

TASB School Medicaid Services

**SHARS** 2025  
CONFERENCE



**TASB**  
SCHOOL MEDICAID  
SERVICES

# Justice League of Documentation

**Direct Medical vs Educational in the ARD**

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TASB School Medicaid Solutions &



# Purpose

In the IEP process, understanding whether a service is **educational** or **medical** is important — both for accurate Special Education documentation and for determining SHARS/school Medicaid reimbursement.



# Why this matters

- Clear documentation = Clear services
- Good special education = good SHARS
- Appropriate documentation = Supports SHARS billing
  - **Educational:** Academic access, instruction, support
  - **Medical:** Health-related care or management of a condition



# Key distinctions

## Educational services

Support academic access, progress, or behavior

Focus on instruction, skill building, or access to learning

Not billable to SHARS

## Medical services

Address a diagnosed health condition

Focus on treatment, management, or care of a condition

May be billable if medically necessary & in IEP



# IEP writing – What drives service?

- The **student's need** — not billing potential — should drive what is written into the IEP
- **Just because** a service is not SHARS reimbursable **does not mean** it's not required



# IEP writing – Let need be the driver

- If a service supports learning, **access to learning** addresses learning, it belongs in the IEP
- Always describe the **purpose** of the service, not just the task



# Three filters to help You decide

- **What is the primary purpose of the service?**
  - Learning-based or health-based
- **Could a nondisabled student receive this service?**
  - If yes → likely educational
- **Does the service relate to a diagnosed medical condition?**
  - If yes → assess for SHARS medical necessity



# Let's take a look at a scenario

- An occupational therapist supports a student in improving pencil grip and hand strength to complete writing assignments more effectively in class
- The student does not have a medical diagnosis related to fine motor function but struggles with legibility and stamina due to developmental delays

**Is it Educational or Medical???**





# Let's take a look at a scenario

## Why it's educational:

- The focus is on **academic access** (writing assignments)
- There's **no underlying medical diagnosis** driving the need
- The skill is tied to **instructional performance**, not a health condition
- These same supports might be used for a nondisabled peer struggling with motor skills



# Let's take a look at a scenario

- If the service targets classroom success (e.g., "improve ability to complete journal entries" or "participate in writing activities"), it's educational — even if it looks like a therapy technique
- To make the pencil grip and hand strength scenario clearly medical, the context and documentation would need to shift from educational access to health-related intervention tied to a diagnosed condition



# Reframed scenario

An occupational therapist works with a student who has cerebral palsy to improve pencil grip and hand strength as part of managing spasticity and motor limitations caused by the condition. The therapy is required for the student to access written communication due to neuromuscular impairment.

**THIS IS A GREAT MEDICAL PLAAF!**



# Reframed scenario

## Why it's medical:

- The service is tied to a diagnosed medical condition (e.g., cerebral palsy)
- The goal is to manage the effects of that condition, not just support academic performance
- The OT's work is framed as medically necessary to access education, not just developmental support
- The language in the IEP and documentation reflects health-based need and may be supported by a physician referral or prescription



# Key distinctions

| Educational focus                             | Medical focus  |
|---|--|
| Improve legibility for class assignments      | Address neuromotor deficits tied to cerebral palsy   |
| No medical diagnosis required                 | Requires medical diagnosis and medical necessity     |
| General classroom participation               | Access to education despite a health condition       |
| Described in academic terms (writing stamina) | Described in health terms (reduce tone, improve ROM) |



# Same task, different purpose

- The purpose of the task drives the classification
- The context and intent matter
- It's not always what you do, it's why you're doing it



# Same task, different purpose

| Task                   | Educational purpose                                       | Medical purpose                           |
|------------------------|---|---|
| Feeding                | Daily living skill in life skills class to achieve a goal | Dysphagia support due to health condition |
| Assisting              | Increase academic engagement                              | Manage ADHD symptoms                      |
| OT support for writing | Improve classroom output                                  | Address neuromuscular deficits            |





# Why context and intent matter

- A task may *look the same on the surface*, but the **documentation, rationale, and purpose** shift whether it's educational or medical
- That's why context — like the student's diagnosis, their PLAAFP, and IEP — is everything







# Where to document services in the IEP

|  Evaluation (FIE) |  PLAAFP |
|--|--|
| Identify eligibility & related service needs   | Describe how the medical or educational condition impacts access to learning               |
| Include documentation of medical diagnoses, if applicable  | Set the foundation for services, supports and goals  |





# Where to document services in the IEP

|  IEP goals |  Schedule of services |
|---|--|
| Goals should match the purpose of the service   | Specify minutes and frequency  |
| Academic = educational  | Identify service type (e.g., OT, instructional)  |
| Functional/health = medical<br>(Do you need a goal? Do you expect growth or attainment?)    | Identify location  |





# Where to document services in the IEP

|  Supplements   |  Supplements |
|---|---|
| Used for documenting supports that are not instructional but are essential to access the school environment or benefit from education | Should align with PLAAFP and student needs  |
| <b>PCS Supplement Example</b> – for assistance with ADLs (feeding, toileting)   | May align service to SHARS  |
| <b>Transportation Supplement Example</b> – if standard transportation is not appropriate for any reason, why?                         | Supplements live in for a different purpose in the IEP.   |



