

Navigating the Crossroads:

Medical vs. Educational Services in IEPs

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.

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Session Description

At the crossroads of medical and educational paths, which trail do you take? This session will serve as your compass, helping you distinguish and document the right route in IEPs to maximize your district's SHARS journey. Avoid detours and stay on track to funding success with expert guidance!



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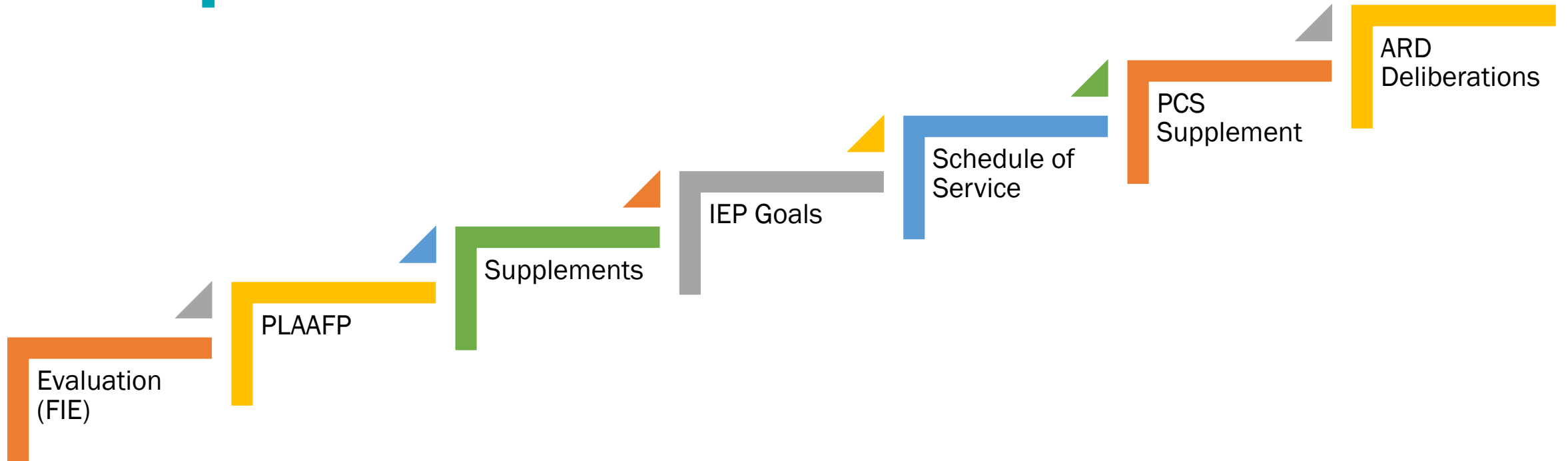
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Special Education Documentation Steps



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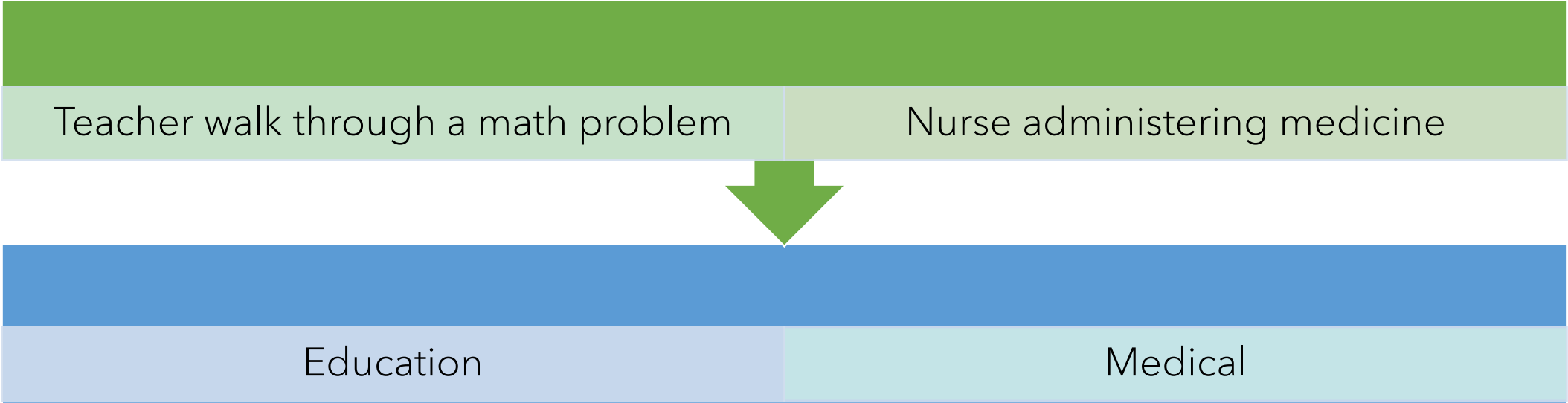
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Understanding educational services

