THIRD PARTY BILLING

2010-2011 INSTRUCTION MANUAL

FOR

IEP CHAIRS/ SERVICE COORDINATORS/
RELATED SERVICE PROVIDERS/BEHAVIOR AIDES/
PRINCIPALS

“Maximizing the Recovery of Resources
for Children With Health-Related and Special Needs”
# Third Party Billing - Assistance

200 E. North Avenue, Room 318  
Baltimore, MD 21202

(410) 396-8948  
(410) 545-6128 (fax)

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<th>Title</th>
<th>Email</th>
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It is our sincere pleasure to serve you!
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OVERVIEW

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

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_0003729----000-.html

*Additional information on the Maryland False Health Claims Act of 2010 can be found at*
http://www.falseclaimsact.com/Maryland.pdf
What is service coordination?
Formerly called case management, 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 must involve direct contact during the month with the parent/guardian or child and may include:
- Meetings/conferences
- Reports/IEP Report Cards
- Letters
- Telephone calls…NOT messages left on an answering machine!
- Home visits
- E-mails….printed and signed

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. Any classroom teacher certified by the state of Maryland can be a service coordinator. Pending or expired certificates are not acceptable.

Can a child have more than one service coordinator?
Yes. 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 should appear on the Service Coordination/ Medical Assistance Coordination Consent letter sent to the parent.

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:
1. Provides coordination of care consistent with the intent of the IEP.
2. Participates in the planning and implementation of the IEP.
3. Makes contact with the parent/guardian and/or child every month.
4. Submits a monthly service coordination claim on the Third Party Billing Service Coordination Activity Log, along with the appropriate document to support this claim. This should be done no later than the end of the month in which a service has occurred. The encounter form is your good-faith professional account of the services you rendered and are claiming. Although it is not the ultimate auditable document, it is a legal document. The auditable document is your professional note, which must legible and signed in ink.
**Before you mail those forms …**

1. Submit claims for service coordination only, if you are a teacher and have been assigned as a service coordinator.
2. Write the City Schools student id number on each form. Please record the student's social security number, if it is available.
3. Write your City Schools employee id number on each form.
4. Provide an original signature on each form, even if the form has been photocopied.
5. Keep a personal copy of your encounter forms to resolve any problems that you may have. Send us the copies.
6. Watch your dates! It is important to report the exact date of service to Third Party Billing (TPB). Do not submit claims for services rendered:
   - In the future;
   - On weekends, unless your professional notes support this;
   - On days when school is closed, unless your professional notes support this.
7. Submit documentation supporting monthly service coordination to TPB and place the document in the student's confidential folder. This includes, but is not limited to:
   1. Your professional notes, which are required at audit. For example, if you indicate that you have written to the parent as a part of service coordination, the letter must be submitted or details must be provided.
   2. Your communication log, which includes home visits, telephone calls, or conferences. Writing, "monitored progress" is not sufficient. Notation must be made on how this was done. A sample Service Coordination Activity Log has been provided in this manual.
8. Please refer to "Instructions for Completing the Service Coordination Activity Log" for additional information.

**If I provide more than one service coordination activity during the month, must I submit all of them?**

No. Medicaid currently reimburses for only one service coordination activity per month. Although you are performing many services a month, you need only report one (1) direct contact with the parent or child. Remember, all service coordination activities that are sent to TPB during the month should be fully documented in your logs and professional notes, and placed in the child's confidential folder when he/she transfers, is dismissed from service, or you are no longer the service coordinator. It is recommended that you use the IEP meeting as the billable encounter for the month in which the meeting was held. We can bill up to three IEP meetings.

**Why must I report my employee number?**

During an audit, City Schools’ employees are is required to produce their professional license or certificate. Use your City Schools employee identification number on all documents and correspondence with TPB. This is located on your pay stub or school sign-in sheet. Contractors should report their encounters using the tax ID number for their agency. If this is not available, please identify the agency for which you work.
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 child.
- This direct contact occurs expressly to coordinate the IEP.

How will my administrator know that I have submitted forms to TPB?
Principal’s Dashboard allows your administrator to see the number of monthly submissions you have provided to TPB. These reports are updated monthly. A submission report is also available for viewing for every child with an IEP or Service Plan.

