



# School Health And Related Services — SHARS

## OPERATING PROCEDURES

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## School Health and Related Services (SHARS)

### Overview

School Health and Related Services (SHARS) is a program available to Texas independent school districts (ISDs) or charter schools to request reimbursement for Medicaid eligible direct medical and transportation services. Eligible services must be documented in a student's Individualized Education Program (IEP) or Section 504 Plan and provided by eligible or licensed employees of the district. Oversight of the SHARS program in Texas is managed by the Texas Education Agency (TEA) and the Texas Health and Human Services Commission (HHSC). The Centers for Medicare and Medicaid Services (CMS) provides oversight of the Medicaid program including SHARS.

The following services may be reimbursable for eligible schools and students:

- Audiology
- Counseling
- Nursing
- Occupational Therapy (OT)
- Personal Care Services (PCS)
- Physician Services
- Physical Therapy (PT)
- Psychological Services
- Special Transportation Services
- Speech Therapy

Texas ISDs and charter schools that seek to request reimbursement for SHARS eligible services must be enrolled as a SHARS provider, participate in the Random Moment Time Study (RMTS), submit claims to be reimbursed on an interim basis, and submit an annual cost report. Private schools may not bill for SHARS eligible services.

### Roles and Responsibilities

The district will assign staff to key roles for facilitation of the SHARS program including a SHARS Program Administrator and/or a SHARS Program Supervisor. These roles will be filled by employees of the district and will not be assigned to contracted staff.



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The district may choose to maintain the SHARS program operations and documentation within the Special Education, Special Populations and/or Finance department offices. SHARS program staff will collaborate with the special education, finance, and transportation departments to ensure timely communication and documentation of program requirements.

#### SHARS Program Contact

The SHARS Program Contact will oversee program procedures, practices, and process operations. As updates to the SHARS program are provided by the TEA, HHSC, or TMHP, the program contact will distribute applicable information to district service providers and stakeholders.

The SHARS Program Contact responsibilities include:

- Collaborating with the district's TASB School Medicaid Services SHARS Consultant to complete initial and reenrollment registration and account setups with TMHP,
- Attending District Admin training for SMART Solutions provided by TASB School Medicaid Services
- Attending annual Random Moment Time Study (RMTS), Cost Report, and Medicaid Administrative Claiming (MAC) training as offered by the HHSC,
- Managing program roles and users in Fairbanks, LLC,
- Managing and certifying the quarterly Participant List,
- Providing annual and/or quarterly time study training to district staff,
- Oversight of time study moments for selected providers,
- Providing annual SHARS program training for district staff,
- SMART Solutions system administration
  - o New provider setup and training and
  - o Importing student data,
- Monitoring and/or validating service provider claims,
- Maintaining program documentation including
  - o Remittance and Status reports and
  - o Certification of Funds letter,
- Completing the annual cost report

#### SHARS Program Administrator

The SHARS Program Administrator will oversee compliance of the district's SHARS program. The program administrator will serve as the liaison for TASB School Medicaid Services and coordinate services, training, claims submissions and appeals, and cost report assistance with the district's TASB SHARS Consultant. The program administrator will share and oversee task responsibilities with the SHARS Program Contact.



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### SMART Solutions

The SHARS Program Contact will import student information on a weekly, bi-weekly, or monthly schedule from the district's student information system and/or special education and Section 504 management systems for maintenance of student enrollment and billable session documentation. Import specifications are available in the SMART Solutions *Help* tab. The SHARS Program Contact may manually update student information as needed.

The SHARS Program Contact will import student IEP data into SMART Solutions routinely, or at minimum monthly. This will keep the student data accurate and assist with the ease of documentation and processing SHARS claims.

The SHARS Program Contact will routinely import student absence data to SMART Solutions to ensure no billing is processed on a day students were marked absent.

### Training

TASB School Medicaid Services will work in collaboration with the district SHARS Program Contact and Program Administrator to provide training opportunities for service providers throughout the fiscal year. Providers may access SMART Solutions on-demand training videos with their TASB Member Center account. Routine synchronous training sessions available for district staff include:

- SHARS 101 – Offered at the beginning of the school year for each provider type: Personal Care Services, Nursing, Related Services, and Transportation. This session includes Random Moment Time Study training.
- Mid-Year Training – Offered to assist the SHARS Program Contact and Program Administrators with the preparation of the annual cost report.
- SHARS Conference – TASB School Medicaid Services hosts the annual SHARS Conference as an opportunity for district staff to network with SHARS contacts across the state, receive the latest updates in SHARS guidance, and hear from state and national SHARS program experts.

