



Special Education: Individualized Education Programs (IEP) and School Health Related Services Audit

ASSURANCE • INSIGHT • OBJECTIVITY

Final Report
Audit Plan Code: 19-16

The District was unable to claim Medicaid reimbursement funds for several *School Health and Related Services* (SHARS) as a result of inadequate, incomplete, or missing documentation. We also found an absence of written “day to day” departmental standard operating procedures or monitoring of SHARS processes at the department and campus level.



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Abbreviations

ARD	Assessment, Review, or Dismissal (Individualized Educational Planning committee)
CAP	Corrective Action Plan
EPISD	El Paso Independent School District
eSPED	A web-based application designed as an “IEP and Special Education Management System” managed through Frontline Education
FAQ	Frequently Asked Questions
FASRG	Financial Accountability System Resource Guide
IIA	Institute of Internal Auditors
IEP	Individualized Education Program
SHARS	School Health Related Services
SMART	Web-based application from Texas Association of School Boards (TASB) Special Education Solutions for memorializing Service Provider session logs and processing Medicaid/SHARS reimbursement claims
SOP	Standard Operating Procedures
SpEd	Special Education
TASB	Texas Association of School Boards
TEA	Texas Education Agency
TEC	Texas Education Commission
THHSC	Texas Health and Human Services Commission
THMP	Texas Medicaid & Healthcare Partnership (enrolls providers in the Texas Medicaid program and processes claims for Texas Medicaid and other state programs)



Internal Audit Report

ASSURANCE • INSIGHT • OBJECTIVITY

We have completed the audit of selected Special Education students' Individualized Education Programs (IEP) and School Health Related Services (SHARS) records and data. The audit was approved by the Board of Trustees as part of the 2017-2018 Internal Audit Plan.

Background

"Medicaid services provided by school districts in Texas to Medicaid-eligible students are known as SHARS (*School Health Related Services*). The oversight of SHARS is a cooperative effort between the Texas Education Agency (TEA) and Texas Health and Human Services Commission (THHSC). SHARS 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)." (*Texas Medicaid Provider Procedures Manual - Chapter 3 - SHARS: Section 3.1 Overview*)

Objective and Scope

The objective of the audit was to determine compliance with high-risk eligibility, program, and documentation requirements outlined in federal/state laws, state and local policies or guidance for Special Education (SpEd) students' IEPs and Medicaid School Health and Related Services (SHARS) claims. The scope of our audit was for the fall semester of the 2017-2018 school year. The audit was approved by the Board of Trustees as part of the 2018-2019 Internal Audit Plan.

Methodology

To achieve our audit objectives, we:

- Researched relevant federal/state laws and regulations, Board policies, and department manuals/guidelines.
- Used pre-audit self-assessment and internal control questionnaires, and performed walkthroughs to obtain an understanding of the IEP and SHARS reimbursement claims administrative functions, operations, processes, and internal controls already in place.
- Performed a risk assessment based on our understanding of the IEP and SHARS reimbursement claims' process and internal controls in place for the audit period.
 - Based on the risk assessment, we determined which areas were high-risk (eligibility, program, or documentation requirements, etc.) as outlined in federal and state laws, and local policies/guidance for IEPs and SHARS reimbursement claims. The high-risk areas became our focus for audit testing.
- Selected a sample of 40 students from 36 campuses from the Special Education population receiving related services, using our documented sampling methodology.
- Obtained and/or reviewed:
 - (i) Service Providers' sessions report provided by the Special Education and Special Services Department (*total of 118 provider sessions reviewed*),
 - (ii) Service Providers' session notes (*through the web-based Texas Association of School Boards (TASB) Special Education Solutions application SMART*) for the related services provided to the selected students' during the scope period, and

- (iii) Compared the Medicaid session note requirements with the corresponding IEP requirements for the high-risk areas we previously determined through an earlier Risk Assessment process.
- (iv) Access to eSPED, a web-based application where students' Special Education records are maintained electronically, to allow us to review selected students' Special Education records.

Inherent Limitations

Because of the inherent limitations in a system of internal controls, there is a risk that errors or irregularities occurred and were not detected. Due professional care requires the internal auditor to conduct examinations and verifications to a reasonable extent.

Accordingly, an auditor is able to obtain reasonable, but not absolute, assurance that procedures and internal controls are followed and adhered to in accordance with the federal, state, local policies, and guidelines.

