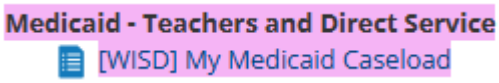
Logging Service Records in PSSP – Case Managers

All logged services are due the 15th of the following month (e.g. Sep records due Oct 15)

CASELOAD: It is important to keep your caseload current. Add new students as necessary; remove students as necessary. If removing students, do this only after all Service Records have been completed.

PSSP Homepage: 

automatically lists who on your Caseload is Medicaid eligible. For these students, log your services + a monthly summary.

If you do not see your 

on the Homepage, contact Khalilah Massey (contact info. Below)

Logging Service Records from PSSP Homepage:

- Scroll down to your Caseload, click **Calendar icon** to left of student name
- Highlight the student for whom you are logging services, or check the box if using a Mac
- Select Calendar Date of the service and right click. **Click Record Past Service**

Service Record:

1. **Type of Plan** M st clic either the EP o or SP o .
   . **Service Provider Role:** Click dropdown, select your Role (sta w/dual roles, select one) Check whether **IEP or IFSP** related service
   . **Type of Service Record:** select the Service category that best describes the service you are providing (therapy/treatment, evaluation/testing, REED, IEP/IFSP, etc.) Select **Treatment/Therapy** for a Targeted Case Mgt Service [T2023 TM PER Month]. Select **Record Keeping** for any additional Case Mgt Services [T1016 TM]. **SEE T P S EET**
   . **Service Date Time:** click the clock and time, or manually enter the time of Service
   . **Duration Minutes:** enter how long your service lasted
6. **Service Provided:** select the Service you provided
   . If applicable, select **Monthly Summary, Teletherapy, Habilitative or Rehabilitative**
   . Complete your **Provider Notes**
   . When finished, click the box: **Has this service been completed?**
10. Click **Save**

Monthly Summary: if completing a **Monthly Summary,** repeat the steps above .

- For number 3, **Type of Service Record**, you must select **Record Keeping**.
- **Service Provided**: select Monthly Progress Summary and complete your Notes

CASE MANAGER TIP SHEET: *Options of Billable Items (Resource Rm and Self-Contained)*

Targeted Case Management is a "per month" service.

1. **Record a minimum of one Targeted Case Management Service from the list below and one Monthly Progress Summary per month for each Medicaid eligible student on your Caseload. *Please use "Other/Academics" for anything not on the list below and is academic related.***
2. **If you attend or amend an IEP/IFSP, select IEP/IFSP Participation, and log that as well.**
3. **Provider Notes: Include enough detail to allow reconstruction of what has transpired for each service.**
4. **All logged services are due the 15th of the following month (eg. September due October 15th)**

PLEASE NOTE: Below are examples of Billable activities for Targeted Case Management Services [T2023 TM/TL] and Case Mgt [T1016 TM/TL] only. If you have already billed one T2023 for the month and still perform some of the other examples, please use [Case Mgt -T1016 TM/TL]. These comments alone do not include sufficient detail for a provider service note; make sure to describe the specific details of the service.

Assuring that standard re-examination and follow-up are conducted on a periodic basis to ensure that the student receives needed diagnosis and treatment

- Coordinating transition planning meetings
- Contacting service providers regarding student's IEP/IFSP progress
- Coordinating meetings to discuss plan of care progress and all related preparation

Assisting families in identifying and choosing the most appropriate providers of care and services, scheduling appointments, helping families maintain contact with staff and outside providers

- Linking parents with providers, providing contact info, scheduling appointments, etc.
- Assist families with questions re: providers and available services

Follow-up to ensure that the student receives needed diagnostic and treatment services

- Discussing student progress with service providers
- Reviewing IEP to ensure services are being provided as specified
- Reviewing IEP to determine progress in goal areas (not academic goals)
- Setting up therapy schedule for student (OT, PT, speech, social work, etc.)

Maintenance of student records

- Reviewing, organizing, updating student files, CA-60s; reviewing psychologist's reports, etc.
- Updating and collecting student health forms, updating student contact info
- Track/record student progress towards IEP/IFSP goals and objectives

Coordinating school-based services and treatment with parents and/or the child

- Communicating with student's family about IEP/IFSP goals and services
- Scheduling conference times with parents and service providers
- Preparing and distributing progress reports to family
- Attending conferences with student's family to review IEP/IFSP goals (may be a phone conference)

Monitoring and recommending a plan of action

- Coordinating behavior intervention meetings with team members
- Making necessary arrangements/adjustments if there are any changes in the needs or status of student

