**2022-2023**

**ACCESS Guidelines for IEP Submissions**

**An IEP should be submitted when the following criteria have been met:**

The Student is Chapter 14, Special Education, and is receiving/recommended to receive an ongoing health related service including Speech, Hearing, OT/PT, Nursing and Vision. The service and frequency must be listed in the IEP to be submitted. **If there are no related services or the service reads Consult Only, the IEP is not eligible for submission.**

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| **Submit IEP**:   * Speech * Hearing * Vision * Orientation and Mobility * Occupational Therapy * Physical Therapy * Nursing * Evals/Reevals | **DO NOT** **Submit IEP**:   * Special Transportation *unless there is a health related service listed within the IEP* * School Based Counseling * Sign Language Interpreter * ESOL * Physician Service * Emotional and/or Learning Support *unless there is a health related service* * 1:1 Assistance/ Close Adult Supervision |

1. **The PA Medical Assistance (MA) Billing Form must be submitted upon completion of the IEP, regardless of whether the IEP lists a health related service or not, if the parent has signed the form.** 
   * **‘YES’-** the parent has given permission by signing and dating the form.
   * **‘NO Consent’ –** the parent *refuses to sign* or *does not accept* (the ***PA Medical Assistance form*** must be sent to the ACCESS office immediately so a hold can be placed on the release of ACCESS related information.)
   * A parent must sign ‘YES’ ***or*** ‘NO’. \*\***Signing on both lines will make the Parental Consent form invalid and make it an automatic ‘no consent’. The parent would need to sign a new form if intended for a ‘Yes’**. \*\*
   * If the parent does not attend the IEP meeting, ***The PA Medical Assistance form*** should be sent home for signature
   * **If a One Time Consent is already on file (EasyIEP), do not resubmit unless parent is changing their consent.**
   * Parent must sign his or her own name not “yes”. The signature must be legible.
   * Parent must initial all changes. \*\***Absolutely no white out is to be used on forms\*\***
   * **DO NOT** write “parent did not attend” \*\* Forms are to be sent home for signature\*\*
   * Submit all pages of the consent form. If any part of the form prints on another page, it must be submitted.
2. Attach the **finalized version** (with **matching IEP dates**) of the following pages:

* **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.)
* **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 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. Individual and/or Group service must be noted for each service. A student **CANNOT** have service that is both related and primary. It should be one or the other.
* **The transportation page (**must be included for **ALL** submissions**)**
* **DO NOT** submit EasyFAX cover pages or NOREPs
* **DO NOT** submit in image formats (i.e. .jpeg). All submissions must be in PDF format so they can be reviewed and printed.

1. **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 EasyTrac Compliance Tab. Additionally, the Student’s History page will show 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.

**When the above criteria have been met, the data should immediately be submitted via scan/email to** [**sbap@philasd.org**](mailto: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:

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