

SHARS Informal Review Checklist

The School Health and Related Services (SHARS)/school Medicaid Cost Report process is a complicated process. As you prepare to finalize your settlement offer from HHSC, it is important that you consider all changes to your Cost Report before finalizing your agreement or disagreement. This checklist was created as an educational product to assist districts in reviewing and responding to their settlement offer.

Identify Informal Review (and Formal Appeal) areas

- Identify your Cost Report review team.
- Contact Subject Matter Experts and/or legal counsel to review your standing on each potential area of appeal.
- Review information about potential areas of appeal.
- Thoroughly review your Cost Report disallowances and changes to trace them back to a cause. Review every line of deduction and make a decision for each.
- If no cause is apparent or murky, reach out to [HHSC Provider Finance for SHARS](#) seeking clarification.
- Determine which potential areas of appeal apply to your district, if any.
- Determine return on investment of time and potential for further issues should the district choose to move forward.
- If the district is not going to request an Informal Review, enter agreement with the district's Settlement Offer in STAIRS. Agreement is in Step 10 in STAIRS. No other steps are required.
- If proceeding with the Informal Review, identify supports for each potential appeal area.
- If proceeding with the Informal Review, assign team members to collect documentation, if any.
- If proceeding with the Informal Review, determine deadlines for collection of documentation, if any. Collect documentation.
- If proceeding with the Informal Review, begin crafting draft of Informal Review letter with support from the Cost Report review team.

Notify HHSC of your decision and request extension

- YOU MUST:** If the district is not going to request an Informal Review, enter agreement with the district's Settlement Offer in STAIRS. Agreement is in Step 10 in STAIRS. No other steps are required.
- YOU MUST:** If the district is going to request an Informal Review, enter disagreement with the district's Settlement Offer in STAIRS. Disagreement is in Step 10 in STAIRS.
- Step 11A will now open for the district. In Step 11A the district may upload their informal Review letter and ask for a 15-day extension.
- Notice that when you check yes for a 15-day extension and validate it, the Review Period at the top of the page will change to include the additional 15 days.
- YOU MUST:** Send in a letter requesting the extension in addition to submitting it in Step 11A. This letter requesting an extension may be uploaded into STAIRS as part of your Informal Review Request, emailed to [Provider Finance SHARS at HHSC](#), or mailed to HHSC. One of these three MUST be completed by the original due date to apply. If you email the letter into the state, be sure to copy yourself on the email.
- Retain documentation that you have submitted for the extension for your records.**
- You will not see a green check mark in STAIRS for Step 11A until you have uploaded at least one document. The green check mark is not required until you have submitted your Informal Review letter.
- If your district originally agreed with your settlement offer, and you now wish to disagree, you **MUST** contact HHSC and let them know this in writing. Send a letter on district letter head stating this change and indicating that you wish to request an extension. This should be signed by someone with signature authority. You must email it to [HHSC Provider Finance SHARS](#) by the original due date on your settlement offer. Copy yourself on the email as confirmation that it was sent.

Consider potential areas of appeal.

The list below is non exhaustive list. In addition, this list is not a recommendation for the district to include in their Informal Review request. The district must determine which areas are applicable to their specific situation. Further, the district must determine what documentation, if any, applies to their fact scenario prior to submission to HHSC. This list is to serve as a suggested items to review and/or include in your documentation.

Direct Medical Percentage/Random Moment Time Study Percentage Change (2011 Audit Appeals Board Ruling Adjustment) – Shifted the percentage from 43.61% to 20.04%.