Acknowledgement

We would like to acknowledge and thank Special Education and Special Services Department's staff for their cooperation and assistance during the audit.

Results

Finding 1

The District was unable to claim Medicaid reimbursement funds for several School Health Related Services (SHARS) as a result of inadequate, incomplete, or missing documentation. We also found an absence of written "day to day" departmental standard operating procedures or monitoring of Medicaid SHARS processes at the department and campus level.

- 1.1 Transportation services reimbursement claims were not able to be submitted during 2017-2018, as the forms (hard copies) were insufficient to document the required components necessary for a Medicaid SHARS reimbursement claim (*TEA's SHARS Frequently Asked Questions [FAQ] Section [Sec.] U.*).

Corrective action has been completed. The web-based system Zonar, will directly collect and upload students' transportation services information electronically using a specialized student identification card and an electronic card swiping station located on the applicable buses. Monitoring occurs monthly.

- 1.2 We found 21% or 16 of 75 related service records tested did not have a valid prescription or a referral within the Special Education (SpEd) files (eSPED web-based files and hard copies maintained in other files, not the student's). Out of the 16, six (6) were submitted for reimbursement for five students.

The prescription or referral for a student's related services is required for an *Assessment, Review, and Dismissal (ARD)* committee to design a student's Individualized Education Program schedule of services and to file a Medicaid SHARS reimbursement claim (*TEA's SHARS FAQs Updated July 24, 2017 B4.*).

Corrective action began in the fall of 2017-2018 school year and is ongoing.

- 1.3 We found 13% or 10 of 75 related service records tested were missing students' assessments or evaluations within the SpEd files (eSPED web-based files and hard copy files). Out of the 10, five (5) were submitted for reimbursement for five (5) students.

An assessment and/or evaluation is required for an ARD committee to identify a student as eligible for SpEd and related services or to determine whether to continue those services in the future. An assessment or evaluation is also required to file a Medicaid SHARS reimbursement claim (TEA's SHARS FAQs Updated July 24, 2017 B4.).

Finding 2

We found 97% or 37 of 38 students' SpEd documents did not have students' Medicaid numbers included as required for Medicaid SHARS reimbursement claims, when parents consented to the District accessing their child's Medicaid benefits (TEA's SHARS FAQ July 2017 B3.). Out of the 37, six (6) were submitted for reimbursement.

Corrective action has been completed. The Special Education/Special Services Department worked with Texas Medicaid and Health Partnership (TMHP), Texas Association of School Boards' (TASB) Special Solutions, and Frontline Education to ensure Medicaid numbers are uploaded monthly and ARD/IEP documents populated with the student's Medicaid number. Monitoring occurs monthly and will be part of an audit process established by the Special Education/Special Services Department.

Finding 3

We found non-compliance, inaccurate references, along with missing components on Service Providers' session notes as listed in 3.1 through 3.3. Session notes are subject to meeting specific state requirements for Medicaid SHARS reimbursement claims. Standardization of IEP and Service Provider session note components are in progress and includes ongoing training (Session note requirements - TEA's SHARS FAQs Updated July 24, 2017 B6.).

3.1 We found 94% or 94 of 100 Service Providers' session notes did not have the required IEP **reference** regarding the **medical necessity** of the related service(s) provided to students.

3.2 We found 26% or 26 of 100 Service Providers' session notes *Objective* references did not agree to the student's corresponding IEP *Goals* and *Objectives* as required. Neither's format is standardized District-wide.

We found 5% or 5 of 100 Service Providers' session notes *Observation* fields were either not completed or not properly completed. Observations should reflect the student's progress.

Finding 4

We found 13% or 15 of 114 related services' claims (for six students) did not have a corresponding signed Medicaid parental consent form in the eSPED files. Out of the 15, nine (9) were sent for reimbursement for five (5) students.

We also found 17% or six (6) of 36 student's annual Assessment, Review, and Dismissal (ARD) paperwork/IEPs did not have the required annual written parental notification documented if consent was granted in a prior year (IDEA Section 300.154(d) Consent to Access Public Benefit).

Corrective action began in the fall of 2017-2018 school year and has been completed. The eSPED program was updated in the fall of 2018, to allow concurrent downloading/printing of the initial or annual consent forms as applicable, as part of the regular paperwork required during ARD committee's meeting. Monitoring occurs weekly and is part of an audit process established by the Special Education/Special Services Department.

