

**KNOCK, KNOCK,
WHO'S THERE?**

KNOCK,
KNOCK!



WHO'S THERE

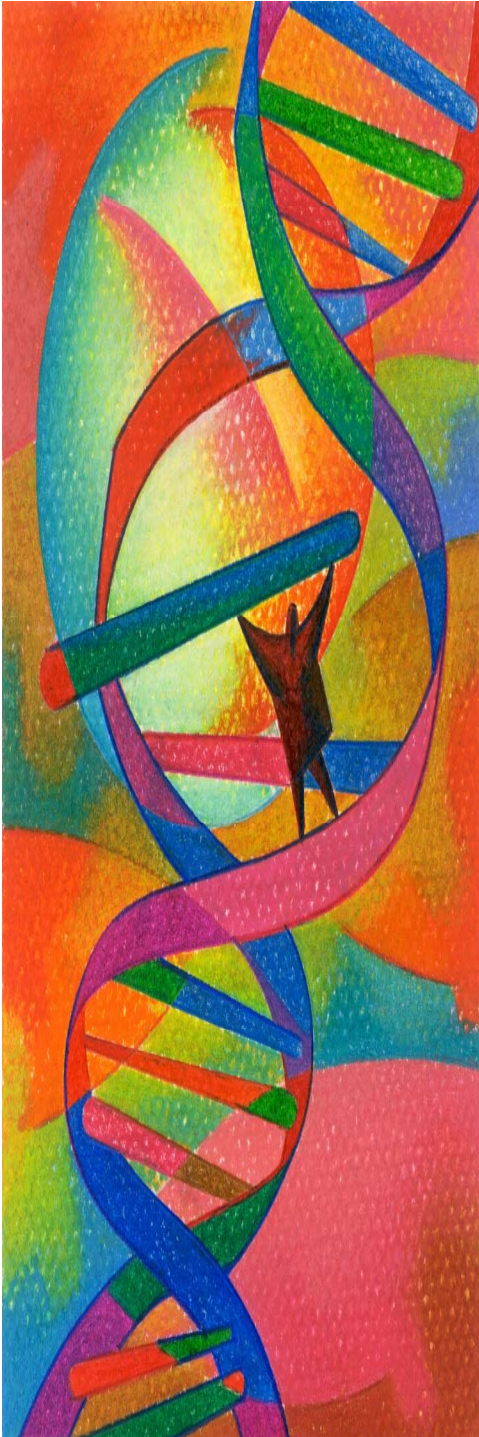


THE OIG!



Sorry, no one is home!

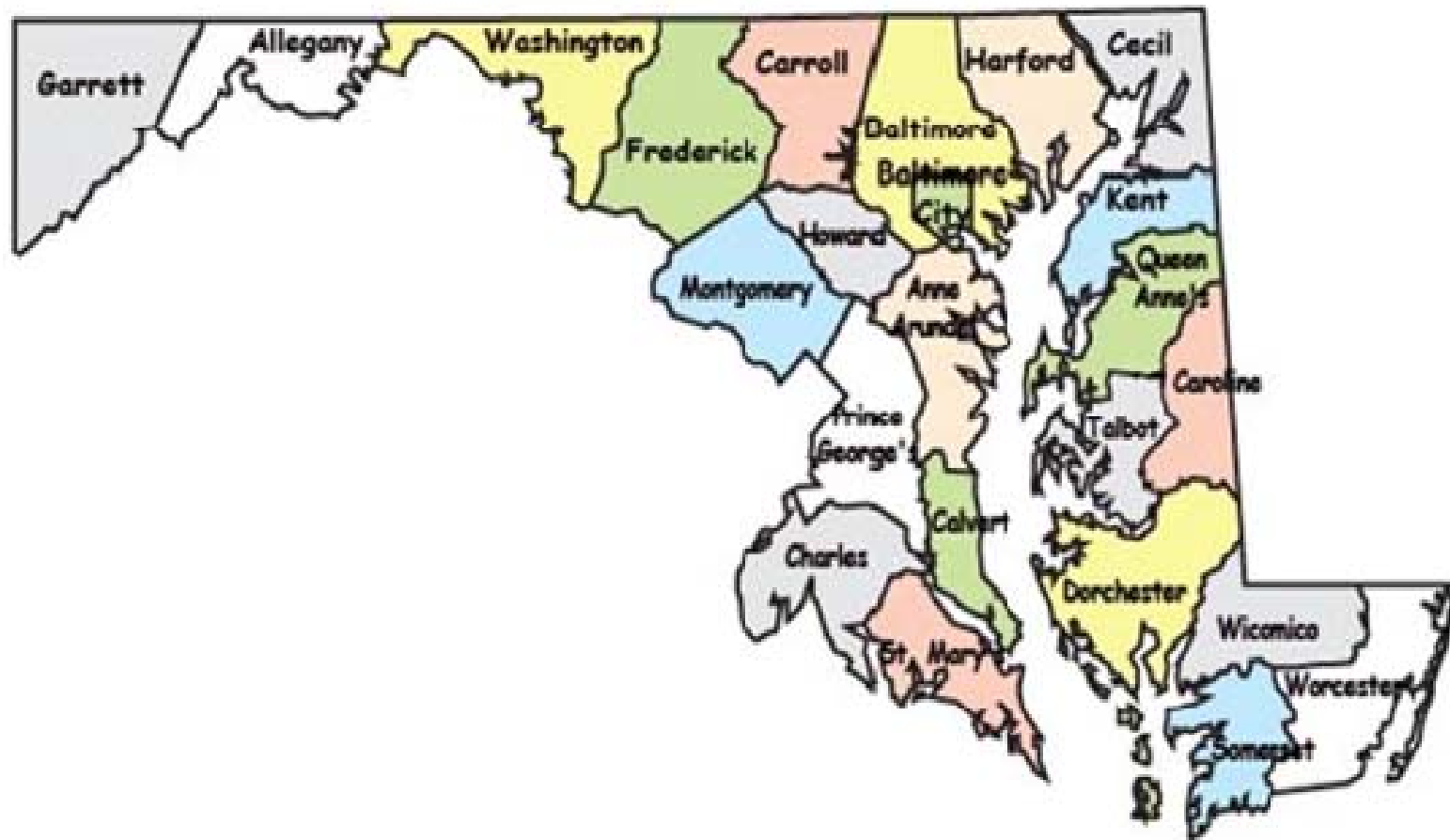


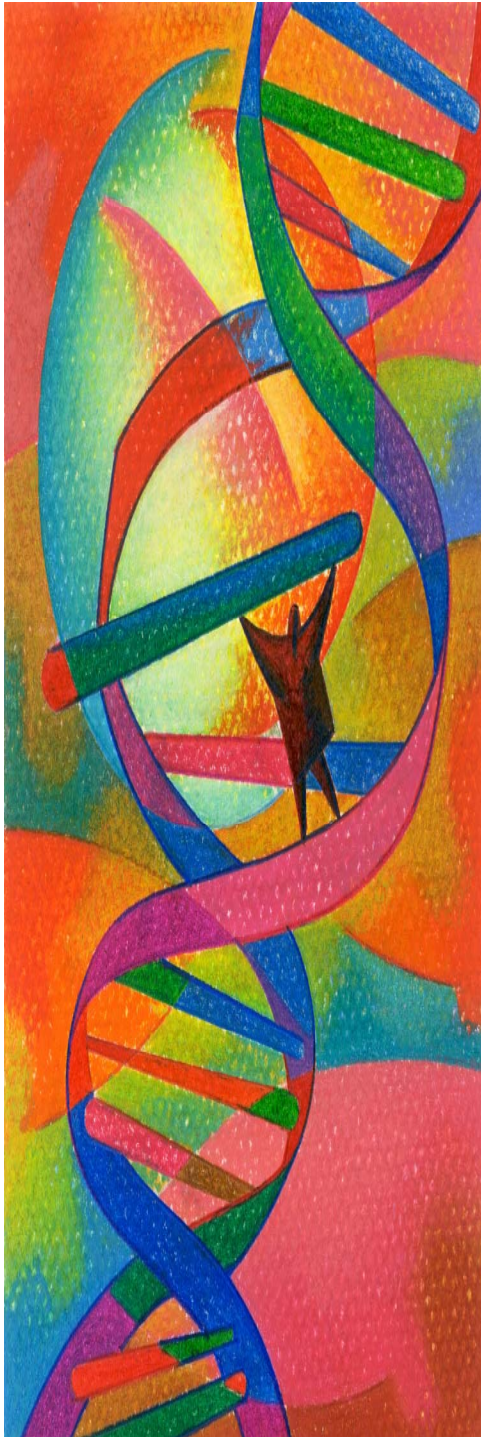


AGENDA

- Maryland Medicaid Billing
- The BCPS Way
- OIG Audits
- State Audits
- Documentation of Services and Tips
- Questions

STATE OF MARYLAND



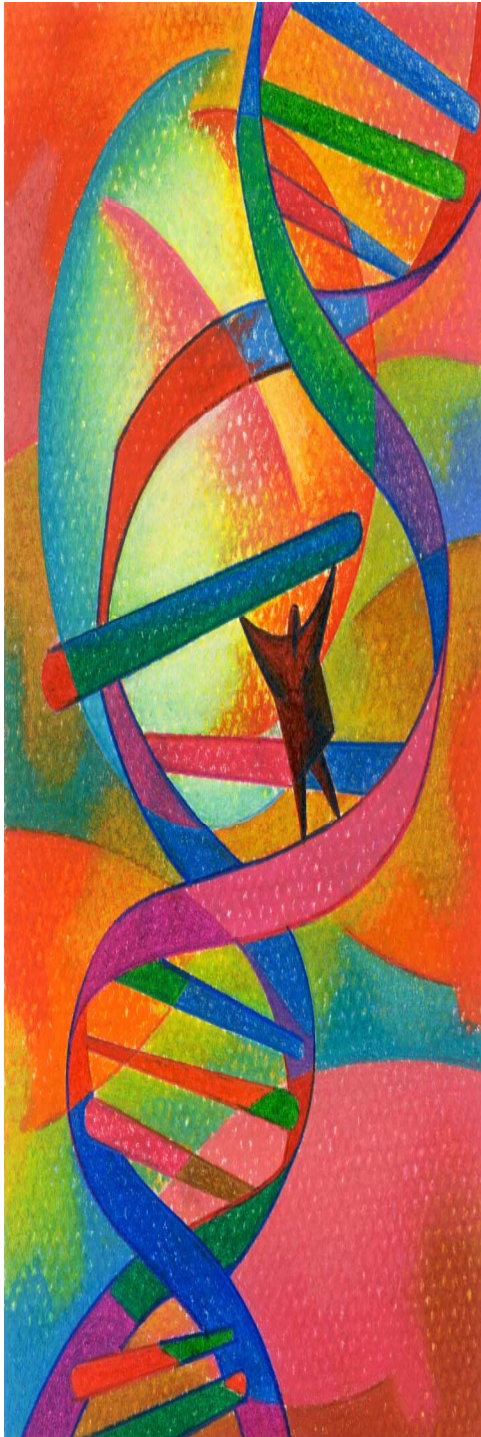


Maryland Medicaid Billing

Maryland approved billing for school-based services in 1989.

The Department of Health and Mental Hygiene (DHMH), works directly with the school districts in conjunction with the Maryland State Department of Education (MSDE).

Students must have an IEP, have Medical Assistance, and parental approval is required in order to bill for services.



Services Billable for the State of Maryland

Service Coordination

Related Services (Speech, Occupational Therapy, Physical Therapy, Psychology, Audiology, Nursing, Social Work, Counseling)