Coordinating evaluations, assessments and other services the student needs

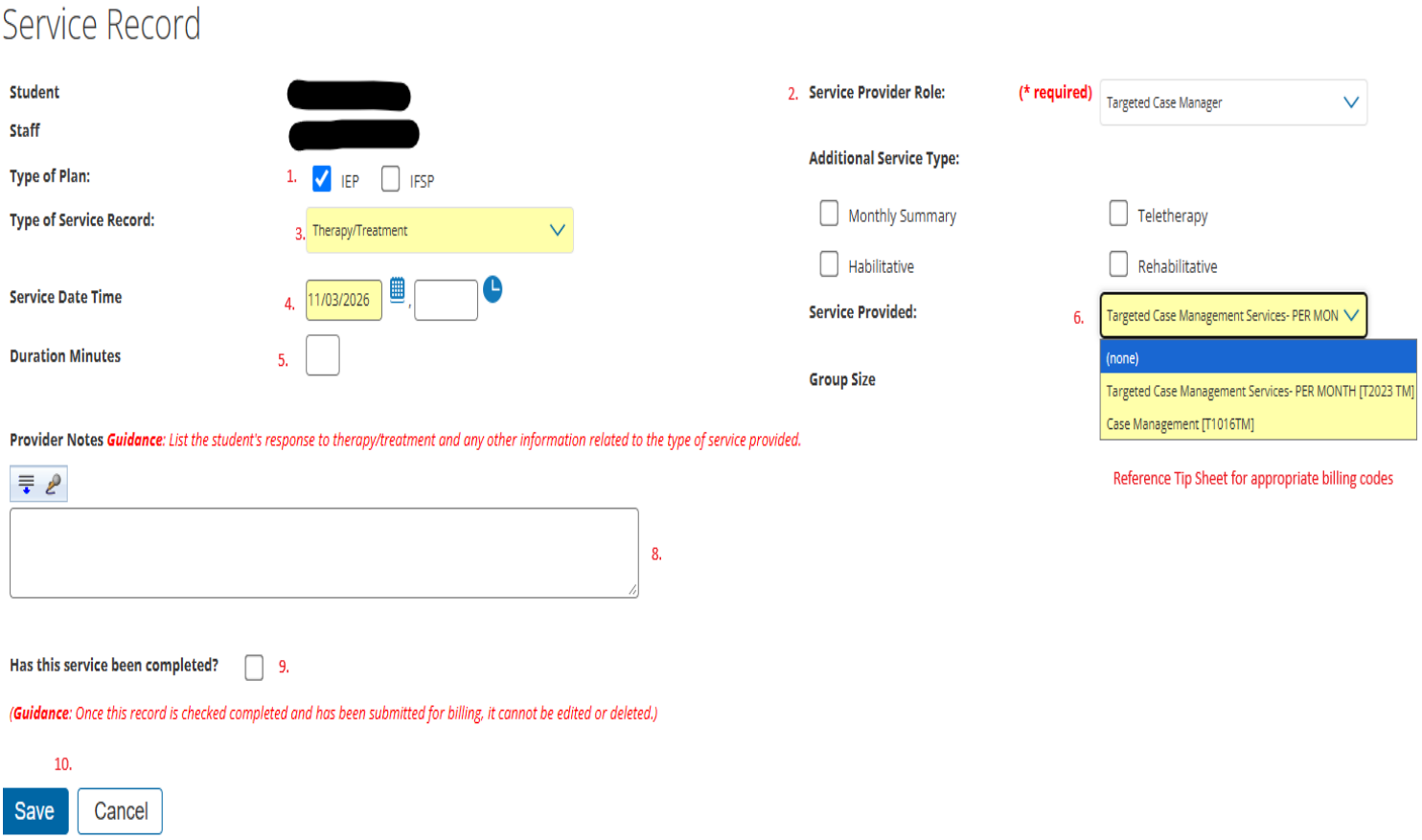
- Coordinating and scheduling REEDs and or METs
- Notifying IEP/IFSP Team and parents of meetings (email, letters, phone calls); sending forms for signature
- Gathering documents necessary for assessment or referrals

Facilitating/participating in the development, review, modification and evaluation of the IEP/IFSP or Manifestation Review meeting

