

## DRAFT POLICY -- OPEN FOR PUBLIC COMMENT

This drafted policy is open for a two-week public comment period. This box is not part of the drafted policy language itself and is intended for use only during the comment period to provide readers with a summary of what has changed.

HHSC is performing a comprehensive review of the School Health Related Services (SHARS) benefit for Medicaid clients.

The following is a summary of changes in scope for this policy review:

- Added language related to nurse-delegated tasks to Nursing Services
- Personal Care Services (PCS)
  - Clarified the definition of PCS
  - Defined medical necessity for PCS
  - Defined areas of required provider competency
  - Clarified definition of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)
  - Clarified that ADLs/IADLs table is an exhaustive list
  - Explained boundaries of Health Maintenance Activities (HMAs) included in PCS
  - Added descriptions of specific activities included in ADLs and IADLs
  - Added activities excluded from PCS reimbursement
  - Removed group PCS modifier UD
  - Clarified requirements for PCS providers assisting multiple students
- Updated Physician Services procedure code
- Explained interim claiming and timed and untimed procedure codes
- Updated information on the Random Moment Time Study (RMTS) to include the fourth quarter
- Added documentation requirements for PCS provider requirements and PCS service logs

Some policy language that is out of scope for this review is included in this document for context. New policy language has been underlined and deleted language has been struck-through to highlight proposed policy changes.

Note: The current language regarding the School Health and Related Services benefit can be found in the Texas Medicaid Provider Procedures Manual (TMPPM), Vol 2: School Health and Related Services Handbook. Information regarding the

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reimbursement process and RMTS may be found at

<https://pfd.hhs.texas.gov/acute-care/school-health-and-related-services-shars>.



# SCHOOL HEALTH AND RELATED SERVICES

## Statement of Benefits

- 1.** School Health and Related Services (SHARS) are direct medical services and transportation services available to children aged 20 and younger who are enrolled in Medicaid and are eligible to receive services under the Individuals with Disabilities Education Act (IDEA). The services must be included in the child’s individualized education program (IEP) established under IDEA.
- 2.** To receive SHARS services, Medicaid-enrolled students must:
  - 2.1** Be enrolled in a public school’s special education program; and
  - 2.2** Be 20 years of age or younger; and
  - 2.3** Have a disability or chronic medical condition; and
  - 2.4** Have an IEP documenting disability and medical necessity; or
    - 2.4.1** An IEP is a written plan mandated by IDEA that is developed by the school, in conjunction with the parents or guardians, teachers and other health professionals. This plan authorizes the services that can be provided and defines the individualized objectives of a child who has been found to have a disability.
    - 2.4.2** The IEP is created by an ARD (Admission, Review, and Dismissal) Committee.
    - 2.4.3** 34 Code of Federal Regulations (CFR) §300.320 outlines what must be included in an IEP.
    - 2.4.4** The SHARS program cannot reimburse for services beyond what is detailed in the IEP.
- 3.** SHARS covers the following services:
  - 3.1** Audiology, individual and group, delivered by licensed master’s level therapist or licensed assistant
  - 3.2** Counseling, individual and group, delivered by licensed master’s level therapist
  - 3.3** Nursing services, including medication administration and nursing services delegated by a registered nurse (RN) (in compliance with RN delegated nursing tasks criteria as determined by the Texas Board of Nursing) to an employee or health aide.







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- 3.4** Occupational therapy (OT), individual and group, delivered by licensed therapist or licensed assistant
- 3.5** Personal care services (PCS)
- 3.6** Physical therapy (PT), individual and group, delivered by licensed therapist or licensed assistant
- 3.7** Physician services
- 3.8** Psychological services, individual and group, delivered by a licensed psychiatrist/ psychologist or a licensed specialist in school psychology (LSSP)
- 3.9** Special transportation services
- 3.10** Speech therapy (ST), individual and group, delivered by licensed therapist or licensed assistant


NOTE: These services must be provided by qualified personnel who are employed by the LEA or under contract with the LEA.