Educational services encompass all instructional and support activities aimed at enhancing student learning. These include direct classroom teaching, curriculum planning, student assessments, and educational counseling not related to a medical diagnosis.



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Understanding Direct Medical Services

Direct medical services refer to activities directly related to assessing, diagnosing, treating, and managing students' health needs. These services, which are reimbursable by Medicaid, include therapies (physical, occupational, speech), nursing interventions, psychological services, and nutritional counseling.



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Differentiating between Medical and Educational Services

- **Medical Services:** Services that are directly related to diagnosing, treating, and managing a student's medical condition and are necessary for the functioning or improvement of that condition. These are typically services that could be provided by a healthcare professional in a medical setting; however, in a school they include a diverse set of supports.
- **Educational Services:** Services aimed at aiding a student's learning and educational development. These do not relate to diagnosing, treating, or managing a medical condition but are aimed at academic and social learning outcomes. These are typical supports that a nondisabled student might also need.

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.



Accurate Determination Tips

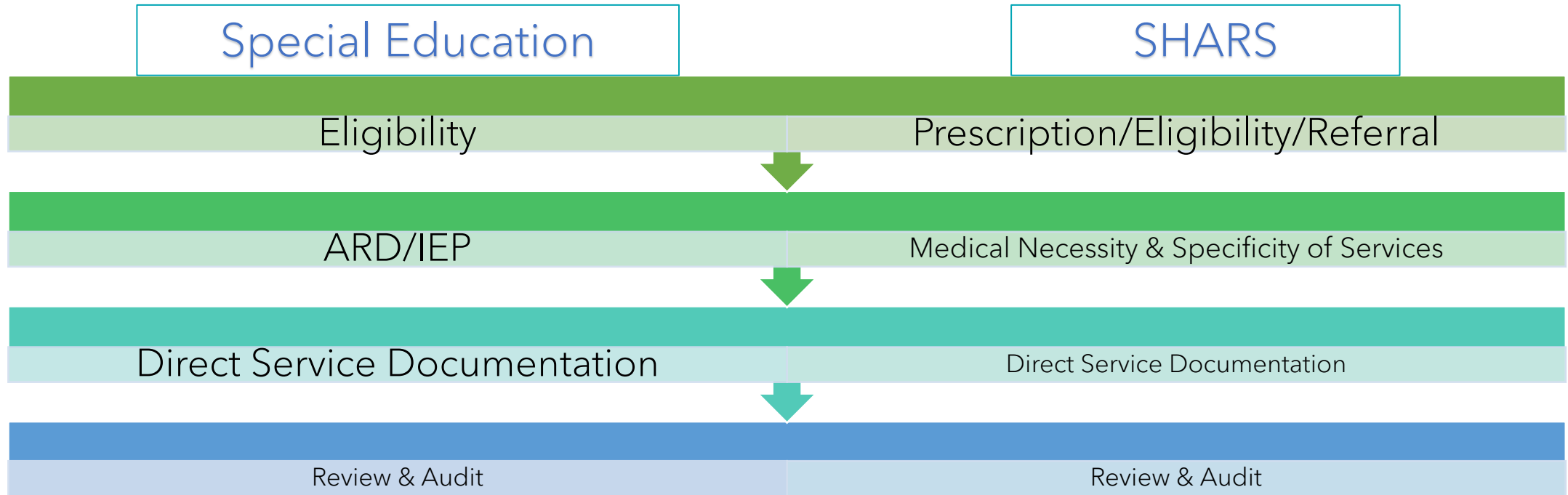
Always consider specific details about the activity, including the context and the student's needs being addressed. Avoid general terms and ensure documentation reflects the true nature of the service provided. Consider if you are working with a special education or Section 504 population.