Transportation

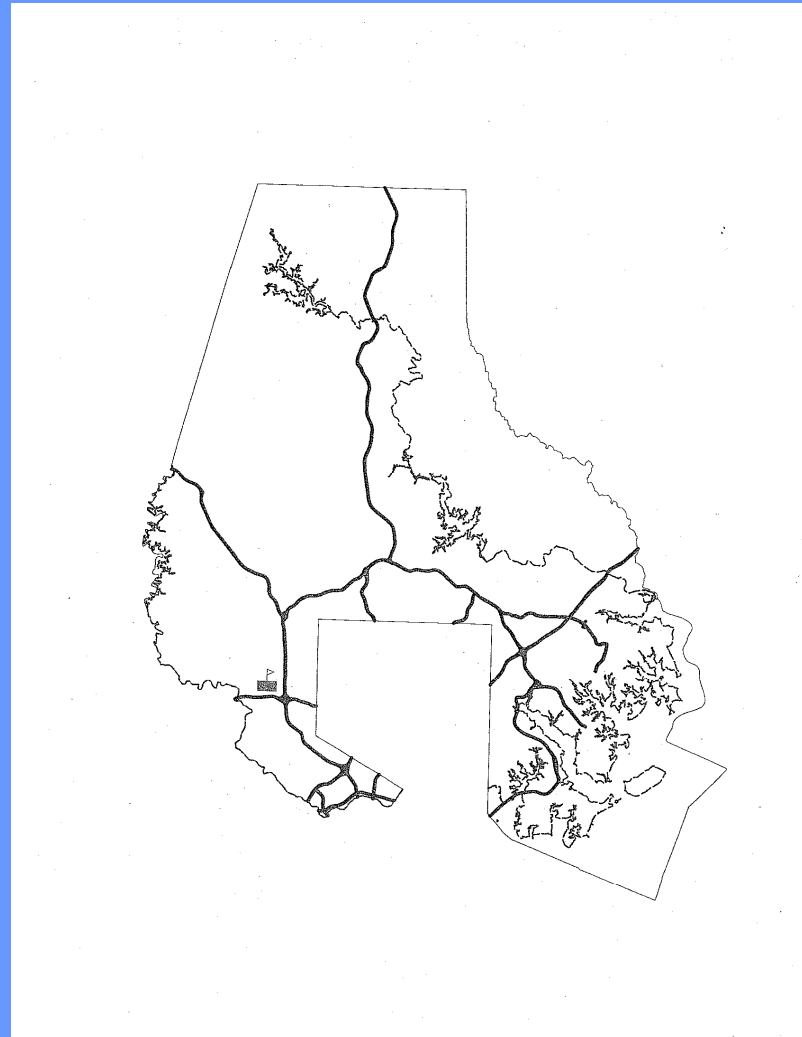
Autism Waiver

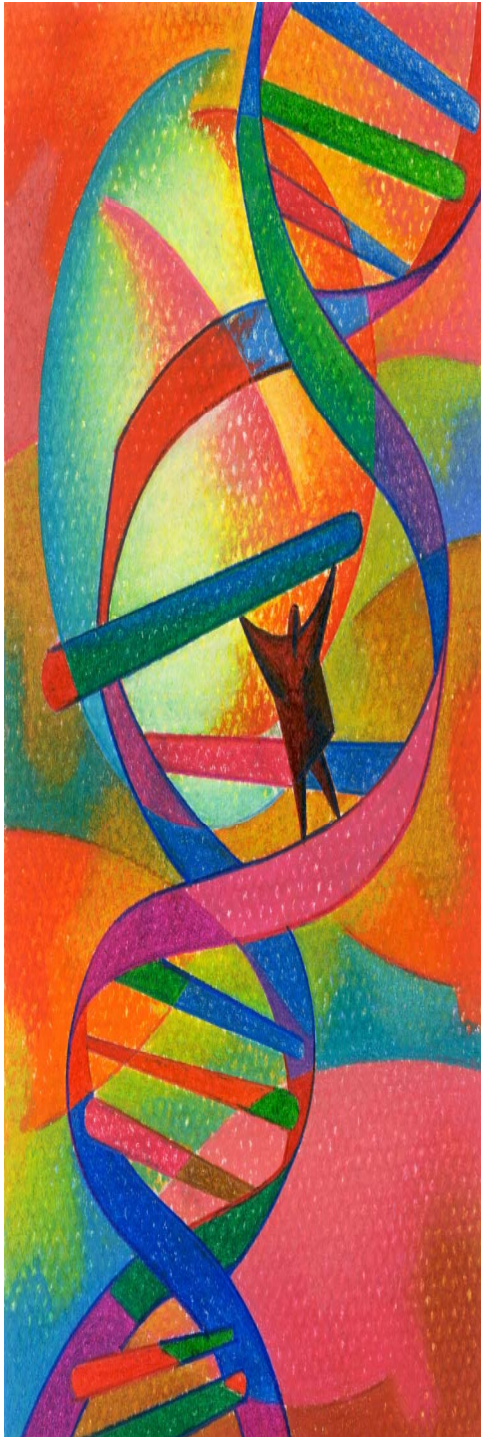
All are Fee For Service

**Maryland does not bill for
Administrative Claiming**



Baltimore County, Maryland





Facts

26th largest school district in the Nation

170 schools

105 Elementary Schools

27 Middle Schools

24 High Schools

4 Special Education Schools

17,000 employees

105,317 (unofficial as of 9/9/2011)

13,885 students receiving special education services

5,513 Medicaid eligible special education students

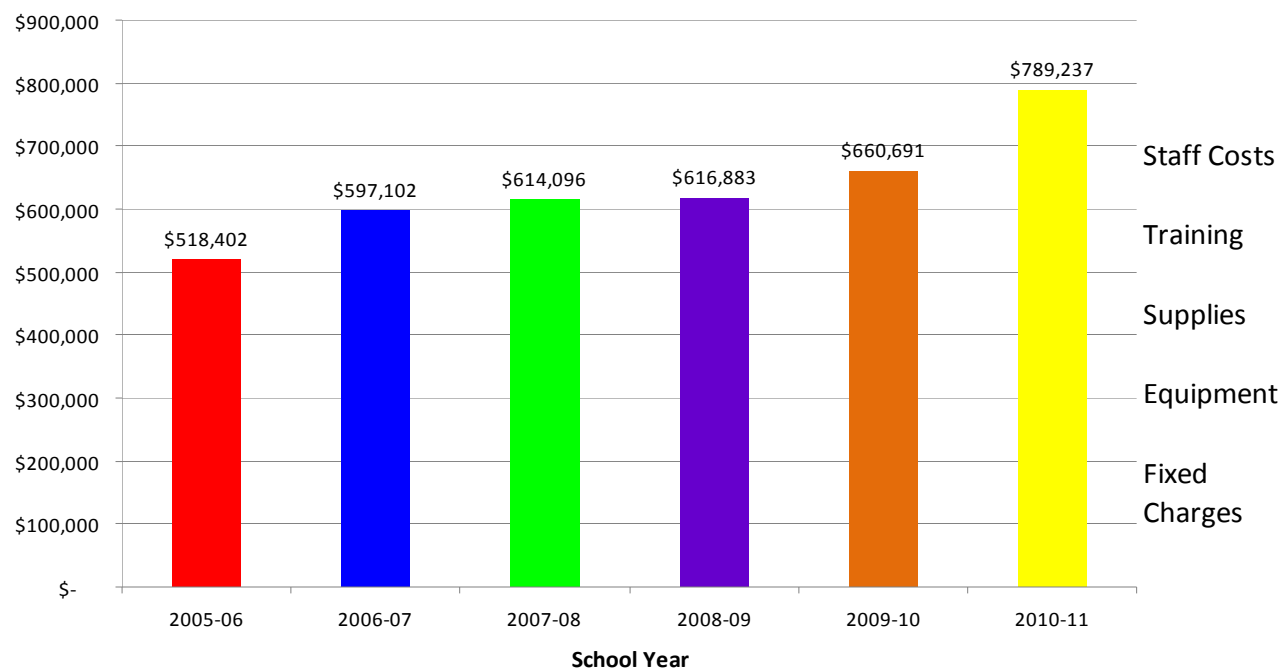
BCPS began billing Medicaid for services in 1993.



Cost of Medicaid Billing

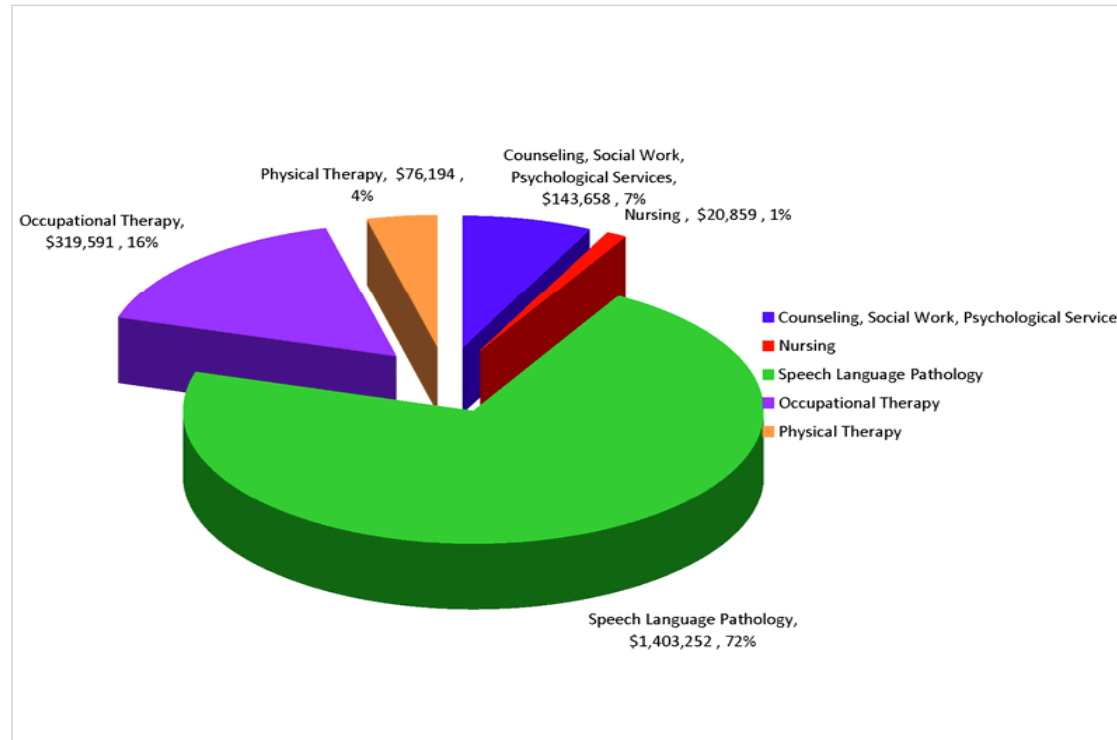
What are the operational costs?

Baltimore County Public Schools Medicaid Billing Office Expenditures



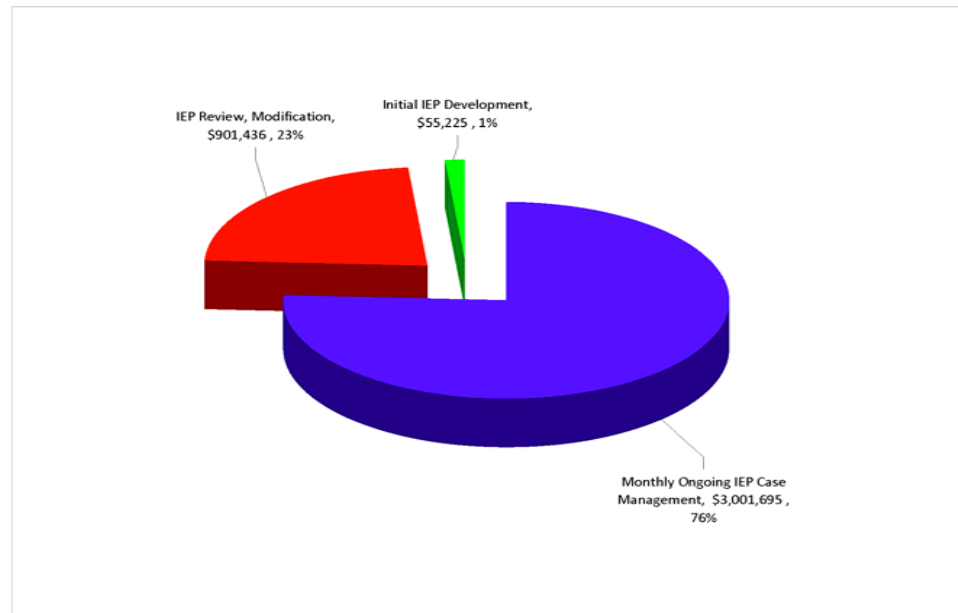


Percentage of Related Services Submitted



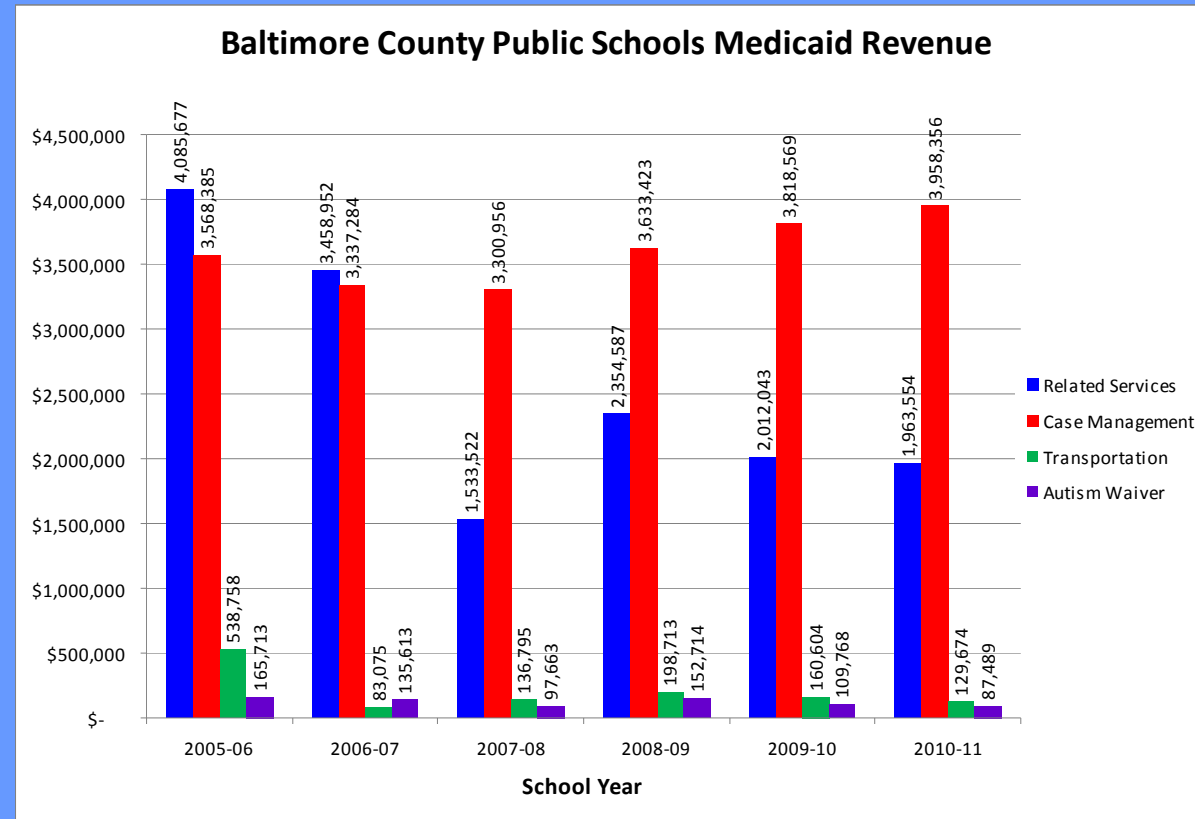


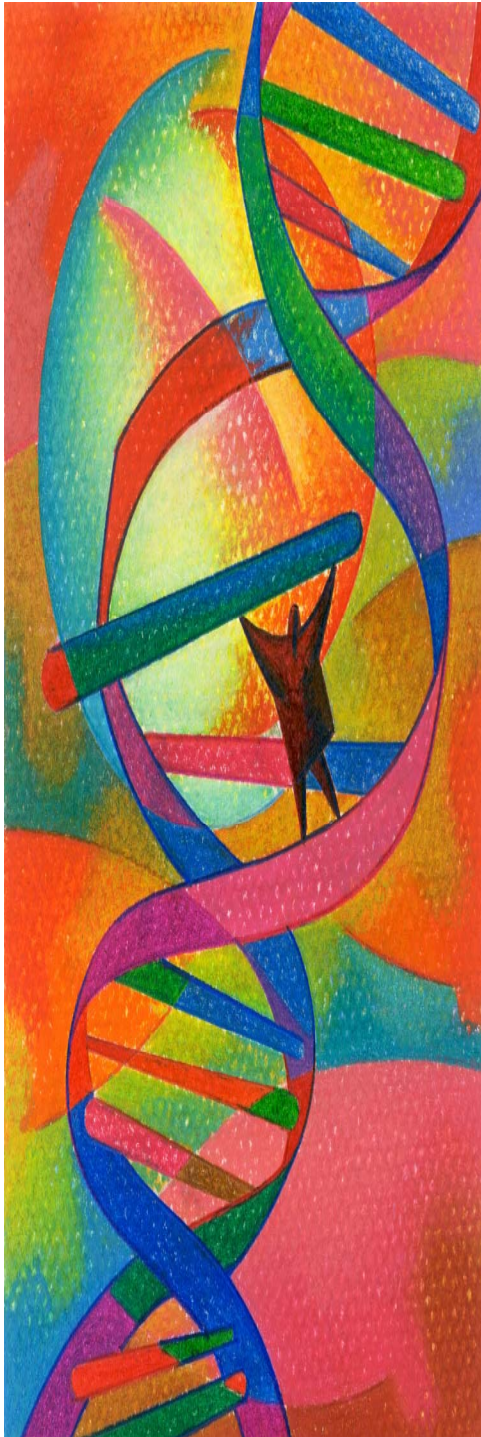
Percentage of Service Coordination/Case Management Submitted





How Much Revenue is Generated?