## Policy Overview/Scope







### Nursing Services

- 4.** Nursing services are defined as the promotion of health, prevention of illness, and the care of ill, disabled and dying people through the provision of services essential to the maintenance and restoration of health. SHARS nursing services are skilled nursing tasks, as defined by the Texas Board of Nursing (BON) that are included in the student's IEP.
- 5.** Nursing services must be provided by a registered nurse (RN), advanced practice registered nurse (APRN) (including nurse practitioners [NPs] and clinical nurse specialists [CNSs]), licensed vocational nurse/licensed practical nurse (LVN/LPN), or a school health aide or other trained, unlicensed assistive person delegated and supervised by an RN or APRN.
- 6.**  Nurse-delegated tasks are those in which an RN or APRN  authorizes an unlicensed person to perform tasks of nursing care in selected situations and indicates that authorization in writing 
  - 6.1**  The delegation process includes nursing assessment of a student in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision  of the unlicensed persons, and re-evaluating the task at regular intervals.
  - 6.2** It does not include situations in which an unlicensed person is directly  assisting a RN by carrying out nursing tasks in the presence of a RN.

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6.3 Nurse-delegated tasks includes tasks listed in 22 Texas Administrative Code (TAC) §224.8 and must meet the professional standards of the Texas Board of Nursing. 

## Personal Care Services (PCS)

7. Personal care services are medical support services provided to students who require assistance with activities of daily living (ADLs)  and instrumental activities of daily living (IADLs) because of a physical, functional, cognitive, or behavioral limitation related to a student's disability or chronic health condition. 
8. PCS are medically necessary only when a student has a physical, cognitive, or behavioral limitation related to the student's disability or chronic health condition that inhibits the student's ability to accomplish ADLs or IADLs.
  - 8.1 PCS are not instructional in nature and may not be reimbursed  for activities that are instructing the student on academic or functional skills.
9. PCS must only be provided by an individual employed by or contracted with the LEA who:
  - 9.1 Meets the requirements of 42 CFR §440.167 and 1 TAC §363.603, and 
  - 9.2 Has demonstrated the competence necessary to perform the eligible PCS tasks required by the student.
    - 9.2.1 Understanding and competence must be verified prior to the individual providing PCS without the direct supervision of a licensed health care practitioner. 
    - 9.2.2 The licensed health care practitioner, as defined by 1 TAC §352.5,  must be eligible to provide reimbursable services under non-PCS SHARS in order to provide PCS-related training and evaluation.
10. Understanding and competence to perform PCS services must include, but is not limited to:
  - 10.1 Appropriate techniques for providing PCS, including written documentation procedures for SHARS
  - 10.2 Appropriate techniques for managing adverse behaviors of the student
  - 10.3 Basic body mechanics, mobility and techniques for transferring students
  - 10.4 The special needs of students with disabilities, and
  - 10.5 Communication skills, including but not limited to techniques for communicating through alternative modes with persons with communication or sensory impairments.

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11.A licensed health care practitioner must evaluate and verify the individual has demonstrated understanding and competence before the individual is authorized to provide PCS independently without direct supervision.

11.1 A licensed health care practitioner may consider education, experience, related certification, and on-site demonstration to evaluate each area of understanding and competence.

11.2 When competence cannot be demonstrated through education and experience, individuals must provide the PCS tasks under direct supervision of a licensed health care practitioner.

11.3 A licensed health care practitioner may provide training to develop understanding and competence if the individual lacks understanding and competence in an area of PCS.

11.4 A licensed health care practitioner may only provide training and evaluate understanding and competency for activities within their scope of practice.

12.The LEA must retain documentation verifying the individual performing PCS tasks has been evaluated and verified as qualified by a licensed health care practitioner.

13.A prescription is not needed to provide PCS through SHARS.

**Activities Eligible for PCS**

14. For the purpose of reimbursement, activities eligible for personal care services are limited to the ADLs and IADLs listed in this section. ADLs are activities that are essential to daily self-care. IADLs are activities related to living independently in the community.

15.PCS ~~include~~ are facilitated through direct intervention (assisting the student in performing a task) or indirect intervention (cueing or redirecting the student to perform a task). ADLs, and IADLs, ~~and Health Maintenance Activities (HMAs) include, but~~ are ~~not~~ limited to the following:

**Table A Activities of Daily Living (ADLs) & Instrumental Activities of Daily Living (IADLs)**

ADLs	IADLs
Bathing	Escort
Dressing	Medication Assistance
Eating	Money Management
Locomotion or Mobility	Telephone Use or Other Communication
Personal Hygiene	
Positioning	
Toileting	

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ADLs	IADLs
Transferring	

**NOTE:** Health Maintenance Activities (HMAs) and nurse-delegated tasks, as defined by 22 TAC §225.4, should be considered Nursing Services and may only be billed under PCS if the task is listed as an ADL or IADL. ~~that fall within the scope of the task listed above are allowable in PCS.~~

### 16. ADLs are:

- 16.1 Bathing - Assisting the student with any or all parts of bathing, including: selecting appropriate water temperature and flow speed, turning water on and off; laying out and putting away supplies; transferring in and out of bathtub or shower; washing and drying hair and body; clean up after task is completed.
- 16.2 Dressing - Assisting the student with any or all parts of getting dressed, including: putting on, fastening, and taking off all items of clothing; donning and removing shoes or prostheses; choosing and laying out weather appropriate clothing.
- 16.3 Eating - Assisting the student with some or all parts of eating and drinking, including: feeding the student, assistance with utensils or special or adaptive eating devices; clean up after task is completed.
- 16.4 Locomotion or Mobility - Assisting the student with moving between locations including: assisting the student with walking or using wheelchair, walker, or other mobility equipment.
- 16.5 Personal Hygiene - Assisting the student with some or all parts of personal hygiene, including: routine hair care; oral care; ear care; shaving; applying makeup; managing feminine hygiene; washing and drying face, hands, perineum; basic nail care; applying deodorant; routine skin care; clean up after task is completed.
- 16.6 Positioning - Assisting the student with positioning their body while in a chair, bed, or other piece of furniture or equipment, including: changing and adjusting positions; moving to or from a sitting position; turning side-to-side; assisting the student to sit upright.
- 16.7 Toileting - Assisting the student with some or all parts of toileting, including: using commode, bedpan, urinal, toilet chair; transferring on and off; cleansing; changing diapers, pad, incontinence supplies; adjusting clothing; clean up after task is completed.
- 16.8 Transferring - Assisting the student with moving from one surface to another with or without a sliding board, including: moving from bed, chair, wheelchair or vehicle to a new surface; moving to or from a standing or sitting position; moving the student with lift devices.

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### 17. IADLs are:

- 17.1 Escort - Assisting the student in making transportation arrangements for medical and other appointments; accompanying the student to a health care appointment to assist with needed ADLs. Escort includes student's behaviors that create an unsafe situation for the student like removing a seatbelt, attempting to open the car door while the car is in motion, or elopement.
- 17.2 Medication Assistance - Assisting the student with oral medications that are normally self-administered.
- 17.3 Money Management - Assisting the student with managing their day-to-day finances, including paying bills and adhering to a budget.
- 17.4 Telephone use or Other Communication - Assisting the student in making or receiving telephone calls, including: managing and setting up communication devices; making and receiving the call for the student.

