

Logging Service Records in PSSP – BCBAs

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 a student, 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.

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. behavior treatments or assessments.
 - 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. **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 receiving Adaptive Behavior Treatment

- 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.

Board Certified Behavioral Analyst (BCBA) Tip Sheet

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

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

Service Type	Service Type Description
Adaptive Behavior Treatment by Protocol [97153]	Administered by technician, face-to-face with one patient
Adaptive Behavior Treatment Social Skills Group [97158]	Administered by a qualified healthcare provider, face-to-face with multiple patients.
Adaptive Behavior Treatment with Protocol Modification [97155]	Administered by a qualified healthcare provider with one patient.
Behavior Identification Assessment [97151]	Administered by a qualified health care professional, each 15 minutes of the qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
Family Adaptive Behavior Treatment Guidance [97156]	Administered by a qualified healthcare provider (with or without the patient present).
Group Adaptive Behavior Treatment by Protocol [97154]	Administered by technician, face-to-face with two or more patients.
IEP/IFSP Participation: Brief Emotional, Behavioral Assessment [96127 TM]	Participation in the IEP/IFSP meeting. Completed evaluation = brief emotional/behavior assessment
Monthly Progress Summary	Monthly Summaries are REQUIRED for all months in which Adaptive Behavior Treatment is reported. <u>Include evaluation of progress, changes in medical and mental status, and any changes in treatment with rationale for change.</u> Summaries must be dated in the month the services were provided. <i>Using the last school day of the month is recommended.</i>
Observational Behavioral Follow-Up Assessment [97152]	Includes physician or other qualified provider direction with interpretation and report, administered by one technician.
Non-billable Codes (Use for record keeping purposes only)	
Communication (<i>phone calls, emails, mail, texts, in-person chats, etc</i>)	
No School Day	Provider Not Available
Other	Student Absent
Provider Absent	Student Not Available

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

Board Certified Behavioral Analyst: Service Record Examples

<p>IEP/IFSP Participation: Brief Emotional/Behavioral Assessment [96127 TM]</p>	<p>BCBA attended student IEP. Provided updates on present levels in behavioral needs and supports. Presented the behavioral intervention plan to staff and parent. Student will continue to get behavioral support throughout next school year.</p>
<p>IEP/IFSP Participation: Brief Emotional/Behavioral Assessment [96127 TM]</p>	<p>Initial IEP for student transitioning to High Point School. Attended IEP as BCBA to gain more information on student who will be in program next year. Asked questions about student and wrote notes to distribute to relevant staff.</p>
<p>Behavior Identification Assessment [97151]</p>	<p>Conducted a functional analysis on student. Focused on identifying function of current behaviors (non-compliance, screaming, defiance). Conducted assessment with Behavior Analyst in Training support. A report on findings will be reported to staff and intervention plan will be updated.</p>

Logging a Behavior Identification Assessment

Service Record

Student Sample, A

Service Board Certified Behavioral Analyst

Staff Sample, B

Service Type Behavior Identification Assessment

Service Date Time

10/26/2022



11:30



Date of service is the date of the evaluation

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

Conducted a functional analysis on student. Focused on identifying function of current behaviors (non-compliance, screaming, defiance). Conducted assessment with Behavior Analyst in Training support. A report on findings will be reported to staff and intervention plan will be updated.

Best practice: State which evaluation(s) you performed, how the student responded, and plan going forward. A sentence or two with details is sufficient.

Areas Covered/Assessed:

Testing/Evaluation



(If Other Specify):

Areas covered: select Testing/Evaluation

(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 IEP Meetings

Service Record

Student Sample, A

Service Board Certified Behavioral Analyst

Staff Sample, B


Service Type IEP/IFSP Participation: Brief Emoti

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

BCBA attended student IEP. Provided updates on present levels in behavioral needs and supports. Presented the behavioral intervention plan to staff and parent. Student will continue to get behavioral support throughout next school year.

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.

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 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.