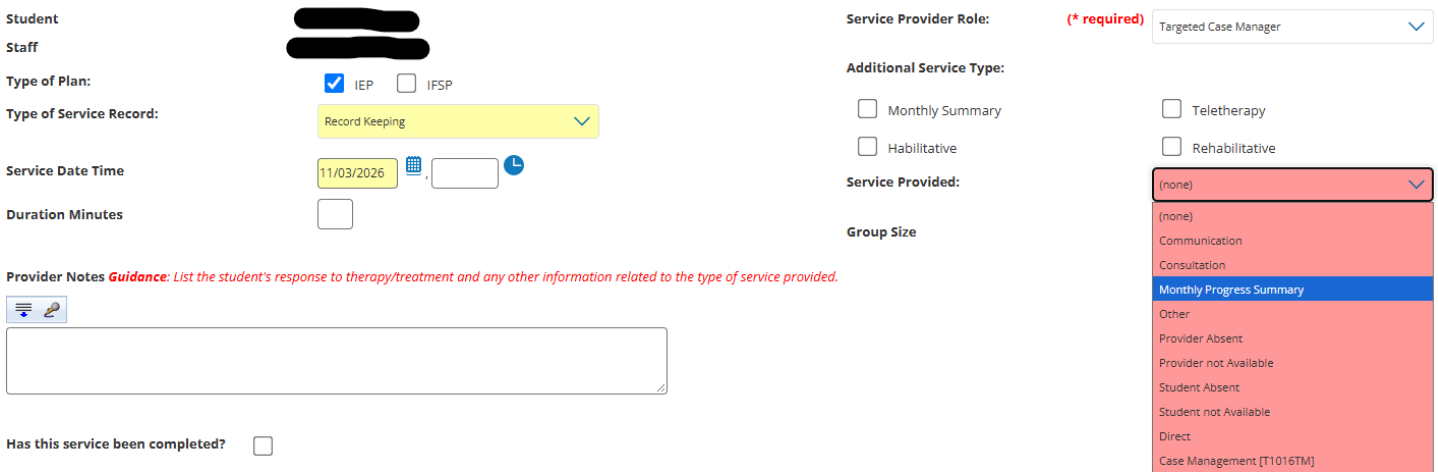
- Scheduling IEP/IFSP, sending out invites, attending IEP/IFSP; gathering documents necessary for IEP/IFSP
- Collaborating with service providers to develop goals; identify needs
- Completing amendments to authorize personal care services

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Activities that support coordinating health services
• Making referrals and/or scheduling appointments for health, behavioral services, vision or hearing screens, etc. • Communicating with other agencies regarding services (Family & Children Services, outpatient therapies, etc.)
Coordinating with other health professionals in the school to establish a continuum of health and behavioral services
• Coordinating services with ancillary staff, principals, counselors, personal care aides, etc.



Record Keeping:



Targeted Case Manager: Service Record Examples

Service Captures
Met with behavioral specialist, social worker and other teachers regarding behaviors that student is exhibiting. A behavior plan is being recommended. Parents contacted and informed of situation.
Reviewed IEP goals to determine student's progress in preparation for conferences. Emailed service providers about open progress reports and need to input data for reports.
Spoke to the classroom teachers about student's progress for the first week of school in regard to persisting at tasks and participating in classroom activities. Student continues to require assistance to complete tasks and remain attentive during group activities.
Consulted with social worker and administration to address student's absences recently. There seems to be a transportation issue and the school is working with the parents to alleviate this issue. The current plan is for the school to stress the importance of daily attendance and parents will do their best to assist.
Gathered all the necessary documents needed to complete the REED, met with psychologist & social worker to discuss if student should be reevaluated or if there was sufficient evidence not to reevaluate. The team considered looking into an EI evaluation but after further discussion with the social worker it was determined that he would not quality and the behaviors are not consistent with an EI qualification.
Assured case records are maintained by opening up student's progress report so other providers scan put information in for the end of the marking period coming up on March 20. An e-mail will be sent out to inform service providers that the progress report is open and when the information is due.
Coordinated school based service by meeting with parent and general education teacher at parent/teacher conferences. Went over the student's progress report and answered questions parents may have. As a team we will continue to work with the child to help the child meet their IEP goals and objectives.
In talking with speech pathologist, student continues to have difficulty with vocalic /r/ productions. Student is able to consistently produce /sh/ and /ch/ at the single word level. This objective has been the focus over the last few months given high levels of frustration regarding /r/ production. We will continue to help student with his speech goals.
Consulted with Occupational therapist re: student's fine motor difficulties and how to best support in the classroom. A pencil grip and loop scissors were recommended to help the student be more successful.
Consulted with Speech therapist regarding student progress. He continues to need support with articulation and language issues. Will continue to support with modeling and corrections as they occur.
Contacted the TC in Lakeview to coordinate needed paperwork for student to enroll in school. Mom has had to move and needs assistance with getting all documents to enroll her there. Copied IEP, transcript, psych report, shot record, and discipline files to be taken to Lakeview for enrollment.

Monthly Progress Summary Examples

Include evaluation of progress, changes in medical and mental status, and any changes in treatment with rationale for change.