The district may request additional training from TASB School Medicaid Services. Training may be provided in a large group setting or as individual participant sessions. The SHARS Program Contact or Program Administrator will coordinate with the TASB School Medicaid Services SHARS Consultant to discuss goals, details, and dates for each training request.



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### District Enrollment

Texas schools must be enrolled and approved as a SHARS provider with the Texas Medicaid and Healthcare Partnership (TMHP), prior to requesting reimbursement. Districts must enroll as a public entity, employ providers with the required certifications or licenses for services, complete a written provider agreement, and bill for eligible services. The district's TASB School Medicaid Services SHARS Consultant will provide support and guidance to district staff when submitting all required applications and information for initial and reenrollment applications.

### Student Eligibility

Districts may seek reimbursement for eligible services for students who meet the following criteria:

- Enrolled in a public school's special education program; and
- 20 years of age or younger; and
- Have a disability or chronic medical condition; and
- A documented medical necessity
- Have an IEP documenting direct medical or transportation services; or
- Enrolled in a public school Section 504 program (audiology only) and
- Have a Section 504 Plan documenting audiology services

Students enrolled in a private school with an Individual Service Plan (ISP) are not eligible for SHARS reimbursement. Students must be enrolled in a Texas public or charter school special education program and have services documented in an IEP or Section 504 Plan.

SMART Solutions verifies student Medicaid eligibility weekly. Changes to eligibility status are reflected in the individual student's file. District program administrators may also verify student eligibility for Medicaid using TexMedConnect through TMHP.

### Freedom of Choice

Districts must provide parents of eligible students a notice of to their right to "freedom of choice of providers" as required by TMHP. The freedom of choice allows parents to request a specific provider to serve eligible students. The district must make a good faith effort to grant the parent's request of their choice of provider. The district may negotiate with the requested provider to serve the eligible student under a contract and negotiate payment terms. The district is not required to pay the same fee to the requested provider that the provider might receive from Medicaid for services. The requested provider must meet all licensing or certification requirements for the service being provided to the student and complete all required SHARS



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documentation for billing. If the services are being provided under a contract with the district, then claims must be submitted by the district.

## Random Moment Time Study

Texas districts seeking reimbursement through the SHARS program are required to participate in the Random Moment Time Study (RMTS). RMTS samples are conducted during the four quarters of the fiscal year: October-December, January-March, April-June, and July-September.

### Training Requirements

The district must designate at least two contacts to attend annual RMTS Program Contact training provided by the HHSC. The district's SHARS Program Contact serves as the RMTS Program Contact and provides training to sampled staff annually, or quarterly as needed.

Sampled staff who have not attended training with the district's RMTS Program Contact may not respond to their time study and the time study will be marked as incomplete. Initial training will be provided to selected sampled staff as face-to-face, webinar, or teleconference sessions. The district's RMTS Program Contact may choose to provide annual refresher training through a web-based or self-paced method for staff who have completed an interactive initial training. Initial and refresher training by the RMTS Program Contact will include training materials provided by the HHSC that address:

- An overview of the process to participate in RMTS,
- Standards for RMTS documentation, and
- Requesting additional time study documentation

### Participant List

Each quarter the RMTS Program Contact is responsible for maintenance of the district's Participant List. The Participant List includes the name and job title of district employed and contracted staff who provide SHARS eligible services [See below for eligible providers by service area]. Program directors, administrative support, campus principals, and other instructional staff who do not provide direct medical services as outlined in a student's IEP will not be included on the Participant List.

