



# RULE-MAKING ORDER PERMANENT RULE ONLY

## CR-103P (December 2017) (Implements RCW 34.05.360)

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STATE OF WASHINGTON  
FILED

DATE: June 26, 2020

TIME: 1:00 PM

WSR 20-14-062

**Agency:** Health Care Authority

**Effective date of rule:**

**Permanent Rules**

31 days after filing.

Other (specify) \_\_\_\_\_ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

Yes  No If Yes, explain:

**Purpose:** The agency is amending these sections to clarify approved place of service for school-based health care services, to add and update definitions, add eligible provider types, and to remove outdated language.

**Citation of rules affected by this order:**

New:

Repealed:

Amended: 182-537-0100, 182-537-0200, 182-537-0350, 182-537-0400, 182-537-0600, 182-537-0700

Suspended:

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160

**Other authority:**

**PERMANENT RULE (Including Expedited Rule Making)**

Adopted under notice filed as WSR 20-11-079 on May 20, 2020 (date).

Describe any changes other than editing from proposed to adopted version: N/A

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Web site:

Other:

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	___	Amended	___	Repealed	___

**The number of sections adopted at the request of a nongovernmental entity:**

New	___	Amended	___	Repealed	___
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**The number of sections adopted on the agency's own initiative:**

New	___	Amended	___	Repealed	___
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	___	Amended	<u>6</u>	Repealed	___
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**The number of sections adopted using:**

Negotiated rule making:	New	___	Amended	___	Repealed	___
Pilot rule making:	New	___	Amended	___	Repealed	___
Other alternative rule making:	New	___	Amended	<u>6</u>	Repealed	___

<b>Date Adopted:</b> June 26, 2020	<b>Signature:</b> 
<b>Name:</b> Wendy Barcus	
<b>Title:</b> HCA Rules Coordinator	

AMENDATORY SECTION (Amending WSR 19-04-095, filed 2/5/19, effective 3/8/19)

**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 and related 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 and related 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, the natural environment, an alternate placement in accordance with the Individuals with Disabilities Education Act (IDEA), or by telemedicine.

AMENDATORY SECTION (Amending WSR 19-04-095, filed 2/5/19, effective 3/8/19)

**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.

"Charter school" - A public school governed by a charter school board and operated according to the terms of the charter school contract. Charter schools are open to all students, do not charge tuition, and do not have special entrance requirements.

"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 because 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;
- Health services;
- Nursing services;
- Occupational therapy;
- Physical therapy;
- Psychological services; and
- Speech-language pathology.

**"Educational service district"** - A regional agency which provides cooperative and informal services to local school districts within defined regions of the state.

**"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 ages three through twenty 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 contract"** - A contract that describes and defines the relationship between the agency, the school-based health care services program, and the school district, ESD, charter, or tribal school.

**"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.))~~

**"School district"** - A group of schools administered by a particular authority within defined geographical division.

**"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 early intervention or health care-related services outlined in the IEP or IFSP.

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

AMENDATORY SECTION (Amending WSR 19-04-095, filed 2/5/19, effective 3/8/19)

**WAC 182-537-0350 Provider qualifications.** (1) School-based health care services (SBHS) must be delivered by or under the supervision of 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) Licensed 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));~~

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

~~(e));~~

(d) 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) practicing under the supervision of a licensed mental health provider;~~

~~(e) Advanced registered nurse practitioners (ARNP);~~

~~(f) Registered nurses (RN);~~

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

~~(i) 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)) practicing under the supervision of a licensed OT;~~

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

~~(l))~~;

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

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

~~(n))~~;

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

~~(o))~~;

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

~~(o) Audiologist and speech language pathologist interim permit holders practicing under the supervision of a licensed audiologist or SLP; and~~

~~(p) Nonlicensed people providing services under the supervision of a licensed provider.~~

~~(2) For services provided under the supervision of a ((PT, OT, SLP, nurse, counselor, or social worker)) licensed provider, the ((supervising)) provider must:~~

~~(a) Ensure the child receives quality ((therapy)) services by providing supervision in accordance with professional practice standards; and~~

~~(b) ((Approve)) Review 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.)~~

AMENDATORY SECTION (Amending WSR 19-04-095, filed 2/5/19, effective 3/8/19)

**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 school-based health care (SBHS) 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;~~

~~(e-))~~ School health services and school nursing services;

~~((d))~~ (c) Occupational therapy;

~~((e))~~ (d) Physical therapy;

~~((f) Psychological assessments and services; and~~

~~(g))~~ (e) Mental health services; and

(f) Speech-language therapy.

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

AMENDATORY SECTION (Amending WSR 19-04-095, filed 2/5/19, effective 3/8/19)

**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))~~ SBHS contract with the agency.

(3) Meet the applicable requirements in chapter 182-502 WAC.

(4) Comply with the applicable requirements in 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 early intervention or 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 or nonlicensed people practicing under the supervision of a licensed provider 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.

AMENDATORY SECTION (Amending WSR 19-04-095, filed 2/5/19, effective 3/8/19)

**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 and nonlicensed people, as defined in WAC 182-537-0350, who provide early intervention or health care-related



services under supervision, must have (~~(their supervising)~~) a licensed provider review and cosign 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.