THIRD PARTY BILLING

2012-2013 INSTRUCTION MANUAL

“Maximizing the Recovery of Resources for Children With Health-Related and Special Needs”
## THIRD PARTY BILLING TEAM

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deveal Foster</td>
<td><a href="mailto:DFoster@bcps.k12.md.us">DFoster@bcps.k12.md.us</a></td>
</tr>
<tr>
<td>Ryan Deal</td>
<td><a href="mailto:RDeal@bcps.k12.md.us">RDeal@bcps.k12.md.us</a></td>
</tr>
<tr>
<td>Alanda Speed</td>
<td><a href="mailto:ASpeed@bcps.k12.md.us">ASpeed@bcps.k12.md.us</a></td>
</tr>
<tr>
<td>Sylvia Allen</td>
<td><a href="mailto:SAllen@bcps.k12.md.us">SAllen@bcps.k12.md.us</a></td>
</tr>
</tbody>
</table>

200 E. North Avenue, Room 201  
Baltimore, MD 21202  
(410) 396-8948  
(410) 545-6128 (fax)

WE SALUTE YOU, FOR ALL YOU DO FOR OUR CHILDREN!
** WHAT’S NEW? **

Our Submission Policy

- Third Party Billing has implemented an online system for reporting billable services rendered to students.

- Supporting documentation of services must be placed in the student’s confidential folder. We will continue to use the confidential folder for our joint federal and state audit in October, and expect it to contain all the required documents.

- Third Party Billing will continue to receive a copies of the Service Coordination/Medical Assistance Letter – signed and unsigned. All signed letters should be submitted to our office by October 15th. Send in letters as you received them signed by the parent/guardian.

- NO other documents should be sent to Third Party Billing.

- Copies of forms from prior years may be requested, but allow 7-10 business days for each month requested.

- Contact Third Party Billing now to schedule training.

- Assessments for students with IEPs will be reported via the new Third Party Billing System.

- Assessments for OUTSIDE ASSIGNED SCHOOL or NON-ENROLLED students will be submitted on paper.

- Place supporting documentation for assessments in the student’s confidential folder.

- Related Services for Service Plan or Infants & Toddlers will be submitted via the Universal Contact Log.

- All other related services will be received via Encounter Tracker.
# TABLE OF CONTENTS

## OVERVIEW

## FALSE CLAIMS
- Federal False Claims Act
- Types of Fraud Prosecuted Under the False Claims Act
- Maryland False Health Claims Act
- Baltimore City Schools and the False Claims Act

## IEP MEETINGS & SERVICE COORDINATION
- Questions & Answers
- Suggestions
- IEP Team Meeting Sample Attendance Sheet

## RELATED SERVICES
- Overview
- Related Services – Questions & Answers
- Service Coordination – Questions & Answers

## THERAPEUTIC BEHAVIOR SERVICES
- Overview
- Questions and Answers
- TBS Sample Weekly Log
- TBS Sample Supervision Log

## BLANK FORMS AND SAMPLE LETTERS
- 2012-13 Related Services Assessments Form
- 2012-13 IEP Team Meeting Attendance Sheet
- Service Coordination/Medical Assistance Coordination Consent Form
- Sample Letters to Parent (Submitted by Teachers)
- Sample 1 - Attendance Letter
- Sample 2 - Late to School Letter
- Sample 3 - IEP Progress Report Letters
- Sample 4 - Parent IEP Update Newsletter
- TBS Supervision Log
- TBS Weekly Log
MEDICAID OVERVIEW

Medicaid reimburses some costs of direct and administrative services rendered under IDEA. It is an obligation and requirement of City Schools to pursue this reimbursement and it is the obligation of staff and contractors to provide the information necessary for billing Medicaid and to sustain audit. Monies recovered from Medicaid are used to support special education services and school health.

All providers must understand that Medicaid is a medical insurance agency with fiduciary responsibility to the US taxpayer and to Congress. Medicaid accepts its charge to reimburse us for legitimate costs we entail serving our children. In return, Medicaid demands that we adhere to a medical model for the provision and documentation of these services. This means providers are properly licensed and every service is fully charted. Medicaid’s expectation is identical to the expectation every staff person has when he or she visits his or her own physician. We expect our health care provider to be qualified to serve us, and we expect that the notes that arise for our encounter will ensure we are correctly treated the next time we require care. We expect City Schools’ staff to completely embrace these principles.
WHAT IS THE FALSE CLAIMS ACT AND WHY IS IT IMPORTANT?

The False Claims Act ("Act") 31 U.S.C. §§3729-3733, a federal law, is the single most important tool taxpayers have to recover the billions of dollars stolen through fraud by government contractors every year. In short, the Act is a whistleblower statute.

Under the Act, those who knowingly submit, or cause another person or entity to submit, a false or fraudulent claim for payment of government funds, or makes a false statement to get such a claim approved, is liable for both damages and penalties.

A defendant is liable:
- For three times the damages sustained by the government due to the false claim; plus
- A civil penalty of $5,500 to $11,000 per false claim.

The defendant’s intent to defraud the United States is not a requirement of liability. Instead, the statute uses a “knowing” standard defined as:
- Actual knowledge that the claim is false;
- Deliberate ignorance as to the truth or falsity of the claim; or
- Reckless disregard as to the truth or falsity of the claim.