Student has been doing well this month. She has been having upper respiratory issues and hasn't been feeling well consistently, but she has been participating in circle time and during curriculum. Student has been using simple buttons to make error-less choices and has been using facial expressions and eye gaze to make selections between 2 or 3 choices. Student has also been working with the PT and OT. She has been working well with the staff and seems to show progress with their positioning and stretches. No changes in medical, mental status or treatment plan.

Student has returned to school this year with more language. He is initiating conversation with adults, but very little with his peers. He is using language to get his needs met. He continues to have difficulty persisting at tasks and maintaining attention during group activities. He is not as silly during circle time and appears to be able to sit for longer periods of time in comparison to last school year. Attending circle time for up to four minutes and then an adult intervenes and prompts him. No changes in medical, mental status or treatment plan.

For the month of December, Sam's parents were contacted multiple times to coordinate services that are being provided by Area Mental Health. Also followed up with social worker on techniques that can be used I the classroom to address Sam's behavior issues. No changes in medical, mental status or treatment plan.

<u>Examples of Insufficient Monthly Summaries:</u>
"Continues to progress on IEP goals."
"Coordinated Services."
"Limited progress."
"Services Delivered."
"Made progress on goals."
"Student doing well."
"Some progress towards goals."
"The student is making some progress toward his/her IEP goals and objectives."
"Coordinating and monitoring IEP services on behalf of student."
"Maintenance of Case Records."

Random Moment Time Studies – a Guideline for Designated Case Managers

- The time study gathers information on the activities that school staff provide students and classifies them as educational or related to case management services that could be reimbursed by the Medicaid program.
- Notification is via email from miaop@pcgus.com. For compliance, responses are expected within 24-48 hours.
- It is important that the person who reviews and assigns a code to your answers understands your activity, so please follow these important guidelines.

Using detail and being specific helps to avoid follow-up questions.

Question 1 - Who was with you?

Too Vague	Detailed Response
A student	A student who is severely, multiply impaired
A parent	A parent of a student with autism
A teacher	The SXI classroom teacher
A principal and staff	The principal of our center program for special ed. students, along with the OT, PT and Social Worker

Question 2 – What were you doing?

Too Vague	Detailed Response
Talked with staff	Consulted with the OT concerning the student's wheelchair needing repair; leg locks are missing internal bolts; front wheel wobbly.
Discussion with parent	Talked to parent about the effects of new medication that I have observed. Student is calmer in the classroom. Parent reporting that behavior is improving at home as well. I will update the school nurse.
Phone call home	Received update from parent after student's hospital visit. Parent received prescription for new medication and a script for OT and PT services.

Question 3 - Why were you doing this activity

Too Vague	Detailed Response
Wheelchair is shaky	Student is wheelchair bound and personal care providers are having a difficult time moving student. There is difficulty for our transportation staff as well.
Monitoring behavior	Student receives nursing services and medication is monitored at school. The student's behavior in the classroom is affected by the medication.
Follow up on services	Student is to receive OT and PT services per the IEP. Script needed to begin services at school

Question 4 - Is the service you provided part of the child's medical plan of care or for which medical necessity has been determined? Options include: (pick one)

- Yes – IEP/IFSP
- Yes – Medical Plan of Care other than an IEP/IFSP (i.e. 504 plan, student health plan, nursing plan, physician's order, crisis intervention services)
- Medical necessity established in other method
- No, or N/A

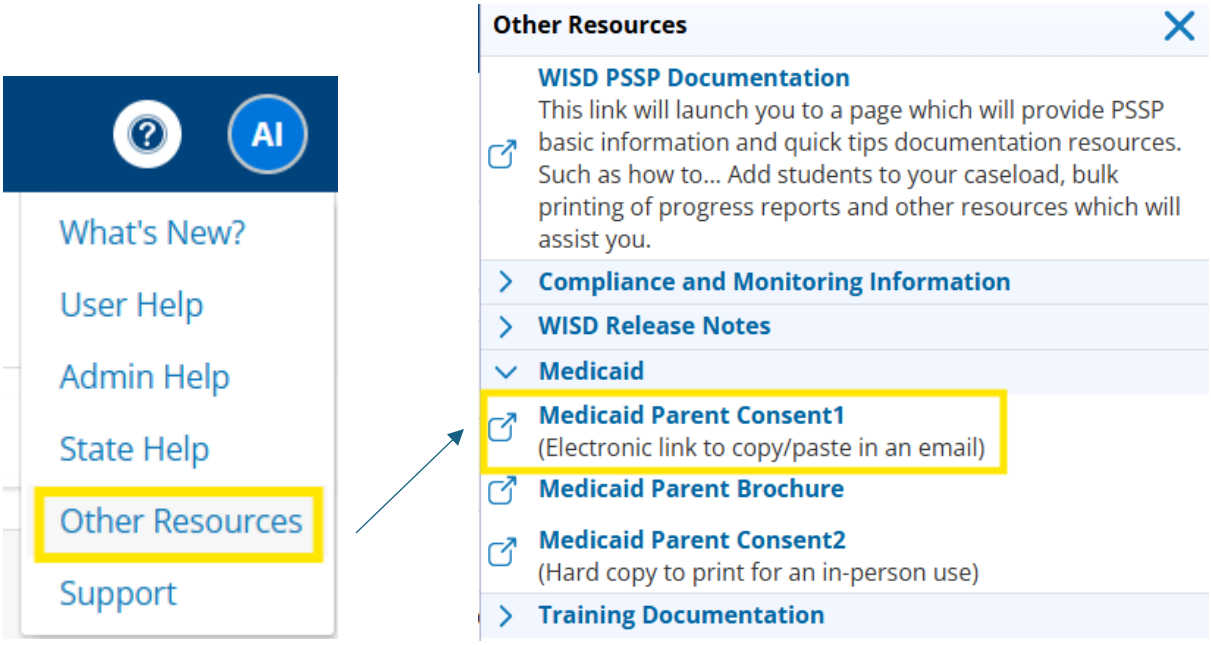
Question 5 - Are you this student's Designated Case Manager?

