

**MEDICAID POLICY INFORMATION SHEET**

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Initial

Public Comment

Final

**Brief description of policy:**

This bulletin updates the current School Services Program plan of care requirements.

**Reason for policy (problem being addressed):**

Current policy does not address required plan of care signature credentials or location of the signature when the student's individualized education plan (IEP) is used as the plan of care. This has led to confusion and inconsistency.

**Budget implication:**

budget neutral

will cost MDHHS \$ , and (select one) budgeted in current appropriation

will save MDHHS \$

**Is this policy change mandated per federal requirements?**

No

**Does policy have operational implications on other parts of MDHHS?**

No

**Does policy have operational implications on other departments?**

No

**Summary of input:**

controversial

acceptable to most/all groups

limited public interest/comment

**Supporting Documentation:**

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date:                      Approval                      Date:	

<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 2152-SSP	<b>Date:</b> January 24, 2022

**Comments Due:** February 28, 2022

**Proposed Effective Date:** July 1, 2022

**Direct Comments To:** Kevin Bauer

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**Policy Subject:** School Services Program Plan of Care Requirements

**Affected Programs:** Medicaid School Services Program

**Distribution:** School Services Program Providers

**Summary:** This bulletin updates the current School Services Program plan of care requirements.

**Purpose:** Current policy does not address required plan of care signature credentials or location of the signature when the student's individualized education plan (IEP) is used as the plan of care. This policy will clarify and correct that issue.

**Cost Implications:** Budget neutral

**Potential Hearings & Appeal Issues:** None

**State Plan Amendment Required:** Yes  No

**If yes, date submitted:**

**Public Notice Required:** Yes  No

**Submitted date:**

**Tribal Notification:** Yes  No  - **Date:**

**THIS SECTION COMPLETED BY RECEIVER**

**Approved**

**No Comments**

**Disapproved**

**See Comments Below**

**See Comments in Text**

**Signature:**

**Phone Number**

**Signature Printed:**

**Bureau/Administration** *(please print)*

**Date**

# Proposed Policy Draft

Michigan Department of Health and Human Services  
Health and Aging Services Administration

**Distribution:** School Services Program Providers

**Issued:** June 1, 2022 (Proposed)

**Subject:** School Services Program Plan of Care Requirements

**Effective:** July 1, 2022 (Proposed)

**Programs Affected:** Medicaid School Services Program

The medical plan of care (POC) is an important starting point for the delivery of services within the school setting as it establishes the medical services to be provided and the way in which those services are delivered. The purpose of this bulletin is to establish POC requirements for the School Services Program (SSP), including general information, required elements, and signature requirements.

## **General Information**

When an evaluation indicates that Medicaid-covered services are required, a qualified medical staff member must develop and maintain a POC for the student. A POC for health conditions is based on a physical, mental, cognitive, social, functional, and environmental evaluation. It is intended to provide a concise overview of the student and the student's medical condition(s) and be a useful resource not only for the educational staff but also for the student, caregivers, and health care professionals. The POC must include specific and achievable goals for each condition and be relevant to the individual student's well-being and lifestyle. Treatment goals should be measurable, and time bound as appropriate. The individualized POC must be developed, maintained, and updated based on status or goal changes by licensed medical providers acting within their scope of practice. All POCs must be updated at least annually.

For students receiving services through an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP), those plans may function as the POC providing all POC requirements are met; otherwise, a separate POC is necessary. If services are also provided by another program, intermediate schools districts (ISDs) and local education agencies (LEAs) must coordinate the services to prevent duplication and ensure continuity of care. When ongoing services are provided in the absence of a POC due to the urgency of a student's medical needs, a POC must be developed within 30 calendar days from the first date that services were provided for a specific condition. If services are terminated within 30 calendar days, no POC is required.

### **Required Elements**

The POC must indicate areas of risk or concern, specific individualized objectives or goals, and specific interventions. At a minimum, the POC must contain the following elements:

- student's name and date of birth;
- a problem list that includes an assessment of the student's medical or behavioral health condition(s) and, when applicable, diagnoses;
- caregiver assessment and environmental evaluation as applicable;
- symptom and medical management/interventions;
- planned medical interventions;
- time-related goals that are measurable and significant to the student's health;
- long-term goals that identify specific achievements to serve as indicators that the service is no longer necessary;
- anticipated frequency and duration of intervention or services required to meet the goals;
- plan for reaching the goals; and
- a statement detailing coordination of services with all applicable providers, including caregivers, outside resources and health care professionals.

### **Signature Requirements**

All POCs must be signed by a licensed medical clinician or a Michigan Department of Education-credentialed school psychologist familiar with the services being provided. Nurses and licensed master social workers are the preferred signature authority; however, other licensed medical clinicians involved in the POC may sign if preferred signatures are not available. If multiple qualified clinicians are involved in the development of the POC, only one needs to provide a signature; however, the other clinicians must be listed as being in attendance during the POC development. In-person and virtual attendance are both acceptable. POCs may be signed electronically; however, it must be a true electronic signature that can be tracked back to the specific individual. Electronic stamped or copied signatures are not allowed.

**Signature location** – When an IEP or IFSP serves as a student's POC, a separate information page must be completed referencing the IEP or IFSP as the POC. At a minimum, the POC information page needs to contain the following elements:

- name of the student;
- the date of the IEP/IFSP being used as the POC;
- the list of qualified medical providers that developed the POC; and
- the signature and credentials of the licensed medical provider signing off on the POC.

If the ISD/LEA does not use the IEP/IFSP as the POC, a separate POC must be developed with the required elements as outlined above.