

SHARS Self-Monitoring Tool

Texas Education Agency

Review Period Dates: _____ to _____

Reviewer Name: _____ Date of Review: _____

Section I. Demographic/ARD Meeting Information

School District/Campus		Handicapping Condition(s)/Grade <i>(at the time of review period)</i>	
Full Individual Evaluation (FIE) in Effect During Review Period — Date		Medicaid Number	
ARD/IEP in Effect During Review Period — Date(s)		ARD/IEP Date Range(s)	
ARD/IEP Committee Members:		SHARS Services in ARD/IEP:	
Parent	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Audiology Services * <i>(audiologist, assistant)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Counseling * <i>(LPC, LCSW, LMFT)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
LEA Representative <i>(admin)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Psychological Services * <i>(LSSP, psychologist, psychiatrist)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
General Education	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nursing # <i>(RN, LVN, LPN, NP, CNS, ANP, delegated)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Education	Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupational Therapy (OT) * <i>(OT, COTA)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assessment Representative	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Physical Therapy (PT) * <i>(PT, LPTA)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
AI Teacher:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Personal Care Services # <i>(trained, at least 18 years old)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
VI Teacher:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Physician # <i>(physician)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specialized Transportation # <i>(school bus driver)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Speech Therapy (ST) * <i>(SLP, intern, assistant, grandfathered SLP)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Requires session notes. #Requires service logs.

Medicaid Number

1. Is the Medicaid number on each page of the ARD/IEP(s)? Yes No _____
2. Is the Medicaid number on each page of the FIE(s)? Yes No _____

Parental Consent

Parent Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Signed: _____	Medicaid # on Form: Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Written Notice: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Date: _____	Medicaid # on Form: Yes <input type="checkbox"/> No <input type="checkbox"/>

1. Do the consent and notice forms meet TEA standards? Yes No
2. Are the consent and notice forms filled out completely? Yes No
3. Is the consent date prior to the start of services to be billed? Yes No
4. Is the annual notice current (within a year)? Yes No

Notes:

Considerations for Services Requiring Service Logs**Specialized Transportation Service****ARD/IEP:**

ARD requires physically adapted vehicle not routinely available Yes No

Above vehicle need based on identified handicapping condition in FIE Yes No

Frequency indicated Yes No

Modality (indicate individual transportation as appropriate) Yes No

Service Log Review:

Date of service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Modality (indicate if individual)	Yes <input type="checkbox"/> No <input type="checkbox"/>
District/provider name listed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Route name/number	Yes <input type="checkbox"/> No <input type="checkbox"/>
First and last name of student	Yes <input type="checkbox"/> No <input type="checkbox"/>	One-way trips per day identified	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student ID number	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver verified own attendance for each trip	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Medicaid number	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver signed (legibly) and dated form	Yes <input type="checkbox"/> No <input type="checkbox"/>

Student in attendance on dates of service Yes No

Another SHARS service provided on dates of service Yes No

Service matches ARD/IEP (frequency and modality) Yes No

Service Provider:

Driver trained and hired (or contracted) with the district/charter Yes No

Comments:**Nursing/Medication Administration/Physician Services****ARD/IEP:**

Individual health plan (*nursing need & activity*) Yes No

Frequency indicated Yes No

Service Log Review:

Date of service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Medicaid number	Yes <input type="checkbox"/> No <input type="checkbox"/>
First and last name of student	Yes <input type="checkbox"/> No <input type="checkbox"/>	Total billable minutes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Start and end time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature (legible)/initials for each event	Yes <input type="checkbox"/> No <input type="checkbox"/>
Activity performed	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Student in attendance on dates of service Yes No

Service matches ARD/IEP (frequency/activity/modality) Yes No

Service Provider:

Provider has appropriate certification (*RN, LVN, LPN, NP, CNS, ANP, delegated supervised by RN*) Yes No

Comments:

Personal Care Services (PCS)

ARD/IEP:

- Medical need established in FIE Yes No
 - Service based on identified handicapping condition in ARD/IEP Yes No
 - Medical need established in ARD Yes No
 - Not based on age-appropriate skills Yes No
 - Not based on support for educational task Yes No
 - Not based on time student is independent Yes No
 - Frequency and duration clearly indicated Yes No
 - Location (classroom or bus) Yes No
 - Goals/activities included with frequency and duration Yes No
- (Example: If lunch is included in goals and PCS, this time is included in the total frequency and duration.)*

Service Log Review:

- | | | | |
|--------------------------------|--|---|--|
| Date of service | Yes <input type="checkbox"/> No <input type="checkbox"/> | Modality indicated | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| First and last name of student | Yes <input type="checkbox"/> No <input type="checkbox"/> | Student Medicaid number | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Start and end time | Yes <input type="checkbox"/> No <input type="checkbox"/> | Total billable minutes | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Activity performed | Yes <input type="checkbox"/> No <input type="checkbox"/> | Signature (legible)/initials for each event | Yes <input type="checkbox"/> No <input type="checkbox"/> |

- Student in attendance on dates of service Yes No
- Service matches ARD/IEP (frequency and duration/activity/modality) Yes No

Service Provider:

- Staff is at least 18 years old and trained for assigned task Yes No

Comments:

Assessments/Evaluations

ARD/IEP:

- Need for assessment is indicated in ARD/IEP Yes No Date: _____

Testing Log Review:

- | | | | |
|--------------------------------|--|---|--|
| Date of service | Yes <input type="checkbox"/> No <input type="checkbox"/> | Student Medicaid number | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| First and last name of student | Yes <input type="checkbox"/> No <input type="checkbox"/> | Total billable minutes | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Start and end time | Yes <input type="checkbox"/> No <input type="checkbox"/> | Signature (legible)/initials for each event | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Activity performed | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

- Student in attendance on dates of service Yes No
- Service matches ARD/IEP Yes No

Service Provider:

- Provider has appropriate certification Yes No

Comments:

Services with Session Notes (OT, PT, SI, counseling, psychological service, audiological therapy)

Name of Service: _____

If service is provided through telehealth, has the provided documented parental agreement dated prior to the start of the telehealth service? Yes No

ARD/IEP:

Medical need established in FIE/eligibility form Yes No
 Service based on identified handicapping condition in ARD/IEP Yes No
 Medical need established in ARD Yes No
 Frequency and duration clearly indicated Yes No
 Location (classroom or bus) Yes No
 Goals/objectives included in IEP Yes No

Service Log Review:

Date of service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Modality indicated	Yes <input type="checkbox"/> No <input type="checkbox"/>
First and last name of student	Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Medicaid number	Yes <input type="checkbox"/> No <input type="checkbox"/>
Start and end time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Total billable minutes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Activity performed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature (legible)/initials for each event	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference to IEP objective(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Student in attendance on dates of service Yes No

Service matches ARD/IEP (frequency and duration/objective/modality) Yes No

Service Provider:

Current license/certification on file Yes No

Active license/certification Yes No

Meets service requirements Yes No

Supervision required Yes No

If so, supervisor:

has license/certification on file Yes No

has active license/certification Yes No

meets service requirements Yes No

Prescription (OT, PT only):

Prescription with name/address of physician Yes No

Valid date (within 3 years) Yes No

Comments: