

The medical plan of care (POC) is a concise overview of the student's physical, behavioral and mental health needs. It is the expectation that a qualified provider, acting within their scope of practice, develop an individualized POC for students, including those who require ongoing behavioral health or medical services. The POC must indicate areas of risk or concern, specific objectives or goals, and specific interventions. The medical POC must also be developed, maintained, and updated based on the student's status or goal changes by a licensed medical provider acting within their scope of practice. All POCs must be updated at least annually.

To ensure compliance with Medicaid's claiming and reimbursement rules, Wayne RESA recommends:

1. That Behavioral Health staff use the *Caring for Students Medical Plan of Care*.
2. That Nursing staff uses the *Caring for Students Medical Plan of Care Documentation Tool*.

Use the documentation tool when the student already has a *Medical Management Plan/ Individualized Healthcare Plan*. The *Documentation Tool* will help the nurse ensure compliance with Medicaid rules by letting them record the details of the POC directly into the form and by also letting them indicate when the POC requirements are captured in another medical treatment form.

Below are the step-by-step directions for the Wayne RESA Caring for Students Medical Plan of Care.

Student Demographic:

This space is reserved for the student's personally identifiable information such as attending district, student's name, local/district ID, school, grade, and birthdate.

Parent Comments:

The user has three methods for documenting parent comments:

1. Input information directly into the form
2. Indicate that comments are attached to the form and then attach them to the form
3. Indicate the comments have been uploaded to MISTAR and then upload the comments to MISTAR

District/Physician/Agency/Other/Comments:

The user has three methods for documenting district, physician, agency, or other comments:

1. Input information directly into the form
2. Indicate that comments are attached to the form and then attach them to the form
3. Indicate the comments have been uploaded to MISTAR and then upload the comments to MISTAR

Participants Section:

This section should list the name of everyone (parent/guardian, social worker, nurse, counselor, psychologist, teacher, etc.) that participated in the plan of care

1. If you contributed to the student's POC check the *Contributed to the POC* checkbox.
2. If you attended the student's POC of meeting, check the *Attended POC Meeting* checkbox.

Plan of Care Details Section:

- Date – What was the date of the meeting
- Type - Was the meeting type the Initial, Annual, or Reevaluation plan of care meeting?
- Purpose – What was the reason for the annual or reevaluation meeting? Behavior Review, Add, Remove, Change Services, or Other.

Student Health Condition/Reason for Treatment /Diagnosis Section:

This space is reserved for the student’s identified health condition that requires treatment and a Caring for Students Medical Plan of Care. Below is a list of the most common reasons for treatment for Social/Emotional and Behavior related health conditions (the list is similar to the MISTAR Service Reason for Treatment List):

- Antisocial behavior
- Difficulty managing stress
- Difficulty with social skills
- Interpersonal relationship issues
- Issues related to family separation or divorce
- Issues related to the social environment
- Loss of family member
- Other mental and behavioral disorders
- Other specified conditions
- Screening for depression
- Screening for mental health and behavioral disorders, unspecified
- Screening for other mental health and behavioral disorders

Descriptions of the conditions impacting the student’s overall performance

- List the student’s current level of achievement/performance
- List the student’s areas of need.

Short and Long-Term Goals

- Describe the skill or set of skills the student is displaying at present
- Describe the knowledge, behaviors, and skills that the student is expected to learn and demonstrate
- Describe the measurement method used to determine the student’s performance as a loss, a gain, or a goal achieved; meaning the treatment is no longer required.

The following Goal Framework is used in developing a measurable goal. First, identify the student’s condition/reason for treatment. Then, determine a goal starter to plug into the framework below: Fill in the additional information and a measurable goal is developed.

Currently, _____ is _____

Student
Current Level of performance

By _____, _____ will _____

Date
Student
Target/Outcome / Long-Term Goal

Example: **(The Student’s Condition/Reason for Treatment)** Rebecca was referred to counseling due to withdrawal and other symptoms of anxiety and depression that are negatively affecting school work and social relationships. **(Current level of performance)** Rebeca is currently requesting a break in 1 out of 5 trials when given a choice. **(Date)**, By April 2022, **(Student)** Rebecca **(Target/ Outcome)** will successfully and independently request a break **(Method of measurement)** in 3 out of 5 trials when presenting a pecs request to an adult in the classroom as measured by the attempts calculated by adults in the classroom.

Plan for Reaching Treatment Goals Section:

You can use this space to outline the tools and techniques that you will use to help the student achieve short and long-term targets and outcomes.

Planned Direct Medical Interventions and Supports Section:

For Medicaid billing and reimbursement, the plan of care must indicate the medical interventions and supports that will be delivered to the student and must list the expected duration, frequency, and mode of delivery.

Service Type/Providers	Service Duration (start date/end date)	Minutes (low to high)	Sessions (low to high)	Frequency (week, month, year)	Delivery Mode (Direct, Direct/Consult)
<input checked="" type="checkbox"/> Social Worker	10/11/2022 – 10/10/2023	15-45 minutes	1 to 4 times	Month	Direct/Consult
<input type="checkbox"/> Psychologist					
<input type="checkbox"/> Professional Counselor					
<input type="checkbox"/> Board Certified Behavioral Analyst					
<input type="checkbox"/> Marriage and Family Therapist					
<input type="checkbox"/> Nurse		As Needed	As Needed	As Needed	Direct

Personal Care Section:

Is the severity of the student’s condition such that it requires daily hands-on monitoring or cueing to complete daily living tasks that they would do by themselves if not for the medical or behavioral condition?

YES NO

If the student needs assistance with *a range of human assistance services that enable them to accomplish tasks they would normally do for themselves if they did not have a disability*, select the **YES checkbox**.

Authorization for Personal Care Section:

<input checked="" type="checkbox"/> Assistance with self-administered medications	<input checked="" type="checkbox"/> Health-related functions through hands-on assistance or cueing/monitoring
<input type="checkbox"/> Other (i.e. monitoring for seizures/glucose levels)	<input checked="" type="checkbox"/> Redirection and Intervention for Behavior

When the YES checkbox for Personal Care Services is selected, the authorization for Personal Care must be filled out in its entirety.

- Please select the checkbox that indicates the service the student will receive.
- You can select as many services as the student requires.

Coordination of Provider/Agency Services Section:

You'll need to indicate how you will coordinate service with outside providers and agencies if necessary. Information may be reported directly into this form or you can do one of the following:

1. Attach the information directly to the form
2. Upload the form to MISTAR

Medicaid Qualified Clinician/Provider Signature Section:

This space is reserved for the qualified provider's signature. All POCs must be signed by a qualified provider familiar with the services being provided.

1. The form meets the *Medical Plan of Care* requirements when it's signed, titled, and dated by:
 - a. A Board-Certified Behavior Analyst; Certified Nurse Specialist; Licensed Marriage and Family Therapist; Licensed Physician; Licensed Professional Counselor; Licensed Psychiatrist; Licensed Psychologist; 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.
2. The form meets the *Personal Care Authorization* requirement when:
 - a. The Yes checkbox for personal care services is indicated.
 - b. It lists ALL of the student's planned personal care services (ADL interventions and supports)
 - c. It's signed, titled, and dated by a physician, Registered Nurse (RN), or Master of Social Work (MSW).

Parent/Guardian Informed Consent

The purpose of this Consent is to allow parents/guardians/emancipated minors/students over the age of 18 to give consent to treatment for health-related conditions at school. These treatments usually require the knowledge and expertise of a qualified medical professional.