



SHARS Rules & Regulations

School Health And Related Services

- Medicaid reimbursement for health-related services documented in a student's IEP.
- Student Requirements:
 - Under 21 years of age
 - Enrolled in Special Education
 - Medicaid eligible
 - Services documented in the student's IEP

Annual Written Notification

- Prior to accessing a child's or parent's public benefits and annually thereafter, a school district must provide written notification to parents that includes:
 - A statement that personally identifiable information may be disclosed, the purpose of the disclosure (billing for services), & the agency to which the disclosure may be made (Medicaid)
 - A statement that the parent understands and agrees that the public agency may access the parent's or child's public benefits or insurance to pay for services
 - A statement of “no cost” provisions – voluntary participation will not decrease lifetime benefits or incur out of pocket expenses
 - A statement that parents have the right to withdraw consent of disclosure to the child's personal identifiable information at any time
 - A statement that the withdrawal or refusal of consent does not relieve the district of its responsibility to ensure all required services are provided at no cost to the parents
- Written Notification must be provided to parent before obtaining Parental Consent
- Copy of Annual Notification should be kept in student's folder
- **Providers must be able to explain details of the Annual Written Notification to parents**

Parental Consent

- March 18, 2013 – the consent law changed
- One-time written consent
- Parental decline requires written notice
- Student must be Medicaid eligible to obtain consent

Signed on or After 03/18/12 = Good



Third Party Liability

- Third Party Liability is when an entity covers a healthcare claim cost.
 - i.e. health insurance
- State is required to seek reimbursement for covered services from legally liable third parties before Medicaid covers services
 - After Medicaid reimburses districts for SHARS services, the state may seek recovery claims from a student's private insurance – known as “pay and recover later”
 - State can recover on a paid SHARS claim up to 3 years
 - If a Third Party denies a claim for an acceptable reason, no further action is taken
- SHARS Parents or Guardians will not pay out of pocket
 - Parents should never receive a bill for SHARS services
 - District has a responsibility to share Third Party Liability policy with families participating in SHARS

Providers must be able to explain to parents what Third Party Liability is and how it works

Telehealth

- Some SHARS services that are delivered virtually/remotely are eligible for reimbursement (subject to change after 10/23/2020)
 - Audiology
 - Counseling
 - Occupational Therapy
 - Physical Therapy
 - Psychological Service
 - Speech Therapy
- IEP does not require modification
- Verbal or written consent from parent is required before rendering virtual service (different from SHARS parental consent)



PSYCHOLOGICAL TESTING

Psychological Testing

- Purpose:
 - Determining eligibility
 - The need for the development of specific SHARS services
 - The development or revision of IEP goals and objectives
 - Only billable if it leads to the creation of an IEP
- Who:
 - LSSP
 - Licensed Psychologist
 - Licensed Psychiatrist
- Session Notes Not Required
 - Start/Stop Time
 - Total Billable Minutes
 - Activity Performed

Psychological Testing

- Initial and Re-Evaluations
 - Initial:
 - First time to ARD a student & determine eligibility
 - DNQ = Not Billable
 - Re-Evaluation:
 - To determine if student remains in SPED or DNQ
 - DNQ = Billable (already enrolled in SPED)

Psychological Testing

- Billable Services
 - Testing – Must be billed first & direct time with student
 - Interpretation (student not present)
 - Report Writing (student not present)
- Billable Time Includes:
 - Psychological, educational, or intellectual testing
 - Necessary observations of student
 - Parent/teacher consultation with student present
 - Psychological Testing is not reimbursable for Virtual/Telehealth methods

A large, stylized starburst or sunburst graphic is centered on the left side of the image. It consists of numerous thick, blue lines radiating outwards from a central point, creating a star-like effect. The lines vary in length and angle, giving it a dynamic, hand-drawn appearance. The background is a solid, medium-blue color.