How does my administrator access this information?
Log onto BCPSS ERP, click on the Principal’s Dashboard link, the Operations tab, and the Third Party Billing tab.

Where should we send the Service Coordination Activity Log?
Third Party Billing, Room 318.
Examples of Billable Service Coordination

1. A telephone call is made to the parent/guardian or a conference is held to discuss the child's needs. This contact may be triggered by the child’s ability or inability to achieve IEP goals and objectives.

2. Completion of IEP report cards or reports written to parents regarding the child’s academic and/or behavioral progress if behavior is an IEP goal.

3. Notes or reports written to parents recommending strategies to assist the child with IEP goals (see sample letters to parent).

4. Updates written to the parent/student as it relates to IEP implementation (see sample letters to parent).

5. Attending an IEP Team meeting.

6. Written behavioral updates to parent/student as it relates to the child’s IEP goal(s). Behavioral updates can be used only if behavioral goals are addressed on the IEP.

7. Telephone call or conference with the parent because of a requested update regarding progress or lack of progress.

8. Telephone call/conference with the parent to discuss possible program modification (e.g. increase or decrease in services).

9. Contact with parent to discuss student attendance patterns that are affecting the ability to implement the IEP goals (see sample letters to parent).

10. A plan developed with the student to assist him/her in achieving IEP goals.

11. Discussion with the student regarding his/her needs and concerns in relation to IEP goals.

12. Conference/meeting held with the student to discuss noticeable change(s) affecting performance.

13. Home visit to discuss the child’s needs. Actual contact must be made with the parent/guardian.

14. E-mail correspondence with the parent or child. Email must be printed and signed by the provider.

15. Newsletter to parent addressing the student’s IEP goals (see sample letters to parent).

16. Sending the Service Coordination/Medical Assistance Consent Form to the parent. This is mandatory.

DO NOT use trip letters and/or school newsletters as service coordination unless they relate to the IEP goals. They are not billable services.
<table>
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<tr>
<th>Service Dates</th>
<th>Outcome Statement</th>
<th>Detailed Description of Billable Service</th>
<th>Initials</th>
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<tbody>
<tr>
<td>08/30/10</td>
<td>B</td>
<td>Sent Parent Service Coordination/Medical Assistance consent Form requesting permission to bill Medicaid for IEP services rendered. See attached letter.</td>
<td>DF</td>
</tr>
<tr>
<td>09/16/10</td>
<td>D</td>
<td>Met with student to discuss IEP goals and expectations. Discussed the need to increase reading and math skills, as well as improve study skills.</td>
<td>DF</td>
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<tr>
<td>10/13/10</td>
<td>B</td>
<td>Mailed home copy of progress report. Provided strategies, techniques and interventions (copy attached).</td>
<td>DF</td>
</tr>
<tr>
<td>11/16/10</td>
<td>B</td>
<td>Mailed home 1st quarter IEP report card to parent (copy attached).</td>
<td>DF</td>
</tr>
<tr>
<td>12/14/10</td>
<td>B</td>
<td>Mailed home copy of progress report. Provided strategies, techniques and interventions (copy attached).</td>
<td>DF</td>
</tr>
<tr>
<td>01/11/11</td>
<td>B</td>
<td>Attended IEP Meeting</td>
<td>DF</td>
</tr>
<tr>
<td>02/15/11</td>
<td>D</td>
<td>Mailed home 2nd quarter IEP report card to parent (copy attached).</td>
<td>DF</td>
</tr>
<tr>
<td>03/15/11</td>
<td>B</td>
<td>Mailed home copy of progress report. Provided strategies, techniques and interventions (copy attached).</td>
<td>DF</td>
</tr>
<tr>
<td>04/13/11</td>
<td>B</td>
<td>Mailed home 3rd quarter IEP report card to parent (copy attached)</td>
<td>DF</td>
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<tr>
<td>05/14/11</td>
<td>B</td>
<td>Mailed home copy of progress report. Provided strategies, techniques and interventions (copy attached).</td>
<td>DF</td>
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<tr>
<td>06/09/11</td>
<td>B</td>
<td>Mailed home 4th quarter IEP report card to parent (copy attached).</td>
<td>DF</td>
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**Outcome Statement**

