

SCHOOL SERVICES PLAN OF CARE

The School Services Plan of Care is for school districts and community schools to document services provided in a school for students with behavioral and physical health needs that interfere with their ability to engage in academic content or attend school regularly. This form meets the requirement of a plan-of-care documenting medical necessity for Medicaid billing purposes.

The school services plan of care is not a medical record and does not qualify as a medical record. Medicaid School Program (MSP) providers will ensure compliance with the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA). The school services plan of care does not supplant any state or federal processes or timelines related to identifying and serving students with disabilities.

Review the School Service Plan of Care guidance, the MSP requirements, and allowable services on the [Ohio Medicaid School Program webpage](#).

Medical need to participate in academics and attend school

The services described in this School Services Plan of Care are medically necessary through the following dates, not to exceed one year. **Start Date** _____ **End Date** _____

Student demographic information

First Name,	Last Name:	Date of Birth:	Grade:	Student ID:
Address:		City:	State:	Zip code:
Parent/guardian name:	Parent/guardian phone:	Parent/guardian Email address:		
Parent relationship or guardian to child:				
Mother:	Father:	Other:		
Parent/guardian address:	City:	State:	Zip code:	
School District Name:		School District or Community School IRN:		
School building name:		School building IRN:		
Student's preferred Language:				

Required Signatures:

School district signatures and attestation

Please initial on each line and sign below:

_____The provider must document all visits, including signature and date, prior to billing MSP for services. This form does not replace regular documentation requirements for Medicaid services.

_____ This form does not replace or supplant any state or federal requirements for providing services to students with disabilities pursuant to the Individuals with Disabilities Education Act (IDEA) or section 504 of ADA

_____ The signatory has reviewed the School Service Plan of Care guidance, the MSP requirements, and allowable services on the [Ohio Medicaid School Program webpage](#).

_____The signatory has reviewed Ohio's guidance and requirements to obtain parental permission to bill insurance and share student data on the [Ohio Medicaid School Program webpage](#).

Qualified Provider Name: _____

Qualified Provider Title: _____ Date: _____

Qualified Provider Signature: _____

Parent or Legal Guardian signature and attestation:

Please initial on the line below and sign below. Students over the age of 18 may sign on their own behalf.

_____ I acknowledge that the child will receive the services agreed upon in this form for the dates designated on this form.

Parent or Legal Guardian Name: _____ Date: _____

Parent or Legal Guardian Signature: _____

Alternative Form of Documentation for School Services Plan of Care

Follow the steps below if the school has completed one of the following alternative forms of documentation for the student.

1. Check the corresponding box
2. Attach the selected form to this document
3. Ensure the demographic information above and the appropriate signatures are included.

Alternative documentation:

- ☐ Absence intervention plan
- ☐ Behavioral Intervention plan
- ☐ Safety plan
- ☐ Mental health treatment plan from a school or community provider
- ☐ Individualized Health Plan
- ☐ Child and Family Centered Plan
- ☐ Seizure Action Plan
- ☐ 504 plan
- ☐ Occupational therapy plan of care
- ☐ Physical therapy plan of care
- ☐ Nursing Care Plan

*Review the School Services Plan of Care guidance on the [Ohio Medicaid School Program webpage](#) to ensure the alternative form of documentation provided meets the requirements for Medicaid reimbursement through the Medicaid School Program.

If the student does not have any of the above alternative forms of documentation, complete the questions on the next page.

Documentation of Medical Necessity for the School Services Plan of Care

School districts and community schools can complete this page to document school-based services for students with behavioral and physical health needs that impede their ability to engage in academic content or attend school regularly. Use this page if the school has not completed any of the alternative forms of documentation listed on page 2 of this document.

*Review the School Services Plan of Care guidance on the [Ohio Medicaid School webpage](#) to ensure documentation provided in this section meets the requirements for Medicaid reimbursement through the Medicaid School Program.

Description of Need

This section describes the need for services based on observations and data provided by a physical and/or behavioral health provider, school staff, the student's parents or legal guardians, and the student, if age-appropriate.

Description of behavioral and/or physical health condition and diagnosis, when applicable:
Description of student's strengths
Supports available to the student outside of school
Parent/Legal Guardian comments and concerns
School comments and concerns
Applicable health history, including current medications and providers

Service Plan and Progress Monitoring

This section details and describes the services the student will receive to address the physical and/or behavioral health concerns, conditions or diagnosis identified above. Add additional boxes for each service the child will receive as part of this plan of care.

Physical or behavioral health concern, condition, or diagnosis:

Intervention description:

Service:

Scope:

Frequency:

Duration: Start date _____ End date _____

Goal:

Objective:

Describe how progress will be monitored and documented:

Physical or behavioral health concern, condition, or diagnosis:

Intervention description:

Service:

Scope:

Frequency:

Duration: Start date _____ End date _____

Goal:

Objective:

Describe how progress will be monitored and documented:

Physical or behavioral health concern, condition, or diagnosis:

Intervention description:

Service:
Scope:
Frequency:
Duration: Start date _____ End date _____
Goal:
Objective:
Describe how progress will be monitored and documented:

Care Coordination, Referrals and Follow up

Describe the coordination of services and/or referrals with applicable service providers, including other school-based services and/or community-based services.

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Describe the plan for follow-up, including the frequency in which this plan will be reviewed and updated (must occur at least annually) and who will be included in the follow-up decisions.

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Describe the criteria used to determine when and why the plan will conclude (example: student's IEP or 504 plan is in place, student is getting services in the community, student no longer needs the service).

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Names and titles school personnel and providers who participated in the completion of this form:

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Notes:

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*****Be sure demographic information and signatures are completed on page 1.***

*****Be sure that the provider documents all visits, including signature and date, prior to billing MSP for services. This form does not replace regular documentation requirements for Medicaid services.***