Caring for Students (C4S) Plan of Care (POC) Instructions

Per the School Services Program (SSP) Medicaid policy and billing, licensed medical providers acting within the scope of their practice shall develop, write, review, and maintain the student's Medical Plan of Care. Student Plans of Care meet SSP's medical necessity definition when the licensed provider signs, titles, and dates the completed care plan. To ensure compliance with Medical Plan of Care and School Services Programs (SSP) Caring for Students (C4S) billing and reimbursement rules, Direct Service Providers (Social Workers, MDE-Credentialed Psychologists, Professional Counselors, Registered Nurses, etc.) should use the Wayne RESA C4S POC to track results and findings and when necessary establish medical conditions that relate to the service needs for referred, crisis intervention, and existing plan of care (BP/IHP/MMP) students.

Please use these instructions to help you complete Medicaid-compliant Caring for Students (C4S) Medical Plans of Care (POC).

Student Demographics:

- This space must always list personally identifiable student information.

Area of Concern Details:

- What is the student's primary area of concern? List the student's medical/behavioral health concerns, conditions, or disabilities.
- How was the students' primary area of concern identified? Use the appropriate checkbox (Referral/Crisis Intervention/ Evaluation/test/Other) to report the reason the student was considered for an area of need during the school day.
- Notes – If applicable, click on the ADD button to list any pertinent notes here such as date of referral/crisis intervention/evaluation/test etc.

C4S Eligibility Details:

- Does the student have an area of concern that benefits from professional counseling/ therapy/treatment services during the school day? **You must check Yes or No.**
    - **Check Yes** when the student has an area of concern that benefits from professional counseling/ therapy/treatment during the school day.
    - **Check Yes** when the student's area of concern is already being addressed under a treatment plan other than a C4S plan.
    - **Check No** when the student does not need direct (professional counseling/therapy/treatment) services during the school day.
- Does the student have a treatment plan other than a C4S Plan of Care? **You must check Yes or No.**
    - **Check Yes** when the student's area of concern is already being addressed under a treatment plan other than a C4S plan.
    - When Yes is checked, you must check the box(es) for the student's other treatment plan(s). (Behavior Intervention Plan/ Individualized Healthcare Plan/Individualized Mental Health Support Plan/Medical Management Plan/Safety Plan/School Refusal Behavior Plan/Other).
    - **Check No** when the student does not have another treatment plan.

Meeting Details:

- **The Meeting Purpose** choices are Initial Plan of Care, Continuation of the Existing POC, Behavior Review, Exit, Other. Always check the appropriate checkbox.
- **Meeting Date** is always the date when you/the team meet and determine the student's eligibility for services.

- **Last POC Date** is always the last Plan of Care meeting date if applicable.
- **The Meeting Participants** are the list of people who were invited to participate in the meeting
  - Meeting participants must be listed by name and title
  - Always check whether the person attended or did not attend the C4S meeting.

Goal and Objectives Details:

Are the Goals and Objectives listed in another plan of care? You must check Yes or No.

- The **Yes** checkbox means the report that includes them is available with the C4SP and in case of an audit.
- The **No c**heckbox means they must be reported in the C4S plan.
  - The form will require at least one **Long-Term Goal** with two **Short-Term Objectives.**

When the student is eligible for school-based direct medical/behavioral services, the C4SP must list at least one medical/behavioral health Support Provider, Nursing, or Personal Care service.

Medical/Behavior Health Service Supports for Reaching Plan Goals Details:

Are the Medical/Behavioral Health Service Supports listed in another care plan? You must check N/A, Yes, or No.

- The **N/A** checkbox means the student does not qualify for them.
- The **Yes** checkbox means the report that includes them is available with the C4SP, and in case of an audit.
- The **No** checkbox means they must be reported in the C4SP.
- **Always list the student's service support provider with delivery, time, and frequency needs.**

Nursing Intervention Support for Reaching Plan of Care Goals Details:

Are Nursing Intervention Supports listed in another care plan? You must check N/A, Yes, or No.

- **N/A** means the student does not need any Nursing Services.
- The student's IHP/MMP/Safety Plan usually lists the school nursing services. When that is the case, select **Yes**.
- When you need to add nursing services to the C4SP, check the **No** checkbox.

Personal Care Services Details:

Does the student's medical/behavioral health condition prevent them from performing certain daily living personal care activities for themselves? Always check either Yes or No.

- When the student's medical/behavioral health condition prevents them from performing certain daily living activities for themselves, you select the **Yes** checkbox. The yes checkbox makes the Authorization for Personal Care Services Section Required.
  - When the **Authorization for Personal Care (daily living) Services Details section** is enabled, the C4SP plan must list at least one medically necessary personal care service.
  - For Medicaid billing and audit purposes, you must always identify ALL the students' personal care service needs.
- When the student's area of need does not prevent them from performing daily living activities for themselves, select No.
  - Do not complete the Personal Care Authorization Section in the form.

Comment Section Details:

Are comments listed in another plan of care? You must check N/A, Yes, or NO.

- The **N/A** checkbox means there are no comments.
- The **Yes** checkbox means the treatment plan that includes them must be kept with the C4SP and available in case of an audit.
- The **No** checkbox means they must be reported in the C4SP.

Coordination of Services:

Is the coordination of services listed in another plan of care? You must check N/A, Yes, or No.

- The **N/A** checkbox means the school does not need to coordinate any services.
- The **Yes** checkbox means the treatment plan that includes them must be kept with the C4SP and available in case of an audit.
- The **No** checkbox means they must be reported in the C4SP.
    - The coordinating provider's **Name** and **Title** must be available in the C4SP.
    - The coordinating provider's **Phone** number or **Email** address must be available in the C4SP.
    - The **Services** field is optional.

Plan for Monitoring Progress:

- The **Plan Begin Date** might be the same day as the C4S Meeting Date, or it can begin after the meeting date.
- The **Anticipated End Date** is the plan's expiration date.
    - C4S plans have an annual requirement.

Qualified Provider Signature Details:

- **Name** = List the name of the Medicaid-qualified signing provider.
- **Title** = List the title of the Medicaid-qualified signing provider.
    - The title for the Medicaid qualified signers are a Board-Certified Behavior Analyst, Licensed Marriage and Family Therapist, Licensed Physicians, Licensed Professional Counselors, Licensed Psychiatrists, Licensed Psychologists, Licensed School Social Worker, Licensed Social Worker, Limited Licensed Professional Counselor, Limited Licensed Psychologist, Limited Licensed Social Worker, MDE-Credentialed School Psychologist, Nurse Practitioner, Qualified School Nurse, or Registered Nurse.
    - When the form indicates that the student needs personal care services, the form's available titles list is restricted to the providers (**Licensed Physician, Registered Nurse, Licensed Occupational Therapist, Licensed Physical Therapist, Fully Licensed Speech/Language Pathologist or Licensed Master's Level Social Worker**) that qualify to authorize personal care services.
- **Signature** = Must be a written signature.
    - Medicaid accepts True/Verifiable electronic signatures.
- **Date** = Is the date the qualified provider signed the form.
    - The best practice is to sign and date the form on the date of the C4SP meeting.

Consent for School Health Services Details:

Is the consent for the student to receive services at school listed in another plan of care? You must check N/A, Yes, or No.

- The **N/A** checkbox means the consent for health services is not available in the student's care plan.
- The **Yes** checkbox means the treatment plan that includes them must be kept with the C4SP and available in case of an audit.
- The **No** checkbox means they must be reported in the C4SP.
- You must always identify who is completing the consent to treat and always check either **Parent/Guardian, Student (Age 18 and up), or Student (Ages 14-17).**
- **Name** = List the Parent/Guardian/Student name
- **Relationship** = List the Parent/Guardian/Student title/relationship
- **Signature** = Must be a written signature.
    - Medicaid accepts True/Verifiable electronic signatures.
- **Date** = Is the date the parent/guardian/student signed the form.
- To bill Medicaid, the parent/guardian/student must have consented to the School Health Services/C4S Plan of Care.
    - The MISTAR tracked consent status enables the C4SP for Medicaid billing.

The Annual Notification and One-Time Consent to Bill Medicaid:

- Always check the Medicaid Annual Notification Regarding Parental Consent checkbox.
- Always check that "The Student **has a** One-Time Consent to Bill Medicaid" OR "The student **does not have** a One-Time Consent to Bill Medicaid" checkbox.
- Always give the parent/guardian a copy of the Medicaid Annual Notification Regarding Parental Consent and have them check the checkbox that says I have received a copy of the Medicaid Annual Notification.
- If the District/Academy already has consent, the form is complete, and you can **draw a line through the remaining fields in the form.**
- If the District/Academy **does not have consent to bill Medicaid**, you must request consent from the parent/guardian.
- The parent/guardian must check one of the consent boxes **I give consent to bill Medicaid,** OR I **do not give consent to bill Medicaid**.
- **Name** = List the Parent/Guardian/Student name
- **Relationship** = List the Parent/Guardian/Student title
- **Signature** = Must be a written signature.
    - Medicaid accepts True/Verifiable electronic signatures.
- **Date** = Must be the date when the parent/guardian completed the One-Time Consent to Bill Medicaid.
- To bill Medicaid, the parent/guardian/student must have given Wayne County consent to Bill Medicaid
    - The MISTAR tracked consent status enables Medicaid billing.

When completing the C4S Plan of Care in MISTAR Program Forms, turn on the validation rules. The rules will help you identify what areas must be completed in the form.

The *validated* MISTAR Programs Forms, *Caring for Students Plans of Care,* are ready for the required signatures.

Signed, titled, and dated medical plans of care must be kept on file for SEVEN years in case of a Medicaid audit.