Provider Finance Department School Health and Related Services Program (SHARS) Frequently Asked Questions (FAQ)

This document is in response to the influx of questions received by the SHARS provider community specific to the Department of Health and Human Services Office of the Inspector General 2011 audit of the SHARS program Random Moment Time Study (RMTS) and subsequent results which decreased the statewide RMTS calculation percentage.

Below are responses to the questions PFD has received to date. To ensure providers and interested stakeholders continue to receive updated information, PFD will be updating this document every 2 business days (except for holidays and weekends). HHSC PFD encourages all interested providers to continue submitting questions to us at ProviderFinanceSHARS@hhs.texas.gov

Questions as of January 23, 2024

*PFD has not received any new questions as of 1/23/2024.

Question: If my district failed to respond to follow-up questions from a coder for the Random Moment Time Study (RMTS) and the moment was marked as a non-Medicaid activity, can my district still appeal this moment through an Informal Review Request?

Answer: No. Districts may *not* appeal moments for those marked 'non-responsive'. Districts may appeal moments that were changed due to the DAB Appeal.

Question: Did HHSC engage with the Texas Education Agency (TEA) regarding this audit and subsequent disallowance?

Answer: Yes, HHSC and TEA meet on a regular basis to discuss matters related to SHARS, including audits and the disallowance. HHSC met with TEA in August 2022 to inform TEA that HHSC had lost the initial appeal to the U.S. Health and Human Services Departmental Appeals Board (DAB) and that HHSC was filing a request for reconsideration. In those discussions with TEA, HHSC provided an approximate anticipated aggregate fiscal impact to

independent school districts and shared estimated impacts by district if HHSC lost the second appeal, that the timing of the review of the second appeal was unknown, and shared information related to additional fiscal impacts due to CMS concerns.

Question: If I am appealing my district's recoded moments from the DAB Appeal adjustments, what should I include with my Informal Review Request?

Answer: For LEAs who choose to appeal recoded moments, appeals are required to include all the following items to be reviewed and considered:

- 1) Full name of the person who responded to the random moment time study
- 2) Full student name
- 3) Copy of Student's Individualized Education Program (IEP)
- 4) Contemporaneous service or billing logs clearly demonstrating a service was provided during the surveyed moment
 - If any documentation is found to be created beyond the period by which logs can be completed, LEAs may be subject to civil and criminal prosecution and referred to the Office of the Inspector General (OIG) for fraud, waste, and abuse.
 - As prescribed in the Texas Medicaid Provider Procedure Manual (TMPPM): Documentation of services should be generated at the time of service or shortly thereafter, to maintain an accurate medical record. Documentation of services must occur within 1 week (7 days) of the time the service is rendered
- 5) Identification of the services of Activities of Daily Living or Instrumental Activities of Daily Living (ADL/IADL) that correspond to the moment

RMTS Coding appeal requests that are not accompanied by all five (5) elements noted above will not be reviewed.

Question: Which cost report years does the audit adjustment affect?

Answer: The audit adjustment is for the FFY 2022 cost report period* and

forward (*October 1, 2021 - September 30, 2022).

Question: How do I access my district's Random Moment Time Study (RMTS) coded moments?

Answer: Please log into your State of Texas Automated Information

System (STAIRS) account located on the Fairbanks website and click on **Step 10: Provider Adjustment Report**. Once in Step 10, click on the "District RMTS 2022 File" link. This will open to an Excel worksheet. The Excel file contains a copy of the moments that were coded for your district. Column 'R' displays the way the moment was originally coded. Column 'S' will display the final coded moment resulting from the DAB appeal. Moments that were recoded are displayed in red.

If your district does not have any moments to review, then your district did not have a SHARS provider selected for a moment. This may occur despite your district uploading and certifying a participant list.

Question: If my district was not surveyed for the RMTS, then, why does our cost report reflect an adjustment pertaining to the audit of RMTS?

Answer: The sampled random moments from the LEA's participating in SHARS calculate a Direct Service percentage (DS%), which is then

applied across all participating providers for that fiscal year.

Question: Where can I obtain a definition or description of the codes used in the RMTS?

Answer: The codes used to categorize each moment sampled in the RMTS are in the approved ISD Implementation Guide located on the

HHSC Provider Finance website. Please refer to page 14 of that

guide.

