



Medicaid Staff Pool List (SPL) Authorization Form-C4S 2019-2020

Each District must complete this form for any staff changes to the PCG Staff Pool List. The purpose of this form is to:

- Retain accurate account of Medicaid billing staff changes
- Ensure staff eligibility to bill
- Retain appropriate system access for staff
- Review & clarify billing expectations for the district and staff

STAFF LEGAL NAME: First: _____ Last: _____

<input type="checkbox"/>	New Position	
<input type="checkbox"/>	Fill Vacancy	Name of Replacement:
<input type="checkbox"/>	Termination	
<input type="checkbox"/>	Long Term Sub	Name of Replacement:
<input type="checkbox"/>	Other Change	Comments:

Work Email	
Work Phone	

Employment Information:	
District Payroll or Contracted?	If Contracted- Agency Name: Submit MOU outlining Medicaid Billing Agreement with this form. <small>If we are paying the contracted agency- MDHHS states they are not allowed to bill Medicaid.</small>

Working District(s):			
Total FTE:			
Regular Hours & Days of Week			
Working with Students?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Gen Ed/Spec Ed or Both?	

Position Title:	
Highest Academic Degree:	

Funding Information:		
<input type="checkbox"/> IDEA	FTE: _____ (Must be partial FTE for SPL)	Comments:
<input type="checkbox"/> Title 1	FTE: _____ (Must be partial FTE for SPL)	Comments:
<input type="checkbox"/> Not Federally Funded	FTE: _____	Comments:

Staff Pool Placement (Select one):		
AOP	<input type="checkbox"/> Administrator <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Counselor <input type="checkbox"/> Teacher Consultant <input type="checkbox"/> Teachers of Speech and Language Impairments w/o Certification <input type="checkbox"/> Early ID/Intervention Personnel <input type="checkbox"/> MDE Certified School Psychologists w/o MI License <input type="checkbox"/> MDE Certified School Social Worker w/o MI License <input type="checkbox"/> Limited License SLP w/o Certification	Check at least 1 of the required responsibilities: <input type="checkbox"/> Medicaid Outreach <input type="checkbox"/> Facilitating Medicaid Eligibility Determinations <input type="checkbox"/> Health Related Referral Activities <input type="checkbox"/> Medical Service Program Planning, Policy Development, and Interagency Coordination <input type="checkbox"/> Programmatic Monitoring and Coordination of Medical Services <input type="checkbox"/> Transportation and Translation Services
Case Mgmt.	<input type="checkbox"/> Case Manager	Check at least 1 of the required qualifications: <input type="checkbox"/> Licensed RN <input type="checkbox"/> Bachelor's in Special Education Area <input type="checkbox"/> Course work equivalent to Major in Special Education <input type="checkbox"/> At least 3 years' experience in Special Needs Direct Care