Audits

The State of Maryland and Baltimore County Public Schools has been audited on many occasions.

- OIG Compliance Audit (2001)
- State Audits (annual since 2002)
- OIG Rate Audit (2005)
- PERM audits (2007, 2008)



Audits

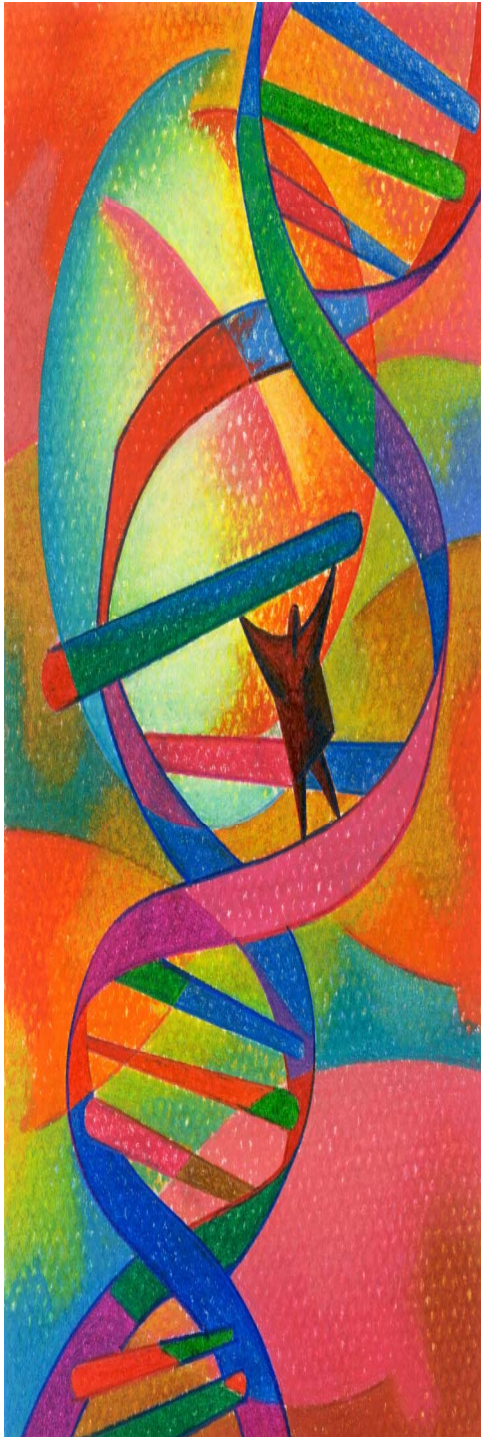
What time, effort, and energy is required for an audit?

Standard State Audit (60 students) – 100 hours of staff time - annually

OIG Compliance Audit (15 students) – 225 hours of staff time

OIG Rate Audit – 45 hours of staff time

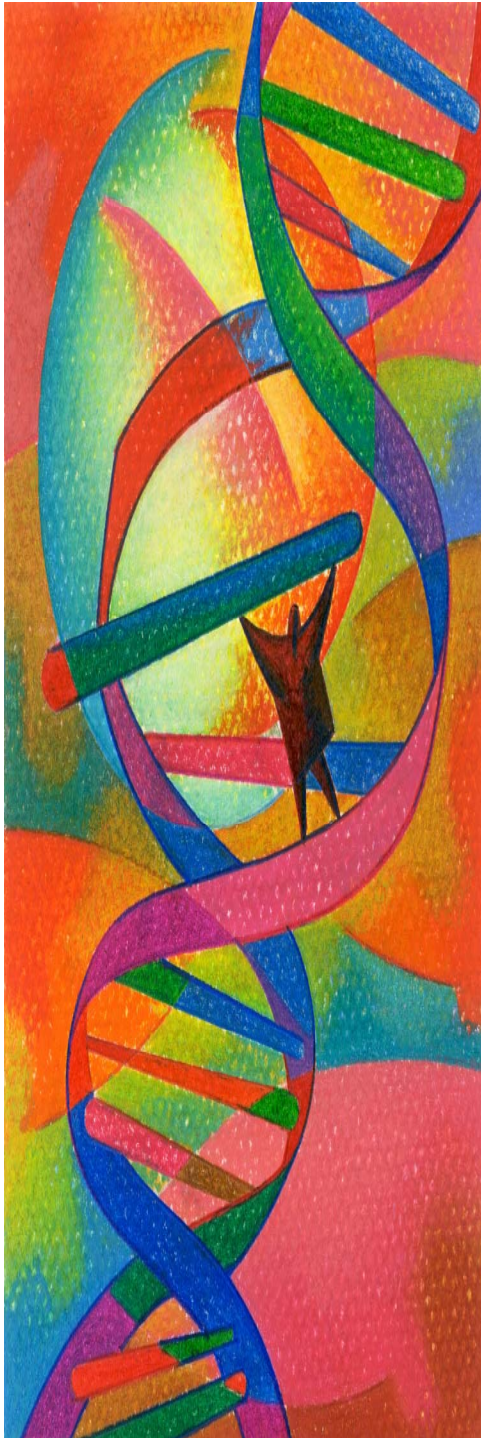
PERM Audit (10 students) – 6 hours of staff time



OIG AUDITS

OIG I – State of Maryland Service Audit (2001)

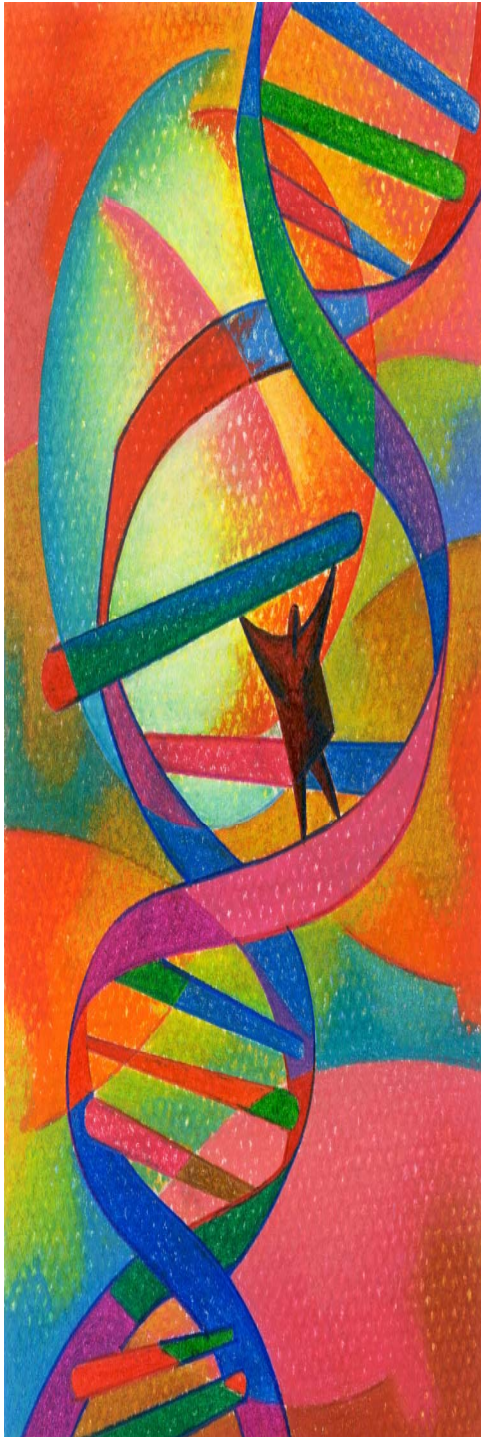
OIG II – State of Maryland Rate Audit (2005)



OIG I

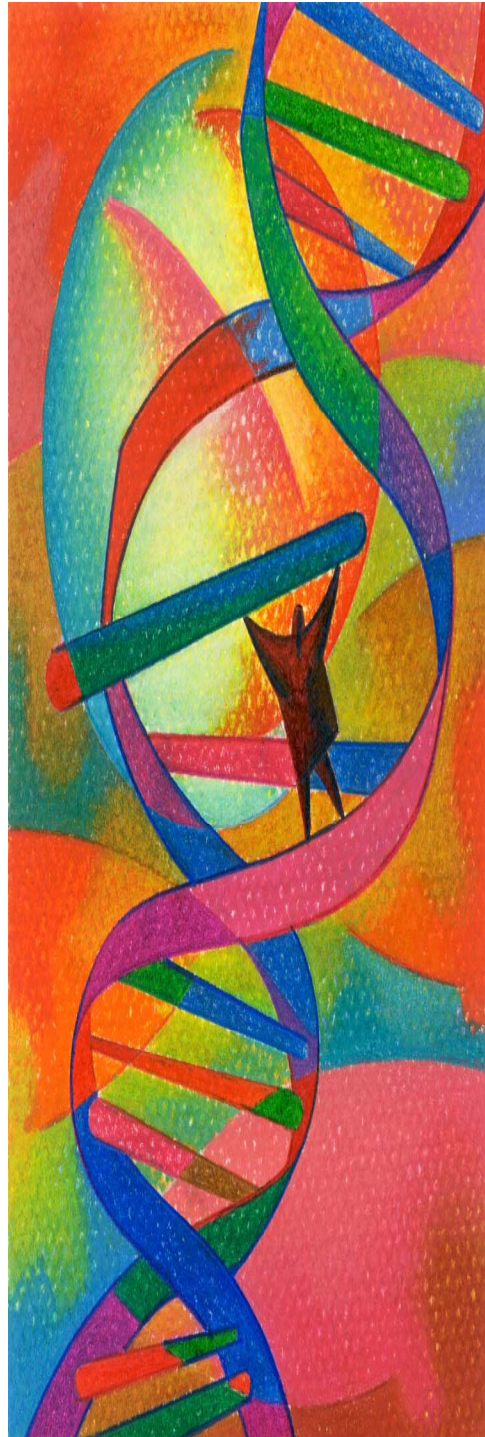
OIG wanted to examine 80% of the dollars generated by Maryland school districts in the 1999-2000 school year.

In Maryland, 80% of the funds are generated by 8 of the 24 school districts.



OIG I – The Onsite Visit

- Three auditors from the regional office in Philadelphia, Pennsylvania
- Reviewed records for 15 students
- Onsite for two weeks
- Visited one school to verify a provider's note and confirm questionable services



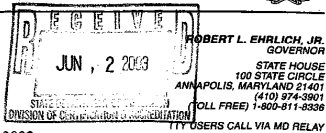
OIG I Findings of the State of Maryland

We recommend the DHMH:

1. Consult with CMS to develop new school-based payment rates based on actual medical costs.
2. Ensure school-based service providers adhere to federal and state Medicaid requirements for provider qualifications.
3. Develop and implement written policies and procedures requiring school-based service providers to document services delivered to Medicaid recipients.
4. Refund \$19,954,944 federal share that was inappropriately paid by the Medicaid program.
5. Revise the state plan to eliminate all references to Medicaid coverage for section 504 services.

OIG I Response from the State of Maryland

STATE OF MARYLAND
OFFICE OF THE GOVERNOR



May 19, 2003

The Honorable Tommy Thompson
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Thompson:

On March 31, 2003, the Department of Health and Human Services (HHS), Office of Inspector General (OIG) issued a report entitled, "Review of Medicaid School-Based Services Claimed During State Fiscal Year 2000 by the Maryland Medicaid Program." The report contains five recommendations, four of which are procedural and the state accepts and has already begun to implement. The state, however, is opposed to recommendation #4, requesting the return of approximately \$20 million to the federal government. I hope that you will consider waiving the request for the State of Maryland to return these funds and work with us on the implementation of the procedural recommendations.

The recommendation for the return of these funds emanated from the examination of 100 cases out of the over 23,000 students who are eligible to receive Medicaid services in the jurisdictions tested. There is no question that the services were appropriately provided; rather there are questions about the availability of proper documentation. The state did provide additional documentation during the audit process, however the OIG did not change the majority of the findings.

Maryland is extremely concerned about having to pay the federal government approximately \$20 million for services that were provided to eligible children. I hope you will consider the impact of this recommendation on the provision of services to children with disabilities. Any curtailment of this program would have a serious negative impact on services to children, particularly those in Anne Arundel County, Baltimore City, Baltimore County, Prince George's County and Wicomico County.

The loss of this money will adversely impact all children in the identified jurisdictions. Maryland will have to withhold millions of dollars of funding for services to local school districts without another source of funding to make up for the reduction.



Financial losses of this magnitude will negatively affect our school improvement efforts. Further, it will negatively affect our ability to make progress under the No Child Left Behind Act, putting other funding sources at risk.

