



Agenda

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What is SHARS?

Medicaid services provided by school districts in Texas to Medicaid-eligible students are known as School Health and Related Services (SHARS). SHARS allows local school districts, including public charter schools, to obtain Medicaid reimbursement for certain health-related services documented in a student's Individualized Education Program (IEP).

The oversight of SHARS is a cooperative effort between the Texas Education Agency (TEA) and Health and Human Services Commission (HHSC).







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SHARS and COVID-19

- If during the ongoing COVID-19 pandemic a school/district provides education services to the general student population, the school/district must see that students with disabilities are afforded the same opportunities to receive a free and appropriate public education, which would include providing SHARS direct medical services, to the greatest extent possible, as documented in the IEPs of special education students.
- If there are services, accommodations, and modifications required by the student's IEP that cannot be provide during this time, the student's Admission, Review and Dismissal (ARD) committee must determine which services it can provide to meet the student's needs (34 CFR 300.324(a)(4).
- Changes in services and accommodations may be made through the IEP amendment process.



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SHARS and COVID-19: Telehealth

- On April 9, 2020, SHARS reimbursable telehealth services were expanded to include:
 - Audiology services
 - Counseling services
 - Occupational therapy
 - Physician services
 - Physical therapy
 - Speech therapy





 HHSC has authorized the reimbursement of the approved SHARS telehealth services delivered from March 15, 2020 – October 23, 2020.

SHARS and COVID-19: Telehealth

- Providers should use the 95 modifier to indicate remote delivery. Providers are reminded to use
 the required modifiers GP, GO, and GN on all claims for physical, occupational, or speech
 therapy treatment.
- A separate prior authorization is not needed solely to allow for the remote delivery of therapy services.
- Evaluation, re-evaluation, and treatment may be delivered via telehealth as determined clinically appropriate by the rendering therapist and in compliance with each discipline's rules.
- Therapy assistants may provide telehealth and receive supervision within limits outlined in each discipline's rules. Providers should refer to state practice rules and national guidelines regarding supervision requirements for each discipline.

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SHARS and COVID-19: Telehealth

- To be reimbursable through SHARS, telehealth services must allow for two-way, real-time interactive communication where the therapist sees the student.
- Telehealth requires consent from the client or responsible adult. Verbal consent is permissible
 and should be documented in the client's medical record. Teletherapies may require
 participation of a parent or caregiver to assist with the treatment. Note that this consent is not
 the same as the IDEA Parental Consent or Notification requirement for SHARS services. IDEA
 Parental Consent and Notification has not changed.
- Clinical evaluations required for the provision of new complex rehabilitation technology should not be delivered via telehealth unless exceptional medical circumstances exist.
- Treatment notes should indicate that remote delivery of the service is clinically appropriate per the treating therapist's professional judgement.



SHARS and COVID-19: RMTS

- The Random Moment Time Study is conducted to determine the amount of time participants spend providing SHARS direct medical services to special education students.
- The resulting percentage is used for settlement purposes.
- · RMTS participation is required to participate in SHARS.
- For any staff that are continuing to work (regardless of location), if they have been sampled for a moment, they should respond to the moment with what they were doing within the five-business day response period.
- For any staff that are not working or have been furloughed, [districts] should still answer their moments with the appropriate 'Not Working'/'Paid or Unpaid Leave' responses.

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SHARS and COVID-19: eFMAP

- The Families First Coronavirus Response Act, which became federal law on March 18, 2020, authorized an increase of 6.2 percentage points to the Federal medical assistance percentage (FMAP) determined for each state for each calendar quarter occurring during the emergency period.
- SHARS will be impacted in the FY 2020 and when the cost settlement is issued in March 2022, the payment will be paid using an allocation method to apply the blended FMAP.



SHARS and COVID-19: COF Statements

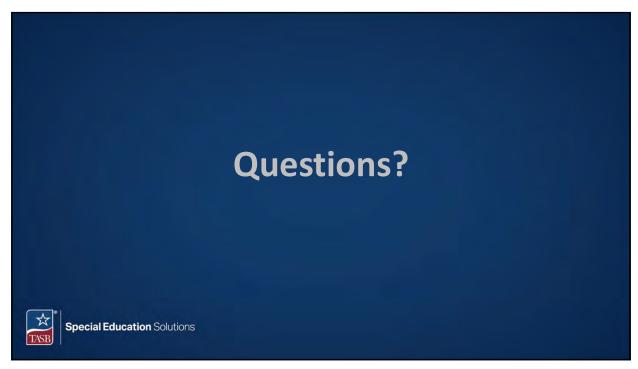
- Certification of Funds (COF) Statements are issued quarterly by TMHP Provider Enrollment.
- The statements are to be completed and returned within 25 days of the date on the notice.
- In response to COVID-19 related closures, COFs are now being sent via email and can be completed electronically through October 23, 2020.
 - The notary requirement for COF statements is waived during this period.

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SHARS and COVID-19: Provider Relief Fund

- Applications for the Provider Relief Fund were due by September 13, 2020.
- Districts that receive payments from this grant, must use the funds for certain expenditures.
 - If the funds are used for SHARS related expenses, districts must indicate this as federal funding.
- Per TEA, when reporting Provider Relief Funds in their accounting records, districts and charters are to use revenue object code 5849, fund code 289, with a local option code to be chosen by the district/charter.





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Resources

- COVID 19 FAQs: (https://www.tasb.org/services/special-education-solutions/covid-19-faq/)
- Provider Relief Fund Fact Sheet: (https://www.hhs.gov/sites/default/files/provider-relief-fund-medicaid-chip-factsheet.pdf?language=es)
- TASB Special Education Solutions Website: (https://www.tasb.org/services/special-education-solutions.aspx)



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Contact Information

Dario Avila, TASB Member Relationship Account Executive

Phone: 737.708. 1117

Email: dario.avila@tasb.org

To register for next month's webinar, please visit https://www.tasb.org/services/special-education-solutions/training.aspx.



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