For students on your caseload who have an ancillary service on their IEP (even those over age 21) the answer is **YES**. The student does not need to be Medicaid eligible for you to answer yes to this question.

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Additional Documentation Needed for Medicaid Eligible Students

- ☐ **Parent Consent to Treat and Bill Medicaid** (only needed once for the student's duration in the county)
  - Manual form and brochure for the parent/guardian attached at the end of this training packet. Please scan and email a copy once completed to Khalilah Massey <kmassey@washtenawisd.org>
  - Electronic version via script link that can be found in PSSP in the top right corner under **?** > **Other Resources** > **Medicaid**
    - If completed electronically via Script, it will automatically be sent to both your district's Special Ed secretary and Khalilah Massey so no further action is needed.



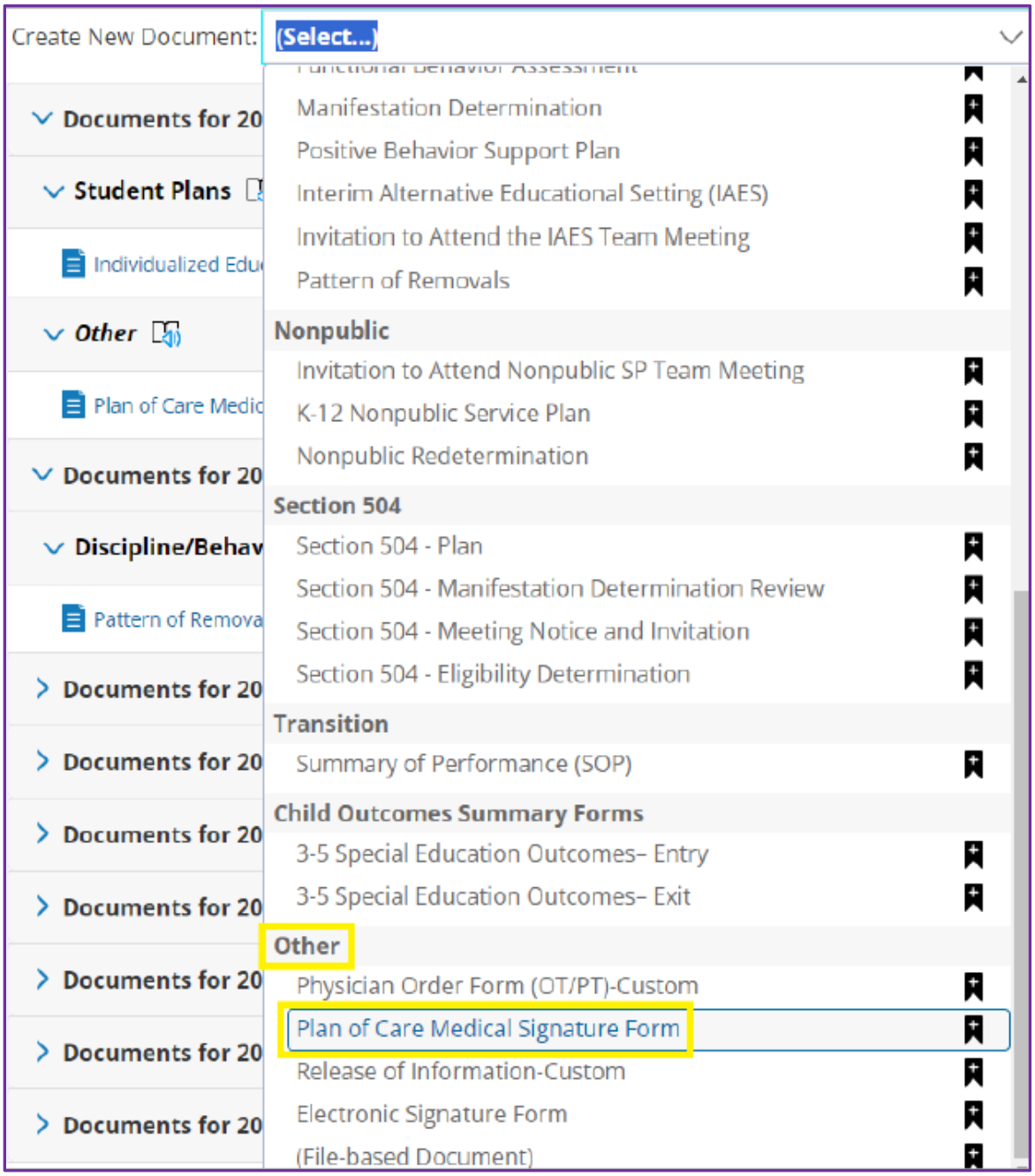
- ☐ **Plan of Care Medical Signature Form**
  - This form will be needed on the date of the IEP meeting for Initials, Re-Evals, and Annual IEPs/IFSPs that have a direct medical service (consult services are not factored in as a medical service for this form). Amendments only require the form if there is a change in the medical service or the end date of the IEP/ IFSP is changed because of the amendment.
  - Only staff who have a state license (which can be verified at the State of Michigan Department of Licensing and Regulatory Affairs - LARA), an Orientation & Mobility certificate, or a School Psychologist certification from MDE are listed on the form per our federal/state Medicaid policy.
  - See FAQ on next page for more detailed information.

