Line	Draft Policy Line Number	Draft Policy Reference	Draft Policy Proposal	Primary Input Area	Stance on Proposal	Support for Stance	For/Against/Neutral
1	N/A	Overall Policy for SHARS Rewrite	Overall Policy for SHARS Rewrite	The overall policy rewrite of the SHARS Policy. Maintaining streamlined processes aligns with federal guidelines (CMS guide, page 7).	The proposed changes significantly increase the administrative burden on school districts, which contradicts both current policies and federal recommendations. Federal guidelines emphasize reducing administrative burdens to promote flexibility (CMS guide, page 7). Federal guidelines emphasize reducing administrative burdens to promote flexibility and efficiency in program implementation.	We suggest maintaining streamlined processes as emphasized in the current SHARS Handbook and the federal guide to ensure practical implementation. The policy change process should involve multiple stakeholders, including school districts, vendors, associations, and parents. This aligns with federal recommendations for collaboration and stakeholder involvement.	Against
2	N/A	Overall Policy for SHARS Rewrite	Lack of Subject Matter Experts at the Texas Health and Human Services (HHSC)	HHSC lacks true subject matter experts and excludes knowledgeable individuals from planning and decision-making processes.	Involve individuals with actual knowledge of the program in the planning and decision-making processes to ensure policies and implementations are practical and aligned with school district needs. Involve subject matter experts in future policy development to ensure practical and effective policies. The lack of subject matter experts has led to policies that are impractical and misaligned with the needs of school districts. For example, the recent introduction of detailed documentation requirements without sufficient training has caused confusion and increased administrative burdens.	This has led to policies and implementations that do not align with the needs of the program served. For instance, the new policy draft was released with only a two-week timeline for input during a period when schools are historically closed (including Fridays and the 4th of July week). Policies and implementations often do not align with program needs, leading to impractical timelines and insufficient input periods.	Against
3	N/A	Overall Policy for SHARS Rewrite	Increased Administrative Burden	Proposed changes significantly increase the administrative burden on school districts.	Maintain streamlined processes as emphasized in the current SHARS Handbook and federal guide to ensure practical implementation.	Contradicts both current policies and federal recommendations, which emphasize reducing administrative burdens and promoting flexibility.	Against
4	N/A	Fiscal Impact to Texas School Districts	Highlight the significant administrative and procedural challenges that the proposed changes would impose on school districts and their SHARS clinicians.	Administrative Burden and Costs	The proposed changes will lead to significant cost increases and additional time requirements for school districts. Implementing these changes would require extensive modifications to infrastructure, including computer programming, training materials, and staffing, which are both costly and time-consuming. Given the already significant requirements under the current SHARS program, these changes are impractical and would place an undue burden on school districts.	The proposed changes will impose additional administrative burdens and increased costs on school districts, which are already overburdened with existing regulations. Evidence from states like Massachusetts and Oklahoma indicates that extensive administrative requirements can deter participation in Medicaid programs, thereby reducing access to necessary services.	Against
5	N/A	SHARS Handbook Adoption	Require that the SHARS handbook be adopted as a figure in rule, ensuring changes follow a proper rulemaking process, including a minimum comment period and response to all comments.	Transparency and Stakeholder Involvement	The adoption of the SHARS handbook as a figure in rule is crucial for ensuring transparency and accountability. This would prevent rushed changes with insufficient review time, like the current two-week comment period, which is inadequate for thorough stakeholder input. By requiring a proper rulemaking process, including a minimum comment period and mandatory responses to all comments, stakeholders can provide meaningful feedback, leading to more practical and effective policies. This aligns with federal recommendations for stakeholder involvement and proper legislative procedures.	The current process with a two-week comment period is insufficient and lacks transparency. Adopting the handbook as a figure in rule will ensure a thorough review and feedback process, aligning with proper legislative procedures.	For
6	Page 1, Line 10-20	Comment Period	This drafted policy is open for a two-week public comment period.	The feedback period provided is insufficient for thorough review and input from all stakeholders.	Extend the feedback period and involve a broader range of stakeholders in the policy development process to ensure that the resulting policies are practical, effective, and supportive of school districts' needs. A two-week comment period, especially during a holiday, is insufficient. A realistic timeframe would be at least 30-45 days, allowing districts adequate time to review and provide meaningful feedback.	The current timeline for feedback is inadequate and does not consider the operational realities of school districts. Involving stakeholders in the policy development process is essential for creating practical and effective policies. A two-week comment period, especially during a holiday, does not allow adequate time for thorough review and feedback from all stakeholders.	Against
7	Item 2	Statement of Beliefs	To receive SHARS services, Medicaid-enrolled students must: 2.1 Be enrolled in a public school's special education program; and 2.2 Be 20 years of age or younger; and 2.3 Have a disability or chronic medical condition; and 2.4 Have an IEP documenting disability and medical necessity; or 2.4.1 An IEP is a written plan mandated by IDEA that is developed by the school, in conjunction with the parents or guardians, teachers and other health professionals. This plan authorizes the services that can be provided and defines the individualized objectives of a child who has been found to have a disability. 2.4.2 The IEP is created by an ARD (Admission, Review, and Dismissal) Committee. 2.4.3 34 Code of Federal Regulations (CFR) §300.320 outlines what must be included in an IEP. 2.4.4 The SHARS program cannot reimburse for services beyond what is detailed in the IEP.	Previously students with Autism were unbillable. This is no longer seen in the TMPPM. Confirmation would help districts for clarification that these students are now billable as long as all other criteria is met.	We believe students with Autism should be billable and not excluded.	Removal of this exclusion has been in the TMPPM, however, there is still some question in the field related to their approval to bill such students. Clarification would assist school districts.	Neutral