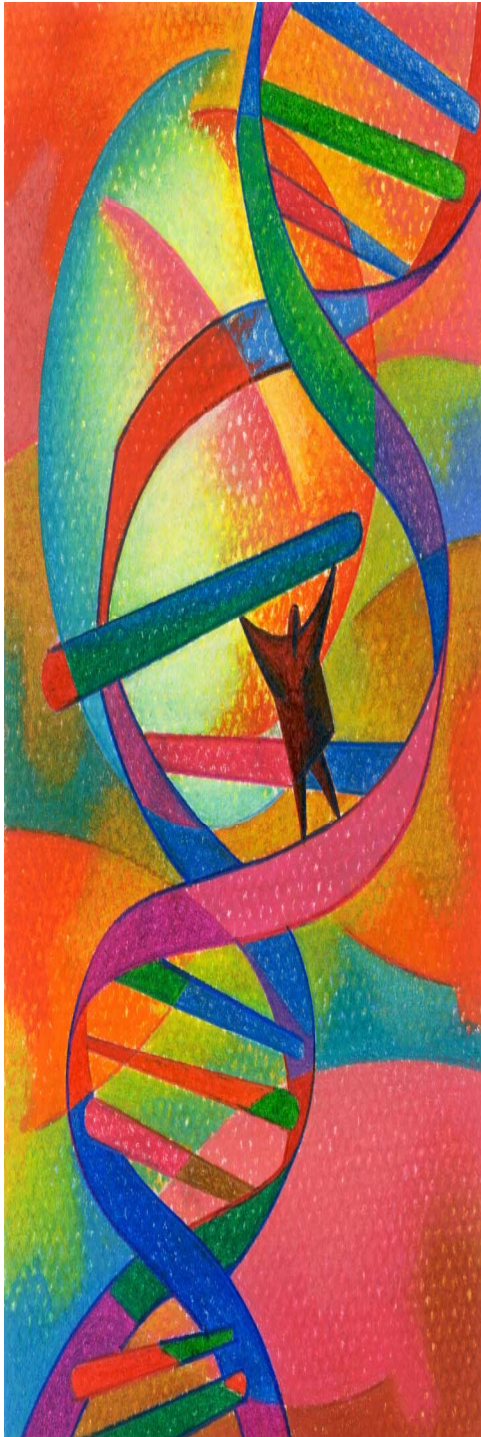
Again, I hope that you will consider waiving the request for the State of Maryland to return these funds and work with us on the implementation of the procedural recommendations. If there is anything that I can do regarding this, or any other matter, please let me know.

Sincerely,

Robert L. Ehrlich, Jr.
Governor

bcc: Nelson J. Sabatini, Secretary
Maryland Department of Health & Mental Hygiene

✓ Nancy S. Grastnick, Superintendent
Maryland State Department of Education



OIG I Results for Local Education Agencies

The creation of the Interagency
Medicaid Monitoring Team (2002)

News Articles

Additional scrutiny by federal, state,
and local agencies

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Audit faults schools' records

Medicaid spending woes could cost \$12.2 million; 'Frequent incidences of billing error'; Money is earmarked for special-ed students

By SARA NEUFELD

SUN STAFF

ORIGINALLY PUBLISHED JULY 21, 2005

Record-keeping problems could cost Baltimore's school system at least \$12.2 million - and perhaps millions more - as federal auditors examine the spending of Medicaid dollars earmarked for special-education students.

The \$12.2 million represents about half of the \$24 million in Medicaid money the city schools received in the 1999-2000 school year for services such as speech and physical therapy. Federal auditors had problems proving that the services were provided and the people who provided the services were qualified to do so.

The auditors plan to examine four additional years of records, and if they are found lacking, the city schools could be liable for millions more.

The city schools were not alone in their problems with Medicaid money. Four other school systems and the state are being held accountable for \$7.7 million.

The problems arose after federal auditors looked at the eight Maryland school systems that received the largest amounts of Medicaid money. In addition to Baltimore, they found problems in Anne Arundel, Baltimore, Prince George's and Wicomico counties.

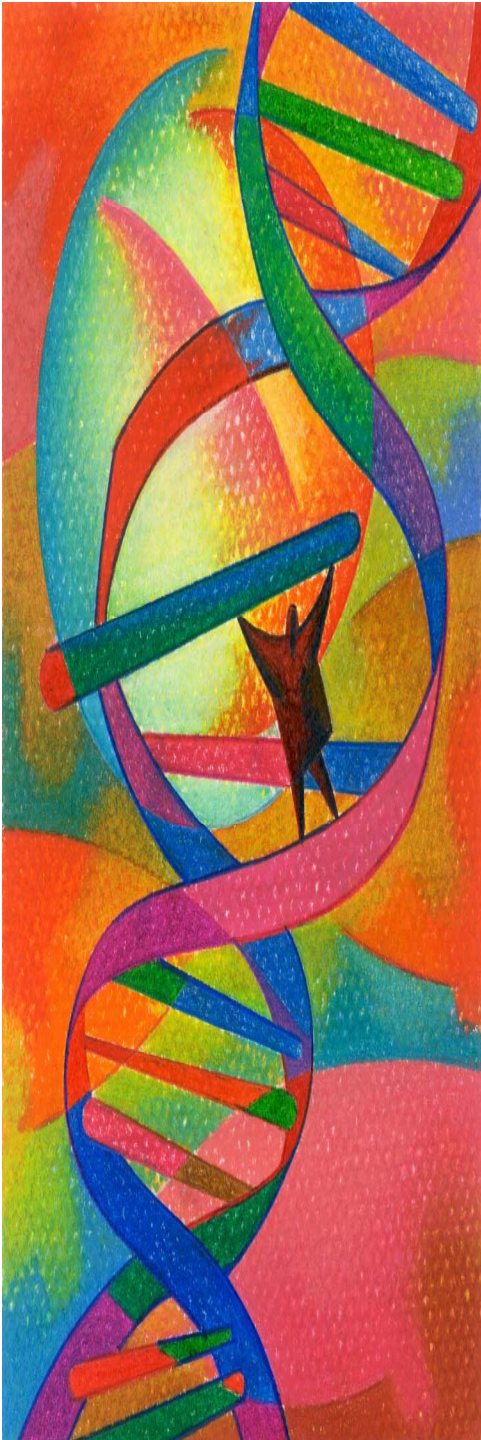
The federal government is seeking a total of \$19.9 million from the state and the five school systems. But it has announced plans to audit additional years of records only in Baltimore City.

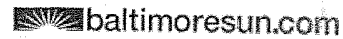
Though the federal government released its audit of the systems' records in 2003, state and federal officials sparred over the auditors'

<http://www.baltimoresun.com/news/education/bal-md.schools21jul21,1,3838141.story?col...> 7/21/2005



The Return of the OIG to Maryland (2005)





<http://www.baltimoresun.com/news/education/bal-md.medicaid30jul30,1,4271584.story?coll=bal-home-headlines>

U.S. plans to audit 20 Md. school systems

Medicaid billing records are the focus of Health and Human Services review; Action exacerbates Baltimore-state dispute

By Sara Neufeld
Sun Staff

July 30, 2005

The federal government plans to conduct a major audit of Medicaid billing records in 20 of Maryland's 24 school systems, a move that could cost the systems millions and has exacerbated a feud between State Department of Education and Baltimore City school officials.

School systems receive Medicaid reimbursement to cover part of the cost of medical services, such as speech and physical therapy, provided to special-education students from low-income families, and the cost of students' transportation to school on days they receive those services.

As the result of a previous review, covering one year of records in eight Maryland school systems, auditors have determined that six systems and the state must repay \$19.9 million in reimbursement -- a decision the state is appealing.

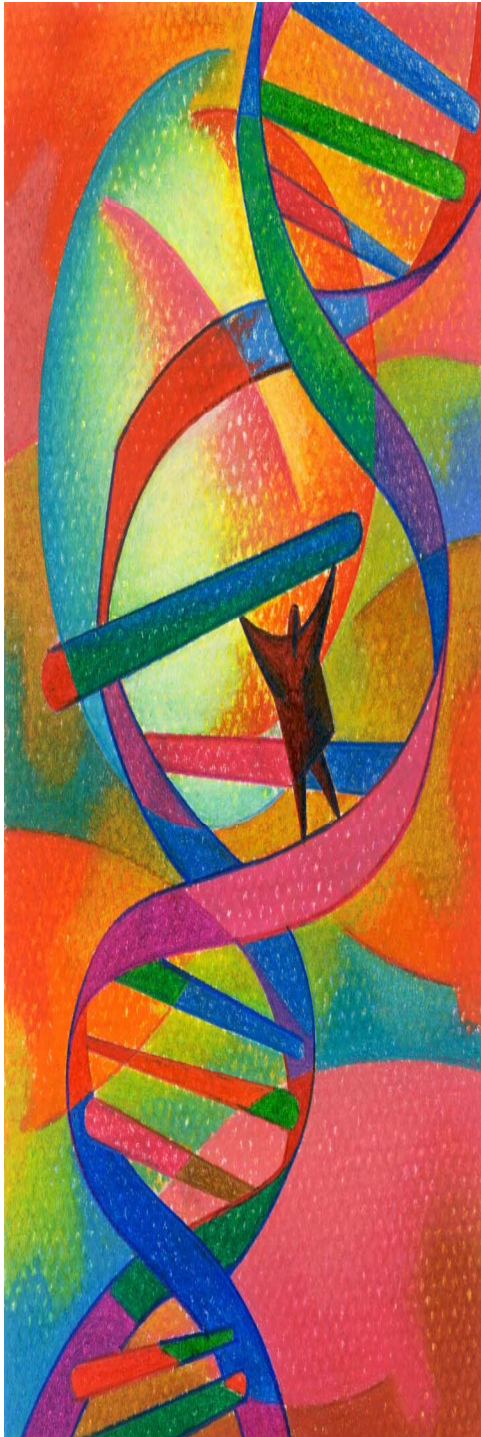
Last month, the auditors announced that they would return to review an additional four years of records in Baltimore, which will be responsible for repaying \$12.2 million of the \$19.9 million if the appeal is lost. Then on July 22, a federal official sent a letter to the state announcing auditors' intention to review the Medicaid billing records from 2000 to 2004 for all school systems that contract out for school-based health services, not just Baltimore. (The earlier audit covered the 1999-2000 school year.)

State officials said 19 school systems in addition to Baltimore will be affected, including Anne Arundel, Baltimore, Howard, Carroll and Harford counties. Systems that use only their own staffs to provide services will not be affected.

The affected systems will be required to produce a huge amount of paperwork, including copies of contracts, providers' certification records, documentation that a child needed a particular service, documentation that a service was provided, and documentation of how much a provider was paid.

<http://www.baltimoresun.com/news/education/bal-md.medicaid30jul30,1,7348410.print.st...> 7/30/2005

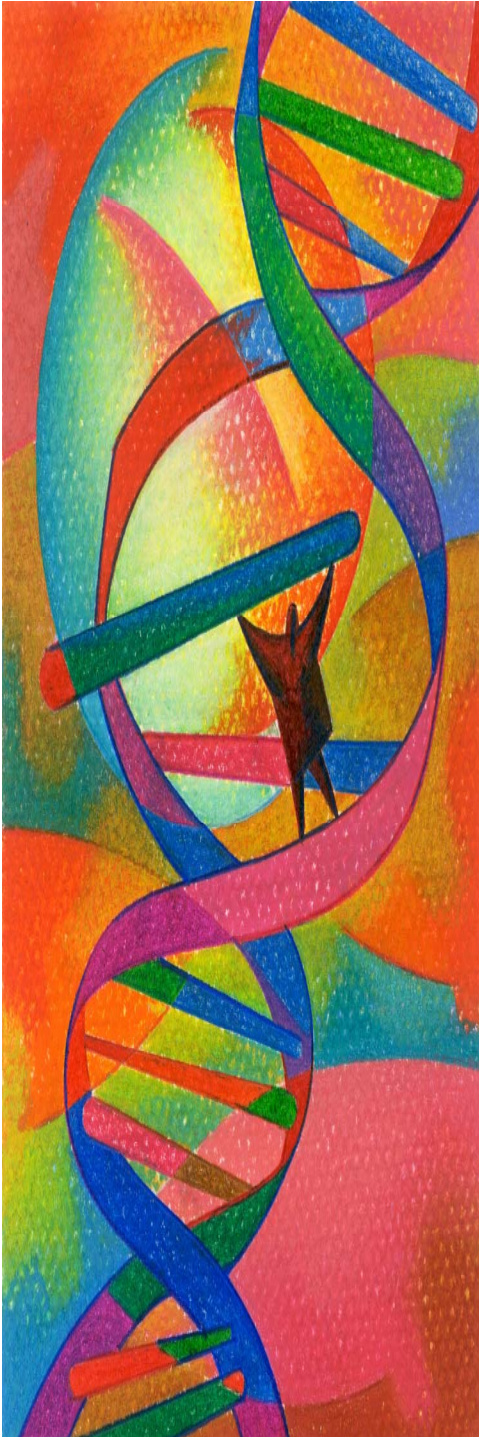




OIG II Audit

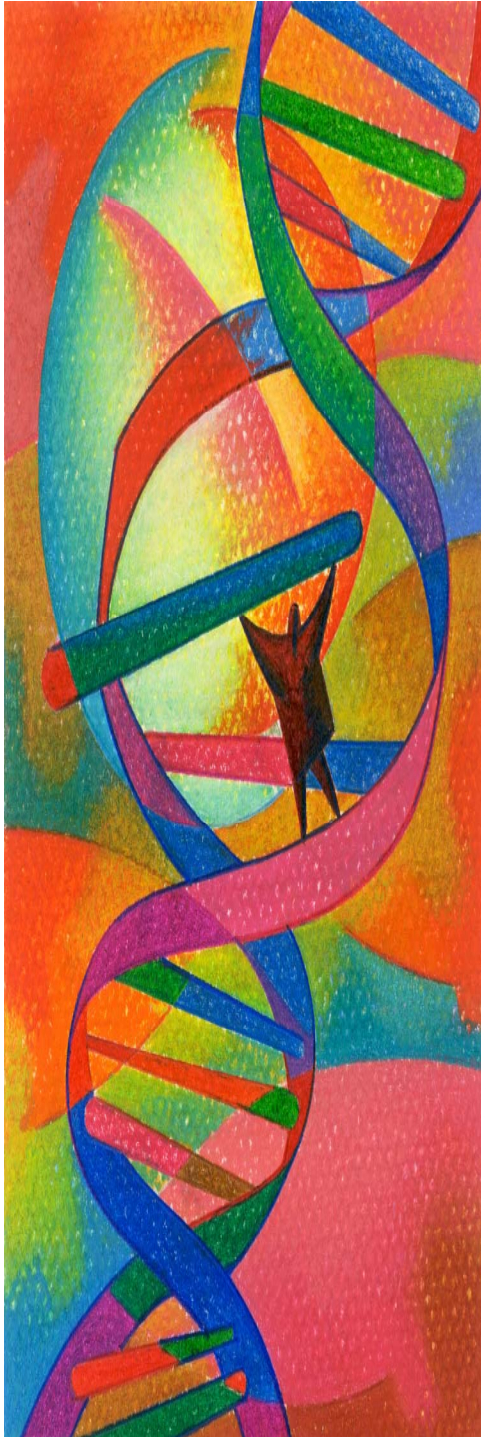
2005 Review of the Billing Rates

- OIG audited all 24 school districts
- Audit took over 8 months to complete
- OIG requested various financial reports from each school district
- OIG calculated rates for each school district based upon actual costs (excluding the cost of education