- Copy of the original OIG report related to the FFY 2011 findings – [Texas Improperly Received Medicaid Reimbursement for School Based Health Services](#).
- Consider seeking a copy of the appeal documentation from HHSC related to the OIG report specifically the FFY 2011 findings. This may be done via request to HHSC on school district letter head. Ask for an expedited response to allow for preparation of your Informal Review request. Request can be sent to [Provider Finance SHARS in HHSC](#) or completed as part of a [HHSC open record request](#).
- The [State Plan and Amendments \(SPA\)](#) for SHARS section/pages applicable to this issue.
- [US Dept of HHSC Texas Health and Human Services Commission, DAB No. 3066 \(2022\)](#) section/pages applicable to this issue.
- Copies of [HHSC and Fairbanks communication and notices](#) related to the adjustments.
- CMS Bulletin - [Information on School-Based Services in Medicaid](#) section/pages applicable to this issue.
- CMS Fact Sheet - [Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming](#) section/pages applicable to this issue.
- CMS Manual - [Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming](#) section/pages applicable to this issue.
- [Texas Time study Implementation Guide for Direct Services and Medicaid Administrative Claiming, effective April 25, 2007](#) section/pages applicable to this issue.
- RMTS Provider Training for FFY 2022
- RMTS Percentages from other states.
- Timeline associated with the adjustment.
- Additional documentation the district considers supportive of their Informal Review in this area.

Random Moment Time Study moment – Change of coded moment from the original moment and inaccurate coding of original moment.

- Downloaded copy of your district's RMTS moments available in STAIRS at the top of Step 10 above statistics
- Consider seeking a complete accounting of ALL moments included in the Direct Medical Percentage/Random Moment Time Study from HHSC to allow the district to review and question data across multiple districts rather than just their own. This may be done via request to HHSC on school district letter head. Ask for an expedited response to allow for preparation of your Informal Review request. Request can be sent to [Provider Finance SHARS in HHSC](#) or completed as part of a [HHSC open record request](#).
- The [State Plan and Amendments \(SPA\)](#) for SHARS section/pages applicable to this issue.
- [US Dept of HHSC Texas Health and Human Services Commission, DAB No. 3066 \(2022\)](#) section/pages applicable to this issue.
- Copies of [HHSC and Fairbanks communication and notices](#) related to the adjustments.
- CMS Bulletin - [Information on School-Based Services in Medicaid](#) section/pages applicable to this issue.
- CMS Fact Sheet - [Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming](#) section/pages applicable to this issue.
- CMS Manual - [Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services](#)
- REQUIRED BY HHSC: Full name of the person who responded to the random moment time study.
- REQUIRED BY HHSC: Full student name.
- REQUIRED BY HHSC: Copy of Students Individualized Education Program (IEP).
- REQUIRED BY HHSC: Contemporaneous service or billing logs clearly demonstrating a service was provided during the surveyed moment. Documentation of services should be generated at the time of service or shortly thereafter, in order to maintain an accurate medical record. Documentation of services must occur within 1 week (7 days) of the time the service is rendered. Logs may be in the districts SHARS claiming system, documentation system, or in written format. Do not create logs after the fact.
- REQUIRED BY HHSC: Identification of the services of Activities of Daily Living or Instrumental Activities of Daily Living (ADL/IADL) that correspond to the moment.
- Consider including the students FIE if information in the FIE will align with the ADL/IADL in question.
- Consider including the Lesson Plan for the day to show the educational services versus the medical support.
- Consider including an explanation that ties the ADL/IADL to the student's IEP/medical condition. The information submitted for the moment should include further explanation of why that moment is medical. Indicate specifically what page in the IEP aligns with that information.

[and Administrative Claiming](#) section/pages applicable to this issue.

- CMS Manual - [Medicaid School-Based Administrative Claiming Guide, May 2003](#) section/pages applicable to this issue.
- [Texas Time study Implementation Guide for Direct Services and Medicaid Administrative Claiming, effective April 25, 2007](#) section/pages applicable to this issue.
- Timeline associated with the adjustment.
- RMTS Provider Training for FFY 2022

Use of 1% SHARS Administrative Fee.

- [TAC §355.8443.h.1](#) - Overview of the Administrative Fee
- Consider seeking an overview of how the administrative fee has been used by HHSC since its inception. Request can be sent to [Provider Finance SHARS in HHSC](#) or completed as part of a [HHSC open record request](#).

- Consider explaining why the moment is medical rather than educational.
- Consider including proof that the staff member worked on the day in question if they were not the one documenting in the log pull for this purpose.
- Consider including explanation of why the staff member who reported the moment is not the staff member who documented the moment in the log if they are not the same individual.
- Additional documentation the district considers supportive of their Informal Review in this area.

