School Health and Related Services (SHARS)

2023 SHARS Cost Report Training

Presented by HHSC Provider Finance

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Agenda

- Housekeeping Items
- SHARS Program Overview
- SHARS Claiming
- SHARS Cost Report (Steps 1 – 10)
  - Acceptable supporting documentation
  - Allowable costs vs. non-allowable costs
- STAIRS Demonstration
- Additional SHARS Information
  - Appeal Process
  - Cost Report Correction Procedures
  - STAIRS Edits
  - Oversight
  - Documentation Requirements
  - SHARS Financial Contacts
  - District vs. Vendor Responsibilities
- SHARS Resources & Contact Information

Housekeeping Items

- Webinar audio options
  - Phone Call
    - Must use the telephone number, access code and audio pin found on the right hand side of screen
  - Computer Audio
    - Must have a microphone enabled computer to speak during webinar
- For all technical difficulties contact Webinar Support at 1-800-263-6317
- Training duration
- Breaks
- Must be present and attentive during entire training presentation to obtain training credit
- Email name of participants if sharing a computer

Housekeeping Items

- GoToMeeting Questions Function
- Polling questions
- Email questions to ProviderFinanceSHARS@hhs.texas.gov or call the SHARS Help Line at (512) 730-7400

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SHARS Program Overview

Medicaid services provided by school districts in Texas to Medicaid-eligible students are known as School Health and Related Services (SHARS). The oversight of SHARS is a collaborative effort between the Texas Education Agency (TEA) and the Health and Human Services Commission (HHSC). SHARS allows local school districts, including public charter schools, to obtain Medicaid reimbursement for certain health-related services prescribed by a health professional and documented in a student's Individualized Education Program (IEP).

SHARS Program Overview

SHARS reimbursement is provided for students who meet *all* of the following requirements:

- Are 20 years of age or younger and enrolled in Medicaid
- Meet eligibility requirements for special education described in the Individuals with Disabilities Education Act (IDEA)
- Have IEPs that prescribe the needed services

The Individuals with Disabilities Education Act (IDEA) is a United States federal law that governs how states and public agencies provide special education, and related services to children with disabilities. It addresses the educational needs of children with disabilities in cases that involve 14 specified categories of disability.

TAC Rule §354.1341

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SHARS Program Overview

In order to receive and retain federal reimbursement for Texas Medicaid, as a provider of medical services for SHARS, an ISD must:

- Be enrolled and approved as an active provider with Texas Medicaid & Healthcare Partnership (TMHP); https://www.tmhp.com/topics/provider-enrollment
- Ensure all SHARS services are provided by approved/qualified providers as indicated in the Texas Medicaid Provider Procedures Manual (TMPPM);
- Submit claims for and clearly document allowable Medicaid services as they are delivered; TAC Rule §354.1342
- Abide by HHSC rules and regulations and meet the TEA standards for the delivery of SHARS;
- Meet all eligibility requirements and participate in the Random Moment Time Study (RMTS); https://pfd.hhs.texas.gov/time-study/time-study-independent-school-districts-isd
- Submit an annual SHARS Cost Report; and
- Comply with all state and federal audits.

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SHARS Program Overview

Services covered by SHARS include:

- Audiology, including evaluations and therapy sessions;
- Counseling;
- Nursing Services, including routine medication administration services;
- Occupational Therapy, including evaluations and therapy sessions;
- Personal Care Services *(does not include O&M*);*
- Physical Therapy, including evaluations and therapy sessions;
- Physician Services;
- Psychological Services, including evaluations and therapy sessions;
- Speech Therapy, including evaluations and therapy sessions; and
- **Specialized Transportation.**

***Please note that Orientation & Mobility (O&M) is not a reimbursable SHARS service.**

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SHARS Program Overview

Personal Care Services (PCS)

- PCS providers are required to carefully review and document PCS services (TMPPM SHARS Handbook Section 2.3.4).

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SHARS Claiming

The below SHARS claiming requirements were effective Oct. 7, 2022, and are in effect for the FFY 2023 cost report:

Per TAC Rule §355.8443:

(e)(2) Interim claims.

- (A) LEAs must submit:
- (i) at least one interim claim for each direct medical service that an eligible student receives within the cost report period;
- (ii) interim claims for all personal care services that an eligible student receives within the cost report period; and
- (iii) interim claims for all eligible specialized transportation trips provided within the cost report period.
- (B) Requirements for interim claims will be adjusted as needed based on direction from the Centers for Medicare and Medicaid Services.
- (C) Interim claims must be valid and reimbursed to meet the requirements in this paragraph.

SHARS Claiming

- To meet the claiming requirements in **TAC Rule §355.8443**, claims for services should be submitted through the TMHP claim system.
- The TMHP claim system provides for prompt eligibility verification, identifies duplicate claim filings, creates a complete audit trail from service to claim, provides reports that show whether claims were approved or not, and documents payment data necessary for the Surveillance and Utilization Review (SUR) system.
- Failure to submit claims for services in accordance with the TMPPM and the Texas Administrative Code (TAC) may impact a school district's Medicaid funding and subsequent reimbursements.
- Submitting a claim to TMHP for a non-Medicaid eligible child does not qualify as meeting the interim claiming requirement in TAC Rule §355.8443.

SHARS Claiming

- Refer to the TMPPM Volume 1: Section 3 – TMHP Electronic Data Interchange (EDI) for information on electronic claims submissions.
- Refer to the TMPPM Volume 1: Section 6 – Claims Filing for general information on claims filing protocol. Claims must be submitted within 365 days from the date of service or no later than 95 days after the end of the Federal Fiscal Year (January 3rd), whichever comes first.
- Payment denial codes are applied to the Texas Provider Identifiers (TPI) that have had no claim activity for a period of 24 months or more. Once a payment denial code has been applied to a TPI, it will be considered inactive and will not be able to be used to submit claims.
- To have the payment denial code removed from a TPI, providers must submit a completed application for the state health-care program in which they wish to enroll, and the application must be approved by TMHP. The information on the application must match the information currently on the provider's file for the payment denial code to be removed.

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SHARS Claiming

Parental Consent

Per TAC Rule §355.8443:

(c) Parental Consent. Prior to submitting its annual cost report, the LEA must meet the parental consent requirements in §354.1342 of this title (relating to Conditions for Participation) for each student included in the numerator of the following ratios required in the cost report.

(1) IEP ratio--A comparison of the total number of students enrolled in Medicaid with individualized education programs (IEPs) requiring direct medical services to the total number of students with IEPs requiring direct medical services.

(2) One-way trip ratio--A comparison of the total one-way trips for students enrolled in Medicaid with IEPs requiring specialized transportation services, who received direct medical services the same day, to the total one-way trips for all students with IEPs requiring specialized transportation services.

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SHARS Claiming

Parental Consent

The Texas Education Agency (TEA), the Individuals with Disabilities Education Act (IDEA) , and HHSC require one-time written consent from the parent and written notification before accessing a child's or the parent's public benefits or insurance for the first time and prior to obtaining the one-time parental consent and annually thereafter. All schools participating in SHARS must be in compliance with 34 CFR §300.154 and 34 CFR § 300.300.

Please see TAC Rule §355.8443 and the TEA SHARS Website:

https://tea.texas.gov/index2.aspx?id=25769817836

*Note: A lack of parental consent does **NOT** equal consent. Consent must be given in writing for services to be provided.*

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SHARS Claiming

Parental Consent

It is the district's responsibility to maintain documentation verifying parental notice was provided and consent was obtained.

All parental consent documentation must be available upon request in the event of a desk review or audit.

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SHARS Claiming

Parental Consent

Reminder:

HHSC clarifies that billing Medicaid under the SHARS program includes: 1) submitting interim claims for Medicaid-enrolled students; and 2) counting Medicaid enrolled students in the SHARS cost report ratios (e.g., IEP ratio, one-way trip ratio).

If a district does not have written parental consent on file for a Medicaid-enrolled student with an IEP that prescribes SHARS services, the district may not submit any interim claims for the student or include the student in its SHARS cost report ratio numerators until such written parental consent is obtained.

Please refer to the Parental Consent to Bill Medicaid notice, posted on 8/16/2021 for more information.

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SHARS Claiming

Remittance & Status (R&S) Reports

- TMHP provides weekly R&S Reports to give providers detailed information about the status of claims submitted to TMHP.
- The R&S Report also identifies account receivables established as a result of inappropriate payment. These receivables are recouped from claim submissions.
- If no claim activity or outstanding account receivables exist during the cycle week, a provider will not receive an R&S Report.
- The R&S reflects claim payments processed during the period stated on the report regardless of the SHARS dates of service.
- **Providers are responsible for reconciling their records to their R&S reports to determine payments and denials received.**
- R&S reports are sent to districts via email and are also accessible on the TMHP portal

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SHARS Claiming

Certification of Funds (COF) Statement

- The purpose of the Certification of Funds (COF) statement is to verify that the school district 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.
- The quarterly COF statement can be accessed on PEIMS after the end of each quarter of the federal fiscal year (October 1 through September 30). SHARS providers are required to certify the amount reimbursed during the previous federal fiscal quarter.
- 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 dates of service and not the dates of payment.

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SHARS Claiming

Certification of Funds (COF) Statement

- The COF 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 meet the COF requirement may result in recoupment of funds or the placement of a vendor hold on a provider's payments until the signed COF statement is received by TMHP. Providers should call the TMHP Contact Center at 1-800-925-9126 if they do not receive their COF statement within a week of the end of the federal fiscal quarter.

