BHRS

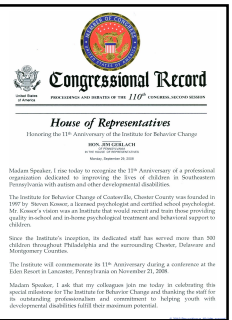
WRAP-AROUND

Effective Treatment
… in a wraparound cup®

A word of thanks….

US Congressman Jim Gerlach has been a strong supporter of the Institute for Behavior Change and of my efforts to bring quality mental health treatment services to people, especially those who have developmental disabilities, for many years. I deeply appreciate his consistent and enthusiastic endorsement of my work and look forward to future opportunities to share new ideas with others.

Steve Kossor



Congressional Record

House of Representatives

Honoring the 11th Anniversary of the Institute for Behavior Change

HON. JIM GERLACH

Monday, September 29, 2008

Madam Speaker, I rise today to recognize the 11th Anniversary of a professional organization dedicated to improving the lives of children in Southeastern Pennsylvania with autism and other developmental disabilities.

The Institute for Behavior Change of Coatesville, Chester County was founded in 1997 by Steven Kossor, a licensed psychologist and certified school psychologist. Mr. Kossor's vision was an Institute that would recruit and train those providing quality in-school and in-home psychological treatment and behavioral support to children.

Since the Institute's inception, its dedicated staff has served more than 500 children throughout Philadelphia and the surrounding Chester, Delaware and Montgomery Counties.

The Institute will commemorate its 11th Anniversary during a conference at the Eden Resort in Lancaster, Pennsylvania on November 21, 2008.

Madam Speaker, I ask that my colleagues join me today in celebrating this special milestone for The Institute for Behavior Change and thanking the staff for its outstanding professionalism and commitment to helping youth with developmental disabilities fulfill their maximum potential.

1967 **E**arly and **P**eriodic **S**creening, **D**iagnosis and **T**reatment

For children under 21 years of age:

- Treatment AND **Prevention** services
- Physical, Speech & Related Therapies
- Hearing Services
- Eye Examinations & Eyeglasses
- Durable Medical Equipment
- Home, Residential & Inpatient Care
- Dental Care
- Other Services (including **mental health care**)

42 CFR Chapter VII Subchapter XIX §1396d
[Sec. 1905(r)(5)] **"The Social Security Act"**

(r) Early and periodic screening, diagnostic, and treatment services

(5) Such other necessary health care, diagnostic services, treatment, and other measures described in subsection (a) of this section to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, **whether or not such services are covered under the State plan.**

Nothing in this subchapter shall be construed as limiting providers of early and periodic screening, diagnostic, and treatment services to providers who are qualified to provide all of the items and services described in the previous sentence or as preventing a provider that is qualified under the plan to furnish one or more (but not all) of such items or services from being qualified to provide such items and services as part of early and periodic screening, diagnostic, and treatment services.

42 CFR Chapter IV Part 440.130
[Sec. 1905(a)(13)] **"The Social Security Act"**

(a) **"Diagnostic services,"** except as otherwise provided under this subpart, includes any medical procedures or supplies **recommended by** a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, to enable him to identify the existence, nature, or extent of illness, injury, or other health deviation in a recipient.

(c) **"Preventive services"** means services **provided by** a physician or other licensed practitioner of the healing arts within the scope of his practice under State law to

- (1) Prevent disease, disability, and other health conditions or their progression;
- (2) Prolong life; and
- (3) Promote physical and mental health and efficiency.

(d) **"Rehabilitative services,"** except as otherwise provided under this subpart, includes any medical or remedial services **recommended by** a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.

Three Key Concepts

Each service must be sufficient in **amount, duration and scope** to reasonably achieve its purpose.
42 CFR Chapter IV Part 440.230

EPSDT services must be provided to children enrolled in Medicaid **whether or not** the services are provided for in any State Plan. OBRA '89

Medicaid, not the school, must pay for covered services to a child if funding is in dispute. **Medicaid** is the "payer of first resort" for services in schools.
IDEIA 2004

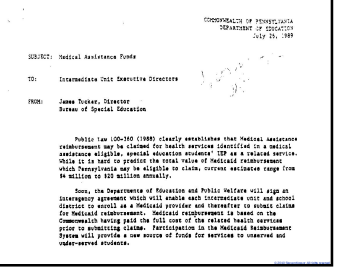
The Education-Medicaid Partnership

1989

OBRA '89

EPSDT funding is mandatory

In all 50 states



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF EDUCATION
July 19, 1989

SUBJECT: Medical Assistance Funds

TO: Intermediate Unit Executive Directors

FROM: James Tucker, Director
Bureau of Special Education

Public Law (PL) 100-360 (1988) clearly establishes that Medical Assistance reimbursement may be claimed for health services identified in a medical assistance eligible, special education students' IEP as a related service. While it is hard to predict the total value of Medicaid reimbursement which Pennsylvania may be eligible to claim, current estimates range from $4 million to $20 million annually.