8	Item 3.3	Nurse-Delegation	"Nursing services, including medication administration and nursing services delegated by a registered nurse (RN) (in compliance with RN delegated nursing tasks criteria as determined by the Texas Board of Nursing) to an employee or health aide."	In Texas, both Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs) have the authority to delegate certain nursing tasks to unlicensed personnel, but their scope and responsibility in delegation differ. Nurse-delegated tasks require clear definitions and practical guidelines to avoid overburdening nursing staff.	Under the Texas Board of Nursing criteria both RNs and LVNs may delegate such services. We recommend the adoption of such criteria for SHARS. Clear definitions and practical guidelines minimize administrative burden and align with Texas Board of Nursing criteria. Eliminating excessive requirements reduces unnecessary administrative burdens on nursing staff.	Registered Nurses (RNs): RNs have a broader scope of delegation and are authorized to: Delegate both non-invasive and certain invasive tasks to unlicensed personnel. Conduct comprehensive assessments to determine which tasks can be delegated safely. Provide detailed supervision and follow-up for the tasks delegated. Delegate tasks in various settings, including hospitals, clinics, home health, and long-term care facilities. Licensed Vocational Nurses (LVNs): LVNs have a more limited scope of delegation compared to RNs: LVNs can delegate non-invasive tasks and certain ADLs (Activities of Daily Living) to unlicensed personnel. They must follow the directions and delegation provided by an RN or other authorized health care provider. LVNs generally work under the supervision of an RN or physician and are responsible for providing feedback on the delegated tasks.	Against

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9	Page 4, Nursing Services	Overall Nurse Services Rewrite	Overall Nurse Services Rewrite	The overall nurse services rewrite introduces requirements that are not in alignment with nursing certification nor any other Medicaid program. They are impractical and burdensome.	More details on how often evaluations should occur and what they should include. Current requirements may impose undue burdens on already overworked nurses. Definitions for 'regular intervals' and specific delegated tasks are also required. Provide clear definitions and practical guidelines to minimize administrative burden	The requirements for nurse-delegated tasks need further clarification, including definitions of 'regular intervals' and specific delegated tasks. This will help align with practical and clear guidelines as recommended by federal policies. The additional requirements for nurse-delegated tasks appear to address non-issues and could impose undue burdens. We suggest minimizing these requirements to align with practical guidelines. Trust in licensed staff's judgment and reduction of the administrative burden. More clarification is needed on written authorization. How often? What should it include? Is adding it to the ARD and the ARD indicating it is delegated enough?	Against
10	Item 6	Nurse-Delegated Task	"Nurse-delegated tasks are those in which an RN or APRN authorizes an unlicensed person to perform tasks of nursing care in selected situations and indicates that authorization in writing."	Increased documentation requirement without specificity or alignment with nursing credential requirements. Nurse-delegated tasks require clear definitions and practical guidelines to avoid overburdening nursing staff.	More clarification is needed here. How often? What should it include? Is adding it to the ARD and the ARD indicating it is delegated, enough? This requirement has no basis in federal guidelines. Clear definitions and practical guidelines minimize administrative burden and align with Texas Board of Nursing criteria. Eliminating excessive requirements reduces unnecessary administrative burdens on nursing staff.	The requirements for nurse-delegated tasks need further clarification, including definitions of 'regular intervals' and specific delegated tasks. This will help align with practical and clear guidelines as recommended by federal policies. The additional requirements for nurse-delegated tasks appear to address non-issues and could impose undue burdens. We suggest minimizing these requirements to align with practical guidelines. Trust in licensed staff's judgment and reduction of the administrative burden.	Against
11	Item 6.1	Nurse-Delegated Task	"The delegation process includes nursing assessment of a student in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed persons, and re-evaluating the task at regular intervals."	Definitions for 'regular' intervals and specific delegated tasks are unclear. Nurse-delegated tasks require clear definitions and practical guidelines to avoid overburdening nursing staff. Requirements for frequent evaluations and detailed documentation of nurse-delegated tasks are excessive and impractical.	More details on how often evaluations should occur and what they should include. Current requirements may impose undue burdens on already overworked nurses. Definitions for 'regular intervals' and specific delegated tasks are also required. Provide clear definitions and practical guidelines to minimize administrative burden. This requirement has no basis in federal guidelines. Clear definitions and practical guidelines minimize administrative burden and align with Texas Board of Nursing criteria. Eliminating excessive requirements reduces unnecessary administrative	The new requirements for training and competency verification introduce additional complexities that do not align with federal guidelines. We recommend clear and reasonable training requirements that ensure provider competency without imposing undue burdens. What is the definition of regular intervals? More clarification is needed here. How often? What should it include? Is adding it to the ARD and the ARD indicating it is delegated, enough?	Against
12	Item 6.2	Nurse-Delegated Task	"It does not include situations in which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a RN."	Definitions for 'regular' intervals and specific delegated tasks are unclear. Nurse-delegated tasks require clear definitions and practical guidelines to avoid overburdening nursing staff.	More details on how often evaluations should occur and what they should include. Current requirements may impose undue burdens on already overworked nurses. Definitions for 'regular intervals' and specific delegated tasks are also required. Provide clear definitions and practical guidelines to minimize administrative burden. What is this considered if not delegated? Clear definitions and practical guidelines minimize administrative burden and align with Texas Board of Nursing criteria.	This requirement has no basis in federal guidelines.	Against
13	Item 6.3	Nurse-Delegated Task	"Nurse-delegated tasks includes tasks listed in 22 Texas Administrative Code (TAC) §224.8 and must meet the professional standards of the Texas Board of Nursing."	Definitions for 'regular' intervals and specific delegated tasks are unclear. Nurse-delegated tasks require clear definitions and practical guidelines to avoid overburdening nursing staff.	More details on how often evaluations should occur and what they should include. Current requirements may impose undue burdens on already overworked nurses. Definitions for 'regular intervals' and specific delegated tasks are also required. Provide clear definitions and practical guidelines to minimize administrative burden. Clear definitions and practical guidelines minimize administrative burden and align with Texas Board of Nursing criteria.	This reference does not include tasks. It indicates "(8) If the delegation continues over time, the RN shall periodically evaluate, review, and when a change in condition occurs reevaluate the delegation of tasks. For example, the evaluation would be appropriate when the client's Nursing Care Plan is reviewed and revised. The RN's evaluation of a delegated task(s) will be incorporated into the client's Nursing Care Plan." This seems to refer to types of service but the reference is not that. Please clarify.	Against