Misapplication of Parental Consent in the IEP and transportation ratio.

- [Texas Medicaid Provider Procedures Manual FFY 2022](#)
- [Texas Medicaid Provider Procedures Manual FFY 2022 Release Notes](#)
- OMB Posting - [Federal Parental Consent Rule Change](#)
- [Non-Regulatory Guidance on the IDEA Part B Regulations Regarding Parental Consent for the Use of Public Benefits or Insurance to Pay for Services under the IDEA](#), Issued February 14, 2013, and Effective March 18, 2013
- The [State Plan and Amendments \(SPA\)](#) for SHARS section/pages applicable to this issue.

- Texas Administrative Code [§354.1341](#), [§354.1342](#) and [§355.8443](#)
- Cost Report training for FFY 2022
- Cost Report instructions for FFY 2022
- General Ledger in excel of data to support submission as part of the Cost Report
- Additional documentation the district considers supportive of their Informal Review in this area.

Removal of Direct Medical Providers and allowable expenditures. Removal of Transportation Providers and allowable expenditures.

- [Texas Medicaid Provider Procedures Manual FFY 2022](#)
- [Texas Medicaid Provider Procedures Manual FFY 2022 Release Notes](#)
- The [State Plan and Amendments \(SPA\)](#) for SHARS section/pages applicable to this issue.
- Texas Administrative Code [§354.1341](#), [§354.1342](#) and [§355.8443](#)

- Cost Report training for FFY 2022
- Cost Report instructions for FFY 2022
- General Ledger in excel of data to support submission as part of the Cost Report
- Invoices and other documentation to support submission
- Additional documentation the district considers supportive of their Informal Review in this area.

Other, applicable to Cost Report analysis.

- Documentation will depend on specifics of the potential appeal area.

Create Informal Review letter

- Continue drafting Informal Review letter.
- Align all documentation points to support argument and assign them an attachment number that is referenced in your Informal Review letter.
- It is the responsibility of the LEA to render all pertinent information at the time of its request for an informal review.

- The Informal Review letter must include:
 - Submission of a concise statement of:
 - the specific actions or determinations it disputes,
 - the reason the action or determination is inaccurate or should be changed,

- Disputed actions or determinations that are not explicitly stated in the request will not be considered by HHSC, and failure of HHSC to act on implied items of dispute will not be considered grounds for a formal appeal.
- A request for an informal review that does not meet the requirements of this paragraph will not be accepted.
- recommended resolution,
- supporting documentation that the LEA deems relevant to the dispute.
- Seek a reader not involved in the direct preparation of the Informal Review letter or collection of documentation to read your letter for understanding, gaps, and additions.
- Polish and finalize Informal Review letter.

Submit Informal Review

- YOU MUST:** Upload final Informal Review letter and all attachments into STAIRS in Step 11A, send an email of the letter to [HHSC Provider Finance SHARS](#) and consider mailing a copy with signature required to HHSC as back up.
- Consider sharing a copy of your letter with your SHARS vendor, your legal counsel, and other pertinent parties.
- Consider following up every 30-45 days for an update.
- Remain in contact with your district vendor and Informal Appeal team throughout the process for updates, as applicable.
- Consider and discuss the implications of a Formal Appeal should your Informal Review request be denied.
- Contact the districts legal counsel for support in case of Formal Appeal.
- YOU MUST:** Once notified of final decision on Informal Appeal, take necessary next steps within 15 days if considering a Formal Appeal.
- NOTE:** If the district chooses to move into Formal Appeal, it is recommended that legal counsel is sought immediately if not done previously.

Additional questions related to this material may be directed to the TASB SHARS team at shars@tasb.org.

This information is provided for educational purposes only to facilitate a general understanding of the law or other regulatory matter. This information is neither an exhaustive treatment of the subject nor is this intended to substitute for the advice of an attorney or other professional advisor. Consult with your attorney or professional advisor to apply these principles to specific fact situations. The information in this presentation may include the intellectual property of third parties.