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SHARS Cost Report

- Centers for Medicare & Medicaid Services (CMS) requires annual cost reporting, cost reconciliation, and cost settlement processes for all Medicaid SHARS services delivered by school districts.
- The primary purpose of the cost report is to document the provider's costs for delivering SHARS services to reconcile the provider's interim payments received for SHARS services with its actual total Medicaid allowable costs.
- In accordance with Title 1 of the Texas Administrative Code, Part 15, Chapter 355, SubChapter J, Division 23, Rule 8443 , each SHARS provider must complete an annual cost report for all SHARS services delivered during the previous federal fiscal year covering October 1 through September 30.
- Each SHARS provider who is a member of a cooperative or shared services arrangement must submit a separate SHARS cost report and have a district-specific RMTS Participant List (PL).
- All annual SHARS cost reports that are filed are subject to audit and/or desk review by HHSC or its designee.
- Failure to file a complete and acceptable cost report by the cost report due date in accordance with all instructions and rules will result in recoupment of all interim payments received during the cost report year.

SHARS Cost Report

Important Dates

- Cost Report Training for SHARS 2023 Cost Report (Mandatory)
  - **January, February, and March**
- Federal Fiscal Year (SHARS Cost Report Period)
  - **October 1 – September 30**
- Cost Report Due Date (Strictly Enforced)
  - **April 1**
- Cost Report Corrections Due Date (Strictly Enforced)
  - 60 days after cost report due date
- Cost Report Settlement
  - **February**
- First Quarter PL Submission Deadline
  - **September 15**

SHARS Cost Report

All SHARS cost reports are built, maintained, and submitted through the State of Texas Automated Information Reporting System (STAIRS).

STAIRS is a web-based system provided at no charge by the HHSC Provider Finance Department and its contractor, Fairbanks LLC.

https://cr.fairbanksllc.com/fairbanksllc/pages/login.jsf

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SHARS Cost Report

Standards for an Acceptable Cost Report

Each cost report *must*:

- be completed in accordance with the cost report instructions and reimbursement methodology rules;
- be completed for the correct cost-reporting period;
- be completed using the accrual, modified accrual, or cash basis method of accounting for governmental entities;
- reconcile to the district's trial balance and general ledger accounts;
- report dollar amounts properly rounded to the nearest dollar and report statistical information to two decimal places;
- calculate all percentages used in calculations to at least two decimal places;
- have complete edit explanations with sufficient detail to explain all variances;
- be submitted in the SHARS web-based cost report system; and
- have signed, notarized, original certification pages uploaded and submitted in STAIRS on or before the posted due date.

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SHARS Provider Data (Step 1)

Consists of the following:

1. District Identification
2. SHARS Provider Identification
3. Financial Contact
4. Report Preparer Identification
5. Location of Accounting Records That Support This Report
6. Cooperative Information

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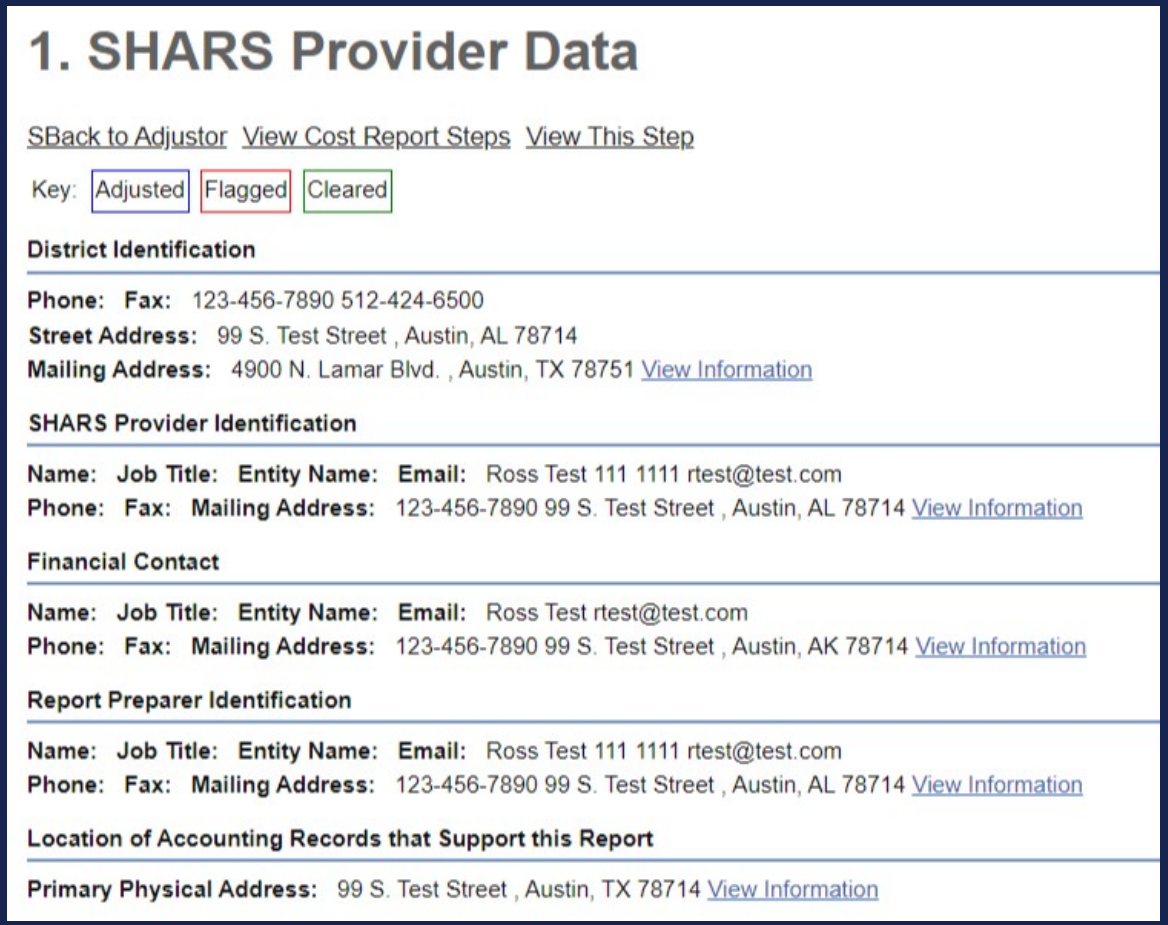
SHARS Provider Data (Step 1)



1. SHARS Provider Data

SBack to Adjustor View Cost Report Steps View This Step

Key: Adjusted | Flagged | Cleared

District Identification

Phone: **Fax:** 123-456-7890 512-424-6500
Street Address: 99 S. Test Street , Austin, AL 78714
Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751 View Information

SHARS Provider Identification

Name: **Job Title:** **Entity Name:** **Email:** Ross Test 111 1111 rtest@test.com
Phone: **Fax:** **Mailing Address:** 123-456-7890 99 S. Test Street , Austin, AL 78714 View Information

Financial Contact

Name: **Job Title:** **Entity Name:** **Email:** Ross Test rtest@test.com
Phone: **Fax:** **Mailing Address:** 123-456-7890 99 S. Test Street , Austin, AK 78714 View Information

Report Preparer Identification

Name: **Job Title:** **Entity Name:** **Email:** Ross Test 111 1111 rtest@test.com
Phone: **Fax:** **Mailing Address:** 123-456-7890 99 S. Test Street , Austin, AL 78714 View Information

Location of Accounting Records that Support this Report

Primary Physical Address: 99 S. Test Street , Austin, TX 78714 View Information

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General and Statistical Information (Step 2)

2. General and Statistical Information

Back to Adjustor View Cost Report Steps View This Step

Explanations Show

Key: Adjusted Flagged Cleared

General Provider Information		
00.00.00 9-Digit TPI	164900000	If any of these fields is incorrect please contact Fairbanks Client information Center (888) 321-1225 or info@fairbanksllc.com
00.00.01 10-Digit NPI	1161100000	
00.00.02 CDN	184-904	
00.00.03 Texas county code in which district is located	001 -- ANDERSON COUNTY	
00.00.04 a. Texas county code in which accounting records are located	001 -- ANDERSON COUNTY	
00.00.04 b. Texas county code in which secondary accounting records are located	001 -- ANDERSON COUNTY	
00.00.05 Reporting period - Beginning (mm/dd/yyyy)	10/01/2020	
00.00.05 Reporting period - Ending (mm/dd/yyyy)	09/30/2021	

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General and Statistical Information (Step 2)

Cost Allocation

Costs are allocated using statistics that have been approved by CMS to facilitate the identification of costs associated with Medicaid.