14	Page 5	Overall Personal Care Services Section	Overall Personal Care Services Section Rewrite	The overall personal care services rewrite introduces requirements that are not in alignment with other personal care overseen by our state nor any other Medicaid program across the US.	Clear definitions for physical, functional, cognitive, or behavioral limitations are needed. The removal of these definitions without explanation seems arbitrary and requires justification. We would like to see specific definitions of physical, functional, cognitive, or behavioral as it appears not all of these were considered and in fact, some that were aligned were removed without explanation. Clear definitions and comprehensive inclusion of functional, cognitive, and behavioral limitations are necessary.	The requirements for personal care service tasks need further clarification. Help is needed to align it with practical and clear guidelines as recommended by federal policies. The additional requirements appear to address non-issues and impose undue burdens. We suggest minimizing these requirements to align with practical guidelines. Trust in educational and medical staff's judgment and reduction of the administrative burden. More clarification is needed on written requirements. How often? What should it include? Is adding it to the ARD and the ARD indicating it is delegated enough?	Against
15	Page 5, Items 7-12	Definition of PCS and Requirements	The proposed changes require a clearer definition of Personal Care Services (PCS) and comprehensive inclusion of functional, cognitive, and behavioral limitations.	Current definitions are unclear and do not comprehensively include all necessary limitations.	Ensure clear definitions and comprehensive inclusion of functional, cognitive, and behavioral limitations in the PCS requirements.	Including functional limitations ensures that tasks consistent with ADLs such as dressing or bathing are considered billable. This aligns with the CMS Technical Assistance Guide, which emphasizes human assistance related to ADLs and IADLs. Ensure clear definitions and comprehensive inclusion of limitations.	Against
16	Item 7	Personal Care Services	"Personal care services are medical support services provided to students who require assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) because of a physical, functional, cognitive, or behavioral limitation related to a student's disability or chronic health condition."	Specific definitions for physical, functional, cognitive and behavioral limitations are necessary.	Removal of certain limitations without explanation seems arbitrary. Clear and comprehensive definitions are essential for understanding and compliance. Ensure clear definitions and comprehensive inclusion of functional, cognitive, and behavioral limitations.	We would like to see specific definitions of physical, functional, cognitive or behavioral as it appears not all of these were considered and in fact some that were aligned were removed without explanation. Clear definitions and comprehensive inclusion of functional, cognitive, and behavioral limitations.	Against
17	Item 7	Personal Care Services	"Personal care services are medical support services provided to students who require assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) because of a physical, functional, cognitive, or behavioral limitation related to a student's disability or chronic health condition."	Remove the term "medical" from the definition of PCS	The inclusion of the term "medical" in the definition of PCS inaccurately describes the nature of the services provided. PCS are support services that help students with disabilities perform daily activities, and while these students may have medical conditions, the services themselves are not inherently medical. Removing the term "medical" would more accurately reflect the nature of PCS and avoid potential misunderstandings about the scope of these services.	The delivery of PCS is not inherently a medical activity, and the term "medical" inaccurately describes the nature of the services provided. CMS Technical Assistance Guide defines PCS as human assistance that often relates to performance of ADLs and IADLs, without classifying them as medical services.	Against
18	Item 8	Personal Care Services	"PCS are medically necessary only when a student has a physical, cognitive, or behavioral limitation related to the student's disability or chronic health condition that inhibits the student's ability to accomplish ADLs or IADLs."	Specific definitions for physical, functional, cognitive and behavioral limitations are necessary.	Removal of certain limitations without explanation seems arbitrary. Clear and comprehensive definitions are essential for understanding and compliance. Ensure clear definitions and comprehensive inclusion of functional, cognitive, and behavioral limitations.	This is counter to item number 7. Where are the areas you have now removed such as functional. If it is being removed, why? This is part of the definition and feels arbitrary.	Against
19	Item 8.1	Personal Care Services	"PCS are not instructional in nature and may not be reimbursed for activities that are instructing the student on academic or functional skills."	Specific definitions for physical, functional, cognitive and behavioral limitations are necessary.	Removal of certain limitations without explanation seems arbitrary. Clear and comprehensive definitions are essential for understanding and compliance. Ensure clear definitions and comprehensive inclusion of functional, cognitive, and behavioral limitations.	How will this be defined? There is too much variance in that definition. Clarification would be helpful.	Against

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20	Item 8.1	Personal Care Services	"PCS are not instructional in nature and may not be reimbursed for activities that are instructing the student on academic or functional skills."	Activities that are instructing the student on academics are not allowable.	We are in agreement that instructional activities are not part of the SHARS program.	It is clear that instructional only activities are not approvable as part of the SHARS program.	For
21	Item 9-10	Personal Care Services	Include "functional limitations" in the definition of medical necessity for PCS.	Definition of PCS	Including functional limitations ensures that tasks consistent with ADLs such as dressing or bathing are considered billable. This aligns with federal guidance and provides clarity.	The CMS Technical Assistance Guide defines PCS as human assistance often related to performance of ADLs and IADLs. Excluding "functional" from the definition eliminates many ADLs from being considered billable, creating confusion and inconsistency with federal guidelines.	For
22	Item 9.1	Personal Care Services	"Meets the requirements of 42 CFR §440.167 and 1 TAC §363.603, and"	Specific definitions for physical, functional, cognitive and behavioral limitations are necessary.	Removal of certain limitations without explanation seems arbitrary. Clear and comprehensive definitions are essential for understanding and compliance. Ensure clear definitions and comprehensive inclusion of functional, cognitive, and behavioral limitations.	This is: 440.167 Personal care services. § 440.167 Personal care services. Unless defined differently by a State agency for purposes of a waiver granted under part 441, subpart G of this chapter - (a) Personal care services means services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental disease that are - (1) Authorized for the individual by a physician in accordance with a plan of treatment or (at the option of the State) otherwise authorized for the individual in accordance with a service plan approved by the State; (2) Provided by an individual who is qualified to provide such services and who is not a member of the individual's family; and (3) Furnished in a home, and at the State's option, in another location. (b) For purposes of this section, family member means a legally responsible relative. [42 FR 47902, Sept. 11, 1997]	Against
