

Caring for Students (C4S) – Frequently Asked Questions

Q: What is Caring for Students?

A: [Caring for Students \(C4S\)](#) is Michigan’s expanded school-services program reimbursement and claiming component for the Medicaid-eligible students who receive school-based behavioral/medical/mental health services outside of an IEPT/IFSP.

Q: Which school staff are expected to participate in Caring for Students?

A: The Board-certified behavioral analysts, nurses, professional counselors, psychologists, social workers, and paraprofessionals/aides who regularly perform medically necessary service support for students who qualify for therapy/treatment/counseling services outside of an IEPT/IFSP during the school day.

Q: When do school-supported activities qualify as Caring for Student Services?

A: When students are suspected of having behavioral/medical/mental health-related conditions or areas of concern that are not being addressed under IEPT/IFSP.

- Students required Crisis/Emergency health services during the school day
- Students receive medically necessary (therapy/counseling/treatment) services during the school day, but do not need them under an IEPT/IFSP.

Q: What documentation tool helps schools identify the students who will receive medically necessary Caring for Student Services?

A: A Medical Plan of Care.

- Medical plans of care identify the scheduled therapy/counseling/ treatment services the student shall receive during the school day.

Q: Who is responsible for developing a “Medical Plan of Care?”

A: It is the expectation that an appropriate provider, acting within their scope of practice, will develop an individualized Plan of Care (POC) for students, including those who require *ongoing* behavioral health or medical services.

Q: What makes a document a Medical Plan of Care?”

A: When the document identifies the student’s (name and date of birth), describes their health related condition/concern, lists time-related goals that identify specific achievements to serve as indicators that the service is no longer necessary, has a plan for reaching the goals, (service supports with anticipated frequency and duration), when applicable includes a statement detailing coordination of services, and the document has been signed, titled, and dated by a Medicaid-qualified provider.

- **Board Certified-Behavioral Analyst, Licensed Professional Counselor, Licensed Psychologist, Licensed Social Worker, Registered Nurse.**

Q: When should Medical Plans of Care be developed/reviewed?

A: Medical plans of care must be reviewed/written at least annually.

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Q: How should plan of care services be provided?

A1: All services are provided as ordered by the student’s care/treatment plan.

A2: All services are provided with the expectation that the student’s primary care provider and, if applicable, the student’s case manager are regularly informed.

Q: What type of consents are required for Medicaid billing?

A1: The parent/guardian or “of age student” must consent to the C4S plan of care services.

- Schools can provide and bill Medicaid for Crisis intervention services for up to 30 days without a consent to treat, annual notification, or one-time consent to bill.

A2: The Individual Disabilities Education Act (IDEA) requires Michigan schools to provide parents and guardians with an annual notice regarding Medicaid billing. It also requires that schools obtain consent to share information for Medicaid billing and claiming.

- Because IDEA only applies to students with IEPTs/IFSPs, Caring for Students services can technically be billed without them. Because we know that best practices call for schools to treat all students (special/general education) the same, Wayne County’s Medicaid Annual Notification is included with the electronic MISTAR forms, and the One-Time Consent to Bill is embedded in the C4S Plan of Care.
 - When parents/guardians refuse to give Wayne County Public Schools consent to bill Medicaid, school staff should stop billing Medicaid.
 - When parents/guardians refuse to give Wayne County Public Schools consent to bill Medicaid, and staff report and mark services “Ready to Bill,” the billing application has built-in safeguards that automatically block Medicaid billing for the students with parent refusals.

Q: When do school staff bill Medicaid for their services?

A1: When students are under 21 years of age, eligible for Medicaid, and when their direct service support/personal care services are spelled out in their medical plan of care.

- *Social Work / Direct / 15 to 45 minutes / 1 to 3 times per month*
- *Personal Care Services like Redirection and Intervention for Behavior*

A2: When students are under 21 years of age, eligible for Medicaid, and the student has an immediate need for direct counseling/therapy/treatment to prevent an incident from getting worse. This includes the time spent determining if the student is eligible for services, as well as when they write, review, or amend a Medical Plan of Care.

- School staff may bill Medicaid for Crisis Interventions services for up to 30 days without a medical plan of care.