TASB Special Education Solutions

School Health and Related Services (SHARS) Policy Side-by-Side 2021-22 School Year Changes

Version November 2021

TASB Special Education Solutions

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PT, OT, ST, and Audiology Therapy

Web Link to Guidance:

SHARS Benefits to Change for Texas Medicaid October 1, 2021 | TMHP

SHARS - Updates to Interim Claiming and Cost Reporting Requirements for SHARS PT, OT, ST, and Audiology Services | TMHP

UPDATE: SHARS Update to SHARS Benefits to Change for Texas Medicaid October 1, 2021

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New Policy, (Effective 11/1/2021):

Care Coordination with Outside Providers

- Care coordination between SHARS PT, OT, and ST providers and non-SHARS PT, OT, and ST providers is strongly .encouraged to reduce or avoid duplication of services.
- Care coordination requires parental consent and must be carried out in a manner that complies with privacy and confidentiality requirements in accordance with state and federal law and regulations including Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA).

Physical and Occupational Therapy

- A prescription from a physician or other eligible prescribing provider is required for PT and OT services. The prescription must be signed and dated within three calendar years before the initiation of services and must be updated a minimum of once every three calendar years.
- A prescription is defined as a written order for services from the ordering

Synopsis of Policy, Prior to 11/1/2021:

- Care coordination is not currently required, recommended, or even mentioned in current SHARS policy documents.
- Medical doctors (MDs), doctors of osteopathy (DOs), advanced practice nurses (APNs) with prescriptive authority, and physician's assistants (PAs) are authorized to prescribe physical therapy (PT) and occupational therapy (OT) services in the SHARS program.

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physician or other eligible prescribing provider.

- PT and OT services may be reimbursed up to (but not to exceed) the amount designated in the prescription.
- The Local Education Agency (LEA) must maintain the prescription in the client's record.

Speech Therapy

- A referral from a physician or other eligible referring provider is required for ST services. The referral must be signed and dated within three calendar years before the initiation of services and must be updated a minimum of once every three calendar years.
- A referral is defined as a written document requesting evaluation for services (such as ST or Audiology) from the referring physician or other eligible referring provider.
- Speech therapists whose evaluations serve as the referral must be enrolled in Medicaid as individual practitioners and must use their individual NPI for claim submission.
- The school district must maintain the referral in the client's record.
- SHARS requirements allow for either a medical practitioner 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.
- Speech Therapy referring providers are not required to be enrolled in Medicaid or have an NPI.
- All SHARS records, including referrals, are to be maintained in accordance with the SHARS record retention policy of 7 years or longer in the event of an ongoing audit/investigation.

Co-Treatment

Co-treatment is defined as two different therapy disciplines performing therapy on the same client at the same time by a licensed therapist.

- PT, OT, or ST services that are prescribed in the student's IEP may be reimbursed when delivered as co-treatment.
- Co-treatment is not reimbursable. Attempts to bill for services delivered simultaneously have resulted in the payment of only one service.

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- Providers should document in the session notes the reason for co-treatment. Multi-disciplinary team evaluations performed collaboratively with any combination of PT, OT, or ST, and psychology may be billed by each provider when performed during overlapping time periods.
- Co-treatment is defined as two different therapy disciplines performing therapy on the same client at the same time by a licensed therapist and rendered in accordance with the Executive Council of Physical Therapy and Occupational Therapy Examiners and State Board of Examiners for Speech-Language Pathology and Audiology.

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Possible Action Steps/Questions:

- Need to define who is an eligible prescribing/referring provider for OT, PT, ST and audiology.
- An "eligible referral" is needed to request reimbursement for therapy services. Therefore, any therapy (**OT, PT, ST and Audiology)** delivered under a referral (evaluation) conducted by a non-Medicaid enrolled provider would be ineligible for reimbursement.
- Your referring and prescribing providers need to have an NPI number AND be enrolled in the state Medicaid Program. These are two different requirements.
- How will you address your referring and prescribing providers if they are unwilling to enroll/apply for an NPI and as a Medicaid provider or unwilling to share their numbers for the schools use due to certification concerns.
- The NPI number will need to be added to appropriate claims that are processed for payment.
- If you have prescriptions on hand, you can look up NPI numbers and if a provider participates in Texas Medicaid under Patient Services.
- Districts will most likely be unable to bill for services provided by staff/contractors to students receiving Related Services under a referral or prescription unless they have a NPI and Medicaid enrollment.

