# **Charting the Course:**

#### **Effective Personal Care Documentation**

#### With Karlyn Keller, Ed.D.

**Contributions of Artificial Intelligence:** This presentation was developed with the assistance of an artificial intelligence tool, specifically a large language model (LLM). The AI provided support in generating textual content, augmenting data analysis capabilities, and aiding in the development of insights.

This information is provided for educational purposes only to facilitate a general understanding of the law or other regulatory matter. This information is neither an exhaustive treatment on the subject nor is this intended to substitute for the advice of an attorney or other professional advisor. Consult with your attorney or professional advisor to apply these principles to specific fact situations.





# **Session Description**

All aboard for a swift sail through the essentials of SHARS documentation! We'll drop anchor on the most effective strategies for documenting personal care, teaching you how to steer clear of the whirlpools of non-compliance and cruise towards smoother administrative seas.



# What are Personal Care Services?

A range of human assistance provided to persons with disabilities and chronic conditions which enables them to accomplish age-appropriate tasks.



### What are Personal Care Services?

Goal is not to teach, but to assist with completing the activity

Level of assistance is greater than typical peer

Service is developmentally outside of the scope of the student

Need for assistance is related to disability/condition that affects function

Tied to medical diagnosis for SHARS claiming







#### PCS can include both direct intervention.

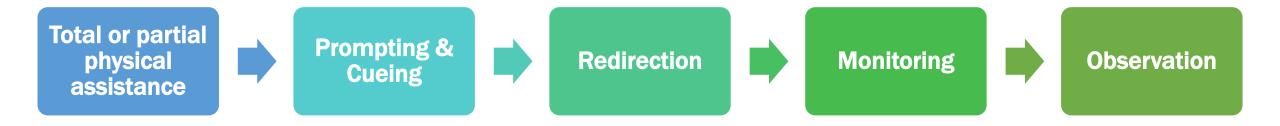
The provider actively assists the student in performing a task.

What are Personal Care Services?

The provider gives indirect intervention, such as cueing or redirecting the student to perform the task independently.



# **Examples of PCS**





What are NOT Personal Care Services?

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Not a specific type of teacher or staff member support.

Not age-related support.

Not educational support.

Not simple transportation monitoring.

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# NOT simple stand by supervision.

# NOT just in case supervision, for the most part.

NOT what typical teachers do throughout their day.

What are NOT Personal Care Services?



# What about <u>fill in the blank</u> type of Student?

- Students with specific disability diagnosis such as Autism, Intellectual Disability or Orthopedic Disability.
- Students in a specific setting such as mainstream, resource, self contained, early childhood program, 18+ or related service support.
- Student with specific documentation such as a PCS supplement, nursing supplement or with no supplement.

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Keep in mind:

- Who is receiving the support?
- What is the support being given?
- When does the support occur?
- Where is the support provided?
- How the support is being documented?

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• Why is the support needed?



# **PCS Eligible Providers**

Anyone 18 years of age or older and trained to provide the personal care service required by the student with a few exceptions.

Unallowable for SHARS Claiming Purposes:

- Administrator
- Clerical Support
- Bus Monitor



# What about <u>fill in the blank type of</u> teacher?

- Regular Education teachers
- Co-teachers
- Itinerant teachers
- Resource teachers
- Self contained teachers

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Specialty teachers

Keep in mind:

- Who is receiving the support?
- What is the support being given?
- When does the support occur?
- Where is the support provided?
- How the support is being documented?

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• Why is the support needed?



## **Bottom Line - PCS**

- 1. Is the support required because of the child's disability, physical or mental illness or health problem?
- 2. Can a typically developing peer complete this task on their own?
- 3. Is the service a medical need?



# Consider...

# What challenges have you faced with your PCS documentation?



## **Importance of Personal Care Services Documentation**

Why is documentation critical?

- Funding: Accurate documentation directly impacts the financial support our services receive.
- **Compliance**: Ensures adherence to Texas state regulations, preventing legal and financial repercussions.
- Service Quality: Proper records are essential for delivering highquality care and facilitating audits.



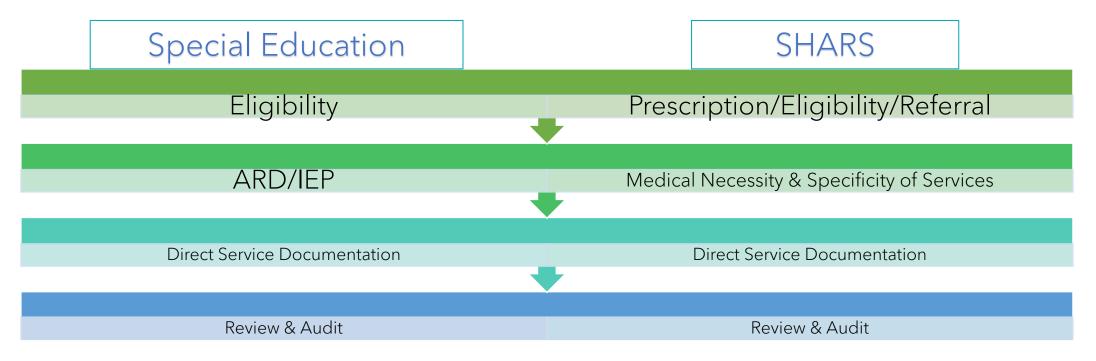
## **Common Challenges in Documentation**

#### Navigating Through Common Challenges

- Incomplete documentation can lead to denied claims.
- Late submissions may result in funding reduction.
- Lack of detail makes it difficult to justify the services provided during audits.
- Understanding these challenges helps us prevent them.



# **Alignment is Essential**



#### Tell the same story



<u>Who and How</u>: Who is being served and how the services are provided

<u>**What</u>**: The specificity of activities or services needed</u>

#### When and Where: The

frequency/duration and location of services

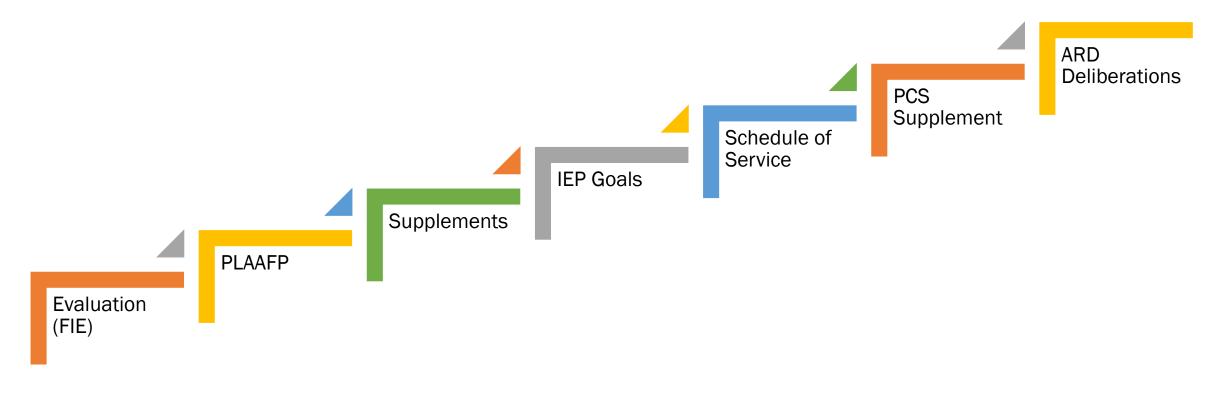
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**Why**: Explain the medical necessity for the activities or services needed

**Required Components to Support Billing** The five W's + How should be answered in the ARD to address all required components.



# **IEP Documentation Location**





## Remember

- Services should be based on the needs of the student. Services should be added to the IEP based on those specific needs.
- SHARS should NOT drive what is in the IEP. Just because a service is not SHARS billable does NOT mean that it is not allowable. Lack of SHARS funding does not mean that a service should not be included in the IEP or delivered.
- A student's NEED should drive what is in the IEP.





