

SCHOOL BASED
ACCESS PROGRAM
(SBAP)

AGENDA

- School Based ACCESS Program Overview
- Service Encounter Fields
- Writing the Note Section
- Random Moment Time Study
- PCG Electronic Signature
- Questions?
- IEP Writer Tutorial

WHAT IS THE SBAP?

- Method of gaining Medical Assistance (MA) reimbursements for health related services provided to Special Education students.
- Revenue is only available when Federal and State requirements are met.
- Funds received are restricted for use by the district's Special Education Department.

MA ELIGIBLE SERVICES

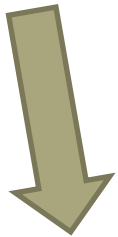
- speech therapy
- occupational therapy
- physical therapy
- psychological services
- specialized transportation
- nursing
- **personal care assistance**
- etc.

WHAT IS BILLABLE?

- Direct Face-to-face time spent with a student, providing therapeutic services as specified in the student's IEP.
 - Personal Care Assistance: Daily assistance will be provided based on individual student needs in the areas of **behavior, safety awareness, toileting, eating, etc.**
 - Personal Care Assistance: **Feeding, toileting, mobility** (to and from classroom), **physical** and **verbal** prompting during all **activities of daily living** as well as **remaining on task during functional academics**
- Frequency/duration of service cannot exceed what is listed in the student's IEP.
 - Contact classroom teacher/supervisor/ACCESS coordinator if unsure.
 - Most student's have a frequency of "daily"

WHAT IS BILLABLE?

- Assistance provided falls under **at least one** of the service codes
 - Also known as the “Areas Covered/Accessed”
 - Designated by PDE as areas that are billable under Medical ACCESS for Personal Care Assistance



Select Service Code(s):
(Ctrl-click to select multiple)

- (1) Assisting the student to use equipment.
- (2) Assisting the student to use and maintain augmentative communication devices.
- (3) Assisting the student to ambulate; position; and transfer.
- (4) Range of motion and other exercises.

SERVICES CODES

1. Assisting the student to use equipment.
2. Assisting the student to use and maintain augmentative communication devices.
3. Assisting the student to ambulate; position; and transfer.
4. Range of motion and other exercises.

SERVICE CODES

5. Activities of daily living such as eating; grooming; bathing; toileting; etc.
6. Monitoring the incidence and prevalence of designated health problems or medical conditions; e.g.; seizure precautions or extreme lethargy.
7. Hands-on assistance; cueing; or supervision of medical/mental health-related services provided by the PCA under the direct (on-site) supervision of the professional nurse. Activities may include catherizations; suctioning; oxygen admin; and tube feedings.

SERVICE CODES

8. Observing and intervening to redirect inappropriate behavior.
9. Assisting; monitoring; and guiding the student to pay attention; participate in activities; and complete tasks.
10. Accompanying students on school buses or other vehicles. A PCA's presence is necessary because of a student's physical disability or mental health disability.

STUDENT ENCOUNTER FIELDS

- Date of Service
- Start and End Time
 - Exact start and end time that you provided assistance to student
 - One entry for the entire day is not acceptable (8:00am – 3:00pm)
 - You should have several entries per day
 - Decide how will you break down your daily schedule?
 - By class period?
 - By activity?
- Progress Indicator
 - Regressing
 - Maintaining
 - Inconsistent
 - Progressing
 - ~~Mastering~~

HOW TO WRITE A PROGRESS NOTE

School Based ACCESS Program

WHAT IS A PROGRESS NOTE?

- a description of the service you provided during a specific time frame (**WHAT**)
- a description of student's response to that assistance (**HOW**)

Student Encounter

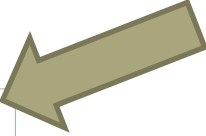
Student: **Test, Student** | DOB: 9/15/2003 | ID: 1112223334
IEP Date: 2/20/2014 | MPAF Date: N/A | Parental Auth Date: N/A
Home District: POCONO MOUNTAIN SD
Service: **Personal Care Assistant** (Normal time: N/A)
Related Service: **Personal Care Assistance** | Total Minutes for Aug 2015: 0

Date of Service: 08/13/2015 | Absence Code: Select... (if applicable)

Start Time: HH: MM AM or PM
End Time: HH: MM AM or PM
Total Minutes:

Progress Indicator:
 Regressing
 Maintaining
 Inconsistent
 Progressing
 Mastering

Diagnosis/symptom(s): Multiple Disabilities

Notes: 

Select Service Code(s):
(Ctrl-click to select multiple)
(1) Assisting the student to use equipment.
(2) Assisting the student to use and maintain augmentative communication devices.
(3) Assisting the student to ambulate, position, and transfer.
(4) Range of motion and other exercises.