23	Item 9.1	Personal Care Services	"Meets the requirements of 42 CFR §440.167 and 1 TAC §363.603, and"	Specific definitions for physical, functional, cognitive and behavioral limitations are necessary.	Removal of certain limitations without explanation seems arbitrary. Clear and comprehensive definitions are essential for understanding and compliance. Ensure clear definitions and comprehensive inclusion of functional, cognitive, and behavioral limitations.	This is: Universal Citation: 1 TX Admin Code § 363.603 Current through Reg. 49, No. 12; March 22, 2024 (a) Personal care services (PCS) must be provided by an individual who: (1) is 18 years of age or older; (2) is an attendant who: (A) is an employee of a provider organization licensed as a home and community support services agency (HCSSA) per 40 TAC Chapter 97 (relating to Licensing Standards for Home and Community Support Services Agencies); or (B) if the recipient is receiving PCS through the consumer directed services (CDS) option described in 40 TAC Chapter 41 (relating to Consumer Directed Services Option), is an employee of: (i) the recipient; or (ii) the recipient's responsible adult or legally authorized representative (LAR); (3) has demonstrated the competence necessary, when competence cannot be demonstrated through education and experience, to perform the personal assistance tasks assigned by the provider organization supervisor or by the recipient or the recipient's responsible adult or LAR acting as employer through the CDS option described in 40 TAC Chapter 41; (4) is not the responsible adult of the recipient if the recipient is under the age of 18; and (5) is not the legal spouse of the recipient. (b) HHSC may establish rates of reimbursement based on the level of care required by the recipient and the qualifications of and tasks performed by the PCS attendant. (c) An organization that employs attendants who provide PCS must meet the licensing standards set out in 40 TAC Chapter 97 for one of the following license categories or special service types: (1) Licensed Home Health Services, as set out in 40 TAC § RSA 97.401(relating to Standards Specific to Licensed Home Health Services); (2) Licensed and Certified Home Health Services, as set out in 40 TAC § RSA 97.402(relating to Standards Specific to Licensed and Certified Home Health Services); or (3) agencies licensed to provide personal assistance services, as set out in 40 TAC § RSA 97.404(relating to Standards Specific to Agencies Licensed to Provide Personal Assistance Services). (d) An organization serving as a Financial Management Services Agency (FMSA) providing financial management services and other employer support services to a recipient receiving PCS through the CDS option must meet the FMSA contracting requirements specified in 40 TAC Chapters 41 and 49 (relating to Consumer Directed Services Option and Contracting for Community Services).	Against
24	Items 9.2.2	Training and Competency Verification	New requirements for training and competency verification introduce additional complexities.	New requirements introduce additional complexities and administrative burden.	Align training and competency guidelines with federal recommendations to avoid unnecessary administrative tasks.	Align training and competency guidelines with federal recommendations.	Against
25	Items 9.2.2	Licensed Health Care Practitioners	The licensed health care practitioner, as defined by 1 TAC §352.3, must be eligible to provide reimbursable services under non-PCS SHARS in order to provide PCS-related training and evaluation.	Licensed health care practitioner as defined by 1 TAC §352.3 include very few school related staff members.	By including this new requirement the state is in essence creating standards that are nearly impossible for schools to meet as most of these practioners are not active in school based settings. Further, the delivery of PCS has little to do with most practices under the scope of these individuals. Aligning training and supervision requirements with federal guidelines ensures practicality and reduces administrative burdens (CMS guide, page 7). Evidence from states like Massachusetts and Oklahoma indicates that requiring licensed health care practitioners in school settings is impractical due to the limited availability of such professionals and the unique needs of school environments.	This list is very expansive and includes few people in schools. What is this new requirement based on. There appears to be no basis in any other Medicaid program and has been included with the intention of narrowing the scope of the SHARS program. Most licensed health care practitioners are not active in school settings, making this requirement impractical (Research from other states, Massachusetts).	Against
26	Items 9.2.2	Licensed Health Care Practitioners	A licensed health care practitioner must evaluate and verify the competence of PCS providers.	Evaluation and Supervision	Requiring a licensed health care practitioner to evaluate and verify PCS providers' competence ensures that they meet the necessary standards and are capable of delivering high-quality services independently. This measure enhances the overall effectiveness and safety of care provided to students.	Ensuring that PCS providers are well-trained and competent aligns with current best practices and maintains high-quality care standards. Transferring competency verification to LEAs reduces administrative burden and aligns with CMS's Technical Assistance Guide.	Against
27	Items 9.2.2	Licensed Health Care Practitioners	Transfer competency verification to LEAs instead of requiring licensed health care practitioners	Competency Verification	It is unreasonable to require health care practitioners to verify the competency of every PCS provider. LEAs should evaluate and verify the competency of their employees, as they are responsible for their qualifications. This approach aligns with CMS's Technical Assistance Guide and reduces administrative burdens.	Ensuring quality and consistency in the delivery of PCS by requiring evaluations and verification from licensed health care practitioners is crucial. However, the practical implications of such requirements should be carefully considered, as research indicates that most licensed health care practitioners are not active in school settings. Reduces administrative burdens; aligns with CMS guidelines.	For

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28	Item 11	Personal Care Services	"A licensed health care practitioner must evaluate and verify the individual has demonstrated understanding and competence before the individual is authorized to provide PCS independently without direct supervision."	Specific definitions for physical, functional, cognitive and behavioral limitations are necessary.	Removal of certain limitations without explanation seems arbitrary. Clear and comprehensive definitions are essential for understanding and compliance. Ensure clear definitions and comprehensive inclusion of functional, cognitive, and behavioral limitations.	In regards to "licensed health care practitioner" - What is this specifically and why was it added, based on what? There is no equivalent in the policy guidance for adults or the references above. If skills are a concern then it should mirror what is in 1 TAC §363.603 this feels like it is being placed there to penalize schools or an attempt to micromanage in a situation that is unnecessary. Schools provide ongoing training for all staff related to tasks and this standard will add to the responsibility of nurses on campuses when they are already overworked and/or result in some districts not being able to participate because they don't have a nurse. This is a problem.	Against