Medicaid Requirement: Plan of Care Medical Signature Form FAQ

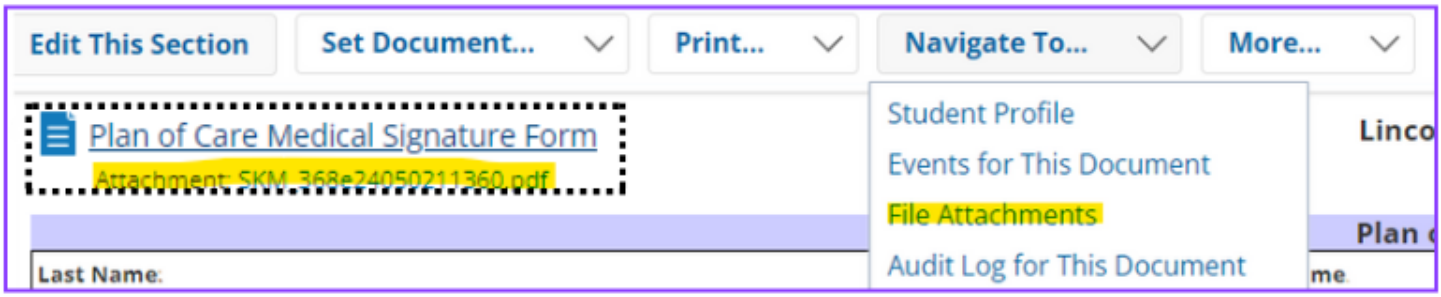
Q: Where is the form and what should I do with the form once I fill it out?

A: The Plan of Care (POC) Medical Signature Form is a stand-alone document located under "**Other**" documents.

Staff should **fill out**, **print** the form, **sign and date** (by a licensed provider), then **upload it as an attachment** under the applicable POC in the Documents section. You will be unable to finalize the form. A report will be run to **finalize** any forms with attachments regularly. If you see the form has not been finalized after a week, please email **aisap@washtenawisd.org** to get the form finalized. *If the form is uploaded separately as a file-based document and not as an attachment to the POC, it will not show up on the report to be finalized.*



