Chapter 182-537 WAC

SCHOOL-BASED HEALTH CARE SERVICES

WAC 182-537-0100 Purpose. The medicare agency pays school districts for school-based health care services provided to medicare-eligible children who require special education services consistent with Sections 1903(c) and 1905(a) of the Social Security Act. Covered services must:

1. Identify, treat, and manage the education-related disabilities (i.e., mental, emotional, and physical) of a child who requires special education services;
2. Be prescribed or recommended by licensed physicians or other licensed health care providers within their scope of practice under state law;
3. Be medically necessary;
4. Be diagnostic, evaluative, habilitative, or rehabilitative in nature;
5. Be included in the child's current individualized education program (IEP) or individualized family service plan (IFSP); and
6. Be provided in a school setting.

WAC 182-537-0200 Definitions. The following definitions and those found in chapter 182-500 WAC apply to this chapter:

"Agency" - See WAC 182-500-0010.
"Assessment" - For purposes of this chapter an assessment is made-up of medically necessary tests given to an individual child by a licensed professional to evaluate whether a child is determined to be a child with a disability, and in need of special education and related services. Assessments are a part of the evaluation and re-evaluation processes and must accompany the individualized education program (IEP) or individualized family service plan (IFSP).
"Child with a disability" - For purposes of this chapter, a child with a disability is a child evaluated and determined to need special education and related services because of a disability in one or more of the following eligibility categories:
- Autism;
- Deaf-blindness;
- Developmental delay for children ages three through nine, with an adverse educational impact, the results of which require special education and related direct services;
- Hearing loss (including deafness);
- Intellectual disability;
- Multiple disabilities;
- Orthopedic impairment;
- Other health impairment;
- Serious emotional disturbance (emotional behavioral disturbance);
- Specific learning disability;
- Speech or language impairment;
- Traumatic brain injury; and
- Visual impairment (including blindness).
"Early intervention services" - Services designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, as identified in the infant or toddler's individualized family service plan (IFSP), in any one or more of the following areas, including:
- Physical development;
- Cognitive development;
- Communication development;
- Social or emotional development; or
- Adaptive development.
"Electronic signature" - A signature in electronic form attached to or associated with an electronic record including, but not limited to, a digital signature.
"Evaluation" - Procedures used to determine whether a child has a disability, and the nature and extent of the special education and related services needed. (See WAC 392-172A-01070.)
"Evaluation report" - See WAC 392-172A-03035.
"Fee-for-service" - See WAC 182-500-0035.
"Handwritten signature" - A scripted name or legal mark of an individual on a document to signify knowledge, approval, acceptance, or responsibility of the document.
"Health care-related services" - Developmental, corrective, and other supportive services required to assist an eligible child to benefit from special education. For the purposes of the school-based health care services program, related services include:
- Audiology;
- Counseling;
- Nursing;
- Occupational therapy;
- Physical therapy;
- Psychological assessments; and
- Speech-language therapy.
"Individualized education program (IEP)" - A written educational program for a child who is age three through twenty and eligible for special education. An IEP is devel-
oped, reviewed and revised under WAC 392-172A-03090 through 392-172A-03135.

"Individualized family service plan (IFSP)" - A plan for providing early intervention services to a child birth through age two, with a disability or developmental delay and the child's family. The IFSP:
- Is based on the evaluation and assessment described in 34 C.F.R. Sec. 303.321;
- Includes the content specified in 34 C.F.R. Sec. 303.344;
- Is implemented as soon as possible after parental consent is obtained for the early intervention services in the IFSP (consistent with 34 C.F.R. Sec. 303.420); and
- Is developed under the IFSP procedures in 34 C.F.R. Secs. 303.342, 303.343, and 303.345.

"Medically necessary" - See WAC 182-500-0070.

"National provider identifier (NPI)" - See WAC 182-500-0075.

"Qualified health care provider" - See WAC 182-537-0350.

"Reevaluation" - Procedures used to determine whether a child continues to be in need of special education and related services. (See WAC 392-172A-03015.)

"School-based health care services program" or "SBHS" - School-based health care services for infants and toddlers receiving early intervention services and children who require special education services, which are diagnostic, evaluative, habilitative, and rehabilitative in nature; are based on the child's medical needs; and are included in the child's IEP or IFSP. The agency pays for school-based health care services delivered to medicaid-eligible children who require special education services under Section 1903(c) of the Social Security Act, and to people under the Individuals with Disabilities Education Act (IDEA) Part B and Part C.

