



OPERATING GUIDELINES

SHARS

ISD

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SHARS POLICY CLARIFICATION

School Health and Related Services (SHARS) is a Medicaid program designed to allow school districts to seek federal reimbursement for certain health services performed for Special Education Students as defined by their IEP. Monies we receive from this program assists in increasing opportunities for resources to enhance our support of our special needs' population.

The school district may submit claims for SHARS services provided to students who meet the following criteria:

- Students must be Medicaid eligible at the time of the service.
- The student must be under 21 years of age.
- The SHARS services the student receives must be documented in the student's ARD/ IEP.
- There must be a signed parental consent to release confidential information in the student's file.
- Providers must have current credentials and/ or license that is up to date and not "lapsed" or in any kind of "grace" period.

The district seeks Medicaid Reimbursement for the following services:

- Counseling
- Psychological Services
- Occupational Therapy
- Physical Therapy
- School Health Services
- Speech Therapy
- Personal Care Services
- Special Transportation
- Nursing Services

The district has partnered with MSB Consulting Group to provide software for documentation of services, XLogs, processing of paper documentation and SHARS claims submission. MSB provides printed materials at all trainings/ workshops as well as a dedicated website for staff to get resources on [documentation guidance](#). More details on SHARS policies can be found on the Health and Human Services Commission website (see Resource section below).

Participation in the SHARS program does not preclude a child from receiving similar or additional services by parent choice under another Medicaid program or provider in the private sector. A child's eligibility for Medicaid Services outside the school setting is not compromised by receiving SHARS services at school. The services provided at school are so the child may receive a Free and Appropriate Public Education, FAPE. Due to medical necessity, the child may need additional services outside of school.

For example, a school may provide and seek reimbursement for Speech Therapy for a student who also receives Medicaid THSteps-CCP Speech Therapy outside the school setting.

ADDITIONALLY, there is **NO** lifetime benefit cap for Medicaid services to children under the age of 21. SHARS is a program under the EPSDT (Early and Periodic Screening, Diagnosis and Treatment) program. Under EPSDT, there are no set limitations on Medicaid services to clients under 21, as long as the service is medically necessary. The Medicaid services the child receives at school do not affect the type or amount of Medicaid services the child receives outside the school.

The following services are eligible to receive reimbursement assuming all other required documentation is in place:

- Audiology Services
- Assessment/ Evaluation
- Counseling Services
- Nursing Services
- Occupational Therapy
- Personal Care Services
- Physical Therapy
- Physician Services
- Psychological Services
- Special Transportation
- Speech/ Language Therapy

Additional information on billable services, along with applicable procedure codes, can be found within the resources identified below.

To access reimbursements under the Medicaid to Schools Program, SHARS, the district, along with the contracted vendor, MSB, will extract eligible documentation from XLogs and then submit data using secure methods to Texas Medicaid Healthcare Partnership (TMHP).

SHARS District Contacts

- SHARS Coordinator: <<NAME>> Phone: <<NUMBER>>
- SHARS Specialist: <<NAME>> Phone: <<NUMBER>>
- MSB Consulting: 855-573-8071 OR 855-672-3473

Always feel free to call the SHARS team with any questions or concerns regarding the program, its policies and best practices or to request training or assistance with SHARS related activities.

PRESCRIPTIONS

As part of the SHARS program, Occupational Therapy and Physical Therapy require a physician signed prescription in order for the services ordered in the IEP to be billable under the program. A prescription is required after the initial assessment and must be renewed at least every three years. If the prescription or referral has an end date, the prescription must be renewed prior to the end date. For example, some physicians will only write a prescription that is valid for one year. In addition, when there is a change in the plan of care, a new referral/ prescription is needed.

