Recently we’ve received questions from districts related to the billing of services for students identified with a Visual Impairment (VI). We know that some districts are billing for Visual Impairment services under Personal Care Services (PCS) and have received information that may concern them. While billing for services for students with VI, may be fraught with some concerns it is allowable in limited circumstances.

It is important that districts insure the services are those fall within the approved guidelines provided by TEA and HHSC for the SHARS program. Specifically, it is essential that the district align services and supports throughout the IEP in both content and intention as well as the delivery and documentation of said services with those approved by HHSC for PCS. Please remember that it is not currently allowable to bill for evaluation of a Visual Impairment.

According to HHSC, “personal care services include a range of human assistance provided to persons with disabilities or chronic conditions which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability” (Children’s Service Handbook, Section 3.3.6, see below). HHSC further outlines PCS as ADLs and IADLs as “a range of activities that healthy, nondisabled adults can perform for themselves. Typically, developing children gradually and sequentially acquire the ability … for themselves. Examples include locomotion, personal hygiene, toileting, escort, communication,” etc. (Children’s Service Handbook, Section 2.11.2, see below). These tasks while vague may be used to provide services for children with a medical necessity but only in as much as they are indeed personal care tasks and not evaluative or purely educational.

Texas now requires all children identified with a Visual Impairment to be accessed and educated aligned with the Expanded Core Curriculum. This means that services delivered specifically for evaluation or instructional needs would not fall within the PCS umbrella. Additional information on both components may be viewed at http://www.tsbvi.edu/attachments/EducatingStudentswithVIGuidelinesStandards.pdf.

The Texas School for the Blind and Visually Impaired outlines services that teachers of students with visual impairment must provide. The Teacher of the students with Visual Impairment (TVI’s) serve in many ways. This information is taken from the 2015 Guidelines and Standards for Educating Students with Visual Impairments in Texas which may be viewed at http://www.tsbvi.edu/attachments/EducatingStudentswithVIGuidelinesStandards.pdf.

TVI’s supporting roles includes the following:

- Supporting families in developing infant and early childhood goals and objectives related to their child’s visual impairment.
- Supporting transitions from ECI to preschool, preschool to elementary school, elementary to middle school, and middle school to high school.
- Providing opportunities for families to meet other families and
Coordinating services for students with certified orientation and mobility specialists. Consulting with parents, teachers, and other professionals in the home, community, and school on providing instruction in the expanded core curriculum areas. Modifying the environment to accommodate specific visual needs. Modeling appropriate techniques for providing instruction. Providing, creating, and acquiring adapted materials. Providing in-service training and collaborative consultation to the extended educational team. Recommending adapted strategies for access to the general curriculum and participation in the school community. Ensuring that instruction in necessary skills for transitioning from school to adult life is provided. Providing guidance to help the team develop a vision-specific support system for transitioning from school to adult life. Building independence and success in home, community, and school environments. Researching technology options and connecting with vendors for optical devices and assistive technology solutions for students.

They further define the areas that Orientation and Mobility services should provide to include:

- Encouraging purposeful movement, exploration of immediate surroundings, and motor development for infants with visual impairments.
- Teaching spatial and environmental concepts and use of information received by the senses (such as sound, temperature, and vibrations) to establish, maintain, or regain orientation and line of travel in a variety of settings (e.g., using traffic sounds at an intersection to cross the street).
- Facilitating purposeful movement and independence to the greatest degree possible for students with multiple impairments, including through active learning systems for students with severe disabilities.
- Facilitating development of self-esteem, self-determination, social skills, independent living skills, and recreation and leisure.
- Instructing in efficient use of low vision for movement.
- Orienting students to unfamiliar environments and different lighting conditions (e.g., night travel).
- Teaching efficient use of optical devices.
- Teaching use of mobility tools, including the long cane and adaptive mobility devices, for safely negotiating the environment.
- Teaching the use of assistive technology that supports movement and travel, including GPA systems and other navigation tools as well as online applications.
- Arranging travel experiences for instruction in the community, including residential and business environments and public transportation systems.

Therefore, it would not be allowable to bill SHARS for these services as they are clearly aligned to the TVIs & O&Ms responsibility not that of a Personal Care Service provider.
However, services that the student requires that are activities of daily living (ADLs) and instrumental activities of daily living (IADLs) delivered to a student with a Visual Impairment may be considered for billing if they meet all requirements as long as they are not a component of the Visual Impairment program aligned to the Expanded Core Curriculum. In fact, HHSC specifically address this in their FAQ in question T19 which says:

T19. If the Visual Impairment Specialist(s) is working with a student to assist them in adapting in the classroom using various methods and devices in order to complete assignments, would this type of service be considered a "Personal Care" service by Medicaid definitions & therefore be billable, or at the least "not deducted" from the rest of a student's personal care day?