"Signature log" - A typed list that verifies a licensed provider's identity by associating each provider's signature with their name, handwritten initials, credentials, license and national provider identification (NPI) numbers.

"Special education" - Specially designed instruction, at no cost to the parents, to meet the unique needs of a student eligible for special education, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings, and instruction in physical education. Refer to WAC 392-172A-01175.

"Supervision" - Supervision that is provided by a licensed health care provider either directly or indirectly in order to assist the supervisee in the administration of the health care-related services outlined in the IEP or IFSP.

"Telemedicine" - See WAC 182-531-1730.

WAC 182-537-0300 Client eligibility. Children who require special education services must be receiving Title XIX Medicaid under a Washington apple health (WAH) categorically needy program (CNP) or WAH medically needy program (MNP) to be eligible for school-based health care services. Eligible children enrolled in a managed care organization (MCO) receive school-based health care services on a fee-for-service basis.

WAC 182-537-0350 Provider qualifications. (1) School-based health care services (SBHS) must be delivered by qualified health care providers who are enrolled with the medicaid agency and who meet state licensure and certification requirements. The following people may provide SBHS:

(a) Audiologists who meet requirements of chapters 246-828 WAC and 18.35 RCW;
(b) Licensed advanced social workers (LiACSW) who meet requirements of chapters 246-809 WAC and 18.225 RCW;
(c) Licensed independent clinical social workers (LiCSW);
(d) Licensed mental health counselors (LMHC) who meet requirements of chapters 246-809 WAC and 18.225 RCW;
(e) Licensed mental health counselor associates (LMHCA) who meet requirements of chapters 246-809 WAC and 18.225 RCW and are under the direction and supervision of a qualified LiACSW, LiCSW, or LMHC;
(f) Licensed registered nurses (RN) who meet requirements of chapters 246-840 WAC and 18.79 RCW;
(g) Licensed practical nurses (LPN) who meet requirements of chapters 246-840 WAC and 18.79 RCW and are under the direction and supervision of a qualified RN;
(h) Noncredentialed school employees who are delegated certain limited health care tasks by an RN and are supervised according to professional practice standards in RCW 18.79.260;
(i) Licensed occupational therapists (OT) who meet requirements of chapters 246-847 WAC and 18.59 RCW;
(j) Licensed occupational therapist assistants (OTA) who meet requirements of chapters 246-847 WAC and 18.59 RCW and are under the direction and supervision of a qualified OT;
(k) Licensed physical therapists (PT) who meet requirements of chapters 246-924 WAC and 18.83 RCW;
(l) Licensed physical therapist assistants (PTA) who meet requirements of chapters 246-915 WAC and 18.74 RCW and are under the direction and supervision of a licensed PT;
(m) Licensed psychologists who meet requirements of chapters 246-924 WAC and 18.83 RCW;
(n) Licensed speech-language pathologists (SLP) who meet requirements of chapters 246-828 WAC and 18.35 RCW; and
(o) Speech-language pathology assistants (SLPA) who meet requirements of chapters 246-828 WAC and 18.35 RCW.
(2) For services provided under the supervision of a PT, OT, SLP, nurse, counselor, or social worker, the supervising provider must:
   (a) Ensure the child receives quality therapy services by providing supervision in accordance with professional practice standards;
   (b) See the child face-to-face when services begin and at least once more during the school year;
   (c) Approve and cosign all treatment notes written by the supervisee before submitting claims for payment; and
   (d) Record supervisory activities and provide the documents to the agency or its designee upon request.

(3) The school district must ensure providers meet the professional licensing and certification requirements.

(4) The licensing exemptions found in the following regulations do not apply to federal medical reimbursement:
   (a) Counseling under RCW 18.225.030;
   (b) Psychology under RCW 18.83.200;
   (c) Social work under RCW 18.320.010; and
   (d) Speech therapy under RCW 18.35.195.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 16-07-141, § 182-537-0350, filed 3/23/16, effective 4/23/16.]

WAC 182-537-0400 Covered services. All services covered under this section may be provided through telemedicine as described in WAC 182-531-1730. Covered services include:

(1) Evaluations when the child is determined to have a disability, and is in need of special education and health care-related services that result in an IEP or IFSP;

(2) Health care-related services including:
   (a) Audiology;
   (b) Counseling;
   (c) Nursing;
   (d) Occupational therapy;
   (e) Physical therapy;
   (f) Psychological assessments; and
   (g) Speech-language therapy.