# **SHARS Reimbursement Criteria**

#### Reimbursement Conditions:

- PCS must be medically necessary and detailed in the student's Individualized Education Program (IEP).
- Services must not be educational (e.g., Reading, Math) but rather support daily functional needs.
- $\circ$  PCS is reimbursable when it involves direct or indirect intervention to assist in tasks a student cannot perform independently due to functional, cognitive, or behavioral impairments.

#### Non-reimbursable Services:

- $\circ$  Activities that a typically developing peer can perform unsupervised are not covered.
- $\circ$  PCS does not include respite care, childcare, general supervision, or teaching life skills curriculum.



# **Required Personal Care Data Points**

- Student's name
- Student's date of birth
- Student's Medicaid identification number on every page of the chart/record/note
- Date of service
- Billable start and stop time (for each date of service)
- Total billable minutes (for each date of service)
- Student observation (for each date of service)
- Procedure code(s) (for each date of service)
- Note activity performed. Documentation of service provided must support the services billed. (for each date of service)
- The SHARS provider's printed name, title, and original handwritten or electronic signature.



## **SHARS Documentation Requirements**

- All services must be documented within 7 days of the date of service.
- All services must have an observation.
- All PCS and Transportation must be documented and claimed if allowable.





# **Avoiding Non-Compliance**

**Steering Clear of Non-Compliance:** 

- Regularly review state regulations and guidelines.
- Conduct internal audits on a regular calendared basis.
- Train and retrain staff to keep everyone updated on best practices.



# **Bottom Line - Documentation**

- 1. Does your documentation tell the same story throughout?
- 2. Can the "average" non educator understand who, what, when, where, how and why?
- 3. Does your team know what needs to be documented for SHARS?



# **Case Studies/Example #1**

#### **Challenges of Incomplete Documentation**

- **Background:** In a mid-sized school district, the SHARS coordinator recently took over and discovered inconsistencies in the personal care documentation practices. The previous records were often missing critical elements.
- **Issue:** During a routine state audit, it was found that many service logs lacked crucial details like specific service times and descriptions of care provided. Some records were missing entirely.
- **Consequence:** The lack of detailed documentation led to a denial of reimbursement claims totaling over \$40,000 for the fiscal year. The district also faced penalties for non-compliance, resulting in stricter oversight and the necessity for corrective action plans.
- **Discussion Point:** What steps can be implemented to ensure that all necessary information is captured consistently across all personal care services?
- Actionable Step: Jot down one actionable step you can take based on this case study.