Finding 5

We found 14% or 13 of 93 related services did not have the corresponding student progress report for the first and/or second nine weeks as required (IDEA §300.320 (a)(3)(i)).

Conclusion

We found non-compliance issues with high-risk eligibility, program, and documentation requirements outlined in federal/state laws and state/local policies pertaining to Special Education students' Individualized Education Programs (IEPs) and Medicaid School Health and Related Services (SHARS) claims.

The non-compliance issues occurred during previous administrations' tenures affecting the outcome of this audit's scope period, fall 2017-2018. Frequent changes in the department's administration over the past three years, exacerbated the problem. We found inadequate and inconsistent documentation practices due to an absence of internal controls, such as *written departmental* processes and procedures. *However*, the current Medicaid/SHARS administrative staff, hired in early spring of 2018, has worked on corrective action incorporating several new procedural and electronic and/or web-based internal controls. Moreover, it is critical for the department to work together as a team to continue identifying and correcting IEP or SHARS compliance issues on an ongoing basis, and then document the correction(s) and new procedures internally.

Recommendations and Management's Response

District management, Leadership, and the Special Education/Special Services Department administration submitted a Corrective Action Plan (CAP) outlining the activities to be implemented in response to our audit report. The five recommendations (with several sub-recommendations) suggested by Internal Audit were incorporated into 10 activities in the CAP. Accordingly, the CAP appears to be sufficient to address the findings outlined in this report. Internal Audit will conduct follow-up reviews to validate CAP activities have been implemented.

In addition to our five recommendations, the Special Education/Special Services Department will perform audits to address monitoring of campus and departmental processes and procedures. The audits are incorporated into the CAP as activities 02 and 03 as follows:

- Activity 02: "Audits are to be performed/completed at the end of each 9 weeks (*and on-going after CAP completed*) and will consist of 1% of the students served in each discipline to determine if the activities/procedures, noted in activities 05 through 10, were successfully implemented. Based on the audit results, non-compliance with new procedures will be reported to the District employees' direct supervisor(s) in writing."
- Activity 03: "The Special Education Department (SPED) will develop written procedures and/or flow-charts for audits (*CAP Activity 2*) and will be communicated to the District staff/employees who will perform the audits, and the results provided to principals and/or their area assistant superintendent as needed."

The Special Education and Special Services Department staff is responsible for implementing CAP activities 02 and 03 by July 31, 2019.

1

We recommended the Special Education and Special Services Department create **internal** standard operating procedures (SOPs) to specifically document the **day to day** department and related campus Medicaid/SHARS processes and procedures (*separate from the SPED Guidelines currently online*). In addition, it is critical for the Operations and Compliance Director and Medicaid/SHARS staff to continue identifying and correcting IEP or SHARS compliance issues and document those processes and conclusions in the SOP. Once completed, the SOP should be presented to Leadership, not only to help ensure buy in, but also for informational purposes, so as Leadership will be up-to-date on any processes and procedures affecting the District.

Management and Leadership Response: Management and Leadership concurred with our recommendations and incorporated into the CAP as activity 04 and reiterated through activities 05 -10.

Person(s) Responsible: Director of Special Education Operations and Compliance

Implementation Date: June 28, 2019

2

We recommended the Special Education and Special Services Department incorporate corrective action activities already in progress into the written Corrective Action Plan required to address the findings outlined in this report. The format of the CAP requires the data owner to detail the activity, the person(s) responsible for implementing the activity (within their department), activity due dates, and the evidence the data owner will provide to show the activity was implemented. **This provides consistency to the corrective action process and allows for monitoring.**

We recommended Special Education/Special Services administration incorporate the following in the Corrective Action Plan:

- 2.1 Address (Finding 1.1), the transportation services provided as a related service to students that will be captured electronically through the Zonar system.
- 2.2 Address (Finding 1.2), the new electronic prescription file folders created in eSPED to upload prescriptions for 2018-2019 and include procedures to address any prescriptions or referrals **not** subsequently found.
- 2.3 Address (Finding 2), the upload of students' Medicaid numbers to a student's eSPED ARD/IEP paperwork and related documents to ensure compliance with the Medicaid numbers on all documents for Medicaid SHARS eligible students and other processes developed to address the issue and report as completed.

Management and Leadership Response: Management and Leadership concurred with our recommendations and incorporated into the CAP as activities 01, 05, 06, 07, and 08.