There are four key allocation methods used in the cost report:

(1) an allocation method to identify the cost of medical services irrespective of payer and administrative cost;

1. Direct Services Time Study Percentage – Reports the amount of time related to all medical services and Medicaid administrative claiming as derived from data obtained from the RMTS (statewide time study)

TAC 355.8443

Direct Medical Services Percentage Derived From Approved Time Study	
00.00.09 Time Study - Activity Percentage for SHARS (Provided by Texas HHSC)	34.91% **The Direct Medical Percentage is tentative. The settlement amount is impacted by this percentage and is displayed for estimate purposes only.**

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General and Statistical Information (Step 2)

(2) a method for allocating direct medical services costs to the Texas Medicaid program;

1. Direct Medical Services IEP Ratio – (Total number of Medicaid enrolled students with IEPs requiring medical services)/(Total number of students with IEPs requiring medical services)

Direct Medical Services Individualized Education Program (IEP) Ratio	
00.00.010 Total # of Medicaid students with IEPs requiring direct medical services	1,000
00.00.011 Total # of students with IEPs requiring direct medical services	3,000
00.00.012 IEP ratio (item 00.00.10 divided by item 00.00.11)	33.33%

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General and Statistical Information (Step 2)

IEP Ratio =

Total number of Medicaid enrolled students with IEPs requiring medical services

Total number of students with IEPs requiring medical services

Total Student Population

Special Education Students

Students with IEPs that prescribe SHARS

Medicaid Enrolled Students with IEPs that prescribe SHARS

Direct Medical Services Individualized Education Program (IEP) Ratio	
00.00.010 Total # of Medicaid students with IEPs requiring direct medical services	1,000
00.00.011 Total # of students with IEPs requiring direct medical services	3,000
00.00.012 IEP ratio (item 00.00.10 divided by item 00.00.11)	33.33%

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General and Statistical Information (Step 2)

(3) a method for allocating transportation costs that cannot be direct costed to specialized transportation services;

1. e.g., fuel, insurance, and/or bus mechanic costs. It is referred to as the Specially-Adapted Vehicles Ratio.

Allocation of Shared Transportation Costs	
00.00.16 Total # of Specially-Adapted Vehicles	7History
00.00.17 Total # of Vehicles	16History
00.00.18 Ratio of Specially-Adapted Vehicles to Total Vehicles (item 00.00.16 divided by item 00.00.17)	43.75% History

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General and Statistical Information (Step 2)

(4) a method for allocating specialized transportation based on the One-Way trip ratio

1. The ratio consists of one-way specialized transportation trips provided on a day when medical services pursuant to an IEP were provided divided by the total number of one-way specialized transportation trips.

Specialized Transportation Services One-Way Trip Ratio	
00.00.13 Total number of one-way trips for Medicaid students with IEPs requiring specialized transportation services	50
00.00.14 Total number of one-way trips for students with IEPs requiring specialized transportation services	200
00.00.15 One-Way Trip Ratio (item 00.0013 divided by item 00.00.14)	25.00%

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General and Statistical Information (Step 2)

- Specialized Transportation Services IEP Ratio – (Total number of Medicaid students requiring specialized transportation services)/(Total number of students requiring specialized transportation services)
- Specially-Adapted Vehicles Ratio – Used to allocate transportation costs that cannot be direct costed to specialized transportation services, e.g., fuel, insurance, and/or mechanic costs. (Total number of specially adapted vehicles)/(Total number of vehicles)
- One-Way Trip Ratio – (Total one-way trips for Medicaid students with IEPs requiring specialized transportation services)/(Total one-way trips for all students with IEPs requiring specialized transportation services)

Specialized Transportation Services One-Way Trip Ratio	
00.00.13 Total number of one-way trips for Medicaid students with IEPs requiring specialized transportation services	71,026
00.00.14 Total number of one-way trips for students with IEPs requiring specialized transportation	150,409
00.00.15 One-Way Trip Ratio (item 00.00.13 divided by item 00.00.14)	47.22%

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General and Statistical Information (Step 2)

Reimbursement for covered transportation services is calculated on a student one-way trip* basis, as long as the student receives at least one direct medical service on the same day.

Important: If the student receives a claimable SHARS service that is documented in his/her IEP (including personal care services on the bus) and is transported on a specially adapted vehicle, the following one-way trips may be claimed:

1. From the student's residence to school
2. From the school to the student's residence
3. From the student's residence to a provider's office that is contracted with the district
4. From a provider's office that is contracted with the district to the student's residence
5. From the school to a provider's office that is contracted with the district
6. From a provider's office that is contracted with the district to the student's school
7. From the school to another campus to receive a claimable SHARS service
8. From the campus where the student received a claimable SHARS service back to the student's school
9. For more information on SHARS Specialized Transportation see: TMPPM SHARS Handbook, Section 2.3.8

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General and Statistical Information (Step 2)

- All 5 allocation ratios/methods are listed in the General & Statistical Information section of the SHARS Cost Report.
- Each district's General Provider Information, Unrestricted Indirect Cost Rate, and Direct Medical Services Percentage Derived From Approved Time Study (Direct Services Time Study Percentage) are provided by HHSC.
- The Direct Medical Services IEP Ratio, Specialized Transportation Services IEP Ratio, Specially-Adapted Vehicles Ratio, and One-Way Trip Ratio are calculated within the cost report using data entered by the preparer.

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IEP Ratio Supporting Documentation

- **Provide a Medicaid eligibility list which includes:**
  - **A Medicaid column**
    - For students that are Medicaid, please provide their Medicaid number.
    - Please provide a count of Medicaid and Non-Medicaid students for the IEP ratio denominator
    - Provide the formula/method used to calculate the IEP ratio.
  - **A Parental Consent column**
    - For students that are Medicaid, please indicate whether parental consent was obtained or not

*Please do not provide personal health information (PHI) for Non-Medicaid students.

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IEP Ratio Supporting Documentation

***NEW* SHARS Compliance Risk Assessment Form**

LEAs may also provide in their STAIRS Upload Center:

- A signed and notarized **SHARS Compliance Risk Assessment form** to confirm that all Medicaid students included in their IEP Ratio numerator and Specialized Transportation Student Count numerator had parental consent
  - The Compliance Risk Assessment form is located and available for download on the Provider Finance Department (PFD) SHARS website, below the "SHARS Compliance Risk Assessment Form" Heading

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IEP Ratio Supporting Documentation

NEW SHARS Compliance Risk Assessment Form

School Health and Related Services (SHARS)

Overview

Medicaid services provided by school districts in Texas to Medicaid-eligible students are known as School Health and Related Ser
The oversight of SHARS is a cooperative effort between the Texas Education Agency (TEA) and Health and Human Services Comm
SHARS allow local school districts, including public charter schools, to obtain Medicaid reimbursement for certain health-related
documented in a student's Individualized Education Program (IEP).

SHARS Compliance Risk Assessment Form

If a SHARS Local Education Agency (LEA) does not submit this form to HHSC for the fiscal year under review, or if the form is subm
notarization, the LEA is subject to further and more in depth reviews of all supporting documentation.

Federal and State Statutory Compliance Risk Assessment Form (.pdf)

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IEP Ratio Supporting Documentation

Continued

If an LEA chooses to complete the form, it must be completed and signed by an LEA employee or district employee that is legally responsible for the conduct of the LEA or is a legal representative for the LEA. The form must be notarized.

- If a form is not submitted or if the form is submitted without a notarization, the LEA is subject to further and more in-depth review of all supporting documentation. However, completion of the form does not forestall HHSC's ability to request any necessary supporting information at any time.

- Once completed, signed, and notarized, the form must be **uploaded to the STAIRS Upload Center** for the appropriate cost report year.

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Transportation Ratio Supporting Documentation

- **Provide actual trip logs with the following elements:**
  - Route name or number
  - Bus driver's name
  - LEA name
  - Dated signature of the bus driver
    - And bus aid/monitor (if applicable)
    - Note: Dated signatures should be captured after all trips have been documented.
  - Bus aid or bus monitor aid name (if applicable) and initials for each one-way trip
  - Dates of service and indicate day of the week
    - If a service is not provided on a school day, Monday-Friday, mark the student as absent
  - Indication if a bus aid or monitor was needed. Schools may only bill for a bus aid/monitor if the service is prescribed in the child's IEP.

Note: Bus monitors ***CANNOT*** sign for Bus Drivers

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Transportation Ratio Supporting Documentation

Trip log requirements continued:

- Copy of the school district's calendar (to be submitted once during the annual desk review)
- Provide a Medicaid eligibility list
- If Personal Care Services are provided on the bus, documentation of the type of personal care service (type of activity and group/individual) that was performed must be included.
- Student's full name, and Medicaid number
  - Note: If the Medicaid number is not in the log, a separate ledger detailing student name, date of birth, and Medicaid status and number must be provided.
- Provide documentation or confirm that another direct medical service was provided the same day as each trip (needs to be available in the event of an audit)

Reminder: LEAs must adhere to all HIPAA and FERPA guidelines when documenting and submitting special transportation logs

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Direct Medical Services Data (Step 3)

- The purpose of the SHARS Cost Report is to:
  - Capture Medicaid-allowable costs for the CMS-approved personnel delivering direct medical services; and
  - Capture Medicaid-allowable costs associated with specialized transportation services, in accordance with the CMS-approved Texas Medicaid State Plan.
- Direct Medical Services Data can be entered in summary (Step 3a).

Direct Medical Services Data (Step 3)

Direct Medical Services Employee Information:

- In step 3, the data for Provider Category, External ID, Name, Employment Type, Title, and Quarters Reported on Participant List is pre-populated based on information reported on the district's participant lists throughout the cost report period.
- All Employee Information, excluding the quarters reported on the district's participant list, can be edited in Step 3.
- Employee Information is summarized and reduced to Provider Category, Number of Employees (headcount), and Number of Contactors (headcount) in Step 3.
- SSA/Co-Op employees are to be recorded in the cost report as employees by the SSA/Co-Op fiscal agent. If these individuals provide services at the other member districts of the SSA/Co-Op, the member districts should record their portion of the costs as contractor costs.
- Any worker that only works for an ISD should be reported as an employee on the ISD's cost report.

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Direct Medical Services Data (Step 3)

Direct Medical Services Employee Information:

If an employee or contracted staff member only provides supervisory services and does not deliver any direct medical services to clients, that individual's paid hours & costs should NOT be reported on the cost report.

