

Logging Service Records in PSSP – Orientation and Mobility

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

***CASELOAD:** It is important to keep your caseload current. Add new students as necessary and remove students as necessary. If removing students, do this only after all Service Records have been completed.

***PSSP homepage:** Report titled [WISD] My Medicaid Caseload (right column) automatically lists who on your caseload is Medicaid eligible. ***For these students:** you log a monthly summary + your services.

NOTE: *If you do not see the 'My Medicaid Caseload' report on your homepage, please contact me.*

Logging Service Records:

1. **PSSP Homepage:** Scroll down to your caseload and click the **Calendar icon** to the left of student name
2. Highlight the Student for whom you are logging services, or check the box, if using a Mac
3. Select the calendar date of your service. Right click on that date. Click **Record Past Service**.
4. Fill in the following fields: **Service** (click on your title in the pink field)

Service Type:

- Select the **Service** that best describes the service you are providing, i.e. vision service, sensory integration, REED, etc.
- If attending/amending/evaluating or prepping for an IEP/IFSP, select IEP/IFSP Participation
- If completing a monthly summary, select Monthly Progress Summary

Time and Duration: Select the time of your service or IEP meeting and include # of minutes in Duration

Progress Report: Select from the drop-down your student's overall progress. If it is not applicable to the service you are logging, select **Not Applicable**.

5. **Provider Notes:** Include enough detail to allow reconstruction of what transpired for each **Service** you are logging; e.g., what was done, how did the student respond, what is the plan going forward.

For IEPs/IFSPs: State what **your role/task** was in the IEP/IFSP; e.g., evals, reports, mtgs, next steps.

6. **Areas Covered:** Select one area. If you feel none fit, choose **Other** and *specify* what "Other" is to the right.
7. Check the box titled: **Has this service been completed** and click Save.
8. **WARNINGS:** Prescriptions are handled by the Medicaid Dept.; no worries. **NOTE:** Your Service Records can be edited by right clicking on the purple calendar tab; click edit and make changes. Once it's submitted for billing, you can no longer edit. If you **HAVE** to make a change, contact the Medicaid Dept. for assistance.

***Log Monthly Progress Summaries ONLY on students listed in** [WISD] My Medicaid Caseload

- Monthly summaries must be dated in the month services were provided. **Using the last school day of the month is recommended.**
- Repeat Steps 1-4 from above. **NOTE:** For **Service Type**, you **must** select "Monthly Progress Summary"
- **Time** field should be a time when school is in session.
- **Duration** is not required for monthly summary.
- **Provider Notes:** 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.
- **Areas Covered:** Choose **Monthly Summary**. If not listed, choose **Other** and write monthly summary to the right.
- Check the box titled: **Has this service been completed** and click Save.

Orientation and Mobility Tip Sheet

Provider Notes must include enough detail to allow reconstruction of what transpired for each service you provide. When logging **evaluations**, indicate whether it is an initial eval or a re-eval.

Therapy/Treatment services are reportable only if the student's IEP/IFSP includes direct O&M services with a time and frequency.

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

Service Type	Service Type Description
Consultation	Consult services are not separately reimbursable. If you are providing consult services, use the service type Consultation to document the service.
IEP/IFSP Participation— Vision Services [V2799 TM]	Participation in the IEP/IFSP meeting. Attendance is not necessary; participation includes written input submitted prior to the meeting. Date of service is date IEP meeting was held.
Initial/Re-eval Vision Assessment, IDEA [V2799 HT]	Vision Assessment, report and eligibility recommendation meeting. Date of service is date IEP meeting was held. Provider note must indicate initial or re-eval.
Monthly Progress Summary	Monthly Progress Summaries are REQUIRED for all months in which therapy services are reported and should include evaluation of progress, changes in medical and mental status, and any changes in treatment with rationale for change. Summaries must be dated in the month the services were provided. <i>Using the last school day of the month is recommended.</i>
REED Participation [V2799 TL]	Participation in the Review of Existing Evaluation Data (REED). Date of service is the date the REED was completed.
Self-Care Management Training [97535]	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct one-on-one contact by provider, each 15 minutes.
Sensory Integration [97533]	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
Vision Service, Misc. [V2799]	Rehabilitation for 1:1 Low Vision Services
Use for Record Keeping Purposes Only	
Communication	(phone calls, emails, mail, texts, in-person chats, etc.)
No School Day	Use for record keeping
Other	Use for record keeping
Provider Absent	Use for record keeping
Provider Not Available	Use for record keeping
Student Absent	Use for record keeping
Student not Available	Use for record keeping

Questions? Contact Medicaid Dept: Anisa Isap - aisap@washtenawisd.org - 734-994-8100, ext-1556

Logging a Direct Service

Service Record

Student Sample, A

Staff Sample, B

Service Date Time

11/15/2022



11:30



Duration Minutes

60

Progress Report

Moderate Progress



Provider Notes

Met student at Olivia and Wells in Ann Arbor. She walked a square route with all left turns to Minerva and Forest, crossing Holman. She used Lazarillo to check her direction and approaching streets. She did a great job staying oriented and remembering the street names and turns. She was hesitant only once when she approached a grassy area with a curb. She is building her confidence walking in unfamiliar areas!