Person(s) Responsible: Director of Special Education Operations and Compliance

Status:

Recommendation 2.1 has been implemented with CAP Activity 01: "Transportation: Student trips will be captured electronically by Zonar. Students will swipe when they board the bus and swipe when they are dropped off at their destination This will ensure that the trips are captured electronically." Monitoring will occur monthly.

Recommendation 2.3 has been implemented with CAP Activity 08: "Medicaid Numbers on ARD IEP: Working with Texas Medicaid and Health Partnership, TASB, and Frontline Medicaid numbers are uploaded monthly. ARD IEP documents will contain Medicaid numbers. The SPED department will work with Texas Medicaid and Health Partnerships (TMHP), TASB, and Frontline to ensure Medicaid numbers are uploaded monthly to ensure ARD/IEP documents are populated with the Medicaid number." Monitoring will occur monthly.

Implementation Date for Remaining Activities: June 28, 2019

3

To address Findings 1 in more detail, we recommended Special Education/Special Services administration:

- 3.1 Direct Diagnosticians to review 2018-2019 Full Individual Evaluation (FIE) or REED ARDs to ensure the supporting documents or "existing evaluation data" used to determine eligibility, schedule of services, or to continue services, are actually within the eSPED files (assessments, evaluations, and referrals/prescriptions [reference 2.2 above]).

- 3.1.1 The Special Education/Special Services administration should create a uniform and timely process for campuses to document and report on their review in 3.1, as well as develop corrective action for Full Individual Evaluations (FIE) or Review of Existing Evaluation Documents (REED) ARDs' missing supporting documentation.
- 3.2 We recommended Speech Language Pathologist (SLPs) use the District's "**Prescription Referral for Language Therapy** form" **going forward, as the referral**, to ensure standardization District-wide as the form has concise, consistent language with fixed documentation elements. Currently, SLPs have the option to use the evaluation as the referral or the District's prescription form. We found, when the evaluation was used as the referral, the referral part was either missing, ambiguous, or incomplete, and some of the evaluation signature pages were missing as well.

Management and Leadership Response: Management and Leadership concurred with our recommendations and incorporated into the CAP as activities 05, 06, and 07.

Person(s) Responsible: Director of Special Education Operations and Compliance

Implementation Date: June 28, 2019

4

To address Finding 3, we recommended the Special Education/Special Services administration:

- 4.1 Work with the SMART application or current vendor representatives to develop an area on the session notes, *if practical*, to reference the IEP (dates/type) and the medical necessity related to the IEP objective.
- 4.2 Standardize the formatting of student's IEP *Goals and Objectives* and Service Provider's session notes *Objectives* District-wide. Standardization will help simplify and lessen the time required for reviews and verification processes by department staff for Medicaid SHARS billing and ARD committee members for compliance and *FAPE* purposes.
- 4.3 Develop procedures and training for Service Providers to:
- 4.3.1 Verify they are referencing the correct IEP (dates/type) and are **directly and accurately** referencing the IEP, **in effect**, on session notes for the day the service was provided; i.e., **not** cutting/pasting all the student's IEP related services goals and objectives into session notes.
- 4.3.2 Ensure Service Providers' *Observations* captures the student's IEP progress or lack of progress on the related services' objectives, **for that day's session** to document *FAPE*.
- 4.3.3 Develop **written** procedures to help assure students are receiving *FAPE* per the student's IEP and is documented in the Service Provider's session notes accordingly. Implementation should include on a six-week or quarterly basis, performing an audit/review of the SMART application's Service Provider session notes and/or SMART reports of Service Provider's related services sessions compared to the student's IEP related services "schedule of services".

Management and Leadership Response: Management and Leadership concurred with our recommendations and incorporated into CAP as activity 09.

Person(s) Responsible: Director of Special Education Operations and Compliance

Implementation Date: June 28, 2019

5

To address Finding 5, we recommended Special Education/Special Services administration work with Schools' assistant superintendents to develop and implement **written** procedures as internal controls to ensure compliance with Service Providers providing parents the appropriate progress report(s) for each nine-week period, to include that Service Providers create a

progress report for the nine-week period leading up to the discontinuation end date of services **to complete** the documentation of the student's progress and document *FAPE*.

Management and Leadership Response: Management and Leadership concurred with our recommendations and incorporated into CAP as activity 10.