### 18. PCS does not include the following:

- 18.1 ADLs ~~or, IADLs, or HMAs~~ that a typically developing child of the same chronological age could not safely and independently perform without adult supervision;
  - 18.2 Services that provide direct intervention when the student has the physical, behavioral, and cognitive abilities to perform ~~on the ADL, or IADL, or health-related function~~ without adult supervision;
  - 18.3 Services used for or intended to provide respite care, child care, or restraint of a student;
  - 18.4 Stand-by supervision related to safety;
  - 18.5 Teaching a life skills or vocational curriculum;
  - 18.6 Services delivered solely for the purpose of education, such as Reading, English, Language Arts, Writing, Mathematics, Science, Social Studies, Physical Education, Functional Curriculum, or Electives;
  - 18.7 Orientation & mobility or sign language interpretive services;
  - 18.8 Toilet training;
  - 18.9 Supervision, monitoring, cueing, redirection, or other form of assistance that is unrelated to the listed ADLs and IADLs.
19. If personal care services are provided on the bus, documentation of the type of personal care service ~~(type of activity and group/individual)~~ that was performed must be included on service logs. Personal care services provided on a bus shall not be provided by a bus monitor, bus aide, or transportation aide.



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- 20. A provider may perform PCS for more than one student over the span of the day as long as each student’s care is based on their IEP and each student’s needs and IEP do not overlap with another student’s needs and IEP.
- 21. Only the time spent on authorized PCS tasks for each student is eligible for reimbursement. Total PCS billed for all students cannot exceed an individual attendant’s total number of hours at the place of service, and the time the provider is assisting one student must not overlap with the time the provider is working with another student.

**Table B: Procedure Codes—Personal Care Services**

Procedure Code	Individual or Group Setting	Unit of Service
T1019 with modifier U5	Individual, School	15 minutes
<del>T1019 with modifier U5 and UD</del>	<del>Group, School</del>	<del>15 minutes</del>
T1019 with modifier U6	Individual, Bus	Per one-way trip
<del>T1019 with modifier U6 and UD</del>	<del>Group, Bus</del>	<del>Per one-way trip</del>

- 22. ~~The maximum billable units for the following p~~Procedure codes T1019 with modifier U6 may not be billed more than ~~are~~ a total of four one-way trips per day.

<del>Procedure Codes</del>	<del>Procedure Codes</del>
<del>T1019 with modifier U6</del>	<del>T1019 with modifier U6 and UD</del>

**Table D: Modifiers—Personal Care Services**

Modifier	Description
U5	Personal care services in school, individual
U6	Personal care services on the bus, individual per one-way trip

**Physician Services**

- 23. Physician services include diagnostic and evaluation services to determine a child’s medically related disabling condition that results in the child’s need for services in the school setting.
- 24. The following are billable physician services and must be provided on an individual basis:
  - 24.1 The diagnosis or evaluation time spent with the student present.
  - 24.2 The time spent without the student present reviewing the student’s records for writing a prescription or referral for specific SHARS services.
  - 24.3 The diagnosis or evaluation time spent with the student present, or the time spent without the student present reviewing the student’s records for the evaluation of the sufficiency of an ongoing SHARS service to see

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whether any changes are needed in the current prescription or referral for that service.

**24.4** When reviewing the student’s records, the provider must utilize professional judgement to determine whether or not the student needs to be seen in person.

25. The following procedure code ~~must be billed in 15-minute increments and is limited to a total of 1 unit of service~~ ~~4 units (one hour)~~ per day:

**Table E: Procedure Codes—Physician Services**

Procedure Code
99499T1023

## Documentation Requirements

**26.** The following service log documentation is required for all SHARS services prescribed in the student’s IEP or Section 504 plan:

**26.1** Student’s name

**26.2** Student’s date of birth

**26.3** Student’s Medicaid identification number on every page of the chart/record/note

**26.4** Date of service; and for each date of service:

**26.4.1** Billable start and stop time

**26.4.2** Total billable minutes

26.4.3 Student observation

**26.4.4** Procedure code(s)


**26.4.5** Note activity performed. Documentation of service provided must support the services billed.

**27.** The SHARS provider’s printed name, title, and original handwritten or electronic signature

**27.1** Any electronic signature technologies that are used must comply with all federal and state statutes and administrative rules.