Program Preparation Impact:

- Documentation – document if session is co-treatment
- Documentation – observation box to include progress towards goals

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- Documentation - Place to capture NPI number for users – speech pathologists, physicians, audiologists in particular
- Documentation – NPI needs to be included in the billing for evaluations for speech, physician, and audiology
- Documentation – Include NPI on prescription entry
- Documentation – a prescription/referral is needed for service
- Training – 3-year evaluations is billable
- Training – speech therapists need NPI to do a referral
- Training – prescriptions for PT & OT may have an amount of time on them and if they do, this is the most that may be billed
- Training – prescriptions for PT & OT must have NPI number on them
- Training – Co-treatment providers need to know they should put reason for co-treatment in the notes
- Training – need to evaluate current prescriptions and referrals for compliance with new requirements
- Materials – update Operating Procedures and training materials

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Re-Evaluations

Web Link to Guidance:

SHARS Benefits to Change for Texas Medicaid October 1, 2021 | TMHP

UPDATE: SHARS Update to SHARS Benefits to Change for Texas Medicaid October 1, 2021

New Policy, (Effective 11/1/2021):

- Individuals with Disabilities in Education Act (IDEA) requires that a student receiving SHARS services must have a re-evaluation every three years, which requires current information, unless the parent and the LEA agree that a re-evaluation is unnecessary (IDEA §1414 (a)(2)(B)). The need for a re-evaluation should be determined by the student's ARD (Admission, Review, and Dismissal Committee) or Section 504 Committee.
- A physician's prescription or referral is not required specifically for a re-evaluation, provided the prescription or referral for services has occurred in the previous 3 years.

Synopsis of Policy, Prior to 11/1/2021:

- Must occur at least once every 3 years, unless the parent and the public agency agree that a re-evaluation is unnecessary.

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Possible Action Steps/Questions:

- None noted

Program Preparation Impact:

- Training – need to train assessment/evaluation staff that re-evaluations are billable through SHARS
- Materials – update Operating Procedures and training materials

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Documentation Requirements

Web Link to Guidance:

SHARS Benefits to Change for Texas Medicaid October 1, 2021 | TMHP

UPDATE: SHARS Update to SHARS Benefits to Change for Texas Medicaid October 1, 2021

Internal Purposes Only

New Policy, (Effective 11/1/2021):

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.

The following service log documentation is required for all SHARS services (including audiology evaluation and management services covered under Section 504 plans):

- Student's name
- Student's date of birth
- Student's Medicaid identification number on every page of the chart/record/note
- Date of service, including the following for each date of service:
- Billable start and stop time
- Total billable minutes
- Student observation
- Procedure code(s)
- Activity performed; documentation of service provided must support the services billed
- The SHARS provider's printed name, title, and original handwritten signature or electronic signature

Synopsis of Policy, Prior to 11/1/2021:

- Documentation must be maintained to support services and the information recorded varies depending on the service type.
- Currently there is no requirement for when or how often services are documented.
- Nursing services, physician services, and personal care services require a service log with the following information:
    - Date of service
    - Billable start time
    - Billable stop time
    - Total billable minutes
    - Setting (individual or group)
    - Notation as to activity performed during session (i.e., medication administration, tube feeding, toileting, etc.)
    - Signature per event

Session notes are required for therapy (audiology, OT, PT, ST, and counseling), and must include all elements of a service log in addition to the following:

- Student's progress towards goals (if applicable)
- Whether the service was provided individually or in a group
- The related IEP objective

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Service providers are expected to perform and document evaluations in accordance with discipline-specific standards of practice and retain records in the student's file.

Session notes are required for therapy (audiology, OT, PT, ST, and counseling), and must include all elements of a service log in addition to the following:

- Student's progress towards goals (if applicable)
- Whether the service was provided individually or in a group
- The related IEP objective

***Note**: Any e-signature technologies that are used must comply with all federal and state statutes and administrative rules.*

PCS Providers may document for the group. (The new policy guidance has no allowance for group billing.)