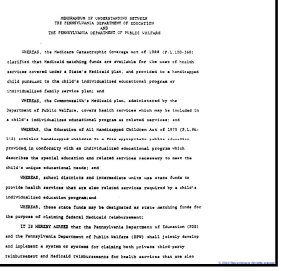
Soon, the Departments of Education and Public Welfare will sign an interagency agreement which will enable each intermediate unit and school district to enroll as a Medicaid provider and thereafter to submit claims for Medicaid reimbursement. Medicaid reimbursement is based on the Commonwealth having paid the full cost of the related health services prior to submitting claims. Participation in the Medicaid Reimbursement System will provide a new source of funds for services to unserved and under-served students.

The Education-Medicaid Partnership

1989

MOU

Memorandum of Understanding



MEMORANDUM OF UNDERSTANDING BETWEEN
THE PENNSYLVANIA DEPARTMENT OF EDUCATION
AND
THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

WHEREAS, the Medicare Catastrophic Coverage Act of 1988 (P.L.100-360) clarified that Medicaid matching funds are available for the cost of health services covered under a State's Medicaid plan, and provided to a handicapped child pursuant to the child's individualized educational program or individualized family service plan; and

WHEREAS, the Commonwealth's Medicaid plan, administered by the Department of Public Welfare, covers health services which may be included in a child's individualized educational program as related services; and

WHEREAS, the Education of All Handicapped Children Act of 1975 (P.L.No. 9-142) entitles handicapped students to a free appropriate public education, provided in conformity with an individualized educational program which describes the special education and related services necessary to meet the child's unique educational needs; and

WHEREAS, school districts and intermediate units use state funds to provide health services that are also related services required by a child's individualized education program; and

WHEREAS, these state funds may be designated as state matching funds for the purpose of claiming federal Medicaid reimbursement;

IT IS HEREBY AGREED that the Pennsylvania Department of Education (PDE) and the Pennsylvania Department of Public Welfare (DPW) shall jointly develop and implement a system or systems for claiming both private third-party reimbursement and Medicaid reimbursements for health services that are also

SBAP
School-Based ACCESS Program

1992

SBAP

Administration of the SBAP

The School-Based ACCESS Program (SBAP) is a partnership between the PA Department of Education (PDE) and the PA Department of Public Welfare (DPW). Leader Services is the statewide contractor selected by PDE to perform the day-to-day operations of the SBAP. All SBAP claims must be submitted to DPW by the designated PDE contractor for the school based programs.

http://www.leaderservices.com/services/pa/sbapmanual/SBAP_Fullmanual.pdf

Covered Services

The following services are covered under the SBAP Program:

- Assistive Devices
- Audiology
- IEP Meetings
- Nursing
- Occupational Therapy
- Vision
- Orientation and Mobility
- Personal Care Assistant
- Physical Therapy
- Physician
- Psychiatric
- Psychology
- Social Work
- Special Transportation
- Speech, Language & Hearing
- Teacher of the Hearing Impaired

http://www.leaderservices.com/services/pa/sbapmanual/SBAP_Fullmanual.pdf

MA Loophole Provision

For disabled children, there is a special eligibility vehicle, commonly referred to as the MA Loophole. Under this provision, a child meeting the Social Security Administration's disability standards may be eligible for MA, based on meeting the standards and the income of the child, not the family.

http://www.leaderservices.com/services/pa/sbapmanual/SBAP_Fullmanual.pdf

Appendix C **SERVICE and PAYMENT LIMITS**

Service	MA Ceiling/15 min	Hourly Rate	Maximum Units/Day	
*Personal Care Assistant	$10.00	$40.00	64 (16 hrs)	$640
*Physical Therapy - Individual	$50.00	$200.00	32	
*Physical Therapy - Group	$16.25	$65.00	32	
*Physician	$47.50	$190.00	32	
*Psychiatric	$150.00/30 minutes	$300.00	16	
*Psychology - Individual	$38.75	$155.00	80 (20 hrs)	$6,200
*Psychology - Group	$13.75	$55.00	48	
*Social Work - Individual	$28.75	$115.00	48	
*Social Work - Group	$9.60	$38.50	48	

* These direct services must be at least 7 1/2 minutes in length in order to be billable.

Note: Service providers should always list their **actual** service time on their claims submission forms, regardless of whether that time exceeds the above MA ceiling, hourly rate, or units columns.

http://www.leaderservices.com/services/pa/sbapmanual/SBAP_Fullmanual.pdf

Personal Care Assistant Services **$40.00 hourly**

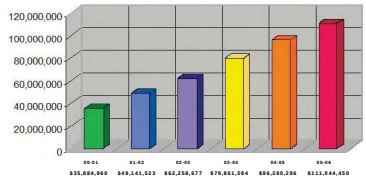
A personal care assistant must be a **high school graduate or have a general equivalency diploma (GED).**

She/he must also have a current certification in first aid and cardiopulmonary resuscitation (CPR). These certifications must be maintained during employment. Verification of the educational and certification requirements are the responsibility of the LEA. The LEA is responsible for assuring appropriate training and supervision of all personal care assistants.

http://www.leaderservices.com/services/pa/sbapmanual/SBAP_Fullmanual.pdf

"Since the inception of SBAP in 1992, LEAs have recovered more than $576 million in federal Medicaid reimbursement."