In sum, the False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false.

The False Claims Act contains qui tam, or whistleblower, provisions. Qui tam is a unique mechanism in the law that allows citizens with evidence of fraud against government contracts and programs to sue, on behalf of the government, in order to recover the stolen funds. In compensation for the risk and effort of filing a qui tam case, the citizen whistleblower, informant, or “relator” may be awarded a portion of the funds recovered, typically between 15 and 25 percent. A qui tam suit initially remains under seal for at least 60 days during which the Department of Justice can investigate and decide whether to join the action.

More particularly, the government (usually the United States Attorney’s Office for the district in which the complaint was filed) has 60 days to investigate the complaint and decide whether it wants to intervene in the case. If the government chooses to intervene, it exercises primary responsibility for the action. If the government declines to intervene, the informant may pursue the action independently.

In order to recover damages for violation of the Act, the government or informant must establish that all of the following occurred:
- The person presented or caused to be presented to an agent of the United States a claim for payment;
• The claim was false or fraudulent;
• The person knew the claim was false or fraudulent; and
• The United States suffered damages because of the false or fraudulent claim.

If the case is successful, the informant is entitled to share in a percentage of the government’s recovery, including the damages and penalties. If the government intervened in the case, the informant is entitled to 15% to 25% of the total recovery, depending on the extent to which the informant substantially contributed to prosecuting the action. If the government did not intervene, the informant is entitled to 25% to 30% of the total recovery.

The Act provides protection to *qui tam* informants who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment because of their furtherance of an action under the Act. Remedies include reinstatement with comparable seniority as the *qui tam* informant would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys’ fees. Maryland has recognized a public policy exception to the “employment at will doctrine.” This exception would prohibit the BCPSS from disciplining an employee from filing a claim under the Act.

Congress recognized that the federal government alone, with its limited resources, was overmatched in the fight against rampant fraud. The Act created incentives for private citizens with evidence of fraud to commit their time and resources to supplement the government’s efforts. By doing so, Congress put into play a powerful public-private partnership for uncovering fraud against the federal government and obtaining the maximum recovery for American taxpayers.

**TYPES OF FRAUD PROSECUTED UNDER THE FALSE CLAIMS ACT**

It is impossible to list all types of frauds that have been prosecuted under the False Claims Act, but the following list gives some idea of the scope of false claims submitted that have been uncovered to date:

• Billing for goods and services that were never delivered or rendered;
• Submitting false service records or samples in order to show better-than-actual performance;
• Performing inappropriate or unnecessary medical procedures in order to increase Medicare/Medicaid reimbursement;
• Billing for work or tests not performed;
• Automatically running a lab test whenever the results of some other test fall within a certain range, even though the second test was not specifically requested;
• Double billing – charging more than once for the same goods or service;
• Phantom employees and doctored time slips create charges for employees that were not actually on the job, or bill for made-up hours in order to maximize reimbursements;
• Upcoding employee work involves billing at doctor rates for work that was actually conducted by a nurse or resident intern;
• Being over-paid by the government for sale of a good or service, and then not reporting that overpayment;
• Billing in order to increase revenue instead of billing to reflect actual work performed.

MARYLAND FALSE HEALTH CLAIMS ACT

Effective October 1, 2010, the Maryland False Health Claims Act becomes law. It addresses fraud against all state health plans and programs, including Maryland Medicaid to whom City Schools submits claims. The Maryland False Health Claims Act is Maryland’s version of the Federal False Claims Act.

BALTIMORE CITY SCHOOLS AND THE FALSE CLAIMS ACT

Baltimore City Schools encourages its employees, contractors, and vendors to report all instances of fraud, waste, or abuse. Such conduct is harmful to Baltimore City Schools’ efforts to utilize all available resources in the most prudent manner. Any employee making a report may do so anonymously if he or she chooses. Employees may report any violations of the Act to their immediate supervisor or to the Chief Operating Officer. All information reported to the Chief Operating Officer by any employee shall be kept confidential to the extent that confidentiality is possible in the context of any resulting investigation. There may, however, be a point where an employee’s identity may become known or may have to be revealed in certain instances if/when governmental authorities become involved. In accordance with the policy of Baltimore City Schools, all allegations of suspected fraud, waste, or abuse will be investigated. Prompt and effective remedial action will be taken where appropriate.

Baltimore City Schools adheres to a non-retaliation policy for employees that report any violations pursuant to the Act. Under the Act, employees cannot be subject to retaliation for reporting false claims act violations, including billing concerns. The Act includes whistleblower protection provisions as set forth above. The Chief Operating Officer should confer with the Office of Legal Counsel regarding any questions or concerns regarding the Act.

Baltimore City Schools requires all of its officers, directors, employees, contractors, and agents to comply with all federal and state laws and regulations governing the administration and operation of a school system. Baltimore City Schools prohibits its officers, directors, employees, contractors, and agents from knowingly submitting to any
federally or state funded program, a claim for payment approval or reimbursement that includes false or fraudulent information or is based on false or fraudulent documentation. This includes claims submitted to Third Party Billing, a federally funded program.

