Telehealth," and any subsequent guidance issued by DHS on the use of telehealth. Documentation of this consent must be maintained along with other service documentation for the student.

Medical Practitioner Authorization Form (MPAF)

3. **Is there going to be a new MPAF to use?**
   Both the Medical Practitioner Authorization Form for SBAP Initial Evaluation Services and the Medical Practitioner Authorization Form for SBAP Services are now available on the SBAP Website.

Overbilling

4. **Will MAXCapture automatically alert users when more services are billed than were authorized on the student's MPAF?**
   It continues to be the LEA's responsibility to ensure that units billed do not exceed those authorized. There is no automatic alert associated with billed vs. authorized services in MAXCapture; however, LEAs may enter units authorized per service type as an optional field. When this information has been entered, LEAs will have the ability to run reports through MAXCapture which can help LEAs identify areas of over- and under-billing.

5. **How can we ensure we are not billing for more units than were authorized for a student?**
   LEAs are encouraged to conduct self-audits to ensure services being logged and put through for billing meet all areas of compliance. A Self-Audit Record Review Document has been developed to aid in these self-audits, and is available on the SBAP Website.
   LEAs can run reports through MAXCapture which compare units authorized (when information has been data-entered into the MPAF screen) against units billed, which can help LEAs identify areas of over- and under-billing.

Personal Care Services

6. **If a Personal Care Assistant (PCA) is prompting or cueing a student to pay attention and complete tasks, is this billable? When is this considered "educational" and non-billable?**
   Section 3.8 of the SBAP Handbook outlines that for personal care services to be compensable, they must be:
   1. In-person with the student (as a 1 to 1 service);
   2. A medically necessary service (as established by the IEP and MPAF); and
   3. NOT educational in nature.

   Some services will be clearer to distinguish between medical and educational than others. When a PCA logs that they cued a student to pay attention to a math assignment, for example, it is important to also note the reason prompting/cuing was needed:

   - If the service delivered to the student was to address a medical condition or disability as outlined in the IEP, this would be a billable service.
   - If the service was more accurately a PCA prompting the student through a math assignment to address an educational goal in the IEP, this would not be a billable service.

   When service logs and accompanying documentation are not clear about which IEP goals are being addressed by Personal Care Services, auditors may not be able to defend that a medically necessary service took place, leading to those claims being recouped.

7. **Can a PCA be with more than one student at a time, as long as they only bill for one student at a time? For example, a PCA might be at lunch watching several students but will only bill for the one student.**
   No. This scenario describes general supervision of multiple students, which is not a billable, medically necessary, one-to-one personal care service. Anytime a PCA is monitoring or working with multiple students, regardless of whether those services were logged for only one student or multiple, that time may not be billed to MA for reimbursement.

8. **If a student is in a session for another health-related service such as Occupational Therapy, Physical Therapy, or Speech and has a PCA with them at all times due to health issues, can the PCA still log and bill for that time?**
   Section 3.16 of the SBAP Handbook addresses co-treatment services, such as when two different services are provided to a single student at the same time. Co-treatment may occur as long as the services are documented in the IEP, and the documentation clearly identifies why it is appropriate that the services occur simultaneously. For example, if a PCA is monitoring for seizure activity during a medically necessary physical therapy service, both the physical therapy service and the PCA service may be billed. Please note that co-treatment cannot occur for the direct service providers' convenience but must be what is

medically necessary for the student. Documentation must be maintained by each practitioner for the services provided.

9. **If a paraprofessional or a 1:1 is written into a student's IEP, are those services considered direct health-related service, even though a paraprofessional does not need to be certified or licensed?**
Personal Care Services as direct health-related services are outlined in Section 3.8 of the SBAP Handbook, which provides specific information on what services are considered health-related in this service type. Please note, personal care services are not to be used for educational supports in SBAP. Any time a PCA is aiding with education is NOT to be submitted for reimbursement.

Additionally, Personal Care Services must be provided by an individual meeting the credentialing requirements outlined in Section 3.8 (listed in "Provider Qualifications"), so although that individual is not certified or licensed, documentation of the required credentialing must be maintained.

10. **If the IEP is written for a student requiring a "paraprofessional" or a "1:1," is it reasonable to assume for the purposes of the MPAF and service delivery that this means PCA services?**
There are three main considerations for this question:
1. Are the services described in the IEP health related as included in Section 3.8? (Personal Care Services are not to be used for educational supports in SBAP)
2. Are the services medically necessary as authorized on the MPAF?
3. Are the services provided by an individual who holds the appropriate credentials as outlined in Section 3.8?

If any of these answers are "No," then those services may not be reimbursable through SBAP. For the purposes of BPI audits, if the IEP reads "paraprofessional" or "1:1" and all other documentation supports medically necessary, health-related Personal Care Services delivered by a credentialed PCA, those services are acceptable.

