

Chapter 182-537 WAC
SCHOOL-BASED HEALTH CARE SERVICES

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WAC 182-537-0100 Purpose. The medicaid agency pays contracted school districts, educational service districts, charter schools, and tribal schools for school-based health care services provided to medicaid-eligible children who require early intervention or special education services consistent with Sections 1903(c) and 1905(a) of the Social Security Act. The agency pays school districts through fee-for-service. Covered services must:

- (1) Identify, treat, and manage the disabilities of a child who requires early intervention or 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 included in the child's current individualized education program (IEP) or individualized family service plan (IFSP); and
- (5) Be provided in a school setting or by telemedicine.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 19-04-095, § 182-537-0100, filed 2/5/19, effective 3/8/19; WSR 16-07-141, § 182-537-0100, filed 3/23/16, effective 4/23/16. Statutory Authority: RCW 41.05.021. WSR 13-05-017, § 182-537-0100, filed 2/7/13, effective 3/10/13. WSR 11-14-075, recodified as § 182-537-0100, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, and 42 C.F.R. 440.110. WSR 09-07-004, § 388-537-0100, filed 3/4/09, effective 4/4/09. Statutory Authority: RCW 74.08.090. WSR 01-02-076, § 388-537-0100, filed 12/29/00, effective 1/29/01. Statutory Authority: RCW 74.04.050 and 74.08.090. WSR 00-01-088, § 388-537-0100, filed 12/14/99, effective 1/14/00.]

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 the purposes of this chapter, an assessment is made-up of medically necessary tests given to an individual child by a licensed health care provider to evaluate whether a child with a disability is in need of early intervention services or special education and related services. Assessments are a part of the individualized education program (IEP) and individualized family service plan (IFSP) evaluation and reevaluation processes.

"Child with a disability" - For purposes of this chapter, a child with a disability is a child evaluated and determined to need early intervention services or special education and related services be-

cause 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).

"Core provider agreement" - See WAC 182-500-0020.

"Early intervention services" - Means developmental services provided to children ages birth through two. For the purposes of this chapter, early intervention services include:

- Audiology services;
- Nursing services;
- Occupational therapy;
- Physical therapy;
- Psychological services; and
- Speech-language pathology.

"Electronic signature" - See WAC 182-500-0030.

"Evaluation" - Procedures used to determine whether a child has a disability, and the nature and extent of the early intervention or special education and related services needed. (See WAC 392-172A-01070 and 34 C.F.R. Sec. 303.321.)

"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" - For the purposes of this chapter, means developmental, corrective, and other supportive services required to assist a student eligible for special education and include:

- Audiology;
- Counseling;
- School health services and school nurse services;
- Occupational therapy;
- Physical therapy;
- Psychological assessments and services; and
- Speech-language therapy.

"Individualized education program (IEP)" - A written educational program for a child who is age three through twenty-one and eligible for special education. An IEP is developed, reviewed and revised according to WAC 392-172A-03090 through 392-172A-03115.

"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; and
- Is developed under the IFSP procedures in 34 C.F.R. Secs. 303.342, 303.343, and 303.345.

"Interagency agreement" - Is a contract that describes and defines the relationship between the agency, the school-based health care services program, and the school district.

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

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

"Reevaluation" - Procedures used to determine whether a child continues to need early intervention services or special education and related services. (See WAC 392-172A-03015 and 34 C.F.R. Secs. 303.342 and 303.343.)

"Related services" - See WAC 392-172A-01155.

"School-based health care services program" or **"SBHS"** - Is an agency-administered program that pays contracted school districts, educational service districts (ESDs), charter schools, and tribal schools for providing early intervention services or special education health-related services to children ages birth through twenty who have an IEP or IFSP. Services must be provided by department of health (DOH)-licensed providers who are enrolled under the school district's ProviderOne account.

"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 identifier (NPI).

"Special education" - See WAC 392-172A-01175.

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

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

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 19-04-095, § 182-537-0200, filed 2/5/19, effective 3/8/19; WSR 16-07-141, § 182-537-0200, filed 3/23/16, effective 4/23/16. Statutory Authority: RCW 41.05.021, 34 C.F.R. 300.154(d), and chapter 182-502 WAC. WSR 13-21-079, § 182-537-0200, filed 10/17/13, effective 11/17/13. Statutory Authority: RCW 41.05.021. WSR 13-05-017, § 182-537-0200, filed 2/7/13, effective 3/10/13. WSR 11-14-075, recodified as § 182-537-0200, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, and 42 C.F.R. 440.110. WSR 09-07-004, § 388-537-0200, filed 3/4/09, effective 4/4/09.]

WAC 182-537-0300 Student eligibility. (1) Contracted school districts may receive medicaid payment for students ages birth through twenty who:

(a) Have an active individualized family service plan (IFSP) or individualized education program (IEP); and

(b) Who are receiving Title XIX medicaid under a Washington apple health categorically needy program (CNP) or medically needy program (MNP).

