

Individualized Education Program (IEP) Ratio

January 19, 2022
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2021 SHARS COST REPORT TIMELINE*

Claims must be submitted within 365 days from the date of service or no later than 95 days after the end of the federal fiscal year, whichever comes first.

Version 10 15 2020

* Dates may vary slightly due to holidays, weekends, and FHSC actions.
 ** All appeals of denied claims and requests for adjustments on paid claims must be received by TAMR within 120 days from the date of disposition, the date of the F&S report on which that claim appears. If the 120-day appeal deadline falls on a weekend or holiday, the deadline will be extended to the next business day.

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Cost Reports Historically

Total SHARS in Texas
\$1,291,590,817.00

Total Reimbursed to Schools (2018)
\$727,308,348.00

Category	Amount	Percentage
Audiology & Hearing	\$34,704,403.00	2.69%
Nursing Services	\$0	0.00%
Personal Care Services	\$8,215,369.00	0.64%
Physician Services	\$715,238,980.00	55.38%
Counseling Services	\$298,058,566.00	23.06%
Occupational Therapy (OT)	\$91,063.00	0.08%
Physical Therapy (PT)	\$8,507,752.00	0.66%
Psychological Services	\$109,077,433.00	8.45%
Other	\$18,446,731.00	1.43%

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Cost Report Ratios

Cost are reported in total but reduced in STAIRS automatically to calculate the district's Medicaid allowable costs using the following CMS approved allocation ratios:

- Direct Medical Services Time Study Percentage
- Direct Medical Services IEP Ratio
- Specially-Adapted Vehicles Ratio
- One-Way Trip Ratio

Additional costs are added if the district has an indirect cost rate.

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IEP Ratio – Cost Report

From HHSC
Cost Report FY
2021 training
1.11.2022

IEP Ratio =
Total number of Medicaid enrolled students with IEPs requiring medical services
 Total number of students with IEPs requiring medical services

Total Student Population

Special Education Students

Students with IEPs that prescribe SHARS

Medicaid Enrolled Students with IEPs that prescribe SHARS

Direct Medical Services Individualized Education Program (IEP) Ratio	
00.00.010 Total # of Medicaid students with IEPs requiring direct medical services	1,000
00.00.011 Total # of students with IEPs requiring direct medical services	3,000
00.00.012 IEP ratio (item 00.00.010 divided by item 00.00.011)	33.33%

1/6/2022 HHSC Provider Finance 30

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SHARS - Updates to Interim Claiming and Cost Reporting Requirements for SHARS PT, OT, ST, and Audiology Services

The Texas Health and Human Services Commission (HHSC) has updated interim claiming and cost reporting requirements for Special Health and Related Services (SHARS) Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), and Audiology services in accordance with the passage of House Bill 1999 (HB 1999), signed September 1, 2021. The updated requirements will be effective for the 2022-2023 fiscal year. The updated requirements include changes to the SHARS program and are intended to improve the SHARS program and ensure the integrity of the SHARS program.

SHARS Updates to Audiology Services Under Section 602.001

The Texas Health and Human Services Commission (HHSC) has updated interim claiming and cost reporting requirements for Special Health and Related Services (SHARS) Audiology services in accordance with the passage of House Bill 1999 (HB 1999), signed September 1, 2021. The updated requirements will be effective for the 2022-2023 fiscal year. The updated requirements include changes to the SHARS program and are intended to improve the SHARS program and ensure the integrity of the SHARS program.

School Health and Related Services (SHARS) – Medicaid Draft Policy Comment Responses

The Texas Health and Human Services Commission (HHSC) has updated interim claiming and cost reporting requirements for Special Health and Related Services (SHARS) Medicaid Draft Policy Comment Responses in accordance with the passage of House Bill 1999 (HB 1999), signed September 1, 2021. The updated requirements will be effective for the 2022-2023 fiscal year. The updated requirements include changes to the SHARS program and are intended to improve the SHARS program and ensure the integrity of the SHARS program.