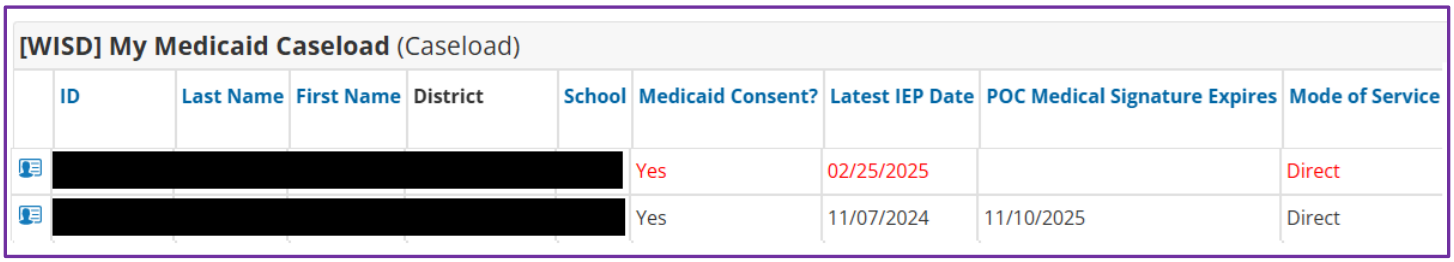
To upload the signed copy as an attachment, click **Navigate To > File Attachments**



Q: How can I monitor whether I have expired Plan of Care Medical Signature Forms for students on my caseload?

The "My Medicaid Caseload" report on your homepage of PSSP has a column that includes the end date of the POC Medical Signature Form. If you see that this section is blank or has an expired form for a student on your caseload who has direct medical services on their IEP, please help coordinate with the Case Manager and other ancillary staff to get a *hand-signed* form uploaded into PSSP as soon as possible. If there is already a signed form in PSSP, but you notice the form is not finalized, send an email to aisap@washtenawisd.org with the student's name and it will be finalized as soon as possible. Once that is completed, the expiration date (one year after the signed date) will appear on your "My Medicaid Caseload" and the student will no longer be highlighted in red.

IMPORTANT! If there is a new re-eval, annual IEP or amendment to the medical services in the IEP prior to the old POC Medical Signature Form expiring- We must still get a new form (see next question for more info below).



[WISD] My Medicaid Caseload (Caseload)

ID	Last Name	First Name	District	School	Medicaid Consent?	Latest IEP Date	POC Medical Signature Expires	Mode of Service
[redacted]					Yes	02/25/2025		Direct
[redacted]					Yes	11/07/2024	11/10/2025	Direct

Q: Is this to be done for every IEP, every year?

A: The POC Medical Signature Form is completed for **every POC for a Medicaid eligible student that has a direct medical service**. You will need to **complete this form on the date of the meeting for Initials, Re-Evals, and Annual IEPs/IFSPs** that have a direct medical service (consult services are not factored in as a medical service for this form). Amendments only require the form if there is a change in the medical service or the end date of the IEP/IFSP is changed because of the amendment.

Examples of medical service changes from amendments where a new Medical Signature Form is needed:

- The addition of direct social work
- The frequency of direct speech therapy services is increased
- Physical therapy services were consultative and will now be direct

Currently, the direct health-related services we provide are:

Nursing	**Occupational Therapy**	**Speech**
Orientation & Mobility	**Personal Care**	
Physical Therapy	**Social Work**	

Q: With out-of-state move-ins do we need to complete the medical signature form with Transfer B or wait until the IEP date?

A: Complete the medical signature form with Transfer B and again when the new IEP is developed. Transfer B serves as the plan of care until a new plan is developed. This is true for in-county and in-state transfers that require a new plan of care as well.

Q: Do we need to complete the medical signature form for the 0 to 3 Early Childhood Program?

A: The only time you would need to complete the form is when there is a direct medical service listed. There will not be very many under the primary service provider model.

Q: I was attempting to add the student's Teacher Consultant to the form, but the title is not available.

A: Only the staff who have a state license (which can be verified at the State of Michigan Department of Licensing and Regulatory Affairs - LARA), an Orientation & Mobility certificate, or a School Psychologist certification from MDE are listed on the form per our federal/state Medicaid policy. Staff in the Medicaid program who can sign the Medical Signature Form are as follows:

Licensed Audiologist
Licensed Master's Level Family & Marriage Therapist
Licensed Occupational Therapist
Licensed Physical Therapist
Certified Orientation & Mobility Specialist
Fully-licensed Speech & Language Pathologist
Licensed Clinical Psychologist
Limited-Licensed Clinical Psychologist
Limited-Licensed Master's Clinical Psychologist
MDE-credentialed Master's School Psychologist
Licensed Master's Social Worker
Limited Licensed Master's Social Worker
Licensed Master's Level School Social Worker
Licensed Professional Counselor
Limited-license Professional Counselor
Licensed Master's Level Professional Counselor
Limited Licensed Master's Level Professional Counselor
Licensed Physician or Psychiatrist
Licensed Physician Assistant
Licensed Nurse Practitioner
Licensed Clinical Nurse Specialist
Registered Nurse
Qualified School Nurse

If multiple qualified clinicians are involved in the development of the POC, only one needs to provide a signature.

Q: What am I agreeing to when signing the POC Medical Signature Form?