### Eligible Service Providers

#### Direct Service Providers Pool

- Nursing Providers (RN, LPN/LVN, APN, NP, CNS)
- Delegated Nursing Services Providers



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- Audiology Providers (Audiologist, Licensed Asst in Audiology)
- Occupational Therapy Providers (OT, COTA)
- Physical Therapy Providers (PT, LPTA)
- Speech Therapy Providers (Licensed SLP, SLP-A, SLP Intern)
- Counseling/Psychiatry Service Providers (LSSP, LPC, LCSW, LMFT)
- Personal Care Service Providers (e.g., special education teacher, special education paraprofessional)

#### Medicaid Administrative Claiming (MAC) Pool

- Service Coordinator/Case Managers (May include educational diagnosticians)
- LMSW
- Interpreter/Translator/Bilingual Specialist
- Orientation & Mobility Specialist

The district's TASB School Medicaid Services SHARS Consultant will assist with monitoring, completion, and verifying certification of the Participant List and submission of quarterly time studies.

Failure to comply with RMTS training, time study samples, and the quarterly Participant List will result in revocation of a district's participation in SHARS for that fiscal year. Districts will be responsible for recoupment of funds received during the fiscal year in the event of noncompliance.

## Prescriptions and Referrals

A prescription is a written order for services from a physician or eligible prescribing provider for services such as occupational therapy and physical therapy.

A referral is a written document requesting services such as speech therapy and audiology services by a physician or eligible referring provider. The student's full individual evaluation (FIE) may be used as the referral when completed by an eligible referring provider. All referring providers must be registered and continue to keep licensure updated with TMHP.

Prescriptions/referrals should be forwarded immediately to the SHARS Program Contact for entry into SMART Solutions. All prescriptions/referrals should be retained for audit purposes.



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## Eligible Direct Medical Services

### Audiology

Audiology services are provided to students to identify hearing loss or provide audiological hearing services.

#### Providers

Audiology services may be provided by a licensed audiologist or audiology assistant when under the supervision of a licensed audiologist.

#### Referral

A referral for audiology services must be updated once at least every three years and may be written by a physician or licensed audiologist. The student's Full Individual Evaluation (FIE), special education reevaluation, or Section 504 evaluation may serve as the referral for services if completed by a licensed audiologist and must be updated at least once every three years [See district's Evaluation Procedures in Special Education Operating Procedures].

An audiologist that will complete a referral for services, or who's evaluation will be considered the referral, must be enrolled with TMHP as an individual practitioner and obtain a National Provider Identifier (NPI). Referrals from a physician or audiologist must include the provider's name and NPI.

The referral must be completed and received before the start of service.

#### Billable Services

Claims submitted for audiology services include:

- Direct therapy or service time with the student present,
- Evaluation for audiology services with the student present

Indirect services and evaluation report writing are not allowable for reimbursement.

### Counseling Services

Counseling services are provided to students or parents to assess the need for counseling and provide services to students or parents to understand the nature of a student's disability, development, psychological, behavior, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems.



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### Providers

Counseling services may be provided by a licensed clinical social worker (LCSW), licensed marriage and family therapist (LMFT), or licensed professional counselor (LPC).

### Billable Services

Claims submitted for counseling services include:

- Direct service time with the student present,
- Emergency counseling services if indicated in the student's behavior intervention plan

### Nursing

Nursing services are those provided to students for health, prevention of illness, and the care of the ill. SHARS nursing services are skilled nursing tasks documented in a student's IEP. Private duty nursing is not a SHARS eligible service.

### Providers

Nursing services may be provided by a registered nurse (RN), advanced practice registered nurse (APRN), clinical nurse specialist (CNS), licensed vocational nurse (LVN), licensed practical nurse (LPN), or school health aide/delegated person under the supervision of an RN or APRN.

### Billable Services

Claims submitted for nursing services may include:

- Direct service time with the student present for
  - o Inhalation therapy
  - o Ventilator monitoring
  - o Nonroutine medication administration
  - o Tracheostomy care
  - o Ileostomy care
  - o Gastrostomy care
  - o Catheterization
  - o Suctioning
  - o Assessment of student nursing needs

Personal care services may not be billed as nursing.



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## Occupational Therapy

Occupational therapy services are those provided to students with functional needs.

### Providers

Occupational therapy services may be provided by a licensed occupational therapist (OTR) or a certified occupational therapy assistant (COTA) when under the supervision of an OTR.