28. ~~Service logs for personal care services must include all elements of a SHARS service log and:~~

~~28.1 The specific PCS activity; and~~

~~28.1.1 Each PCS activity billed  must be listed in the student’s IEP or other documentation.~~

28.2 The billable start and stop time for each ADL and IADL recorded.

29. If a SHARS provider is supervising an assistant, ~~or,~~ intern, ~~or a~~ ~~grandfathered employee,~~ then the supervising provider must adhere to current state licensure signature requirements.

## Record Retention

30. The following is a checklist of the minimum documents to collect and maintain:
- 30.1 Signed consent to bill Medicaid by parent or guardian
  - 30.2 IEP
  - 30.3 Current provider qualifications (licenses)
    - 30.3.1 Documentation for verifying qualification and competency at performing PCS must be on file for each individual providing PCS. A licensed health care professional must complete, sign, and date the documentation indicating the individual is qualified to provide PCS.
  - 30.4 Attendance records
  - 30.5 Prescriptions and referrals
  - 30.6 Medical necessity documentation (e.g., diagnoses and history of chronic conditions or disability)
  - 30.7 Session notes or service logs, including provider signatures, for each service/event
  - 30.8 Supervision logs
  - 30.9 Special transportation logs
  - 30.10 Claims submittal and payment histories
  - 30.11 Assessments/evaluations
  - 30.12 Written agreements (contracts) for contracted service providers
  - 30.13 Copies of signed Certification of Funds (COF) letters and supporting documentation, including quarterly COF reports
  - 30.14 E-signature authorization form(s) if applicable

## Claims Filing and Reimbursement

### Interim Claiming

31. LEAs must submit:

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- 31.1 At least one interim claim for each direct medical service that an eligible student receives within the cost report period;
- 31.2** Interim claims for all personal care services that an eligible student receives within the cost report period; and
- 32.** Interim claims for all eligible specialized transportation trips provided within the cost report period.
- ~~33. For untimed procedure codes, claims for reimbursement must include one unit of service for each unit billed. Untimed codes are reimbursable on a per unit basis and are subject to frequency limitations set forth in the respective SHARS service category referenced in this policy.~~

### Untimed Units

- ~~34. For untimed procedure codes, claims for reimbursement must include one unit of service for each unit billed. Untimed codes are reimbursable on a per unit basis and are subject to frequency limitations set forth in the respective SHARS service category referenced in this policy.~~

### Timed Units

- 35.** For timed procedure codes, providers must only report billable time when the midpoint of the total duration for the procedure code has been passed. All claims for reimbursement of timed procedure codes are based on the actual amount of billable time associated with the SHARS service.

### Random Moment Time Study (RMTS)

- 36.** CMS requires SHARS providers to participate in the RMTS to be eligible to submit claims and receive reimbursement for SHARS services. SHARS providers must comply with the Texas Time Study Guide, which includes, but is not limited to, Mandatory Annual RMTS Contact training certification of RMTS participants for all ~~three-four~~ annual RMTS quarters, and compliance with participation requirements for selected sampled moments. The ~~three-four~~ annual RMTS quarters are October through December, January through March, ~~and April through June,~~ and July through September. ~~RMTS is not conducted.~~
- 37.** An existing LEA can only become a SHARS provider effective October 1, each year and they must participate in all ~~three-four~~ RMTS quarters for that annual period. SHARS providers that do not participate in all ~~three-four~~ required RMTS quarters, or are RMTS non-compliant, cannot be a SHARS provider for that entire annual period (October 1 through September 30) and will be required to return any Medicaid payments received for SHARS services

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delivered during that annual cost report period. The LEA can return to participating in the SHARS program the following FFY beginning on October 1. A new LEA (i.e., a newly formed LEA that began operations after October 1) can become a SHARS provider effective with the first day of the federal quarter in which it participates in the RMTS. New SHARS providers may not submit claims or be reimbursed for SHARS services provided prior to the RMTS quarter in which they begin to participate, and they must participate in all remaining RMTS quarters for that annual period.