

Medicaid Requirement: Plan of Care Medical Signature Form FAQ

Q: Where is the form and what should I do with the form once I fill it out?

A: The Plan of Care (POC) Medical Signature Form is a stand-alone document located under “**Other**” documents.

Staff should **fill out**, **print** the form, **sign and date** (by a licensed provider), then **upload it as an attachment** under the applicable POC in the Documents section. You will be unable to finalize the form. A report will be run to **finalize** any forms with attachments regularly. If you see the form has not been finalized after a week, please email aisap@washtenawisd.org to get the form finalized. *If the form is uploaded separately as a file-based document and not as an attachment to the POC, it will not show up on the report to be finalized.*

The screenshot shows a 'Create New Document' dropdown menu. The left sidebar lists categories: Documents for 20, Student Plans, Individualized Education Programs, Other, Documents for 20, Discipline/Behavior, Pattern of Removals, Documents for 20, Documents for 20, Documents for 20, Documents for 20, Documents for 20, Documents for 20, and Documents for 20. The main dropdown list includes: Functional Behavior Assessment, Manifestation Determination, Positive Behavior Support Plan, Interim Alternative Educational Setting (IAES), Invitation to Attend the IAES Team Meeting, Pattern of Removals, Nonpublic, Invitation to Attend Nonpublic SP Team Meeting, K-12 Nonpublic Service Plan, Nonpublic Redetermination, Section 504, Section 504 - Plan, Section 504 - Manifestation Determination Review, Section 504 - Meeting Notice and Invitation, Section 504 - Eligibility Determination, Transition, Summary of Performance (SOP), Child Outcomes Summary Forms, 3-5 Special Education Outcomes- Entry, 3-5 Special Education Outcomes- Exit, Other, Physician Order Form (OT/PT)-Custom, Plan of Care Medical Signature Form, Release of Information-Custom, Electronic Signature Form, and (File-based Document). The 'Other' category and the 'Plan of Care Medical Signature Form' are highlighted with yellow boxes.

Category	Document Type	Icon
Documents for 20	Functional Behavior Assessment	🔖
	Manifestation Determination	🔖
	Positive Behavior Support Plan	🔖
	Interim Alternative Educational Setting (IAES)	🔖
	Invitation to Attend the IAES Team Meeting	🔖
	Pattern of Removals	🔖
Other	Nonpublic	
	Invitation to Attend Nonpublic SP Team Meeting	🔖
	K-12 Nonpublic Service Plan	🔖
Documents for 20	Nonpublic Redetermination	🔖
	Section 504	
	Section 504 - Plan	🔖
Discipline/Behavior	Section 504 - Manifestation Determination Review	🔖
	Section 504 - Meeting Notice and Invitation	🔖
	Section 504 - Eligibility Determination	🔖
	Transition	
Documents for 20	Summary of Performance (SOP)	🔖
Documents for 20	Child Outcomes Summary Forms	
	3-5 Special Education Outcomes- Entry	🔖
Documents for 20	3-5 Special Education Outcomes- Exit	🔖
Documents for 20	Other	
	Physician Order Form (OT/PT)-Custom	🔖
	Plan of Care Medical Signature Form	🔖
	Release of Information-Custom	🔖
	Electronic Signature Form	🔖
	(File-based Document)	🔖

To upload the signed copy as an attachment, click **Navigate To > File Attachments**

The screenshot shows the top navigation bar of the PSSP system with buttons for 'Edit This Section', 'Set Document...', 'Print...', 'Navigate To...', and 'More...'. Below this, the 'Plan of Care Medical Signature Form' section is visible, showing an attachment named 'Attachment: SKM-368e24050211360.pdf'. The 'Navigate To...' dropdown menu is open, displaying options: 'Student Profile', 'Events for This Document', 'File Attachments' (highlighted in yellow), and 'Audit Log for This Document'. Below the dropdown, there is a 'Last Name:' input field.

Q: How can I monitor whether I have expired Plan of Care Medical Signature Forms for students on my caseload?