OIG II Findings

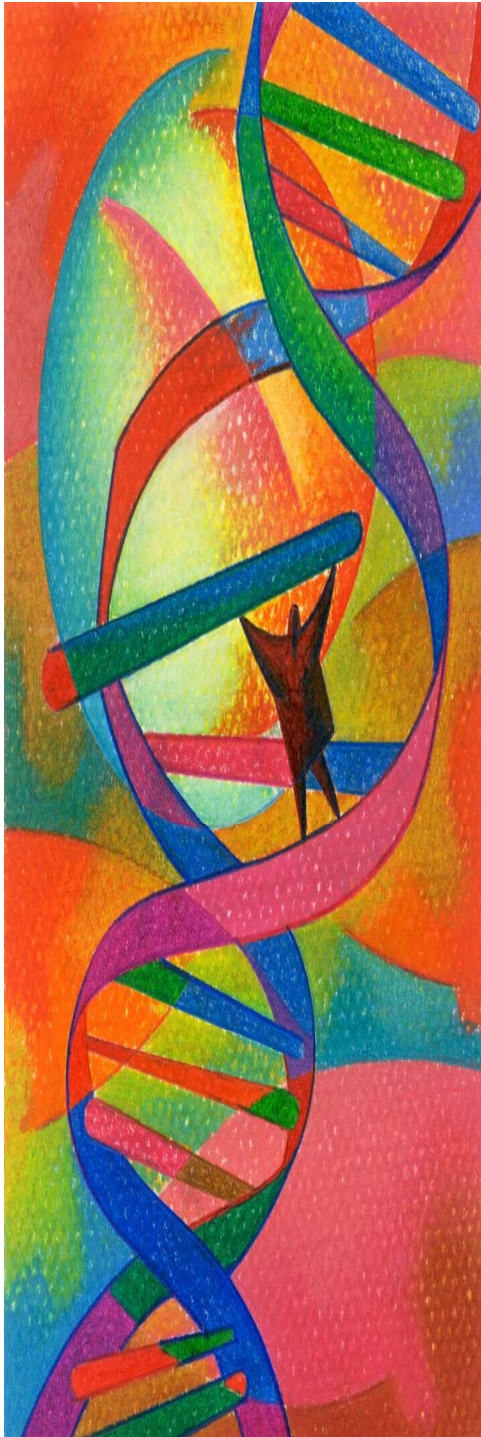
- All 24 jurisdictions billed using rates higher than calculated by the OIG
- State of Maryland required to repay \$33 million
- State of Maryland required to revise all billing rates



OIG II Settlement

The state of Maryland appealed the audit based on the grounds that the state was in the process of revising rates based upon the OIG I audit.

The OIG agreed with the state and waived the financial responsibility.



OIG Reports

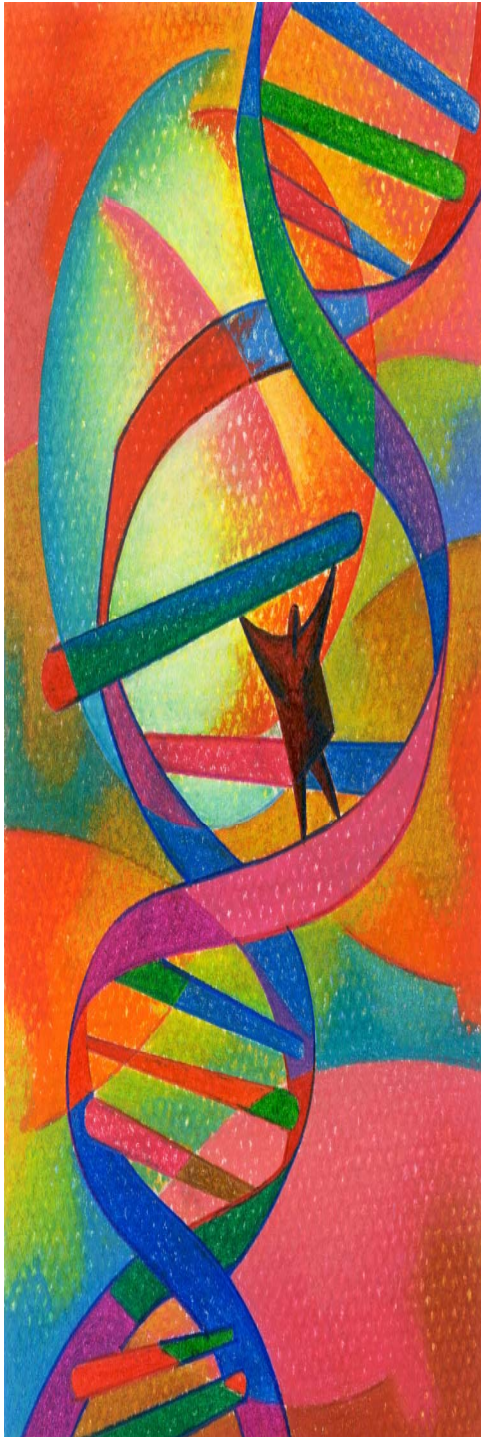
Links to audit reports

2001 OIG Audit of the State of MD

<http://oig.hhs.gov/oas/reports/region3/30100224.pdf>

2005 OIG Audit of the State of MD

<http://oig.hhs.gov/oas/reports/region3/30500206.pdf>



OIG Audits

How do you fight OIG audit findings?

Work collaboratively with your state officials

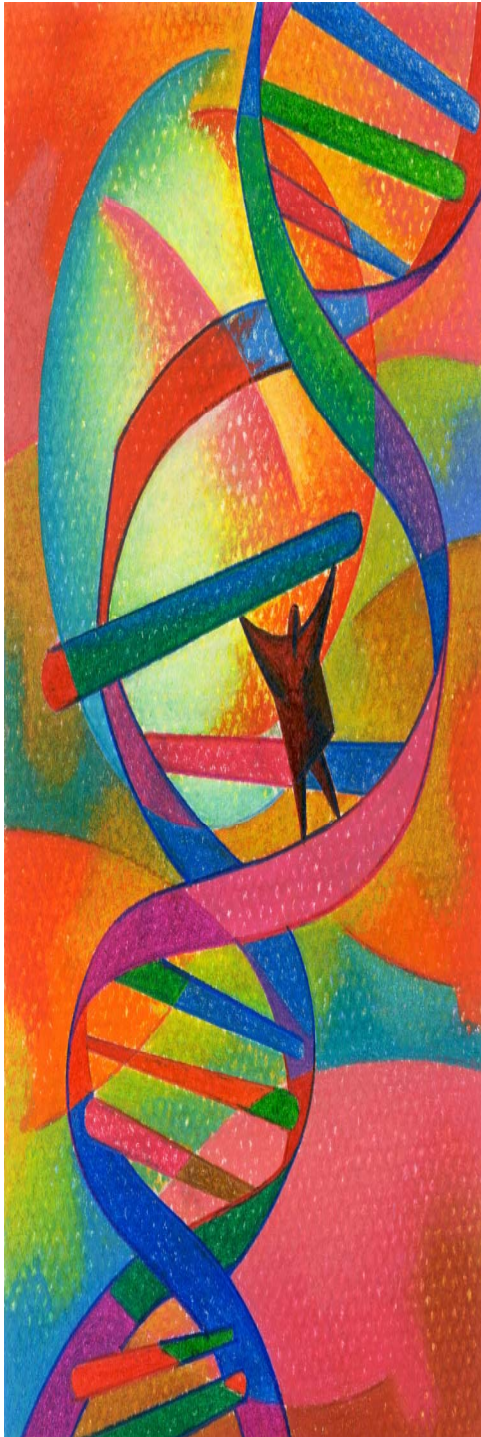
Appeal to the Departmental Appeals Board

1 ½ year time frame, \$65,000.00 legal fees

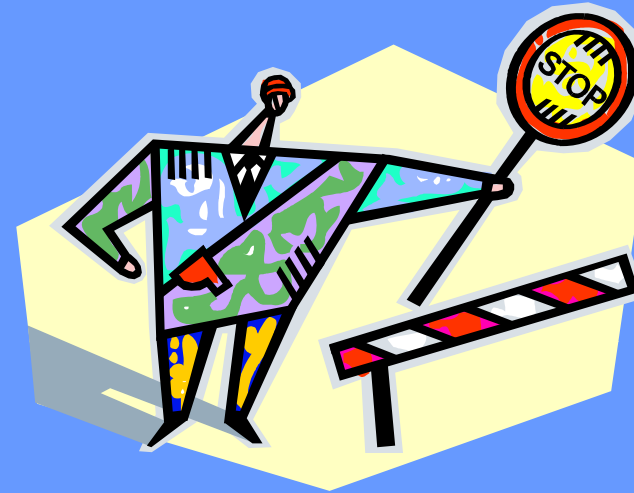
85 hours of staff time reviewing documents,

locating documents, meeting

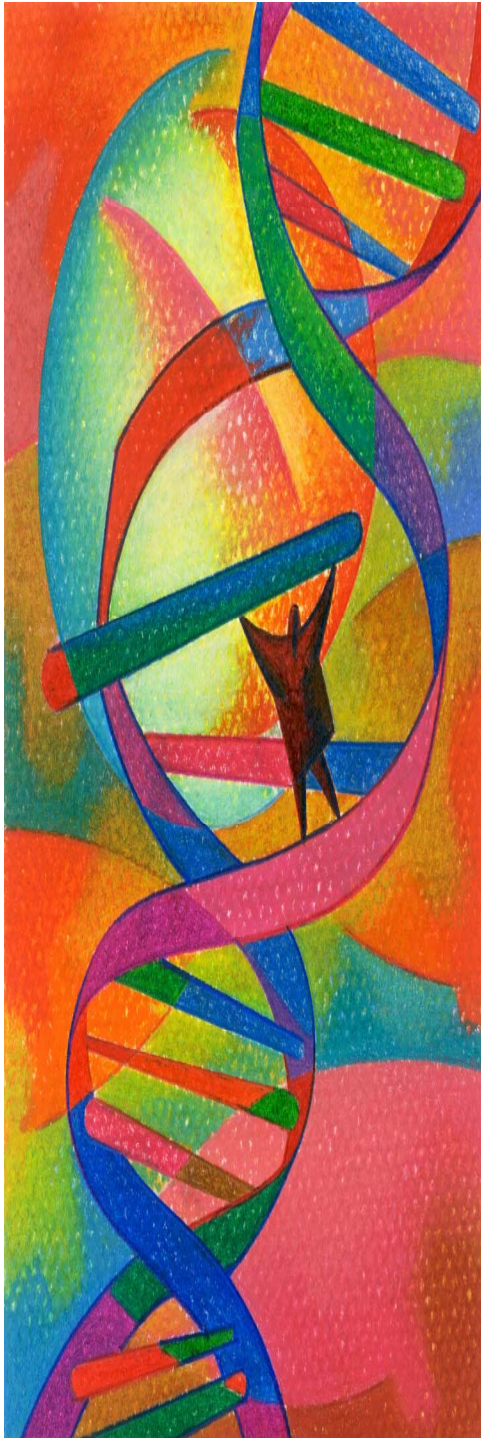
with/communicating with attorneys



State Intervention

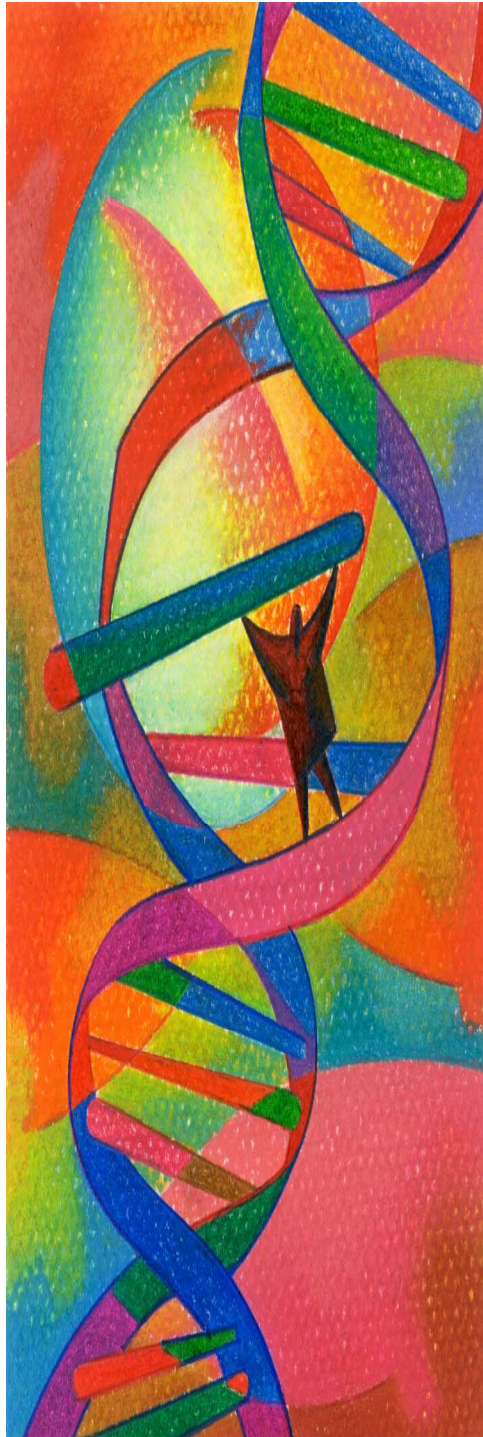


The Introduction of the Interagency
Medicaid Monitoring Team



Interagency Medicaid Monitoring Team (IMMT)

- ❖ Statewide review of all school-age and Infants and Toddlers programs non-public programs.
- ❖ Number of students audited is based upon funds generated.
- ❖ Documentation of everything is paramount.



MARYLAND STATE DEPARTMENT OF EDUCATION
Division of Special Education/Early Intervention Services
Divisional and State Interagency Support Branch

MEDICAL ASSISTANCE MONITORING

In 2000, The Maryland State Department of Education/Division of Special Education/Early Intervention and the Department of Health and Mental Hygiene established an Interagency Medicaid Monitoring Team to provide technical assistance and monitoring services to local schools systems (LSS), local lead agencies (LLA) and non-public schools. The objective of this Interagency Team is to facilitate compliance with COMAR 10.09. 25, COMAR 10.09.36, COMAR 10.09.40, COMAR 10.09.50, and COMAR 10.09.52 regulations.

