Medicaid Recovery Program

IEP Service Coordination Training SY 2015-2016
Medicaid

Federal regulations encourage educational institutions to recover some of its costs from public health insurance (Medicaid) of providing services identified in a student’s IEP.

The *Medicare Catastrophic Coverage Act* (Public Law PL 100-360 July 1, 1988)
Medicaid’s Impact on PGCPS

❖ Through your efforts, PGCPS collected over $11 million in Medicaid funds in FY2015

❖ 92% of which goes back to classrooms and health services
In order for PGCPS to receive Medicaid reimbursement, the services billed must be:

- Provided to a student with an **active IEP**
- Provided to a **Medicaid eligible** student under 21 yrs old
- Provided by a **qualified practitioner** (licensure/certification)
- Address a student’s disability
- **Consistent with the IEP** identified services and goals
- Properly **documented**

For more information, refer to our website at [http://www1.pgcps.org](http://www1.pgcps.org)
What is Service Coordination?

❖ Service Coordination is defined as case management services that assist students’ in gaining access to services that are recommended in his or her IEP.

❖ The case manager or service coordinator is responsible for monitoring the delivery of services; while ensuring the student’s IEP goals and objectives meet the student's current needs.

Reference: COMAR 10.09.52.04
Billable Service Coordination

- Initial IEP
- Periodic IEP Review
- On-going IEP Service Coordination

Reference: COMAR 10.09.52.04
Initial IEP

The covered services include *convening* and *conducting* an IEP team to:

- Perform a multidisciplinary *assessment* of the participant; and
- Develop an *Initial* IEP.

*Reference: COMAR 10.09.52.04*
Convening and conducting an IEP team meeting to:

- Perform a multidisciplinary re-assessment of student’s IEP status and service needs
- Review and revise, as necessary, the student’s IEP

Reference: COMAR 10.09.52.04
Ongoing Service Coordination

- Acting as a central point of contact relating to IEP services for the student.
- Maintaining contact with;
  - the student’s direct service providers.
  - the student’s parent/guardian through home visits, progress notes, etc regarding IEP.
- Implementing the IEP by referring the student to direct service providers.
- Assisting the student in gaining access to services specified in the IEP.

Reference: COMAR 10.09.52.04
Ongoing Service Coordination

❖ Discussing with direct service providers the services needed and available for the student.
❖ Assessing the quality and quantity of services being provided.
❖ Following up to identify any obstacles to a students’ utilization of services.
❖ Coordinating the service delivery.
❖ Performing ongoing monitoring to determine whether the services are being delivered in an integrated fashion as recommended on the IEP, and meet the student’s current needs.

Reference: COMAR 10.09.52.04
Ongoing Service Coordination

- Providing a student and the student’s parent with information and direction that will assist them in successfully accessing and using the services recommended in the IEP.
- Informing the student’s parent of the student’s rights and responsibilities in regard to specific programs and resources recommended in the IEP.

Reference: COMAR 10.09.52.04
Medicaid Coordinator Responsibilities

❖ Review the Case Manager’s caseload list to ensure **ALL** special education students have been assigned to a case manager.

❖ Ensure all Medicaid service logs are adequate and completed by the 5th of the subsequent month.

❖ Collaborate with the Case Manager to resolve any outstanding Parental Consents.

❖ Obtain Service Coordinator Notification form(s).

❖ Facilitate timely changes and updates to School Max and Maryland On Line (MDIEP) to reflect new students and changes in student status.
Service Coordinator Responsibilities

❖ Obtain outstanding Parental Consent(s)
❖ Complete Service Coordinator Notification form(s)
❖ Submit IEP Service log through Compuclaim by the 5th of following month
❖ Sign and mail copy of the IEP Monthly Progress Note to the parent each month
❖ Notify the school registrar about new students and any changes in student status.
❖ Complete changes in Maryland on Line (MDIEP) with new students and any changes in student status.
How to Document Service Coordination

❖ At **at least one contact** per month by the service coordinator
  ❖ in person,
  ❖ by telephone, or
  ❖ **written progress note** or log
❖ With the student (if over 6 years old) or the student’s parent,
❖ On the student’s behalf, relating to the student’s progress, regarding IEP goals and objectives.
New “Change” to Service Log
Completing the “Comments” section of the Medicaid Service Log

❖ Document contact with the parent.
❖ Contact can be by phone, face to face or through written progress note.
❖ Document statements that are made to the parent regarding the progress or lack of progress relating to the IEP goals.
❖ Also include comments regarding the progress of at least one health related service from the student’s IEP.
Example 1: Amy has displayed progress toward reaching her IEP goals by completing all assignments willingly, asking for help 90% of the time. She makes predictions and previews the text with relative ease. She uses these skills to help her gain meaning from the text. Amy also has occupational therapy 2 times a week. The occupational therapist has reported that she is making progress on her fine motor skills and therapy is appropriately written.

