

Notes from meeting with Dr. Walsh on 4/15/24. Dr. Walsh called while I was with a student. When I returned the student to his parent, Mrs. Elliott told me that Dr. Walsh wanted to speak to me and invited me into her office with Kelly also present. She told me that she has decided that Plains will be joining the Cabinet Mountain Cooperative beginning Fall 2025. She and Kelly both said that they told Ms. Salmi that part of this agreement between them included hiring me. I responded that it also depended on if I accepted any job offered to me.

Next, Dr. Walsh said wanted to know why I had not been billing Medicaid for my speech therapy services. I explained that based on a virtual training session I had attended in 2021 that Medicaid was tightening the rules. Laurie from Medical Billing emphasized several times that any billed services must be restorative not maintenance of skills and be medically necessary. Laurie stated that the determination of these factors was solely at the therapist's discretion. She also reminded us that Medicaid can and does audit school districts billing Medicaid and that they have taken funds back from school districts if the auditor felt that the services were improperly billed as they were for maintenance. Based on this information, I had discussed with both Kelly and Mr. Meredith on several occasions that two of the students I had previously been billing for were at a plateau and given the current information, I did not feel comfortable billing Medicaid for them given this new information. The third student I had been billing for has since graduated. I currently do not have any students who I feel require medically necessary speech therapy services, but I stated that I would bill any eligible students in the future.

Dr. Walsh responded that she did not care if I was comfortable or not and that she wants me billing for these students. When I again tried to tell her about the 2021 meeting, she said, "It's 2024." I told her that I had heard of schools having their funds taken back. I also told her that in the past I have had issues with billing for students and the claims not being paid because the family was no longer eligible. In some of these cases, the families did not submit required paperwork in time as per Montana Medical Billing. Dr. Walsh told me it is my responsibility to check with the families to make sure that they keep their Medicaid paperwork up to date which I do not feel is an appropriate task for me. She also demanded that I begin billing for a student that I felt had plateaued. I responded that I would reconsider after she heals from a recent surgery when she return to school in the fall. Dr. Walsh said that xxxxxxxxxxxx are medical and she said that she determined that it was medically necessary so I needed to bill for it. She again demanded that I begin billing immediately for this student and that the school needs the money. Kelly also wants me to bill for an autistic student who is often violent or asleep and can be difficult to engage in therapeutic activities. I again said that I have just recently been able to briefly engage him in structured language tasks and that if he continues to grow in his ability to participate in speech therapy activities, that I would consider it.

I was also told by another person who had attended a different meeting that if I gave Ms. Salmi permission, that she would look over my caseload and tell me which students to bill for. This is completely unacceptable and I will not be party to this.

Dr. Walsh then demanded that I begin servicing XXXX again. I explained to her that he had reached a plateau several years ago and that the team decided to dismiss him from speech therapy services. He had also been dismissed from his private services around the same time also due to lack of progress. She told me that she didn't care, that he was on our roster and that I needed to "try new things." I again told her that it is a team decision, not something that she could tell me to do.

Dr. Walsh next began grilling me on how teachers know what I am working on with a student and how the teacher is supposed to measure their speech and language goals. I explained the IEP process and how I provide quarterly progress reports that the classroom teacher can access from Infinite Campus. I also regularly interact with my students' teachers and address concerns as they arise. Dr. Walsh also got on a tangent on how all of the preschoolers that I service couldn't be billed because "they are not enrolled" which is not accurate as I told her; however, they do need to meet the Medicaid eligibility criteria if the school is going to be billing Medicaid speech therapy services.

I left the meeting feeling upset, threatened and bullied. I strive to make ethical decisions. I felt that Dr. Walsh wants the money from Medicaid regardless of my professional judgment which was dismissed and belittled. In my 14 years working for the Plains School District, I have never had such a disrespectful and hostile interaction with an administrator.

I am in need of guidance for which speech therapy services are appropriate to bill for Medicaid. In the past, I have been told that the services must be medically necessary and that progress must be demonstrated in order for the services to be billable. It has been emphasized to me that the speech therapy services that I provide in the school which are intended for maintenance of a skill are not considered Medicaid billable services. As an example, I have a student on my caseload with a repaired cleft palate. In the past, I have worked with her on the correct placement and manner of speech sounds as students with cleft palates are at risk for developing abnormal speech patterns. I billed Medicaid for these services as they were restoring appropriate speech sound patterns. This student has achieved these goals and although I have continued seeing her to assure that she maintains correct speech sound patterns, I have not been billing Medicaid as these services in my mind are maintenance of the skills she has learned.

Our school district has a new superintendent this year. She feels that I need to resume billing Medicaid for my services to this student because in her mind a cleft palate is a medical condition and any and all services that I provide to her should be billable. She is also questioning me as to why I am not billing Medicaid for all Medicaid eligible students that I see for speech and language therapy regardless of their diagnosis. I understand that these services are being billed for under my license. I am very concerned that if there was ever a question of whether any services were found to be inappropriately billed for in case of an audit what my personal liability would be.

If you know of any references that I can provide to her to help clarify these questions and concerns, I would very much appreciate it.