Service

Orientation and Mobility



Service Type

Vision Service, Misc [V2799]

Group Size

1

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

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 must contain enough detail to be able to reconstruct what transpired during your service, e.g. who was present, what was done, next steps. A couple sentences with good details is all you need.

Areas Covered/Assessed:

O&M training all environments



(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.

(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.

Logging IEP Meetings

Service Record

Student Sample, A

Service Orientation and Mobility

Staff Sample, B

Service Type IEP/IFSP Participation- Vision

Service Date Time 10/26/2022



11:30



Date of service is the date of the IFSP/IEP.

Group Size 1

Duration Minutes 60

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

Attended virtual IEP meeting with team and student's parents. Dad mentioned the need for Joe to start practice with public transportation. I will be helping him over the next months' goal to become oriented to the high school.

State what your particular role and/or tasks were for this IFSP/IEP, What did you discuss/advise at this meeting? Plan going forward? Does not need to be lengthy, 2-3 sentences with detail.
Writing "IEP Meeting" is insufficient and an audit risk.

Areas Covered/Assessed:

IEP Development/Review

(If Other Specify):

Areas covered: select IEP Development/Review

(none)

(If Other Specify):

(none)

(If Other Specify):

Has this service been completed?



Check this box when you are done.

Save

Cancel

Lastly, click save.

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

Service Record

Student Sample, A

Service Orientation and Mobility

Staff Sample, B

Service Type Monthly Progress Summary

You MUST select "Monthly Progress Summary."

Service Date Time 11/30/2022

11:30



Select a time when school is in session.

Group Size 1

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

Used Objective Ed this month for student to practice laterality and directionality. She has improved in her ability to swipe left and right without hesitating. Goals are still appropriate and will practice traveling with cane in more crowded settings.

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.

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.

Orientation and Mobility: Service Record Examples

Service Captures
Met student at Wines to review the route from main building into portable using the newly installed rope. She practiced the route 7 times back and forth and became more confident with each route.
Services were provided via Zoom. Student wrote three words in all capital letters without any prompting, accurately spacing letters. She completed a cut and paste activity, independently retrieving and returning school supplies (paper, pencil, glue, scissors). She cut two circles and a rectangle within ¼-1/2 inch of the border.
Student completed A Ride application. He called AAATA to get bus info with a great deal of assistance. He was frustrated trying to remember the place he was leaving from and going to. He asked if the bus was the going to his destination and explained he was VI and needed a reminder on when to get off bus. We walked to store and he shopped for several items counting back his correct change. He reversed the route to the bus stop on opposite side of street and completed the steps in talking to the bus driver. He seemed to enjoy the travel lesson.
Walked to Westgate to Crumble Cookie. We talked about the need for cane and times to use it. He was resistant to using it at the busy intersection, but he did use it at his local street to cross. He was shown the diagonal and touch technique. He practiced for about 5 minutes, but no longer. He used the traffic to cross street instead of walk sign. He needed a few reminders on when to cross but making progress.
IEP Meeting: O&M issues 1) Mom concerned about travel to bus in winter due to ice/snow and falling hazard, would like temporary access to cab transportation, we will check with SISS, discuss using cane with snow disc during icy conditions 2) I suggested mobility lessons consist of job shadowing destinations, student's response was "I don't know", 3) work with D. to find rap performance opportunities.
IFSP review with student, mom, and dad. 30 minutes of vision focus on a 60-minute visit. Review goals and update together. IFSP took place at the Chelsea Tree House so that we could observe his climbing and stairs skills. Doing well with climbing but does favor right leg over his left. Mom would like to continue working on his goal for stairs to help boost his confidence. He did trip and fall downstairs a few times last week. He has also started a balance program with PT, they felt that the therapy would not really help his nystagmus and instead referred him to Ann Arbor Optometry for vision therapy. He is not yet old enough for doing vision therapy skills, so mom will put her name in with them and wait until they determine he is ready.

Monthly Progress Summaries
Making gradual progress toward goal of using the cane properly. Student wants to bounce the cane when walking and is reminded to keep it down. He likes to talk about the proper technique. He has behavior outbursts and sometimes uses the cane as a weapon. This is being addressed with a behavior plan.
All lessons this month took place at the middle school where she will go to school in the fall. Ava shared that she feels more comfortable about the transition and feels that she knows the building well now.
Examples of Insufficient Monthly Summaries:
<p>"Continues to progress on IEP goals."</p> <p>"Coordinated Services."</p> <p>"Limited progress."</p> <p>"Services Delivered."</p> <p>"Made progress on goals."</p> <p>"Student doing well."</p> <p>"Some progress towards goals."</p> <p>"The student is making some progress toward his/her IEP goals and objectives."</p> <p>"Coordinating and monitoring IEP services on behalf of student."</p> <p>"Maintenance of Case Records."</p>

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.