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Direct Medical Services Data (Step 3)

Direct Medical Services Payroll, Benefits, and Taxes:

- **Hours** - Total hours paid to an employee/contractor for direct medical services provided to the district's Medicaid and/or non-Medicaid clients during the quarters the employee/contractor was included on the district's participant list. Hours includes overtime, travel time, documentation time, training time, staff meeting time, paid vacation time, and paid sick leave time relating to the Gross Salary/Contractor Payments reported for the employee/contractor. Employee hours and Contractor Hours are reported separately in Step 3b.
- **Gross Salary/Contractor Payments** – Salary/payments paid to an employee or contractor (before taxes or any deductions) for the hours he/she provided direct medical services to the district's Medicaid and/or non-Medicaid clients during the quarters the employee/contractor was included on the district's participant list. Gross Salary/Contractor Payments includes overtime pay, cash bonuses, and any cash incentives paid from which payroll taxes are (or should be) deducted. Gross Salaries and Contractor Payments are reported separately in Step 3b.
- ***Note: Districts should be prepared to justify higher than average salaries for employees and contractors***

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Direct Medical Services Data (Step 3)

Direct Medical Services Payroll, Benefits, and Taxes:

- Report 100% of the salary payments for ALL eligible participants on the participant list (PL) for the quarters the positions were included on the district's PL.
- Costs reported are "position-specific" not "person-specific".
  - Example: Position #85 had the following employee changes from January – March:
    - Employee A works Jan 1 thru Jan 19, earns $800
    - Substitute A works Jan 20 thru Feb 28, earns $1,200
    - Employee B works March 1 thru March 31, earns $1,500
    - The total SHARS Reportable Expenditure for Position #85 is $800 + $1,200 + $1,500 = $3,500

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Direct Medical Services Data (Step 3)

Direct Medical Services Payroll, Benefits, and Taxes:

- **Employer-Paid Retirement** – Direct costed, employer-paid retirement contributions made by the district for a direct medical services employee during the quarters the employee was listed on the district's participant list.
- **Employer-Paid FICA** – Direct costed, employer-paid Federal Insurance Contributions Act (FICA) contributions made by the district for a direct medical services employee during the quarters the employee was listed on the district's participant list.
- **Employer-Paid Medicare** – Direct costed, employer-paid Medicare contributions paid for a direct medical services employee during the quarters the employee was listed on the district's participant list.

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Direct Medical Services Data (Step 3)

Direct Medical Services Payroll, Benefits, and Taxes:

- **State Unemployment (Payroll Taxes or Reimbursing Employer Costs)** – The direct costed, employer-paid Texas Unemployment Compensation Act (TUCA) contributions paid for a direct medical services employee during the quarters the employee was listed on the district's participant list. Reimbursing employers that pay into an unemployment account in lieu of taxes should report the actual amount of unemployment compensation paid for any direct medical services staff members.
- **Federal Unemployment** – The direct costed, employer-paid Federal Unemployment Taxes Act (FUTA) contributions paid for a direct medical services employee during the quarters the employee was listed on the district's participant list.
- **Worker's Compensation Costs (including Self-Insurance Costs)** - Costs for direct medical services staff must be reported with amounts accrued for premiums, modifiers, and surcharges, and net of any refunds and discounts actually received or settlements paid during the quarters the employee was listed on the district's participant list. Costs related to self-insurance are allowable on a claims-paid basis and are to be reported on a cash basis. Contributions to self-insurance funds that do not represent payments based on current liabilities are unallowable costs.

TEXAS Health and Human Services

Direct Medical Services Data (Step 3)

Direct Medical Services Payroll, Benefits, and Taxes:

- **Other Benefit** – Any direct costed, employer-paid benefits paid on behalf of a direct medical services employee during the quarters the employee was included on the district's participant list other than dental, disability, health, or life insurance premiums or employer-paid child day care.
- **Child Day Care** – Employer-paid child day care costs for the children of a direct medical services employee paid as employee benefits during the quarters the employee was included on the district's participant list.
- **Dental Insurance** – The direct costed, employer-paid dental insurance premiums for a direct medical services employee during the quarters the employee was included on the district's participant list.
- **Disability Insurance** – The direct costed, employer-paid disability insurance premiums for a direct medical services employee during the quarters the employee was included on the district's participant list.
- **Health Insurance** – The direct costed, employer-paid health insurance premiums for a direct medical services employee during the quarters the employee was included on the district's participant list.
- **Life Insurance** – The direct costed, employer-paid life insurance premiums for a direct medical services employee during the quarters the employee was included on the district's participant list.

TEXAS Health and Human Services

Direct Medical Services Data (Step 3)

Provider Category	Number of Employees (headcount)	Number of Contractors (headcount)	Employee Hours	Contractor Hours	Gross Salaries	Contractor Payments	Employer-Paid Retirement	Employer -Paid FICA	Employer-Paid Medicare	Federal Funding Amount	State Unemployment (Payroll Taxes or Reimbursing Employer Costs)	Federal Unemployment	Worker's Compensation Costs (including Self-Insurance Costs)	Child Day Care	Dental Insurance	Disability Insurance	Health Insurance	Life Insurance	Other Benefit
Audiologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Audiology Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Counselor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Delegated Nursing	1	0	1,011.17	0	$18,201	0	$410	0	$264	0	0	0	0	0	0	0	$8	0	0
LVN & LPN	4	0	6,592.15	0	$118,659	0	$2,492	$0	$1,677	0	$0	$0	$0	$0	$0	$0	$2,957	$0	$0
RN & APN	1	0	1,539.17	0	$46,175	0	$1,174	$0	$626	0	$0	$0	$0	$0	$0	$0	$2,708	$0	$0
Occupational Therapist	0	1	0	1,097.37	0	$41,700	0	0	0	0	0	0	0	0	0	0	0	0	0
Occupational Therapy Assistant	0	2	0	3,325.56	0	$76,488	0	0	0	0	0	0	0	0	0	0	0	0	0
Personal Care Services	31	1	53,973.92	1,941.35	$1,142,661	$44,651	$31,374	$0	$11,800	$275,098	$0	$0	$0	$0	$0	$0	$69,262	$0	$0
Physical Therapist	0	1	0	729.63	0	$23,348	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical Therapy Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Speech Pathologist	2	0	2,878.47	0	$109,382	0	$3,144	$0	$1,545	0	$0	$0	$0	$0	$0	$0	$16	$0	$0
Speech Pathologist Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Direct Medical Services Data (Step 3)

Federal Funding Reduction:

Federal Funding Amount (including ARRA funds) – The federal grants, matching funds, and/or ARRA/Stimulus funds received by the district for a direct medical services employee/contractor during the quarters the employee/contractor was included on the district's participant list. The Federal Funding Reduction column is used to subtract the federal funds applied to the costs that were included in the Payroll Taxes & Benefits columns to arrive at the net cost for the employee/contractor.

NOTE: MAC funds are considered "reimbursement" funds and are not required to be backed out.

TEXAS Health and Human Services

Direct Medical Services Data (Step 3)

Steps 3c and 3d of the cost report are used to document direct costed supplies, materials, and certain allowable expenses related to all services.

- Do not report supplies or materials that support administrative services.
- If costs were not reported for a cost category in Step 3a or 3b of a district's cost report, the district will not be allowed to report costs for that cost category in Steps 3c or 3d.

Cost Category	Direct Medical Travel	Required Continuing Education	Appendix A Other Direct Medical (less than $5,000)	Other Reductions
	Enter Detail	Enter Detail	Enter Detail	Enter Detail
Nursing Services	0	0	$773	0
Occupational Therapy (OT)	0	0	$7,992	0
Personal Care Services	0	0	$3,239	0
Physical Therapy (PT)	0	0	$836	0
Speech and Language Services (SLP)	0	0	$4,458	0

TEXAS Health and Human Services

Direct Medical Services Data (Step 3)

3c. Direct Medical Services Other Costs Summary Data (Includes Appendix A less than $5,000)

- **Required Continuing Education** - Allowable expenditures include training and continuing education seminars, travel, and other staff costs to maintain professional licensure and/or certification. Education and/or training costs are not allowable for staff pursuing licensure or certification as a new profession.
- *Note: There is **NO** certification/licensure required to be a PCS provider. As a result, no continuing education costs can be claimed under PCS.*
- **Direct Medical Travel** - Travel costs incurred by district employees to provide direct medical services to a recipient. Allowable staff travel expenditures include mileage reimbursements, fuel allowances/reimbursements, cab or bus fare, hotel, and other travel reimbursements paid to staff.
- *Note: There is **NO** certification/licensure needed to be a PCS provider. As a result, no travel costs incurred from continuing education costs can be claimed under PCS.*

TEXAS Health and Human Services

Direct Medical Services Data (Step 3)

3c. Direct Medical Services Other Costs Summary Data (Includes Appendix A less than $5,000)

- **Appendix A Other Direct Medical (less than $5,000)** - Appendix A is an all inclusive list of Medicaid-allowable costs for direct medical services. The list provided in Appendix A includes the only CMS approved materials and supplies. Any request for additional items not included will require CMS approval. The total cost of Appendix A items reported is allowable if the materials and supplies are **only dedicated to the provision of direct medical services.**

*Note: Supplies and materials associated with academics are **NOT** an allowable costs under Appendix A.*

- **Other Reductions** - Other funding by which costs are reduced would include recovery of costs. For example, if an insurance claim were filed and the insurance company made a payment to the provider, the payment would be considered a recovery of costs and should be reported as a reduction to costs.