Retaliation in any form against an individual is strictly prohibited for a person who

- Makes a good faith report of suspected fraud, waste or abuse;
- Files a complaint under the Act; or
- Participates in an investigation or litigation under the Act.

Compliance with the Act also assists Baltimore City Schools with some of the underlying purposes of Article 1-101 of the Baltimore City Board of School Commissioners’ and Chief Executive Officer’s Administrative Regulations Procurement Policies as follows:

- To provide for increased public confidence in the policies and administrative regulations followed in public procurement;
- To ensure the fair and equitable treatment of all persons who transact business with the Board;
- To provide increased economy in the BCPSS procurement activities and to maximize, to the fullest extent practicable, the purchasing value of public funds of the BCPSS; and
- To provide safeguards for the maintenance of a procurement system of quality and integrity.

**ADDITIONAL INFORMATION ON THE FEDERAL FALSE CLAIMS ACT** can be found at http://www.law.cornell.edu/uscode/31/usc_sec_31_00003729----000-.html

Additional information on the Maryland False Health Claims Act of 2010 can be found at http://www.falseclaimsact.com/Maryland.pdf
Frequently Asked Questions

What are examples of billable service coordination?
Billable service coordination may include:

- Meetings/conferences with child or parent/guardian;
- Progress reports/IEP report cards;
- Letters;
- Telephone calls…NOT messages left on an answering machine;
- Home visits.

Who can be a service coordinator?
The provider who coordinates the student's IEP should be the professional staff person most familiar with the student's needs; but cannot be an educational assistant/aide. Special or regular educators certified by the state of Maryland with a Standard or Advanced Certificate can be a service coordinator.

Can a student have more than one service coordinator?
The student must have one primary and one alternate coordinator. The primary service coordinator must be certified, identified on the IEP by name and title, and approved by the student’s parent/guardian. The alternate service coordinator, also certified, should appear on the Service Coordination/ Medical Assistance Coordination Consent letter sent to the parent. The primary coordinator is expected to provide services and enter service details in the Third Party Billing System.

What are the responsibilities of the service coordinator?

- Provides coordination of care consistent with the intent of the IEP;
- Participates in the planning and implementation of the IEP;
- Makes contact with the parent/guardian and/or student throughout each month;
- Enter service details in the Third Party Billing System;
- Place appropriate supporting documentation of services in the student’s confidential folder.

What are the conditions under which service coordination should be reported to TPB?

- The student must have an IEP. Service coordination cannot be billed for students who are not enrolled in special education;
- There has been a direct contact (by meeting, visiting, telephoning, or writing) with the parent, guardian, or student;
- This direct contact occurs expressly to coordinate the IEP.

When can the Service Coordination/ Medical Assistance Coordination Form be sent home?
The letters are to be signed and sent home by September 15 and can be used as the billable service for September.
Will Service Coordination forms be submitted electronically?
Yes, this school year, services will be reported via our new electronic submissions system. We value the work done by school personnel and want to lessen the burden of the current process. We will keep you informed of all updates to our system.

How are funds for Third Party Billing to be used?
Funds may be used for special education and school health needs only. They cannot be used to further existing efforts, but are intended to acknowledge and reward the cadre of staff who report monthly service coordination data. Funds may be used by teachers/service coordinators for ordering instructional and support materials/supplies that will benefit the school’s special education population. Principals are directed to make the reporting of billable services a priority. Service Coordinators are required to report Third Party Billing monthly for appropriate services rendered pursuant to special education: IEP meetings, service coordination, related medical services, and assessments. Schools will receive credit for services rendered by certified staff only.

How will I know my services have been reported to TPB?
With our new system, providers will be able to view what they have reported for each student. Prior to final logoff, providers will see a recap of services reported during the session.

How does my administrator access this information?
You will be informed when reports are available in the new system.

How do related service providers submit service coordination to Third Party Billing?
Related Service providers who are also service coordinators should report service coordination via our new electronic system.

What about services for 504 Plans?
Do not submit services for students with 504 Plans.

How do I submit assessments?
Assessments are submitted through our new electronic system. All face-to-face contact with a student for assessments purposes is billable. Writing the assessment report is not a billable service.
Sample – 2012-13 IEP TEAM MEETING ATTENDANCE SHEET

School#: 0595  
Student’s Name: Carlos Deal
Student ID: 565665  
Date of Birth: 07/04/96  
Meeting Date: 10/13/11

Meeting Type:

☐ Initial  ☐ Evaluation/ Not Eligible  ☐ Evaluation/ Eligible  ☐ IEP Developed  ☑ IEP Review/ Revise

☐ Review Planning  ☐ Review/ Re-evaluation  ☐ IEP Review/ Manifestation

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. Beckett</td>
<td>Speech/Language Pathologist</td>
<td>R. Beckett</td>
</tr>
<tr>
<td>A. Monderal</td>
<td>Physical Therapist</td>
<td>A. Monderal</td>
</tr>
<tr>
<td>G. Kellion</td>
<td>Occupational Therapist</td>
<td>G. Kellion</td>
</tr>
<tr>
<td>I. Panella</td>
<td>Special Educator</td>
<td>I. Panella</td>
</tr>
<tr>
<td>E. Urquhart</td>
<td>IEP Chair</td>
<td>E. Urquhart</td>
</tr>
<tr>
<td>J. Joseitan</td>
<td>Principal</td>
<td>J. Joseitan</td>
</tr>
</tbody>
</table>

Please complete all fields. Place this form in the confidential folder with the statewide IEP.
Frequently Asked Questions

Who is a related service provider?
A related service provider is a currently licensed and/or certificated City Schools or contractual audiologist, social worker, speech/language pathologist (SLP), psychologist, occupational or physical therapist, psychiatrist, licensed clinical professional counselor (LCPC) or nurse who provides direct medical services to students pursuant to special education.