A. **The provider signing the form is in no way taking responsibility for the provision or supervision of services, coordination or services, or any other personal liability**. The provider is "agreeing that the plan of care, which has been developed in the best interest of the student/child and included one or more of the following activities: assessments, observations, formal testing, parent/family input, physician input." The relevant section in the Medicaid Provider manual reiterating this is on page 2046: https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

Medicaid Parent Notification and Consent to Treat and Bill

STUDENT NAME (first and last)*

DATE OF BIRTH*

STUDENT'S ATTENDING DISTRICT*

Washtenaw ISD **Attending Districts**: **(Ann Arbor, Chelsea, Dexter, Lincoln, Manchester, Milan, Saline, Whitmore Lake, Ypsilanti)**

If your child requires medical or social-emotional services listed below and has a Plan of Care, IEP (Individualized Education Program), IFSP (Individualized Family Service Plan), 504 Plan, health care plan, or needs crisis support services and is eligible for Medicaid at any time during the school year, we request your permission to treat/intervene with your child and bill the state Medicaid program to receive funding to help support the services your child received.

Supported services include: Speech/Language Therapy, Occupational Therapy, Physical Therapy, Social Work Services, Psychological Services, Nursing Services, Orientation and Mobility, Assistive Technology Services, Case Management, Personal Care, Evaluations and Transportation.

Billing the State Medicaid program for your child's School-Based Services does NOT affect your family's Medicaid insurance benefits and is at NO cost to your family now or in the future.

We are simply asking your permission to provide medical and/or social-emotional intervention and claim funds reserved by the state to help schools provide the services listed on your child's plan.

Billing the State's Medicaid program requires that we disclose information from your child's education records to the state, which could include school, date of birth, gender, disability, date of service, type of service. If your student receives Special Education Services, you will receive Annual Notification Regarding Parental Consent in the Parent Information Handbook.

You have the right to refuse to consent to bill the state Medicaid system, and you have the right to revoke this consent at any time. If you check "no" below, the district will still provide the services, but the district will not receive funding from the state Medicaid system for these services.

CONSENT: I understand and agree that the ISD and its local school districts may:*

☐ Yes, provide treatment as needed for medically necessary services.

Please choose one of the following options:*

☐ Yes, bill the State of Michigan insurance program for reimbursement of School-Based Services provided to my child and disclose personally identifiable information from my child's education records (including school, date of birth, gender, disability, date of service, type of service) to Michigan Medicaid and its billing agencies for Medicaid reimbursement of services provided on or after my signature date. I understand I may revoke this consent in writing at any time.

☐ No, I do not give permission for the ISD and its local school districts to bill the state of Medicaid system for reimbursement of School-Based Services provided to my child.

Parent or Guardian Signature* **Date Signed***

Medicaid SSP*Khalilah Massey* Kmassey@washtenawisd.org* (734)994-8100 ext 1556

What is the Medicaid School Services Program?

Since 1993, the State of Michigan has participated in a federal program called School Services Program, formerly School Based Services. The program assists school districts by providing partial reimbursement for medically related services that are listed on a student's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

In 2019, a new program was added to expand the School Services Program to general education students who have a 504 Plan, Health Care Plan, Plan of Care and/or a need for crisis intervention. Although this partial reimbursement is available only for students who are Medicaid eligible, these services are provided to all students regardless of their Medicaid eligibility status.

The Michigan School Services Program is under the direction of the Michigan Department of Health and Human Services.



Is there a cost to me?

No. Services are provided to students while they are at school at NO cost to the parent/guardian.

Will it impact my family's Medicaid benefits?

No. The School Services Program does NOT impact a family's Medicaid services, fund or limits. Michigan operates the School Services Program differently than the Family Medicaid Program. The School Services Program does not affect your family's Medicaid benefits in any way.

What type of services does the School Services Program cover?

- Crisis Interventions
- Nursing
- Psychological/Social Work/Counseling
- Occupational Therapy
- Physical Therapy
- Speech and Language
- Orientation & Mobility
- Assistive Technology Services
- Evaluations
- Developmental Testing
- Case Management
- Personal Care
- Special Education Transportation

How can I help assure my school district receives benefits from the School Services Program?

School districts have been participating since 1993 but, recently, Federal regulations changed to require that the parent/guardian…

- be fully informed about the School Services Program.
- provide consent to treat and provide intervention and support services to your child within the school day.
- provide consent to bill Medicaid for medical, behavioral and mental health services provided to your child within the school day.
- understand that consent is voluntary and can be revoked in writing at any time.

You can help your school district and your child by providing your written consent, which allows continued participation in the School Services Program and offers funding to provide services for all children.

Help support the services your child receives. Help Us Help Them.

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