A. Written report sent home: IEP Report Card, Progress Report, Behavioral Checklist, etc.
B. Letter, note or e-mail to parent: e.g. regarding progress, IEP update, etc.
C. Telephoned parent: e.g. regarding progress or concerns related to IEP.
D. Meeting or Conference with parent and/or child.
E. Updated parent/guardian after consultation with/team members.
### Outcome Statement

A. Written report sent home: IEP Report Card, Progress Report, etc.
B. Letter, note or e-mail to parent: e.g. regarding progress, IEP update, etc.
C. Telephoned parent: e.g. regarding progress or concerns related to IEP.
D. Meeting or Conference with parent and/or child.
E. Updated parent/guardian after consultation with/team members.

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**We sincerely appreciate every effort made to complete these forms and meet billing requirements so our children may benefit from recovered Medicaid funds.**

1. All services must be performed by the Service Coordinator.
2. Keep signed professional notes, progress notes, contact logs, or other service documentation for six years in case of audit.
3. Place a signed copy of this document in the student’s confidential folder.
4. Before you submit this form, sign, initial each service, and attach a copy of the documentation that supports the service you have performed.
5. Return forms by the 10th of each month.

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<tr>
<th>Service Dates</th>
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<th>Detailed Description of Billable Service</th>
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<tr>
<td></td>
<td></td>
<td>Sent Parent Service Coordination/Medical Assistance consent Form requesting permission to bill Medicaid for IEP services rendered. See attached letter.</td>
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**Please help us in preventing and detecting fraud, waste, and abuse in Federal health care programs. See the 2010-11 Third Party Billing manual for details.**
Service Coordination Activity Log Instructions

1. Complete the entire top portion of the form including:
   - Name
   - Pupil number
   - Medical Assistance number (if known)
   - Social security number
   - Birth date
   - Provider’s name
   - Employee ID number or agency name for contractors
   - Provider’s original signature

2. Attach documentation where applicable for each month. For example, attach report cards, progress reports, and notes to parents. Attach a copy of all documentation sent to the parent.

3. The first entry should be the Service Coordination Consent Form that was sent to the parent for the 2010-11 school year. The service coordinator must be certified.

4. Draw a line through the ‘Service Date’ column of previously submitted claims. Refer to the sample that has been attached. One form can be used for the entire year.

5. Behavioral checklists can be used if behavior has been addressed as an IEP goal.

6. Sign your initials in ink after each month’s entry.

7. Use the IEP meeting date as a case management activity for the month the meeting occurs. No documentation is needed. The appropriate data will be submitted to Third Party Billing for the date of entry by the IEP Team.

**** Reminder: All documentation to support service coordination must be signed, kept for six years, and placed in the confidential folder.
Suggestions

The staff member assigned to manage all service coordination documentation submitted to Third Party Billing should:

1. Create a binder labeled *Third Party Billing Forms* for use in the IEP Team Office.
2. Review all Third Party Billing forms for completion and accuracy.
3. Staple the documentation to the form.
4. Cross out prior service dates.
5. Verify forms are signed and initialed.
6. Submit forms by the 10th.
7. When an IEP Meeting is held, submit the following to Third Party Billing:
   - IEP Team Meeting Attendance Sheet; and
   - The first and last pages of the Statewide IEP.
8. Place completed service forms with documentation in student’s folder at the end of the year, or prior to a transfer to a new school.
Sample - IEP TEAM MEETING ATTENDANCE SHEET

| Student ID: 565665 | Date of Birth: 07/04/96 | Meeting Date: 10/13/10 |

Type of Meeting (check one):

- [ ] Initial
- [ ] Evaluation
- [ ] Not Eligible
- [ ] Eligible
- [ ] IEP Review
- [ ] Re-evaluation Planning
- [ ] Re-evaluation

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<th>Title</th>
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<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. Urqhart</td>
<td>IEP Chair</td>
<td>E. Urqhart</td>
</tr>
<tr>
<td>J. Joseitan</td>
<td>Principal</td>
<td>J. Joseitan</td>
</tr>
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Please complete all fields. Submit this form with the first and last pages of the statewide IEP.