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HHSC Notice Related to PC

HHSC clarifies that billing Medicaid under the SHARS program includes: 1) submitting interim claims for Medicaid-enrolled students; and 2) counting Medicaid-enrolled students in the SHARS cost report (e.g., IEP ratio, specialized transportation ratio, one-way trip ratio).

If a district does not have written parental consent on file for a Medicaid-enrolled student with an IEP that prescribes SHARS services, the district may not submit any interim claims for the student or include the student in its SHARS cost report ratios until such written parental consent is obtained.

- When does this begin?
- How does it impact the cost report ratio?

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IEP Ratio – Cost Report Clarification

Methodology Comparison

	Historical	New Method 1	New Method 2	New Method 3	New Method 4
Numerator	IEP with Service & Medicaid Eligible	IEP with Service, Medicaid Eligible & Parental Consent	IEP with Service, Medicaid Eligible & Parental Consent	IEP with Service, Medicaid Eligible & Parental Consent	IEP with Service, Medicaid Eligible & Parental Consent
Denominator	All IEP with Service with or without Parental Consent	All IEP with Service with or without Parental Consent	All IEP with Service & Parental Consent	IEP with Service and Medicaid Eligible with Parental Consent & IEP with Service and Non-Medicaid Eligible with or without Parental Consent	All IEP with Service with Parental Consent (District only pursues and counts those students who are Medicaid Eligible.)

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IEP Ratio – Cost Report Clarification

Methodology Comparison
Average of 10 Districts

	Historical	New Method 1	New Method 2	New Method 3	New Method 4
Numerator	1,337.6	680.4	680.4	680.4	680.4
Denominator	1794	1794	795.2	1,136.8	680.4
IEP Ratio	68.73%	37.92%	81.29%	59.85%	100%
Difference between new method and historical method	0%	- 30.81%	+ 12.56%	- 8.8%	+ 31.27%

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IEP Ratio – Cost Report Clarification

Bottom Line

- We need to know now and not after the fact how this is going to define the numerator and denominator for the IEP Ratio in the cost report to prepare appropriately.

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Ramifications of Noncompliance


- Action Plans
- HHSC/TEA Involvement
- Multiple level response to audits

Time




- Return funds
- Withhold funds
- Multiple staff involved in audits


Money



- Staff
- Contractors
- Administration

Frustration



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What do you need to be doing?



Be proactive. Acknowledge and address areas of concern.



Align procedures and practices. Provide training and support to ALL staff.



Establish expectations for documentation of services. Monitor implementation.



Communicate at all levels. Speak to those who represent you.



Know and use resources to stay current.

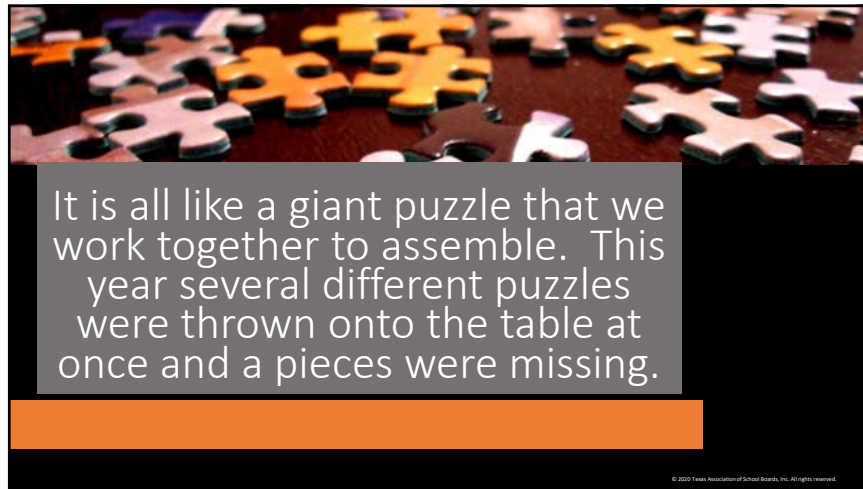
BE AWARE
BE PREPARED

Be aware and stay prepared. SHARS is complicated and changing.