### Prescription

A prescription for occupational therapy services must be updated once at least every three years and may be written by a physician or other eligible prescribing provider. The prescription must be signed and dated prior to the initiation of billable services.

### Billable Services

Claims submitted for occupational therapy services include:

- Direct therapy or service time with the student present,
- Time teaching the student to use adaptive equipment and assistive technology,
- Evaluation for occupational therapy services with the student present

Indirect services and evaluation report writing are not allowable for reimbursement.

## Personal Care Services

Personal Care Services are provided to students who need human assistance to accomplish a task they could do if they did not have a disability. These students may have limitations when performing activities of daily living due to functional, cognitive, or behavioral impairments. PCS is not allowed for assistance with academics such as reading, math, science, and social studies.

### Providers

Personal Care Services may be provided public and charter school employees.

### Referral

A referral is not required for personal care services. Eligible services must be documented in the student's IEP and include the medical necessity for services.

### Billable Services

Claims submitted for personal care services include:

- Direct and indirect human intervention of the student such as



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- Bathing
- Eating
- Positioning
- Toileting
- Escorting
- Transferring
- Cueing or redirection to complete a task

Billable personal care services are not

- Intervention for a student that same aged peers may also not complete on their own without adult supervision or intervention, such as toileting for 3 years old
- Standby supervision such as behavior monitoring
- Academic support such as assistance with reading, math, social studies, or science

Personal care services may be provided on the bus for safety, health, and supervision. These services must be documented in the student's IEP. Personal care service providers will maintain a daily log documenting the services provided during each trip, every day. The personal care service provider will document any student absences during each trip, every day. If using a paper log, the personal care service provider will initial each time personal care services are provided to the eligible student and include the type of personal care service provided as noted in the student's IEP. The completed log must be signed and dated by the personal care service provider prior to submitting the log to the SHARS Program Contact for claims submission.

Trip logs include the name of the district, the bus route name or number, the bus driver's name, the personal care service provider's name when applicable, staff initials for each trip, the date of the trip documented by the day of the week, student name, and Medicaid number (or a separate ledger with name, DOB, and Medicaid status and number).

### Physical Therapy Services

Physical therapy services are those provided to students with functional needs.

#### Providers

Physical therapy services may be provided by a licensed physical therapist (PT) or a licensed physical therapy assistant (PTA) when under the supervision of an PT.



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### Prescription

A prescription for physical therapy services must be updated once at least every three years and may be written by a physician or other eligible prescribing provider. The prescription must be signed and dated prior to the initiation of billable services and designate the amount of services for the student.

### Billable Services

Claims submitted for physical therapy services include:

- Direct therapy or service time with the student present,
- Time teaching the student to use adaptive equipment and assistive technology,
- Evaluation for physical therapy services with the student present

Indirect services and evaluation report writing are not allowable for reimbursement.

### Physician Services

Physician services are diagnostic and evaluation in nature to determine disabling conditions for potential services in school.

### Providers

Physician services may be provided by a licensed Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), or advanced practice registered nurse (APRN) and physician's assistant (PA) when under the delegation of a physician.

### Billable Services

Claims submitted for physician services include:

- Direct service time with the student present,
- Time without the student present to review records to write a prescription for SHARS eligible services

### Psychological Testing

Psychological testing is provided to a student to determine behavior and conditions related to learning and functional needs, planning, and managing a program of psychological services. Services also include evaluating a student for specific related services, and the development or revision of IEP goals and objectives.



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### Providers

Psychological testing providers may include a licensed specialist in school psychology (LSSP), licensed psychologist, or licensed psychiatrist.

### Billable Services

Claims submitted for psychological testing include:

- Direct evaluation time with the student present,
- Observation of student associated with psychological testing,
- Parent or teacher consult with student present if required for assessment
- Test interpretation and reporting

Billable time is only eligible if psychological testing results in the creation of an IEP for the student, regardless of the ARD Committee's determination of SHARS eligible services.

### Psychological Services

Psychological services are provided to students or parents to assess the need for counseling and provide services to students or parents to understand the nature of a student's disability, development, psychological, behavior, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems.

### Providers

Psychological services may be provided by a licensed specialist in school psychology (LSSP), licensed psychologist, or licensed psychiatrist.

