



# **EAST CHAMBERS ISD**

**SHARS Operating Guidelines**

**2023-2024**

# Contents

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Section 1: Policy Overview.....	2
Section 2: SHARS District Contacts.....	3
Section 3: Staff and Contracted Provider Training.....	7
Section 4: Prescriptions.....	7
Section 5: Documentation of Services.....	8
Section 6: Personal Care Services (PCS).....	8
Section 7: Special Transportation.....	9
Section 8: Nursing Documentation.....	10
Section 9: Electronic Signature.....	10
Section 10: Parental Notification and Consent.....	11
Section 11: Random Moment Time Study (RMTS).....	12
Section 12: Record Retention.....	12
Section 13: Certification of Funds.....	14
Section 14: Cost Reporting.....	15
Section 15: Resources.....	15

# Section 1: Policy Overview

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School Health and Related Services (SHARS) is a Medicaid program designed to allow school districts to seek federal reimbursement for certain health services performed for Special Education Students as defined by their IEP. Monies we receive from this program assist in increasing opportunities for resources to enhance our support of our special needs' population.

The school district may submit claims for SHARS services provided to students who meet the following criteria:

- Students must be Medicaid eligible at the time of the service
- The student must be under 21 years of age
- The SHARS services the student receives must be documented in the student's ARD/IEP
- There must be a signed parental consent to release confidential information in the student's file
- Providers must have current credentials and/or license that is up to date and not "lapsed" or in any kind of "grace" period

The District has partnered with MSB School Services, LLC to provide software for documentation of services, X Logs™, processing on paper documentation and SHARS claims submission. MSB provides printed materials at all trainings/workshops as well as a dedicated website for staff to get resources on documentation guidance.

Participation in the SHARS program does not preclude a child from receiving similar or additional services by parent choice under another Medicaid program or provider in the private sector. A child's eligibility for Medicaid services outside the school setting is not compromised by receiving SHARS services at school. The services provided at school are so the child may receive a Free and Appropriate Public Education (FAPE). Due to medical necessity, the child may need additional services outside of school.

For example, a school may provide and seek reimbursement for Speech Therapy for a student who also receives a Medicaid THSteps-CCP Speech Therapy outside the school setting.

Additionally, there is NO lifetime benefit cap for Medicaid services to children under the age of 21. SHARS is a program under the EPSDT (Early and Periodic Screening, Diagnosis and Treatment) program. Under EPSDT, there are no set limitations on Medicaid services to clients under 21, as long as the service is medically necessary. The Medicaid services the child receives at school do not affect the type or amount of Medicaid services the child receives outside the school.

The following services are eligible to receive reimbursement, assuming all other required documentation is in place:

- Audiology Services
- Assessment/Evaluation
- Counseling Services
- Nursing Services
- Occupational Therapy
- Personal Care Services
- Physical Therapy
- Physician Services

- Psychological Services
- Special Transportation
- Speech/Language Therapy

To access reimbursements under the Medicaid to Schools Program, SHARS, the district, along with the contracted vendor, MSB, will extract eligible documentation from X Logs™ and then submit data using secure methods to Texas Medicaid Healthcare Partnership (TMHP).

Additional information on SHARS policies can be found on the Health and Human Services Commission website (see Resources section on page 15).

## Section 2: SHARS District Contacts

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<b>Special Education Director:</b> Cindy Bull	Phone: 409-296-8302 ext. 1254
<b>Diagnostician:</b> Beverly Hill	Phone: 409-296-8149 ext. 1252
<b>Diagnostician:</b> Gricelda Martinez	Phone: 409-296-6798 ext. 1256
<b>Special Education Secretary:</b> Christina Rojas	Phone: 409-296-8150 ext. 1251
<b>SHARS Coordinator:</b> Ashley Ortego	Phone: 409-296-4185 ext. 1001
<b>Contracted Vendor:</b> MSB School Services	Phone: 855-573-8071 or 855-672-3473

Always feel free to call the SHARS Coordinator with any questions or concerns regarding the program, its policies and best practices, and to request training or assistance with SHARS related activities.