COUNSELING & PSYCHOLOGICAL SERVICES

Counseling & Psychological Services

- Purpose:
 - Provided to assist a child with a disability to benefit from SPED
- Who:
 - Psychological:
 - Licensed Specialist in School Psychology (LSSP)
 - Licensed Psychologist
 - Licensed Psychiatrist
 - Counseling:
 - Licensed Professional Counselor (LPC)
 - Licensed Clinical Social Worker (LCSW)
 - Licensed Marriage and Family Therapist (LMFT)

Counseling / Psychological Services

- Individual and Group Sessions – In person or virtual
- Session Notes Required:
 - Start / Stop Time
 - Total Billable Minutes
 - Activity Performed
 - Observations
 - Related IEP Objective

Counseling / Psychological Services

- Emergency Counseling:
 - Student's IEP must include a BIP or BMP that documents the need for emergency services before the need arises.
- Confidentiality:
 - Be as vague or as specific, as necessary.
 - Private information can be omitted in the event of an audit.



NURSING SERVICES

Nursing Services

- Skilled nursing tasks as defined by the Texas BON.
 - Medication Administration
 - Inhalation Therapy
 - Ventilator Monitoring
 - Catheterization
 - Tube Feeding
 - Suctioning
 - See excerpt for more services

Nursing Services

- Who:
 - RN
 - APRN
 - CNS
 - LVN/LPN – supervision
 - Nurse's Aide – supervision
 - Unlicensed assistive person - supervision

Nursing Services

- Individual and Group Sessions
- Session Notes Not Required
 - Documentation Must Include:
 - Start/Stop Time
 - Total Billable Minutes
 - Activity Performed
- All minutes must be accumulated per calendar day and not over several days
- Maximum = Four hours per day

Nursing – Medication Administration

- Billed on a Per Visit Basis
- IEP Documentation:
 - Do: Document that medication will be provided by the parent.
 - Don't: List the name of the medication, dose, or specific frequency in IEP.
 - Example: “John Smith requires daily medication for the purpose of ____.”
 - Note: Services are only billable if noted in the IEP and are a result of the student's medical condition.
- Maximum = Four visits per day

The background of the slide features a solid blue color with a subtle graphic of stylized hands. The hands are represented by several blue lines radiating from the center, with some lines ending in arrowheads, suggesting movement or support. The text is centered over this graphic.

OCCUPATIONAL & PHYSICAL THERAPY

Occupational/Physical Therapy

- Rx in IEP/ARD
- Signed by Physician
- Renew:
 - Every 3 years unless it expires before then
 - If the time or treatment changes
 - If the district requires it more frequently

OT & PT Therapy

- Who:
 - Licensed Occupational Therapists (OT)
 - Licensed Physical Therapist (PT)
 - Certified Occupational Therapy Assistant (COTA) – supervision
 - Licensed Physical Therapy Assistant (LPTA) – supervision

OT & PT Therapy

- Individual and Group Sessions – In person or virtual (Subject to change after 10/23/2020)
- Session Notes Required:
 - Start / Stop Time
 - Total Billable Minutes
 - Activity Performed
 - Observations
 - Related IEP Objective

OT & PT Evaluations

- Individual Sessions Only – In person or virtual (subject to change after 10/23/2020)
- Who:
 - Licensed Occupational Therapists (OT)
 - Licensed Physical Therapist (PT)
- Session Notes Not Required
 - Documentation Must Include:
 - Start / Stop Time
 - Total Billable Minutes
 - Activity Performed
- Evaluation Codes
 - Same evaluation code for each session if over several days.
 - Procedure code submitted must reflect complexity level.
 - Evaluation codes: Low, moderate, or high complexity.

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SPEECH LANGUAGE THERAPY

Speech Language Therapy

- Referral in IEP/ARD
- Signed by a physician or licensed SLP
- Renew:
 - Every 3 years unless it expires before then
 - If the time or treatment changes
 - If the district requires it more frequently

Speech Language Therapy

- Individual and Group Sessions – In person or virtual
- Who:
 - SLP with master's
 - SLP with CCC
 - State Licensed SLP
 - SLPA – supervision
 - SLP Intern – supervision
 - TEA Certified SLP – supervision
 - Grandfathered SLP – supervision
- Session Notes Required
 - Start/Stop Time
 - Total Billable Minutes
 - Activity Performed
 - Observations
 - Related IEP Objective

Speech Language Evaluations

- Individual Sessions Only – In person or virtual
- Who:
 - SLP with master's
 - SLP with CCC
 - State Licensed SLP
- Session Notes Not Required
 - Documentation Must Include
 - Start/Stop Time
 - Total Billable Minutes
 - Activity Performed



PERSONAL CARE / LIFE SKILLS

Personal Care / Life Skills

- What:
 - Performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
 - Assisting students who may have limitations in performing these activities because of functional, cognitive or behavioral impairment.
- Who:
 - Teacher / Paraprofessional
 - Aide / Monitor
 - ASL Interpreter
 - O&M Specialist
 - Visual Impairment Specialist
 - Employee 18 years of age and trained to provide the required PCS

Personal Care / Life Skills

- ADLs
 - Dressing
 - Eating
 - Toileting
 - Transferring / Escorting
 - Monitoring
 - Cueing / Prompting

Personal Care / Life Skills

- IADLs

- Personal Hygiene
 - Learning proper methods at maintaining personal hygiene
- Utilizing Resources
 - Making Doctors appointments
 - Looking up phone numbers
- Driving / Arranging Travel
 - Assisting arranging travel via taxi, bus, or rideshare
 - Learning to travel on public transportation; drive own car
- Meal Prep
 - Assistance with Kitchen Equipment
 - Planning & Preparing Meals
- Shopping
 - Selecting food or clothing items
 - Cutting coupons
 - Making a Grocery List
- Domestic Duties
 - Learning to do laundry
 - Maintain a living space
 - Learning to perform household tasks (dusting, sweeping, trash disposal)
- Managing Medication
 - Learning to take the proper medication, duration, & frequency
- Managing Finances
 - Proper use of Debit/Credit cards
 - Balancing a budget, paying rent/bills
 - Balancing a checkbook/bank account

Personal Care / Life Skills

- Individual and Group Sessions



- **Individual Sessions** – Specifications in the IEP for on-on-one services and **WHY**.
 - Each Provider will maintain their own online account to submit claims.



- **Group Sessions** - Teachers or aides working with multiple students the majority of the day.
 - Only the primary provider will maintain an online account to submit claims.

Personal Care / Life Skills

- Visual Impairment
 - Medically necessary rather than educational.
 - Orientation and Mobility
 - Social Interaction Skills
 - Assistive technology, including optical devices
 - Independent Living Skills

Personal Care / Life Skills

- Session Notes Not Required
 - Documentation Must Include:
 - Start / Stop Time
 - Total Billable Minutes
 - Activity Performed



- **Deducting Time**
 - Teachers must deduct time for other related services
 - Only the primary teacher should bill
 - Sign in / out sheets

Transportation Aide

- A billable service to students who require additional supervision / assistance on the bus.
- Must be stated in the student's IEP they need extra supervision on the bus and **WHY**.
- Who:
 - Aide / Monitor
 - Employee 18 years of age
- Individual and Group
- Billed on a One-Way trip basis
 - Up to four one-way trips per day

Special Transportation Bus Log

X = Student on bus/Presente

Leave space blank if student was absent/Ausente



Bus Route: _____

Month: _____

District: _____

Student Name (Full Name)	Medicaid/ Date of Birth	Aide G/I *		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		AM																																
		PM																																
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		AM																																
		PM																																
BUS DRIVER INITIALS	N/A	N/A	AM																															
		PM																																
PCS ATTENDANT INITIALS	N/A	N/A	AM																															
		PM																																

*Is a Transportation Aide required on the bus with the student as stated in the IEP/ARD? If so, is the supervision Group or Individual--G = Group, I = Individual?