### Billable Services

Claims submitted for psychological services include:

- Direct service time with the student present,
- Emergency psychological services if indicated in the student's behavior intervention plan

### Special Transportation Services

Special transportation services are those provided to students on specially adapted vehicles. A specially adapted vehicle is one that has been physically modified such as wheelchair lifts, harnesses, child protective seating, or the addition of air conditioning. If the physical modification is provided for all students, then it is not considered a special adaptation (for example, the addition of air conditioning for all vehicles).



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### Providers

Special transportation services may be provided by a school bus driver, when applicable.

### Billable Services

Services may be billed if a Medicaid eligible service is also provided on the same day as special transportation and to/from the location where the school based service is being provided. The transportation must occur on a specially adapted vehicle and be included in the IEP. Special transportation services are billed in one-way trip increments to or from the location where school based services are being provided. The trip may be to or from the student's home, a provider's office that has contracted with the school, and between campuses.

### Trip Logs

Special transportation drivers and personal care service providers maintain a daily log documenting each trip for an eligible student on a specially adapted vehicle. The driver will document any student absences during each trip. If using a paper log, the driver and personal care service provider will initial each time the student receives special transportation on a specially adapted vehicle as documented in the student's IEP. The completed log must be signed and dated by the driver and personal care service provider (when applicable) prior to submitting the log to the SHARS Program Contact for claims submission.

Trip logs include the name of the district, the bus route name or number, the bus driver's name, the personal care service provider's name (when applicable), staff initials for each trip, the date of the trip documented by the day of the week, student name, and Medicaid number (or a separate ledger with name, DOB, and Medicaid status and number).

### Speech and Language Services

Speech and language services are those provided to students with speech or language disorders including identification of student's with a speech and language impairment or services.

### Providers

Speech and language services may be provided by a licensed Speech and Language Pathologist (SLP). A Speech and Language Pathologist Assistant (SLP-A) and SLP Intern may provide services when under the supervision of a licensed SLP.



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### Referral

A referral for speech therapy services must be updated once at least every three years and may be written by a physician or other eligible prescribing provider. A SLP who completes a referral for services must be enrolled as an individual practitioner or ordering, referring, or prescribing (ORP) provider and obtained an individual NPI through TMHP. The referral must be signed and dated prior to the initiation of billable services.

### Billable Services

Claims submitted for speech and language services include:

- Evaluation time with student present,
- Direct therapy time with the student present,
  - o Therapy and evaluation claims cannot be billed on the same day

Indirect services and evaluation report writing are not allowable for reimbursement.

### Telehealth Services

Telehealth services are those provided to students at a different physical location from the provider using telecommunications or information technology. Providers must follow guidelines from their licensing boards when providing telehealth services. Eligible SHARS services that may be provided and billed through telehealth include: occupational therapy, physical therapy, speech therapy, counseling, psychological services, and physician services. These services must be provided in a school based setting or when receiving remote instruction. Services must be provided through synchronous audiovisual technologies and virtual platforms must meet HIPAA privacy requirements. Services may not be provided for provider convenience. Parental consent for telehealth services must be obtained prior to administering services virtually. Services may require parent participation to assist with treatment.

### Parental Consent

Informed parental consent to access benefits is required prior to submitting SHARS eligible claims to TMHP. The district's SHARS Program Administrator will decide if parental consent is to be requested during the Child Find process or at the Annual Admission, Review, Dismissal (ARD) meeting.

### Session Logs

Session logs must be maintained for all eligible SHARS services documented in a student's IEP or Section 504 Plan. Information required on the session log for these services must include:



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- Student name
- Student date of birth
- Student Medicaid number
- Date of Service
- Billable start and stop time
- Total billable minutes
- Student observation during service
- Service procedure code(s)
- Activity performed during service
- Provider name, title, and signature
- Session notes (not required for evaluations)
- Related IEP objective (therapy services)
- Progress towards objective
- Provided individually or in a group
- Supervisor signature (providers requiring supervision)

## Records

Student SHARS records and supporting documentation must be maintained for seven years. Records will be maintained until all audit questions, appeal hearings, investigations, or court cases are resolved. Records will be stored in a secure and readily accessible location and format and must be available for state or federal audits.