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Alignment is Essential



Tell the same story

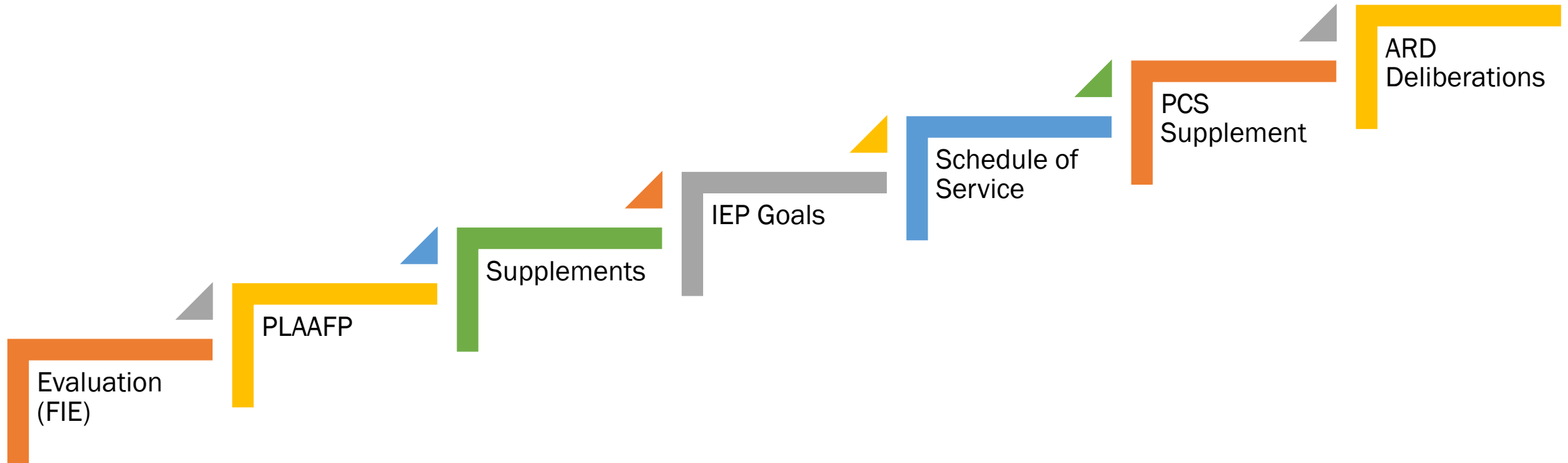
SHARS Reimbursement Criteria

- **Reimbursement Conditions:**
 - Services must be medically necessary and detailed in the student's Individualized Education Program (IEP).
- **Non-reimbursable Services:**
 - Services must not be educational (e.g., Reading, Math).

SHARS Reimbursement Criteria

- **Medical necessity in a medical setting:**
 - Refers to services that are required to diagnose or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.
- **Medical necessity in a school setting:**
 - Refers to services that are required for the students access to education, directly related to the management of a medical based condition documented in the student's IEP