Person(s) Responsible: Director of Special Education Operations and Compliance

Implementation Date: June 28, 2019

Exhibit A – Criteria

Criteria No.	Criteria Source	Criteria Details	Finding Reference No.
1	IDEA Sec. 300.34 Related services Section 300.34 https://sites.ed.gov/idea/regs/b/a/300.34	Sec. 300.34 Related Services <u>Statute/Regs Main » Regulations » Part B » Subpart A » Section 300.34</u> 300.34 Related services. (a) General. Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education , and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training. (b) Exception; services that apply to children with surgically implanted devices, including cochlear implants. (1) Related services do not include a medical device that is surgically implanted, the optimization of that device's functioning (e.g., mapping), maintenance of that device, or the replacement of that device.	ALL
2	TEA's School Health and Related Services (SHARS) Frequently Asked Questions (FAQ) Updated July 24, 2017 https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/shars-cr-faq.pdf	A1. What criteria must a child meet in order for the district to bill Medicaid under the SHARS program? SHARS reimbursement is provided for students who meet all of the following requirements: <ul style="list-style-type: none"> • Be enrolled in a public school's special education program; • Be 20 years of age and younger and eligible for Medicaid • Have an Admission, Review, & Dismissal (ARD)/ Individualized Education Plan (IEP) <u>documenting the medical necessity for services</u> [Documentation requirements can be found in the current Texas Medicaid provider Procedures Manual (TMPPM), in the Provider Enrollment and Responsibilities Section and in the SHARS Section]; • Have a disability or chronic medical condition; • Be Medicaid eligible 	ALL

Criteria No.	Criteria Source	Criteria Details	Finding Reference No.
3	TEA's SHARS FAQs Updated July 24, 2017 https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/shars-cr-faq.pdf (IDEA Section 300.154(d) Consent to Access Public Benefit)	<p>B3. What records should be maintained?</p> <ul style="list-style-type: none"> • Signed consent to bill Medicaid by parent or guardian • ARD/IEP documents (medical necessity; examples of SHARS services) • Attendance records • Assessment/evaluations • Current provider qualifications (current licenses and certifications) • Attendance records • Written agreements (contract) for contracted service providers • Required prescriptions or referrals for services • Medical necessity documentation (e.g., diagnoses and history of chronic conditions or disability) • Supervision logs • Session notes or service logs, including provider signatures • Transportation documentation (daily trip logs; maintenance logs/records; bus documentation; documentation for cost report) Claims Submittal and Payment Histories (R&S Reports and General Ledger) • Copies of signed/notarized quarterly Certification of Funds (COF) letters and supporting documentation, including quarterly COF Reports. <p>NOTE: The child's name and Medicaid number should appear on every page of the medical records (see the Provider Enrollment and Responsibilities Section of the current TMPPM). This would include each page of the ARD/IEP document, session notes and service logs, and evaluations.</p>	ALL
4	TEA Billing Guidelines: SHARS Billing Guidelines (Effective 9/1/06) Updated December 1, 2007 file:///C:/Users/mdasher/Downloads/BillingGuidelines%20(1).pdf	<p>Specialized Transportation Services</p> <p>Effective for dates of service on and or after September 1, 2006, the definition of specially adapted vehicles <u>no longer considers the addition of bus monitors or other personnel accompanying children as an adaptive enhancement for Medicaid reimbursement under SHARS special transportation services.</u> Allowable special adaptive enhancements include such physical enhancement items as lifts, air conditioning, seat belts, etc.</p> <p>The student's IEP must state that the student needs the special adaptive enhancement and the reason why it is needed in order to bill for specialized transportation services.</p>	1.1