Return forms to Third Party Billing, Room 318  Phone: 410-396-8948
# IEP Team Meeting Attendance Sheet

School#: ________

Student’s Name: _________________________________________

Student ID: ____________

Date of Birth: ___________  Meeting Date: __________

Type of Meeting (check one):

- [ ] Initial
- [ ] Evaluation
- [ ] Not Eligible
- [ ] Eligible
- [ ] IEP Review
- [ ] Re-evaluation Planning
- [ ] Re-evaluation

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Please complete all fields. Submit this form with the first and last pages of the statewide IEP.

Return forms to Third Party Billing, Room 318  Phone: 410-396-8948
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**Related Service Providers**

**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. If all City Schools staff will completely embrace these principles, we will withstand every challenge to audit our recovery.*

**Related Services Information**

**Who is a related service provider?**

A related service provider is a 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 claims for IEP services submitted to Third Party Billing?**

The Related Services Unit submits claims for IEP services in an electronic file of Encounter Tracker transactions. ET transactions submitted to Third Party Billing do not include clinical notes. Providers will continue to submit Infants and Toddler Services via the Infants and Toddlers UCL.

**What about claims for 504 Plans?**

Do not submit claims for 504 Plans.

**How do I submit assessments?**

Claims for assessments are submitted directly to Third Party Billing by the provider on the Related Services – Assessments Only Form. All face-to-face contact with a student for assessments purposes is billable. Do not bill on a separate date for report writing only.
**How do I complete the Related Services – Assessments Only Form?**

Complete all information: signature, employee ID # or agency name, license, provider code, certification information, and a telephone number where you may be reached.

For the student: servicing school number, student ID, SSN, name, and DOB. Using the procedure codes provided on the form, enter your discipline-specific testing code and assessment dates. If the assessment occurred on multiple dates, list all dates.

**What are my responsibilities as a related service provider?**

- Submit IEP service data via Encounter Tracker for all children served pursuant to special education.

- We suggest encounter logs be printed and each encounter initialed. Sign the log and file in the student’s confidential folder.

- Watch your dates! The date on the clinical note must match the service date in Encounter Tracker. It is important to report the exact date(s) of service.

- Do not submit claims for future dates or dates when a student is absent. Services on weekends or days when school is closed must be supported by professional notes.

- At audit, student attendance will be verified; therefore, bill for dates on which student attendance can 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 /case manager on the IEP.

**Who should submit data for billing?**

Claims for Medicaid allowable services should be submitted by all staff that holds acceptable current certification or licensure for their profession or as specified by their respective health profession. If you do not meet these criteria, refer questions about your ability to bill to your coordinator. It is your responsibility to make certain your license or certificate is current.

**** For those who receive supervision, each encounter must have your supervisor’s initials. Progress notes must be signed by the supervisor.
**What is a professional or clinical note?**
It is the 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?

**How do I document services?**
The encounter log is your good-faith professional account of the services you rendered and are claiming. It is considered a legal document, must be legible and in ink (blue or black). If your encounter log references other documents (e.g. letters to parents), then these documents must be maintained with the encounter logs.

**Are indirect services billable?**
No. Medicaid only recognizes direct services. OT/PT consultative services are considered indirect. All indirect IEP services are non-billable and are excluded from billing.

**Service Coordination**

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

**You must submit Service Coordination if you are one of the service coordinators identified on the IEP.**

Billable service coordination must involve contact during the month with the parent/guardian or child and may include:
- Progress reports/ IEP report cards
- Meetings/conferences
- Letters
- Telephone calls…NOT messages left on an answering machine!
- Home visits
- E-mails ….printed and signed

**Who can be a service coordinator?**
This should be the person most familiar with the student’s needs and may include the IEP Chair, special educator, speech/language pathologist, occupational therapist, physical therapist, social worker, psychologist, principal/assistant principal, general educator, nurse, or guidance counselor; but cannot be an educational assistant, IEP aide, or technical support person. Any classroom teacher certified by the state of Maryland can be a service coordinator. Pending or expired certificates are not acceptable.
Can a child have more than one service coordinator?
Yes. 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 should appear on the Service Coordination/ Medical Assistance Coordination Consent letter sent to the parent.