Do not bill to Medicaid:
Makeup Time:

Show/hide other time (related to this student encounter)

Each and every note must include both of these components!

WHAT IS A PROGRESS NOTE?

Do's

- Clear
- Understandable
- Consistent
- Data driven
- Accurate

Don'ts

- Opinions
- Journal
- Academic only

HOW LONG IS A NOTE?

- As long as it needs to say the **WHAT & HOW**
- Generally 1-2 sentences is sufficient.
- May be longer depending on the length of time you bill for

HOW TO BILL “ACADEMIC TIME”

- “Academic only” time by itself is not billable
 - Examples
 - “Helped John complete a math worksheet. He needed assistance to solve the problems. Redirected him when answers were wrong.”
 - “Helped student write first and last name on tracing paper.”
 - “Helped student type essay on a computer.”
 - “Read test questions to Mary. Prompted her to choose an answer from the multiple choice options.”

Are these examples be MA billable?

BILLING ACADEMIC TIME

- The assistance you provided during academic time **must** fall under at least one of the service codes in order to bill for that time.
- “Helped John complete a math worksheet. He needed assistance to solve the problems. Redirected him when answers were wrong.”
 - Was an augmentative communication device used? **2**
 - Did the student need prompts to pay attention, participate, complete tasks or follow directions? **9**
 - Were you monitoring for inappropriate behavior? **8**
 - Did you redirect inappropriate behavior? **8**
 - Did the student need to be monitored for safety? **8**

WORDING IS
EVERYTHING

SCENARIO 1

“Helped John complete a math worksheet. He needed assistance to solve the problems. Redirected him when answers were wrong.”

What... (assistance provided)

- Broke down math worksheet directions into smaller steps.

How... (student response)

- John required 3 prompts to stay on task.
- Student was receptive to prompts and directions when given.

APPLICABLE SERVICE CODES?

- Broke down math worksheet directions into smaller steps. John required 3 prompts to stay on task. Student was receptive to prompts and directions when given.

8 Observing and intervening to redirect inappropriate behavior.

10 Assisting; monitoring; and guiding the student to pay attention; participate in activities; and complete tasks.

SCENARIO 2

Erica (student) needed to use the bathroom. Erica was unable to use the bathroom without assistance and required prompts to use the toilet, pull up pants and wash hands. She followed prompts.

What... (assistance provided)

- Took Erica to the bathroom. She required direct PCA supervision and assistance to use the facilities.

How... (student response)

- Erica required constant prompts to use the toilet, pull up/down pants and wash her hands.
- Erica was receptive to prompts when given.

APPLICABLE SERVICE CODES

- Took Erica to the bathroom. She required direct PCA supervision and assistance to use the facilities. Erica required constant prompts to use the toilet, pull up/down pants and wash her hands. Erica was receptive to prompts when given.

9 Assisting; monitoring; and guiding the student to pay attention; participate in activities; and complete tasks.

5 Activities of daily living such as eating; grooming; bathing; toileting; etc.

SCENARIO 3

Mike (student) began yelling at another student because she was taking his crayons. Mike became aggressive and started throwing the crayons across the room. PCA assisted student to calm down and de-escalate. Mike needed constant prompts to take deep breaths. PCA directed Mike to apologize to the other student. Student was receptive after 3 prompts.

What... (assistance provided)

- Mike was aggressive towards a peer. PCA helped student de-escalate by directing him to take deep breaths and apologize.

How... (student response)

- Mike required constant prompts to use coping technique. Student apologized to peer after three prompts.

