The Caring 4 Students medical plan of care (POC) is an important starting point for the delivery of services within the school setting. The medical POC establishes behavioral and medical conditions and they list the interventions and supports to be provided at school. The POC will be developed, maintained, and updated by licensed medical providers acting within their scope of practice.

- The *MiStar Caring 4 Students Medical Plan of Care* should be used for students who do not have existing medical plans of care.
- The *MiStar Caring 4 Students Medical Plan of Care Documentation Tool* should be used for students who have existing medical plans of care.
- Sample medical plans of care include but are not limited to a *Medical Management Plan, Safety Plan, Individualized Healthcare Plan, Attention Deficit Hyperactivity Disorder Plan, and School Refusal Behavior Plan.*

The POC must always include:

- The student's name, birth date
- Medical or behavioral health condition, and when applicable reason for treatment
- Measurable short-term and long-term goals with a plan for reaching the defined goals
- The anticipated frequency and duration of intervention and support
- When applicable the plan will list provider/agency/caregiver service coordination

Wayne RESA recommends that Caring 4 Students providers use MiStar-Q POC for Medicaid billing. The reason is the form aligns with the state and federal Medicaid billing and reimbursement requirements.

The instructions for the MiStar Caring 4 Students Plan of Care are as follows:

Student Demographics Section:

This space is reserved for the student's personally identifiable information.

Parent/Guardian Contact Section:

This space is reserved for staff to indicate that the parent was contacted before the meeting.

Meeting Details Section:

This space is reserved for reporting meeting-specific information. Below are examples of the type of information that the user must report on the POC.

- Always list the date of the POC meeting.
- When applicable, list the last POC meeting date.
- Always list the *POC Meeting Purpose*. The possible meeting purpose includes all of the following: 1) New Plan of Care 2) Continuation of the Existing Plan of Care 3) Amendment to an Existing Plan of Care 4) Behavior Review 5) Other.
- Always list the name of everyone (parent/guardian, social worker, nurse, counselor, psychologist, teacher, etc.,) who participated in the plan of care, attended the meeting, or both.

Eligibility Section:

Please indicate if the student needs a medical plan of care.

- Selecting **Yes**, means the student needs a Caring 4 Students *Medical Plan of Care*.
  - You must fill out the POC form.

- Selecting **No**, means the student does not need a Medical Plan of Care, you may proceed to the *Qualified Provider* field.

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- o Select the box that says the student **does not** have a reason for treatment that requires a Medical Plan of Care, then sign, title, and date the form.
- o The Parent/Guardian should select the box that says their child **does not** have a reason for treatment that requires a Medical Plan of Care, and they should also sign, title, and date the form.

Reason for Treatment Section:
Always list the student's Reason for Treatment.
- **The Behavioral Health Condition** is the reason why the behavioral health provider is seeing/treating the student. The MiStar-Q POC Behavioral Health Condition Dropdown list is the same as the MiStar Q Service Tracker Reason for Treatment List.
- **The Medical Diagnosis** is the licensed physician, physician assistant, or nurse practitioner's medical diagnosis. The diagnosis is usually found in a care plan provided by a medical practitioner.
- **Users can type the reason for treatment and/or medical diagnosis in the designated space.**

Medically Necessary Personal Care Services Section:
Always indicate if the student has a reason for treatment or medical diagnosis that qualifies for personal care services at school.
- If the Yes checkbox is selected, always indicate the personal care services the student needs assistance with due to their reason for treatment or medical diagnosis.
  - o If the yes checkbox is selected, at least one personal care service must be checked off.
  - o Please select all of the student's personal care service needs.

Current Level of Performance Section:
- Describe the skill or set of skills the student is displaying at present.

Goal Section:
- Describe the skill or set of skills the student needs.

Objective Section:
- Describe the short and long-term knowledge, behaviors, and skills that the student is expected to learn and demonstrate.

Planned Intervention/Support Details Section:
Always list the student's medically necessary service interventions and supports.
List the service type, service delivery, time, frequency, and duration.

Medical Accommodations/Supports Section:
When it's applicable, you must identify the student's medical accommodations and supports.

Coordination of Services Section:
When it's applicable, you must identify the plan to coordinate provider, agency, and caregiver services.

Anticipated Needs Section:
When it's applicable, you must identify the student's anticipated needs.

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Other Comments Section:
When it's applicable, you must identify other comments.

Plan Begin Date and Anticipated Plan End Date
Always list the plan's beginning and anticipated end dates.
- The anticipated end date might be the date you expect the student to no longer need services.
- The anticipated end date could be the plan's expiration date.
    - A new plan must be written at least annually.

Qualified Provider Section:
The qualified provider should always agree:
- That the student's reason for treatment requires a Medical Plan of Care.
- The Medical Plan of Care is appropriate for the student's reason for treatment.
- To keep providers informed of the student's response to treatment regularly.

For Medicaid billing, the qualified provider must sign, title, and date the plan of care.
- All POCs must be signed by a Medicaid-qualified provider familiar with the services being provided.
- The staff who qualifies to sign the form are 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.
- **When the form indicates that the student needs personal care services, the form must be signed, titled, and dated by a provider who's authorized to sign off on personal care services.**
- **The provider who qualifies to authorize personal care services is a Licensed Physician, Registered Nurse (RN), or Licensed Master's Level Social Worker (LMSW).**

Parent/Guardian Consent Section:
For Medicaid billing, the Parent/Guardian must have consented to treatment and Medicaid billing.
- The parent/guardian should always check that they have received a copy of the *Medicaid Annual Notification.*
- The parent-guardian should always check that they have received a copy of the student's POC.
- The parent can either consent to the plan or they can refuse to consent to the plan.
- The parent/guardian always signs, titles, and dates the POC.

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