Navigating the Jungle with Care-
Let’s Talk about School Health and Related Service (SHARS) Audits

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Presenters:
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Division of Financial Compliance (TEA)
Navigating the Jungle with Care - Let’s Talk about SHARS Audits

Mission: Find our way through the SHARS Jungle

- Sample documents
- SHARS Review Checklist
- Personal Care Services (PCS)
SHARS Review Checklist
## ARD Pages 21 and 18

<table>
<thead>
<tr>
<th>ARD/IEP Committee Members:</th>
<th>SHARS services in ARD/IEP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>Audiology Services <em>(audiologist, assistant)</em></td>
</tr>
<tr>
<td>Student</td>
<td>Counseling <em>(LPC, LCSW, LMFT)</em></td>
</tr>
<tr>
<td>LEA Representative <em>(Admin)</em></td>
<td>Psychological Services <em>(LSSP, psychologist, psychiatrist)</em></td>
</tr>
<tr>
<td>General Education</td>
<td>Nursing <em>(RN, LVN, LPN, NP, CNS, ANP, delegated)</em></td>
</tr>
<tr>
<td>Special Education</td>
<td>Occupational Therapy <em>(OT)</em> <em>(OT, COTA)</em></td>
</tr>
<tr>
<td>Assessment Representative</td>
<td>Physical Therapy <em>(PT)</em> <em>(PT, LPTA)</em></td>
</tr>
<tr>
<td>AI Teacher:</td>
<td>Personal Care Services <em>(trained 18yr old)</em></td>
</tr>
<tr>
<td>VI Teacher:</td>
<td>Physician <em>(physician)</em></td>
</tr>
<tr>
<td>Other:</td>
<td>Specialized Transportation <em>(school bus driver)</em></td>
</tr>
<tr>
<td>Other:</td>
<td>Speech Therapy <em>(ST)</em> <em>(SLP, intern, assistant, grandfathered SLP)</em></td>
</tr>
</tbody>
</table>

* Requires session notes  # Requires service logs
Resources- Frequently Asked Questions (FAQ)

FAQ Documentation (B) pages 6-7

Session Notes:
- Audiology
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Counseling
- Psychological Services

- Date of service
- Medicaid number
- Modality (group or individual)
- Start/ end of session
- Total billable minutes
- Reference to the IEP objective
- Activity performed
- Student observation
FAQ Documentation (B) pages 8

Service Logs:
- Nursing
- Physician
- Personal Care Service

- Date of service
- Medicaid number
- Modality (group or individual)
- Start/ end of session
- Total billable minutes
- Activity performed
Assessment/ Evaluation Logs:
*Psychological Evaluation
Speech Evaluation
Occupational Therapy Evaluation
Physical Therapy Evaluation

*J10 is no longer effective

- Date of service
- Medicaid number
- Start/ end of session
- Total billable minutes
- Activity performed
Transportation Log:

- Date of service
- Name of provider (LEA)
- Student name and ID
- Medicaid number
- Route number
- Indication of AM/PM trips
- Driver indicate each trip
- Driver sign and date form
ARD Pages 1-22 and FIE Page A-I

**Medicaid Number**
1. Is Medicaid number on each page of the ARD/IEP(s)? Yes □ No ☒
2. Is Medicaid number on each page of the FIE(s)? Yes □ No ☒ Page G and I
### Parental Consent

<table>
<thead>
<tr>
<th>Parent Consent:</th>
<th>Yes ☑</th>
<th>No ☐</th>
<th>Date Signed:</th>
<th>Medicaid # on Form:</th>
<th>Yes ☑</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Written Notice:</td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>NA ☐</td>
<td>Medicaid # on Form:</td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

1. Does the consent and notice forms meet TEA standards?  Yes ☑ No ☐
2. Are the consent and notice forms filled out completely? Yes ☑ No ☐
3. Is consent date prior to the start of services to be billed? Yes ☑ No ☐
4. Is the annual notice current (within a year)? Yes ☑ No ☐
Resources- TEA Website

Written Notification

_____ written parental notification prior to requesting consent and accessing benefits for the first time and annually thereafter.

_____ specify the personally identifiable information that may be disclosed (e.g., records or information about the services).