Bus Driver Signature: _____

PCS Attendant Signature: _____

Printed Driver Name: _____

Required for audit compliance

Printed PCS Attendant Name: _____

Required for audit compliance

1-877-897-8283

www.tsbs.cc

Date: _____

Date: _____

Special Transportation Bus Log

X = Student on bus/Present

Leave space blank if student was absent



Bus Route: 120

Month: October

District: Texas ISD

Student Name (Full Name)	Medicaid/ Date of Birth	Aide G/I *		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Colby Mack	7.10.2009	G	AM			X	X	X	X	X			X			X	X			X	X	X	X	X			X	X		X				X
			PM			X	X	X	X	X			X			X	X			X	X	X	X	X				X	X	X	X			X
Christian Rosales	4.16.2004		AM			X			X	X			X	X	X	X	X			X	X		X				X	X	X	X	X			X
			PM			X			X	X			X	X	X	X	X				X	X	X				X	X	X	X	X			X
			AM																															
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PCS ATTENDANT INITIALS	N/A	N/A	AM			SL	SL	SL	SL	SL			SL	SL	SL	SL	SL			SL	SL	SL	SL	SL			SL	SL	SL	SL	SL			SL
			PM			SL	SL	SL	SL	SL			SL	SL	SL	SL	SL			SL	SL	SL	SL	SL			SL	SL	SL	SL	SL			SL
BUS DRIVER INITIALS	N/A	N/A	AM			AV	AV	AV	AV	AV			AV	AV	AV	AV	AV			AV	AV	AV	AV	AV			AV	AV	AV	AV	AV			AV
			PM			AV	AV	AV	AV	AV			AV	AV	AV	AV	AV			AV	AV	AV	AV	AV			AV	AV	AV	AV	AV			AV

*Is a Transportation Aide required on the bus with the student as stated in the IEP/ARD? If so, is the supervision Group or Individual--G = Group, I = Individual?

Aurora Villarreal

Bus Driver Signature:

Aurora Villarreal

Printed Driver Name:

Required for audit compliance

10.31.2020

Date:

Stephanie Lawrence

PCS Attendant Signature:

Stephanie Lawrence

Printed PCS Attendant Name:

Required for audit compliance

10.31.2020

Date:

1-877-897-8283

www.tsbs.cc

scan and upload bus logs in your
Client Portal through your TSBS
Admin Login



SPECIALIZED TRANSPORTATION

Specialized Transportation



- Specially adapted vehicle
- IEP must document WHY student needs specialized transportation
- Student must require a specific physical adaptation of the vehicle
 - Wheelchair lift
 - Seatbelt or harness
 - Protective seating
 - Air conditioning (not applicable if entire fleet has A/C)

Specialized Transportation

- Four Trips per Day

- Student's home → school / school → student's home
- Student's home → contractor/ contractor → student's home
- School → contractor / contractor → school
- School → another campus / campus → back to school

Special Transportation Bus Log

X = Student on bus/Presente

Leave space blank if student was absent/Ausente



Bus Route: _____

Month: _____

District: _____

Student Name (Full Name)	Medicaid/ Date of Birth	Aide G/I *		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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www.tsbs.cc

Date: _____

Date: _____

Special Transportation Bus Log

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Leave space blank if student was absent