# **Case Studies/Example #2**

#### **Success Story: Comprehensive Documentation**

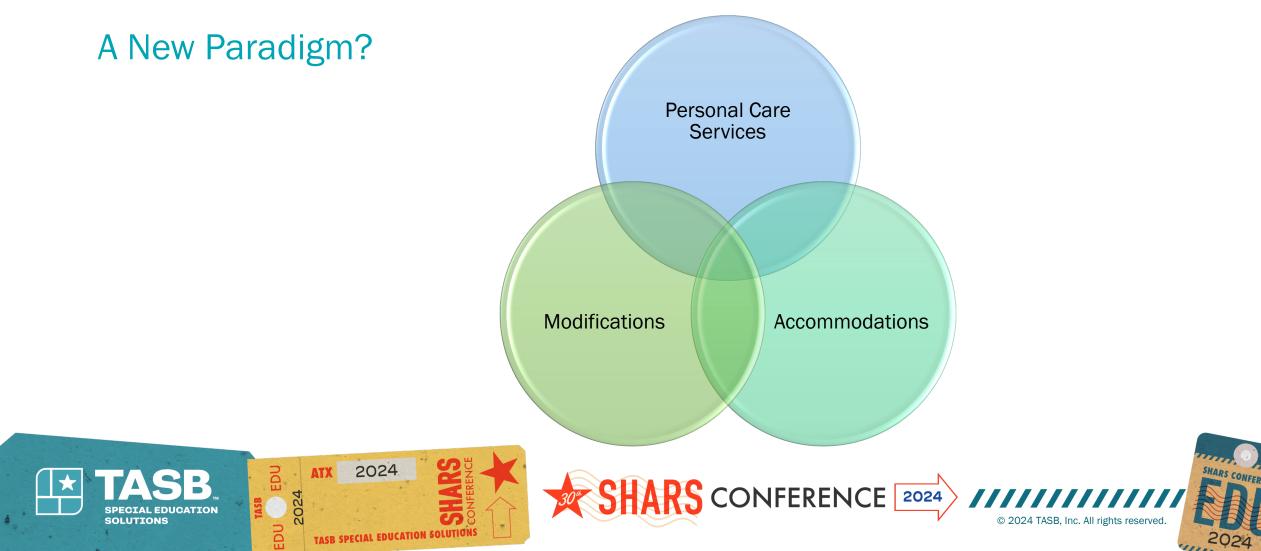
- **Background:** At a large urban school district, the SHARS team implemented a robust documentation system two years ago, focusing on comprehensive and compliant record-keeping.
- Approach: The district adopted a digital documentation system like Smart Solutions tailored for Texas SHARS requirements, trained all relevant staff annually, and established monthly audits to review the records for accuracy and completeness. They also held quarterly workshops to discuss documentation challenges and updates.
- Outcome: These proactive measures led to a significant improvement in documentation quality. As a
  result, the district experienced a 20% increase in reimbursed funds compared to previous years and
  passed all compliance audits without any issues. Their example has become a model for other districts in
  the region.
- **Discussion Point:** Consider how implementing similar strategies might benefit your district. Which of these practices could be most easily adopted in your current system?
- Actionable Step: Jot down one actionable step you can take based on this case study.



# Reflect...

Reflect on your current documentation process. Does it capture all necessary details as required for SHARS reimbursement?





#### **Personal Care Services**

- **Definition**: Services provided to assist students with disabilities in performing daily tasks they would typically do for themselves.
- Examples: Direct intervention (e.g., assisting with toileting) and indirect intervention (e.g., cueing to begin an activity).
- **Purpose**: To support a student's ability to participate in school activities by addressing their personal care needs.



#### Accommodations

- **Definition**: Adjustments in how a student accesses information and demonstrates learning without altering educational standards.
- **Examples:** Extra test time, preferential seating, use of assistive technology.
- **Purpose**: To provide equal access to learning and allow students to demonstrate their knowledge and skills.



#### **Modifications**

- **Definition**: Changes to what a student is taught or expected to learn, altering the educational curriculum or standards.
- Examples: Simplified assignments, altered grading scales, reduced homework volume.
- **Purpose**: To make educational goals attainable for students with significant disabilities.



PCS vs. Accommodations vs. Modifications

- PCS: Supports physical and functional needs; does not affect the curriculum.
- Accommodations: Do not change educational goals, just the means of achieving them.
- Modifications: Change the educational objectives to be more appropriate for the student's capabilities.



#### PCS vs. Accommodations vs. Modifications

- PCS:
  - Eating: Helping a student with feeding, such as cutting food into smaller pieces, assisting with utensils, or providing physical support.
  - Toileting: Assisting with or managing diaper changes, navigating to and from the restroom, and supporting the student during bathroom breaks.
  - Transferring: Helping a student move from a wheelchair to a standard chair or assisting with changes in posture during various activities.
- Accommodations:
  - Preferential Seating: Placing a student at the front of the class or where they are less likely to be distracted.
  - Assistive Technology: Providing devices or software, such as text-to-speech programs, audiobooks, or specialized keyboards, to help with learning.
  - Reduced Distractions: Allowing tests or assignments to be completed in a quiet room or providing noise-canceling headphones.
- Modifications:
  - Alternative Materials: Providing content at a lower reading level or using materials that are tailored to a student's learning capabilities.
  - Tailored Instructions: Changing the teaching methods or instructions to simpler language or breaking down tasks into smaller, more manageable steps.