*Note: costs that belong in other categories such as Direct Medical Travel or Required Continuous Education should **NOT** be included in this category.*

TEXAS Health and Human Services

Direct Medical Services Data (Step 3)

3c. Direct Medical Services Other Costs Summary Data (Includes Appendix A less than $5,000)

Each cost entered in Step 3c will require four key components

1. Cost category (drop-down menu varies by cost item)
2. Amount
3. Federal Funding Amount
4. Type (drop-down menu varies by cost item)

TEXAS Health and Human Services

Direct Medical Services Data (Step 3)

3d. Appendix A – Depreciation of Direct Medical Services Materials & Supplies ($5,000 or over)

- Appendix A items costing $5,000 and over should be documented for depreciation in Step 3d.
  - Depreciation is the periodic reduction of the value of an asset over its useful life or the recovery of the asset's cost over the useful life of the asset.
- Allowable depreciation expense for direct medical services includes only pure straight-line depreciation. Any single item purchased during the cost-reporting period costing less than $5,000 must be expensed and reported accordingly in Step 3c.
- Refer to the Cost Reporting Instructions manual for more information on depreciation of assets.

TEXAS Health and Human Services

Appendix A

Appendix A: List of Allowable Direct Medical Services Supplies and Materials

- Audiometer (calibrated annually), tympanometer
- Auditory, speech-reading, speech-language, and communication instructional materials
- Bandages, including adhesive (e.g., Band-Aids) and elastic, of various
- Battery testers, hearing aid stethoscopes, and earmold cleaning materials
- Blood Glucose Meter
- BMI Calculator
- Clinical audiometer with sound field capabilities
- Cold packs
- Cotton balls
- Cotton-tip applicators (swabs)
- Current standardized tests and protocols;
- Dental floss
- Diapers and other incontinence supplies
- Disinfectant
- Disposable gloves (latex-free)
- Disposable gowns
- Disposable Suction Unit
- Ear mold impression materials
- Electroacoustic hearing aid analyzer
- Electronic Suction Unit
- Evaluation tools (e.g., goniometers, dynamometers, cameras)
- Eye pads
- FM amplification systems or other assistive listening devices
- Gauze
- Loaner or demonstration hearing aids
- Materials for nonstandard, informal assessment;
- Materials used to assist students with range of motion,
- Medicine cabinet (with lock)
- Mobility equipment (e.g., walkers, wheelchairs, scooters)
- Nebulizers
- Otoscope
- Otoscope/ophthalmoscope with battery
- Peak Flow Meters
- Physician's scale that has a height rod and is balanced
- Portable acoustic immittance meter
- Portable audiometer
- Positioning equipment (e.g., wedges, bolsters, standers, adapted seating, exercise mats)
- Reflex hammer
- Sanitary pads, individually wrapped (may be used for compression)
- Scales
- Scoliometer
- Slings
- Sound-level meter
- Sound-treated test booth
- Sphygmomanometer (calibrated annually) and appropriate cuff sizes
- Splints (assorted)
- Stethoscope
- Supplies for adapting materials and equipment (e.g., strapping, Velcro, foam, splinting supplies)
- Surgi-pads
- Syringes (Medication administration / bolus feeding)
- Technology devices (e.g., switches, computers, word processors)
- Test materials for central auditory processing assessment
- Test materials for screening speech and language, evaluating speech-reading and evaluating auditory skills
- Tissues
- Tongue depressors
- Triangular bandage
- Vision testing machine, such as Titmus
- Visual reinforcement audiometry equipment and other instruments necessary for assessing young or difficult-to-test children
- Wheelchair

TEXAS Health and Human Services

Appendix A Supporting Documentation

- Adequate documentation for seminars/conferences includes:
- A program brochure describing the seminar or a conference program with a description of the workshop attended.
- The documentation must clearly demonstrate the seminar/ conference/ workshop provided training required to maintaining professional licensure/ certification.
- At a minimum, documentation for purchased Appendix A items should include accounting ledgers, invoices, purchase orders, vouchers, canceled checks, mileage logs, flight logs, asset records, inventory records, verification of credentials, and/or cost allocation spreadsheets.

TEXAS Health and Human Services

Transportation Data (Step 4)

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:

- Service 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

Transportation Data (Step 4)

A specially adapted vehicle is one that has been physically modified (i.e., addition of a wheelchair lift, addition of harnesses/protective restraint devices, or addition of child protective seating to accommodate students whose IEP includes the documented need for the special adaption).

TEXAS Health and Human Services

Transportation Data (Step 4)

Transportation Services (Not Only Specialized Trans.)

- Reflects transportation employees/contractors whose servicing and/or driving duties float between specially adapted vehicles and regular transportation vehicles.
- Reduced by the Specially-Adapted Vehicles Ratio & the One-Way Trip Ratio.
  - Specially-Adapted Vehicles Ratio = (Total number of specially adapted vehicles)/(Total number of vehicles)
  - One-Way Trip Ratio = (Total one-way trips for Medicaid students with IEPs requiring specialized transportation services)/(Total one-way trips for all students with IEPs requiring specialized transportation services)

TEXAS Health and Human Services

Transportation Data (Step 4)

Transportation Services (Only Specialized Trans.)

- Reflects transportation employees/contractors whose transportation duties are to service and/or drive a specially adapted vehicle.
- Reduced by the One-Way Trip Ratio.
  - One-Way Trip Ratio = (Total one-way trips for Medicaid students with IEPs requiring specialized transportation services)/(Total one-way trips for all students with IEPs requiring specialized transportation services)

TEXAS Health and Human Services

Transportation Data (Step 4)

Transportation Employee Information:

- Employee information consists of Provider Category, External ID, Name, and Employment Type.
  - Provider Category – Employees and contractors should be designated as "Only Specialized Trans" or "Not Only Specialized Trans." If a transportation employee or contractor's costs cannot be direct costed to only specialized transportation or the individual's duties included driving and/or servicing both specially adapted vehicles and regular transportation vehicles the employee should be designated as "Not Only Specialized Trans." *See Cost Report Manual for more information*.
  - Employment Type – Full Time, Part Time or Contract
- Most employee information data can be added and/or edited from Step 4a or 4b.
- Employee information reported in Step 4a is summarized and reduced to Provider Category, Number of Employees (headcount), and Number of Contractors (headcount) in Step 4b.

TEXAS Health and Human Services

Transportation Data (Step 4)

Transportation Payroll, Taxes and Benefits:

- **Hours** – Total hours paid to the transportation staff member (district employee or contractor) during the cost report period. Transportation staff includes bus drivers, mechanics, and mechanic assistants. Hours include overtime, travel time, documentation time, training time, staff meeting time, paid vacation time, and paid sick leave time relating to the Gross Salary/Contractor Payments reported for the staff member. **Employee Hours** and **Contractor Hours** are reported separately in Step 4b.
- **Gross Salary/Contractor Payments** – Salary/payments paid to an employee or contractor (before taxes or any deductions) for the hours he/she provided transportation services as a bus driver, mechanic, or mechanic assistant. Gross Salary/Contractor Payments includes overtime pay, cash bonuses, and any cash incentives paid from which payroll taxes are (or should be) deducted. **Gross Salaries** and **Contractor Payments** are reported separately in Step 4b.

TEXAS Health and Human Services

Transportation Data (Step 4)

Transportation Payroll, Taxes and Benefits:

- **Employer-Paid Retirement** – Direct costed, employer-paid retirement contributions made by the district for a transportation employee during the federal fiscal year in which the individual served as a bus driver, mechanic, or mechanic assistant for the district.
- **Employer-Paid FICA** – Direct costed, employer-paid FICA contributions made by the district for a transportation employee during the federal fiscal year in which the individual served as a bus driver, mechanic, or mechanic assistant for the district.
- **Employer-Paid Medicare** – Direct costed, employer-paid Medicare contributions paid for a transportation employee during the federal fiscal year in which the individual served as a bus driver, mechanic, or mechanic assistant for the district.

TEXAS Health and Human Services

Transportation Data (Step 4)

Transportation Payroll, Taxes and Benefits:

- **State Unemployment (Payroll Taxes or Reimbursing Employer Costs)** – The direct costed, employer-paid Texas Unemployment Compensation Act (TUCA) contributions paid for a transportation employee during the federal fiscal year in which the individual served as a bus driver, mechanic, or mechanic assistant for the district. Reimbursing employers that pay into an unemployment account in lieu of taxes should report the actual amount of unemployment compensation paid for the transportation staff member.

- **Federal Unemployment** – The direct costed, employer-paid Federal Unemployment Taxes Act (FUTA) contributions paid for a transportation employee during the federal fiscal year in which the individual served as a bus driver, mechanic, or mechanic assistant for the district.

- **Worker's Compensation Costs (including Self-Insurance Costs)** - Costs for transportation staff must be reported with amounts accrued for premiums, modifiers, and surcharges, and net of any refunds and discounts actually received or settlements paid during the federal fiscal year the employee served as a bus driver, mechanic, or mechanic assistant for the district. Costs related to self-insurance are allowable on a claims-paid basis and are to be reported on a cash basis. Contributions to self-insurance funds that do not represent payments based on current liabilities are unallowable costs.