The Interagency Medicaid Monitoring Team has completed the first two segments of a three-part process designed to:

- Review the policies and procedures of the Medical Assistance program with the local school systems, local lead agencies and the non-public schools
- Confer with each local school system, local lead agency and non-public school to support the development of a self-monitoring system for services billed to Medical Assistance
- Assess the role of the local school system, local lead agency and non-public school's self-monitoring system in ensuring compliance with Medical Assistance policies and procedures

Phase I (2000-2001) of this process was designed to provide technical assistance to the 24 local school systems visited and the non-public schools that bill Medical Assistance for health-related special education services. After receiving a pre-visit Survey/Questionnaire, The Interagency Medicaid Monitoring Team met with the Medical Assistance Team of each LSS to review policies and procedures and discuss the current self-monitoring practices of the local school systems. During each LSS site visit and a Statewide two-day training session, the Interagency Medicaid monitoring team emphasized self-monitoring for billing, tracking and monitoring Medicaid reimbursements for health-related special education services.

Phase II (2002-2003) of the Interagency Medicaid Monitoring process is designed to review the self-monitoring systems that were developed as a result of the technical assistance provided in Phase I. The Interagency Medicaid Monitoring Team meets with the Medicaid Coordinators, Special Education Directors and Local Infant and Toddler Program Directors of local school systems and local lead agencies. A second Survey/Questionnaire is discussed. A standard monitoring instrument is used to review for compliance with Medicaid policies and procedures. The Team provides verbal feedback regarding systemic issues impacting Medical Assistance reimbursement, followed by a written report outlining the findings of the Interagency Medicaid Monitoring Team. As of this date, records of ten (10) students receiving special education services and three (3) children receiving early intervention services in each of eight (8) local jurisdictions have been reviewed. The Interagency Medicaid Monitoring Team will be visiting the remainder of the local school systems, local lead agencies and non-public schools by June, 2003.

Phase III (2003-2004) of the Medicaid Monitoring process will review the monitoring report of the Office of the Inspector General (OIG) and will focus on the statewide systemic issues that impact Medical Assistance reimbursement. School systems with significant findings from the OIG report will be reviewed to determine whether or not the school system's revised self-monitoring process has led to enhanced compliance with Medical Assistance policies and procedures. Medical Assistance reimbursement issues specific to each LSS, LLA and non-public school will be addressed by the Interagency Medicaid Monitoring Team.

From its inception, the Interagency Medicaid monitoring team has offered interim technical assistance to local school systems, local lead agencies and non-public schools. These reviews provide focused feedback to the appropriate agencies with concerns regarding specific issues and are designed to ensure successful Medical Assistance billing for children with special needs.



AUDIT REQUIREMENTS

1. Name of Medicaid Recipient
2. Name of Provider
3. Qualifications of Provider
4. Date of Service
5. Type and Description of Services

Maintenance of Records for Six Years:

The following records must be maintained:

- The IEP or IFSP
- Notes of an IEP Meeting if a child is found not to be eligible under IDEA.
- Notes of the meeting with the multidisciplinary team and family if an infant or toddler is found not eligible under Part C of IDEA.
- Monthly Medicaid Report Form
- Record/copy of Provider Qualifications



Interagency Medicaid Monitoring Team Questions

- ✧ Was a direct service provided to the child?
- ✧ Was the child in attendance?
- ✧ Is the service in the Individualized Education Plan (IEP) / Individualized Family Service Plan (IFSP)?
- ✧ Was the service provided in excess of the IEP/IFSP?
- ✧ Was the service provider qualified?
- ✧ Was the service documented properly?
- ✧ Did the parent approve of the billing?
- ✧ Was the child transported to and from a covered service?




Interagency Medicaid Monitoring Team Results

Monitoring Criteria (Relevant COMAR cite)	Compliance Rate	Relevant Comments
Student attendance verified (10.09.50.07.B.(1) & (3))	99.5%	In one instance, speech service was billed when the student was absent.
MA billing records made available upon request (10.09.36.03.A.(5))	100%	
Health related services provided by appropriately licensed/certified professionals (10.09.50.02)	96%	Two Speech Language Pathologists, who provided nine dates of speech services, DHMH licenses were unavailable.
Health related services provided in accordance with IEP (10.09.50.04.A.(5))	98%	Three dates of Occupational Therapy (OT) services were provided in excess of the frequency on the students' IEPs.
Adequate documentation of health related services (10.09.36.03.A.(5) & 10.09.50.04.A.(4))	91%	Three dates of "group" physical therapy (PT) services were disallowed. There is no MA procedure code for group PT service. In another record, for 10 dates of speech services, the speech pathologist did not sign the related service logs. In addition, three dates of speech services had missing related service logs. Five dates of speech evaluation were disallowed. The maximum unit for code 92506 is one time per 12 months. Only one speech evaluation was accepted but is an adjustment because the assessment was provided on 4/23/10 but billed on 4/9/10. There was another adjustment for one date of "group" OT service which was billed on 4/22/10 but provided on 4/21/10. BCPS may submit adjustment forms to DHMH for correction.
Service coordinator identified (10.09.52.03.B.(3) & (5)(d), 10.09.52.03.C.(1)(b) & 10.09.52.05.C.(3))	100%	
Service coordination provided by appropriately licensed/certified professional (10.09.52.03.C)	100%	
Signed parental consent for service coordination (10.09.52.02.B.(3) & 10.09.52.03.B.(5)(b))	100%	
Adequate documentation of service coordination (10.09.52.03.B.(5)(c) & 10.09.52.04)	95%	In two instances, the documentation of service coordination was inadequate.
Specialized transportation services provided in accordance with IEP (10.09.50.04)	100%	
Adequate documentation of transportation services (10.09.25.04, 10.09.25.05, 10.09.36.03.A.(5))	91%	The documentation was inadequate for seven dates of transportation services. In two cases, the students were absent. The other five reasons were due to the health-related service on the day of transportation was disallowed.



Interagency Medicaid Monitoring Team Results

Received
AUG 08, 2011
Office of Third Party Billing

**STATE OF MARYLAND**
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

August 3, 2011

Charles Tyler, Fiscal Manager
Office of Third Party Billing
Baltimore County Public Schools
1946 P Greenspring Drive
Timonium, MD. 21093

Dear Mr. Tyler:

The Interagency Medicaid Monitoring team conducted their annual visit to the **Baltimore County Public Schools on March 30, 2011**. As you know, the purpose of the Interagency Medicaid Monitoring site visit is to ensure that local agencies are in compliance with COMAR 10.09.36, COMAR 10.09.50, COMAR, 10.09.52, COMAR 10.09.25 and COMAR 10.09.40 regulations.

Findings from the on-site visit included claims for Medicaid school-based services that were not delivered in accordance with the terms of applicable federal regulations and the State Medicaid rules. Therefore, the Department of Health and Mental Hygiene (DHMH) is seeking reimbursement for the overpayment of **\$1,419.37**.

I have attached documentation to assist you in identifying the specific claims.

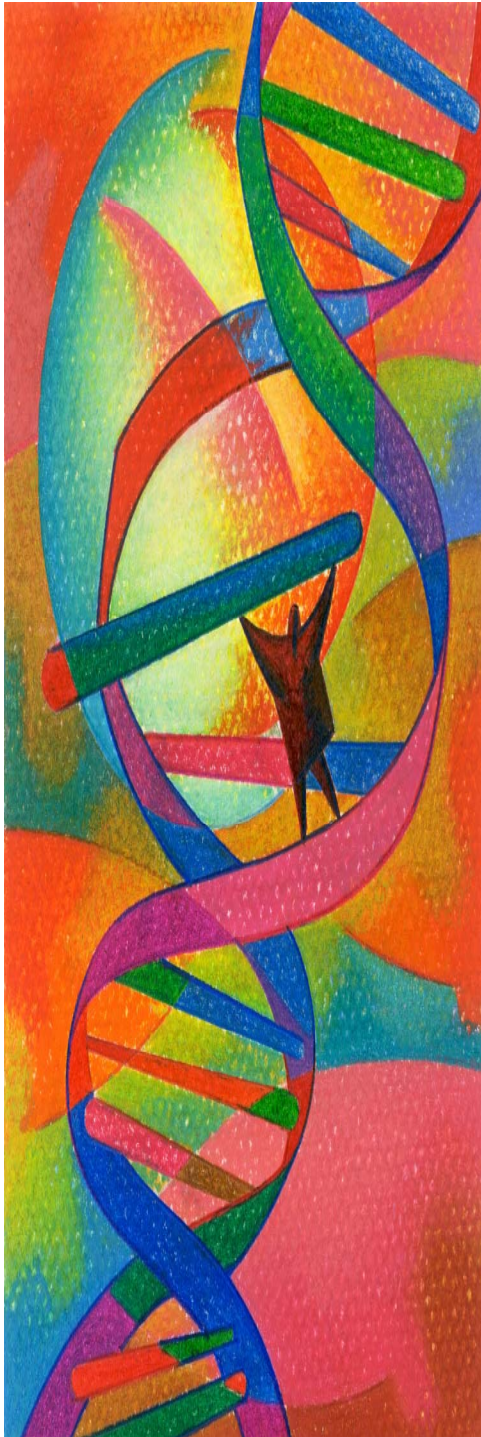
Please make your check payable to the Department of Health and Mental Hygiene and forward it to the following address:

Doris Gaskins, Supervisor
TPL Coordination Section
Division of Recoveries and Financial Services
Office of Operations and Eligibility
P. O. Box 13045
Baltimore, Maryland 21203

You may appeal this decision to the Maryland Office of Administrative Hearings pursuant to COMAR 10.09.36 by writing within thirty (30) days of the receipt of this letter to:

Office of Health Services c/o Dina Smoot
201 W. Preston Street, Room 127
Code 0413
Baltimore, Maryland 21201

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us



Developing a Framework for Records and Retention

Annual meetings with staff to ensure compliance and accuracy

Annual reviews of policies and procedures by office heads

Schools procuring annual parent approval for billing

Schools assisting in the eligibility determination process



RELATED SERVICES TRAINING MANUAL



OFFICE OF
THIRD PARTY
BILLING

Ext. 4130



*Baltimore County Public Schools
Division of Business Services
Office of Third Party Billing*

*Timonium Business Park
Telephone 410-887-4130
Fax 410-666-8748*

*Web site: www.bcps.org/offices/tpb
<https://intranet.bcps.org/offices/tpb>
E-mail: tpb@bcps.org
Revised July 2011*

Registration Form

BALTIMORE COUNTY PUBLIC SCHOOLS

Joe A. Hairston, Superintendent 6901 Charles Street Towson, Maryland 21204-3711

Dear Parent/Guardian:

The Baltimore County Public Schools are pleased to provide special education services to your child. In order to maintain the highest quality of special education services, we are requesting your assistance. The Baltimore County Public Schools are able to bill Medical Assistance for services that may be provided to your child. In order to receive funding from Medical Assistance, the Baltimore County Public Schools must release information from your child's educational record regarding the special education and related services provided during the school year. These records are confidential under federal law and may not be released without your consent. There is no cost to your family as a result of this billing and it will not affect or change your Medical Assistance benefits. Your consent will help the Baltimore County Public Schools to obtain funds for children with special needs.

PLEASE BE ADVISED THAT YOUR REFUSAL TO CONSENT TO THE BILLING WILL NOT RESULT IN THE DENIAL OF SERVICES TO YOUR CHILD AS BALTIMORE COUNTY PUBLIC SCHOOLS IS OBLIGATED TO PROVIDE SERVICES AT NO COST TO YOU.

EVEN IF YOUR CHILD DOES NOT HAVE MEDICAL ASSISTANCE, PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL APPROVING THE CASE MANAGERS. ALL INFORMATION WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY TO BILL MEDICAL ASSISTANCE FOR SERVICES PROVIDED TO YOUR CHILD.

We appreciate your cooperation. If you have any questions, please feel free to contact the Office of Third Party Billing at 410-887-4130 or your child's school.

Sincerely,
Michelle Frances
Principal

Student Name: John Doe Student Date of Birth: 01/01/96
Student Social Security number: 220-00-0001 Student ID number: 990-00-0001
School Name: Towson High School School 4 Digit Location Number: 0971

STUDENT MEDICAL ASSISTANCE NUMBER (MA#)**

3 0 - 9 9 4 9 9 9 - 0 0 0

**Depending on the Managed Care Organization (MCO) the Medical Assistance number can be located on the health insurance card in the following category:

Americare: Medicaid # **Helix Family Choice:** MA ID# **Jal Medical Systems:** Member ID# **United Health Care:** MA ID#
Diamond Plan: State ID# **Maryland Physicians Care:** MA# **Priority Partners:** Recipient ID#

Stephanie Moses
Case Manager

Curtis Beck
Alternate Case Manager

Sarah Forrest
2nd Alternate Case Manager

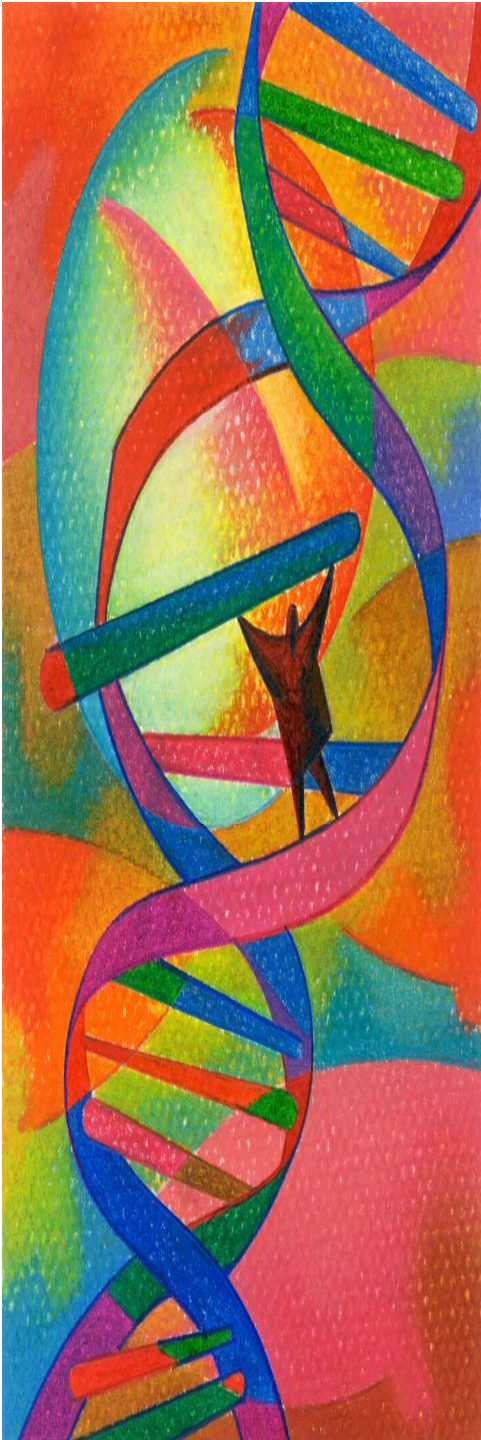
PLEASE SELECT ONE IF APPLICABLE.
Student has changed:
 Schools (New School
Schedules)
 Case Managers

With my signature, I give permission for my child to receive Case Management services, and I approve of the Case Manager(s) for my child listed above. I CONSENT TO BALTIMORE COUNTY PUBLIC SCHOOLS BILLING MEDICAL ASSISTANCE FOR THE CASE MANAGEMENT AND RELATED SERVICES WHICH ARE PROVIDED IN ACCORDANCE WITH THE SERVICES LISTED IN THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) AND ARE NECESSARY TO ADDRESS THE GOALS IN THE IEP. THIS CONSENT IS FOR SERVICES DELIVERED DURING THIS SCHOOL YEAR. I AGREE TO THE ABOVE CHANGES AS AN AMENDMENT TO THE IEP, AND CONSENT TO THE SCHOOL UPDATING THE IEP.