Speech Language Pathologists (SLPs)

11. **Are Instructional I or Instructional II certified SLPs considered "Licensed SLPs" under the SBAP Handbook for required certifications? Or do all speech providers need to have their CCC from ASHA in order to bill for services?**
Instructional I and Instructional II certifications are PDE certifications. PDE-certified SLPs may bill for services in the SBAP when they meet the supervision requirements as described in Section 3.15 of the SBAP Handbook. The only credentials for providing speech and language services that do not require supervisory signature are a Pennsylvania Department of State (DOS) license or a Certificate of Clinical Competence (CCC) from ASHA.

Additional Frequently Asked Questions around SLP credentialing requirements are included in the Speech Language Pathologist Credentialing & Supervision Requirements Fact Sheet available on the SBAP Website.

Group Size

12. When generalizing a student's skills into the classroom setting, should the service be logged as an "individual" or a "group" session?
The first consideration is that the IEP and MPAF should indicate whether the service authorized is individual or group. Regardless of who else is in the room at the time of actual service delivery (such as students in a classroom or in the cafeteria for lunch), an individual service is when the direct service provider is providing a specific service to that individual student. If generalizing a specific student's skills into the classroom setting on an individual basis, the other students in the classroom would not be counted or considered a group.

13. What is the minimum and maximum group size that can be billed through the SBAP?
A "group" session occurs when a service is provided to two or more students in the same session. There is no maximum group size for billing group services, except when explicitly expressed within the IEP and MPAF (for example: 30 minutes of speech services in a group setting of 3-4 students per week). The IEP and MPAF together establish what is medically necessary for the student.

14. If only group services are authorized for a student, and the rest of the group is absent at the time of the service, can we still bill for the service provided?
No. A "group" session occurs when a service is provided to two or more students in the same session. When only one student is present for a provided service, that service was provided as "individual." MAXCapture has checks in place against group and individual service indications in the MPAF, and so an individual service provided to a student with only group services authorized will not go through for claim submission, and vice versa.

15. Can we list both group and individual services in the IEP to be able to bill if the situation above arises?
Authorizations for group and individual service delivery are determined by medical necessity. If it is medically necessary for the student to receive a combination of individual and group sessions, both should be included in the IEP and associated MPAF. It is not appropriate to include both simply to allow for billing.

General Service Documentation

16. Should we be doing logs electronically using the fillable PDFs from the SBAP Website?
Service documentation may be recorded on paper, electronically using the fillable PDFs, or entered directly into MAXCapture. All original documentation must be maintained in the case of reviews or audits. LEAs may opt to develop their own templates; however, the logs must reflect the required information contained in the DHS templates, such as indicating whether a service was delivered in person or via telehealth (and if via telehealth, whether the student was at home or somewhere other than home at the time of service delivery). Additional information about provider logs can be found in Section 4.4 of the [SBAP Handbook](#).

17. Do we need to provide the child's name when we are documenting in the logs? Can we refer to the student as "student"?
When documenting services on the provider logs, it is acceptable to refer to the student as "student", as long as that student's name is identified on each page of the log. The student's first and last name are required elements of SBAP documentation.

18. Do we need to retain paper documentation for services that are being logged into MAXCapture?

If a log starts out as paper documentation and is then data entered or uploaded into the system, then the original paper documentation must be retained. For example, when a PCA completes a paper log, and the ACCESS Coordinator enters the information into MAXCapture, then the original documentation must be maintained and sent with all other requested records in the event of an audit.

In cases where the original documentation is through MAXCapture (for example, a licensed provider enters their service documentation directly into MAXCapture without first recording on a paper log), then additional paper documentation is not required.

19. Do we need to retain service documentation for services that are billable, but not being submitted for billing by the LEA?

It is recommended that all documentation of service delivery is maintained, regardless of whether those services are submitted for billing through the SBAP. This would be beneficial both when an LEA decides to pursue billing for a specific service within the timely filing limits and as documentation to support the provision of Free Appropriate Public Education (FAPE) as required by the Individuals with Disabilities Education Act (IDEA).

20. Why is it recommended that we enter non-billable services into MAXCapture? We have historically operated as "Need to Know." If we know that a log is not billable, we do not feel that it needs to be entered.

It is recommended that all documentation of service delivery is maintained, regardless of whether those services are submitted for billing through the SBAP. As described in the answer above, this would be beneficial as documentation to support the provision of FAPE as required by IDEA. This also encourages consistent logging practices and allows the LEA a central location for internal reviews and self-audits.

21. Our concern with logging non-billable services into MAXCapture is that they will inappropriately go through for billing. Will MAXCapture stop those services from being billed?

MAXCapture may stop the service based on certain criteria; for example, if a student is authorized to receive group services but an individual service is logged, then that service would not be billed. If the provider is logging the service but is not the one who will approve and submit services, a note may be entered to indicate that the service was logged for purposes of FAPE but should not be billed.