TEXAS Health and Human Services

Transportation Data (Step 4)

Transportation Payroll, Taxes and Benefits:

- **Other Benefit** – Any direct costed, employer-paid benefits paid on behalf of a transportation services employee other than dental, disability, health, or life insurance premiums or employer-paid child day care during the federal fiscal year the employee served as a bus driver, mechanic, or mechanic assistant for the district.
- **Child Day Care** – Employer-paid child day care costs for the children of a transportation services employee paid as employee benefits during the federal fiscal year the employee served as a bus driver, mechanic, or mechanic assistant for the district.
- **Dental Insurance** – The direct costed, employer-paid dental insurance premiums for a transportation services employee during the federal fiscal year the employee served as a bus driver, mechanic, or mechanic assistant for the district.
- **Disability Insurance** – The direct costed, employer-paid disability insurance premiums for a transportation services employee during the federal fiscal year the employee served as a bus driver, mechanic, or mechanic assistant for the district.
- **Health Insurance** – The direct costed, employer-paid health insurance premiums for a transportation services employee during the federal fiscal year the employee served as a bus driver, mechanic, or mechanic assistant for the district.
- **Life Insurance** – The direct costed, employer-paid life insurance premiums for a transportation services employee during the federal fiscal year the employee served as a bus driver, mechanic, or mechanic assistant for the district.

TEXAS Health and Human Services

Transportation Data (Step 4)

Federal Funding Reduction:

Federal Funding Amount (including ARRA funds) – The federal grants, matching funds, and/or ARRA/Stimulus funds received by the district for a transportation employee/contractor during the federal fiscal year in which the individual served as a bus driver, mechanic, or mechanic assistant for the district. *The Federal Funding Reduction column is used to subtract the federal funds applied to the costs that were included in the Payroll, Taxes & Benefits columns to arrive at the net cost for the employee.*

NOTE: MAC funds are considered "reimbursement" funds and are not required to be backed out.

TEXAS Health and Human Services

Transportation Data (Step 4)

4c. Transportation Other Costs Summary Data

In addition to payroll expenses, SHARS allows school districts to report other costs incurred by the district's staff/contractors to provide specialized transportation services. The other costs that can be reported in Step 4c should be reported as either Transportation Services (only Specialized Trans) or Transportation Services (not only Specialized Trans). The costs allowable in this section include:

- **Required Continuing Education** – Allowable expenditures include training and continuing education seminars, travel, and other staff costs to maintain professional licensure and/or certification. *Education and/or training costs are not allowable for staff pursuing licensure or certification as a new profession*.
- **Private Payments to Parents/Guardians** – Payments made to parents for specialized transportation one-way trips. *See Cost Report Manual for more information on Private Payments to Parents/Guardians*.
- **Other Reductions** – Includes federal funding for any of the costs reported for specialized transportation services. Specialized transportation services costs are not reduced by MAC funding. An example of federal funding to be reported as a reduction to costs is funding through the Individuals with Disabilities Education Act (IDEA).

TEXAS Health and Human Services

Transportation Data (Step 4)

4d. Worksheet C – Other Transportation Costs

Like Step 4c, Step 4d allows cost report preparers to enter other transportation costs. Section 4d allowable costs are those expenses that resulted from the district's use of transportation equipment/services. Like Step 4c costs, the allowable costs a district can claim in Section 4d should be submitted under the appropriate Cost Category (Transportation Services – only Specialized Trans or Transportation Services – not only Specialized Trans) to ensure that data is properly calculated by the annual cost report system. The Step 4d allowable Cost Types include:

- **Contract-Transportation Equipment** - Report costs of contracted specialized transportation equipment.
- **Contract-Transportation Services** - Report costs of contracted specialized transportation services.
- **Fuel and Oil** - Report gasoline, diesel, other fuel and oil costs for specialized transportation vehicles.
- **Insurance** - Report the cost for insurance premiums for specialized transportation vehicles. Costs should be reported with amounts accrued for premiums, modifiers, and surcharges and net of any refunds and discounts actually received or settlements paid during the same cost reporting period.
- **Lease/Rental** - Report the lease/rental costs of specialized transportation equipment as indicated. If a vehicle lease includes both specialized transportation equipment and non-specialized transportation equipment, allocate the costs based on the number of leased specialized transportation equipment items divided by the total number of leased transportation equipment items and report the amount as "Transportation Services (only Specialized Trans)" or report the total cost as "Transportation Services (not only Specialized Trans)."

TEXAS Health and Human Services

Transportation Data (Step 4)

4d. Worksheet C – Other Transportation Costs

- **Maintenance and Repairs** – Report repairs and maintenance, including non-depreciable tune-ups, oil changes, cleaning, licenses, inspections, and replacement parts due to normal wear and tear for specialized transportation vehicles. Report maintenance supplies related to specialized transportation vehicles. Major vehicles repairs costing $5,000 or more must be depreciated and reported as "Depreciation-Transportation Equipment."
- **Major Purchases Under $5,000** – Report non-depreciable equipment purchases required to maintain and repair specialized transportation equipment as purchases under $5,000.
- **Other** – Direct costed supplies and materials related to specialized transportation equipment and/or services other than those specifically identified in this section.

TEXAS Health and Human Services

Transportation Data (Step 4)

Contract Transportation Services/Equipment

Many districts use contractors to provide transportation services for their students. This cost can be claimed in the SHARS cost report in **Step 4d**. The method of determining the allowable cost to the report can vary based on the terms of each individual district's negotiated contract. To determine if the cost is allowable and what percentage of the cost is allowable, the district must evaluate the contract to determine what costs contribute to Specialized Transportation. If the contract has a direct cost impact, determine the allocation that will justify the appropriate amount specific to Specialized Transportation. The district must be able to provide supporting documentation to justify the allocation. Consider the following when evaluating and reporting costs:

- If a district owns the vehicles the contractor used to provide transportation services, the district should identify the owned vehicles under the Specially-Adapted Vehicle Ratio in Step 2 (Lines 00.00.16 & 00.00.17) of the cost report. The cost report preparer can then either allocate the total contract transportation services/equipment cost into "only specialized trans" and "not only specialized trans," or simply report the total expense as "not only specialized trans."

- If a district does not own the vehicles used to provide transportation services, it should report its contractor's Specially-Adapted Vehicle Ratio in Section 2 (Lines 00.00.16 & 00.00.17) of the cost report. The ratio should only include the contractor's vehicles used to provide services to the district. The cost report preparer can then either allocate the total contract transportation services/equipment cost into "only specialized trans" and "not only specialized trans," or simply report the total expense as "not only specialized trans".

If neither of the scenarios above describes the district's contract of transportation services/equipment arrangement, please contact the SHARS rate analyst for assistance.

TEXAS Health and Human Services

Transportation Data (Step 4)

4d. Worksheet C – Other Transportation Costs

All Step 4d costs should be recorded under the appropriate cost category and should include:

- Gross Costs
- Federal Funding Amount
- Other Reductions – other funding by which costs are reduced would include recovery of costs. For example, if an insurance claim were filed and the insurance company made a payment to the provider, the payment would be considered the recovery of costs and should be reported under "Other Reductions."

Federal Funding Amounts and Other Reductions are auto-summed within Section 4d to arrive at the Total Reductions amount. All Step 4d cost components are auto-summed and used in the annual cost report's total SHARS calculations in Step 5.

TEXAS Health and Human Services

Transportation Data (Step 4)

4e. Depreciation – Transportation Services (Specially-Adapted Vehicles Only)

Depreciation is the periodic reduction of the value of an asset over its useful life or the recovery of the asset's cost over the useful life of the asset. Allowable depreciation expense for specialized transportation services includes only pure straight-line depreciation and is limited to specially adapted vehicles. No accelerated or additional first-year depreciation is allowed. In Step 4e:

- Each depreciable item must be reported individually. Items should not be combined under generic descriptions such as "various" or "equipment."
- Detail data is required for each item reported. The data is used to auto-calculate the item's depreciation.
- Years of Useful Life is pre-programmed for each type of depreciable asset that can be reported.
- The annual cost report will auto-update a depreciable item's "Prior Period Accumulated Depreciation" each year until the item has reached the end of its useful life.
- Current depreciation for depreciable items is calculated within the annual cost report in this section and is then transferred to the cost report's Transportation Services table as "Other Costs" for cost category "Transportation Services (only Specialized Trans)." The amount is then used to calculate the district's Medicaid allowable (transportation) costs.

TEXAS Health and Human Services

Transportation Data (Step 4)

4e. Depreciation – Transportation Services (Specially-Adapted Vehicles Only)

Any single (transportation) item purchased during the cost-reporting period costing less than $5,000 must be expensed and reported accordingly in Step 4d.

TEXAS Health and Human Services

Online Claim Verification & Submission (Step 5)

In Step 5, all the cost entries submitted by a preparer are summarized and totaled by cost category and then presented to the preparer for review.

A SHARS Financial Contact must review the district's data to verify that all costs listed are accurate.

Once the data has been approved, the contact must then submit the cost report to HHSC.

Online Claim Verification & Submission (Step 5)

Direct Medical Services

Cost Category	Employee Salary	Other Costs	Federal Funds and Other Reductions	Net Direct Costs (less reductions & Federal Funds)	Indirect Costs	Net Direct Costs plus Indirect Costs	Application of Direct Medical Percentage	Application of IEP Ratio	Medicaid Allowable Costs
Calculations	(A)	(B)	(C)	(D) A + B - C	(E) D * UICR %	(F) D + E	(G) F * Direct Medical %	(H) G * IEP Ratio	
Audiology & Hearing	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Counseling Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Nursing Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Occupational Therapy (OT)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Personal Care Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Physical Therapy (PT)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Physician Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychological Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Speech and Language Services (SLP)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Transportation Services

Cost Category	Employee Salary	Other Costs	Federal Funds and Other Reductions	Net Direct Costs (less reductions & Federal Funds)	Indirect Costs	Net Direct Costs plus Indirect Costs	Application of Specifically Adapted Vehicles Percentage	Application of One-Way Trip Ratio	Medicaid Allowable Costs
Calculations	(A)	(B)	(C)	(D) A + B - C	(E) D * UICR %	(F) D + E	(G) F * Specifically Adapted Vehicles Ratio	(H) G * One-Way Trip Ratio	
Transportation Services (only Specialized Trans)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Transportation Services (not only Specialized Trans)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

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Print Preparer and Entity Certification Form (Step 6&8)

- Once the cost report has been submitted, districts must print and upload a Preparer Certification Form and Entity Certification Form.
- Both forms must contain original signatures & original notary stamps/seals.