How are services submitted to Third Party Billing?
The Office of Related Services submits an electronic file of Encounter Tracker (ET) services. ET submissions to Third Party Billing do not include clinical notes.

How do I submit assessments?
Assessments for OUTSIDE ASSIGNED SCHOOL or NON-ENROLLED students are submitted directly to Third Party Billing by the provider using the Related Services – Assessments Form. All face-to-face contact with a student for assessments purposes is billable. Writing the report is not a billable service.

How do I complete the Related Services – Assessment Forms?
Complete all information: Provider Name, Employee ID # or name of contracting agency, Phone Number, and Signature.

For the student: Servicing School Number, Student ID, Student Name, Date of Birth, Assessment Date, and Procedure Code using those provided on the form. If the face-to-face assessment spanned multiple dates, list all of them.

What are my responsibilities as a related service provider?
- Submit IEP service data via Encounter Tracker for all children served pursuant to special education.
- Watch your dates! The date on the clinical note must match the service date in Encounter Tracker. Services on weekends or days when school is closed must be supported by professional notes.
- Related Services for Service Plan or Infants & Toddlers will be submitted via the Universal Contact Log.
- At audit, student attendance will be verified. If you suspect that a student who is absent might be marked present, take extra care to document the specifics of why you recorded him as absent when you tried to see him. Here is an acceptable way to document a student’s absence.

I went to Ms. Smith’s 3rd period Algebra class to get D.J. for his assigned weekly therapy session. Ms. Smith reported that D.J. had not reported to class and she didn’t
think he had reported to school today. Students in the classroom reported seeing D.J. on the playground in the a.m., and he told them he was not coming to school today.

- Report monthly service coordination if you have been identified as the service coordinator on the IEP.

**Who should submit data for billing?**
All staff currently licensed according to Medicaid regulations, may submit services information to Third Party Billing. Your Coordinator can answer questions regarding your billing eligibility. It is your responsibility to maintain your licensure or certification.

**What does Medicaid require for a professional or clinical note?**
Medicaid requires a full description or charting of the service that was rendered. A good test for an adequate professional note is this: if you were absent, could a colleague read your notes (such as recording forms or therapy plans) and continue the child's service without question?

**How do I document services?**
The encounter log is a legal document, and your good-faith professional account of the services you render. All documents referenced in your encounter log, (e.g. letters to parents) must be maintained with the encounter logs.

**Are indirect services billable?**
Third Party Billing does not receive indirect IEP services.

**What is service coordination?**
Service coordination is the purposeful coordination of all activities associated with the provision of educational and medically related services as outlined in the IEP. Although you coordinate many IEP services during the month, only services involving direct contact with the parent/guardian or child can be billed.

Billable service coordination may include:
- Meetings/conferences with child or parent/guardian;
- Progress reports/IEP report cards;
- Letters;
- Telephone calls…NOT messages left on an answering machine;
- Home visits.

**Who can be a service coordinator?**
The provider who coordinates the student's IEP should be the professional staff person most familiar with the student's needs; but cannot be an educational assistant/aide. Special or regular educators certified by the state of Maryland with a Standard or Advanced Certificate can be a service coordinator. Pending or expired certificates are not acceptable.

**Can a child have more than one service coordinator?**
The child must have one primary and one alternate coordinator. The primary service coordinator must be certified, identified on the IEP by name and title, and approved by the student’s
How do I know if I am a service coordinator?

The IEP Team determines the service coordinators at the IEP team meeting. If you are uncertain, check with the IEP Chair.

What are the responsibilities of the service coordinator?

The service coordinator performs all of these tasks:

- Provides coordination of care consistent with the intent of the IEP.
- Participates in the planning and implementation of the IEP.
- Makes contact with the parent/guardian and/or child throughout each month.
- Submits a Service Coordination Activity Log each month, with appropriate documentation to support this service. The Service Coordination Activity Log is your good-faith professional account of the services you render and submit for billing. While it is not the auditable document, it is a legal document. Original TPB documentation should be placed in the child's confidential folder when he/she transfers is dismissed from service, or you are no longer the service coordinator.

How can I be certain the correct service coordinators are documented?

Check the name of the service coordinators at the beginning of the school year, at change of semester, and when a child transitions or transfers into your class or school.

What if the service coordinator changes? Is an IEP Team meeting needed?

No. After the creation of the IEP, a change in service coordinator must be documented in the communication log located in the child’s confidential folder. The parent must be notified of the change and must be given a contact number, e.g., the school telephone number, if there is a concern with the selection. The letter to the parent/guardian is included in this manual.

If I provide more than one billable service coordination activity during the month, must I enter all of them in Encounter Tracker?