### Roles and Responsibilities

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

#### SHARS Coordinator:

- Attend required annual Random Moment Time Study (RMTS) and SHARS Cost Report training offered through the Health and Human Services Commission (HHSC)
- Create and update accounts in Fairbanks for district and contractor roles -RMTS, SHARS Financial Contact, and/or Cost Report Preparer, etc.
- Develop the quarterly Participant List and certify in Fairbanks
- Edit/delete positions on the Participant List as required
- Remind providers about the Random Moment Time Study (RMTS) and assist selected providers with completion if needed
- Set up training for new providers in X Logs™
- Submit Licensure updates to MSB for Counseling, OT, PT, Speech, Nursing
- Submit OT and PT prescriptions to MSB

- Save Remittance and Status (R&S) weekly and Certification of Funds (COF) reports quarterly from TMHP
- Review and submit the quarterly COF statement to TMHP
- Ensure SHARS Cost Report is submitted by April 1<sup>st</sup>
- Liaison between MSB and the district on SHARS matters

**Contracted Vendor, MSB School Services:**

- Provide access to an assigned Program Specialist who will provide a single point of contact to manage the entire Medicaid to Schools Program
- Complete enrollment management for National Provider Identifier
- Complete enrollment management for Texas Provider Identifier
- Complete management of Fairbanks (STAIRS) account
- Maintains annual state training certifications for Cost Reporting and Random Moment Time Study (RMTS) Participant List
- Complete management of quarterly RMTS Participant List certification, including staff training and response management
- Complete management of Provider credentials to ensure they are current per SHARS billing guidelines
- Complete management of Professional Oversight of applicable providers (COTA, PTA, SLPA, Grandfathered SLP, Delegated Nursing Services) per SHARS billing guidelines
- Provide unlimited onsite and online training for administrators and service providers to ensure the success of the SHARS program in the District
- Daily monitoring of Provider participation in the SHARS program (clinical documentation)
- Complete management of Specialized Transportation sessions and claiming
- Processing of all Medicaid claims using both paper logs and/or the electronic files generated by the school districts' health care practitioners and other qualified staff via X Logs™ service documentation
- Audit provider clinical notation for SHARS compliance and deny or hold any sessions missing needed information
- Tracking and Reconciliation of all submitted claims from Texas Medicaid & Healthcare Partnership (TMHP), including the resubmission of rejected claims and the appeal of denied claims
- Reports which show the status of all Medicaid transactions, reimbursements and cataloging of electronic service delivery records
- Special reports as requested by the school district
- Complete management of the Certification of Funds process
- Storage of all Remittance and Status reports from TMHP
- Complete analysis, audit and appeal/corrections of the previous two years' Cost Reports as allowed by the State
- Complete management of the annual Cost Reporting Process
- Complete management of the salary allocation for SSAs and Co-ops
- State and Federal Medicaid information, liaisons, and updates: Timely and accurate information regarding the rules and regulations associated with Medicaid reimbursements to schools
- Advise school district in contract negotiations with non-employees regarding contract sections related to payment terms and proper documentation for billing purposes

- Assistance in audit preparation and facilitation to assist with proper procedure and rigorous compliance, interface with State Medicaid Agencies and State Education Agencies as appropriate as a result of audit findings
- Review filed cost report(s) compared to what was desk reviewed and submitted to the state to ensure the amounts agree with what was filed. Additional review of subsequent cost reports to ensure the settlement trend is consistent across years. If an appeal opportunity is identified, MSB advises the district of the appeal and prepares the documentation to submit to the state. If no appeal is needed, MSB supports the district in next steps to waive the appeal and receive funds.
- MSB takes on the audit process to defend methodologies, and information that was reported. Cost reports are subject to audit for up to 7 years beyond the state submission date.
- Provides administrative, consulting, statistical and audit services to the District