Possible Action Steps/Questions:

- Service logs have new require information.
- Providers must document within 7 days of services. Seven days is defined as calendar days and does not change for holidays, school breaks or weekends.
- Be aware of time frame for assessment as they occur on multiple days.
- An observation is required for all services.
- New documentation needed for Date of Record will be important to maintain when documentation occurs.
- Staff members title must be on logs.
- PCS Providers must be associated with documentation when they provided services.

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Program Preparation Impact:

- Documentation - Will need to develop a means of date stamping or marking when a session is recorded – date of record. This needs to be added to the session entry, added to reports for deferred session and service provider detail export and add to all logs/notes.
- Documentation – should not remove or overwrite the initial date of record in case there are any other changes to the log.
- Documentation - Session import includes a date of record for imports.
- Documentation – Flag's sessions where Date of Record is more than 7 days.
- Documentation – logs/notes must have procedure code.
- Documentation – be sure all required fields display on the notes/logs.
- Documentation – staff member's title must be on logs/notes.
- Documentation – need an observation for all service types – all data entry screen and service logs/notes.
- Documentation – PCS Providers need documentation of services delivered. This may be checked against Participant List and Cost Report inclusion of staff.
- Training – operating procedures on documenting services within 7 days – retain the first place that the documentation occurs.
- Training – if you have a note outside of the electronic system, you must retain that paper and include all documentation requirements on that note. It is an educational record and must be retained appropriately.
- Training – train in general on appropriate documentation.
- External vendors – communicate the needed changes.
- Materials – update Operating Procedures and training materials

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Specialized Transportation

Web Link to Guidance:

SHARS Benefits to Change for Texas Medicaid October 1, 2021 | TMHP

UPDATE: SHARS Update to SHARS Benefits to Change for Texas Medicaid October 1, 2021

New Policy, (Effective 11/1/2021):

Trip logs must be maintained daily to record one-way specialized transportation trips. This documentation must include the number of one-way trips per day and the time for each trip (can be indicated using AM/PM). At a minimum, trip logs should also include the following:

- Name of the LEA
- Route name or number
- Bus driver's name
- Bus aide or bus monitor aide name (if applicable) and initials for each one-way trip
- Date of service and day of the week
- If a service is not provided on a school day, Monday-Friday, mark the student as absent
- Copy of the school district's calendar (to be submitted once during the annual desk review)
- Indication if a bus aide or monitor was needed
    - Schools may only bill for a bus aide/monitor if this service is prescribed in the child's IEP
- If personal care services are provided on the bus, documentation of the type of personal care service (type of activity and

Synopsis of Policy, Prior to 11/1/2021:

At a minimum, the transportation log should include:

- 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.

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group/individual) that was performed must be included
- Student's full name, and Medicaid number
- 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
- Dated signature of the bus driver and bus aide/monitor (if applicable)
- Dated signatures should be captured after all trips have been documented

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

- 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.

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Possible Action Steps/Questions:

- Marking a student absent on the transportation log when they do not ride the bus may not be an accurate reflection of the student's school attendance. In some instances, the students may be driven to school by their parents/guardians or by some other means so marking them absent when this happens would conflict with school attendance records and possibly service documentation records for other SHARS services. Be prepared to review this and explain in an audit.
- Be sure your transportation is being documented within 7 days. Billing may occur after this, but original documentation must occur within 7 days.
- As it relates to Student Identification number, for FERPA reasons, consider how you are obfuscating them.

Program Preparation Impact:

- Documentation – update log - need to modify PCS logs for services delivered on the bus to record the service provided.
- Documentation – update log - need a place to add route name/number to be populated onto logs and import it into the system.
- Documentation – update log - logs need a key to include absences (SES to Lead).
- Training – new documentation requirements
- Transportation vendors – communicate the needed changes
- Materials – update Operating Procedures and training materials

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Record Retention

Web Link to Guidance:

SHARS Benefits to Change for Texas Medicaid October 1, 2021 | TMHP

UPDATE: SHARS Update to SHARS Benefits to Change for Texas Medicaid October 1, 2021

Update to "SHARS Updates to Audiology Services Under Section 504 Plan" | TMHP

New Policy, (Effective 11/1/2021):

The following additional documents must be collected and maintained by the LEA:

- Assessments/evaluations
- Written agreements (contracts) for contracted service providers
- Copies of signed Certification of Funds (COF) letters and supporting documentation, including quarterly COF reports
- E-signature authorization forms, if applicable

Refer to: *The current Texas Medicaid Provider Procedures Manual, Children's Services Handbook, subsection 3.4.1, "Record Retention," for a list of additional documents that must be collected and maintained.*

Synopsis of Policy, Prior to 11/1/2021:

The following is a checklist of the minimum documents to collect and maintain:

- Signed consent to bill Medicaid by parent or guardian
- IEP
- Current provider qualifications (licenses)
- Attendance records
- Prescriptions and referrals
- Medical necessity documentation (e.g., diagnoses and history of chronic conditions or disability)
- Session notes or service logs, including provider signatures
- Supervision logs
- Special transportation logs
- Claims submittal and payment histories

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Possible Action Steps/Questions:

- None noted

Program Preparation Impact:

- Documentation – a record of all of the agreements of electronic signature for each provider.
- Training – new documentation requirements.
- Materials – update Operating Procedures and training materials.

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Audiology Services

Web Link to Guidance:

SHARS Benefits to Change for Texas Medicaid October 1, 2021 | TMHP

SHARS - Updates to Interim Claiming and Cost Reporting Requirements for SHARS PT, OT, ST, and Audiology Services | TMHP

SHARS Updates to Audiology Services Under Section 504 Plan | TMHP

UPDATE: SHARS Update to SHARS Benefits to Change for Texas Medicaid October 1, 2021

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New Policy, (Effective 11/1/2021):

- A referral from a physician or another eligible referring provider is required for Audiology Services. The referral must be signed and dated within three calendar years before the initiation of services and must be updated a minimum of once every three calendar years.
- Audiologists whose evaluations serve as the referral must be enrolled in Medicaid as individual practitioners and must use their individual National Provider Identifier (NPI) for claim submission.
- The school district must maintain the referral in the client's record.
- The following procedure codes will be a benefit for SHARS providers when services are provided in the office, home, or other location (e.g., school) setting:

Procedure	Procedure Code	Therapist
Audiology Evaluation - Pure tone audiometry	92553 with modifier either TM (IEP) ~~or U4 (SPED 504)~~	Licensed audiologist
Audiology Evaluation - Speech audiometry threshold	92556 with modifier either	Licensed audiologist

Synopsis of Policy, Prior to 11/1/2021:

- No formal document lists the providers eligible to issue a referral for (SHARS) Audiology Services. However, it is widely understood that physicians and licensed audiologists can issue referrals. Referrals are valid for the three years or less if so ordered by rendering provider. During this time frame, a referral becomes invalid if the student's plan of care changes.
- Referring providers are not required to be enrolled in Medicaid or have an NPI.
- All SHARS records, including referrals are to be maintained in accordance with the SHARS record retention policy of 7 years or longer in the event of an ongoing audit/investigation.
- Audiology evaluations, re-evaluations, and services are only reimbursable when provided to Medicaid eligible students with an IEP that prescribes the needed services. Services provided to Section 504 students are not reimbursable through SHARS.

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	TM (IEP) ~~or U4 (SPED 504)~~	
Audiology Evaluation - Comprehensive audiometry	92557 with modifier either TM (IEP) ~~or U4 (SPED 504)~~	Licensed audiologist
Audiology Evaluation - Audiology evaluation add-on	92592 with modifier either TM (IEP) ~~or U4 (SPED 504)~~	Licensed audiologist
Audiology Management - Hearing aid check – one ear	92593 with modifier either TM (IEP) ~~or U4 (SPED 504)~~	Licensed audiologist
Audiology Management - Hearing aid check – two ears	92621 with modifier either TM (IEP) ~~or U4 (SPED 504)~~	Licensed audiologist

Note: Services provided to students under the Section 504 plan are pending Centers for Medicare & Medicaid Services (CMS) approval.

