

School Health and Related Services (SHARS) Policy Updates

Topic One: Understanding SHARS as Medicaid Medical Policy



Presenters

 Leslie Smart, OTR, DSc serves as the Medical Benefits (MB) Director in the MB Department in the Office of Policy and Program (OPP) in the Medicaid and CHIP Services (MCS) Division of the Texas Health and Human Services Commission (HHSC).

Jennifer Daniels, MPA serves as the SHARS
 Policy Analyst in the MB Department in the OPP in the MCS Division of the Texas HHSC.



Objectives

Participants will identify:

- Rationale and key dates for SHARS policy updates
- Federal statutes and regulations relating to Special Education and the provision of Medicaid in schools
- Which areas of Medicaid in schools are medical policy related vs. rates/reimbursement related
- SHARS as a Medicaid medical policy governed by federal statutes and regulations
- Medicaid medical policy processes



Background

- On the <u>Medicaid Medical & Dental</u>
 <u>Policies</u> webpage, the draft SHARS policy posted for two-week public comment period (external stakeholder review)
 - Comment period for SHARS policy was from January 12, through January 26, 2021
- Responses to those public comments are currently posted but will not remain posted permanently.



Background

On August 13, 2021, 3 notifications were published on tmhp.com to alert the public to SHARS changes:

- SHARS Updates to Audiology Services Under Section 504 Plan
- SHARS Updates to Interim Claiming and Cost Reporting Requirements for SHARS PT, OT, ST, and Audiology Services
- SHARS Benefits to Change for Texas Medicaid October 1, 2021



Key Dates

November 1, 2021

- New School Health and Related Services (SHARS)
 Handbook created for the Texas Medicaid Provider
 Procedures Manual (TMPPM)
- Grace period begins for referring/prescribing National Provider Identifier (NPI) for SHARS therapy and audiology services
- Slight changes to SHARS medical benefits

Key Dates

October 1, 2022

 Tentative future implementation date for audiology services provided to students with a Section 504 plan

November 1, 2022

Grace period ends for referring/prescribing NPI





SHARS Program Overview

- School Health and Related Services (SHARS) are Medicaid services provided by school districts and public charter schools in Texas.
- SHARS jointly overseen by the Texas Education Agency (TEA) and the Health and Human Services Commission (HHSC)
- Allows local school districts, including public charter schools, to obtain Medicaid reimbursement for certain health-related services documented in a student's Individualized Education Program (IEP)





SHARS Program Overview

SHARS reimbursement is provided for students who:

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



Medicaid and HHSC

- The Centers for Medicare & Medicaid Services (CMS), an agency within the U.S. Department of Health and Human Services (HHS), oversees Medicaid program at federal level
- CMS approves Medicaid state plan created by states
- Federal Medicaid regulations require each state to designate single state agency responsible for state's Medicaid program
- Texas HHSC has been single state agency for Texas Medicaid program since January 1993.



IDEA Part B and TEA

- Allocated by state
- State plan approved by Department of Education (DOE)
- Administered by the State Education Agency, Texas Education Agency (TEA)
- Outlines requirements for IEPs
- Provides oversight of IDEA compliance



Medicare Catastrophic Coverage Act of 1988

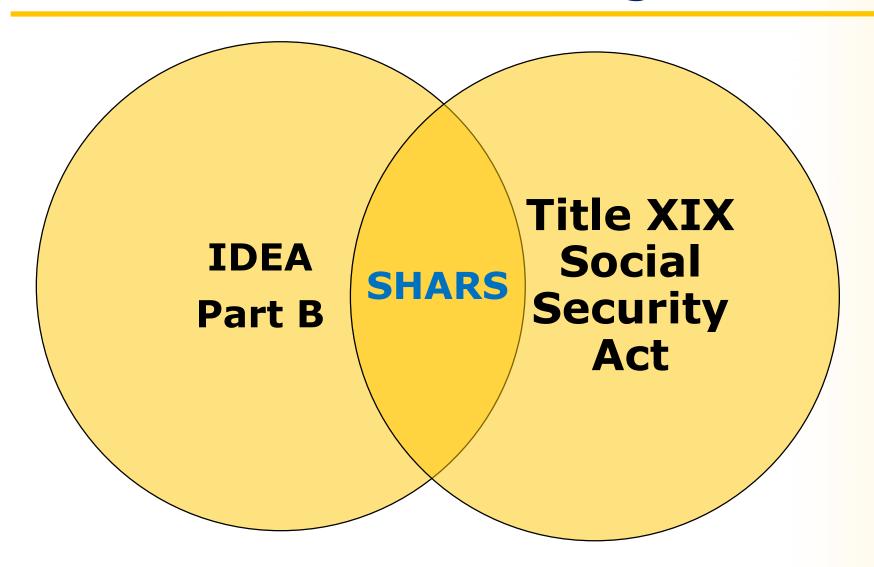
Amended 1903(c) of the SSA to permit Medicaid payment for services under IDEA through a child's IEP or IFSP