Question: It seems like the reimbursement cuts HHSC is moving forward with will generate much more than the \$18 million identified in the 2011 audit. How?

Answer: There were two parts to the audit. The first was specific to the two audited school districts. The second recommendation was to disallow those moments for reimbursement because they were deemed educational rather than medical in nature for all entities requesting SHARS reimbursements.

Question: What has HHSC done with the ongoing 1% administrative fee and why is HHSC not using it to cover these costs?

Answer: These funds were used for cost containment. As a result, HHSC's budget associated with SHARS was reduced and the 1% administrative fee is used to fill that hole on an ongoing basis.

Question: Why were districts not informed of magnitude of these program cuts prior to December 2023?

Answer: Although HHSC was aware there was a chance the appeal filed may be denied, the state continued to work diligently with its federal oversight partners to have the decision overturned. The state was not aware when a decision would be handed down and ultimately what that decision would be. HHSC notified providers of the fiscal impact as soon as feasible and within weeks of receiving the final determination. HHSC has also regularly and publicly stated that the potential impact of a loss of our appeal could result in the loss of hundreds of millions of dollars in funding.

Question: Why can't the 30-day appeals period be extended considering the huge variances in what was expected and what was included in the settlements?

Answer: TAC §355.8443 Reimbursement Methodology for School Health and Related Services dictates the timeline in which appeals may be submitted. Specifically, the TAC notes:

HHSC Provider Finance must receive a written request for an informal review in a manner prescribed by HHSC no later than 30 calendar days from the date on the written notification of the adjustments. If the 30th calendar day is a weekend day, national

holiday, or state holiday, then the first business day following the 30th calendar day is the final day the receipt of the written request will be accepted. HHSC Provider Finance will extend this deadline if it receives a written request for the extension in a manner prescribed by HHSC, no later than 30 calendar days from the date of the written notice of adjustments. The extension gives the requester a total of 45 calendar days from the date of the written notice of adjustment to file a request for an informal review. If the 45th calendar day is a weekend day, national holiday, or state holiday, then the 45th day is considered the next business day following the 45th calendar day. A request for an informal review or extension that is not received by the stated deadline will not be accepted.

Question: Will HHSC delay implementation of these cuts or apply them to services provided from this point forward?

Answer: No. HHSC is not authorized to distribute federal funds for services that are unallowable and to delay implementation would put federal dollars and the entirety program at risk of being disallowed by the Centers for Medicare and Medicaid Services.

Question: We would like to request a copy of our RMTS survey results as well as the coding data for FY 2022.

Answer: HHSC will provide every participating ISD a copy of the moments that were coded for their ISD.

Please note, due to the random nature of the RMTS survey, there may be an instance where your ISD does not have any moments to review. This means you did not have a SHARS provider selected for a moment.

Question: How do I appeal my RMTS moment(s)?

Answer: If your ISD was selected for a moment and you disagree with the way in which that moment was ultimately coded, you will be required to include this in your Informal Review request letter sent to PFD. Specific guidance on what you must include with such an appeal will be provided via a Fairbanks Notice.

Question: I attended a webinar that said HHSC already collected the \$18M noted in the audit report and made policy changes to the program making the recoupment to these cost reports unnecessary. If that is the case, why is HHSC still recouping money?

Answer: HHSC is aware of widespread misinformation being provided to school districts which includes this very assumption. Due to the ongoing discussions between the state and federal government,

HHSC did not immediately recoup any money from providers. It was the hope the state would be successful in its appeal attempts

and not have to recoup money from schools.

To respond to the programmatic audit findings, HHSC made substantive changes to its Administrative Code in October 2022. Those changes included policy driven updates as well as different requirements pertaining to interim billing.

Question: What does this adjusted post-DAB amount mean for the ISD? What steps, if any, do we need to take to comply with the email?

Answer: The post-DAB adjusted amount that was sent to each ISD via email is a sum of the LEA's interim payments for FFY22 plus the LEA's adjusted final settlement amount for their FFY22 cost report. The adjusted amount includes the DAB Appeal adjustment to the statewide RMTS percentage for SHARS for FFY 2022. LEAs should follow the instructions from their settlement notice and log into STAIRS to view their final settlement amount to see what they are set to receive as their final settlement amount for their cost report.