### UNDERSTANDING MODIFIERS

**HA:** General Education: Caring 4 Students Program (C4S) – Anticipated 2020-21 SY for personal care services.

<table>
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<tr>
<th>T1020</th>
<th>1] SBS: Personal Care Service [T1020]</th>
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<td>Personal Care Services may include, but are not limited to, assisting with the following:</td>
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<td>• Ambulation: Helping/assisting a student with walking on their own or with some type of walker/equipment.</td>
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<td>• Assistance w/self-administered medications: Assisting/cueing student with medication, such as an inhaler, that the student carries with him/her.</td>
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<td>• Bathing: Assisting student with extensive bathing/washing (e.g., student has regular/irregular bowel/bladder habits and has incontinent episodes that require staff assistance to clean/change).</td>
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<td>• Dressing: Assisting/cueing student to dress themselves for outdoors, following toileting, etc.</td>
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<td>• Eating/Feeding: Assisting/cueing student with meal and snack feeding.</td>
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<td>• Grooming: Assist/cueing student with washing face and hands, combing hair, personal appearance, etc.</td>
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<td>• Health Related Functions through Hands-on Assistance, Supervision and Cueing: Broad range of assistance/cueing that is not covered under other categories. Use this area if the service is not listed in another category.</td>
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<td>• Maintaining Continence: Assisting/cueing student with accessing the restroom in a timely manner (e.g. cueing the student to visit the restroom).</td>
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<td>• Meal Preparation: Assisting/cueing student in preparing his/her meal or snack (e.g., such as grinding food in a food processor in order for the student to be able to eat, preparation of formula).</td>
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<td>• Mobility/Positioning: Assisting/cueing student to adjust his/her positioning to prevent stiff muscles/sores, (e.g., using stander).</td>
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<td>• Personal Hygiene: Assisting/cueing student with teeth brushing, maintaining hygienic conditions, assistance with female menstrual periods, diaper changes, wiping noses, etc.</td>
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<td>• Redirection and Interventions for Behavior: Any cueing or physical hands-on redirection of student for behavior purposes.</td>
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<td>• Respiratory Assistance: Assistance with exercises to increase lung capacity.</td>
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<td>• Skin Care: Assisting student with proper skin care in the case of a chronic skin condition.</td>
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<td>• Toileting: Physically assisting/cueing student to access the toilet.</td>
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<td>• Transferring: Physically assisting student to move about the classroom as needed.</td>
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### GENERAL SERVICE INFORMATION

- Service entry is due within the month that services were provided.
- Personal Care Service may be billed once per day/per student.
- Monthly Summary comments must include services were performed in accordance to IEP and link personally to the student.
- Please keep on file a completed, signed and dated monthly activity log/checklist for each student.
- The need for Personal Care service must be documented in the PLAAFP.
- Personal Care must be listed on the Accommodations page of the student’s current IEP.
- The student must have a current “Personal Care Authorization” form on file.

***PLEASE DO NOT BEGIN ENTERING SERVICES UNTIL THE CLASSROOM TEACHER PROVIDES YOU WITH A COPY OF THE PERSONAL CARE AUTHORIZATION FORM.
**Monthly Summaries:**
All students with PCA services in their IEP that have service logs entered on the Medicaid site require a monthly summary. Your monthly summary should consist of at least two sentences to explain why you are providing services and how the student is generally doing.

**Monthly Summary Example:**
9/30/2015—Personal care services provided to “Student Name” in accordance to his/her IEP. Over the last month I noted Student Name appears less stiff when using his walker.

**Staff Qualifications:**
These services may be reimbursed when provided by: Teacher Aides, Health Care Aides, Instructional Aides, Bilingual Aides, Program/Teaching Assistants, Trainable Aides, under the direction of a qualified professional. Note that some districts have “Assistants” as opposed to “Aides”. These assistants are also qualified to record their services.

Personal Care Services are **not** covered if they are: provided by a family member or “legally responsible relative”, not documented in the IEP/IFSP, not supported by a personal care authorization, or if they are educational in focus (including tutoring, preparation of educational materials or Braille interpretation).

**Annual Requirements:** A Personal Care Authorization form is required annually. It must list the student’s personal care needs and be signed by an authorized practitioner (RN, OT, PT, LMSW or Physician) operating within their scope of practice.

**Supervision & Under the Direction Of:**
Michigan Department of Health and Human Services Provider Manual dated October 2019

1.4 UNDER THE DIRECTION OF AND SUPERVISION
Certain specified services may be provided under the direction of or under the supervision of another clinician. For the supervising clinician, "under the direction of" means that the clinician is supervising the individual's care which, at a minimum, includes seeing the individual initially, prescribing the type of care to be provided, reviewing the need for continued services throughout treatment, assuring professional responsibility for services provided, and ensuring that all services are medically necessary. "Under the direction of" requires face-to-face contact by the clinician at least at the beginning of treatment and periodically thereafter.