If the forms are not completed properly, the cost report will not be processed until the provider makes the necessary corrections.

Print Preparer and Entity Certification Form (Step 6&8)

Preparer Certification Form

- Used to formally acknowledge that the cost report is true, correct and complete, and was prepared in accordance to all rules and regulations.
- Must be completed & signed by an individual legally responsible for the conduct of the provider such as the authorized agent and/or school representative.
- The responsible party's signature must be notarized.

Entity Certification Form

- Certifies that expenditures are allocable and allowable to the State Medicaid program under Title XIX of the Social Security Act and in accordance with all procedures, instructions and guidance issued by the single state agency and in effect during the cost report year.
- District/Government Provider Name, Total Computable amount, and reporting period dates are auto-populated.
- Must be completed & signed by an individual legally responsible for the conduct of the provider such as the authorized agent and/or school representative.
- The responsible party's signature must be notarized.
- The responsible party should read the seven certification statements carefully before signing the form before a notary.

TEXAS Health and Human Services

Upload Preparer and Entity Certification Form (Step 7&9)

- Prior to the 2011 cost report year, providers were required to mail their certification forms to HHSC.
- STAIRS now requires users to upload these forms directly to the system. Districts may be asked to submit an original copy if the notary seal is not visible on the uploaded copy.
- Maintain originals with the district's records.

Provider Adjustment Report (Step 10)

- Review desk review adjustments at this step.
- The cost reconciliation process must be completed within 24 months of the end of the reporting period covered by the annual SHARS cost report.
- If a provider has not complied with all cost report requirements HHSC will recoup all federal funds issued as interim payments for services delivered during the reporting period.
- The total Medicaid-allowable costs are compared to the provider's interim payments for SHARS delivered during the reporting period, which results in a cost reconciliation.

Provider Adjustment Report (Step 10)

- HHSC retains one percent of the federal share of the total certified Medicaid allowable cost as an administrative fee to be used for Health and Human Services administrative activities.
- If 99 percent of the provider's federal portion of the total certified Medicaid allowable costs exceeds the interim Medicaid payments, HHSC will pay the difference to the provider in accordance with the final actual certification agreement.
- If a provider's interim payments exceed 99 percent of the provider's federal portion of the total certified Medicaid allowable costs, the provider must repay the over payments or HHSC will offset all of the provider's future claims payments until the amount is recovered.

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Agree/Disagree (Step 11)

- HHSC issues a notice of settlement that denotes the amount due to or from the provider. Notices are issued by December 2nd each year.
- The district must log into STAIRS within 30 days of the date of the notice to "Agree" or "Disagree" with the proposed settlement.
- HHSC will process the payout or recoupment listed for districts that Agree.
- If no response is received from a district within the allotted time frame, *STAIRS will agree with the settlement by default*.
  - Once a district agrees with its settlement, if it is owed money, it will receive the settlement payment within 60 days after HHSC submits the action request to TMHP.
- An ISD or the Superintendent, CFO, Business Officer, or other ISD Official with legal authority who disagrees with the adjustments made during the cost reconciliation process has the right to request an informal review of the adjustments.
  - If a district does not submit an informal review request, no action will be taken as a result of its "Disagree" response.
  - A "Disagree" response reflects a disagreement with the contained data. It is not an opportunity to submit additional claims material.

HHSC Informal Review (Step 12)

- HHSC will now accept Informal Review Requests by email, STAIRS Upload Center, or by certified mail. Informal review requests must be received by HHSC by the due date listed on the settlement notice.
    - Extensions for submitting an informal review request can be submitted to HHSC Provider Finance. Please refer to TAC Rule §355.8443 for details regarding extension requests.
- The request must include a concise statement of the specific actions or determinations being disputed, the ISD's recommended resolution, & any supporting documentation deemed relevant.
- Failure to follow these instructions will result in the denial of the request. If a district's request is denied, HHSC will proceed with the settlement as if the district had "Agreed."

Please refer to TAC Rule §355.8443 for more information on Informal Appeals

HHSC Informal Review (Step 12)

- Upon receipt of a district's informal review request, HHSC will review the documents submitted and will determine the appropriate course of action.
- The agency will contact the district with its determination.
- Once HHSC completes its informal review, the district will be required to submit new Cost Report Certification and Claimed Expenditures forms.
- See slides 70-72 for more information on the Cost Report Certification and Claimed Expenditures forms.

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Formal Appeal Process

If a district does not agree with the informal review decision made by the HHSC Provider Finance Department, the district has an option to appeal through the HHSC appeal process. Formal appeals are conducted in accordance with the provisions of Chapter 357, Subchapter I of the Texas Administrative Code (related to Hearings under the Administrative Procedure Act). Written requests for a formal appeal from the interested party must be received within 15 calendar days after the interested party receives the written decision. Requests must be sent directly to:

HHSC Appeals Division

Mail Code W-613

P.O. Box 149030

Austin, TX 78714-9030

This written request for a formal appeal must state the basis of the appeal of the adverse action and include a legible copy of the written decision from the informal review. The formal appeal is limited to issues that were considered in the informal review process. See TAC Rule §355.110 for additional appeal details and information.

Cost Report Corrections

Corrections may be made up to 60 days after the original due date of the cost report. To make a correction to a cost report:

- Scan and send a written, district-initiated correction request to ProviderFinanceSHARS@hhs.texas.gov .
- Correction requests must be on district letterhead and signed by the Financial Contact.
- Correction requests must be notarized.
- Requests should include:
  - District Name
  - District NPI and TPI
  - Year of the cost report in need of correction
  - Brief description of the issue/correction
  - Length of time needed to complete the revisions

Please note, cost reports that are made available for corrections will require new signed and notarized certification forms. Official signature and notary dates must be no earlier than the electronic cost report re-submission date.

STAIRS Demonstration

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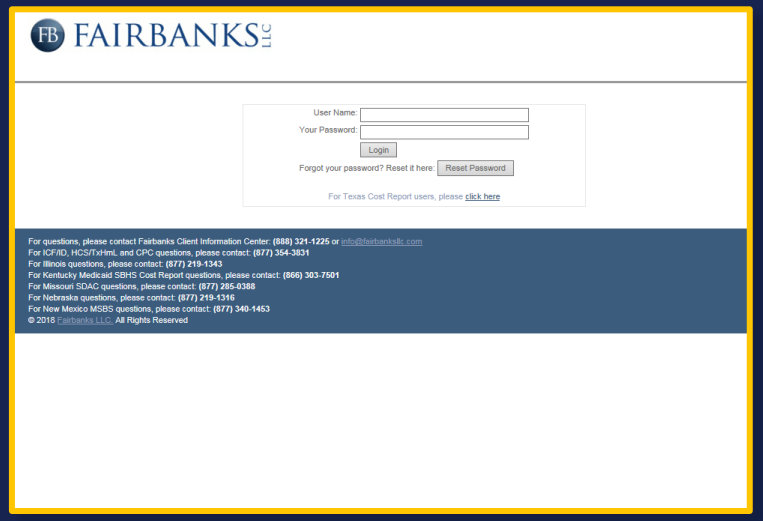
Presented by Fairbanks LLC.



STAIRS System Edits

- STAIRS is designed to perform various edit checks on the data entered by cost report preparers.
- Explanation of variances is required.
- When prompted, provide a clear and concise explanation as to why a cost increased, decreased, etc.
- System edits find possible errors and allow ISDs to correct the current financial report before certifying their data.

SHARS Oversight

TEA and HHSC jointly provide oversight to the SHARS program. As part of the joint effort to manage and evaluate the SHARS program, both agencies conduct desk reviews/audits to verify program compliance. These audits/reviews consist of the following:

- Inspector General (IG) Acute Care Surveillance (ACS) Surveillance and Utilization Reviews (SURs)
- TEA desk reviews/audits of IEP documentation
- HHSC Provider Finance Department (PFD) desk reviews on SHARS cost reports
- HHSC PFD Cost Report Review Unit (CRRU) audit reviews

SHARS Oversight

SUR Desk Review

- Section 456.23 of Title 42, Code of Federal Regulations states that agencies are required to have a post-payment review process that allows State personnel to develop and review: (1) recipient utilization profiles, (2) provider service profiles, (3) exception criteria, and (4) identifies exceptions so that the agency can correct mis-utilization practices of recipients and providers.
- In Texas, the IG ACS unit is responsible for identifying inappropriate payments in the state's Medicaid programs. When conducting retrospective reviews of SHARS provider records, the IG ACS unit applies policy in effect at the time of the service to determine appropriateness of payment. The claiming provider is notified via a certified letter of the outcome of the review.