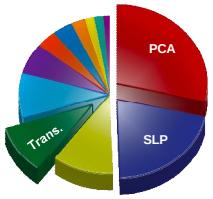
$576 million ***In PA alone***



http://www.leaderservices.com accessed in 2006, no longer on website

2008-2009 Projected Reimbursement

PCA — $32,412,671
SLP — $23,300,260
OT — $12,181,431
Trans.— $11,260,875
IEP — $10,230,088
PT — $7,214,976
Psychological — $4,117,697
…continued



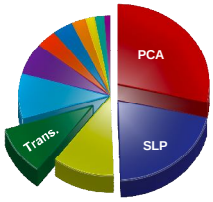
http://www.leaderservices.com/services/news.aspx?ts=0&nk=98

2008-2009 Projected Reimbursement

RN — $4,096,931
THI — $2,843,282
Social Work — $1,870,888
Other services — $1,584,407
LPN — $1,227,582

Total = $112,341,088

Other services include: O&M, Physician, Assistive Devices, Psychiatry, Audiology



http://www.leaderservices.com/services/news.aspx?ts=0&nk=98

Communication and Outreach

DPW continually confirms that students may receive SBAP and other medically necessary MA services.

http://www.leaderservices.com/services/pa/sbapmanual/SBAP_Fullmanual.pdf

Medical Necessity

… think of medical necessity as being **medical/educational** necessity. Under IDEA, a child is entitled to a Free Appropriate Public Education [FAPE].

In order for a child to receive this education, he/she must receive medical/mental health-related services.

Consequently, staff wear two hats – one medical and one educational. Recognizing the medical nature of the services provided is critical to proper service documentation and payment to the SBAP provider.

http://www.leaderservices.com/services/pa/sbapmanual/SBAP_Fullmanual.pdf

Examples of Medicaid Fraud

- Billing for services not rendered. This includes the obvious and failure to submit a claim adjustment when returning medication to stock or billing for cancelled appointments or no shows.
- Billing for misrepresented service in which a provider received inappropriate payments. This violation includes up coding of procedures, billing brand drugs for generics, services provided by unqualified staff, incorrect dates of service, up coding inpatient ICD-9-CM diagnosis(es) and procedures and, reporting incorrect discharge status codes for inpatient admissions.
- **Billing for duplicate services. This could also include billing two different sources for the same service.**
- Billing contrary to DPW payment conditions such as unbundling laboratory and radiology services to receive higher compensation and billing for non-covered services.
- Serious record keeping violations. This includes falsified records, or no medical or fiscal records available.

http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/DoingBusiness/FraudAbuse/003670226.htm

Office of the Inspector General Audits

April, 2010 A-02-07-01051 New Jersey

Based on our sample results, we estimate that New Jersey was improperly reimbursed $8,079,312 in Federal Medicaid funds during our July 27, 2003, through October 4, 2006, audit period.

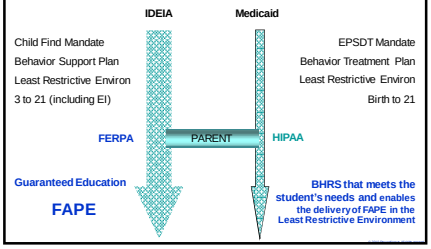
March, 2010 A-07-08-03107 Missouri

…refund $20,469,670 ($4,212,506 for the St. Louis Public and Springfield school districts and $16,257,164 for the other Missouri school districts) to the Federal Government for unallowable SDAC expenditures…

March, 2010 A-09-07-00051 Arizona

…refund to the Federal Government $21,288,312 for unallowable school-based health services…

The best Education-Medicaid Partnership



Recommendations (consistent with DRA 2005)

Consider the benefits of contracting with Behavioral Health Rehabilitation Services (BHRS) treatment providers for in-school MH services:

- who are closely supervised by licensed mental health professionals, with their own liability to manage and supervision standards to uphold, and
- who are implementing clearly written treatment plans identifying specific, measurable outcomes that are "school aware" and incorporate evidence-based practices including the "wraparound" model and
- who are taking outcome data from the recipients of services (or their teachers, or their parents), not just their own staff, and
- are showing improvement in their clients' behavior because they are *using the outcome data to update the treatment program continuously* to achieve the treatment goals as quickly & efficiently as possible.

#1 source for information worldwide

Google "Treatment Plans for Children"

www.TreatmentPlansThatWorked.com

Responsibly using Medicaid funds to treat children with disabilities successfully since 1992

Steve Kossor 610-212-0738

Access over 500 "real world" treatment plans that were all used successfully for children with ASD, ADHD and other serious behavioral challenges

and the data that proves it.

BHRS WRAP-AROUND