


Logging Service Records in PSSP – [Registered Nurse](#)

All logged services are due the 15th of the following month (eg. September logs due October 15th).

LOGGING INTO PSSP:

- 1) School/District ID: **WISDMI**
- 2) User ID: Normally **first and last name** (no spaces)

CASELOAD: Add students for whom you do eval/assessment, attend IEP/IFSP or provide other services. Scroll down the homepage of PSSP to **My Students**. Click [Edit](#), then click **Add Students to ... Standard Caseload**. Search Last and First Name of student, check the box and click add.

***PSSP homepage:** The report titled [\[WISD\] My Medicaid Caseload](#) (right column on homepage) automatically lists who on your Caseload is Medicaid eligible. They will also have a green checkmark next to their UIC .

LOGGING SERVICE RECORDS:

1. Scroll down to your Caseload. Click the **Calendar icon** to the left of the student you want to log.
 2. The selected student will be highlighted. If using a Mac, check the box to the left of student name.
 3. Select the calendar date of your service. Right click on that date. Click **Record Past Service**.
 4. **Service Record** displays. On the right, for **Service** field: click **School Health Services**
- Choose the code that best fits the service you are logging. RN Tip Sheet on the next page has more information.
 - **Time:** Select time of your service. **Note:** When you have 2 records on the same date (e.g., an eval + IEP), select the actual time of the IEP/IFSP for that service record. Select a different time for the eval service record.
 - **Duration:** Fill in total minutes of your service.
 - **Progress Report:** If applicable to the service you are providing, select the student's overall progress that best fits; otherwise, select Not Applicable.
 - **Provider Notes:** Include enough detail to allow reconstruction of what transpired for the service you provided. **Evals** - what was done, how did the student respond, next steps. **IEPs** - state what your role/task was in the IEP (e.g., presented evaluation results; discussed meds or seizure mgt, attended in a support role; also state plan going forward for RN services.)
 - **Areas Covered/Assessed:** Select one area. If none fit, choose Other. Specify what "Other" is in field to right.
 - Check the box titled: **Has this service been completed?** and click **Save**.
NOTE: You may receive some warnings. However, once doctors' orders are forwarded and processed for Nursing services, warning for a prescription goes away. *For warning: "Once this record is submitted for billing, it cannot be edited or deleted", if you need to edit a Service Record but it won't let you because claims have been processed, contact Anisa Isap and I can void the claim.*

Monthly Summary required 'only' for Direct, 1 on 1, RN Services: Follow steps 1-4 above. **Service Type:** select Monthly Summary. **Time:** select a time school is in session. **Duration:** not needed. **Progress Report:** what progress has student made; if not applicable, select NA. **Provider Note:** Summarize how the student did overall during the month. Include evaluation of progress, changes in medical and mental status, and any changes in treatment with rationale for change. **Click box titled:** Has this service been completed? and click **Save**.

Physician, PA, or CNP written order: Needed annually for direct 1 on 1 RN services. Please forward to Anisa Isap at aisap@washtenawisd.org. Orders must be hand signed/electronic signatures are not acceptable for billing purposes.

REGISTERED NURSE TIP SHEET (Special Ed Services)

Provider Notes must include enough detail to allow reconstruction of what transpired for each service.

Service Type	Service Type Description
Diabetes OP/SM Training Svc, Individual per 30 minutes [G0108]	Training the student and/or family, can include education on topics like diet, exercise, insulin treatment, and self monitoring blood glucose.
Diabetes OP/SM Training Svc, <u>Group</u> per 30 minutes [G0109]	Training the student and/or family (2-8 students)
Medication Training and Support [H0034] per 15 minutes	Training the student and or family; educating on dosage, timing, side effects, and importance of adhering to their prescribed medication regimen (Does not include training other school staff)
IEP Meetings, REED, and Evaluations	
IEP/IFSP Participation [T1001 TM]	Assist in developing, reviewing, revising, writing reports, assessments for IEP treatment plan, including attending IEP meeting. Date of Service is date of IEP. All time spent is encompassed in one service record. Attendance is not necessary. IEP participation includes written input submitted prior to the meeting.
REED – Nursing Participation [T1001 TL]	Participation in the Review of Existing Evaluation Data ; date of service is the date the IEP team completes its review of data.
Initial/Re-eval Assessment, IDEA [T1001 HT] Note: Evaluation must be completed to use this service type.	MET/Eval (M ultidisciplinary E valuation T eam). One log represents all work done (meeting, reports, evals). Date of service is date of IEP meeting.
Nursing Assessment, not related to MET or IEP/IFSP [T1001]	Evaluation completed for purposes other than the IDEA assessment. Date of service is the date the test is completed.
Direct Services 1:1	
RN Service [T1002] - every 15 minutes Note: Nursing services must be included in the IEP. Physician, PA or CNP written order is needed annually.	Direct, one on one nursing services (i.e. catheter care, trach care, medication administration, tube feeding, suctioning/ventilator care, diabetes mgt., nebulizer treatment, etc)
Monthly Progress Summary Note: One summary per Medicaid Eligible student is required <u>only</u> on direct, one on one RN Services	Monthly Summaries are REQUIRED for all months in which an RN Service [T1002] is reported. Summarize how the student did overall during the month. <u>Include evaluation of progress, changes in medical and mental status, and any changes in treatment with rationale for change.</u> Must be dated in the month services were provided. Using the last school day of the month is recommended.