IEP Documentation Location



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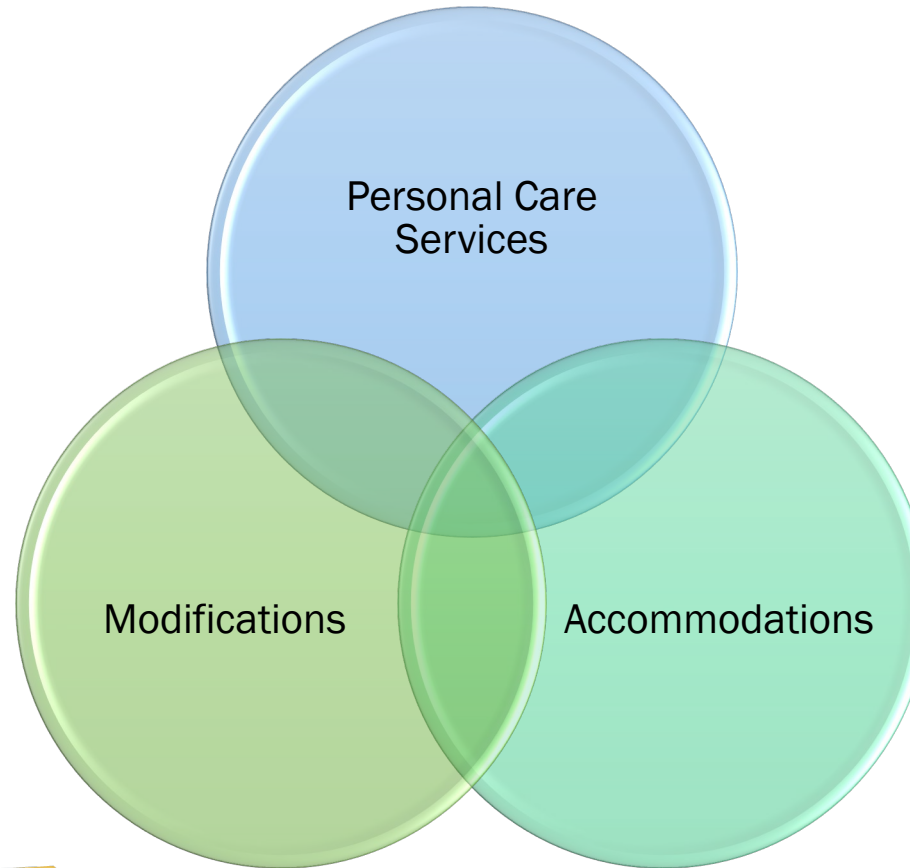


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Personal Care Services vs Accommodations and Modifications

A New Paradigm?



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)?

FAQ on Service Categorization

If a service can be considered both educational and medical, how should it be classified?



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FAQ on Service Categorization

If a service can be considered both educational and medical, how should it be classified?

Answer: Consider the primary purpose of the service at the moment.



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FAQ on Service Categorization

If a teacher is meeting with a parent to discuss a student's health plan, how should this be categorized?



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FAQ on Service Categorization

If a teacher is meeting with a parent to discuss a student's health plan, how should this be categorized?

Answer: Meetings focused on health plans should be considered under medical services, as they pertain directly to the student's health needs and coordination of care. (Note: It isn't billable, but it may be a medical service for RMTS purposes.)



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FAQ on Service Categorization

When a student receives assistance with medication from a school staff member during school hours, how should this be documented?



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FAQ on Service Categorization

When a student receives assistance with medication from a school staff member during school hours, how should this be documented?

Answer: Assistance with medication should be categorized as medical, as it directly involves managing the student's health needs.



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The Consequences of Inaccurate Documentation

Incorrectly categorizing services can lead to inaccurate Medicaid claims, affecting school funding and compliance. It's crucial to understand the distinction to ensure proper reimbursement and avoid potential audits. When we document inaccurately, districts across the state may be penalized.



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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.



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Bottom Line – Educational vs Medical

1. Medical services are essential for SHARS reimbursement and involve activities that address health needs directly—like therapy, nursing, and psychological services.
2. Educational services focus on instructional and support activities related to learning and cannot be billed through SHARS.
3. The goal is to ensure that services meet the medical requirements of SHARS without compromising the educational needs of students.



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Let's Practice



A speech therapist conducts a session focusing on swallowing techniques following a medical diagnosis.