(2) Eligible students enrolled in an agency-contracted managed care organization (MCO) are eligible to receive school-based health care services through fee-for-service.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 19-04-095, § 182-537-0300, filed 2/5/19, effective 3/8/19; WSR 16-07-141, § 182-537-0300, filed 3/23/16, effective 4/23/16. Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (Public Law 111-148). WSR 14-07-042, § 182-537-0300, filed 3/12/14, effective 4/12/14. WSR 11-14-075, recodified as § 182-537-0300, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, and 42 C.F.R. 440.110. WSR 09-07-004, § 388-537-0300, filed 3/4/09, effective 4/4/09.]

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

(a) Audiologists who meet the requirements described in chapters 246-828 WAC and 18.35 RCW;

(b) Licensed advanced social workers (LiACSW) who meet the requirements described in chapters 246-809 WAC and 18.225 RCW;

(c) Licensed independent clinical social workers (LiCSW) who meet the requirements described in chapters 246-809 WAC and 18.225 RCW;

(d) Licensed mental health counselors (LMHC) who meet the requirements described in chapters 246-809 WAC and 18.225 RCW;

(e) Licensed mental health counselor associates (LMHCA) who meet the requirements described in 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 the requirements described in chapters 246-840 WAC and 18.79 RCW;

(g) Licensed practical nurses (LPN) who meet the requirements described in chapters 246-840 WAC and 18.79 RCW and are under the direction and supervision of a licensed RN;

(h) Nonlicensed 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, 18.79.290, and 28A.210.275;

(i) Licensed occupational therapists (OT) who meet the requirements described in chapters 246-847 WAC and 18.59 RCW;

(j) Licensed occupational therapist assistants (OTA) who meet the requirements described in chapters 246-847 WAC and 18.59 RCW and are under the direction and supervision of a licensed OT;

(k) Licensed physical therapists (PT) who meet the requirements described in chapters 246-915 WAC and 18.74 RCW;

(l) Licensed physical therapist assistants (PTA) who meet the requirements described in chapters 246-915 WAC and 18.74 RCW and are under the direction and supervision of a licensed PT;

(m) Licensed psychologists who meet the requirements described in chapters 246-924 WAC and 18.83 RCW;

(n) Licensed speech-language pathologists (SLP) who meet the requirements described in chapters 246-828 WAC and 18.35 RCW; and

(o) Speech-language pathology assistants (SLPA) who meet the requirements described in chapters 246-828 WAC and 18.35 RCW and who are under the direction and supervision of a licensed SLP.

(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; and

(b) Approve and cosign all treatment notes written by the supervisee before submitting claims for payment.

(3) The school district must ensure providers meet the professional licensing requirements described in the agency's SBHS billing guide and in this chapter.

(4) The licensing exemptions found in the following regulations do not apply to federal medicaid 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.

(5) People not specifically listed in subsection (1) of this section may not participate in the SBHS program including, but not limited to:

- (a) Interim permit holders;
- (b) Limited permit holders; and
- (c) People completing education required for DOH licensure.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 19-04-095, § 182-537-0350, filed 2/5/19, effective 3/8/19; WSR 16-07-141, § 182-537-0350, filed 3/23/16, effective 4/23/16. Statutory Authority: RCW 41.05.021, 34 C.F.R. 300.154(d), and chapter 182-502 WAC. WSR 13-21-079, § 182-537-0350, filed 10/17/13, effective 11/17/13. Statutory Authority: RCW 41.05.021. WSR 13-05-017, § 182-537-0350, filed 2/7/13, effective 3/10/13. WSR 11-14-075, recodified as § 182-537-0350, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, and 42 C.F.R. 440.110. WSR 09-07-004, § 388-537-0350, filed 3/4/09, effective 4/4/09.]

WAC 182-537-0400 Covered services. All services covered under this section may be provided through telemedicine as described in WAC 182-531-1730 and in the agency's school-based health care services (SBHS) billing guide. Covered services include:

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

(2) Health care-related services authorized in an IEP or IFSP limited to:

- (a) Audiology;
- (b) Counseling;
- (c) School health services and school nursing services;
- (d) Occupational therapy;
- (e) Physical therapy;
- (f) Psychological assessments and services; and
- (g) Speech-language therapy.

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

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 19-04-095, § 182-537-0400, filed 2/5/19, effective 3/8/19; WSR 16-07-141, § 182-537-0400, filed 3/23/16, effective 4/23/16. Statutory Authority:

RCW 41.05.021. WSR 13-05-017, § 182-537-0400, filed 2/7/13, effective 3/10/13. WSR 11-14-075, recodified as § 182-537-0400, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, and 42 C.F.R. 440.110. WSR 09-07-004, § 388-537-0400, filed 3/4/09, effective 4/4/09.]

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) Instructional assistant contact;
- (5) Observation not provided directly after service delivery;
- (6) Parent consultation;
- (7) Parent contact;
- (8) Planning;
- (9) Preparing and sending correspondence to parents or other professionals;
- (10) Professional consultation;
- (11) Report writing;
- (12) Review of records;
- (13) School district staff accompanying a child who requires special education services to and from school on the bus when direct services are not provided;
- (14) Supervision;
- (15) Teacher contact;
- (16) Test interpretation; and
- (17) Travel and transporting.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 19-04-095, § 182-537-0500, filed 2/5/19, effective 3/8/19; WSR 16-07-141, § 182-537-0500, filed 3/23/16, effective 4/23/16. Statutory Authority: RCW 41.05.021. WSR 13-05-017, § 182-537-0500, filed 2/7/13, effective 3/10/13. WSR 11-14-075, recodified as § 182-537-0500, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, and 42 C.F.R. 440.110. WSR 09-07-004, § 388-537-0500, filed 3/4/09, effective 4/4/09.]

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) Enroll as a billing provider in ProviderOne and 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 SBHS billing guide and the SBHS fee schedule.
- (6) Comply with the intergovernmental transfer (IGT) process. The school district must provide its local match to the agency within one hundred twenty days of the invoice date.

(a) If local match is not received within one hundred twenty days of the invoice date, the agency will deny claims.

(b) School districts may resubmit denied claims within twenty-four months from the date of service under WAC 182-502-0150.

(7) Provide only health care-related services identified through a current individualized education program (IEP) or individualized family service plan (IFSP).

(8) Use only licensed health care providers under WAC 182-537-0350.

(9) Enroll licensed health care providers as servicing providers under the school district's ProviderOne account, and ensure providers have their own national provider identifier (NPI) number.

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

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 19-04-095, § 182-537-0600, filed 2/5/19, effective 3/8/19; WSR 16-07-141, § 182-537-0600, filed 3/23/16, effective 4/23/16. Statutory Authority: RCW 41.05.021, 34 C.F.R. 300.154(d), and chapter 182-502 WAC. WSR 13-21-079, § 182-537-0600, filed 10/17/13, effective 11/17/13. Statutory Authority: RCW 41.05.021. WSR 13-05-017, § 182-537-0600, filed 2/7/13, effective 3/10/13. WSR 11-14-075, recodified as § 182-537-0600, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, and 42 C.F.R. 440.110. WSR 09-07-004, § 388-537-0600, filed 3/4/09, effective 4/4/09.]

WAC 182-537-0700 School district documentation requirements.

(1) Providers must document all school-based health care services as required in this section and the medicaid agency's school-based health care services (SBHS) billing guide.

(2) Documentation to justify billed claims must be maintained for at least six years from the date of service.

(3) Records for each student must include, but are not limited to:

(a) A referral or prescription for services by a physician or other licensed health care provider within their scope of practice;

(b) Assessment reports;

(c) Evaluation and reevaluation reports;

(d) Individualized education program (IEP) or individualized family service plan (IFSP);

(e) Attendance records; and

(f) Treatment notes. Treatment notes must include the:

(i) Child's name;

(ii) Child's ProviderOne client ID;

(iii) Child's date of birth;

(iv) Date of service, and for each date of service:

(A) Time-in;

(B) Time-out;

(C) A procedure code for and description of each service provided;

(D) The child's progress related to each service;

(E) Whether the occupational therapy, speech-language therapy, physical therapy or counseling service described in the note was individual or group therapy;

(F) The licensed provider's printed name, handwritten or electronic signature, and title; and

(G) Assistants, as defined in WAC 182-537-0350, who provide health care-related services, must have their supervising provider co-sign all treatment notes in accordance with the supervisory requirements for the provider type.

(4) 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.

(5) 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.

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

(7) 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).

(8) 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 whom 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.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 19-04-095, § 182-537-0700, filed 2/5/19, effective 3/8/19; WSR 16-07-141, § 182-537-0700, filed 3/23/16, effective 4/23/16; WSR 14-20-090, § 182-537-0700, filed 9/29/14, effective 10/30/14. Statutory Authority: RCW 41.05.021. WSR 13-05-017, § 182-537-0700, filed 2/7/13, effective 3/10/13. WSR 11-14-075, recodified as § 182-537-0700, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, and 42 C.F.R. 440.110. WSR 09-07-004, § 388-537-0700, filed 3/4/09, effective 4/4/09.]

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

(4) The agency conducts reviews and recovers overpayments if a school district does not comply with agency requirements according to agency rules.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 19-04-095, § 182-537-0800, filed 2/5/19, effective 3/8/19; WSR 16-07-141, § 182-537-0800, filed 3/23/16, effective 4/23/16. Statutory Authority: RCW 41.05.021. WSR 13-05-017, § 182-537-0800, filed 2/7/13, effective 3/10/13. WSR 11-14-075, recodified as § 182-537-0800, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, and 42 C.F.R. 440.110. WSR 09-07-004, § 388-537-0800, filed 3/4/09, effective 4/4/09.]