_____ describe the purpose of the disclosure (e.g., billing for specific IEP services).

_____ identify the agency to which the disclosure may be made (e.g., Medicaid or insurance) [§300.154(d)(2)(iv)(A)-(B)];

_____ voluntary participation will not decrease lifetime benefit or incur out-of-pocket expense [§300.154(d)(2)(i)-(iii)];

_____ parents have the right to withdraw their consent at any time [34 CFR part 99 and part 300]; and

_____ withdrawal of consent or refusal to provide consent does not relieve the public agency of its responsibility to ensure that all required services are provided at no cost to the parents. [34 CFR §300.154(d)(2)(v)].

_____ language understandable to the general public and in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so. [34 CFR §300.503(c)].

One-Time Written Consent

_____ specify the personally identifiable information that may be disclosed (e.g., records or information about the services),

_____ describe the purpose of the disclosure (e.g., billing for specific IEP services),

_____ identify the agency to which the disclosure may be made (e.g., Medicaid or insurance) [§300.154(d)(2)(iv)(A)-(B)];

_____ statement indicating that the parent understands and agrees that the LEA may access the public benefits or insurance to pay for specific services identified on the child’s IEP.
ARD Pages 18 and 20

**Specialized Transportation Service**
ARD/ IEP:
ARD requires physically adapted vehicle not routinely available
Above vehicle need based on identified handicapping condition in FIE
Frequency indicated
Modality (indicate individual transportation as appropriate)
## ARD page 20, Log – Transportation, Log- PCS, Attendance Record

| Service Log Review: | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|
| Date of service    | Yes ☑️ No ☐             | Modality (indicate if individual) | Yes ☑️ No ☐             |
| District/ provider name listed | Yes ☑️ No ☐   | Route name/ number | Yes ☑️ No ☐             |
| First and last name of student | Yes ☑️ No ☐ | Identify one-way trips per day | Yes ☑️ No ☐             |
| Student ID number | Yes ☑️ No ☐         | Driver verify own attendance for each trip | Yes ☑️ No ☐             |
| Student Medicaid number | Yes ☑️ No ☐     | Driver sign (legibly) and date form | Yes ☑️ No ☐             |
| Student in attendance on dates of service | Yes ☑️ No ☐ | Another SHARS service provided on dates of service | Yes ☑️ No ☐             |
| Service matches ARD/ IEP (frequency and modality) | Yes ☑️ No ☐ | | |
FIE, ARD Page 18, and PCS Log

**Personal Care Services (PCS)**

**ARD/ IEP:**
- Medical need established in FIE
- Service based on identified handicapping condition in ARD/ IEP
- Medical need established in ARD
  - Not based on age-appropriate skills
  - Not based on support for educational task
  - Not based on time student is independent
- Frequency and duration clearly indicated
- Modality (indicate individual, group, or bus)
- Goals/ activities included with frequency and duration
  *(ex: if lunch included in goals and PCS, time is included in the total frequency and duration)*
## PCS Log and Attendance Record

**Service Log Review:**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of service</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>First and last name of student</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Start and End time</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Activity performed</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Modality indicated</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Student Medicaid number</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Total billable minutes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Signature (legible)/ initials for each event</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

| Student in attendance on dates of service | YES | NO |
| Service matches ARD/ IEP (frequency and duration/ activity/ modality) | Yes | No |
Personal Care Services (PCS)
**What IS SHARS PCS?**

- Assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related functions because of an IEP identified eligibility.
- Not all of these activities will be applicable/relevant in the school setting and/or for a child.

**What is NOT SHARS PCS?**

- Assistance with ADLs or IADLs that a typically developing child of the same age could also not perform without adult supervision.
- **Teaching** a self-contained skills class.
- Cueing **educational** tasks.
Personal Care Services (PCS) – Documentation

**ARD/ IEP**
- Medical need related to eligibility
- Timeframe (dates)
- Modality
- Planned frequency/ duration
- Activity/ Service

**Service Log**
- Date of service
- Modality
  - Start/ Stop times
  - Total time
  - Activity/ Service performed
  - Provider signature
WHAT SHARS DOCUMENTS WOULD YOU PREPARE FOR AN AUDIT?

WHAT ARE YOUR DISTRICT’S SHARS EVIDENCE OF IEP IMPLEMENTATION?
“Successful learners are not only knowledgeable and productive but also emotionally and physically healthy, motivated, civically engaged, prepared for work and economic self-sufficiency, and ready for the world beyond their own borders.”

– Health and Learning, ASCD 2004 Adopted Positions
Resources

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

HHSC Website/ SHARS Frequently Asked Questions :

TEA Bulletin Service for SHARS Updates :
https://public.govdelivery.com/accounts/TXTEA/subscriber/new
Texas Education Agency –
Division of Financial Compliance
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