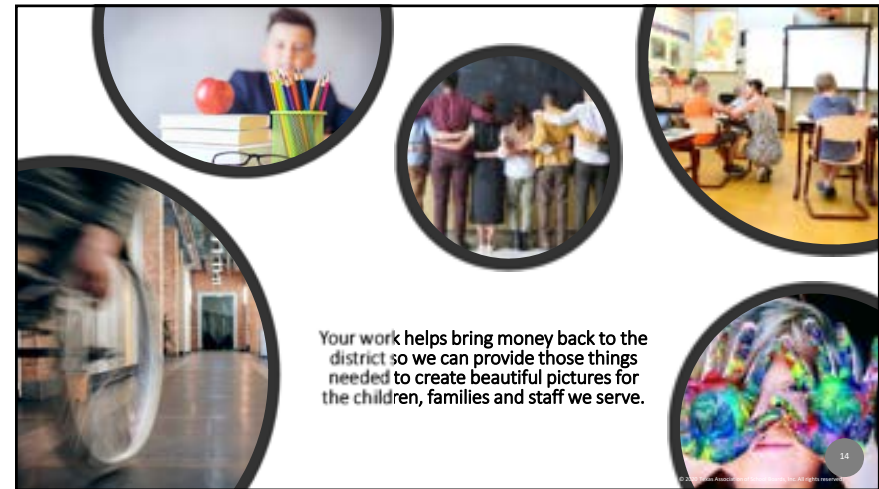
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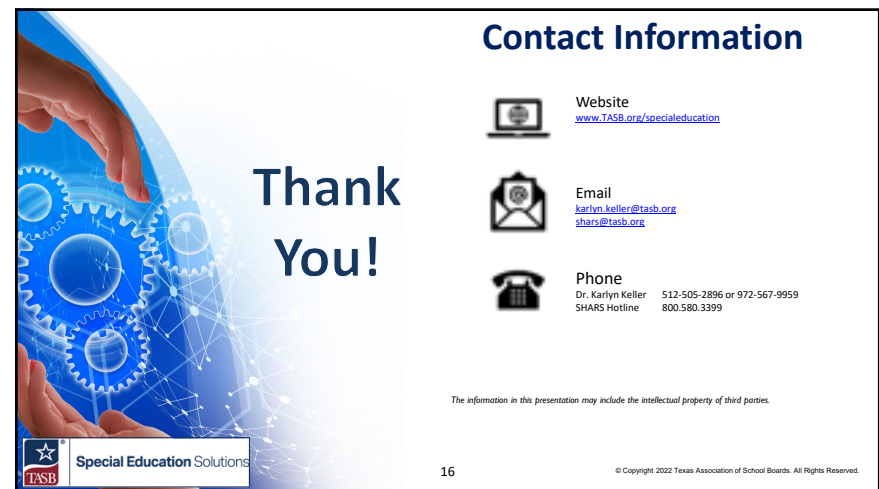
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Sign up at tasb.org/specialeducation.



SHARS Matters
September 2020

SHARS Amidst COVID-19

All of us have been impacted by the COVID-19 pandemic in some way, shape, or form. Even the School Health and Related Services (SHARS) program has been temporarily modified to accommodate for the changes school districts have had to implement to ensure the health and safety of their students and communities. Throughout the ongoing global pandemic, we have remained in constant contact with state and federal agencies to stay informed of all the latest...

SHARS Matters quarterly e-newsletter



Free Monthly School Medicaid Webinar Series

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Save the Date

SHARS 2022 Conference

Our first ever hybrid conference

April 28 -29, 2022



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