Is this educational or medical?

Let's Practice

A teacher conducts a group reading session focusing on comprehension and vocabulary skills for students with diverse learning needs.

Is this educational or medical?



Let's Practice



A nurse leads a class on nutrition and healthy eating habits as part of the school's health curriculum.

Is this educational or medical?

Let's Practice

A para sits beside a student and helps them with their lunch by cutting up the meal and feeding them during school hours.

Is this educational or medical?



Let's Practice



An occupational therapist works with a student to improve core strength due to difficulties stemming from a physical disability.

Is this educational or medical?

Let's Practice

A paraprofessional provides one-on-one support to a student with behavioral challenges, helping them stay focused and engaged in classroom activities.

Is this educational or medical?



Let's Practice



Is it educational or medical?

What scenarios do you have?

Consider...

When presented with a service that could potentially be educational or medical, what are the key factors you consider?



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Questions to Consider – Educational vs Medical

1. What is the primary purpose of the service?
2. Does the service meet the criteria for medical necessity as defined by Medicaid and SHARS guidelines?
3. How is the service documented in the student's IEP or health records?



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Case Studies/Example

Educational or Medical

Case Study: A student with co-morbid low incident disabilities such as Intellectual Disability, stomach disorder and Orthopedic Impairment requires hand over hand assistance completing tasks. Their disability results in the need to remind them about toileting, assist them in accessing and completing the toileting act, following up with personal hygiene needs, and providing tube feeding support and tube flushing.

Background: A student with co-morbid low incident disabilities such as Intellectual Disability, stomach disorder, and Orthopedic Impairment requires hand-over-hand assistance completing tasks.

Issue: Their disability results in the need to remind them about toileting, assist them in accessing and completing the toileting act, following up with personal hygiene needs, and providing tube feeding support and tube flushing.

Discussion Point: How can schools ensure services like these are correctly classified and documented for SHARS reimbursement?

Actionable Step: Implement training for staff on the identification and documentation of medical based services to support clear understanding of the students needs.



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Case Studies / Example

Educational or Medical

Case Study: A student with an Emotional Disturbance will receive their services in a resource class where children rotate through the class to receive modified curriculum support. The student can be successful in the class as long as a teacher or paraprofessional maintain supervision of the student for signs of frustration, anger or being overwhelmed. In situations such as this, the student loses control and throws desks, hits others and breaks down. Staff are trained for the trigger signs as well as de-escalation and restraint techniques to address the out of control behavior.

Background: A student with an Emotional Disturbance may receive their services in a resource class where they rotate through the class to receive modified curriculum support.

Issue: The student can be successful as long as a teacher or paraprofessional maintains supervision for signs of frustration, anger, or being overwhelmed.

Discussion Point: Can educators support that behavioral supports are a medically necessary interventions?

Actionable Step: Develop clear guidelines for documenting behavioral supports in IEPs, emphasizing the medical rationale behind interventions.



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Case Studies/Example

Educational or Medical

Case Study: A special education student that is 19 years of age is in the school's 18+ program. The student is identified as a child with an Intellectual Disability and Speech Impairment. The student's focus in the classroom is on IADLS which in terms of special education are also considered transitional skills. The student needs support completing tasks in the areas of housekeeping, chores and meal preparation. These are skills that a typically developing peer has accomplished but because of the student's disability he/she requires ongoing support in these areas.

Background: A special education student that is 19 years old is in the school's 18+ program, identified with an Intellectual Disability and Speech Impairment.

Issue: The student needs support completing tasks like housekeeping chores, laundry, and meal preparation, which are typically developed skills in peers without disabilities.

Discussion Point: Are these needs educational or medical? What measures, if any, can be taken to ensure transitional skills are supported within the framework of medical necessity?

Actionable Step: Review and update IEPs to explicitly include transitional skills with detailed plans for implementation in a different manner than those appropriate for SHARS claiming.