APPLICABLE SERVICE CODES

- Mike was aggressive towards a peer. PCA helped student de-escalate by directing him to take deep breaths and apologize. Mike required constant prompts to use coping technique. Student apologized to peer after three prompts.

8 Observing and intervening to redirect inappropriate behavior.

9 Assisting; monitoring; and guiding the student to pay attention; participate in activities; and complete tasks.

STUDENT SPECIFIC EXAMPLES

Random Moment Time Study (RMTS)

- PCG Requires All Related Service Providers Eligible to Bill Medical Access to be Added to a “Staff Pool Roster”
 - RMTS Participants are Selected from this Roster randomly
- Purpose of RMTS
 - Record Normal, Routine Activities Performed by PA School Staff
 - Allows for a Determination of How Much Time is Spent Supporting and Delivering SBAP Reimbursable Services
 - Drives the PA Medical Access Reimbursement Rate

RMTS

- Random Selection for Participation Occurs Three Times a Year to 3,000 Participants Across Pennsylvania
 - Quarter 1 = October – December
 - Quarter 2 = January – March
 - Quarter 3 = April – June
- If Selected, **MUST RESPOND** Within 72 Hours of the Assigned “Moment”
 - Moment means “One Minute in Time”

RMTS

- If Selected, Answer 6 Questions
 - Describing What You Were Doing During the Assigned “Moment” on a Specific Work Day at a Specific Time
- 6 RMTS Questions:
 - 1. Were You Working During Your Sampled Moment?
 - 2. Who Was With You?
 - 3. What Were You Doing?
 - 4. Why Were You Doing This Activity?
 - 5. Is This Activity Regarding a Special Education Student?
 - 6. Is the Service You Provided Part of the Child’s IEP?

PCG suggests that these questions can be answered within 5 minutes.

RMTS Process

- Receive an Email from PCG 5 Days Prior to the “Moment”
 - Specific Date and Time of Assigned “Moment”
 - Survey Link with a Username and Password
 - Receive a Reminder Email 1 Day Prior to “Moment”
 - Continue With Normal Work Routine
 - Do NOT Respond to the RMTS Survey at the Time of the Assigned “Moment”
 - After “Moment” has Passed, Take RMTS Survey
- Random Moment Time Study is NOT Optional

RMTS EXAMPLE EMAIL

-----Original Message-----

From: ClaimingSystem@pcgus.com [mailto:ClaimingSystem@pcgus.com]

Sent: Thursday, November 20, 2014 12:15 PM

To:

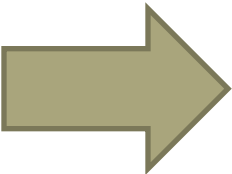
Cc:

Subject: State of Pennsylvania Time Study for _____ at
11/20/2014 11:14 AM - Respond Now

Hello,

This is a reminder that you were selected to complete a Random Moment Time Study (RMTS) for the School-Based ACCESS Program (SBAP). This time study is being conducted by the Pennsylvania Department of Public Welfare (DPW) and Pennsylvania Department of Education (PDE).

Your moment has now passed, and it is time to respond. Please use the link contained in the initial email you received to access your moment.



Please respond to your moment within five days (120 hours) of the date and time indicated: (11/20/2014 11:14 AM).

If you have any questions, please email SBAPSupport@pcgus.com or call [1-866-912-2976](tel:1-866-912-2976).

Thank you for your participation.
PCG

This message has been scanned for malware by Websense. www.websense.com

PCG Electronic Signature



Public Focus. Proven Results.™

ELECTRONIC SIGNATURE VERIFICATION STATEMENT

This Electronic Signature Verification Statement is intended to document a physical copy of my signature as part of the documentation required for the provision of school-based health services. I understand that this electronic signature is created with a unique combination of my computer login name and secure password. This unique combination is to ensure that all documentation completed under this combination is done by me.

By signing this Statement I confirm that I will keep my password secure and that I will not inappropriately disclose this information to others. I also confirm that all documentation entered under my login name and password is true and correct.

I have read and understand the statements, above, and I agree that I will comply with these statements.

Signature

Date

Name (Printed)

IU 20 ACCESS COORDINATOR

Contact Information

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