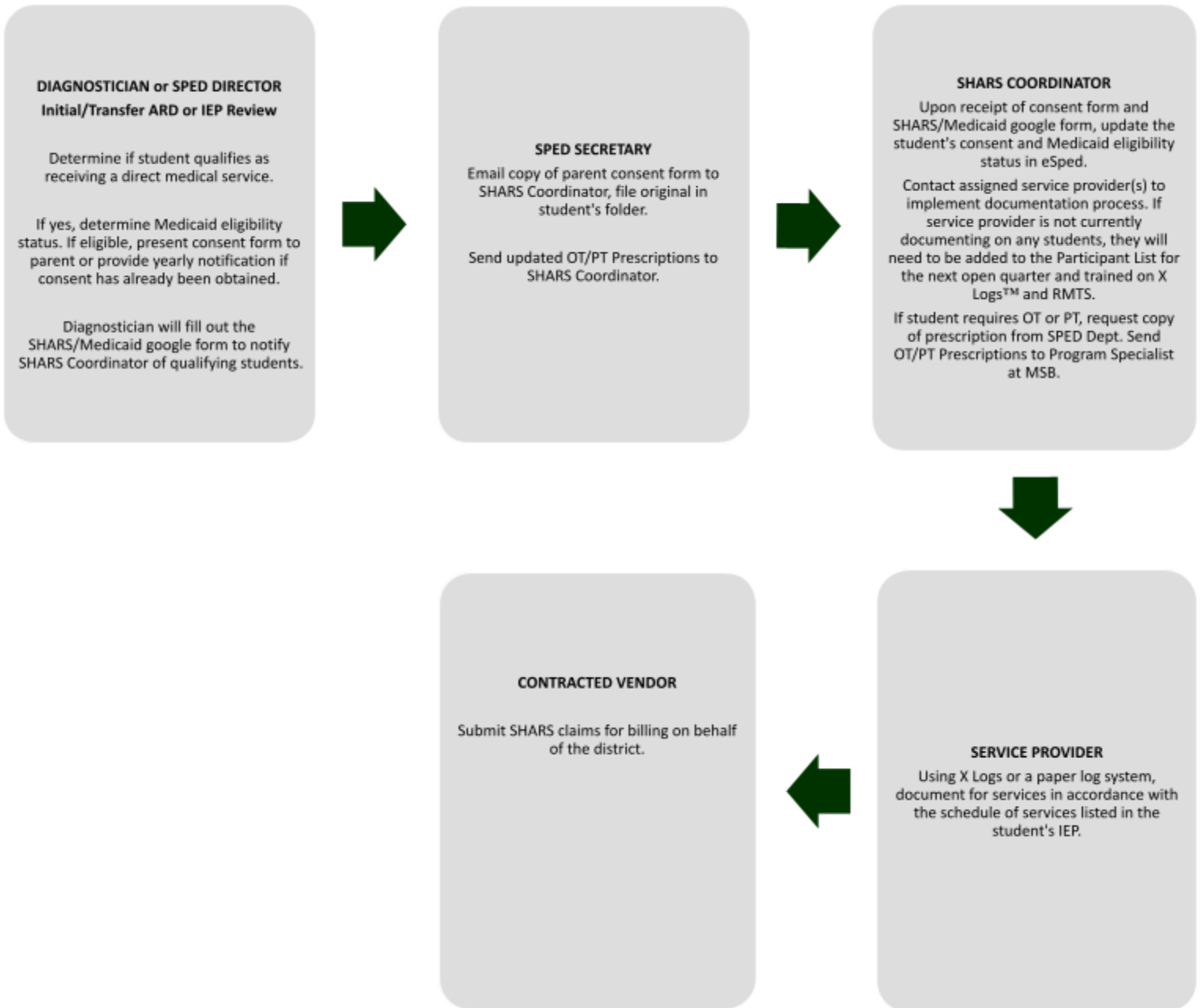
## **District Responsibilities**

### **Special Education Department**

- Maintain X Logs™ forms and fields related to certifications, licensures, etc. of all staff for whose services the District is seeking reimbursement
- Maintain individual education programs (IEP)s within the school-based Medicaid program guidelines for all services for which the District is seeking reimbursement
- Maintain necessary paperwork related to all Medicaid required referrals, orders or recommendations for services for which the District is seeking reimbursement
- Maintain attendance records

### **Business/Payroll Office**

- Maintain actual cost data for covered services



## Section 3: Staff and Contracted Provider Training

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Training sessions for documentation of services and RMTS will be scheduled after the school year begins in August through mid-September once providers have received their student caseloads. Providers will be grouped by category for training based on the services they provide (PCS, Speech, OT/PT, etc.). For new employees coming in after the beginning of the year SHARS Training session(s), the SHARS Coordinator will coordinate with MSB to train each employee individually during a scheduled conference time or before/after school. Any employee who requires additional training throughout the year can contact the SHARS Coordinator for assistance and resources.

## Section 4: Prescriptions

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As part of the SHARS program, Occupational Therapy and Physical Therapy require a physician signed prescription for the services ordered in the IEP to be billable under the program. A prescription is required after the initial assessment and must be renewed at least every three years. If the prescription or referral has an end date, the prescription must be renewed prior to the end date. For example, some physicians will only write a prescription that is valid for one year. In addition, when there is a change in the plan of care, a new referral/prescription is needed.

Our district requests prescriptions for all students requiring physical therapy and occupational therapy. Many practitioners include OT and PT services on their prescriptions for students who qualify for both services. These prescriptions are housed in the student's permanent folders. Physical therapists, as per their license, obtain prescriptions before providing direct medical services for students requiring physical therapy. Physical therapists only submit billing on students who have active physical therapy prescriptions. If a physical therapy prescription expires, the physical therapist does not provide direct medical services until the renewed prescription is obtained. Occupational therapists do not require a prescription to maintain licensure or provide direct medical services for students requiring occupational therapy.

Prescription status is tracked within our X Logs system. Our district does not bill for students without a prescription on file. In order for OT or PT services to be reimbursed through SHARS, the name and national provider identifier (NPI) of the referring licensed physician, or other eligible referring provider, must be listed on the claim and kept in the medical record.

In order for ST and Audiology services to be reimbursed through SHARS, the name and national provider identifier of the referring licensed physician, or other eligible referring provider, must be listed on the claim and kept in the medical record. Speech-Language Pathologists and Audiologists whose evaluations serve as the referral must be enrolled in Medicaid as individual practitioners and must use their individual NPI for claim submission.



## Section 5: Documentation of Services

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As part of the job requirements, any staff member, local or contracted, who provides a service to a special education student, will document their services in real-time. At least once a week, staff will use X Logs™ to centralize their documentation notes. X Logs™ is the district's chosen software that allows all providers to document services delivered. Documentation notes include, but are not limited to the following:

- Student name
- Date and time service delivered
- Activities performed
- Accommodations served
- Goals and Objectives served (with progress notes and monitoring)

## Section 6: Personal Care Services (PCS)

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Personal care services are provided to help a child with a disability or chronic condition benefit from special education. Personal care services include a range of human assistance provided to persons with disabilities or chronic conditions which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. An individual may be physically capable of performing Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and Health Maintenance Activities (HMAs), but may have limitations in performing these activities because of a functional, cognitive, or behavioral impairment.

PCS include direct intervention (assisting the client in performing a task) or indirect intervention (cueing or redirecting the client to perform a task). ADLs, IADLs, and HMAs include but are not limited to the following:

- ADLs
- Bathing
- Dressing
- Eating
- Locomotion or Mobility
- Personal Hygiene
- Positioning
- Toileting
- Transferring
- IADLs
- Escort
- Medication Assistance
- Money Management
- Telephone use or Other Communication

PCS does not include the following:

- ADLs, IADLs, or HMAs that a typically developing child of the same chronological age could not safely and independently perform without adult supervision
- Services that provide direct intervention when the client has the physical, behavioral, and cognitive abilities to perform an ADL, IADL, or health-related function without adult supervision
- Services used for or intended to provide respite care, child care, or restraint of a client
- Stand-by supervision related to safety
- Teaching a life skills curriculum

A prescription is not needed to provide PCS through SHARS.