29	Item 11	Personal Care Services	"A licensed health care practitioner must evaluate and verify the individual has demonstrated understanding and competence before the individual is authorized to provide PCS independently without direct supervision."	Specific definitions for physical, functional, cognitive and behavioral limitations are necessary.	Removal of certain limitations without explanation seems arbitrary. Clear and comprehensive definitions are essential for understanding and compliance. Ensure clear definitions and comprehensive inclusion of functional, cognitive, and behavioral limitations.	The new requirements for training and competency verification introduce additional complexities that may not align with federal guidelines. We recommend clear and reasonable training requirements that ensure provider competency without imposing undue burdens. Trust in licensed staff's judgment and reduction of the administrative burden. Requesting documentation of training is one thing but this standard does not make sense given approved services and imposes requirements that are harmful to schools.	Against
30	Item 11.2	Personal Care Services	"When competence cannot be demonstrated through education and experience, individuals must provide the PCS tasks under direct supervision of a licensed health care practitioner."	Specific definitions for physical, functional, cognitive and behavioral limitations are necessary.	Removal of certain limitations without explanation seems arbitrary. Clear and comprehensive definitions are essential for understanding and compliance. Ensure clear definitions and comprehensive inclusion of functional, cognitive, and behavioral limitations.	This should be left up to the school district and the training protocol. There is no place where training is not provided as it is required under IDEA for compliance. There is no record of concern in this area and if there is it has not been made public. It seeks to address a non issue and is cumbersome and unnecessary as schools already provide training and can provide this documentation. PCS services are not medical services delivered by a nurse as outlined in these policies. To then turn around and say you need a medical person to train them does not make sense and harms schools who are already under staffed and over worked. IF this makes it into the final draft then the cost to pay for someone to do this training should be included in the cost report.	Against
31	Line 11	Personal Care Services	Clarify PCS definition to distinguish from instructional activities using terms like “educational” and “teaching.”	Definition of PCS	Clarifying the distinction between assisting and instructing based on the primary task ensures PCS activities are properly reimbursed. This aligns with federal guidance, which allows for hands-on assistance or cuing so that the person performs the task themselves.	Federal guidance allows for hands-on assistance or cuing. Clarifying the distinction between assisting and instructing based on the primary task ensures PCS activities are properly reimbursed.	For
32	Page 6, Items 14-18	ADLs and IADLs	The list of activities should include a broader range of activities to support student needs.	Include a broader range of activities to support student needs.	Ensure flexibility and inclusivity in the list of activities.	Include a broader range of activities and ensure flexibility and inclusivity. This requirement has no basis in federal guidelines.	Against
33	Item 14	ADLS and IADLs	"For the purpose of reimbursement, activities eligible for personal care services are limited to the ADLs and IADLs listed in this section. ADLs are activities that are essential to daily self-care. IADLs are activities related to living independently in the community."	The list of ADLs and IADLs should include a broader range of activities to support student needs comprehensively. The removal of certain activities appears arbitrary and requires further input from school districts and families.	Removal of certain activities appears arbitrary and needs further input from school districts and families. Emphasize the need for flexibility and inclusivity in the list of activities. Include a broader range of activities and ensure flexibility and inclusivity.	The list of ADLs and IADLs should include a broader range of activities to support student needs comprehensively. The removal of certain activities appears arbitrary and requires further input from school districts and families. To be effective and align with actual delivery of medical support for students, the list needs more flexibility and inclusivity of actual services being delivered.	Against
34	Item 15	ADLS and IADLs	"PCS ~~include~~ are facilitated through direct intervention (assisting the student in performing a task) or indirect intervention (cueing or redirecting the student to perform a task). ADLs~~;~~ and IADLs~~; and Health Maintenance Activities (HMAs) include, but~~ are ~~not~~ limited to~~,~~ the following:"	The list of ADLs and IADLs should include a broader range of activities to support student needs comprehensively. The removal of certain activities appears arbitrary and requires further input from school districts and families. Clear definitions of ADLs and IADLs are essential for understanding and compliance.	Removal of certain activities appears arbitrary and needs further input from school districts and families. Emphasize the need for flexibility and inclusivity in the list of activities. Include a broader range of activities and ensure flexibility and inclusivity.	The definition of PCS should include supportive activities like prompting and cueing, and expand the list of IADLs. This will ensure comprehensive coverage in line with federal guidelines. Clear definitions ensure all necessary activities are covered and understood.	Against
35	Item 15, Table A	ADLS and IADLs	Table A - Activities of Daily Living (ADLs) & Instrumental Activities of Daily Living (IADLs)	Table A should include a comprehensive list of ADLs and IADLs to support student needs. The list of ADLs and IADLs should include a broader range of activities to support student needs comprehensively. The removal of certain activities appears arbitrary and requires further input from school districts and families.	Removal of certain activities appears arbitrary and needs further input from school districts and families. Emphasize the need for flexibility and inclusivity in the list of activities. Include a broader range of activities and ensure flexibility and inclusivity.	The list of ADLs and IADLs should include a broader range of activities to support student needs comprehensively. The removal of certain activities appears arbitrary and requires further input from school districts and families. To be effective and align with actual delivery of medical support for students, the list needs more flexibility and inclusive of actual services being delivered. Including a broader range of activities ensures comprehensive care.	Against
36	Item 15, Table A	ADLS and IADLs	Table A - Activities of Daily Living (ADLs) & Instrumental Activities of Daily Living (IADLs)	Table A should include a comprehensive list of ADLs and IADLs to support student needs. The list of ADLs and IADLs should include a broader range of activities to support student needs comprehensively. The removal of certain activities appears arbitrary and requires further input from school districts and families.	Removal of certain activities appears arbitrary and needs further input from school districts and families. Emphasize the need for flexibility and inclusivity in the list of activities. Include a broader range of activities and ensure flexibility and inclusivity.	Excluding essential services from PCS reimbursement will negatively impact students. The definition of PCS should be clear and include all necessary activities, supporting a broad range of student needs. We recommend ensuring comprehensive service provision, aligned with federal guidelines for inclusivity. Including a broader range of activities ensures comprehensive care.	Against