- Audiometry procedure codes 92553 and 92556 are each limited to one per day, any provider. These services include testing of both ears. Audiologists must use modifier 52 to indicate reduced services if a test is applied to only one ear.
- Hearing aid check (one ear) procedure code 92592 will be denied if submitted for the same date of service as hearing aid check (two ears) procedure code 92593.
- The maximum billable time for audiology evaluation (each additional 15 minutes) procedure code 92621 is one hour.
- Procedure code 92620 must be submitted with modifier TM for services provided to

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clients with an IEP, or with modifier U4 for services provided to clients with a Section 504 plan. The maximum billable time for audiology evaluation procedure code 92620 is one hour. Procedure code 92620 will be limited to one per day, any provider.
- An audiology evaluation (procedure codes 92620 and 92621) will be denied if submitted for the same date of service as audiology therapy (procedure codes 92507 and 92508).

Possible Action Steps/Questions:

- Need to understand who an eligible referring provider for Audiology Services is.
- Adding, creating new procedure codes.
- Update rates for new procedure codes.
- An "eligible referral" is needed to request reimbursement for therapy services. Therefore, any therapy (**OT, PT, ST and Audiology)** delivered under a referral (evaluation) conducted by a non-Medicaid enrolled provider would be ineligible for reimbursement.
- Your referring and prescribing providers need to have an NPI number AND be enrolled in the state Medicaid Program. These are two different requirements.
- How will you address your referring and prescribing providers if they are unwilling to enroll/apply for an NPI and as a Medicaid provider or unwilling to share their numbers for the schools use due to certification concerns.
- The NPI number will need to be added to appropriate claims that are processed for payment.
- Districts will most likely be unable to bill for services provided by staff/contractors to students receiving Related Services under a referral or prescription unless they have a NPI and Medicaid enrollment.
- A place for the NPI number will need to be added to the provider record and included in any evaluation claims that are processed for payment, as the evaluation serves as the referral for services.
- Section 504 billing has not been given approval from CMS at this time.
- Does the district have consent to bill audiology for 504 students when/if it is approved by CMS?

Program Preparation Impact:

- Documentation - Place to capture NPI number for users – speech pathologists, physicians, audiologists in particular

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- Documentation – NPI needs to be included in the billing for evaluations for speech, physician, and audiology
- Documentation – Include NPI on prescription entry
- Documentation – a prescription/referral is needed for service
- Training – 3-year evaluations is billable
- Training – speech therapists need NPI to do a referral
- Training – prescriptions for PT & OT may have an amount of time on them and if they do, this is the most that may be billed
- Training – prescriptions for PT & OT must have NPI number on them
- Documentation - Place to capture NPI number for appropriate providers – speech pathologists, physicians, audiologists.
- Documentation – TBD does NPI need to be included in the billing for evaluations for speech, physician, and audiology
- Documentation - The new procedure codes and rates will need to be documented/created (on hold for new rate information).
- Documentation - Set up new billing codes.
- ~~Documentation - Set up billing structure to bill for Section 504, once approved (on hold for new rate information and CMS approval).~~
- Documentation – audiology evaluation may bill for either one ear or two ears – do not allow someone to bill for the other on the same day of billing (on hold for new rate information).
- Documentation – may only allow one service to be billed for audiology evaluation in a day (on hold for new rate information).
- Training – need referral for audiology procedure
- Training – need to train on parental consent for Section 504 students
- Materials – update Operating Procedures and training materials

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Parental Consent to Bill Medicaid and IEP Ratio Impact

Web Link to Guidance:

School Health and Related Services (SHARS): Parental Consent to Bill Medicaid

Policy Clarification, (Issued 8/16/2021, Effective ???):

- Per guidance from the Office of Special Education and Rehabilitative Services of the U.S. Department of Education dated February 10, 2014, school districts participating in the SHARS program are NOT required to *and may not* obtain the above-referenced parental consent for **all** students in special education; rather, districts are required to obtain parental consent ONLY for special education students for whom the district will **bill Medicaid** for providing SHARS services.
- 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 (e.g., IEP ratio, specialized transportation 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 ratios until such written parental consent is obtained.

Synopsis of Current Interpretation:

- Districts have been instructed to only seek parental consent from Medicaid eligible special education students for years.
- HHSC has made several program changes over the years to encourage billing by SHARS participating districts. Multiple SHARS policies state billing is required. Texas Administrative Code Rule 354.1342 states must "*bill for services reimbursable by Medicaid in the manner and format prescribed by the Commission or its designee, at the time services are delivered, including billing for each cost category for which the district will seek reimbursement through the annual cost report.*"
- Parental consent must be obtained before a district attempts to bill TMHP for SHARS services delivered to the student.
- Medicaid enrolled students are included in the ratios used to calculate a district's Medicaid allowable costs in the annual cost report. These ratios have been approved by Centers for Medicare and Medicaid Services. The counts reported are strictly a count of Medicaid students that received SHARS services divided by all students, which includes Medicaid students, that received SHARS services.

