

[Insert District Name here]

**School Health and Related Services Billing (SHARS)
Operating Guidelines**

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 on 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.

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Roles and Responsibilities:

SHARS has various responsibilities including documentation of services, supervision of staff, reviewing for compliance, training of staff and determining the appropriate sessions for billing. Responsibilities for these tasks are assigned as follows:

1. documentation of services – [*insert title or individual(s) name*]
2. supervision of staff – [*insert title or individual(s) name*]
3. reviewing for compliance – [*insert title or individual(s) name*]
4. training of staff – [*insert title or individual(s) name*]
5. determining the appropriate sessions for billing – [*insert title or individual(s) name*]
6. overall responsibility for SHARS program - [*insert title or individual(s) name*]
7. [*insert additional tasks*] - [*insert title or individual(s) name*]

Provider Set-Up:

1. Director and Medicaid Lead Contact have a standing meeting [*insert timeframe here*].
2. Medicaid Lead Contact creates a Medicaid spreadsheet [*Participant list*] with employee names and roles at the beginning of every school year.
3. Medicaid Lead Contact updates the list of new employees [*insert timeframe here*].
4. The Medicaid Lead Contact will email new employees to let them know:
 - a. They are set-up to bill for Medicaid;
 - b. the district's Medicaid service documentation system will send them an email with a username/password and link to the webpage;
 - c. The provider should sign the authorization for Electronic Signature form and check the Electronic Signature acknowledgement box upon initial sign-in to the district's Medicaid service documentation system.

Student Information Update Procedures:

1. The Technology Contact or designee will run a student roster from [*name of your student management system*] [*insert timeframe here*]:
 - a. Each report is set-up by the district's Medicaid service documentation system and your student management system
 - b. The parameters for the import are located in the district's Medicaid service documentation system Help tools for imports
2. The Technology Contact or designee then imports the student roster into the district's Medicaid service documentation system via the Import tab. Inactivate students no longer enrolled within the district through the import process.

3. The Technology Contact or designee will be notified by the district's Medicaid service documentation system of any report errors immediately upon the import of the submitted report so that errors can be fixed expeditiously.
4. Anytime a new student comes in and employees have knowledge that they need to bill for services, the employee needs to email the Lead Medicaid Contact and ask that the student be added into the district's Medicaid service documentation system. Email will include the Student's full name, Alt ID/PEIMS/TSDS number, Campus, and Date of Birth.
5. The Lead Medicaid Contact enters new students [*insert timeframe here*] as they are made aware OR new students are added [*insert timeframe here*] following the six (or nine)-week import.

Training

Training will occur at the beginning of every school year for all NEW employees and any employees needing a refresher.

1. For new Employees coming in after the beginning of year SHARS training, the Lead Medicaid Contact will train each employee individually.
2. If there are more than 5 new employees at the beginning of [*insert timeframe here*] training will be scheduled at [*insert location*] for those employees to attend.
3. Any employee that requires additional training throughout the year can call the Lead Medicaid Contact.

Billing

A. Speech Pathologist and LSSP:

1. Speech Pathologists are to complete Session Notes (Daily Logs) each six (or nine) weeks for billing and enter the data into the district's Medicaid service documentation system.
2. LSSPs will be expected to bill for initial assessments and reevaluations which lead to the development or update of an IEP each six (or nine) weeks.
 - a. *Insert dates for six-week or nine-week deadlines here*
3. The LSSP takes session notes on psychological services provided (i.e. counseling) and enters each into the district's Medicaid service documentation system each six (or nine) weeks.
4. **For Speech:** If the session notes are submitted and signed via paper, the Medicaid Contact keeps a spreadsheet to track session notes submitted and checks the spreadsheet [*insert timeframe here*].
5. **For LSSP:** The Technology Contact or designee will run a report from the special education student management system each six or nine weeks listing all psychology initial evaluations or reevaluations completed. The Medicaid Contact will check the list

against the logs submitted. The LSSP will be notified by the Lead Medicaid Contact of any initial evaluations or reevaluations not billed, those not billed will be entered into the district's Medicaid service documentation system [*insert timeframe here*] following the notification.