Example 2: “During our phone conversation regarding Brittany’s reading, math and written language progress, we discussed that Brittany’s OT services were begun as prescribed in the revised IEP. Brittany is responding positively to the services and looks forward to the sessions. We will discuss the progress made by next month.”
The Monthly Progress Report to Parent

Monthly Progress Report for Student(s) of
Deborah Rollings for services received from 4/1/2015 to 4/30/2015

To: Parent/Guardian of “Donald Duck”

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Service Type</th>
<th>Start Time</th>
<th>End Time</th>
<th>Duration</th>
<th>Group Size</th>
<th>Loc Code</th>
<th>Presenting Problem</th>
<th>Progress Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/21/2015</td>
<td>Case Management Service Log</td>
<td>3:00 pm</td>
<td>3:30 pm</td>
<td>30 min.</td>
<td>03</td>
<td></td>
<td>(S) Some progress has been made</td>
<td></td>
</tr>
</tbody>
</table>

Comments: Donald achieved all of his current goals and objectives. His annual IEP will be held tomorrow. Donald will be given new goals and objectives.

Areas Covered:
Contact Type: Face to Face, Written.

Signature: Electronic Signature
Deborah Rollings
Date: Monday, May 4, 2015
Parental consent – Federal regulations (34 CFR 300.154(d)) require PGCPS to obtain written consent from the parent before billing Medicaid.

- Medicaid Parental Consent Form
- MA Authorization Page from the IEP

=> Scan & email to sas.medicaidfax@pgcps.org <=
MEDICAID PARENTAL CONSENT

As you may know, the Prince George’s County School system provides service coordination and health-related services outlined in your child’s Individualized Education Program (IEP). Parent consent must be obtained before Prince George’s County School system can disclose, for billing purposes, your child’s personally identifiable information to the Maryland Department of Health and Mental Hygiene (DHMH). DHMH is the State agency responsible for the administration of the Medical Assistance (MA) Program, consistent with the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Act (IDEA).

Your consent to release the information in order to bill Medicaid, will allow Prince George’s County School system to receive the maximum Medicaid reimbursement for services provided rather than covering the costs solely from your local tax dollars. Medicaid funding will help Prince George’s County Public Schools expand and enhance the services to your child.

In order to provide a free and appropriate public education (FAPE) to your child Prince George’s School system may not:
- Require you to sign up for or enroll in State’s Medicaid Assistance in order for your child to receive FAPE under IDEA.
- Require you to incur an out of pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services.
- Use your child’s benefits under Medical Assistance if that use would:
  - Decrease available lifetime coverage or any other insured benefit;
  - Result in your family paying for services that would otherwise be covered by Medical Assistance and that are required for your child outside of the time your child is school;
  - Increase premiums or lead to the discontinuation of benefits or insurances; or
  - Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

☑ I give my consent for Prince George’s County School system to disclose my child’s personally identifiable information to the State’s Medical Assistance Program in order to access Medical Assistance Benefits.
☑ I give permission to the Prince George’s County School system to recover costs from Medicaid for service coordination, as well as health-related services, related to the implementation of my child’s IEP goals.
☑ I understand that if I refuse to allow the provider agency access to MA funds, it does not relieve the public agency of its responsibility to ensure that all required services are provided to my child at no cost to the parent.
☑ I understand that this service does not restrict or otherwise affect my child’s eligibility for other Medical Assistance benefits. I also understand that my child may not receive a similar type of case management service under Medical Assistance if he/she qualifies for more than one type.
☑ I understand that the Prince George’s County School System will submit information that will be used for the Special Services Information System. This system will be used by the MSDE and other State Agencies, as appropriate, to enable funding of programs and to assure my child’s rights to any needed assessment.
☑ I hereby authorize Prince George’s County Public Schools to share information with the MD State Department of Health and Mental Hygiene (DHMH) and for purposes of billing Medicaid for Medicaid covered case management and health related services that are identified in my child’s Individualized Education Program (IEP).
☑ I understand that the use of my Medicaid Insurance to recover costs for special education services does not restrict or otherwise affect my child’s eligibility for other Medicaid insurance benefits.
☑ I also understand if I choose to deny consent, Prince George’s County Schools is obligated to provide all required special education services at no cost to me.
☑ I give my consent voluntarily and I understand that I may withdraw that consent at any time. I also understand that my child’s entitlement to a free appropriate public education (FAPE) is in no way dependent on my granting consent.