No. Medicaid currently reimburses for one service coordination activity per month. Although you are performing many services a month, document only one (1) direct contact with parent/guardian or child in Encounter Tracker.
COMAR 10.09.50 Definitions

Therapeutic Behavior Aide Service is one-to-one individualized rehabilitation service, rendered by a therapeutic behavior aide, which includes appropriate methods of preventing or decreasing maladaptive behaviors for a recipient who is eligible for and receives health-related services in an IEP or health-related early intervention services in an IFSP.

Therapeutic Behavior Aide is an individual who has been trained to implement a behavior plan as specified in the IEP or IFSP under the supervision of a licensed physician or authorized practitioner pursuant to Health Occupations Article, Annotated Code of Maryland.

Authorized Practitioner is a Licensed Clinical Social Worker, Licensed Psychologist, Licensed Counselor, or Licensed Nurse Psychotherapist. The Authorized Practitioner does not have to be the person who developed the Behavior Intervention Plan.

Maladaptive Behavior is harmful to oneself or others, developmentally inappropriate; and disruptive or dangerous.

Rehabilitative Service is the medical or remedial service recommended by a licensed physician or authorized practitioner under Health Occupations Article, Annotated Code of Maryland, for the reduction of maladaptive behavior and restoration of a recipient to the best functioning level.

Conditions for participation in Medicaid billing

Services must be:
- Prescribed by licensed physician or authorized practitioner;
- Medically necessary services;
- Preauthorized through the IEP or IFSP;
- Non-custodial services;
- Approved by child’s IEP or IFSP team (multidisciplinary) and included under Supplementary Aids, Services, Program Modifications and Supports, then Social / Behavior Support(s);
  a) Nature of Service is Adult Support;
  b) Frequency is Daily;
  c) State a begin date and end date;
  d) Provider(s) should list Behavior Aide in Other Service Provider;
  e) Clarify location and manner should include: All day? On the bus? During lunch? Behavior goal(s);
- Properly documented.

Recipient must:
- Demonstrate maladaptive behavior;
• Warrant a behavior plan;
• Exhibit behavior that deviates from developmentally appropriate behavior for the individual’s chronological age.

Behavior (Intervention) Plan must:
• Be current;
• Identify the target behaviors or symptoms;
• Define specific interventions to be used;
• Identify the type of Supervisor responsible for monitoring the behavior plan;
• Indicate the frequency of review;
• Not include aversive techniques.

Therapeutic behavior aide may not be a member of the child’s immediate family or reside in the child’s home.

**Required Documentation for Medicaid billing**

Training of Aide
• Date of training;
• Name of course, workshop, or in-service;
• Length of Time;
• Copy of Agenda, course description, etc.;
• Name and qualifications of instructor;
• Documentation of attendance;
• Related to behavior management.

Required components of training include:
• Principles of behavior changes and childhood development;
• Clinically accepted techniques for decreasing or eliminating maladaptive behaviors;
• Implementing a behavior plan;
• Documenting interventions and outcomes;
• Identifying the needs and characteristics of the recipient.

**Documentation of Supervision through the Behavior Plan**

• Behavior Plan identifies the type of individual providing the supervision.
• Behavior Plan identifies the frequency of review.
• Best practice is face to face supervision once every 30 days.
• Documentation of Supervision Log must include:
• Name of Supervisor;
• Name of Therapeutic Aide;
  a) Dates and times of supervision;
  b) Method of supervision;
  c) Supervision Activities / Status of Progress;
d) Changes to Behavior Plan as a result of review;  
e) Dated signature of Supervisor and Therapeutic Aide.

**Documentation of Service**

The daily progress note includes:

- Location of service (Name of School);
- Student’s name, date of birth, student number, and date of last BIP;
- Date of service;
- Daily start and stop times. Must match the student’s schedule for the day. If the student arrives late, the Aide begins logging when the student arrives. If the student leaves early, the TSA stops logging for the day. No logging occurs when the student is absent;
- Time away from student. This may include the student’s lunch period, the TSA’s lunch period, individual therapy, field trips (unless the TSA accompanies the student), resource classes (music, art, physical education, etc.) tardiness, early dismissal etc. These periods are recorded in “Time Away from Student.”
- Describe child’s behavior or symptoms and interventions needed;
- Dated and signed by Therapeutic Behavior Aide.
### Sample – 2012-13 Therapeutic Behavior Service Log