Non-billable Codes (Use for record keeping purposes only)	
Communication (phone calls, emails, mail, texts, in-person chats, etc)	Consultation- Consult services are not separately reimbursable. If you are providing consult services, use service type Consultation to document the service.
No School Day	Provider Absent/Provider not Available
Other	Student Absent/Student not Available
General Service Information	
<p>All logged services are due the 15th of the following month (eg. September due October 15th)</p> <p>Services considered observation or stand-by in nature are not billable.</p> <p>Services should be on a scheduled basis rather than first aid or illness checks that occur on occasion.</p> <p>Training of other school staff is considered administrative and is not billable.</p>	

Questions? Contact Medicaid Dept- Anisa Isap, aisap@washtenawisd.org, 734-994-8100 x1556

Service Record

LOGGING A DIRECT (1 ON 1) RN SERVICE

Student Sample, Sample

Staff Stiebe, Lana

Service Date Time * 08/30/2021 9:00 AM

Duration Minutes 15

Progress Report → Choose from dropdown how student is progressing. If it's not applicable to the svc you provided, choose NA



Provider Notes → This serves as your session note. What did you do, how did the student respond, plan going forward, or next steps; just a couple sentences with detail

Service * School Health Services

Service Type * RN Service [T1002]

Group Size

- (none)
- Communication
- Consultation
- IEP/IFSP Participation [T1001 TM]
- Initial/Reeval Assessment, IDEA [T1001 HT]
- Monthly Progress Summary
- No School Day
- Nursing Assessment, Not related to MET or IEP/IFSP [T1001]
- Other
- Provider Absent
- Provider not Available
- REED - Nursing Participation [T1001 TL]
- RN Service [T1002]**
- Student Absent
- Student not Available

Areas Covered/Assessed:

Medication Administration



(If Other Specify):

For areas covered, select 1 item from the dropdown. If none fit, select "Other", and specify what Other means to you in the field to the right

(none)



(If Other Specify):

(none)



(If Other Specify):

Has this service been completed?

☐

Check this box when done.

Be sure to enter these key fields.

Save

Cancel

CLICK SAVE

Service Record

Logging IEP Participation

Student

AAASample,Josephine

Staff

Stiebe,Lana

Service Date Time

* 05/02/2022 11:00 AM

Duration Minutes

60

Progress Report

Not Applicable

Service

* School Health Services

Service Type

* IEP/IFSP Participation [T1001 TM]

Group Size

1

Provider Notes

State what your role or task was for the IEP (e.g., presenting evaluation or assessment results, discussed meds or seizure mgt., attended IEP in a support role to answer any questions, etc.) State what the plan is going forward for RN services (a couple sentences with detail)

This serves as your session note. Include enough detail to allow reconstruction of what occurred.
Simply stating IEP Meeting is 'insufficient' and an audit risk.

Areas Covered/Assessed:

IEP Development/Review

(If Other Specify): For Areas Covered, select IEP Development Review

(none)

(If Other Specify):

(none)

(If Other Specify):

Has this service been completed?

☐ Check this box when done

* Be sure to enter these key fields.

Save

Cancel

CLICK SAVE

Logging a Monthly Summary for Direct RN Services "Only"

Service Record

Student AAASample,Josephine

Staff Stiebe,Lana

Service Date Time * 05/02/2022 11:00 AM

Duration Minutes

(duration minutes can be empty)

Choose last school day of the month.

Progress Report

(none)



Provider Notes

Summarize how the student did overall during the month with the direct, 1 on 1 services you provided; note any changes in medical or mental status, any changes in treatment plan (e.g., an increase/decrease in meds.); just a couple of sentences with detail.

Service

* School Health Services

Service Type

* Monthly Progress Summary

Group Size

1

Areas Covered/Assessed:

Other



(If Other Specify): monthly summary

For areas covered, select "Other". In the space to the right, type monthly summary

(none)



(If Other Specify):

(none)



(If Other Specify):

Has this service been completed?

