I. Policy

II. Procedures

A. Description

Medical assistance is a method of payment for public and private providers of assessment, evaluation, and health related services now available to public school systems for eligible special education children.

B. Purpose

The purpose of this program is to obtain reimbursement for all eligible services provided by Frederick County Public Schools. Written parent permission is required for billing. Billable services must be provided by staff who meet the licensing requirements of the Department of Health and Mental Hygiene (DHMH).

C. Definitions

1. DHMH - Department of Health and Mental Hygiene

2. IEP – Individualized Education Program: A written description of the special education and related services for a student with a disability that is developed, reviewed, and revised by the student’s individualized education program team.

3. MA - Medical Assistance

4. MA 1 - Medical Assistance Form 1: The FCPS form used to record monthly school health related services received by a student eligible for medical assistant by a single provider such as a speech pathologist, school psychologist, or occupational therapist.

5. MA 3 - Medical Assistance Form 3: The FCPS form used to document the service coordination provided monthly by the staff members(s) approved as service coordinator.

6. OIEP - Online Individualized Education Program: A written description of the special education and related services for a student with a disability that is developed, reviewed, and revised by the student’s individualized education program team utilizing the Maryland State Online IEP tool.
7. Service Coordination - Billable services provided by the service coordinator approved on MA 2 or the Online IEP authorization page. The services must include direct contact with the eligible student and/or parent/guardian related specifically to the student’s goals and objectives on the active IEP.

D. Eligible services include the following:

1. School Health Related Services
   a. Psychological services for evaluation, diagnosis, and treatment of emotional or behavioral problems or disturbance in order for a child to benefit from the educational program. (Psychologist would need to be listed as a service provider on the individualized education program (IEP) and work directly with student.)
   b. Psychological services for evaluation of children suspected of having a disability and re-evaluation of children with disabilities.
   c. Social work services, including individual treatment, group treatment, and family counseling. (Must be delivered in accordance with IEP.)
   d. Speech and language services, including evaluations, treatments (both individual and group, and consultations.)
   e. Counseling services necessary to treat behavioral problems or emotional disturbances in order for the student to benefit from the educational program. (Must be delivered in accordance with IEP by a licensed practitioner.)
   f. Special transportation on days when services listed above are delivered.

2. Service Coordination Services
   a. Initial IEP meetings/IEP development
   b. IEP review/modification (maximum 3 per year)
   c. Ongoing service coordination (once a month)

E. Identification of Eligible Children

1. The determination of eligibility for students should be accomplished confidentially by asking the parent if the child receives medical assistance. If the parent indicates that the child is eligible, the parent will sign the authorization as provided in the online individualized education program (OIEP) document. The original authorization page must be forwarded to the medical assistance (MA) specialist in the Office of Special Education and a copy maintained in the student’s special education folder.

2. MA status must be confirmed at each IEP annual review.

F. Record Keeping/Data Requirements

1. Principal or designee in each building shall maintain a current list of eligible students for service providers provided by the MA specialist.
2. Each service provider completes the monthly Medicaid services record (MA-1) if they have provided service that month. One form must be completed for each child by each service provider for each month that services are delivered.

3. The original MA-1 form must be sent to the MA specialist no later than 90 days after the service is provided. Copies of these documentation forms must be maintained in the child's folder for six (6) years.

4. Service coordination must be authorized on the OIEP, including written parent approval of the designated case manager.

5. Completion of the monthly service coordination log (MA-3) is required to document service coordination. The original log must be sent to the MA specialist.

6. Special transportation must be indicated on the OIEP. Service providers document transportation on the monthly Medicaid services record (MA-1).

G. It is the responsibility of the principal to ensure that service providers are completing necessary paperwork for children who are eligible for medical assistance, and sending it on a monthly basis.

H. Projected use of Reimbursement Funds

Accrued funds through medical assistance must be directly applied to the enhancement of special education services in our system. Funds are first used to cover administrative costs of the program. The director of special education will annually convene a committee to determine other priority areas where medical assistance funds will be used. The committee may include the following members:

- Deputy Superintendent
- Executive Director of Fiscal Services
- Director of Special Education
- Supervisor of Special Education
- Coordinating Speech/Language Pathologist
- Principal (appointed annually)
- Special Education Teacher
- Special Education Coordinator for Medical Assistance.

Staffing provided via medical assistance funds will be provided on a yearly basis, with the understanding that staff would be renewed dependent on continued medical assistance revenue. Staffing will be provided only after funds have been accrued to cover the cost.

Approved:

Original signed by

Linda D. Burgee
Superintendent