Nothing in this title shall be construed as prohibiting or restricting, or authorizing the Secretary to prohibit or restrict, payment under subsection (a) for medical assistance for covered services furnished to a child with a disability because such services are included in the child's individualized education program established pursuant to part B of the Individuals with Disabilities Education Act or furnished to an infant or toddler with a disability because such services are included in the child's individualized family service plan adopted pursuant to part C of such Act.

-SSA 1903(c), Payments to States

Nexus of Two Funding Statutes

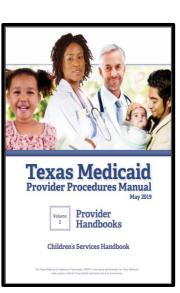




Policy vs. Rates in Texas Medicaid

HHSC: Texas SHARS Program





* SHARS Handbook Effective 11/1/2021

Medical Policy Medicaid & CHIP Services Office of Policy and **Program** Texas Medicaid Provider **Procedures**

Manual (TMPPM)

Rates **Provider Finance Department** (PFD)

Reimbursement

Random Moment Time Study (RMTS)

Approved 4/25/07. Revised 08/21/09

TEXAS TIMESTUDY IMPLEMENTATION GUIDE FOR DIRECT SERVICES AND MEDICAID ADMINISTRATIVE CLAIMING **EFFECTIVE APRIL 25, 2007**

Texas School Health and Related Services (SHARS) Cost Report Instructions

TEXAS Health and Human Services

Medicaid Medical Policy Process

Phase I - Planning Phase

- Topic nomination
- Topic research & scoring
- Preliminary fiscal impact assessment
- Governance Committee



Phase II - Development Phase

- Initiation of policy development
- Internal stakeholder review (to include TEA for SHARS)
- Present new procedure codes at public rate hearing, if applicable
- Draft policy posting for two-week public comment period (external stakeholder review)
 - Comment period for SHARS policy was from January 12, 2021 through January 26, 2021
- Policy revisions considered based on public comments

^{*}All medical policies developed by MB go through a standardized multi-phase process.



Phase III - Approval Phase

- Present policy to internal stakeholders
- Coordinate planned implementation date around TAC and federal updates, such as state plan amendments (SPA)
- Leadership approval



Phase IV - Implementation Phase

- Submit direction to Texas Medicaid & Healthcare Partnership (TMHP) to implement policy
 - ~ 90 days before implementation
- Draft and review provider notices and proposed updates to TMPPM
 - ~45 days before implementation

^{*}All medical policies developed by MB go through a standardized multi-phase process.



TAC rule changes and SPAs are required for some SHARS medical policy updates

- Internal and external collaborative rulemaking and SPA processes are followed
 - H.B. 706 (86th Legislature, 2019)
 Expanding related services to students with a 504 plan

H.B. No. 706

AN ACT

2 relating to the eligibility of certain children who are deaf or hard

3 of hearing for audiology services under the school health and

4 related services program.

 What: SHARS Medicaid program policy will officially become SHARS Medicaid medical policy

When: November 1, 2021

 Why: SHARS are medical services governed by federal Medicaid statutes and regulations.





- Where: TMPPM Children's Services Handbook, Section 3 moved into newly created standalone SHARS Handbook.
- How: Medicaid and CHIP will have primary responsibility of:
 - Updating the SHARS Handbook in the TMPPM
 - Answering medical policy related questions
 - Collaborating with PFD on TAC rule changes and implementing legislation





TMPPM SHARS Handbook

- Formal SHARS Medicaid medical policy benefit description
 - Replaces TMPPM Children's Services Handbook, Section 3
 - Replaces Frequently Asked Questions (FAQs)
 - Supplements Cost Report Instructions and RMTS Texas Time Study Guide



SHARS audiology services for 504 students

- Pending CMS approval for SPA
- Medical policy updates and training instructions/guides will not be updated until SPA approved
- Targeting an October 1, 2022 implementation date, upon CMS approval



- Referring/prescribing NPI required for interim claiming and cost reporting for therapy and audiology services
 - Title 42 (Public Health) Code of Federal Regulations (CFR)
 - CFR § 455.440 National Provider Identifier
 - CFR § 455.410 Enrollment and Screening of Providers
 - CFR § 440.110 Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders
- TMPPM will be updated to include policy language relevant to NPI requirements
 - Implements November 1, 2021 with a grace period through October 31, 2022