37	Item 15, Table A	ADLS and IADLs	Table A - Activities of Daily Living (ADLs) & Instrumental Activities of Daily Living (IADLs)	Table A should include a comprehensive list of ADLs and IADLs to support student needs. The list of ADLs and IADLs should include a broader range of activities to support student needs comprehensively. The removal of certain activities appears arbitrary and requires further input from school districts and families.	Removal of certain activities appears arbitrary and needs further input from school districts and families. Emphasize the need for flexibility and inclusivity in the list of activities. Include a broader range of activities and ensure flexibility and inclusivity.	This list removes basic ADLs that many students need to access their education due to their disability. Their removal feels arbitrary and does not make sense given your definition of PCS as functional, cognitive and behavioral. Prior to decreasing this list, it is important that the state receive more input from school districts and families. Including a broader range of activities ensures comprehensive care.	Against
38	Item 15, Note	ADLS and IADLs	"NOTE: Health Maintenance Activities (HMAs) and nurse-delegated tasks, as defined by 22 TAC §225.4, should be considered Nursing Services and may only be billed under PCS if the task is listed as an ADL or IADL. ~~that fall within the scope of the task listed above are allowable in PCS.~~“	The list of ADLs and IADLs should include a broader range of activities to support student needs comprehensively. The removal of certain activities appears arbitrary and requires further input from school districts and families.	Removal of certain activities appears arbitrary and needs further input from school districts and families. Emphasize the need for flexibility and inclusivity in the list of activities. Include a broader range of activities and ensure flexibility and inclusivity.	This has no definition and needs to be explained as it is not a term many are familiar with.	Against

Line	Draft Policy Line Number	Draft Policy Reference	Draft Policy Proposal	Primary Input Area	Stance on Proposal	Support for Stance	For/Against/Neutral
39	Item 16	ADLS and IADLs	"ADLs are:"	Listing of ADLS are limited and not in alignment with PCS in other programs. Clear definitions of ADLs and IADLs are essential for understanding and compliance.	The list should include a broader range of activities to support student needs.	These definitions are helpful and could support the inclusion of areas that were previously approved. Clear definitions ensure all necessary activities are covered and understood."	Against
40	Item 16.1-16.8	ADLS and IADLs	Definition of ADLs	This listing is comprehensive and finally provides clarification for school staff. Clear definitions of ADLs are essential for understanding and compliance.	We support the clarity the state is providing in defining services.	Clarity of services will assist schools in aligning service offerings with service delivery. Clear definitions ensure all necessary activities are covered and understood."	For
41	Item 17.1-17.4	ADLS and IADLs	Definition of IADLs	This listing is comprehensive and finally provides clarification for school staff. Clear definitions of IADLs are essential for understanding and compliance.	We support the clarity the state is providing in defining services.	Clarity of services will assist schools in aligning service offerings with service delivery. Clear definitions ensure all necessary activities are covered and understood."	For
42	Item 18.4	ADLS and IADLs	"Stand-by supervision related to safety;"	The list of ADLs and IADLs should include a broader range of activities to support student needs comprehensively. The removal of certain activities appears arbitrary and requires further input from school districts and families.	Removal of certain activities appears arbitrary and needs further input from school districts and families. Emphasize the need for flexibility and inclusivity in the list of activities. Include a broader range of activities and ensure flexibility and inclusivity.	This requirement has no basis in federal guidelines.	Against
43	Item 18.9	ADLS and IADLs	"Supervision, monitoring, cueing, redirection, or other form of assistance that is unrelated to the listed ADLs and IADLs."	The list of ADLs and IADLs should include a broader range of activities to support student needs comprehensively. The removal of certain activities appears arbitrary and requires further input from school districts and families.	Removal of certain activities appears arbitrary and needs further input from school districts and families. Emphasize the need for flexibility and inclusivity in the list of activities. Include a broader range of activities and ensure flexibility and inclusivity.	This is in conflict with the definition of ADLs and IADLs. This change has the appearance of punitive action and causes damage to the program with its exclusion.	Against
44	Page 8, Items 20-21	Group PCS Billing	Prohibition on group PCS billing limits operational flexibility.	The proposed prohibition of billing for group PCS services does not reflect the staffing realities in schools and limits our flexibility in providing necessary services.	Maintain the current policy allowing group PCS billing to reflect staffing realities and ensure flexibility in service provision.	Group PCS services are critical in scenarios such as PCS-Eating, PCS-Locomotion/Mobility, and PCS-Escorting. Eliminating this service model would complicate IEP implementation and increase administrative burdens. Research from other states shows that group services are effective in providing necessary care efficiently and are commonly used in school settings. This requirement has no basis in federal guidelines.	Against
45	Item 20	Group PCS Billing	"A provider may perform PCS for more than one student over the span of the day as long as each student's care is based on their IEP and each student's needs and IEP do not overlap with another student's needs and IEP."	Prohibition of group PCS billing contradicts federal recommendations for flexibility in billing methodologies.	Maintaining the current policy is crucial to avoid undue stress on schools and reflect staffing realities. Maintain current group billing policies to ensure flexibility and practicality. Retaining the group PCS service model is essential for providing necessary care efficiently. Group services are used for activities such as eating, mobility, and escorting, which can be effectively managed in a group setting. Eliminating this model would disrupt service delivery and require amendments to IEPs, further burdening schools with procedural requirements and increased costs.	Prohibiting group PCS billing contradicts the federal guide's recommendations for flexibility in billing methodologies. We strongly suggest maintaining the current policy to avoid undue stress on schools and reflect staffing realities. This is not part of any other requirement in Medicaid that we are able to find. It also does not work in a school. It places undue stress on a school in a time where staff is overworked and schools are understaffed. There is no reason for this change and it appears punitive. Group PCS services are critical in scenarios such as PCS-Eating, PCS-Locomotion/Mobility, and PCS-Escorting. Eliminating this service model would complicate IEP implementation and increase administrative burdens.	Against