Our district requests prescriptions for all students requiring physical therapy and occupational therapy. Many practitioners include OT and PT services on their prescriptions for students who qualify for both services. These prescriptions are housed in the student's permanent folders. Physical therapists, as per their license, obtain prescriptions before providing direct medical services for students requiring physical therapy. Physical therapists only submit billing on students who have active physical therapy prescriptions. If a physical therapy prescription expires, the physical therapist does not provide direct medical services until the renewed prescription is obtained.

Occupational therapists do not require a prescription to maintain licensure or provide direct medical services for students requiring occupational therapy.

Prescription status is tracked by the <<ROLE>> within our XLogs system. Our district does not bill for students without a prescription on file.

DOCUMENTATION OF SERVICES

As part of the job requirements, any staff member, local or contracted, who provides a service to a special education student, will document their services in real-time. At least once a week, staff will use [XLogs](#) to centralize their documentation notes. XLogs is the district's chosen software that allows all providers to document services delivered. Documentation notes include, but is not limited to, the following:

- Student Name
- Date and time service delivered
- Activities performed
- Accommodations served
- Goals and Objectives served (with progress notes and monitoring)

PERSONAL CARE SERVICES (PCS)

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 Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and Health Maintenance Activities (HMAs), but may have limitations in performing these activities because of a functional, cognitive, or behavioral impairment.

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:

- ALDs
- Bathing
- Dressing
- Eating
- Locomotion or Mobility
- Personal Hygiene
- Positioning
- Toileting
- Transferring
- IADLs
- Escort
- Medication Assistance
- Money Management
- Telephone use or Other Communication

Personal Care services are billed using our documentation and Medicaid billing system, XLogs. The team lead oversees documentation and maintains records for personal care.

LIFE SKILLS - SELF-CONTAINED - PPCD CLASSROOMS

When documenting services within these settings, documentation can be set-up in one of two ways: 1) Scheduled start and stop time with student(s) 2) All-day appointment and then use a student sign-out sheet in the classroom to designate minutes where other support staff remove the student from these classrooms to provide services. These minutes should be indicated in the "Time Away from Student" field in XLogs to ensure minutes are removed from documentation of services.

Should a teacher need a “sign-out sheet” for his/ her classroom, templates are available [here](#). In addition, documentation responsibilities will fall within the scope of the teacher’s responsibility.

The teacher will use the feature in XLogs known as the “Data Entry Clerk” role to ensure all documentation for students receiving services within the school day are accounted for. This requires that all staff members within the team must document for at least one student.

Special Education Teachers should remember the following:

- In order to bill Medicaid for PCS, PCS activities must be in the IEP/ ARD (PLAAFPs, IEP Goals and Objectives, Accommodations pages, PCS Supplement and/ or in the minutes of the ARD) and furthermore indicate “medical necessity.” All these areas of the ARD/ IEP need to be in alignment or “tell the same story.”

VISUAL IMPAIRMENT – ORIENTATION AND MOBILITY – ADAPTED PHYSICAL EDUCATION SERVICES

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.

We bill direct services through XLogs. All sessions are documented as well through informal session notes and data sheets.

SPECIALIZED TRANSPORTATION

During the initial ARD meeting, a licensed professional of the healing arts determines whether a student requires specialized transportation services from the data in the student’s Full and Individual Evaluation. After confirming a student requires specialized transportation, the ARD committee then confirms whether a student needs monitoring for a bus aide. All decisions made by the ARD committee are recorded in the student’s most current IEP.

Bus drivers record on a paper Trip Log their daily trips for specialized transportation services. Bus drivers and bus monitors or aides are required to sign a weekly trip log indicating they were present for the services provided. On the occasion a bus driver is absent, the substitute for the day records the Trip Log information and indicates that they substituted for the original bus driver.

The logs are collected by transportation director and then submitted back once a week to MSB for Medicaid billing.

NURSING DOCUMENTATION

The nursing department uses a system known as <<SYSTEM NAME>> to document for all services performed for all populations of students. MSB will receive a monthly data extraction from <<SYSTEM NAME>> for the identified special education students. This data file is then imported into XLogs and then reviewed for Medicaid reimbursement potential.

