**2022-2023**

**ACCESS Guidelines to obtain Medical Authorization for the Evaluation/Reevaluation**

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|  **Initial Evaluation****Submit the following documents:*** + The signed parental consent form **(***PA Medical Assistance (MA) Billing Parental Consent)*
	+ The signed Permission to Evaluate form (*PTE*)
	+ Documentation to support the need for this evaluation

 **\*\***Submit to the ACCESS Office upon receipt of parent/guardian signature, within 5 days of receipt**BEFORE** evaluation servicesbegin\*\* |

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| **Reevaluation****Submit the following documents (Chapter 14 Students Only):*** + The signed Permission to Reevaluate form (*PTRE*)
	+ Documentation to support the need for this evaluation
	+ **The signed parental consent form (***PA Medical Assistance (MA) Billing Parental Consent Form***) for this IEP** (The One Time Consent if signed ‘yes’ covers future IEPs from the date of signature.)
	+ **DO NOT** send PTRE’s that only reflect academic services
	+ **Psych AND/OR Health Services must be included in the PTRE**

 **-AND-****The CURRENT IEP Data:*** + **The student information page (Page # 1 of the IEP)**
	+ **The IEP team signature page, including the LEA’s signature (page #2 of the IEP) \*\***Must have an LEA signature and Special Ed Teacher or the IEP is **INVALID** for our program**. \*\***
* **The IEP Summary Information page (Page #5 of the IEP)**
	+ **The service(s) and frequency page of the IEP usually located within the Related Service Page unless the service is a primary service** i.e. Speech 300 minutes/IEP Term.

**\*\***Submit to the ACCESS Office upon receipt of parent/guardian signature, within 5 days of receipt **BEFORE** evaluation servicesbegin. Timeliness is essential to allow for claiming\*\* |

**Please allow up to 4 weeks from submission for the system to be updated.** In the meantime, the school is able

to check if the submission has been entered by logging onto EasyIEP, entering the student’s information and clicking

on the Compliance Symbol. The Student’s History page will reflect if the Medicaid Parental Consent

was entered, the date entered and who entered the information. Once received, the Medical Authorization will also

appear in the system under the EasyTrac Medical Authorization Compliance tab and the history page.

**When the above criteria have been met, the data should immediately be submitted via scan/email to**

**sbap@philasd.org** **or via fax to (215)400-4582. All forms are due within 5 days of the parent/guardian signature.**

**\*\* The ACCESS Office is NOT part of EasyFAX \*\***

If you have any questions, please contact:

Michelle Ovington at (215) 400-5476 or e-mail at movington@philasd.org

Toni Pelzer at (215) 400-5834 or e-mail at tpelzer@philasd.org

Christelle Bourisquot at (215) 400-5413 or e-mail at cboursiquot@philasd.org

Anthony Capolingua at (215) 400-5478 or e-mail at acapolingua@philasd.org