# Where to document services in the IEP

|  Accommodations & Modifications |  ARD deliberations |
|--|---|
| Must reflect individual needs  | Ensure rationale is clearly described   |
| Should align with PLAAFP and needs   | Explain how the service supports access and success in the school setting                             |
| Typically tied to an instructional or educational need   | Tie it all together.  |
|  | That's where you explain your 'why'.  |



# Common misalignment risks

- Even if the service is correct, misplacement or vague documentation can **cause audit findings or compliance issues**
- Services listed **without goals or needs**
- Medical PCS provided but no supplement
- Task-based language (e.g., “help with math”) **without purpose**
- Medical service described as instructional



# Avoiding compliance pitfalls

- Be specific in service purpose
- Tie to needs, not tasks
- Use the right language (instruction, support or care)
- Inaccurate classification = **Audit risk** and **lost funding**
- SHARS claiming is under increased federal and state **scrutiny**
- Regular staff training is key to **documentation accuracy**



# Let's practice

- Educational or medical?  
Think about:
  - What is the purpose?
  - Is there a diagnosis?
  - Could this apply to a nondisabled peer?



# Let's practice

- Educational or Medical?
  - A para helps a student feed themselves during lunch
  - A teacher reteaches a math concept to a student with a disability
  - A student receives deep pressure input from an occupational therapist to reduce anxiety during transitions
  - A teacher provides small-group instruction to reinforce vocabulary skills for students with IEPs
  - A paraprofessional accompanies a student to the restroom and assists with toileting due to physical limitations





# Let's practice answers

- Educational or Medical?
  - A student receives deep pressure input from an occupational therapist to reduce anxiety during transitions
    - ☐ **Medical** – It's related to sensory regulation tied to a medical or developmental condition
  - A teacher provides small-group instruction to reinforce vocabulary skills for students with IEPs
    - ☐ **Educational** – It supports learning goals, not health-related needs
  - A paraprofessional accompanies a student to the restroom and assists with toileting due to physical limitations
    - ☐ **Medical** – The assistance is related to physical care, not instructional support



# Let's practice

- Educational or Medical?
  - A paraprofessional provides verbal prompts every 5 minutes to help a student with ADHD stay focused during a reading activity
  - A school counselor meets with a student weekly to discuss coping strategies and stress management
  - An occupational therapist supports a student in writing tasks by improving pencil grip and hand strength



# Let's practice answers

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# Let's practice answers

- Educational or Medical?
  - A paraprofessional provides verbal prompts every 5 minutes to help a student with ADHD stay focused during a reading activity
  - **Educational or Medical?**
    - **Depends.** If prompts are part of instructional support in the classroom (general education strategy), it may be **educational**. If the frequency and method of prompting are tied to a documented medical diagnosis with health-related goals, it may be **medical**



# Let's practice answers

- Educational or Medical?
  - A school counselor meets with a student weekly to discuss coping strategies and stress management
  - → **Depends.** If focused on improving school engagement or behavior to support IEP goals, it may be **educational**. If services are therapeutic in nature and tied to a diagnosed mental health condition (e.g., anxiety disorder), it could be **medical**



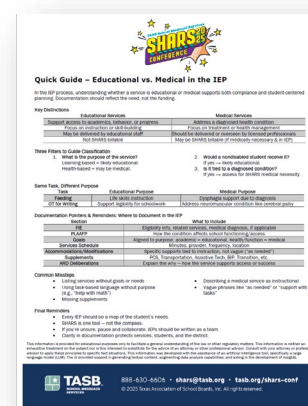
# Let's practice answers

- Educational or Medical?
  - An occupational therapist supports a student in writing tasks by improving pencil grip and hand strength
  - → **Depends.** If the service supports access to classroom tasks and goals, especially in handwriting or fine motor IEP objectives, it may be **educational**  
If focused on rehabilitating a specific motor deficit related to a medical condition, it may be **medical**



# Key take aways

- Let need drive the IEP
- Use filters to classify service and supports correctly
- It's not always what you do, it's why you're doing it
- Where you place it in the IEP MAY matter
- Train and retrain staff

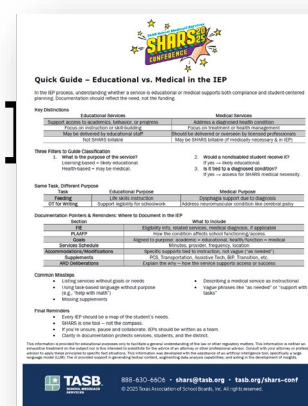






# Final reminder

- Every IEP should be a map of the student's needs
- Clarity in documentation protects services, students, and the district
- SHARS is just one tool — not the compass
- If you're unsure, pause and collaborate — IEP should be written as a team



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# What will you take back?

- What's one idea, strategy, or insight you'll bring back to your team?
- How will today's learning show up in your practice?