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:

1. Provides coordination of care consistent with the intent of the IEP.
2. Participates in the planning and implementation of the IEP.
3. Makes contact with the parent/guardian and/or child every month.
4. Submits a monthly service coordination claim on the Third Party Billing Service Coordination Activity Log, along with the appropriate document to support this claim. This should be done no later than the end of the month in which a service has occurred. The encounter form is your good-faith professional account of the services you rendered and are claiming. Although it is not the ultimate auditable document, it is a legal document. The auditable document is your professional note, which must legible and signed in ink.

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 only one service coordination activity per month. Although you are performing many services a month, only document one (1) direct contact with parent/guardian or child in Encounter Tracker. Additional activities can be recorded in your encounter log entries. Sample service coordination activity logs are included in this manual.
2010-11 RELATED SERVICES ASSESSMENTS

Provider Name: __________________________          Title: _______________________          Emp. ID/ Agency Name ___________________
License # ____________    Provider Code: _______    Phone # ________________                   Original Signature __________________________

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Provider Codes
111  Speech Pathologist
112  Licensed Psychologist
113  Physical Therapist
114  Occupational Therapist
116  Social Worker (LGSW or LCSW)
117  Social Worker (LCSW-C)
119  Audiologist

Procedure Codes
120  PT Re-evaluation
121  PT Evaluation
130  OT Re-evaluation
131  OT Evaluation
159  Psychological Testing
192  Speech Evaluation
195  Audiology Evaluation

Please help us in preventing and detecting fraud, waste, and abuse in Federal health care programs. See the 2010-11 Third Party Billing manual for details.

Return to Third Party Billing, Room 318 Phone (410) 396-8948
**1st Quarter 2010-11 Universal Contact Log/ Third Party Billing Encounter Form**

Directions: Use one worksheet per service. A student may have multiple sheets depending on the number of IEP related services. Specify the Medicaid procedure code. Indicate:

- A=Absent
- CM=Service Coordination
- D=Direct
- I=Indirect
- IT=Initiate Therapy
- MU=Make Up
- X=Exit Therapy

**Student _______________________________________   Perm# ______________   SSN_______________   DOB _________   School # ____**

**Nature Code ______        Presenting Problem: 040**

**IEP Goal:**

**Direct Service:** Hours ______/ _____ Frequency _____ x per ________

**Indirect Service:** Hours _____ / ____ Frequency _____x per ________

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Please help us in preventing and detecting fraud, waste, and abuse in Federal health care programs. See the 2010-11 Third Party Billing manual for details.

Emp. ID or Agency Name _________________

Name: ________________________________

Signature: ____________________________

License# ____________________________

**Procedure Codes (PC)**

- 120 PT Re-evaluation
- 121 PT Evaluation
- 122 PT Service
- 883 PT Group
- 160 Indiv. Psychotherapy 75-80
- 164 Group Psychotherapy
- 165 Family Therapy
- 166 Psychiatric Evaluation
- 159 Psychological Testing
- 130 OT Re-evaluation
- 131 OT Evaluation
- 132 OT Service
- 882 OT Group
- 161 Service Coordination
- 167 Audiology Evaluation
- 192 Speech Evaluation
- 193 Group Speech
- 884 Hearing Aid Check - Monaural
- 300 Transportation (Audiology)
- 885 Hearing Aid Check - Binaural

Please return to Third Party Billing - Room 318

410-396-8948
1st Quarter 2010-11 Infants and Toddlers - Universal Contact Log/ Third Party Billing Encounter Form

**Directions:** Use one worksheet per service. A student may have multiple sheets depending on the number of IFSP related services. Select the Medicaid procedure code. Indicate:

- **A**=Absent
- **D**=Direct
- **IT**=Initiate Therapy
- **PU**=Provider Unavailable
- **T**=Testing/Assessment
- **MU**=Make Up
- **SU**=Student Unavailable
- **X**=Exit Therapy

**Student ____________________________ MA# _______________ SSN _______________ DOB ________ Location# 888**

**Nature Code _____ Presenting Problem Code: 040 IFSP Objective: __________________________________________________________**

**Direct Service: Hours _____ / _____ Frequency _____ x per _____**

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**Emp. ID or Agency Name ________________________