There are times when nursing services are delegated to a campus professional. The campus professional has the option to document for those services directly in XLogs or submits paper documentation to MSB for processing.

ELECTRONIC SIGNATURE

For Medicaid purposes, a school's use of electronic records and signatures for SHARS is permissible. As long as the records are accessible to an investigator or auditor and can be reviewed as needed, maintaining the records in electronic format is acceptable from the perspective of documentation adequacy or other audit issues related to Medicaid. Each school district should determine at its own risk what standards are consistent with state and federal electronic requirements.

- SHARS providers must recognize the potential for misuse or abuse
- SHARS providers must apply relevant administrative procedures, standards, and law
- SHARS providers must ensure system and software products are protected
- The individual whose name is on the alternate signature method and the provider bears the responsibility for the authenticity of the information attested to in the record
- SHARS providers must check with their respective legal counsel regarding alternative signature methods and associated legal concerns

The Texas Education Agency (TEA) advises that it has no additional requirements regarding the submission of electronic data or the use of electronic signatures. The requirement that records are accessible and can be made available to an auditor or a reviewer as needed is, per TEA, sufficient for its purposes.

All software products used by the district meet the criteria of the below electronic signature policy.

- A unique user-ID and an alphanumeric password consisting of at least eight characters
- Apply electronic signature at the time-of-service documentation and at each instance of service delivery
- Staff members will not share username/ password information
- System will allow access to staff members historical records
- System allows immediate access to records by state or federal agencies, and others who are authorized by law
- Staff members are required to maintain professional responsibility for their service delivery and their documentation
- The individual whose name is on the electronic signature and the school district bears the responsibility for the authenticity of the information attested to in the record

In addition, our service documentation and Medicaid billing system, XLogs, any provider documenting services electronically acknowledges the electronic signature procedure before submitting his or her first session for billing. All providers submitting electronic documentation through the Medicaid billing tool XLogs is required to agree to the terms and conditions for electronic signature as per TEA requirements. An MSB representative, or his/ her designee, is required to train all providers on the requirements of electronic data submission and electronic signatures during their annual provider training.

PARENTAL NOTIFICATION AND CONSENT

According to federal rule 42 CFR §300, on an annual basis our parents/ guardians of our Special Education student population will receive a notification that outlines our participation in the SHARS program and the rights of the parent/ guardian. This notification is presented during the annual ARD meeting, along with an opportunity to consent, deny or withdrawal from the program. If the parent/ guardian does not attend the annual ARD meeting, then a phone call will be made to bring the parent along. If a phone call is unsuccessful, an email will be sent with all the pertinent information.

Within 2 business days of the ARD meeting, the consent form status needs to be updated by following the below steps:

- Form Response:
 - Signs the form YES, <<PROCESS>>
 - Signs the form NO, <<PROCESS>>
 - Refuses to sign; <<PROCESS>>
 - Signs N/ A, <<PROCESS>>
- Form uploaded to student record

Our district does not authorize any billing for students who do not have a parental consent on file per TEA's requirements.

Our district uses <<IEP VENDOR>> to track which parents have signed parental consent forms. Notifications about the SHARS program are given to parents at the annual ARD meeting by the ARD facilitator.

Any parent that has not yet signed a Medicaid Consent form has the opportunity to do so at each ARD meeting or can reach out to the district ahead of time.

RANDOM MOMENT TIME STUDY (RMTS)

The Medicaid to Schools Program requires districts to participate in Random Moment Time Study (RMTS). The purpose of this program is to determine how often providers perform "direct medical services" to students throughout the school day. Each quarter, the state randomly selects participants who provide direct services to special education students. The selected participant will receive an email from STAIRS/ Fairbanks, notifying the participant that he/ she has been selected for RMTS. As the moment approaches, the participant will be provided a specific date and time for which he/ she will answer the time study. The time study consists of three basic questions about what the provider was doing during the selected moment. Each provider needs to have a basic understanding of what the Medicaid program recognizes as a "medical" service to appropriately respond to the moment and differentiate between direct medical service and an educational/ instructional service. Responding to the random moment in a more informed way assists in the accuracy of the time study.