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Actual Time of Day</th>
<th>Time Away from Student**</th>
<th>Description of Intervention and Status of Progress</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/05/12</td>
<td>8:00 - 3:00</td>
<td>45 mins. 30 mins.</td>
<td>I removed Michael from the classroom because he was being disruptive. I let him vent for 15 minutes, then returned to class. He raised his hand, responded to questions, and worked independently with some non-verbal support from me.</td>
<td>CD</td>
</tr>
<tr>
<td>11/06/12</td>
<td>8:00 - 3:00</td>
<td>110 mins.</td>
<td>At lunch, Michael took an item off a peer’s lunch tray. The peer physically hit Michael, who then ran after the peer. Michael did not respond to my verbal re-directives, and hit the peer. I encouraged Michael to follow school rules. The lunch room environment elicits a rash of emotions and behaviors from Michael. We discussed appropriate and inappropriate behaviors for the lunch room.</td>
<td>CD</td>
</tr>
<tr>
<td>11/07/12</td>
<td>8:00 - 3:00</td>
<td>45 mins.</td>
<td>Michael was able to follow directions in the morning. He was a group leader and did well with this task. He was able to listen to questions, raise his hand, and respond appropriately to questions for his group. He demonstrated good self-regulation and earned positive reinforcements. He received/earned store coupons.</td>
<td>CD</td>
</tr>
<tr>
<td>11/08/12</td>
<td>8:00 - 3:00</td>
<td>90 mins.</td>
<td>Michael stayed in his seat and completed all of his assignments. He was very calm during the morning hours and was able to focus for longer periods without requesting a break. His homework was correct and he received a “good work” sticker from his math teacher. There were no altercations with peers.</td>
<td>CD</td>
</tr>
<tr>
<td>11/09/12</td>
<td>10:00 - 3:00</td>
<td>45 mins.</td>
<td>Michael arrived late to school today. He was very irritated and complained that the classroom was too hot to function. I took him out to get some water and allowed him to complain about the heat. Michael returned to the classroom and completed his work.</td>
<td>CD</td>
</tr>
</tbody>
</table>

* A Licensed Psychologist, Licensed Clinical Social Worker, Licensed Physician or Authorized Practitioner pursuant to Health Occupations Article, Annotated Code of Maryland.

** The Therapeutic Behavior Aide must record time that direct service was not provided to the student, such as lunch, the student’s individual therapy sessions etc.
<table>
<thead>
<tr>
<th>Date/ Time</th>
<th>Supervision Activities and Status of Progress</th>
<th>Changes to Behavior Plan</th>
<th>Signatures of Supervisor and Aide</th>
</tr>
</thead>
</table>
| 09/7/12 3:45 | Reviewed clinical documentation with TBA. Meeting with special education coordinator covered types of behavior, tone of professionalism, and reading the BIP | None | Carlos Deal  
Sylvia Allen |
| 10/4/12 3:48 | Clinical Review Meeting of student progress, paper work, compliance, and open student discussion. Reviewed ADHD intervention strategies. | None | Carlos Deal  
Sylvia Allen |
| 11/5/12 3:25 | Review of student progress | Student is now physically aggressive. Will make changes at 12/4 meeting. | Carlos Deal  
Sylvia Allen |
We have chosen to place all blank forms and letters at the back of the manual for easier access. Electronic versions of this manual and all forms are available on the Teacher Student Support System under Content Collection, Class Content, and then Third Party Billing. They can also be accessed from the Baltimore City Public Schools Web Site under Departments, Chief Financial Officer, and then select Third Party Billing from the list on the left.

Forms begin on the following page.
## 2011-13 Psycho-Social Assessments

<table>
<thead>
<tr>
<th>School</th>
<th>Student Pif, MA# or SSN</th>
<th>Please Print Student’s Last Name, First Name</th>
<th>DOB</th>
<th>PC</th>
<th>Assessment Dates (Face to Face Contact)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>168</td>
<td>11/16/8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>168</td>
<td>11/16/8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>168</td>
<td>11/16/8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>168</td>
<td>11/16/8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>168</td>
<td>11/16/8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>168</td>
<td>11/16/8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>168</td>
<td>11/16/8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td>168</td>
<td>11/16/8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>168</td>
<td>11/16/8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10</td>
<td>168</td>
<td>11/16/8</td>
</tr>
</tbody>
</table>

Please help us to prevent and detect fraud, waste, and abuse in Federal health care programs. See the 2012-13 Third Party Billing manual for details.

Return to Third Party Billing, Room 201 Phone (410) 396-8948

Provider Signature

Provider Name

Provider ID or Agency Name if not BCPSS

Provider Phone
# 2012-13 RELATED SERVICES ASSESSMENTS
for
OUTSIDE ASSIGNED SCHOOL OR NON-ENROLLED

<table>
<thead>
<tr>
<th>School</th>
<th>Student Pif, MA# or SSN</th>
<th>Please Print Student’s Last Name, First Name</th>
<th>DOB</th>
<th>PC</th>
<th>Assessment Dates (Face to Face Contact)</th>
</tr>
</thead>
</table>

| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |
| 7 |
| 8 |
| 9 |
| 10 |

**Procedure Code (PC)**
- 120 PT Re-evaluation
- 121 PT Evaluation
- 130 OT Re-evaluation
- 131 OT Evaluation
- 159 Psychological Testing
- 192 Speech Evaluation
- 195 Audiology Evaluation
- 889 Screening Test Pure Tone, Air only
- 887 Tympanometry

Please help us to prevent and detect fraud, waste, and abuse in Federal health care programs. See the 2012-13 Third Party Billing manual for details.

Provider Signature

Provider Name

Provider ID or Agency Name if not BCPSS

Provider Phone

Return to Third Party Billing, Room 201 Phone (410) 396-8948
# 2012-13 Therapeutic Behavior Services Progress Notes

The document provides a template for recording progress notes for a child receiving therapeutic behavior services. It includes fields for the name of the child, date of birth, school number, PIF, therapeutic behavior aide name and signature, supervisor name and signature, credentials, BIP goal, date of last BIP, and a table for recording the date of service, time of day, time away from student, description of intervention and status of progress, and aide’s signature.