The “My Medicaid Caseload” report on your homepage of PSSP has a column that includes the end date of the POC Medical Signature Form. If you see that this section is blank or has an expired form for a student on your caseload who has direct medical services on their IEP, please help coordinate with the Case Manager and other ancillary staff to get a *hand-signed* form uploaded into PSSP as soon as possible. If there is already a signed form in PSSP, but you notice the form is not finalized, send an email to aisap@washtenawisd.org with the student’s name and it will be finalized as soon as possible. Once that is completed, the expiration date (one year after the signed date) will appear on your “My Medicaid Caseload” and the student will no longer be highlighted in red.

IMPORTANT! If there is a new re-eval, annual IEP or amendment to the medical services in the IEP prior to the old POC Medical Signature Form expiring- We must still get a new form (see next question for more info below).

[WISD] My Medicaid Caseload (Caseload)									
	ID	Last Name	First Name	District	School	Medicaid Consent?	Latest IEP Date	POC Medical Signature Expires	Mode of Service
						Yes	02/25/2025		Direct
						Yes	11/07/2024	11/10/2025	Direct

Q: Is this to be done for every IEP, every year?

A: The POC Medical Signature Form is completed for **every POC for a Medicaid eligible student that has a direct medical service**. You will need to **complete this form on the date of the meeting for Initials, Re-Evals, and Annual IEPs/IFSPs** that have a direct medical service (consult services are not factored in as a medical service for this form). Amendments only require the form if there is a change in the medical service or the end date of the IEP/IFSP is changed because of the amendment.

Examples of medical service changes from amendments where a new Medical Signature Form is needed:

- The addition of direct social work
- The frequency of direct speech therapy services is increased
- Physical therapy services were consultative and will now be direct

Currently, the direct health-related services we provide are:

Nursing	Occupational Therapy	Speech
Orientation & Mobility	Personal Care	
Physical Therapy	Social Work	

Q: With out-of-state move-ins do we need to complete the medical signature form with Transfer B or wait until the IEP date?

A: Complete the medical signature form with Transfer B and again when the new IEP is developed. Transfer B serves as the plan of care until a new plan is developed. This is true for in-county and in-state transfers that require a new plan of care as well.

Q: Do we need to complete the medical signature form for the 0 to 3 Early Childhood Program?

A: The only time you would need to complete the form is when there is a direct medical service listed. There will not be very many under the primary service provider model.

Q: I was attempting to add the student's Teacher Consultant to the form, but the title is not available.

A: Only the staff who have a state license (which can be verified at the State of Michigan Department of Licensing and Regulatory Affairs - LARA), an Orientation & Mobility certificate, or a School Psychologist certification from MDE are listed on the form per our federal/state Medicaid policy. Staff in the Medicaid program who can sign the Medical Signature Form are as follows:

Licensed Audiologist
Licensed Master's Level Family & Marriage Therapist
Licensed Occupational Therapist
Licensed Physical Therapist
Certified Orientation & Mobility Specialist
Fully-licensed Speech & Language Pathologist
Licensed Clinical Psychologist
Limited-Licensed Clinical Psychologist
Limited-Licensed Master's Clinical Psychologist
MDE-credentialed Master's School Psychologist
Licensed Master's Social Worker
Limited Licensed Master's Social Worker
Licensed Master's Level School Social Worker
Licensed Professional Counselor
Limited-license Professional Counselor
Licensed Master's Level Professional Counselor
Limited Licensed Master's Level Professional Counselor
Licensed Physician or Psychiatrist
Licensed Physician Assistant
Licensed Nurse Practitioner
Licensed Clinical Nurse Specialist
Registered Nurse
Qualified School Nurse

If multiple qualified clinicians are involved in the development of the POC, only one needs to provide a signature.

Q: What am I agreeing to when signing the POC Medical Signature Form?

A. **The provider signing the form is in no way taking responsibility for the provision or supervision of services, coordination or services, or any other personal liability.** The provider is "agreeing that the plan of care, which has been developed in the best interest of the student/child and included one or more of the following activities: assessments, observations, formal testing, parent/family input, physician input." The relevant section in the Medicaid Provider manual reiterating this is on page 2046: <https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>