Parent/Guardian Signature: __________________________ Date: ____________

Student’s Name __________________________ Student # ____________ Date of Birth: ____________

School Name: __________________________ Medical Assistance #: ____________

☐ My child does not receive Medicaid
On February 14, 2013, Federal regulations were revised to require PGCPS to provide written notification to each parent prior to the parent’s consent and annually thereafter.

- This notification explains all of the protections available to parents under Part B, as described in 34 CFR 300.154(d)(2)(v) to ensure parents are fully aware of their rights.

- The Medicaid Office will mail the Notification form(s) to the parents once each year thereafter.

=> No action needed by case manager <=
PARENTAL NOTIFICATION
TO ACCESS MEDICAL ASSISTANCE

August 26, 2015

Dear Parent/Guardian of:

Background:
Since 1997, the Prince George’s County Public School (PGCPS) System has participated in a Federal health insurance program called Medicaid. The program assists school districts by providing partial reimbursement for medically-related services listed on a student’s Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). Although this partial reimbursement is available only for students who are Medicaid eligible, services are provided to all students with disabilities regardless of their Medicaid eligibility status.

The Prince George’s County Public School’s Medicaid program is under the direction of the Maryland State Department of Health & Mental Hygiene and the Maryland State Department of Education.

In March 2013, the regulations regarding Medicaid parental consent for School-Based Services changed. Prior to accessing a child’s public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification of their rights. This document serves as your written notification.

Is there a cost to you?
NO – IEP/IFSP services are provided to students while they are at school at NO cost to the parent/guardian. You will not incur any out of pocket expense such as a deductible or co-pay amount incurred in filling a claim for services.

If PGCPS bill Medicaid, will Medicaid services that parents or guardians received outside school be affected?
No, the PGCPS program does NOT impact a family’s Medicaid services for the child. The

Increased premiums or discontinuation of benefits or insurance; or

Risk of loss of eligibility for home and community-based waivers based on aggregate health-related expenditures.

Do school districts need parental consent to bill Medicaid?
Yes. Before billing Medicaid for the first time, the school district must ask for your permission to bill your child’s public benefits or insurance to
IEP Service Coordinator Notification

❖ Service Coordinator notification - State of Maryland regulations (COMAR 10.09.52.03) require PGCPS to obtain notification and approval from the student’s parent of their IEP Service Coordinator and their acceptance of service coordination.

❖ A new form must be submitted for each change in case manager if the alternate case manager is not listed
  ❖ Form must be signed by case manager
  ❖ Distribute original to parent with option to sign
  ❖ Forward copy to Medicaid Office via scan

=> Scan & email to sas.medicaidfax@pgcps.org <=
Service Coordinator Notification

School: ________________

Dear Parent(s)/Guardian(s) of ____________________________ Student # ________________

Maryland regulations (COMAR 10.09.52) require the Prince George's County School system to provide on-going service coordination regarding your child's IEP. This service includes coordinating related services and monitoring your child's progress in achieving the goals identified in his/her IEP.

The person(s) identified below will serve as your child's Case Manager/Service Coordinator for the 2015/16 school year and will report monthly on your child's progress related to his/her IEP.

Please sign and return this letter indicating your consent to receive coordinating services and your acceptance of the assigned Case Manager. You are free to select your own Case Manager or change them at any time by contacting your child's school.

Should you have any questions regarding this form you can contact your current Case Manager at your child's school.

Sincerely,

Case Manager (Print Name) ______________________________ Case Manager (Signature) __________________________

Alternate Case Manager 1 (Print Name) __________________ Alternate Case Manager 2 (Print Name) __________________

I agree to service coordination for my child. I also agree to the appointment of the Service Coordinator(s) identified above as my child's Medical Assistance (MA) Service Coordinator(s) as outlined in COMAR 10.09.52. I understand that I am free to choose a MA Service Coordinator for my child and that if I wish to change my child's MA Service Coordinator in the future, I can call the school to make the change. I understand that by not returning the signed form within 15 days constitutes my implied consent and agreement to accept the assigned Service Coordinator / Case Manager(s) as written.

______________________________

Child's Name

______________________________  ______________________________

Parent Signature Date

Prince George's County Public Schools
Spending Incentive Funds

❖ Each school must submit a *Purchaser Registration Form* and *Incentive Requisition Form* before any orders can be processed.

❖ All instructions and forms are located on our website at:

[http://www1.pgcps.org/medicaid](http://www1.pgcps.org/medicaid)
Cindy Spiller, Program Liaison (Elementary)
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Deanna Brown, Program Liaison (ECC, Non-Publics)
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