Medicaid Staff Pool List (SPL) Authorization Form-C4S 2019-2020

Direct Service	Occupational Therapy and Orientation & Mobility	<p><input type="checkbox"/> Licensed Occupational Therapist (OT)</p> <p><input type="checkbox"/> Occupational Therapist Assistant (OTA) under the direction of a Licensed OT</p> <p><input type="checkbox"/> Certified Orientation & Mobility Specialist</p>	<p>Staff License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p> <p>'Under Direction Of' Name: Click or tap here to enter text.</p> <p>License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p>
	Physical Therapy	<p><input type="checkbox"/> Licensed Physical Therapist (PT)</p> <p><input type="checkbox"/> Licensed Physical Therapy Assistant (PTA) under direction of a Licensed PT</p>	<p>Staff License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p> <p>'Under Direction Of' Name: Click or tap here to enter text.</p> <p>License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p>
	Speech, Language & Hearing Therapy	<p><input type="checkbox"/> Licensed Speech Language Pathologist (SLP)</p> <p><input type="checkbox"/> Licensed Audiologist</p> <p><input type="checkbox"/> SLP or Audiology Candidate under the direction of a Licensed SLP or Audiologist</p> <p><input type="checkbox"/> Limited License SLP under the direction of a Licensed SLP</p>	<p>Staff License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p> <p>'Under Direction Of' Name: Click or tap here to enter text.</p> <p>License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p>
	Psychologists	<p><input type="checkbox"/> Psychiatrist</p> <p><input type="checkbox"/> Limited Licensed Masters Psychologist under the supervision of a Licensed Psychologist</p> <p><input type="checkbox"/> Temporary Limited License Psychologist under the supervision of a Licensed Psychologist</p> <p><input type="checkbox"/> Licensed Psychologist</p> <p><input type="checkbox"/> MDE-credentialed masters level school psychologist</p> <p><input type="checkbox"/> Licensed Masters level Marriage and Family Therapist</p>	<p>Staff License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p> <p>'Under Direction Of' Name: Click or tap here to enter text.</p> <p>License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p>
	Social Workers	<p><input type="checkbox"/> Licensed Clinical Social Worker</p> <p><input type="checkbox"/> Licensed Masters Level Social Worker</p> <p><input type="checkbox"/> Licensed masters level school social worker</p> <p><input type="checkbox"/> Limited Licensed Masters Social Worker under supervision of Licensed Masters Social Worker</p> <p><input type="checkbox"/> Temporary limited licensed social worker under the supervision of a licensed masters level social worker</p> <p><input type="checkbox"/> Board Certified Behavioral Analyst (BCBA)</p> <p><input type="checkbox"/> Board Certified assistant Behavioral Analyst (BCaBA) under the supervision of a BCBA</p>	<p>Staff License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p> <p>'Under Direction Of' Name: Click or tap here to enter text.</p> <p>License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p>
	Counselors	<p><input type="checkbox"/> Licensed Masters level Professional Counselor</p> <p><input type="checkbox"/> Limited Licensed Masters Level Professional Counselor under the supervision of a Licensed Professional Counselor</p>	<p>Staff License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p> <p>'Under Direction Of' Name: Click or tap here to enter text.</p> <p>License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p>
	Nursing Services	<p><input type="checkbox"/> Registered Nurse</p> <p><input type="checkbox"/> Licensed Practical Nurse</p> <p><input type="checkbox"/> Qualified School Nurse as defined by Public Act 269 of 1955 as amended.</p> <p><input type="checkbox"/> Certified Nurse Practitioner</p> <p><input type="checkbox"/> Certified Clinical Nurse Specialist</p>	<p>Staff License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p> <p>'Under Direction Of' Name: Click or tap here to enter text.</p> <p>License #: Click or tap here to enter text. Exp: Click or tap to enter a date.</p>
	Personal Care	<p><input type="checkbox"/> Personal Care Services Provider- Teacher Aides, Health Care Aids, Instructional Aides, Bilingual Aides, Program Assistants, Trainable Aides</p>	<p><i>Medically Necessary Services Documented In IEP/IFSP/Care Plan Only. Educational Focused Services are Not Eligible.</i></p>

Case Mgmt. /Direct Service/Personal Care: Has provider billed in last quarter? Choose an item. If No, Remove from SPL.



READ & SIGN:

- If I am a service provider and have delivered all documented services:
 - I will not share my username and password with others to enter services on my behalf.
 - I agree that I have delivered the documented services and that all service reports are true and have been provided according to clinical guidelines to the best of my ability.
 - I will enter services in a timely manner, with the understanding that monthly documentation should be entered by the 15th of the following month to prevent a stop in Medicaid reimbursement.
- If I am selected for a Random Moment Time Studies (RMTS):
 - I will respond to the request to the best of my ability.
 - I will answer RMTS questions truthfully.
 - I understand that my responses will impact the reimbursement that the school districts receive for services provided.
- If I am on the AOP Staff Pool List I am involved in activities that include identifying and enrolling potentially Medicaid eligible persons. (More information available on the Medicaid Google Drive in the Medicaid Policy Manual).

This document must be updated & signed each school year.

	Print Name:	Signature:	Date:
Staff:			