6. **Monitoring Procedures:** When Session Notes are NOT submitted Medicaid Clerk will:
 - a. Email the Provider Directly with a 1st Reminder- 1st week that it is late.
 - b. Email the Provider and the Director with a 2nd Reminder- 2nd week that it is late.
 - c. Email the Provider and the Director-3rd week that it is late. A conference/training will be scheduled if not turned in by [*insert timeframe here*].
7. The preferred method to submit session notes is electronically through the district's Medicaid service documentation system. If a provider uses paper tickets, then after each session note is entered a service ticket is generated, the Medicaid Contact prints the ALL tickets at the end of each [*insert timeframe here*], creates a cover sheet and sends the tickets to the Speech Pathologist to (initial and sign with original signature) and then RETURN to the Lead Medicaid Contact within [*insert timeframe here*] of receiving the tickets.

B. Occupational Therapists, Physical Therapists, LPCs, Nurses and Personal Care Service Providers:

1. **For OT, PT, LPC and Nurses:** The Lead Medicaid Contact will check Service Tickets submitted by the above employees [*insert timeframe here*]. Those that are correct are submitted. Those that have errors are denied and sent back to the provider for corrections. The provider will see these sessions in yellow on the service grid.
2. **For Personal Care Service Providers:** The Technology Contact or designee will run a report [*insert timeframe here*] from the **special education student management system** and filter by personal care service. The Lead Medicaid Contact will check to see if the PCS Provider has billed for the student. If PCS Provider has not billed monitoring procedures will be followed.

Transportation

1. The Lead Medicaid Contact receives transportation logs from Transportation Contact at the end of every [*insert timeframe here*].
2. The Lead Medicaid Contact will take each log and compare each student listed to the transportation supplement found in the special education student management system. The Lead Medicaid Contact will ensure that the supplement states that the student receives transportation AND adapted equipment (seat belt, car-seat, harness, and/or wheelchair).
3. The Lead Medicaid Contact will enter the qualifying student on spreadsheet and enters:

- a. # of times the student rode the bus
- b. The dates the student rode the bus
4. The Lead Medicaid Contact then imports the report into the district's Medicaid service documentation system.
5. The Lead Medicaid Contact then bills only for students who are billable.

Verifying Required Documentation

1. The Lead Medicaid Contact or designee is responsible for verifying required documentation prior to processing claims.
2. Required documentation includes:
 - a. SHARS Services
 - i. Required Documentation - Is there a prescription or referral, if appropriate?
 - ii. Service in IEP- (The Why) - Is the procedure listed in the IEP?
 - iii. Recommended Supplements - (The When & Where) - For required supplements, does the IEP include the necessary components (i.e., frequency, individual/group, etc.)?
 - iv. Session Notes/Log - Does the session have a session note/log?
 - v. Provider Signature - Is the provider's signature included in the session notes?
 - vi. Attendance - Does the attendance match SHARS billing?
 - vii. Billing Units - Do the units match what is indicated in the IEP?
 - viii. Provider license - Is the provider's current license or certification on file or attainable, as appropriate?
 - ix. Supervision Logs - Do you have supervisions logs, if appropriate (by license)?
 - x. Participant List - Is the provider on the district's quarter of the Participant List (in accordance with the date range)?
 - b. Transportation
 - i. Service in IEP - (The Why) - Is specialized transportation listed in the IEP?
 - ii. Procedure-Select the procedure.
 - iii. Transportation Supplement - (The When & Where) - Does the IEP include the necessary components in the transportation supplement (i.e., frequency, individual/group, etc.)?
 - iv. Bus Log - Is there a bus log?
 - v. Bus Log: Verification - Are there provide initials confirming each trip?
 - vi. Provider Signature - Is the provider's signature included on the log (to confirm all trips are true)?
 - vii. Units Match Billing - Do the units reflect what is in the IEP?
 - viii. Attendance - Does the attendance match SHARS billing?
 - ix. Corresponding Service - Is there a corresponding SHARS service the same day?
 - x. Provider license - Is the provider's current license CDL on file?