46	Item 21	Group PCS Billing	"Only the time spent on authorized PCS tasks for each student is eligible for reimbursement. Total PCS billed for all students cannot exceed an individual attendant's total number of hours at the place of service, and the time the provider is assisting one student must not overlap with the time the provider is working with another student."	Prohibition of group PCS billing contradicts federal recommendations for flexibility in billing methodologies.	Maintaining the current policy is crucial to avoid undue stress on schools and reflect staffing realities. Maintain current group billing policies to ensure flexibility and practicality.	The proposed extensive documentation requirements are impractical and could overburden school staff. We recommend maintaining essential documentation practices that align with federal guidelines, reducing unnecessary administrative work. The requirement for specific start and end times for each activity is impractical. We recommend maintaining current documentation practices that ease administrative burden, as supported by federal guidelines. This is not part of any other requirement in Medicaid that we are able to find. It also does not work in a school. It places undue stress on a school in a time where staff is overworked and schools are understaffed. There is no reason for this change and it appears punitive.	Against
47	Item 21	Group PCS Billing	Table B - Procedure Codes - Personal Care Services	Prohibition of group PCS billing contradicts federal recommendations for flexibility in billing methodologies.	Maintaining the current policy is crucial to avoid undue stress on schools and reflect staffing realities. Maintain current group billing policies to ensure flexibility and practicality.	Prohibiting group PCS billing contradicts the federal guide's recommendations for flexibility in billing methodologies. We strongly suggest maintaining the current policy to avoid undue stress on schools and reflect staffing realities.	Against
48	Page 9, Items 26-29	Impractical Documentation Requirements	Detailed documentation of nurse-delegated tasks adds unnecessary administrative burden.	The detailed documentation of nurse-delegated tasks adds unnecessary administrative burden.	Eliminate excessive requirements for frequent evaluations and detailed documentation.	Maintain current group billing policies.	Against
49	Page 10	Documentation Requirements	Documentation Requirements	Proposed extensive documentation requirements are impractical and could overburden school staff.	Maintain essential documentation practices that align with federal guidelines, reducing unnecessary administrative work. The requirement for specific start and end times for each activity is impractical. The proposed extensive documentation requirements are impractical and could overburden school staff. We recommend maintaining essential documentation practices that align with federal guidelines, reducing unnecessary administrative work. Streamline documentation processes to avoid excessive administrative work.	The proposed extensive documentation requirements are impractical and could overburden school staff. We recommend maintaining essential documentation practices that align with federal guidelines, reducing unnecessary administrative work. The requirement for specific start and end times for each activity is impractical. We recommend maintaining current documentation practices that ease the administrative burden, as supported by federal guidelines.	Against
50	Item 28.1.1	Documentation Requirements	Each PCS activity billed must be listed in the student's IEP or other documentation.	The requirement to document each service needs further clarification.	The state needs to realize the role of schools in the delivery of SHARS services and make the documentation more common sense. At the federal level there is a push to less administratively burdensome; however, our state is going in the opposite direction.	On the surface this documentation requirement seems to indicate there is a need to separate out each activity billed; however, this does not align with practice and introduces a level of documentation that is problematic and cumbersome resulting in noncompliance or schools dropping out of the program. This requirement has no basis in federal guidelines.	Against
51	Item 28.2	Increased Administrative Burden	The requirement to document specific start and end times for each PCS activity is impractical and burdensome.	The proposed changes will substantially increase the administrative workload on our staff, diverting valuable resources away from direct student services.	Remove the requirement for specific start and end times to streamline documentation processes.	This requirement has no basis in federal guidelines.	Against
52	Item 28.2	Documentation Requirements	"The billable start and stop time for each ADL and IADL recorded."	Proposed extensive documentation requirements are impractical and could overburden school staff.	Maintain essential documentation practices that align with federal guidelines, reducing unnecessary administrative work. The requirement for specific start and end times for each activity is impractical. The proposed extensive documentation requirements are impractical and could overburden school staff. We recommend maintaining essential documentation practices that align with federal guidelines, reducing unnecessary administrative work. Streamline documentation processes to avoid excessive administrative work.	This sets a standard that is almost impossible for staff to achieve. School staff would be documenting more than serving students. There is no parallel to this requirement in other programs that we have been able to find. Its inclusion here has the appearance of a punitive measure especially given how over worked and under staffed schools are. This measure alone will result in schools pulling out of the program and federal dollars being removed from our state. This should minimally be studied more before it ever goes into place. Aligning training and supervision requirements with federal guidelines ensures practicality and reduces administrative burdens (CMS guide, page 7).	Against

Line	Draft Policy Line Number	Draft Policy Reference	Draft Policy Proposal	Primary Input Area	Stance on Proposal	Support for Stance	For/Against/Neutral
53	Item 29	Training Requirement.	"If a SHARS provider is supervising an assistant , or , intern , ~~or a grandfathered employee,~~ then the supervising provider must adhere to current state licensure signature requirements."	Supervision Requirement for PCS is arbitrary and unnecessary.	The new requirements for training and competency verification for PCS introduce additional complexities that may not align with federal guidelines. We recommend clear and reasonable training requirements that ensure provider competency without imposing undue burdens. Aligning training and supervision requirements with federal guidelines ensures that the policies are practical and can be effectively implemented in school settings (CMS guide, page 7).	This requirement is in alignment with standards set for different provider types. However, the state has established additional criteria for PCS that are no where else in Medicaid and should be reconsidered and removed. Aligning training and supervision requirements with federal guidelines ensures practicality and reduces administrative burdens (CMS guide, page 7).	Against