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Case Studies/Example

Educational or Medical

Case Study: A special education student with ADHD is diagnosed as Other Health Impaired. The IEP states the student will need support maintaining focus and frequent reminders to stay on task. The class has an assigned chapter test at the end of the week. A teacher demonstrating sounding out words during a reading lesson is documented as an accommodation on the teacher's reading lesson plan. The teacher frequently works with the student to help develop the word attack skills needed for reading.

Background: A special education student with ADHD is diagnosed as Other Health Impaired. The student's IEP states they need support maintaining focus and frequent reminders to stay on task.

Issue: The student requires extensive support during reading lessons and tests to manage their attention and complete tasks.

Discussion Point: Can educators support that the need for attention support are compliant with SHARS documentation standards?

Actionable Step: Establish a routine methodology for determine if a support is educational or medical in nature.



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Case Studies/Example

Educational or Medical

Case Study: A student with an Intellectual Disability is able to be included in regular education classes for three periods a day to allow them access to the general curriculum and their peers as well as for socialization. Academically, the instruction is modified with lowered expectations of performance. However, the student is unable to navigate social settings without reminders about personal space because they seek to hug everyone and the need to wipe and not pick their nose as they have ongoing congestion issues due to a medical issue or medicine related concern. The teacher or paraprofessional seats the student near the front so that they can gently remind the student of appropriate behavior as it occurs. The student is partnered with peers for work projects with ongoing reminders related to personal space and participating with the group.

Background: A student with an Intellectual Disability is included in regular education classes for three periods a day, which aids their socialization and access to the general curriculum.

Issue: The student struggles with social cues and personal space, requiring frequent reminders from teachers or paraprofessionals to engage appropriately with peers.

Discussion Point: Are these needs educational or medical? What strategies can be employed to effectively document the student's social interaction needs?

Actionable Step: Implement clear standards for how services are documented in the IEP to support the students need as well as document educational and medical support needs appropriately.



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Case Studies/Example

Educational or Medical

Case Study: A student is in Special Education and identified as a child with ADHD. The child is capable of performing academically, but has ongoing marked issues with sustaining attention, getting started, following through on assigned tasks, and being distracted. With two staff members in the classroom, they tag team to assist the student in a continuous manner to accomplish these tasks. Staff are required to provide the student with prompting and cueing to assist them with these needs. Minute by minute reminders are required.

Background: A student in Special Education identified with ADHD has difficulty with attention, initiating tasks, and following through, requiring continuous support in the classroom.

Issue: The student needs constant prompting and cueing from multiple staff members to manage their tasks effectively.

Discussion Point: How can schools ensure that intensive behavioral and academic support for students with ADHD is documented consistently?

Actionable Step: Create clear guidelines in the district to outline how needs for students are determined and documented. The use of specific examples will follow up audits can provide the needed supports for staff.

Case Studies/Example

Educational or Medical

Case Study: A student with a specific learning disability in mathematics calculations is in mainstream classes and has inclusion support for science and math. During independent practice in both classes, a special education teacher is present to help the student solve a math problem that she is having difficulty understanding. Whenever class projects are assigned the student works with other students in the classroom. As needed, a special education teacher will re-teach lessons to help with understanding difficult concepts.

Background: A student with a specific learning disability in mathematics is included in mainstream classes but requires significant support during independent practice and group projects.

Issue: The student's learning disability necessitates specialized support strategies.

Discussion Point: Are these needs educational or medical?

Actionable Step: Clearly understand medical conditions and their alignment with SHARS billable services.



Key Takeaways

- Always base the decision on the student's specific health needs rather than the availability of SHARS funding.
- Documentation must accurately reflect the nature of the service provided to avoid compliance issues and ensure proper reimbursement.
- Regular training and retraining of staff are crucial to maintain awareness of the distinctions between educational and medical services and to manage SHARS effectively.



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Together, we can ensure that all students receive the health services they need and that our school remains in compliance.



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Remember...

Educational vs
Medical SHARS
claiming is
under scrutiny
by the feds and
state.

- Be careful.
- Be thorough.
- Be prepared.



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