Caring for Students
Medical Plan of Care

WAYNE RESA Leading... Learning for All | SERVICE LEADERSHIP COLLABORATION EXCELLENCE

Student Demographics			
Last:	First:		Middle:
SFX:	Grade:	Birth Date:	District:
ID:	School:		UIC:

Area of Concern

What is the student's primary area of concern?

How was the student's primary area of concern identified? ☐ Referral ☐ Crisis Intervention ☐ Evaluation/Test ☐ Other:

Notes:

C4S Eligibility

Will the student benefit from professional counseling/therapy/treatment services during the school day?
☐ **Yes** ☐ **No**

Does the student have a treatment plan other than a C4S Plan of Care? ☐ **Yes** ☐ **No**

☐ Behavior Intervention Plan ☐ Individualized Healthcare Plan ☐ Individualized Mental Health Support Plan
☐ Medical Management Plan ☐ Safety Plan ☐ School Refusal Behavior Plan ☐ Other:

Meeting Details

☐ Initial Plan of Care ☐ Continuation of the Existing POC ☐ Amendment of Existing POC ☐ Behavior Review
☐ Exit ☐ Other:

Meeting Date:	Last POC Date:	
Participants Name	**Title/Relationship**	**Attended Meeting**
	Social Worker	☐ Yes ☐ No
	Counselor	☐ Yes ☐ No
	General Education Teacher	☐ Yes ☐ No
	Principal	☐ Yes ☐ No
	Parent/Guardian	☐ Yes ☐ No
	Other	☐ Yes ☐ No

Goals and Objectives

Are the Goals and Objectives listed in another plan of care? ☐ Yes ☐ No

Long Term Goal:

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Short Term Objective:	Short Term Objective:

Medical/Behavior Health Service Support for Reaching the Plan of Care Goals

Are the "Medical/Behavioral Health Service Supports" listed in another plan of care?

☐ Not Applicable ☐ Yes ☐ No

Service Support Provider	Delivery	Time	Frequency
Behavior Analyst (BCBA)			
Professional Counselor			
Marriage & Family Therapist			
Psychiatrist			
Psychologist			
Social Worker			
Physical Therapist			
Occupational Therapist			
Other_____			

Nursing Intervention Support for Reaching the C4S Plan of Care Goals

Are the "Nursing Intervention Supports" listed in another care plan? ☐ Not Applicable ☐ Yes ☐ No

Personal Care Services

Does the student's medical/behavioral health condition prevent them from performing certain daily living tasks by themselves? ☐ Yes ☐ No

Authorization for Personal Care (daily living) Services

☐ Assistance with self-administered medications	☐ Redirection and Intervention for Behavior
☐ Other (i.e., monitoring for seizures/glucose levels)	☐ Health-related functions through hands-on assistance, cueing, or monitoring

Comments - Are comments listed in another plan of care? ☐ Not Applicable ☐ Yes ☐ No

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Comments:

Coordination of Services

Is the coordination of services listed in another plan of care? ☐ Not Applicable ☐ Yes ☐ No

Name: | Title:

Phone: | Email:

Services:

Plan for Monitoring Progress:

Plan Begin Date: | **Anticipated Plan End Date:**

Qualified Provider Signature

Name: | Title:

Signature: | Date:

Consent For School Health Services

Is the consent for the student to receive services at school listed in another plan of care?

☐ Not Applicable ☐ Yes ☐ No

Parent/Guardian ☐ | **Student (Age 18 and up)** ☐ | **Student (Ages 14 -17)** ☐

Name: | Relationship:

☐ Yes, I agree with the Plan of Care

☐ No, I do not agree with the Plan of Care

Signature: | Date:

The Annual Notification and The One-Time Consent To Bill Medicaid

☐ The Medicaid Annual Notification Regarding Parental Consent was presented to the parent/guardian.

☐ When the C4S plan was completed, the student had a One-Time Consent to Bill Medicaid on file with the school.

☐ When the C4S Plan was completed, the students did not have a One-Time Consent to Bill Medicaid on file with the school.

Name: | Relationship:

☐ I have received a copy of the Medicaid Annual Notification Regarding Parental Consent.

☐ I give Wayne County RESA and the constituent School Districts/Academies permission to access my child's public benefits or insurance information to seek reimbursement for the medically necessary service support that school staff provide during the school day.

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☐ I do not give Wayne County RESA nor the constituent Public School Districts/Academies permission to access my child's public benefits or insurance information to seek reimbursement for the medically necessary service support that school staff provide during the school day.	
Signature:	Date: