

## December 2022 Update to Medicaid School Services:

### Services are documented in a Plan of Care (POC)

- In special education, we have always used the IEP/IFSP as the POC
- Medicaid has expanded to include ALL students; services must still be listed in a POC and meet specific requirements
- A POC is a plan detailing the approach to meeting the student's medical goals and needs
- Plan of Care = Treatment Plan, Care Plan, Individual Healthcare Plan, Nursing Plan, Behavioral Health Plan, etc. (the name is not important, the content is)

### Required POC Components

- Student name and birth date
  - Description of the student's medical or behavioral health condition and, when applicable, diagnosis
  - Time-related goals that are measurable and significant to the student's health
  - Long-term goals that identify specific achievement to serve as indicators that the service is no longer necessary;
  - Anticipated frequency and duration of interventions or services required to meet the goals;
  - Plan for reaching the goals;
  - A statement detailing coordination of services with applicable providers; and
  - All services are provided with the expectation that the student's primary care provider (PCP) and, if applicable, the student's case manager are informed on a regular basis
  - **A minimum of one signature of qualified service provider in agreement with development of the plan**
- The IEP meets most of these requirements, but we need a signature from a qualified provider. We sign as participants at the IEP table, and the District Representative signs the offer of a Free Appropriate Public Education (FAPE). We did not have a space where a qualified provider signs in agreement with the development of the plan. PowerSchool Special Programs developed a page.

## Additional Details

- By signing the POC the medically qualified individual is indicating that they have reviewed the POC and that the planned intervention(s) are appropriate for the student's diagnosis and needs
- The individual signing does not have to be present during the POC's development
- A new signature from a medically qualified individual is required whenever the POC changes (if an amendment to an IEP is completed, if there are no changes to the medical services and the annual date is unchanged, new signature is not required)
- NOT required when the service is CONSULT ONLY
- Personal care services are a medical service and require a medically qualified signature
- Only 1 signature is required no matter how many services the student receives

Who can sign? \* Listed in the Medicaid Provider Manual # Added by MSA 19-26 Preferred Signature Individuals !

- OTs\*
- O&M Specialists\*
- PTs\*
- SLPs\*
- Audiologist\*
- RNs!\*
- Physicians\*/Psychiatrists\*
- Psychologists\*/Limited Licensed Psychologists\*/Temporary Limited Licensed Psychologists\*
- MDE Credentialed School Psychologists#!
- LMSWs\*/Limited Licensed LMSW\*!
- Licensed Master School Social Worker#!
- Masters Level Marriage and Family Therapists#!
- Licensed Professional Counselors\*/Limited Licensed Professional Counselors\*
- Board Certified Behavior analysts#/Board Certified Assistant Behavior Analysts#

The POC must be signed by a qualified provider even if a student only has personal care services

- Personal care is a medical service and as such requires a medically qualified signature on the POC

The value of a Team

- In special education, we have the benefit of working with a multidisciplinary team for eligibility determinations and development of the plan of care
- The team documents student needs in the Present Level of Academic Achievement and Functional Performance and determines the necessary programs and services
- Because a team of individuals already determine the plan was appropriate for the child, the signature of the qualified provider is much easier

The following form has been added to PowerSchool Special Programs as a section of the IEP/IFSP. Simply fill out the form including all providers who supported developed and/or attended the team meeting (attendance not required to sign). One of the qualified providers listed above will sign. Please upload the signed form as a file-based attachment.



Plan of Care Medical Signature Form			
Last Name: sample	First Name: sample	Middle Name:	UIC: SAMPLE
Attending Building:	Operating District:	DOB: 08/16/2005	Grade: Tenth grade
Plan of Care Document: (none) v			
Staff/Professional Providers			
Provider/Clinician Name	Provider/Clinician Title	Developed the POC	Attended the POC Meeting
<input type="text" value=""/> (ID) <input type="button" value="lookup"/> / non-lookup	(none)   <input type="button" value="lookup"/> v	<input type="checkbox"/>	<input type="checkbox"/>
+			
Medical Provider/Clinician Signature			
I agree with this plan of care which has been developed in the best interest of the student and included one or more of the following activities: assessments, observations, formal testing, parent/family input, physician input.			
Signature: _____	Date: <input type="text" value=""/> <input type="button" value="calendar"/>		
Printed Name and Title: <input type="text" value=""/> (ID) <input type="button" value="lookup"/> / non-lookup, _____			