For personal care services to be billable, they must be listed in the student's IEP.

### ***Life Skills – Self-Contained – PPCD Classrooms***

When documenting services within these settings, documentation can be set-up in one of two ways: (1) Scheduled start and stop time with student(s) (2) All-day appointment and then use a student sign-out sheet in the classroom to designate minutes where other support staff remove the student from these classrooms to provide services. These minutes should be indicated in the "Time Away from Student" field in X Logs to ensure minutes are removed from documentation of services.

Should a teacher need a "sign-out sheet" for his/her classroom, templates are available [here](#). In addition, documentation responsibilities will fall within the scope of the teacher's responsibility. The teacher will use the feature in X Logs™ known as the "Data Entry Clerk" role to ensure all documentation for students receiving services within the school day are accounted for. This requires that all staff members within the team must document for at least one student.

### **Special Education Teachers should remember the following:**

In order to bill Medicaid for PCS, PCS activities must be in the IEP/ARD (PLAAFPs, IEP Goals and Objectives, Accommodations pages, PCS Supplement and/or in the minutes of the ARD) and furthermore indicate "medical necessity." All these areas of the ARD/IEP need to be in alignment or "tell the same story."

### ***Visual Impairment – Orientation and Mobility – Adapted Physical Education Services***

The Vision Impairment provider can review the visually-impaired student's classroom documents and/or the PCS provider's notation of specific types of PCS provided to be sure that she agrees that the VI specialist is providing PCS in that she is assisting the student with the performance of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) because the student is not able to perform the age appropriate tasks due to his/her disabilities. Services provided by Orientation and Mobility Specialists often meet the definition of PCS for visually-impaired students.

We bill direct through X Logs™. All sessions are documented as well through informal session notes and data sheets.

## **Section 7: Special Transportation**

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Transportation services in a school setting may be reimbursed when they are provided on a specially adapted vehicle and if the following criteria are met:

- Provided to or from a Medicaid-covered service on the day for which the claim is made
- A child requires transportation in a specially adapted vehicle to serve the needs of the disabled
- A child resides in an area that does not have school bus transportation, such as those in close proximity to a school
- The Medicaid services covered by SHARS are included in the student's IEP
- The special transportation service is included in the student's IEP

During the initial ARD meeting, a licensed professional of the healing arts determines whether a student requires specialized transportation services from the data in the student's Full and Individual Evaluation. After confirming a student requires specialized transportation, the ARD committee then confirms whether a student needs monitoring by a bus aide. All decisions made by the ARD committee are recorded in the student's most current IEP.

Bus drivers record on a paper Trip Log their daily trips for specialized transportation services. Bus drivers and bus monitors or aides are required to sign a weekly trip log indicating they were present for the services provided. On the occasion a bus driver is absent, the substitute for the day records the Trip Log information and indicates that they substituted for the original bus driver.

The logs are collected by the SHARS Coordinator and then submitted every 3 weeks to MSB for Medicaid billing.

## Section 8: Nursing Documentation

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The nursing department uses a system known as Ascender Health to document for all services provided to all populations of students. MSB will receive a monthly data extraction from Ascender for the identified special education students. This data file is then submitted through the MSB Client Portal Log Submission feature to be reviewed for Medicaid reimbursement potential.

## Section 9: Electronic Signature

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For Medicaid purposes, a school's use of electronic records and signatures for SHARS is permissible. As long as the records are accessible to an investigator or auditor and can be reviewed as needed, maintaining the records in electronic format is acceptable from the perspective of documentation adequacy or other audit issues related to Medicaid. Each school district should determine at its own risk what standards are consistent with state and federal electronic requirements.