Supporting documentation includes:

- Parental consent to access benefits
- Student's IEP or Section 504 Plan
- Student evaluations
- Prescriptions and referrals
- Direct medical and special transportation logs and notes
- Supervision logs
- Provider qualifications and licenses
- Contracted provider agreements
- Provider electronic signature authorization form
- Remittance and Status reports
- Certification of Funds letters and documentation



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## Claims

### Submitting Claims

#### [Traditional]

District providers must document claims in SMART Solutions within seven calendar days of administering a service, including all required session log information. The district's SHARS Program Contact will review the submitted claims for accuracy and approval using the SMART Solutions validation features which include:

- Parental consent verification
- School holidays
- Duplicate entries
- Medicaid eligibility
- Student age
- IEP service verification
- Prescription verification

If all required documentation is not accounted for, the district's SHARS Program Contact or designee, may return the session to the provider for edits or defer the session. The SHARS Program Contact should track sessions returned for edits to ensure edits are made in a timely manner.

TASB School Medicaid Services will submit eligible claims to TMHP in the required electronic format within 365 days from the date of service, or no later than 95 days after the end of the federal fiscal year.

#### **OR**

#### [All-Inclusive]

District providers must document claims in SMART Solutions within seven calendar days of administering a service, including all required session log information. The district's School Medicaid Services SHARS Consultant will review the submitted claims for accuracy and approval using the SMART Solutions validation features which include:

- Parental consent verification
- School holidays
- Duplicate entries
- Medicaid eligibility
- Student age



Special Education Solutions

P.O. Box 400 • Austin, Texas 78767-0400  
888.630.6606 • [tasb.org/services/student-solution](https://tasb.org/services/student-solution)  
[shars@tasb.org](mailto:shars@tasb.org)



- IEP service verification
- Prescription verification

If all required documentation is not accounted for, the TASB School Medicaid Services SHARS Consultant, may return the session to the provider for edits or defer the session. The TASB School Medicaid Services SHARS Consultant will coordinate with the SHARS Program Contact to track sessions returned for edits to ensure edits are made in a timely manner.

TASB School Medicaid Services will submit eligible claims to TMHP in the required electronic format within 365 days from the date of service, or no later than 95 days after the end of the federal fiscal year.

### Appealing Denied Claims

After review of the Remittance and Status report, the district's SHARS Program Contact will coordinate with the TASB School Medicaid Services SHARS Consultant to review denied claims that may exceed benefit limitations or are returned with other billing errors. The district will submit supporting documentation to TMHP for denied services that exceed benefit limitations. Each page will include the student's name and Medicaid number.

### Cost Report

The district will document allowable SHARS costs through the mandatory annual cost report. The cost report will contain the district's costs for delivering SHARS services, including direct and indirect costs, such as service provider salary data, allowable materials costs, and special transportation costs.

The SHARS program federal fiscal year is October 1 – September 30. The annual cost report is due on or before April 1 of the year following the reporting period. Failure to file the cost report will result in recoupment of all interim payments received during the cost report period.

Should the district disagree with the adjustments made during the cost report reconciliation process, a request for informal review of the adjustments will be submitted to the HHSC. The request will include a statement of the actions or determinations the district disputes, the recommended resolutions, and supporting documentation.



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## Quarterly Certification of Funds

The district's SHARS Program Contact and business administrator will review the quarterly reimbursements received from TMHP through the Certification of Funds letter. The certification will verify the actual dates of services for the reimbursement received in the previous quarter. The business administrator will certify by signature the Certification of Funds, have the letter notarized, and return to TMHP within 24 calendar days. Failure to complete the Certification of Funds may result in recoupment of funds or a vendor hold on payments to the district until the letter is received by TMHP.

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**Resources:**

[Special Education Solutions | TASB](#)

[School Health and Related Services | Texas Education Agency](#)

[Texas Medicaid Provider Procedures Manual | Texas Medicaid and Healthcare Partnership](#)

[School Health and Related Services \(SHARS\) | Health and Human Services](#)

[Time Study and Medicaid Administrative Claiming Guide | Health and Human Services](#)

[Time Study Independent School Districts \(ISD\) | Health and Human Services](#)

[Time Study ISD Training Information | Health and Human Services](#)

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