Logging Service Records in PSSP – Licensed Practical Nurse

<mark>All logged services are due the 15th of the following month (eg. September is due October 15th).</mark>
<mark>Note: LPN services can only be billed if performed under the supervision of an RN.</mark>

CASELOAD: Add students for whom you provide direct, 1:1 services, do medication training/support and/or diabetes training. To do this: Log in to PSSP. Scroll down to **My Students**. Click **Edit** link, then tab titled **Add Students to** … Std Caseload. Search Last and First Name of student and add.

*PSSP homepage: The report titled [WISD] My Medicaid Caseload (right column) automatically lists
who on your Caseload is Medicaid eligible. These are the students for whom you log services.

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** pops up. On the right, for **Service** field: click **School Health Services**

Service Type: (choose what best fits the service you are providing.)

- **LPN Service [T1003]:** one on one, direct nursing services (**e.g.,** catheter care, medication administration, tube feeding, suctioning/ventilator care, oxygen administration, etc.)
- **Medication Training and Support [H0034]:** training the student/family on, e.g., epi pens, inhalers, oral meds.
- **Time**: Select the time of your service.
- **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, selecting Not Applicable is fine.
- **Provider Notes:** Include enough detail to allow reconstruction of what transpired during the service you provided. **For example:** what was done, how did the student respond, next steps or plan going forward.
- **Areas Covered/Assessed:** Select one area. If none fit, choose **Other**. Be sure to specify what "Other" is in the field to the right.
- Check the box titled: **Has this service been completed?** and click **Save**.
  NOTE: No worry on Rx or billing **Warnings**. If applicable, once doctor's orders for nursing services are uploaded into PSSP, the Rx warning goes away. *If you need to edit a Service Record but it won't let you, contact the Medicaid Dept. and we will assist.*

Monthly Summary required 'only' for Direct, 1 on 1, LPN Services:
Follow steps 1-4 above.
For Service Type: Select Monthly Summary.
Time: Select the time you are entering the summary.
Duration: Not needed.
Progress Report: What progress has the student made; if not applicable, select Not Applicable
Provider Note: State how the student did overall for the month. List any changes in medical or mental status, or changes in treatment, with rathionale.
Click box titled: Has this service been completed? and click **Save**.

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

Licensed Practical Nurse Tip Sheet

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

Service Type	Service Type Description
Communication	Use for record-keeping purposes only.
Consultation	Consult services are not separately reimbursable. If you are providing consult services, use service type Consultation to document the service.
Diabetes OP/SM Training Svc, Group [G0109]	Training the student and/or family
Diabetes OP/SM Training Svc, Individual [G0108]	Training the student and/or family
Medication Training and Support [H0034]	Training the student and or family; epi pens, inhalers, oral meds, etc.
Monthly Progress Summary **Note:** *One summary per Medicaid Eligible student is required **only** on direct, one on one LPN Services*	Summarize how student did overall during the month; note any change in medical or mental status, any change in treatment plan. Must be dated in the month services were provided. Using the last school day of the month is highly recommended.
No School Day	Use for record-keeping purposes only.
Other	Use for record-keeping purposes only.
Provider Absent/Provider not Available	Use for record-keeping purposes only.
Student Absent/Student not Available	Use for record-keeping purposes only.
Direct Services	
LPN Service [T1003] **Note:** *Nursing services must be included in the IEP. Physician, PA or CNP written order is needed when the initial need for services is determined.*	Direct, one on one nursing services (i.e. catheter care, trach care, medication administration, tube feeding, suctioning/ventilator care, diabetes mgt., nebulizer treatment, etc)
General Service Information	
All logged services are due the 15th of the following month (eg. September due October 15th) Services considered observation or stand-by in nature are not covered. Services should be on a scheduled basis rather than first aid or illness checks that occur on occasion.	

Logging a Direct (1:1) LPN Service

Service Record

Student Sample, A

Staff Sample, B

Service Date Time `11/15/2022` 📅 `11:30` 🕐

Duration Minutes `20`

Progress Report | Not applicable ▾ |

In your professional opinion, select the progress that fits the service you are providing. If it is "not applicable," choose it from the drop down.

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 | LPN service [T1003] |

Select the service type that best fits what you are seeing the student for.

Group Size | 1 |

Areas Covered/Assessed:

| Medical Administration ▾ | (If Other Specify): | |

| (none) ▾ | (If Other Specify): | |

| (none) ▾ | (If Other Specify): | |

Areas covered: select one item from the drop down. If nothing fits what you did, selecting "Other" is fine. However, be sure to fill in the field to the right: (If Other Specify)... as in what does "other" mean to you.

Has this service been completed? ✅ *Check this box when you are done.*

Lastly, click save.

| Save | | Cancel |

A warning will pop up. It means you can edit any service records you have created if it has not been submitted for billing. If it has already been submitted, and you need to change/correct something, reach out to the ISD Medicaid Department for assistance.

Logging a Monthly Summary (for <u>Direct LPN Services Only)</u>

Service Record

Student   Sample, A

Staff   Sample, B

Service Date Time [11/30/2022] 📅 [11:30] 🕐 Select a time when school is in session.

Duration Minutes [ ] Duration is not required

Progress Report [Moderate progress ▾] In your professional opinion, select the progress the student made for the month.

Provider Notes Summarize how the student did overall during the month with the direct 1:1 services you provided. Note any changes in medical or mental status, any changes in treatment plan (e.g. an increase/decrease in meds). A couple sentences with good detail is all you need.

Service [School Health Services]

Service Type [Monthly Progress Summary] You MUST select "Monthly Progress Summary."

Group Size [1]

Areas Covered/Assessed:

[Other ▾] (If Other Specify): [Monthly Summary] Areas covered: select "Other" and in the field to the right "(If Other Specify):" type in "Monthly Summary."

[(none) ▾] (If Other Specify): [ ]

[(none) ▾] (If Other Specify): [ ]

Has this service been completed? ☑ Check this box when you are done.

Lastly, click save.

[Save] [Cancel]

A warning will pop up. It means you can edit any service records you have created if it has not been submitted for billing. If it has already been submitted, and you need to change/correct something, reach out to the ISD Medicaid Department for assistance.

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 <u>one minute in time</u>. 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.