The Vision Impairment provider can review the visually-impaired student’s classroom documents and/or the PCS provider’s notation of specific type of PCS provided to be sure that she agrees that the VI specialist is providing PCS in that she is assisting the student with the performance of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) because the student is not able to perform the age appropriate tasks due to his/her disabilities. Services provided by Orientation & Mobility Specialists often meet the definition of PCS for visually-impaired students.

In T1, HHSC outlines the required sufficient documentation to support your billing. Here at TASB, we are happy to work with your district to discuss specifics on a case by case basis for member districts. In addition, we offer training from seasoned Special Education experts to review current on hand documentation and procedures as well as provide training and supports directly to staff for a nominal fee. Should you have any additional question, please don’t hesitate to reach out to us.

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REFERENCE INFORMATION

3.3.6 Personal Care Services

Personal care services are provided to help a child with a disability or chronic condition benefit from special education. Personal care services include a range of human assistance provided to persons with disabilities or chronic conditions which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. An individual may be physically capable of performing ADLs and IADLs but may have limitations in performing these activities because of a functional, cognitive, or behavioral impairment.

Refer to: Subsection 2.11, “Personal Care Services (PCS) (CCP)” in this handbook for a list of ADLs and IADLs.

For personal care services to be billable, they must be listed in the student's IEP. Personal care services are billable on an individual (procedure code T1019 with modifier U5 or U6) or group (procedure code T1019 with modifier U5 and UD or U6 and UD) basis.

Session notes are not required for procedure codes T1019 with modifier U5 or T1019 with modifier U5 and UD; however, documentation must include the billable start time, billable stop time, total billable minutes, and must note the type of personal care service that was performed.

Procedure codes T1019 with modifier U6 and T1019 with modifier U6 and UD are billed using a one-way trip unit of service.

3.3.6.1 Personal Care Services Billing Table

<table>
<thead>
<tr>
<th>POS*</th>
<th>Procedure Code</th>
<th>Individual or Group</th>
<th>Unit of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, or 9</td>
<td>T1019 with modifier U5</td>
<td>Individual, school</td>
<td>15 minutes</td>
</tr>
<tr>
<td>1, 2, or 9</td>
<td>T1019 with modifier U5 and UD</td>
<td>Group, school</td>
<td>15 minutes</td>
</tr>
<tr>
<td>1, 2, or 9</td>
<td>T1019 with modifier U6</td>
<td>Individual, bus</td>
<td>Per one-way trip</td>
</tr>
<tr>
<td>1, 2, or 9</td>
<td>T1019 with modifier U6 and UD</td>
<td>Group, bus</td>
<td>Per one-way trip</td>
</tr>
</tbody>
</table>

Place of Service: 1=office; 2=home; 9=other locations

Refer to: Subsection 3.5.1.2, “Billing Units Based on 15 Minutes” in this handbook.

The recommended maximum billable units for T1019 with modifier U6 or T1019 with modifier U6 and UD is a total of four one-way trips per day. Providers must submit documentation of the reasons for the additional time, if more than the recommended units of service are billed.
2.11.2  **Services, Benefits, and Limitations**  IADLs, and HMAs. The scope of self-care and daily living for children, adolescents, and disabled adults can perform for themselves. Typically, developing children gradually and sequentially acquire the ability to perform these ADLs, IADLs, and HMAs for themselves. If a typically developing child of the same chronological age could not safely and independently perform an ADL, IADL, or HMA without adult supervision, then the client’s responsible adult ensures that the client’s needs for the ADLs, IADLs, and HMAs are met.

PCS include direct intervention (assisting the client in performing a task) or indirect intervention (cueing or redirecting the client to perform a task). ADLs, IADLs, and HMAs include, but are not limited to, the following:

<table>
<thead>
<tr>
<th>ADLs</th>
<th>IADLs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td>Escort or Assistance with Transportation Services</td>
</tr>
<tr>
<td>Dressing</td>
<td>Grocery or Household Shopping</td>
</tr>
<tr>
<td>Eating</td>
<td>Laundry</td>
</tr>
<tr>
<td>Locomotion or Mobility</td>
<td>Light housework</td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td>Meal preparation</td>
</tr>
<tr>
<td>Positioning</td>
<td>Medication Assistance</td>
</tr>
<tr>
<td>Toileting</td>
<td>Money management</td>
</tr>
<tr>
<td>Transferring</td>
<td>Telephone Use or Other Communication</td>
</tr>
</tbody>
</table>

* Escort or Assistance with Transportation Services includes the coordination of transportation to medical appointments and accompaniment to appointments to assist with needed ADLs. PCS does not include the payment for transportation or transportation vehicles since these services are available through MTP.

**Note:** Health maintenance activities (HMAs) and nurse-delegated tasks that fall within the scope of the task listed above are allowable in PCS.

**Note:** Exercise and range of motion are not available through PCS, but are services that could be provided through PT, PDN, or home health SN.

PCS does not include the following:

- ADLs, IADLs, or HMAs that a typically developing child of the same chronological age could not safely and independently perform without adult supervision

**Taken from Texas Medicaid Provider Procedures Manual, March 2016 viewable at**