Susan Doe
Signature of Parent/Guardian

09/13/11
Date

For the Office of Third Party Billing use only:
ACTIVE IEP: _____ Valid MA# _____
Date _____ In-Active MA# _____ / _____
Invalid MA# _____ / _____
NO/ENDED IEP: _____ / _____ Invalid SS# _____ / _____
Date _____ Date _____ State Funded _____
Invalid Name Code _____



BALTIMORE COUNTY PUBLIC SCHOOLS - OFFICE OF THIRD PARTY BILLING

12201014644 09 / 02 / 2011

STUDENT'S LAST NAME: D O E STUDENT'S FIRST NAME: J O H N M

ID# OR SOCIAL SECURITY #: 9 9 0 7 8 3 9 1 1 DATE OF BIRTH: 0 4 / 1 1 / 9 6 SCHOOL NAME: T O W S O N H I G H S C H O O L

SCHOOL NUMBER: 0 9 7 1 PROVIDER'S LAST NAME: P E A R C E PROVIDER'S FIRST NAME: K A T I N A

Please note that SCHOOLS ARE CLOSED on the following days:

September 5, 29 October *21 November *4, 24-25 December 26-31

January 2, 16, *23 February 14, 20 March 30 April 2-9 May 28 *Professional Development Day

RELATED SERVICES ENCOUNTER DATA

+ 1 2 0 6 1 1	4 1 2	1 2 0 8 1 1	4 2 1	1 2 1 3 1 1	4 2 5	+
Month Day Year	Procedure	Month Day Year	Procedure	Month Day Year	Procedure	
1 2 1 5 1 1	4 2 1	1 2 2 0 1 1	4 2 5	1 2 2 3 1 1	4 2 1	
Month Day Year	Procedure	Month Day Year	Procedure	Month Day Year	Procedure	
1 2 2 7 1 1	4 2 5	1 2 1 1 1 1		1 2 1 1 1 1		
Month Day Year	Procedure	Month Day Year	Procedure	Month Day Year	Procedure	
1 2 1 1 1 1		1 2 1 1 1 1		1 2 1 1 1 1		
Month Day Year	Procedure	Month Day Year	Procedure	Month Day Year	Procedure	

CASE MANAGEMENT ENCOUNTER DATA

Place a "check mark" in the Outcome Statement box

+ 1 2 2 3 1 1	9 2 3	A B C D E F G	+
Month Day Year	Procedure Code		
		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

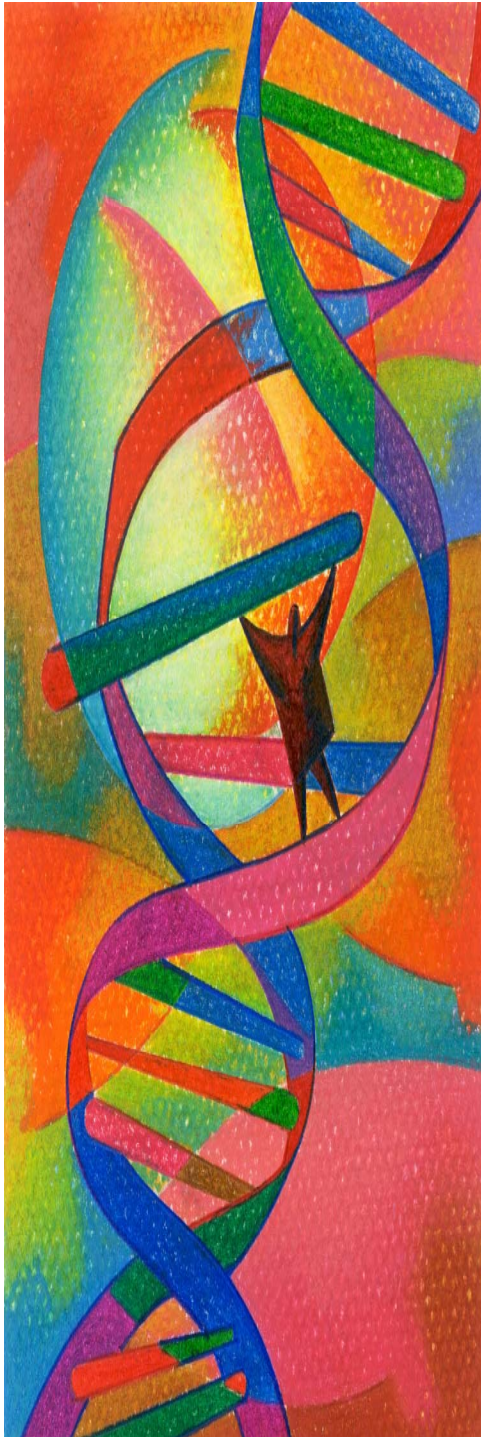
OUTCOME STATEMENTS
A. Meeting with child regarding progress. (School Age Program Only)
B. Written note sent home with child to parent/guardian regarding child's progress. (School Age Program Only)
C. Telephone call to Parent/Guardian regarding child's progress.
D. Email contact with Parent/Guardian. (Must print a sent copy & file with CMADL.) (School Age Program Only)
E. Consulted with team members-progress/follow-up note sent home/telephone call to parent.
F. Meeting held with Parent/Guardian regarding progress
G. Other-**This statement must indicate the following: parent/guardian contacted, nature of contact & any follow-up action. The case manager must be the person making the contact.

PROCEDURE CODES	
School Age Program	Infants and Toddlers Program
Initial IEP Development	IT Initial IFSP Development
910 (1-15 min.) 913 (61-90 min.)	810 (1-15 min.) 813 (61-90 min.)
911 (16-30 min.) 914 (91-120 min.)	811 (16-30 min.) 814 (91-120 min.)
912 (31-60 min.) 915 (120 min. +)	812 (31-60 min.) 815 (120 min. +)
Mthly Ongoing IEP Case Management	IT Mthly Ongoing Case Management
920 (1-15 min.) 923 (61-90 min.)	820 (1-15 min.) 823 (61-90 min.)
921 (16-30 min.) 924 (91-120 min.)	821 (16-30 min.) 824 (91-120 min.)
922 (31-60 min.) 925 (120 min. +)	822 (31-60 min.) 825 (120 min. +)
Periodic IEP Team Meeting/Review	IT IFSP Annual Review
930 (1-15 min.) 933 (61-90 min.)	830 (1-15 min.) 833 (61-90 min.)
931 (16-30 min.) 934 (91-120 min.)	831 (16-30 min.) 834 (91-120 min.)
932 (31-60 min.) 935 (120 min. +)	832 (31-60 min.) 835 (120 min. +)

Provider's Original Signature: Charles Tyler MS CCC-SLP MD License #: 12345

PLEASE SIGN IN BLUE INK ONLY CONFIDENTIAL

ASHA # 12345678 Supervisor Signature _____ License # _____



Speech and Language Abbreviation Key



approx = approximate or approximation	secs = seconds
bmpcs = Boardmaker picture communication symbols	sents = sentences
conv = conversation	SLP = Speech and Language Pathologist
CV = consonant-vowel	sp = speech
CVC = consonant-vowel-consonant	spont = spontaneous
exp or express = expressive	tx = therapy
F = final (word position)	VOCA = vocal/voice output communication appliance/apparatus
hrs = hours	w/ = with
HOH = hand over hand	wds = words
I = initial (word position)	Wh ? = wh-question
ID = identify	Y/N = yes/no
ind = individual	1:1 = one to one ratio
irreg = irregular	< or ↓ = decrease, decreased
isol = isolation	> or ↑ = increase, increased
lang = language	∅ = not
M = medial (word position)	
manip = manipulation, manipulatives	
max = maximum	
min = minutes or minimum	
NR = no response	
pix = pictures	
Q, ? = question	
re = about	
rec or recep = receptive	
reg = regular	



**BALTIMORE COUNTY PUBLIC SCHOOLS
OT/PT Services**

Student Log: 2011-2012

Student: Jane Doe
School: Arbutus Elementary

OT PT: John Doe
 Grade: 4th

This log is used to document progress, data, attendance, team meetings, classroom collaboration, conferences, contact with families, observations, etc. This form may also be used to assist in the completion of Third Party Billing forms.

Date/Length of Session	Obj. #	Therapy notes, team, collaboration, parent/teacher contacts
9/20/2011 45 min	2	OT service in classroom for 45 min. No personal assistant today. Difficulty completing written work. Only wrote 3 sentences in 40 min. (per teacher report). With OT's help for focusing he wrote 2 sentences in 10 minutes (mostly illegible writing). Typing—copied work already completed, but illegible. Typed 82 words in approximately 40 minutes (several long sentences). Result—Legible. Occupational Therapist, License #

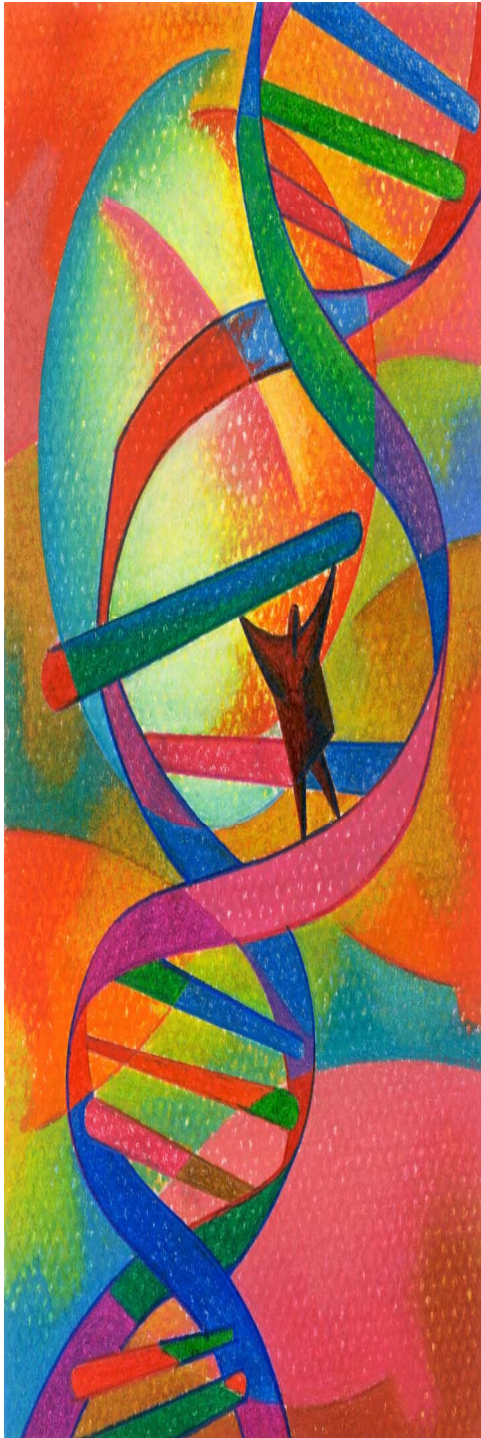
**BALTIMORE COUNTY PUBLIC SCHOOLS
OT/PT Services**

Student Log: 2011-2012

Student: Jane Smith OT/PT John Doe
 School: Elmwood Elementary Grade: 3

This log is used to document progress, data, attendance, team meetings, classroom collaboration, conferences, contact with families, observations, etc. This form may also be used to assist in the completion of Third Party Billing forms.