**Procedure Codes (PC) **

- 120 PT Re-evaluation
- 121 PT Evaluation
- 122 PT Service
- 130 OT Re-evaluation
- 131 OT Evaluation
- 132 OT Service
- 192 Speech Evaluation
- 193 Group Speech
- 194 Indiv. Speech

**Signature: ________________________

**Supervisor's Name: ________________________ Supervisor's Signature: ________________________

*Please help us in preventing and detecting fraud, waste, and abuse in Federal health care programs. See the 2010-11 Third Party Billing manual for details.*

*Please return to Third Party Billing - Room 318 410-396-8948*
OVERVIEW

Temporary Support Assistants (TSAs) assist in implementing a Behavior Intervention Plan (BIP) as specified in the IEP or IFSP. They work under the supervision of a licensed psychologist or a licensed certified social worker-clinical. The supervisor is responsible for monitoring the student’s progress towards BIP goals. This is done via the TSA, who keeps a daily log of the student’s behavior. The TSA gets instructions from the supervisor, who signs the Weekly Therapeutic Behavior Service Log and completes the Temporary Support Assistant’s Supervision Log.

The initial meeting between the supervisor and the temporary support assistant should occur before the assistant’s first day with the student. This provides an opportunity to discuss BIP goals and ensures the assistant has a full understanding of what is expected. For audit purposes, the initial supervisory log should be submitted to Third Party Billing to document that a meeting has taken place and goals have been discussed. Whenever the supervisor or the temporary support assistant changes, the documented initial meeting should be held immediately. Regular meetings should be held to provide the guidance necessary for BIP goals to be effectively met.

The following procedures should be implemented:

- First Meeting: the TSA and supervisor will meet for training and to discuss goals.
- Daily: Following the supervisor’s instructions, the TSA completes the form while interacting one-on-one with the student. See the sample form for acceptable wording.
- Every Friday: The supervisor and TSA must sign each weekly log submitted to Third Party Billing. If the supervisor is available, the Weekly Therapeutic Behavior Service Log is reviewed, initialed, signed, and copied. The TSA and supervisor should each keep a copy of the signed forms. Third Party Billing should get signed copies once a month. At the end of the year, or when the student transfers, the copies must be placed in the student’s confidential folder. If the supervisor is at a different school location, the form should be placed in the supervisor’s mailbox to be signed and distributed upon his/her return.

The Weekly TBS Log allows a temporary support assistant to record services for the entire week. If the regular assistant is absent and another assistant renders service to the student, separate log sheets must be completed and approved by the supervisor. For Medicaid billing, a TSA cannot provide service to more than one student at the same time. The Therapeutic Log documents:

- Student information: student’s name, school, date of birth, ID, and date of last BIP.
- TSA information: name, signature, initials.
- Service information: week of service, BIP date, begin and end times, description of student’s behavior towards BIP goals. Begin and end times match the student’s schedule. If the student arrives late, the TSA 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 is very important. For Medicaid billing, we must know the total time during the day that the assistant is not providing direct service to the student. This includes 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.”

The Weekly Therapeutic Behavior Service Log was not developed to track the TSA’s time for payroll purpose; however, the supervisor will need to know the TSA’s daily work schedule.

Questions and Answers

How do I know if I am a temporary support assistant?
You may be identified as a temporary support assistant if you have been assigned to a student with a behavior intervention plan (BIP). The IEP will specify the need for the service. TSAs must be trained by City Schools in crisis intervention and implementation of IEP goals.

What action do I take if I am asked to perform another task while I am with my student?
You are there to work with your assigned student. Politely and respectfully, decline. Your supervisor may be able to resolve this situation.

How often should forms be submitted to Third Party Billing?
Monthly or weekly if preferred.

Whom can I contact if I have questions about behavior aides? Sylvia Allen, the Third Party Billing contact, can be reached at 410-396-8948.
## Weekly Therapeutic Behavior Service (TBS) Log

**Name of Child:** (Print) ________________________________  **Date of Birth:** ___________  **School#:** ___________  **Student ID:** ________________

**Temporary Support Assistant:** (Print Name) _____________________________  **(Signature) ____________________________  **(Initials) _________**

**Supervisor:** **(Print Name) ______________________________________**  **(Signature) ____________________________  **(Initials) _________**

**Credentials:**
- LCSW-C □
- Licensed Nurse Practitioner □
- LPC/PLC □
- Licensed Psychologist □

**BIP Goal:** ______________________________________________________________________________________  **Most Recent BIP Date:** ______________

<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>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Begin</td>
<td>End</td>
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</tbody>
</table>

* The Weekly TBS log allows for one Temporary Support Assistant to record services. Therefore, if another assistant renders a service, another sheet must be completed.