Parent Consent Procedures

1. For parents of students who are Medicaid eligible and we have not obtained consent from, consent should be obtained in the Annual, Transition, and/or Initial ARD meeting. Once consent is obtained annual notification is provided at the Annual ARD meeting.
 - a. *Targeted Distribution: The parental consent form may not be provided to all parents of children with disabilities, regardless of whether the public agency is seeking to access the child's or parent's public benefits or insurance to pay for required special education and related services. [USDE/OSERS Memorandum, February 10, 2014]*
 - b. *Prospective Consent: Public agencies may only bill a child's or parent's public benefits or insurance program for the cost of special education and related services delivered as of the date that the parent signs the consent form. The consent required under 34 CFR §300.154(d)(2)(iv) is prospective and not retroactive. [USDE/OSERS Memorandum, February 10, 2014]*
2. *[Insert timeframe here]* the Lead Medicaid Contact will review the Parent Consent report in the district's Medicaid service documentation system. Students where consent has not been obtained will be submitted to the ARD Facilitator (Teacher/Diagnostician/Other) OR Speech Pathologist.
3. The ARD Facilitator OR Speech Pathologist will ensure that consent will be sought.
 - a. The ARD Facilitator or Speech Pathologist will have *[insert timeframe here]* to obtain consent.
 - b. If the student is back on the *[insert timeframe here]* report as not having consent, justification will have to be given.
 - c. If consent cannot be obtained, the ARD Facilitator or Speech Pathologist will have *[insert timeframe here]* to make further attempts.
4. If consent is not obtained after two attempts the ARD Facilitator or Speech Pathologist will email the Director of Special Education. A conference will be scheduled.

Internal Audit of SHARS Program

1. The Lead Medicaid Contact or designee will run a **Productivity Report** *[insert timeframe here]* from the district's Medicaid service documentation system.
 - A. Lead Medicaid Contact will monitor the report and will email any provider who has not submitted sessions. The Lead Medicaid Contact will run an additional report (**Billing Detail**) to check billing for each of the providers above. Follow monitoring procedures when session notes are not submitted:
 - a. Email the Provider directly with a 1st Notice reminder- 1st week that it is late

- b. Email the Provider and the Campus Principal with a 2nd Notice- 2nd week that it is late. The Lead Medicaid Contact will inquire and ask for justification as to why it is late.
 - c. Email the Provider, the Campus Principal and the Director-3rd week that it is late. THE PROVIDER WILL BE NOTIFIED THAT A CONFERENCE/TRAINING WILL BE SCHEDULED IF NOT TURNED IN BY THE FOLLOWING [*insert timeframe here*].
 2. The Lead Medicaid Contact or designee will download the **Remittance and Status (R&S) Report** from TMHP.
 - a. Lead Medicaid Contact will review the report for all claims processed. This report is only available for 120 days on the TMHP website and must be saved locally for reference.
 - b. The Lead Medicaid Contact will void and/or appeal claims as needed using the R&S Report on file.
 3. The Lead Medicaid Contact or designee will update the provider **Participant List (PL)** [*insert timeframe here*]
 - a. Working in conjunction with the district Human Resources and Special Education departments ensure the quarterly PL is accurate and only includes staff providing SHARS (and MAC only, if the district is participating in both programs).
 - b. Should SHARS providers resign or get hired during an open quarter, the PL list should be updated upon notification of the resignation or hiring process.
 4. **Dates Internal Audit will occur:**
 - a. Productivity - *insert dates for internal audit here*
 - b. R&S Report – *insert dates for internal audit here*
 - c. Participant List – *insert dates for internal audit here*