**Help Desk Contacts**
General questions regarding Medicaid, Service Capture, or PSSE can be answered by contacting one of the staff below:

<table>
<thead>
<tr>
<th>Lynette Altman</th>
<th>Anne Papa-Roark</th>
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<tbody>
<tr>
<td><a href="mailto:lynettealtman@kentisd.org">lynettealtman@kentisd.org</a></td>
<td><a href="mailto:annepapa@kentisd.org">annepapa@kentisd.org</a></td>
</tr>
<tr>
<td>(616) 365-2387</td>
<td>(616) 301-6191</td>
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**False Claims Act**
The Federal False Claims Act, among other things, applies to the submission of claims by healthcare providers for payment by Medicare, Medicaid and other federal and state healthcare programs. The False Claims Act is the federal government's primary civil remedy for improper or fraudulent claims. It applies to all federal programs, from military procurement contracts to welfare benefits to healthcare benefits.

The False Claims Act prohibits among other things:
- Knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval;
- Knowingly making or using, or causing to be made or used, a false record or statement in order to have a false or fraudulent claim paid or approved by the government;
- Conspiring to defraud the government by getting a false or fraudulent claim allowed or paid; and
- Knowingly making or using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

Any person who knowingly attempts to defraud the federal government is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person.

"Knowingly" means that a person, with respect to information: 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information.

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ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information.

Examples of Medicaid Fraud

- Billing for medical services not actually performed
- Providing unnecessary services
- Billing for more expensive services
- Billing for services separately that should legitimately be one billing
- Billing more than once for the same medical service
- Giving or accepting something of value (cash, gifts, services) in return for medical services, (i. e., kickbacks)
- Falsifying cost reports
- Billing for missed appointments

Reporting Suspected Fraud or Abuse
Kent ISD is committed to ensuring that it’s coding, billing and reimbursement procedures comply with all federal and state laws. The
“back-end” billing system, MeduClaim provided by CompuClaim, has been designed to limit the recording of services to those
procedure codes that are appropriate for the user’s profession and only up to the maximum amount allowed per day or month.
However, the system cannot ensure that the services were provided as stated, that they were medically necessary or were not false or
misleading.

In most cases, an employee's supervisor is in the best position to address an area of concern. Supervisors and managers are required
to report suspected violations to the Compliance professional, Anne Papa-Roark, who has specific and exclusive responsibility to
investigate all reported violations regarding the filing of false or fraudulent claims. If you are not comfortable speaking with your
supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak directly to the compliance
professional, Anne Papa-Roark.

Anne Papa-Roark
Kent Intermediate School District
Medicaid Project Analyst & Compliance Oversight
2930 Knapp NE
Grand Rapids, MI 49525
(616) 301-6191
annepapa@kentisd.org

The following information is preferred when reporting suspected fraud or abuse:

- Nature of the complaint.
- The names of those involved in the suspected fraud and/or abuse, including their address, phone number, Medicaid
  identification number, date of birth (for beneficiaries), and any other identifying information if available/applicable.

You may also report suspected fraud and abuse by contacting the Office of Inspector General:

- Submitting an online complaint form with the Office of Inspector General:
  http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-220056--,00.html
- Phone: 1-855-MI-FRAUD (643-7283) (voicemail available for after hours)

Whistle Blower Protection Act
Staff reporting suspected fraud, waste and abuse are protected under the Whistle Blower Protection Act. Employers cannot discharge
or cause the constructive discharge or discriminate against an employee because the employee or a person acting on behalf of the
employee reports, or is about to report, a violation of local, state or federal law to a public body or is requested by a public body to
take part in an investigation, hearing, inquiry or court action. Protections do not apply if the employee knows the report to be false.
PERSONAL CARE SERVICES are a range of human assistance services provided to persons with disabilities and chronic conditions which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance or cueing so that the person performs the task by him/herself.

Please indicate with a check mark services identified in the PLAAFP section that the above named student requires on a daily basis:

- [ ] Ambulation;
- [ ] Assistance with self-administered medications;
- [ ] Bathing;
- [ ] Dressing;
- [ ] Eating/feeding;
- [ ] Grooming;
- [ ] Health related functions through hands-on assistance, supervision and cueing.
- [ ] Maintaining continence;
- [ ] Meal preparation;
- [ ] Mobility/Positioning;
- [ ] Personal hygiene;
- [ ] Redirection and intervention for behavior; and
- [ ] Respiratory assistance;
- [ ] Skin care;
- [ ] Toileting;
- [ ] Transferring;

Authorization

Personal care services require an authorization by a licensed practitioner operating within the scope of their practice, including Registered Nurses (RN), Occupational Therapists (OT), Physical Therapists (PT) and Master of Social Work (MSW).

Licensed Practitioner Authorization:
I certify that the above named student requires daily personal care services due to their disability or medical condition. Services indicated above are noted the student’s PLAAFP and Personal Care Service has been documented in the Supplementary Aids/Program Modifications/Support for School Personnel section of the student’s IEP.

Licensed Practitioner Signature ____________________________
Printed Name & Title ____________________________
Date ____________________________

Please ensure this form is signed, dated and uploaded as a “Stand Alone File Based Document” to PSSE. Naming convention should be: student last name, first name, type of prescription and date prescription was signed. (Example: Bunyan, Paul_Personal Care_1/15/2015).

The student’s Prescription Profile must also be completed. If you do not have access to add prescription information to the student’s profile, please send this form to your Special Ed Secretary.