Date/Length of Session	Obj. #	Therapy notes, team, collaboration, parent/teacher contacts
9/8/2011 30 minutes	2	Worked with student on transfers and ambulation skills. Practiced sit to stand transfers from his wheelchair. He required minimal assistance to remove seat belt and foot rests but was able to complete the transfer with verbal cueing for sequencing of steps and intermittent physical assistance, 5-7 trials. Once in standing, facilitated lateral weight shift to aid in initiating a step. Student walked with walker for 10 ft. x 4 repetitions. Moderate assistance was provided for placement of the right foot, however the student was able to initiate the step without prompting. Physical Therapist, License #
10/19/2011 30 minutes	3	Worked with student in the presence of other peers on developmental gross motor skills including jumping, walking on a balance beam, and balancing on one foot. Student was able to jump with both feet off of the ground given support at both hands. He could walk with one foot on and one foot off of a balance beam without assistance, but required support at his trunk when both feet were on the beam. His balance was challenged by having him walk sideways and backwards on the low beam. The student was able to balance on his left foot for 8 seconds, but only briefly on the right. Verbal cueing for breath control was provided to aid in core stability. Physical Therapist, License #
11/11/2011 15 minutes	N/A	Re-evaluated student's transfer skills in preparation for annual review. Student transfers from sitting to standing with minimal assistance. He transfers from his wheelchair to a toilet with minimal assistance given use of a grab bar. Floor to standing transfers continue to require moderate to maximal assistance. Physical Therapist, License #



BALTIMORE COUNTY PUBLIC SCHOOLS - OFFICE OF TRANSPORTATION

BUS # 5414

DAILY RIDERSHIP REPORT
10/18/10 - 10/22/10

A = Absent
√ = Student Rode Bus

	NAME	10/18				10/19				10/20				10/21				10/22					
		AM ON	AM OFF	PM ON	PM OFF	AM ON	AM OFF	PM ON	PM OFF	AM ON	AM OFF	PM ON	PM OFF	AM ON	AM OFF	PM ON	PM OFF	AM ON	AM OFF	PM ON	PM OFF		
1	DOE, JOHN - Holabird Middle	√	√	√	√	A	A	√	√	√	√	√	√	√	√	√	√	√	√	√	√	A	A
2	PEACE, KATINA - Holabird Middle	√	√	√	√	√	√	√	√	√	√	√	√	A	A	A	A	√	√	√	√	√	√
3	KILLIAN, AMANDA - Holabird Middle	√	√	√	√	√	√	√	√	√	√	√	√	A	A	A	A	√	√	√	√	√	√
4	MULLEN, JANE - Holabird Middle	√	√	√	√	A	A	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
5	BELT, SUZANNE - Holabird Middle	√	√	√	√	√	√	√	√	√	√	√	√	√	√	A	A	√	√	√	√	A	A
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23																							
24	DRIVER SIGNATURE - each day	<i>[Signature]</i>				<i>[Signature]</i>				<i>[Signature]</i>				<i>[Signature]</i>				<i>[Signature]</i>					



BALTIMORE COUNTY PUBLIC SCHOOLS
DIVISION OF BUSINESS SERVICES

CASE MANAGEMENT TRAINING MANUAL



OFFICE OF THIRD PARTY BILLING

*Timonium Business Park
Telephone 410-887-4130
Fax 410-666-8748*

*Web site: www.bcps.org/offices/tpb
<https://intranet.bcps.org/offices/tpb>
E-mail: tpb@bcps.org
Revised July 2011*





Case Management Activity Detail Log

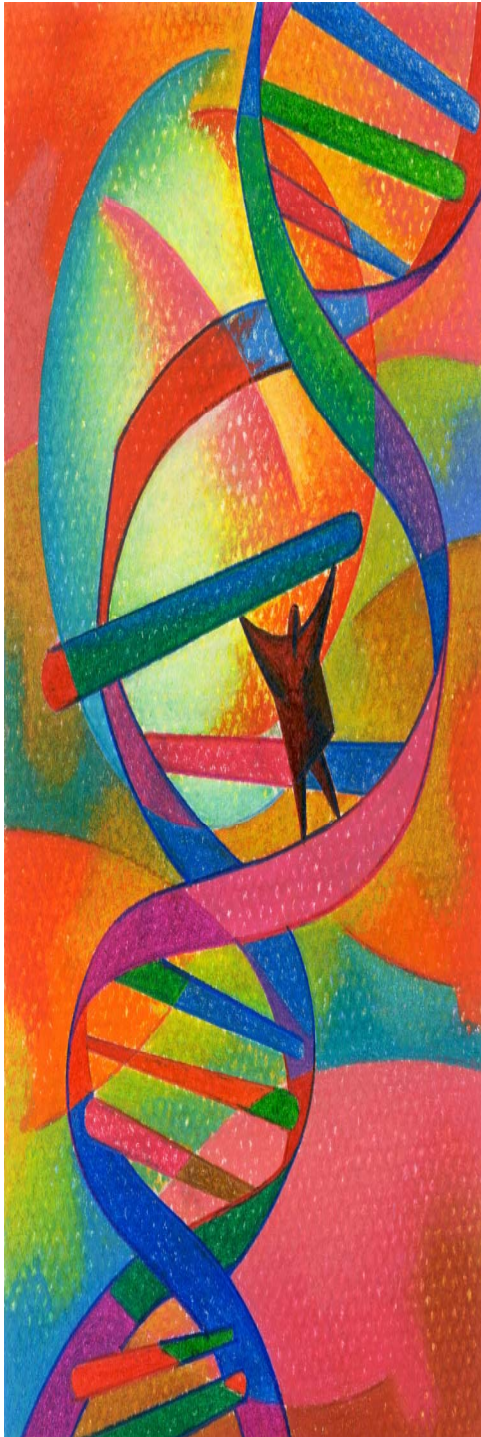
BALTIMORE COUNTY PUBLIC SCHOOLS
OFFICE OF THIRD PARTY BILLING
Case Management Activity Detail Log

001-01-0011		John Doe		School Name	
Date	Outcome Statement	Comments (5 typed lines max)	Signature of Case Manager	Credentials	
08/29/11	A	Met with John to discuss current services and goals specified in IEP. Reviewed goals and objectives and plans to work towards achievement.	<i>Charles Tyler</i>	Certified in Sp Ed K-12	
09/09/11	B	Sent written note home to parent regarding John's progress in his math and reading IEP goals, due to his cognitive deficits. John is not making sufficient progress towards meeting his IEP goals. He continues to have difficulty with processing information. Discussed plan and strategies to be used at home.	<i>Charles Tyler</i>	Certified in Sp Ed K-12	
10/17/11	B	The following are examples of INSUFFICIENT / INADEQUATE documentation and WILL result in audit findings: Progress note sent home. Sent note home regarding math. Worked with student in reading class. Good job in Social Studies class.	<i>Charles Tyler</i>	Certified in Sp Ed K-12	
11/07/11	C	Telephone call home to parent to discuss John's behavior IEP goals. Discussed John's behavior and the impact this has on meeting his IEP goals. John is having difficulty remaining on task, focusing, and following rules. John has required more prompts than indicated in IEP.	<i>Charles Tyler</i>	Certified in Sp Ed K-12	
12/13/11	E	Met with OT, PT, and SLP to discuss John's services, review IEP goals and objectives. Sent note home to parent regarding John's progress in his IEP goals. John is showing improvement in OT and PT goals, however, is not achieving the speech goal of 80% mastery, but 60%	<i>Charles Tyler</i>	Certified in Sp Ed K-12	

Outcome Statements

- A. Meeting with child regarding progress.
- B. Written note sent home to parent/guardian regarding child's progress.
- C. Telephone call to parent/guardian regarding child's progress.
- D. Email contact to parent/guardian regarding child's progress.
- E. Consulted with team members-progress/follow-up note sent home/telephone call to parent/guardian.
- F. Meeting held with parent/guardian regarding progress.
- G. Other: This statement must indicate the following: parent/guardian contacted, nature of contact, and any follow-up action. The case manager must be the person making the contact.

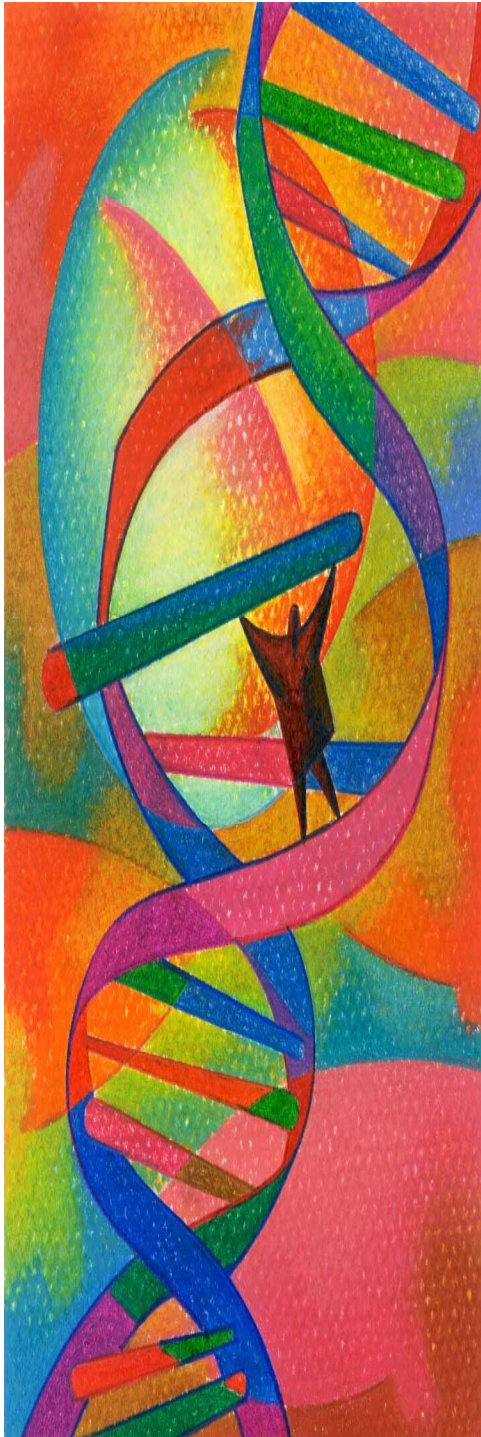
PLACE IN STUDENT'S PERMANENT RECORD AT THE CLOSE OF THE SCHOOL YEAR,
OR WHEN THE STUDENT TRANSFERS TO ANOTHER BCPS SCHOOL



How Much Documentation for Medicaid is Required?

Amount of time school-based staff spend on documentation

- Is the necessary documentation similar to what staff are currently required to do by the school district?
- Use of technology to reduce paperwork
- School based staff state that on an average, an additional 4 minutes per student, per service is needed to ensure appropriate documentation



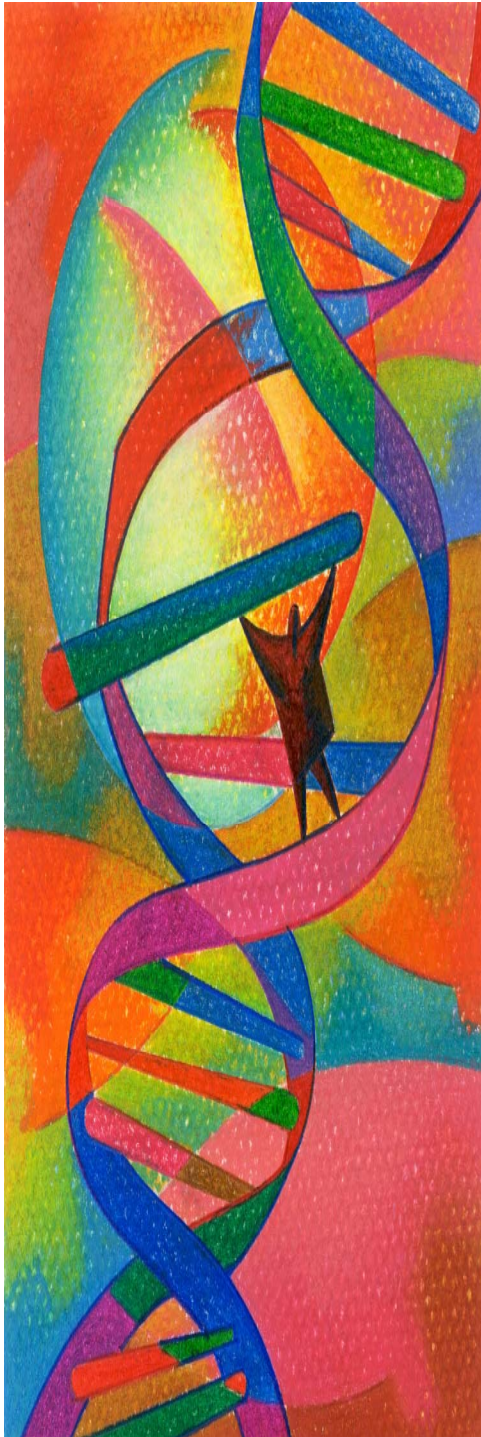
Results of Audits

Turn to other funding sources to pay for necessary services:

Grants

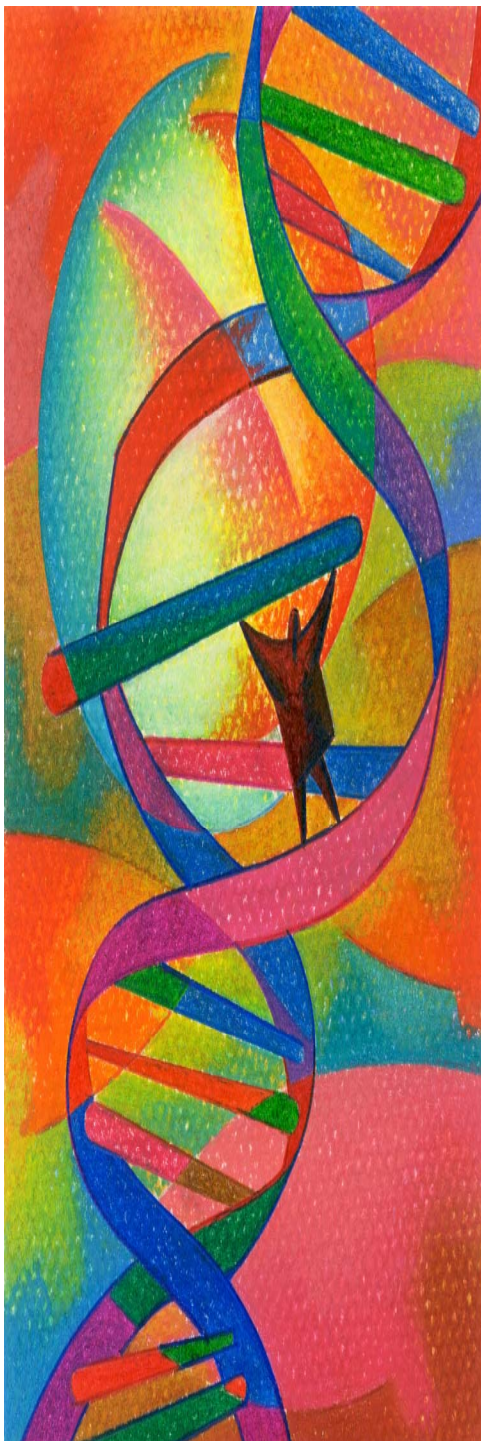
Operating Budget

Redirected resources



Lessons Learned from the Medicaid Audit Experience

1. We are in the business of education. It is very important to be prepared to answer the question, “Why do we continue to do this?”
2. Be creative. There is a solution to every problem/issue.
3. If it isn't written, it wasn't done.
4. Fight, fight, fight. Leave no stone unturned.
5. Read **EVERYTHING YOURSELF**, and ask questions!!



Charles Tyler, Jr.

Fiscal Manager, Office of Third Party Billing

1946 P Greenspring Drive

Timonium, Maryland 21093

(410) 887-4130 (voice)

(410) 666-8748 (fax)

ctyler@bcps.org (e-mail)

www.bcps.org/offices/tpb (web site)



QUESTIONS