Criteria No.	Criteria Source	Criteria Details	Finding Reference No.
5	TEA's FAQ Questions Updated July 24, 2017 https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/shars-cr-faq.pdf	<p>B11. What type of documentation is required for billing specialized transportation services?</p> <p><u>Another billable SHARS service must be provided the same day the specialized transportation service is provided.</u> A transportation log must be maintained recording one-way trips. IEP documentation must support the medical necessity as to why the student requires the specialized transportation adaptation. In other words, just because a student rides a vehicle that has a specialized transportation adaptation, such as a wheelchair lift, does not result in the school district being able to bill for specialized transportation services for that student unless the student's IEP documents the student's medical need for the wheelchair lift.</p>	1.1
6	TEA's SHARS FAQ Updated July 24, 2017 https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/shars-cr-faq.pdf	<p>U. SPECILAIZED TRANSPORTATION SERVICES:</p> <p>U8. What are the minimum requirements for transportation logs?</p> <p>At a minimum, the transportation log should include:</p> <ul style="list-style-type: none"> • The SHARS provider name (i.e., school district name) • First Name and Last Name of each student for each trip, along with each student's ID • One log per vehicle, indicating the route name/number [with documentation maintained somewhere that describes each route/trip as to the start and stop locations] • Method for identifying the number of one-way trips per day (e.g., AM and PM trips) [with documentation maintained somewhere that describes the times for each trip] -- Remember that the number of one-way specialized transportation trips must be counted for calculating the one-way trip ratio for allocating specialized transportation costs to the Medicaid program. • Method for personal care services (PCS) provider, transportation aide, bus monitor, or assistant to verify own attendance for each trip and include a place for this person to sign and date the form. • Method for driver to verify own attendance for each trip and include a place for this person to sign and date the form. • Method for nurse to verify own attendance for each trip and include a place for this person to sign and date the form. • The log can be maintained per day and for several days, with applicable dates noted on the log. • Mileage needs to be maintained somewhere; but, not on the log. 	1.1

Criteria No.	Criteria Source	Criteria Details	Finding Reference No.
7	TEA's SHARS FAQ Updated July 24, 2017 https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/shars-cr-faq.pdf	<p>U9. What signatures or initialing are required to be maintained for documenting the specialized transportation service provided?</p> <p>The minimum requirements for transportation logs are outlined in the response to Question U8. The transportation log can be every day, weekly, monthly --- just not annually. For daily transportation logs, the bus driver must sign and date the log. Any nurse, PCS attendant, etc. that provided a service during the bus ride or transportation service can verify his/her own attendance for each trip by initialing the transportation log on the day of the service. The finalized log ... needs to be signed by the bus driver and the 54 people that initialed their attendance on the bus that provided a service (PCS person, nurse, etc.).</p>	1.1
8	TEA's SHARS FAQ Updated July 24, 2017 https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/shars-cr-faq.pdf	<p>C5. May a district bill Medicaid for therapy provided prior to the date of the signed referral/prescription?</p> <p><i>No, the school district cannot bill Medicaid before the referral/prescription for the services is signed. However, the school district is required to deliver the service per the IEP requirements in accordance with IDEA.</i></p>	1.2
9	TEA's SHARS FAQ Updated July 24, 2017 https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/shars-cr-faq.pdf	<p>C. PRESCRIPTIONS/REFERRALS</p> <p>C1. Who is authorized to prescribe physical therapy and occupational therapy?</p> <p><i>Medical doctors (MDs), doctors of osteopathy (DOs), advanced practice nurses (APNs) with prescriptive authority and physician's assistants are authorized to prescribe physical therapy (PT) and occupational therapy (OT) services in the SHARS program. PT and OT evaluations are not acceptable as a prescription/ referral for SHARS PT or OT services.</i></p> <p>C2. Who can write a referral for speech therapy?</p> <p><i>Effective 9/1/2003, SHARS requirements allow for either a medical practitioner (as outlined in the response to Question C1) or a licensed practitioner of the healing arts to provide the referral for speech therapy. Licensed speech-language pathologists (SLPs) are considered licensed practitioners of the healing arts. The evaluation and recommendation by the SLP may be considered the referral for services.</i></p> <p>C3. May the speech evaluation serve as the speech referral?</p>	1.2

Criteria No.	Criteria Source	Criteria Details	Finding Reference No.
		<i>Yes, if it is clearly documented that the individual who performed the evaluation was a licensed SLP and the evaluation states that speech therapy is required.</i>	
10	34 CFR 300.531 AND 300.532) A.	FULL INDIVIDUAL EVALUATION (FIE) INITIAL EVALUATIONS (34 CFR 300.531 AND 300.532) A. The evaluation is conducted in accordance with the procedures in federal and state law, B. the results of the evaluation are used by the ARD/IEP Committee in developing an individualized education program.	1.3
11	300.305(a) D https://tea.texas.gov/.../Review_of_Existing_Evaluation_Data_Frequently_Asked_Questions...	Review of Existing Evaluation Data (REED) A REED is the process of looking at a student's existing data to determine if additional data are needed as part of an initial evaluation (if appropriate) or as part of a reevaluation. ... Whether the student needs or continues to need special education and related services;	1.3
12	TEA's SHARS FAQs Updated July 24, 2017 https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/shars-cr-faq.pdf	B6. What information must be included in session notes? <ul style="list-style-type: none"> • Date of service • Student's Medicaid number • Specify whether service is provided in a group or individual setting • Time the session begins (billable start time) • Time the session ends (billable stop time) • Total billable minutes • Notation as to the activity performed • Student observation • Reference to IEP objective • Reference to medical necessity related to IEP objective Example: 10/21/04, 555555555, Group, 9:00-9:30, 30 minutes, articulation (s-sound), student actively engaged, IEP objective 1.6.c	2. & 3.

