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SHARS Policy Updates and Typical Findings

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1



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General Policy Reminders

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2

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Participant List (PL)

Should Mrs. Beam be Included on the PL?

- Milly’s IEP includes a SHARS service performed by Mrs. Beam.
- Mrs. Beam works with Milly on a regular basis.
- Milly’s SHARS service with Mrs. Beam is billed.

IEP includes SHARS service.

A. ARD/ IEP Document

B. Teacher Roster

Staff works with SHARS student.

A. Staff reports working with the student as needed.

B. Staff log show current, weekly SHARS service.

SHARS service is billed.

A. Staff log with SHARS service

B. Billing record showing student billing for staff’s SHARS service

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3

3

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Referral

Special Education Referral \neq Medicaid Referral
Not all SLPs need a NPI number



NPI Grace
Period Ends
Nov 2022

Medicaid Referral for SI and AI (every 3 years)

Written document requesting evaluation for services

- Medicaid referring physician or audiologist/ SLP must have an individual NPI number & Tx Medicaid registration
 - Physician= referral or prescription for SI/ AI
 - SLP/ AI= referral for SI/ AI
- NPI, printed name, signature with date on the referral (or SI or AI evaluation if SLP number is used)
- NPI on claim submissions & with SHARS records

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4


4




PCS: ARD Documentation

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5



PCS: Personal Care Services

What is NOT SHARS PCS?

- Activities a typically developing child can do,
- Potty training,
- Restraint,
- Child Care,
- Curriculum (social skills class/ BIP vs social stories modeling),
- Teaching a self-contained class,
- Cueing educational tasks,
- Observation/ stand by supervision.



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6

PCS – ARD Documentation

- Full Individual Evaluation (FIE)
- SHARS Condition/ Eligibility
- Present Level of Academic Achievement and Functional Performance (PLAAFP)

- Direct intervention
- Based on individual need

SHAR & IDEA Requirements Overlap

PCS at school & on the bus- same requirements.

- Start date
- End date

- How often sessions will be held
- How long sessions will last

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7

7

PCS FIE and PLAAFP

Date of Report: 01/24/2018 Reason for Evaluation: Re-evaluation

FULL AND INDIVIDUAL EVALUATION
Disability Report: Intellectual Disability

Student Name: _____	Grade: _____	Local ID#: _____	
Campus of Enrollment: _____	Date of Birth: _____	Medicaid#: _____	
_____ NAME	Educational Diagnostician POSITION	_____ SIGNATURE OF EVALUATOR	
_____ NAME	Educational Diagnostician POSITION	_____ SIGNATURE OF EVALUATOR	
_____ NAME	Licensed Specialist in School Psychology POSITION	_____ SIGNATURE OF EVALUATOR	

_____ able to pick up a name stamp, crayon or dobber and mark on paper with maximal assistance (hand over hand assistance). He has difficulty: picking up a writing tool (stamp, marker, crayon, pencil, dobber) and imitating marking on paper (rolls the stamp, attempts to put crayons and other writing tools into his mouth).

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8

8

PCS Objectives and BIP

ESY	Code	BENCHMARKS OR SHORT-TERM OBJECTIVES
	6.1	In 36 instructional weeks with verbal cueing and full physical prompt to initiate the motor sequence, [REDACTED] will demonstrate the ability to pick up a utensil, scoop/stab food and feed self at least 5 bites of food during a meal over 3 out of 5 consecutive meals.

Consequences Reasonably Calculated to Improve Behavior

NOTE: Consequences should be determined based upon the functioning level of the student and the severity of behaviors exhibited.

- Signal nonverbal disapproval
- Teacher-initiated cooling off period
- Physical escort
- Other:
Redirect back to activity. Adaptive seating as needed.



9

PCS Supplement

- Eating
- Dressing
- Prompting/Cueing
- Personal Hygiene
- Social Skills
- Toileting
- Redirection/Monitoring
- Transporting (Escort)
- Communication Skills
- Light housework/chores

The following Personal Care Services are required by the student during the school day:

Start Date	End Date	Service	Frequency	Duration	Cycle	Location
09/25/2018	10/24/2018	Personal Care	1 Daily	430	Minutes	Special Education Setting




10




PCS: Service Log Documentation

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11



Logs: Service Documentation

Service Logs

- Nursing
- Physician
- Personal Care Service



- Student name with **DOB**
- Medicaid number **with name** on every page
- Date of service
 - Start/ end of session
 - Total billable minutes
 - Observation
 - **Procedure code**
 - Specific activity performed
- Provider **printed name, title, & signature with date**
- Retain in student file

February 2021 SHARS Training Texas Education Agency 12

12

Logs: Service Documentation Example

Personal Care Service (PCS)

Student Name: _____ Date of Birth: _____ Medicaid: _____

Date of Service: _____

Start and End Time	
Total Minutes	
Procedure Code	
Activity	
Observation	

Signature: _____

Name: _____

Title: _____ Date: _____



13



Questions

14

- TEA Website:
https://tea.texas.gov/Academics/Special_Student_Populations/Special_Education/Programs_and_Services/School_Health_and_Related_Services/

- HHSC Rate Analysis SHARS website:
<https://rad.hhs.texas.gov/acute-care/school-health-and-related-services-shars>

- Texas Medicaid Provider Procedures Manual (TMPPM)- SHARS Handbook
https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmpm/pdf-chapters/2021/2021-11-november/2_SHARS_2.pdf