(3) Reevaluations, to determine whether a child continues to need special education and health care-related services.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 16-07-141, § 182-537-0400, filed 3/23/16, effective 4/23/16.]

WAC 182-537-0500 Noncovered services. Noncovered services include, but are not limited to the following:

(1) Applied behavior analysis (ABA);
(2) Attending meetings;
(3) Charting;
(4) Equipment preparation;
(5) Evaluations that do not result in an IEP or IFSP;
(6) Instructional assistant contact;
(7) Observation;

(8) Parent consultation;
(9) Parent contact;
(10) Planning;
(11) Preparing and sending correspondence to parents or other professionals;
(12) Professional consultation;
(13) Report writing;
(14) Review of records;
(15) School district staff accommodating a child who requires special education services to and from school on the bus;
(16) Teacher contact;
(17) Test interpretation; and
(18) Travel and transporting.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 16-07-141, § 182-537-0500, filed 3/23/16, effective 4/23/16.]

WAC 182-537-0600 School district requirements for billing and payment. To receive payment from the Medicaid agency for providing school-based health care services (SBHS) to eligible children, a school district must:

(1) Have a current, signed core provider agreement (CPA) with the agency.

(2) Have a current, signed, and executed interagency agreement with the agency.

(3) Meet the applicable requirements in chapter 182-502 WAC.

(4) Comply with the agency's current, published ProviderOne billing and resource guide.

(5) Bill according to the agency's current school-based health care services provider guide, the school-based health care services fee schedule, and the intergovernmental transfer (IGT) process. After a school district receives its invoice from the agency, the district must provide its local match to the agency within one hundred twenty days.

(6) Provide only health care-related services identified through a current IEP or IFSP.

(7) Use only health care professionals qualified under WAC 182-537-0350.

(8) Enroll servicing providers under the school district's national provider identifier (NPI) number, and ensure providers have their own NPI number.

(9) Meet documentation requirements in WAC 182-537-0700.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 16-07-141, § 182-537-0600, filed 3/23/16, effective 4/23/16.]

WAC 182-537-0700 School district documentation requirements. (1) Providers must document all school-based health care services (SBHS) as required in this section, WAC 182-502-0020, and the Medicaid agency's school-based health care services provider guide.

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(2) All required documentation must include the provider's printed name, handwritten or electronic signature, and title. Assistants practicing under WAC 182-537-0350 must have a licensed supervisor cosign all documents as required by this subsection.

(3) The following documentation must be maintained for each client for a minimum of six years:
   (a) Professional assessment reports;
   (b) Evaluation and reevaluation reports;
   (c) IEP or IFSP; and
   (d) Treatment notes.

   (4) Treatment notes must include the:
      (a) Child's name;
      (b) Child's ProviderOne client ID;
      (c) Child's date of birth;
      (d) Date of service, and for each date of service:
          (i) Time-in;
          (ii) Time-out;
          (iii) A procedure code for and description of each service provided;
          (iv) The child's progress related to each service;
          (v) Number of units billed for the service; and
          (vi) Whether the treatment described in the note was individual or group therapy.

   (5) The agency accepts electronic records and signatures. Maintaining the records in an electronic format is acceptable only if the original records are available to the agency for program integrity activities for up to six years after the date of service. Each school district is responsible for determining what standards are consistent with state and federal electronic record and signature requirements.

   (6) For a signature to be valid, it must be handwritten or electronic. Signature by stamp is acceptable only if the provider is unable to sign by hand due to a physical disability.

   (7) School districts must maintain a signature log to support the provider's signature identity.

   (8) The signature log must include the provider's:
      (a) Printed name;
      (b) Handwritten signature;
      (c) Initials;
      (d) Credentials;
      (e) License number; and
      (f) National provider identifier (NPI) number.

   (9) Each school district must establish policies and procedures to ensure complete, accurate, and authentic records. These policies and procedures must include:
      (a) Security provisions to prevent the use of an electronic signature by anyone other than the licensed provider to which the electronic signature belongs;
      (b) Procedures that correspond to recognized standards and laws and protect against modifications;
      (c) Protection of the privacy and integrity of the documentation;
      (d) A list of which documents will be maintained and signed electronically; and
      (e) Verification of the signer's identity at the time the signature was generated.

WAC 182-537-0800 Program integrity. (1) To ensure compliance with program rules, the medicaid agency conducts program integrity activities under chapter 182-502A WAC.

(2) School districts must participate in all program integrity activities.

(3) School districts are responsible for the accuracy, compliance, and completeness of all claims submitted for medicaid reimbursement.