Bus Route: 120

Month: October

District: Texas ISD

Student Name (Full Name)	Medicaid/ Date of Birth	Aide G/I *		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Colby Mack	7.10.2009	G	AM			X	X	X	X	X			X			X	X			X	X	X	X	X			X	X		X			X	
			PM			X	X	X	X	X			X			X	X			X	X	X	X	X				X	X	X			X	
Christian Rosales	4.16.2004		AM			X			X	X			X	X	X	X	X			X	X		X				X	X	X	X	X			X
			PM			X			X	X			X	X	X	X	X					X	X	X				X	X	X	X	X		
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PCS ATTENDANT INITIALS	N/A	N/A	AM			SL	SL	SL	SL	SL			SL	SL	SL	SL	SL			SL	SL	SL	SL	SL			SL	SL	SL	SL	SL			SL
			PM			SL	SL	SL	SL	SL			SL	SL	SL	SL	SL			SL	SL	SL	SL	SL			SL	SL	SL	SL	SL			SL
BUS DRIVER INITIALS	N/A	N/A	AM			AV	AV	AV	AV	AV			AV	AV	AV	AV	AV			AV	AV	AV	AV	AV			AV	AV	AV	AV	AV			AV
			PM			AV	AV	AV	AV	AV			AV	AV	AV	AV	AV			AV	AV	AV	AV	AV			AV	AV	AV	AV	AV			AV

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Bus Driver Signature:

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Required for audit compliance

10.31.2020

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Stephanie Lawrence

PCS Attendant Signature:

Stephanie Lawrence

Printed PCS Attendant Name:

Required for audit compliance

10.31.2020

Date:

1-877-897-8283

www.tsbs.cc

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Client Portal through your TSBS
Admin Login

RANDOM MOMENT TIME STUDY



RMTS



- A random sampling technique
- Measures the participant's time performing work activities
- A "Moment" = one minute of time
- Statewide time study sample

RMTS

- Time Study Periods
 - 1st Quarter – October, November, December
 - 2nd Quarter – January, February, March
 - 3rd Quarter – April, May, June
 - 4th Quarter – No Time Study Conducted
- 

RMTS

- Email notification 3 days in advance to moment
- Username and password included in email
- Must answer the following questions:
 - Who was with you?
 - What were you doing?
 - Activity listed in the student's IEP?
 - Session was performed in a group or individual session?
 - Specify ONE activity that is being provided
 - Student requires this assistance because of a disability or chronic medical condition?
 - Include the name of the diagnosed disability or chronic medical condition, if possible.
 - Why were you performing this activity?

RMTS

- Review and Submit



Welcome, Kim Kasner ([Logout](#))

Random Moment Time Study

✓ CONGRATULATIONS KIM KASNER, YOU HAVE COMPLETED THE TIME STUDY!

🕒 **Random Moment Time:** 04/01/2015, 08:41 AM Central Time

Thank you for participating in the time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now logout or close this window.

[Print](#) [Confirmation Receipt](#)



Your Profile

Name: [REDACTED]
Email: [REDACTED]
Program: [REDACTED]
MAC Category: Physical Therapist - Licensed

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)
[RMTS Participant Manual 2-11-09](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

RMTS



- Timely Response
 - Enter response within 5 business days of moment
 - Reminders sent via email every 24, 48 & 72 hours
 - Failure to enter information will disqualify moment
 - Follow up with questions from coders within 3 business days
- A statewide response rate of 85% for RMTS is required

Wrap Up



- Timely Submissions
 - Document sessions on a daily/frequent basis
 - Submit sessions every 4-6 weeks for processing.
- All August and September claims **MUST** be submitted by **October 12th** for processing.

Training Material



About Us

Services

SHARS Support

Contact

SPED Logout



SPED Tools ^

Training

Forms

Reports

TRAINING

Provider excerpts, EPIC, and RMTS guide available on
TSBS website

<https://www.tsbs.cc/guidelines/>

Client Support

Client Support

Client Request Form

SPED Tools (Client Portal)

EPIC™ Billing Platform

Reach Out

Live Chat with Us

Email TSBS

(877) 897-8283

<https://www.tsbs.cc/guidelines/>

THANK YOU



Aurora Villarreal

Client Relations Consultant

aurora@tsbs.cc

512.537.4888