Our district must maintain an 85% participation each quarter which is defined by those participants who are selected, that they respond within the timelines specified.

All participants must receive training annually on this program. Training on RMTS is provided in a multitude of ways: 1) X Logs Documentation Workshops 2) Video Training 3) Staff Meetings. To educate our providers on the RMTS Program and what Medicaid determines as "medical" versus "educational," MSB Consulting Group has created a video that each selected participant will watch prior to responding to his/ her RMTS. The training video is available by clicking here: <https://vimeo.com/46106839>. After viewing the video, providers will fill out this [online form](#) for tracking and auditing purposes.

RECORD RETENTION

SHARS records need to be retained for at least seven years because they are both Medicaid and educational records. Medicaid records must meet federal retention guidelines and, as such, must be maintained for a minimum period of five years from the date of service or until all audit questions, appeal hearings, investigations, or court cases are resolved. The federal guidelines governing public education require records to be stored for seven years. SHARS providers must maintain records as outlined in the TMPPM in the Provider Enrollment and Responsibilities Section and the SHARS Section, which meet the federal retention guidelines.

Records must be stored in a readily accessible and secure location and format. If a SHARS audit is conducted, a school district will usually be allowed up to ten business days to provide the requested documentation. SHARS records must be maintained until all audit questions, appeal hearings, investigations, or court cases are resolved. School districts should maintain written procedures regarding the minimum documentation requirements and where those documents are stored.

At a minimum, the following is a suggested checklist of documents related to the SHARS direct services that were provided which should be collected and maintained for SHARS documentation, this is not an all-inclusive list:

- Signed consent to bill Medicaid by parent or guardian
- ARD/ IEP documents (medical necessity; examples of SHARS services)
- Attendance records
- Assessment/ evaluations
- Current provider qualifications (current licenses and certifications)
- Attendance records
- Written agreements (contract) for contracted service providers
- Required prescriptions or referrals for services
- Medical necessity documentation (e.g., diagnoses and history of chronic conditions or disability)
- Supervision logs
- Session notes or service logs, including provider signatures
- Transportation documentation (daily trip logs; maintenance logs/ records; bus documentation; documentation for cost report)
- Claims Submittal and Payment Histories (R&S Reports and General Ledger)
- Copies of signed/ notarized quarterly Certification of Funds (COF) letters and supporting documentation, including quarterly COF Reports.

In addition, the SHARS Cost Report and all supporting documentation should be collected and maintained for SHARS records.

NOTE: The child's name and Medicaid number should appear on every page of the medical records (see the Provider Enrollment and Responsibilities Section of the current TMPPM). This would include each page of the ARD/ IEP document, session notes and service logs, and evaluations.

As the SHARS billing provider, the school district is responsible for maintaining the appropriate SHARS documentation. It is up to the school district where the documents are stored; but, the documents must be readily accessible to submit to the state or to federal auditors upon request.

The same documentation is required to be maintained by the school district for contracted services as is required if the services were delivered by school employees which would include a copy of the signed contract, copy of current licensure/ certification of the contracted provider, and accounting records documenting payment to the contractor. The school district must also maintain all documentation required to bill for SHARS services, including all documentation requirements for services provided by contracted employees. Although the district is ultimately responsible for maintaining the appropriate SHARS, all contracted providers must also follow the guidelines outlined in the TMPPM and maintain records and documentation in accordance with the records retention guidelines provided.

RESOURCES

[Texas Administrative Code](#)

[TEA SHARS Guidelines and Resources](#)
[HHSC SHARS Guidelines and Resources](#)
[HHSC SHARS Proposed Policy Changes](#)
[SHARS FAQs](#)
[Department of Education - Parental Consent](#)
[XLogs](#)