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Time of Day</th>
<th>Time Away from Student</th>
<th>Description of Intervention and Status of Progress</th>
<th>Aide’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Begin</td>
<td>End</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2012-13 Therapeutic Behavior Aide Supervision Log

Student (Print): ___________________________   School: ________
Therapeutic Behavior Aide: (Print) _______________   Supervisor: (Print) ___________________________

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Supervision Activities and Status of Progress</th>
<th>Changes to Behavior Plan</th>
<th>Signatures of Supervisor and Aide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2012-13 IEP Team Meeting Attendance Sheet

School#: _______  Student’s Name: ____________________________________________  Student ID: _______

Date of Birth: __________  Meeting Date: _______

Meeting Type:  
☐ Initial  ☐ Evaluation /Eligible  ☐ Evaluation /Not Eligible  ☐ IEP Developed

☐ IEP Review /Revised  ☐ Review Planning  ☐ Review /Re-evaluation  ☐ IEP Review / Manifestation

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please place this document with the IEP in the student’s confidential folder.
Baltimore City Schools
Service Coordination/ Medical Assistance Coordination Consent Form

Student's Name____________________________________________ Student ID: ______

School Number/ Name: ________________________________________ DOB: _________________

Dear Parent(s)/Guardian(s):

Your child has been assigned two Service Coordinators that will be participating in the development and review of your child’s IEP, as well as identifying and monitoring your child's service. They will also serve as Medical Assistance (MA) Service Coordinators that will assist the City Schools in recovering costs from Medicaid for service coordination, as well as health-related services that are related to the implementation of your child’s IEP goals.

The purpose of this service is to assist your child in gaining access to needed medical, social, educational, and other services. This service does not restrict or otherwise affect your child's eligibility for other Medical Assistance benefits. However, your child may not receive a similar type of case management service under Medical Assistance if he/she qualifies for more than one type.

The City Schools will submit information to the Maryland State Department of Education (MSDE) that will be used for the special service information system. This system will be used by the MSDE and other State Agencies, as appropriate; to enable funding of programs and to assure your child's rights to any needed assessment or services.

Your child’s IEP identifies the type(s) of related service, the number of sessions, and the number of service hours for which Medical Assistance will be billed. Please refer to the IEP Service Page for detailed information.

The Service Coordinators/MA Service Coordinators assigned to your child are listed below. They are also identified on your child’s IEP. Sometimes it may become necessary to change the Service Coordinators/MA Service Coordinators. If this occurs, you will be notified. You are also free to choose a Service Coordinator / MA Service Coordinator for your child as indicated in COMAR 10.09.52 by contacting your child's school.

Primary Service Coordinator/MA Service Coordinator's Name: ________________________________

Alternate Service Coordinator/MA Service Coordinator’s Name: ________________________________

We are requesting permission to assign the persons listed above as Service Coordinators/MA Service Coordinators for your child. This permission is being requested for the duration of the current IEP. Your refusal to provide consent for the school system to bill Medical Assistance will not impact our requirements to provide services on your child's IEP at no cost to you. If you have any questions, please do not hesitate to contact City Schools, Third Party Billing, at (410) 396-8948. Please sign and return the completed form to your child's teacher as soon as possible.

Parent’s/ Guardian’s Signature ________________________________ Date ____________

Service Coordinator’s Signature ________________________________ Date ____________
Nombre del Estudiante: ____________________________
Número de Perm: ____________________________

Fecha de nacimiento: ____________________________

Estimado Padre (s) / Tutor (s):

Su hijo ha sido asignado a dos coordinadores de servicios que estarán participando en la elaboración y revisión del IEP de su hijo, así como la identificación y seguimiento de servicios de su hijo. También servirá de Asistencia Médica (MA) Servicio de coordinadores que ayuden a las escuelas de la ciudad de los costes de la recuperación de Medicaid para la coordinación de servicios, así como los servicios relacionados con la salud que están relacionados con la aplicación de las metas de IEP de su hijo.

La finalidad de este servicio es ayudar a su hijo para tener acceso a necesidades médicas, sociales, educativos y otros servicios. Este servicio no se limita o afecta la elegibilidad de su hijo para otros beneficios de Asistencia Médica. Sin embargo, su hijo no puede recibir un similar tipo de servicio de gestión de casos en virtud de Asistencia Médica de si él / ella califica para más de un tipo.

Las Escuelas de la Ciudad presentará la información al Departamento de Estado de Educación de Maryland (MSDE) que se utilizarán para el sistema especial de servicios de información. Este sistema será utilizado por el MSDE y otros organismos del Estado, según proceda, para permitir la financiación de programas y asegurar los derechos de su hijo a cualquier evaluación o servicios necesarios.

IEP de su hijo identifica el tipo (s) de los servicios relacionados, el número de sesiones y el número de horas de servicio de Asistencia Médica para los que se le cobrará. Por favor refiérase a la página de servicios del IEP para obtener información detallada.