** This is a licensed psychologist, licensed certified social worker-clinical, licensed physician or authorized practitioner pursuant to Health Occupations Article, Annotated Code of Maryland. The supervisor must be identified in the behavior plan and manage a temporary support assistant who keeps a daily log of the student’s behavior. The supervision log must be documented separately from the weekly TBS log.

*** The temporary support assistant must record time that direct service was not provided to the student (lunch, the student’s individual therapy sessions etc.).
### Weekly Therapeutic Behavior Service (TBS) 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>09/20/10</td>
<td>8:00</td>
<td>45 mins. 30 mins.</td>
<td>I removed Michael from the classroom because he was being disruptive, talking, and not being attentive. I let him vent for about 15 minutes, then returned to class. He apologized to the other children for his behavior.</td>
<td>CD</td>
</tr>
<tr>
<td>09/21/10</td>
<td>8:00</td>
<td>110 mins.</td>
<td>Michael did not complete his homework and had problems focusing in class. He stole a pencil from another student and threw pennies in class. He showed a significant amount of pica-like behaviors as outlined in the IEP. However, he did not need my reminders and was able to stop independently.</td>
<td>CD</td>
</tr>
<tr>
<td>09/22/10</td>
<td>8:00</td>
<td>45 mins.</td>
<td>Michael followed directions, did his work correctly, and was considerate of others. He identified the letter &quot;D&quot; while doing a letter identification activity as outlined in his IEP. The teacher moved him to the front of the room today (less distractions). He received a star for good behavior.</td>
<td>CD</td>
</tr>
<tr>
<td>09/23/10</td>
<td>8:00</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 classmates.</td>
<td>CD</td>
</tr>
<tr>
<td>09/24/10</td>
<td>10:00</td>
<td>45 mins.</td>
<td>Michael arrived late to school today. He was very irritated. He took a paper from a student and yelled at the teacher when questioned about it. He refused to eat his lunch and threw it in the trash when I asked about it. I made contact with his mother regarding his poor eating habits at school. However, he was able to control his behavior in his afternoon class and was able to sort 5 of 6 objects with little assistance as outlined on his IEP.</td>
<td>CD</td>
</tr>
</tbody>
</table>

* The Weekly TBS log allows for one Temporary Support Assistant to record services. Therefore, if another assistant renders a service, another sheet must be completed.

** This is a licensed psychologist, licensed certified social worker-clinical, licensed physician or authorized practitioner pursuant to Health Occupations Article, Annotated Code of Maryland. The supervisor must be identified in the behavior plan and manage a temporary support assistant who keeps a daily log of the student’s behavior. The supervision log must be documented separately from the weekly TBS log.

*** The temporary support assistant must record time that direct service was not provided to the student (lunch, the student’s individual therapy sessions etc.).
Temporary Support Assistant Supervision Log

Student Name: (Print) _____________________________________   School#: _________

Temporary Support Assistant: (Print) ______________________________

Supervisor: (Print) ____________________   Supervisor’s Signature: _______________________

Date of Initial Meeting with Assistant: ___________

<table>
<thead>
<tr>
<th>Date</th>
<th>Supervision Activities and Status of Progress</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Supervisor for a therapeutic behavior aide means a licensed physician or authorized practitioner pursuant to Health Occupations Article, Annotated Code of Maryland, or a licensed psychologist. The supervisor must be identified in the behavior plan and supervise a therapeutic aide who is trained to implement a behavior plan. Supervision notes must be documented separately from the weekly TBS log. Supervision of a lesser-qualified person means an administrative and educational process to help and further develop and refine the individual’s skills and to provide quality health care for the service being rendered.