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SHARS Oversight

SUR Desk Review

- The IG ACS unit utilizes a variety of tools to conduct post-payment review activities including the CMS approved Surveillance Utilization Review system application (SURS Profiler +).
- IG ACS works in conjunction with TMHP clinical specialists to evaluate a sample of the provider's documentation to verify all Texas Medicaid Provider Procedure Manual (TMPPM) requirements have been met, including:
  - Claiming Requirements,
  - Provider qualifications, and
  - Supporting information such as medical necessity, completeness of records, physician prescription for certain services, required IEP documentation, etc…
- Providers are recouped for any paid services that are determined to be non-compliant with all program requirements.

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SHARS Oversight

SUR Desk Review

For proper adjudication of appeals associated with SURS desk review actions send the applicable correspondence to the following address:

Texas Medicaid & Healthcare Partnership
SUR Provider Review Assistant

MC A11 SUR

12357 – B Riata Trace Parkway, Suite 100

Austin, TX 78727-6524

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SHARS Oversight

Common SHARS Desk Review/Audit Review Findings

- Documentation does not support services rendered.
- Documentation for items purchased does not include enough specificity
- Documentation does not include claimable time.
- Documentation does not include session notes, start and stop times, total minutes, activity performed, student observation, or related IEP objective.
- Amount of time claimed does not match amount of time documented.
- Student was absent on the date of service claimed.
- Medical records requested were not submitted.
- Documentation does not support costs reported on cost report (IEP ratio, one-way trip ratio, time study, etc.).

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SHARS Documentation

SHARS records need to be retained for at least *seven years* as they are considered both educational and Medicaid records. At a minimum, the following documents must be maintained for each SHARS student:

- Eligibility/assessment records
- IEP/ARD documents
- Prescriptions, evaluations, and/or referral information for related services, as appropriate
- Provider qualifications, including licensure/certification records
- Session notes/service logs
- PCS documentation
- Delegated nursing services documentation
- Specialized transportation documentation (daily trip/maintenance logs)
- Attendance records
- Time study participant list
- Parental notice/consent records
- Written agreements/contracts
- Supervision logs
- Claims submittal and payment histories
- Cost report documentation (invoices, salary information, time study documentation, etc.)

SHARS Documentation

For SHARS purposes, the ARD/IEP/Supplement forms should include the following:

- Type (name) of service
- Time, frequency, and duration of service
- Medical necessity
- Medical condition related to service
- Rationale/reason for service
- Goals/objectives for service (e.g., OT, PT) and/or description of service with detailed activities (e.g. PCS, nursing services)
- Parental notice and consent records
- Medicaid number on each page of ARD

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SHARS Documentation

How to tell which service requires which form of documentation?

- Requirements for documentation standards are found in the TMPPM which states the Medicaid standard documentation requirements for each individual provider type
- Please see the TMPPM Section 2.4 Documentation Requirements for more information

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Shared Services Arrangement (SSA)/Cooperative (Co-op)

- Providers who are members of a cooperative or shared services arrangement must each submit a separate SHARS cost report that reflects costs specific to that district.
  - This means that each member of a Co-Op or SSA must also follow the SHARS claiming requirements listed in TAC Rule §355.8443
  - Each ISD must have a district specific RMTS participant list (PL) that includes "contracted staff" employed by the fiscal agent and district employees for which costs will be claimed.
  - Failure to maintain a complete district specific PL limits the allowable costs that a district is able to claim on the cost report.

Shared Services Arrangement (SSA)/Cooperative (Co-op)

1. Allocation methodologies used to distribute shared costs to member districts of a SSA/Co-Op must be documented and presented to HHSC upon request.
   - SSA/Co-Op employees are to be recorded in the cost report as employees by the SSA/Co-Op fiscal agent. If these individuals provide services at the other member districts of the SSA/Co-Op, the member districts should record their portion of the costs as contractor costs.
   - Any worker that only works for an ISD should be reported as an employee on the ISD's cost report.
2. Allocation methodologies should appropriately reflect the level of direct service costs associated with the students enrolled in each district.

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Shared Services Arrangement (SSA)/Cooperative (Co-op)

The fiscal agent of a SSA or Co-Op can only report costs for the students "enrolled" in the district serving as the fiscal agent. All "shared" costs must be allocated to each of the member districts.

Determination of "enrolled" per the TEA…

"While it is true that multiple districts may be involved in the provision of special education and related services to a student with disabilities, only one district can report Public Education Information Management System (PEIMS) data on a student, so it is our position that the SHARS-related billing should be through the district that is reporting the PEIMS data."

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SHARS Financial Contact Responsibilities

- Oversight, monitoring, and coordination with the RMTS Coordinator to ensure the quarterly participant list data is accurate and appropriate for inclusion of cost on the cost report.
- Must verify that financial data submitted is true and accurate, and that appropriate documentation is maintained to support the time study (i.e., participant training) and cost report.
- Ensure all supporting documentation appropriately identifies the certified funds used for claiming is maintained.
- Ensure the district cooperates with state and federal audits.

SHARS Financial Contact Responsibilities

- Review the findings made by HHSC/TEA;
- Evaluate the client files currently assigned to the district's provider(s);
- Determine if the documentation is appropriate for all Medicaid services delivered by the district's provider(s); and
- Determine if cost is allowable on the cost report.

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Provider vs. Vendor Responsibility

Provider Responsibility	Vendor Support
Outcome of any audit (CAP, recoupments, etc.)	Cost Report Preparation Assistance
Ensure informed parental consent	Additional SHARS training
Train service providers (session notes/logs, parental consent, etc.)	Claiming assistance
Agree/Disagree to settlement amount	
Verify cost report accuracy	
Communication with SHARS Reimbursement Analysts	
Ensure all documentation is provided to HHSC Provider Finance when requested	

Documents for Cost Report Review Unit (CRRU)

- All SHARS cost reports undergo cost report reviews by the HHSC Cost Report Review Unit (CRRU)
- The next slide contains a **general list** of documents that all districts should have readily available for CRRU

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Documents for Cost Report Review Unit (CRRU)

Document Type	Document Type
Payroll records	Appendix A documentation
Entity certification and claimed expenditures	Worksheet C Transportation documentation
Preparer certification	
Transportation logs	
Documentation for cost report ratios	
Vehicle list, include the adaptations for those specially adapted	
SSA/Co-Op allocation worksheet	

Polling Questions

Wrap Up

- Training session participants not listed in STAIRS as a SHARS financial contact will not receive credit for completing SHARS Cost Report training.
- Any primary contact at the district can add new SHARS contacts in STAIRS.
- There are no certificates for training.
- Emails will be sent thanking those who attend a training session; however, this does not necessarily mean that training credit will be awarded to all session participants.
- Access to the cost report will be granted once you have received credit.
- Please allow a maximum of 9 business days processing time for training credit information to be updated and uploaded to STAIRS.
- Once full access is indicated, contacts will be able to build and submit their district's SHARS Cost Report.

HHSC SHARS Website

The HHSC-SHARS website contains:

- General & Related Information
- Contacts
- Enrollment & Participation
- Frequently Asked Questions
- Guides/Manuals
- Methodology/Rules
- Notices
- Payment Rate Information
- Cost Reporting Information
- Time Study
- Training

https://pfd.hhs.texas.gov/acute-care/school-health-and-related-services-shars

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Additional Resources…

- CMS Medicaid School-Based Administrative Claiming Guide

  https://www.cms.gov/research-statistics-data-and-systems/computer-data-and-systems/medicaidbudgetexpendsystem/downloads/schoolhealthsvcs.pdf

- 2 C.F.R. Part 200, Subparts E and F

  https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-F

  https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E

- Title 45 Code of Federal Regulation (CFR) Part 74 and 95

  https://www.ecfr.gov/current/title-45/part-74

  https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-95

- Title 42 CFR 430.1 and 42 CFR 431.15

  https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-430/subpart-B/section-430.10

  https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-430/subpart-B/section-430.15

Additional Resources…

- Title 19 of the Social Security Act, section 1903(a)(7)

  https://www.ssa.gov/OP_Home/ssact/title19/1903.htm

- Title 1 of the Texas Administrative Code, Part 15, Chapter 354, SubChapter A, Division 25, Rules 1341-1342

  http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=1&pt=15&ch=354&sch=A&div=25&rl=Y

- Title 1 of the Texas Administrative Code, Part 15, Chapter 355, SubChapter J, Division 23, Rule 8443

  http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=355&rl=8443

- General information regarding Texas Medicaid Program

  https://hhs.texas.gov/services/health/medicaid-chip

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Reference Materials

- Texas Education Agency (TEA) SHARS website: https://tea.texas.gov/academics/special-student-populations/special-education/programs-and-services/school-health-and-related-services
- Texas Medicaid & Healthcare Partnership http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx
- Texas Medicaid Provider Procedures Manual SHARS Handbook: https://www.tmhp.com/sites/default/files/microsites/provider-manuals/tmppm/html/index.html#t=TMPPM%2F2_18_SHARS%2F2_18_SHARS.htm%231019226&rhtocid=_29

SHARS Contacts

SHARS Cost Reports & SHARS Interim Rates:

Phone: (512) 730-7400

Email: ProviderFinanceSHARS@hhs.texas.gov

SHARS Program/Policy/Certification of Funds/Claiming/Payment Questions:

Phone: (512) 462-6278

Email: HHSC_Oversight@hhsc.state.tx.us

STAIRS Cost Report System Questions:

Fairbanks Hotline: (888) 321-1225

Email: info@fairbanksllc.com

TEA – Division of Fiscal Compliance:

Angela Foote (SHARS Coordinator)

Phone: (512) 463-6639

Email: angela.foote@tea.texas.gov

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Thank you