Los coordinadores de servicios / MA coordinadores de servicios asignados a su hijo se enumeran a continuación. También están identificados en el IEP de su hijo. A veces puede ser necesario cambiar los Coordinadores de Servicio / MA Coordinadores de Servicios. Si esto ocurre, usted será notificado. Usted también libre de elegir un Coordinador de Servicios / MA Coordinador de Servicios para su hijo como se indica en la COMAR 10.09.52 poniéndose en contacto con la escuela de su hijo.

Coordinador de Servicios/ Nombre MA Coordinador de Servicios de:
Coordinador de Servicios/ Nombre MA Coordinador de Servicios de:

Estamos pidiendo permiso para asignar las personas mencionadas como coordinadores de servicios / MA coordinadores de servicios para su hijo. Este permiso se solicita para la duración del IEP actual. Su negativa a dar su consentimiento para el sistema escolar a la cuenta de Asistencia Médica no afectará nuestros requisitos de prestación de servicios en el IEP de su hijo sin costo para usted. Si usted tiene alguna pregunta, por favor, no dude en ponerse en contacto con escuelas de la ciudad, Tercera Parte Oficina de Facturación, al 410-396-8948.

Por favor, firmar y enviar formulario completo a la maestra de su niño tan pronto como sea posible.

Nombre Padres ____________________________
Fecha ____________________________

Coordinador de Servicios de ____________________________
Fecha ____________________________
Dear Parent/Guardian:

This letter is to inform you of ________________’s absence(s) during this school year.

When your child is absent from school, he/she does not receive the quality instruction that has been prepared for him/her and the Individualized Education Plan cannot be fully implemented. In order for your child to obtain maximum success, please be certain that your child is present each day.

If you have questions or concerns, please contact me at ________________________.

Sincerely,

__________________________________

<table>
<thead>
<tr>
<th>Month</th>
<th># Days Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td></td>
</tr>
<tr>
<td>January</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td></td>
</tr>
</tbody>
</table>
Late To School

Dear Parent/Guardian:

This letter is to inform you of ______________’s lateness to school this school year.

The Individualized Education Plan cannot be fully implemented when your child is late for school. In turn, this affects your child’s ability to achieve maximum success and the quality instruction that has been prepared specifically for your child. Please express to your child, the importance of being on time for school each day.

If you have questions or concerns, please contact me at ________________________.

Sincerely,

______________________________

<table>
<thead>
<tr>
<th>Month</th>
<th># Days Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td></td>
</tr>
<tr>
<td>January</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td></td>
</tr>
</tbody>
</table>
IEP Progress Report

Date ______________________

School # ___________________

Dear Parent/Guardian:

This letter is to inform you of the progress your child, ______________________, has made on his/her current IEP goals. The areas addressed on the IEP are checked below.

Please continue to work with your child on his/her IEP goals and if you have questions or concerns regarding this progress report, please contact me at_____________________.

Sincerely,

_______________________________

IEP Area of Content   Making Progress   Needs More Assistance   Comments
---
Reading
Written Language
Math
Speech/Language
Counseling
Other______________

Overall IEP Progress: _______________

________________________________________________________________________________________

Please sign and return this section:

I have reviewed ____________________ ’s progress report.  

_______ I would like to schedule a conference with you on _________________.  

_______ Please call me to schedule an appointment with you at a convenient time.

_______________________________  ____________

Parent's Signature                 Date
IEP Team

Progress Report to Parent

Student's Name: _______________________
Student ID: _______ Class: ___ Date: _______

Teacher's Name: _________________________ Teacher's Signature: _________________________

Grade
G - Good
S - Satisfactory
P - Poor
U - Unsatisfactory

<table>
<thead>
<tr>
<th>Comments</th>
<th>Language Arts</th>
<th>Mathematics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comes to class on time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comes prepared for class with appropriate materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes class work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes homework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test/quiz grades are passing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes up missed assignments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attends class daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notebook is organized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pays attention and stays on task</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displays appropriate behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes a sincere effort to achieve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of work is improving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displays a positive attitude</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overall IEP Progress: ______________

________________________________________________________________________________________________________________________________________

Please sign and return this section:

I have reviewed ________________’s Progress Report.

______ I would like to schedule a conference with you on _________________________________.

______ Please call me to schedule an appointment with you at a convenient time.

_________________________ _______________________
Parent's Signature Date
To the Parent of__________________________________________  Date ______________

This is a list of activities that will assist you in helping your child master reading goals and writing goals on his/her IEP. The activities listed will help your child increase his/her reading comprehension, decoding, and reading vocabulary skills. These activities will also help your child remember the reading objectives and writing objectives that we are working on in school that are listed on his/her IEP.

As you know, all students benefit from extra reading experiences. Share the joy of reading with your child through these activities.

When you read aloud to your child or your child reads to you:

- Stop part of the way through the story and ask your child to predict what will happen next.
- Ask your child how the story made him/her feel.
- After reading the story, ask your child to suggest a different way the story could have ended and write some sentences with supporting details.
- When you go through your mail, let your child open and read advertising mail you do not want.
- In the car, read highway signs aloud with your child.
- Let your child help you read and prepare a recipe. At the library, look for special cookbooks for children.
- Take books along in the car when traveling on errands or vacations.

**Reading together is fun! Help your child start reading more today.**

__________________________
Teacher