☐

Check this box when done

* Be sure to enter these key fields.

Save

Cancel

CLICK SAVE

Random Moment Time Studies - a Guideline for Direct Service Providers

When chosen, you will receive an email from miaop@pcgus.com that you have been randomly selected to complete a web-based random moment time study. The time study gathers information on the activities that school staff are performing and classifies these activities based on whether they are educational or related to the delivery of designated health services that could be federally matched by Medicaid.

It is important that the person who reviews and assigns a code to your answers understands your activity. Please follow these guidelines: Use medical terms, when applicable, to describe activities which are health related in nature. Using detail and providing thorough responses will help to avoid follow-up questions.

Best Practice: Respond the same day, or w/in 24 hrs, while information for that moment in time is fresh in your mind.

Question 1- Who was with you?

Too Vague	Detailed Response
A student	A student who is severely, multiply impaired
A parent	A parent of a student with autism
A teacher	The SXI classroom teacher
A principal and staff	The principal of our center program for special ed. students, along with the OT and PT and Social Worker

Question 2 – What were you doing?

Too Vague	Detailed Response
Seeing a student	Providing individual therapy to a student. We worked on her goal of answering simple WH questions with decreasing cues.
Compiling Data	Compiling medical evaluations and assessments for an upcoming IEP
Looking at records ... or Paperwork	Reviewing a student's history and medical records to prepare for an IEP... or ... Documenting a student's progress on IEP goals

Question 3- Why were you doing this activity

Too Vague	Detailed Response
Planning	We are holding an IEP. Our team is recommending a change in certification from speech impairment to autism spectrum disorder. I will be presenting evaluation results.
Per IEP goals	The student is non-verbal and needs support for effective communication during her activities of daily living due to multiple impairments
Student needed assistance	Student was having difficulty breathing, probably due to seasonal allergies ... or ... Student needs help with actuation due to limited hand strength

Question 4 - Is the service you provided part of the child's medical plan of care or for which medical necessity has been determined? Options: Pick One

- Yes – IEP/IFSP
- Yes – Medical Plan of Care other than an IEP/IFSP (i.e. 504 plan, student health plan, nursing plan, physician's order, crisis intervention services)
- Medical necessity established in other method
- No, or N/A

Random Moment Time Study AT • A • GLANCE

Frequently Asked Questions: RMTS

What is the Random Moment Time Study (RMTS)?

The RMTS is the federally accepted method of documenting the amount of staff time spent on direct service and administrative outreach activities.

What is the purpose of the RMTS?

The RMTS is a program requirement that helps schools receive federal reimbursement for time spent on allowable related activities.

What is my role in the RMTS?

Your role is to respond to all moments you have been selected for in a timely manner.

How did I get selected to complete an RMTS survey?

Your district's RMTS coordinator identified you as a person who performs activities related to Medicaid and health-related services as part of your job.

How many RMTS surveys will I get?

It varies, but people typically receive 0-5 surveys per quarter.

How long does it take to complete an RMTS survey?

The survey is five questions and can usually be completed in less than five minutes.

How should I respond to the RMTS survey questions?

- Provide truthful and thorough responses. There are no wrong answers, but remember to answer completely and accurately. Do not include student names.
- The survey is asking about one minute in time. When answering your RMTS survey, provide specific information about that sixty second period.

Tips for specific situations:

IF YOU WERE...	TELL US...
In an IEP meeting	What was the single topic of discussion at your assigned RMTS time?
Conducting an assessment	What type of assessment were you conducting?
Discussing a student	What was the single topic of discussion at your assigned RMTS time?
On a prep period	What were you preparing at the time of your moment?
Completing an IEP	What specific part of the IEP was being worked on at the time of your moment?
Working on an IEP goal	What specific goal was being worked on at the time of your moment?
Working on email	What was the content of the specific email you were reading or writing?
Driving to next location	What was the first task completed upon arriving at your next location?
Completing multiple tasks	What one specific task was being completed at the exact time of your moment?
At a conference/training/PD	What was the topic of discussion at the time of your moment?

Final Tips:

- When responding to the "why" question, think about the intended outcome of the activity you were doing.
- You should not drop everything to complete your RMTS survey. However, you should complete it as soon as possible after the moment passes. Ideally, complete the RMTS survey before leaving work for the day.
- If you are absent, not scheduled, or leaving work before your moment occurs, complete it the next day.
- If you are not working with a student at the time of your moment, that is fine. You should still complete the moment and respond with the activity you were doing at that date and time.