Criteria No.	Criteria Source	Criteria Details	Finding Reference No.
13	U.S. Dept. Of Education (USDE)/ Office for Civil Rights (OCR) https://www2.ed.gov/about/offices/list/ocr/frontpage/pro-students/issues/dis-issue03.html	<u>Free Appropriate Public Education (FAPE)</u> Students with disabilities have the same right to K-12 public education that students without disabilities have. In order to receive and benefit from that education, students with disabilities may need special education and/or related aids and services. OCR works to ensure that public elementary and secondary schools, including charter schools, provide a free appropriate public education (FAPE) to all qualified students with disabilities (generally, students with disabilities who are of school age), regardless of the nature or severity of their disabilities. Section 504 and Title II require public schools to provide appropriate education and modifications, aids and related services free of charge to students with disabilities and their parents or guardians. The “appropriate” component means that this education must be designed to meet the individual educational needs of the student as determined through appropriate evaluation and placement procedures. However, students with disabilities must be educated with students without disabilities to the maximum extent appropriate.	3.
14	Non-Regulatory Guidance on the IDEA Part B Regulations Regarding Parental Consent for the Use of Public Benefits or Insurance to Pay for	A1. Under the new regulations, a public agency must obtain parental consent before the public agency accesses a child’s or parent’s public benefits or insurance for the first time. This is a one-time consent, i.e., the public agency is no longer required to obtain parental consent each time access to public benefits or insurance is sought. The new regulations also require that the public agency provide written notification to the child’s parents, consistent with new §300.154(d)(2)(v), before parental consent is obtained (see Q2). 34 CFR §300.154(d)(2)(iv).	4.
15	Services under the IDEA, Issued February 14, 2013, and Effective March 18, 2013	A2. Prior to accessing a child’s or parent’s public benefits or insurance for the first time, and annually thereafter , a public agency must provide written notification, consistent with §300.503(c), to the child’s parents, that includes: 1) A statement of the parental consent provisions in §300.154(d)(2)(iv)(A)-(B); 2) A statement of the “no cost” provisions in §300.154(d)(2)(i)-(iii); 3) A statement that the parents have the right under 34 CFR part 99 and part 300 to withdraw their consent to disclosure of their child’s personally identifiable information to the agency responsible for the administration of the State’s public benefits or insurance program (e.g., Medicaid) at any time; and 4) A statement that the withdrawal of consent or refusal to provide consent under 34 CFR part 99 and part 300 to disclose personally identifiable information to the agency responsible for the administration of the State’s public benefits or insurance program (e.g., Medicaid) does not	4.

Criteria No.	Criteria Source	Criteria Details	Finding Reference No.
		<p>relieve the public agency of its responsibility to ensure that all required services are provided at no cost to the parents.</p> <p>34 CFR §300.154(d)(2)(v). The notification must be written in language understandable to the general public and in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.</p> <p>34 CFR §300.503(c). The notification also must be provided before parental consent is obtained. 34 CFR §300.154(d)(2)(iv). While the new regulations require the public agency to provide the first written notification to the parents prior to accessing the child's or parent's public benefits or insurance for the first time, the regulations do not specify when the subsequent annual written notification must be provided to the parents. This is because public agencies need to have the flexibility to determine the timing of the annual written notification</p>	
16	IDEA §300.320 (a)(3)(i) & 614(d)(1)(A)(i) (III)	<p>IDEA states that each child's IEP must contain:</p> <p>(3) A description of—</p> <p>(i) How the child's progress toward meeting the annual goals described in paragraph (2) of this section will be measured; and</p> <p>(ii) When periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided...</p> <p>§300.320(a)(3)</p>	5.



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