# **Bottom Line – PCS vs Accommodation vs Modification**

- 1. Is the support educationally or medically driven?
- 2. Does the service tie back to a medical diagnosis or a schoolhouse diagnosis?
- 3. Would a typical regular education teacher be doing it for any of their students without IEPs (or 504 plans)?



Is it an example of PCS, accommodations, or modifications?

- A student with spina bifida who is in a wheelchair needs help transferring to a regular classroom chair.
- A student with ADHD is allowed to take exams in a quiet room separate from the classroom.
- A student with intellectual disabilities is taught a simplified math curriculum that focuses on practical money skills instead of algebra.



Is it an example of PCS, accommodations, or modifications?

- A student with dyslexia uses a reading software that reads text aloud, helping them understand classroom materials.
- A student with severe anxiety has a schedule that includes frequent breaks between classes to manage stress.
- A student with physical disabilities uses a communication device to participate in class discussions.



Is it an example of PCS, accommodations, or modifications?

- A student with a physical disability receives one-on-one assistance to navigate the school hallways.
- The same student receives one-on-one assistance to learn how to navigate the hallways independently.
- A student with cerebral palsy uses a special software to type answers during an exam.
- The same student is given a scribe to write down answers spoken aloud.



**Examples of PCS and Their Transition to Accommodations** 

- PCS: A student with significant physical disabilities receives personal assistance from an aide for feeding during lunch.
- **Transition to Accommodation**: The student is provided with adaptive eating utensils and a specialized dining setup that allows them to eat independently, reducing the need for direct personal assistance.



**Examples of PCS and Their Transition to Accommodations** 

- PCS: A student with cognitive delays receives direct assistance from an aide who helps manage behavior and provides cues for appropriate classroom interactions.
- **Transition to Accommodation**: The student is provided with a visual schedule and behavioral cue cards that they can refer to independently, reducing the need for continuous personal supervision and support.



- Accommodation: A student with physical disabilities uses an ergonomic chair in the classroom to support posture and reduce discomfort.
- Transition to PCS: The same student receives assistance from an aide to adjust the chair and position themselves comfortably multiple times throughout the day, addressing specific physical needs and ensuring comfort.



- Accommodation: A student with visual impairments uses a screen reader software to access digital textbooks and classroom materials.
- **Transition to PCS:** A paraprofessional or aide personally assists the student in navigating the computer, using the software, and understanding complex images or diagrams that the screen reader cannot interpret.



- Accommodation: A student with auditory processing disorder receives written copies of directions and class notes to ensure comprehension.
- **Transition to PCS:** An aide is assigned to sit with the student to verbally rephrase instructions, monitor understanding, and provide real-time clarification and cues to help process auditory information.



- Accommodation: A student with ADHD is allowed extra breaks during class to manage energy and maintain focus.
- Transition to PCS: The student is provided with a one-on-one aide who actively engages with the student during breaks to perform calming exercises or structured physical activities that are necessary to manage their specific symptoms and prepare them to return to learning tasks.



**Examples of Modifications and Their Transition to PCS** 

- Modification: A student with intellectual disabilities follows a simplified curriculum that focuses on life skills rather than traditional academic subjects.
- Transition to PCS: The same student receives one-on-one assistance from a personal care aide who helps them practice and apply these life skills throughout the school day, such as managing personal hygiene or navigating social interactions.



**Examples of Modifications and Their Transition to PCS** 

- Modification: A student with physical disabilities uses adapted PE equipment and modified physical education goals that are less demanding.
- Transition to PCS: The student receives physical assistance from an aide who helps them use the adapted equipment, ensures safety during physical activities, and provides encouragement and physical support to engage in PE lessons.



**Examples of PCS and Their Transition to Modifications** 

- PCS: A student with significant anxiety receives constant monitoring by a personal aide to manage stress and provide immediate intervention.
- Transition to Modification: The educational plan includes modifications such as reduced homework loads, assignments broken into smaller, more manageable tasks, and the option to present orally instead of written tests to reduce anxiety triggers.



**Examples of PCS and Their Transition to Modifications** 

- PCS: A student with cerebral palsy is assisted by an aide in using a communication device during class discussions.
- Transition to Modification: Modify the student's participation requirements to allow for alternative communication methods, such as preparing responses ahead of time or using presentation software that supports communication independence.



**Examples of PCS and Their Transition to Modifications** 

- PCS: A student with emotional disturbance receives personal care to navigate social interactions during group activities and recess.
- Transition to Modification: Adapt the social studies curriculum to include specific learning objectives about social cues and interaction strategies, incorporating role-playing and other practice opportunities directly related to the student's social learning needs.



**Examples Blurring PCS and Accommodations** 

#### • Assistive Technology:

- PCS Example: Using a device to assist with communication for a student who cannot speak due to physical limitations.
- Accommodation Example: Providing a student with a speech-to-text software to help with writing assignments due to dyslexia.
- **Overlap:** Both involve technology to enable communication or task completion, but one addresses a physical inability while the other compensates for a learning disability.

#### • Environmental Adjustments:

- **PCS Example:** Adjusting classroom lighting or temperature for a student with a sensory processing disorder to aid in personal comfort.
- Accommodation Example: Adjusting lighting or providing a special chair to reduce distractions or discomfort for better focus.
- Overlap: Both adjustments aim to create a more suitable learning environment, but the distinction lies in whether the need stems from physical health needs or educational access.



**Examples Blurring PCS and Modifications** 

#### • Feeding Assistance:

- o PCS Example: Physically helping a student eat due to motor control issues.
- **Modification Example:** Providing a special curriculum activity that incorporates motor skills training during mealtimes.
- **Overlap:** Both involve direct interaction and assistance with eating, but the intent of one is to support daily living activities, and the other is educational.

#### Behavioral Interventions:

- **PCS Example:** Redirecting a student's behavior due to cognitive impairments that affect their ability to follow classroom routines without assistance.
- Modification Example: Implementing a behavior modification plan that includes simplified instructions and more frequent breaks to manage learning and behavior issues.
- Overlap: Both involve strategies to manage or modify behavior, but PCS focuses on immediate, personal assistance, while modifications are structured changes to educational methods or expectations.



Consider... How can we ensure our documentation accurately reflects the assistance provided? Are there improvements we could make to our current practices?



### Personal Care Services Documentation Best Practices

- PCS should be aligned to the actual amount of time the service would take when delivered.
  - Diapering does not take all day. It might on average be 3-4 times a day for 15 minutes each time. So if diapering is the ONLY thing on the PCS supplement, it would be expected to be only an hour total a day.
  - Feeding does not take all day. It might on average of 30 minutes.
  - Diapering and feeding when done together may only take an hour and 30 minutes a day.
- Think about the reasonableness of the amount of time that is needed for the service being required and delivered and document for the actual amount of time the service is delivered.



### Personal Care Services Documentation Best Practice for IEPs

- Document the medical necessity for services in the PLAAFP initially.
- Align the student's medical need that's identified in the PLAAFP with what the student has in the PCS supplement.
- Align the amount of service the child needs and state it specifically.
  - $\circ~$  All day inclusive of lunch, passing periods, recess...
  - Before school and after school or upon drop off and until pick up...
  - $\circ~$  Only during the instructional day
  - Exclusive of extra curricular periods
  - During field trips



# Personal Care Services Documentation

#### Best Practice for Service Documentation

- Think about where your first documentation source is housed. Must keep it for audit. Must have all documentation requirements.
- SHARS documentation should only include time indicated in IEP.
- SHARS documentation should only include services in the IEP.

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- Documenting all day and before/after school, should only occur if clearly documented in IEP
- Back out time that PCS is not being delivered. Do not include "all day" because that's the easiest thing to do. Instead, document the time that was provided ONLY.

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## **Key Takeaways**

- Effective documentation ensures compliance and maximizes funding.
- Regular training and the use of technology can enhance your documentation practices.
- Implement strategies to improve service delivery, documentation compliance and appropriate administrative oversight.



Remember...

PCS is under scrutiny by the feds and state.

Be careful.Be thorough.Be prepared.

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