New Clarification Questions/Concerns:

- It is unclear how HHSC plans to define this requirement and its overall impact on reimbursement. There are four possible methodologies. Information not provided as part of the Cost Report training for FY 2021.

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- Requiring that parental consent be obtained for students for them to be eligible to be counted in the numerator of the cost report ratios will most likely severely lower these ratios and will ultimately lead to a drop in Medicaid allowable costs as well as settlement reimbursements.
- Many districts do not obtain parental consent, but not for lack of trying. It is often difficult for them to obtain consent from parents for a variety reasons. The cost reporting/settlement /reconciliation process was incorporated into the SHARS program to help districts recover a portion of their costs for services that could not be billed for whatever reason, including situations where parental consent could not be obtained. This policy clarification seems to partly nullify the purpose of the cost report process. It will reduce the cost report ratios and will cause a multi-million dollar drop in reimbursements. A drop in reimbursements will most likely also lead to an exodus of participating districts that will feel that the administrative burden of the program is no longer worth the financial return.

New Clarification Scenarios:

	Historical	New Method 1	New Method 2	New Method 3	New Method 4
Numerator	IEP with Service & Medicaid Eligible	IEP with Service, Medicaid Eligible & Parental Consent	IEP with Service, Medicaid Eligible & Parental Consent	IEP with Service, Medicaid Eligible & Parental Consent	IEP with Service, Medicaid Eligible & Parental Consent
Denominator	All IEP with Service with or without Parental Consent	All IEP with Service with or without Parental Consent	All IEP with Service & Parental Consent	IEP with Service and Medicaid Eligible with Parental Consent & IEP with Service and Non-Medicaid Eligible with or without Parental Consent	All IEP with Service with Parental Consent (District only pursues and counts those students who are Medicaid Eligible.)

Average of 10 Districts	Historical	New Method 1	New Method 2	New Method 3	New Method 4
Numerator	1337.6	680.4	680.4	680.4	680.4
Denominator	1794	1794	795.2	1136.8	680.4
IEP Ratio	68.73%	37.92%	81.29%	59.85%	100%
Difference between new method and historical method	0%	- 30.81%	+ 12.56%	- 8.8%	+ 31.27%

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Program Preparation Impact:

- Documentation – Will need to modify process for calculating ratios in districts.
- Training – Will need to educate districts on the new policy to avoid errors.
- Training – Consider changes in revenue.
- Materials – update Operating Procedures and training materials.

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Change in Law Related to Consent and Eligibility for Medicaid

Web Link to Law Reference:

HB Number 2658

New Policy, (Effective 9/1/2021):

- HHSC must adopt rules for Parental Consent requirements for SHARS.
- HHSC must adopt rules related to waivers for children who have no identified parent.
- Changes in eligibility for Medicaid for children and new timelines

Synopsis of Current Law:

- No current HHSC requirement for Parental Consent as this was part of IDEA and not SHARS until this point.
- No current waiver in place.
- Currently children must be re-verified for eligibility based on the Medicaid program they are enrolled in.

Possible Action Steps/Questions:

- Parental consent for SHARS is not part of HHSC rule requirement and not just associated with IDEA. Any change in IDEA will not impact this law. It is important districts realize the nuance this brings to the program and HHSC's involvement in Parental Consent.
- Districts need to clearly identify and understand who a student without a parent is. Children that might typically be considered without a parent may have one that the district is unaware of. Districts should seek clarity on this matter.
- The law has been passed, however, HHSC must adopt rules to enact the law.
- Of note is changes in overall eligibility later in the bill following the changes specific to SHARS. This may impact eligibility as children have longer identification and notification and changes have additional requirements.

Program Preparation Impact:

- Materials – update Operating Procedures and training materials

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HHSC Input for Public Comment to Policy

HHSC posted responses to the various policy input received. These may be found online.

SHARS Policy Stakeholder Comments and HHSC Responses Available | Texas Health and Human Services

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