- SHARS providers must recognize the potential for misuse or abuse
- SHARS providers must apply relevant administrative procedures, standards, and law
- SHARS providers must ensure system and software products are protected
- The individual whose name is on the alternate signature method and the provider bears the responsibility for the authenticity of the information attested to in the record
- SHARS providers must check with their respective legal counsel regarding alternative signature methods and associated legal concerns

The Texas Education Agency (TEA) advises that it has no additional requirements regarding the submission of electronic data or the use of electronic signatures. The requirement that records are accessible and can be made available to an auditor or a reviewer as needed is, per TEA, sufficient for its purposes.

All software products used by the district meet the criteria of the below electronic signature policy:

- A unique user-ID and an alphanumeric password consisting of at least eight characters

- Apply electronic signature at the time-of-service documentation and at each instance of service delivery
- Staff members will not share username/password information
- System will allow access to staff members historical records
- System allows immediate access to records by state or federal agencies, and others who are authorized by law
- Staff members are required to maintain professional responsibility for their service delivery and their documentation
- The individual whose name is on the electronic signature and the school district bears the responsibility for the authenticity of the information attested to in the record

In addition to our service documentation and Medicaid billing system, X Logs™, any provider documenting services electronically acknowledges the electronic signature procedure before submitting his or her first session for billing. All providers submitting electronic documentation through the Medicaid billing tool X Logs are required to agree to the terms and conditions for electronic signature as per TEA requirements. An MSB representative, or his/her designee, is required to train all providers on the requirements of electronic data submission and electronic signatures during their annual provider training.

## Section 10: Parental Notification and Consent

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According to federal rule 42 CFR §300, on an annual basis our parents/guardians of our Special Education student population will receive a notification that outlines our participation in the SHARS program and the rights of the parent/guardian. This notification is presented during the annual ARD meeting, along with an opportunity to consent, deny or withdraw from the program. If the parent/guardian does not attend the annual ARD meeting, then a phone call will be made to bring the parent along. If a phone call is unsuccessful, an email will be sent with all the pertinent information.

Within 2 business days of the ARD meeting, the consent form status needs to be updated by following the below steps:

- Form Response:
  - Signs the form YES → Special Education Secretary will retain original signed form to place in the student’s permanent folder and make a copy to send to the SHARS Coordinator. The SHARS Coordinator will enter the consent date in esped and in the MSB online system under the student’s information.
  - Signs the form NO → Special Education Secretary will retain original signed form stating parent refusal to place in the student’s permanent folder and make a copy to send to the SHARS Coordinator. The SHARS Coordinator will enter the refusal date in esped and in the MSB online system under the student’s information.

Our district does not authorize any billing for students who do not have a parental consent on file per TEA’s requirements.

Our district uses Frontline Special Education (eSped) to track which parents have signed parental consent forms. Notifications about the SHARS program are given to parents at the annual ARD meeting by the ARD facilitator.

Any parent that has not yet signed a Medicaid Consent form has the opportunity to do so at each ARD meeting or can reach out to the district ahead of time.

## Section 11: Random Moment Time Study (RMTS)

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The Medicaid to Schools Program requires districts to participate in Random Moment Time Study (RMTS). The purpose of this program is to determine how often providers perform “direct medical services” to students throughout the school day. Each quarter, the state randomly selects participants who provide direct services to special education students. The selected participant(s) will receive an email from STAIRS/Fairbanks, notifying the participant that he/she has been selected for RMTS. As the moment approaches, the participant will be provided a specific date and time for which he/she will answer the time study. The time study consists of three basic questions about what the provider was doing during the selected moment. Each provider needs to have a basic understanding of what the Medicaid program recognizes as a “medical” service to appropriately respond to the moment and differentiate between direct medical service and an educational/instructional service. Responding to the random moment in a more informed way assists in the accuracy of the time study.

Our district must maintain an 85% participation each quarter which is defined by those participants who are selected, that they respond within the timelines specified.

All participants must receive training annually on this program. Training on RMTS is provided in a multitude of ways:

- 1) X Logs™ Documentation Workshops
- 2) Video Training
- 3) Staff Meetings

To educate our providers on the RMTS Program and what Medicaid determines as “medical” versus “educational,” MSB Consulting Group has created a video that each selected participant will watch prior to responding to his/her RMTS. After viewing the video, providers will fill out an online form for tracking and auditing purposes.

## Section 12: Record Retention

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SHARS records need to be retained for at least seven years because they are both Medicaid and educational records. Medicaid records must meet federal retention guidelines and, as such, must be maintained for a minimum period of five years from the date of service or until all audit questions, appeal hearings, investigations, or court cases are resolved. The federal guidelines governing public education require records to be stored for seven years. SHARS providers must maintain records as outlined in the TMPPM in the

Provider Enrollment and Responsibilities Section and the SHARS Section, which meet the federal retention guidelines.

Records must be stored in a readily accessible and secure location and format. If a SHARS audit is conducted, a school district will usually be allowed up to ten business days to provide the requested documentation. SHARS records must be maintained until all audit questions, appeal hearings, investigations, or court cases are resolved. School districts should maintain written procedures regarding the minimum documentation requirements and where those documents are stored.

<b>SHARS Documents</b>	<b>Location</b>
Signed consent to bill Medicaid by parent or guardian	Student Special Education Folder, copy in SHARS Coordinator Consent Binder
ARD/IEP documents (medical necessity; examples of SHARS services)	Frontline Special Education (eSped)
Attendance records	Ascender SIS
Assessment/evaluations	Frontline Special Education (eSped)
Current provider qualifications (current licenses and certifications)	Copy in SHARS Coordinator Provider Verification Binder
Written agreements (contract) for contracted service providers	Special Education Department
Required prescriptions or referrals for services	Special Education Department, copy in SHARS Coordinator OT/PT Prescriptions Binder
Medical necessity documentation (e.g., diagnoses and history of chronic conditions or disability)	Frontline Special Education (eSped)
Supervision logs	Special Education Department, X Logs System
Sessions notes or service logs, including provider signatures	X Logs™ System
Transportation documentation (daily trip logs; maintenance logs/records; bus documentation; documentation for cost report)	Provider Documentation Folder in SHARS Coordinator desk files for current year or MSB School Year Accordion File for prior year
Claims Submittal and Payment Histories (R&S Reports and General Ledger)	SHARS Coordinator T: drive\MSB\COF Reports\School Year\Quarter
Copies of signed/notarized quarterly Certification of Funds (COF) letters and supporting documentation, including quarterly COF Reports.	SHARS Coordinator files in desk\MSB School Year Accordion File
SHARS Cost Report and supporting documentation	Fairbanks, LLC CR website, SHARS Coordinator files in desk\MSB School Year Cost Report

At a minimum, the following is a suggested checklist of documents related to the SHARS direct services that are provided which should be collected and maintained for SHARS documentation, this is not an all-inclusive list:

NOTE: The child’s name and Medicaid number should appear on every page of the medical records (see the Provider Enrollment and Responsibilities Section of the current TMPPM). This would include each page of the ARD/IEP document, session notes and service logs, and evaluations.

As the SHARS billing provider, the school district is responsible for maintaining the appropriate SHARS documentation. It is up to the school district where the documents are stored; but, the documents must be readily accessible to submit to the state or to federal auditors upon request.

The same documentation is required to be maintained by the school district for contracted services as is required if the services were delivered by school employees which would include a copy of the signed contract, copy of current licensure/certification of the contracted provider, and accounting records documenting payment to the contractor. The school district must also maintain all documentation required to bill for SHARS services, including all documentation requirements for services provided by contracted employees. Although the district is ultimately responsible for maintaining the appropriate SHARS, all contracted providers must also follow the guidelines outlined in the TMPPM and maintain records and documentation in accordance with the records retention guidelines provided.