Attendance

22. I do not have access to provider attendance records. Is this a new requirement?

No. This is not a new requirement. Attendance records are required during audits and reviews. Below is a list of employee records that are requested by the Bureau of Program Integrity (BPI) during audits:

1. 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:
   a. Job title and job description;
   b. Daily schedule;

     c.   Number of hours worked per week;
     d.   Number of hours worked per week per assigned student;
     e.   Timecards/attendance records;
     f.   Licensure/certification/CPR, etc;
     g.   Supervisor's name.

If you do not have access to these records in your role for the LEA, DHS advises you to work with other departments or administrative staff within your LEA to obtain this information.

MAXCapture

23. **The ICD-10 Codes in MAXCapture do not match the diagnosis codes we used in the prior vendor's system. How do we know what ICD-10 code to use?**
An ICD-10 Code Crosswalk document is available in the "Resources" section of MAXCapture that was developed to aid LEAs in determining which code to use. This resource is entitled "Disability Codes to ICD10 Crosswalk." Please note that two ICD-10 codes are used in conjunction for indication of "Deaf-blindness" (H91.3 and H54.7) and "Multiple disabilities" (F82 and F79).

24. **Does the ICD-10 code drive the billing? For example, if the primary diagnosis is listed through MAXCapture as Emotional Disturbance (F98.9) but the student is getting Speech Language Services, does that affect the billing since Speech is not specifically tied to the primary diagnosis?**
The ICD-10 code is a required field for submitting services for billing through SBAP. The crosswalk document will assist LEAs in identifying the appropriate ICD-10 codes for the student. These codes do not prevent a claim from going through for billing, except when missing. However, LEAs are encouraged to take care in assigning appropriate diagnosis codes for each student for tracking and documentation purposes.

25. **If I have already entered diagnosis codes for students in provider rosters, will I need to re-enter those codes under the student information?**
No. Diagnosis codes must be included for billing but may be entered on either the roster or the student information. If both have been entered, the diagnosis code from the roster will be automatically prioritized.

26. **In MAXCapture, if a student was previously MA Eligible but is not currently MA eligible, should the Medicaid ID be removed or should the Medicaid ID stay there?**
It's best practice to keep the Medicaid ID in MAXCapture. If the student does become eligible again, we may be able to submit the service for reimbursement. *Inactive students will not be checked for MA Eligibility*.

27. **When will uploads be allowed through MAXCapture?**
The upload feature for service documentation is now available with the release of Phase Three, which opened November 8, 2023. Live and recorded trainings are now available.

28. **Where can I find upload templates for student and provider information?**
Once logged into MAXCapture, you can find the "Student List" and "Provider List" under the "Reports" section of the blue banner. Additionally, all upload templates are available in the "Resources" section of MAXCapture.

29. **When will reports such as exception reports and monthly management reports be available?**
Phase Four of the MAXCapture release will include reporting, including exception reports and monthly management reports. Be sure to monitor your email for upcoming release dates and training opportunities.

30. **Who will receive the Failure Reports and Denied Reports?**
These reports will be available to MAXCapture users with coordinator responsibilities. You may also sign up to receive e-SivicTPA reports related to direct service claiming (and other SSG communications) when completing the [SBAP Contact Information Update Form](#) on the [SBAP Website](#).

Random Moment Time Study (RMTS)

31. **Why are we no longer allowed to have a list of upcoming RMTS moment like before?**
This change is due to the updated CMS guidance which was issued in May of 2023. By removing the access to exact times of upcoming moments, Pennsylvania is now in better compliance with Federal requirements. LEAs are able to run several helpful reports, such as the "No Response Report" through SSG's e-SivicMACS to monitor moment response rates.

    Additional information about the updated CMS guidance is included in the October Update document entitled "[Updated Guidance from the Centers for Medicare and Medicaid Services (CMS)](#)" available on the [SBAP Website](#).

32. **What is the email address that RMTS participants will be receiving random moments from?**
Moment notifications will be sent from pasbap@sivicsolutionsgroup.com. Please note that this email address is not monitored. If you have any questions to go to SSG, please contact pasupport@sivicsolutionsgroup.com. Additionally, please ensure that notifications from both of these addresses are marked as 'safe' by your email servers.

33. **Should a provider that is 100% federally funded be included on the staff pool list? Would it matter if you zero out their costs on the cost report?**
CMS guidance is to not include any staff on RMTS that are 100% Federally funded. It is correct that if you zero out their costs on the cost report, those costs are excluded from claim calculations. However, their time as sampled in the RMTS is not actually Medicaid eligible because it has already been covered by federal funds.

Cost Reporting and Cost Reconciliation

34. **If a PCA was included in the Direct Service cost pool, but did not bill during the year, do we remove those costs in the cost settlement or can the costs still be included?**

    When certifying your staff pool list each quarter, you should always strive to assign individuals to the direct service staff pool who will deliver and bill for health-related services. You may include the PCA on the staff pool list if they are expected to provide services that are on the student's IEP and not just educational services. If for some reason, none of the health-related services they provided could be claimed, the PCA costs are still allowed to be on the cost settlement.