01/2010 DHMH
## Temporary Support Assistant Supervision Log

Student: (Print) Eric Mann ____________________________ School: #316

Temporary Support Assistant: (Print) Carlos Deal ____________________________

Supervisor: (Print) Sylvia Allen ________ Supervisor’s Signature: Sylvia Allen ________

Date of Initial Meeting with Assistant: 08/30/10

<table>
<thead>
<tr>
<th>Date</th>
<th>Supervision Activities and Status of Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/30/10</td>
<td>Reviewed clinical documentation with TSA. Meeting with special education coordinator covered types of behavior, tone of professionalism, and reading the IEP, BIP, and FBA.</td>
</tr>
<tr>
<td>12/9/10</td>
<td>Reviewed student progress with TSA. Strengths and weaknesses of student were discussed. TSAs received support on implementing BIPs.</td>
</tr>
<tr>
<td>5/13/11</td>
<td>Clinical Review Meeting: Student progress, paper work compliance, open student discussion. ADHD intervention strategies.</td>
</tr>
</tbody>
</table>

Supervisor for a temporary support assistant means a licensed physician or authorized practitioner pursuant to Health Occupations Article, Annotated Code of Maryland, or a licensed psychologist. The supervisor must be identified in the behavior plan and supervise a temporary support assistant who is trained to implement a behavior plan. Supervision notes must be documented separately from the weekly TBS log. Supervision of a lesser-qualified person means an administrative and educational process to help and further develop and refine the individual’s skills and to provide quality health care for the service being rendered. 01/2010/DHMH
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.

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 Office, at 410-396-8948.

Please sign and return the completed form to your child’s teacher as soon as possible.

Parent’s Name _____________________________________ Date ______________________

Service Coordinator’s Signature ______________________ Date ______________________
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>
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<tbody>
<tr>
<td>September</td>
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<td>October</td>
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<td>May</td>
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<tr>
<td>June</td>
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</tbody>
</table>
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,

______________________________

Late To School

<table>
<thead>
<tr>
<th>Month</th>
<th># Days Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
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<td>October</td>
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<td>May</td>
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<tr>
<td>June</td>
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</tbody>
</table>
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,

__________________________________________

<table>
<thead>
<tr>
<th>IEP Area of Content</th>
<th>Making Progress</th>
<th>Needs More Assistance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Written Language</td>
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<tr>
<td>Math</td>
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<td></td>
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<tr>
<td>Speech/Language</td>
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<tr>
<td>Counseling</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Overall IEP Progress: ________________

Please sign and return this section:

I have seen ________________________’s progress report.

I _________ I would like to schedule a conference with you on _____________________.

I _________ Please call me to schedule an appointment with you at your earliest convenience.

__________________________________________  _____________________________________
Parent’s Signature                                                                                           Date
### Progress Report to Parent

**Student's Name:** ___________________________  **Student ID:** __________  **Class:** _______  **Date:** _________

**Teacher's Name:** ___________________________  **Teacher's Signature:** ______________________________

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<table>
<thead>
<tr>
<th>Grade</th>
<th></th>
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<tbody>
<tr>
<td>G - Good</td>
<td></td>
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<tr>
<td>S - Satisfactory</td>
<td></td>
</tr>
<tr>
<td>P - Poor</td>
<td></td>
</tr>
<tr>
<td>U - Unsatisfactory</td>
<td></td>
</tr>
</tbody>
</table>

**Comments**

<table>
<thead>
<tr>
<th>Comment</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>
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<tr>
<td>Completes class work</td>
<td></td>
<td></td>
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<tr>
<td>Completes homework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test/quiz grades are passing</td>
<td></td>
<td></td>
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<tr>
<td>Makes up missed assignments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attends class daily</td>
<td></td>
<td></td>
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<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>
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<tr>
<td>Makes a sincere effort to achieve</td>
<td></td>
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<tr>
<td>Quality of work is improving</td>
<td></td>
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<tr>
<td>Displays a positive attitude</td>
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</tbody>
</table>

**Overall IEP Progress:**

-----------------------------------------------

Please sign and return this section:

I have seen ______________________’s Progress Report.

________ I would like to schedule a conference with you on ________________________________

________ Please call to schedule an appointment at your earliest convenience.

_____________________________________                           ____________________

Parent's Signature                                                                        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.**