## Section 13: Certification of Funds

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SHARS providers are required to certify on a quarterly basis the amount reimbursed during the previous federal fiscal quarter. TMHP Provider Enrollment mails the quarterly Certification of Funds statement to SHARS providers after the end of each quarter of the federal fiscal year (October 1 through September 30). The purpose of the statement is to verify that the LEA incurred costs on the dates of service that were funded from state or local funds in an amount equal to, or greater than, the combined total of its interim rates times the paid units of service. While the payments were received the previous federal fiscal quarter, the actual dates of service could have been many months prior. Therefore, the certification of public expenditures is for the date of service and not the date of payment.

In order to balance amounts in the Certification of Funds, providers will receive, or have access to, the Certification of Funds Claim Information Report.

The Certification of Funds statement must be:

- Signed by the business officer or other financial representative who is responsible for signing other documents that are subject to audit.
- Notarized
- Returned to TMHP within 25 calendar days of the date printed on the letter.

Failure to do so may result in the recoupment of funds or the placement of a vendor hold on the provider's payments until the signed Certification of Funds statement is received by TMHP. Providers must contact the TMHP Contact Center at 800-925-9126 if they do not receive their Certification of Funds statement.

At East Chambers ISD, the SHARS Coordinator is responsible for signing, notarizing, and mailing the Certification of Funds letter to TMHP. Upon receipt of the letter from TMHP, the SHARS Coordinator will certify the dates of service for the quarter and return the letter to TMHP within the 25-day period.

## Section 14: Cost Reporting

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The total allowable costs for providing services for SHARS must be documented by submitting the required annual cost report.

The provider's final reimbursement amount is arrived at by a cost report, cost reconciliation, and cost settlement process. The provider's total cost for both direct medical and transportation services as reported in the cost report are adjusted using the federally mandated allocation methodologies.

The provider's interim payments will be reimbursed in compliance with TAC 355.8443.

Submittal of a SHARS Cost Report is mandatory for each provider that requests and receives interim payments. Failure to file a SHARS Cost Report will result in sanctions, which includes recoupment of all interim payments for the cost report period in which the default occurs.

CMS requires annual cost reporting, cost reconciliation, and cost settlement processes for all Medicaid SHARS services delivered by school districts. CMS requires that school districts, as public entities, not be paid in excess of their Medicaid-allowable costs and that any overpayments be recouped through the cost reconciliation and cost settlement processes. In an effort to minimize any potential recoupments, HHSC has assigned SHARS interim rates that are as close as possible to each district's Medicaid allowable costs for providing each SHARS service.

Each SHARS provider is required to complete an annual cost report for all SHARS services that were delivered during the previous federal fiscal year (October 1 through September 30). The cost report is due on or before April 1 of the year following the reporting period.

The primary purpose of the cost report is to document the provider's costs for delivering SHARS, including direct costs and indirect costs, and to reconcile the provider's interim payments for SHARS with its actual total Medicaid-allowable costs.

All annual SHARS costs reports that are filed are subject to desk review by HHSC or its designee.

At East Chambers ISD, the Cost Report is completed in conjunction with the Program Specialist from MSB. The SHARS Coordinator provides payroll and expenditure reports, including invoices, to the Program Specialist who completes the forms and notifies the SHARS Coordinator when they are ready to be signed and certified. The SHARS Coordinator is responsible for uploading the signed and notarized Claimed Expenditures and Cost Report Certification in the system. Access to the Cost Report entry and certification portal can be found at the Fairbanks, LLC website listed [here](#).

## Section 15: Resources

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[TEA School Health and Related Services \(website\)](#)

[HHSC RMTS State Training Schedule](#)

[TMPPM SHARS Provider Handbook](#)

[HHSC SHARS Notices](#)

[DOE Parent Consent Guidance](#)

[SHARS/Medicaid Google Form](#)