Changes to SHARS medical benefits

- New billable procedure codes for audiology evaluation and management services
- New documentation requirements for all SHARS services, including special transportation
- Implements November 1, 2021



External Stakeholder Feedback

SHARS medical policy updates impact a wide range of SHARS providers, third-party vendors, and members of the public

- External stakeholder feedback is important
 - Direct all medical policy inquiries to <u>MedicaidBenefitRequest@hhsc.state.tx.us</u>
 - Direct all rates and reimbursement inquiries to <u>ProviderFinanceSHARS@hhs.texas.gov</u>



SHARS Medical Policy Development

- Policy development is ongoing and iterative
- Future changes forthcoming
- Goal to incorporate external and internal stakeholder feedback into current and upcoming SHARS policy updates
 - Standards of care for medical policy and federal statutes/regulations guide SHARS policymaking



Future Policy Amendments

- Correct coding for SHARS benefits
- Clarification on documentation requirements
- Clarification on SHARS benefits, as determined by a thorough policy review of each service category
- Policy updates mandated by federal and/or state laws



Future Webinars

As a registered attendee of this webinar, you are pre-registered for:

 SHARS Policy Updates Topic Two: National Provider Identifier (NPI)

Friday, October 1, 2021 2:00 – 3:00 pm Central Daylight Time (CDT)

 SHARS Policy Updates Topic Three: Documentation Requirements

Wednesday, October 13, 2021 2:00 – 3:00 pm CDT



Future Webinars

- HHSC will continue holding webinars as needed, registration instructions will be provided at a later date.
- Future topics may address:
 - Standard billing practices
 - Additional questions received through the Medicaid Benefit Request mailbox
 - Future SHARS medical policy amendments



Questions?



Thank you

Leslie Smart, OTR, DSc

Medical Benefits Director

Jennifer Daniels, MPA

SHARS Policy Analyst

MedicaidBenefitRequest@hhsc.state.tx.us



Additional Resources



Title 34 (Education) Part 300 CFR Subpart D - Evaluations, Eligibility Determinations, Individualized Education Programs, and Educational Placements

PARENTAL CONSENT (§ 300.300)

§ 300.300 Parental consent.

EVALUATIONS AND REEVALUATIONS (§§ 300.301 - 300.306)

§ 300.301 Initial evaluations.

§ 300.302 Screening for instructional purposes is not evaluation.

§ 300.303 Reevaluations.

§ 300.304 Evaluation procedures.

§ 300.305 Additional requirements for evaluations and reevaluations.

§ 300.306 Determination of eligibility.

Additional Procedures for Identifying Children With Specific Learning Disabilities (§§ 300.307 - 300.311)

§ 300.307 Specific learning disabilities.

§ 300.308 Additional group members.

§ 300.309 Determining the existence of a specific learning disability.

§ 300.310 Observation.

§ 300.311 Specific documentation for the eligibility determination.

Individualized Education Programs (§§ 300.320 - 300.323)

§ 300.320 Definition of individualized education program.

§ 300.321 IEP Team.

§ 300.322 Parent participation.

§ 300.323 When IEPs must be in effect.

DEVELOPMENT OF IEP (§§ 300.324 - 300.328)

§ 300.324 Development, review, and revision of IEP.

§ 300.325 Private school placements by public agencies.

Title 42 (Public Health) CFR Chapter IV Subchapter C – Medical Assistance Programs



TITLE 42—Public Health

CHAPTER IV—CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUBCHAPTER C-MEDICAL ASSISTANCE PROGRAMS

Part	Table of Contents	Headings
430	430.0 to 430.104	GRANTS TO STATES FOR MEDICAL ASSISTANCE PROGRAMS
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433	433.1 to 433.400	STATE FISCAL ADMINISTRATION
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435	435.2 to 435.1205	ELIGIBILITY IN THE STATES, DISTRICT OF COLUMBIA, THE NORTHERN MARIANA ISLANDS, AND AMERICAN SAMOA
436	436.1 to 436.1102	ELIGIBILITY IN GUAM, PUERTO RICO, AND THE VIRGIN ISLANDS
138	438.1 to 438.930	MANAGED CARE
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447	447.1 to 447.522	PAYMENTS FOR SERVICES
155	455.1 to 455.518	PROGRAM INTEGRITY: MEDICAID
456	456.1 to 456.725	UTILIZATION CONTROL



TMPPM

Texas Medicaid Provider Procedures Manual (TMPPM)

- Updated monthly and available at <u>www.tmhp.com</u>
 - Click on 'Resources'
 - Click on 'Provider Manuals'
 - Click on 'Texas Medicaid Provider Procedures Manual'