54	Item 30.3.1	Record Retention	"Documentation for verifying qualification and competency at performing PCS must be on file for each individual providing PCS. A licensed health care professional must complete, sign, and date the documentation indicating the individual is qualified to provide PCS."	Proposed extensive documentation requirements are impractical and could overburden school staff.	Maintain essential documentation practices that align with federal guidelines, reducing unnecessary administrative work. The requirement for specific start and end times for each activity is impractical. The proposed extensive documentation requirements are impractical and could overburden school staff. We recommend maintaining essential documentation practices that align with federal guidelines, reducing unnecessary administrative work. Streamline documentation processes to avoid excessive administrative work.	School Districts should be allowed to provide proof or training for the group not at the individual level so it can be part of back to school training. This standard puts undo pressure on nurses and health care providers.	Against
55	Page 11-12, Items 31-35	Interim Claiming and Timed Units	The new standards for interim claiming and timed units are impractical and increase administrative burden.	The proposed changes introduce impractical standards for interim claiming and timed units, which increase the administrative burden on districts.	Implement practical billing practices aligned with current policies and federal guidelines to avoid punitive measures and reduce administrative burden. The new standards for interim claiming and timed units will increase the administrative burden on schools. Practical billing practices aligned with current policies are necessary to avoid punitive measures and ensure smooth implementation.	Implementing practical billing practices aligned with current policies avoids punitive measures and reduces administrative burden (CMS guide, pages 108, 120)."	Against
56	Item 31-33	Interim Claiming and Timed Units	"LEAs must submit: 31.1 At least one interim claim for each direct medical service that an eligible student receives within the cost report period ; 31.2 Interim claims for all personal care services that an eligible student receives within the cost report period ; and 32. Interim claims for all eligible specialized transportation trips provided within the cost report period. 33. ~~For untimed procedure codes, claims for reimbursement must include one unit of service for each unit billed. Untimed codes are reimbursable on a per unit basis and are subject to frequency limitations set forth in the respective SHARS service category referenced in this policy.~~"	New requirements for interim claiming and timed units set a standard that is difficult for staff to achieve.	This measure could result in schools pulling out of the program and federal dollars being removed from the state. Practical and feasible billing practices are essential to avoid punitive measures. This sets a standard that is almost impossible for staff to achieve. School staff would be documenting more than serving students. There is no parallel to this requirement in other programs that we have been able to find. Its inclusion here has the appearance of a punitive measure, especially given how overworked and understaffed schools are. This measure alone will result in schools pulling out of the program and federal dollars being removed from our state. This should minimally be studied more before it ever goes into place. Implement practical billing practices that align with current policies and federal guidelines.	Implement practical billing practices aligned with current policies and federal guidelines.	Against
57	Item 31-33	Interim Claiming and Timed Units	"LEAs must submit: 31.1 At least one interim claim for each direct medical service that an eligible student receives within the cost report period ; 31.2 Interim claims for all personal care services that an eligible student receives within the cost report period ; and 32. Interim claims for all eligible specialized transportation trips provided within the cost report period. 33. ~~For untimed procedure codes, claims for reimbursement must include one unit of service for each unit billed. Untimed codes are reimbursable on a per unit basis and are subject to frequency limitations set forth in the respective SHARS service category referenced in this policy.~~"	Claim Submission Process	The requirement for 100% interim claiming for PCS and specialized transportation services will necessitate extensive modifications to billing and tracking processes. These changes are not only costly but also add significant complexity to the administrative tasks school districts must manage.	Requiring 100% interim claiming for PCS and specialized transportation services will necessitate significant operational changes, adding undue burden to school districts. Aligning with CMS guidelines can reduce administrative burden and avoid punitive measures that may lead to schools withdrawing from the program.	Against
58	N/A	Implementation and Compliance	Proposed changes significantly increase administrative burden.	The proposed changes significantly increase the administrative burden on districts.	Maintain streamlined processes as emphasized in the current SHARS Handbook and federal guide. Maintaining streamlined processes aligns with federal guidelines and ensures practical implementation. Texas should adopt comprehensive assessment guidelines, ensure PCS services are included in treatment plans, align PCS documentation with IEP requirements, include common sense qualification and training documentation, and ensure thorough documentation and continuous training for providers.	Research on PCS policies from various states highlights key issues Texas should consider: Oklahoma, Colorado, Arkansas, Massachusetts, Michigan, Nebraska, Pennsylvania, Rhode Island, West Virginia:	Against
59	N/A	Application of Policy Date	No timeline for implementation mentioned.	Documentation standards and requirements	These changes have sweeping impacts to districts that will not be easy to address either in documentation or staffing. It is important to give districts the necessary time to prepare and move into compliance. We seek a year grace period for any these policy changes. A year grace period is necessary for districts to prepare and comply with new policy changes.	The application date for these changes is unclear. In a given year schools are working on three SHARS years. As this is adopted, it needs to be clear that it will apply to the new SHARS fiscal year and not to previous fiscal periods even or cost reports associated with those fiscal periods. Additional time is needed to allow districts to come into compliance with changes. Too often the changes are introduced with little to no time for districts or the state contracted vendor for processing claims to implement said changes.	Against
60	N/A	Coding changes	No timeline for implementation mentioned.	Documentation standards and requirements	We recommend that all coding rate changes be given with at least a 45-day notice before implementation. Providing at least a 45-day notice for coding changes ensures districts have sufficient time to implement them.	We are in agreement with the coding changes to align to federal requirements. However, we request that additional time be given to districts to implement said changes. Too often the changes are introduced with little to no time for districts or the state contracted vendor for processing claims to implement said changes.	Against
61	N/A	Removal of Procedures	No timeline for implementation mentioned.	Documentation standards and requirements	These changes have sweeping impacts to districts that will not be easy to address either in documentation or staffing. It is important to give districts the necessary time to prepare and move into compliance. We seek a year grace period for any these policy changes. Additional time is necessary for districts to prepare for and implement procedure changes.	We are in disagreement with the coding changes as indicated elsewhere. However, should said changes be adopted, we request that additional time be given to districts to implement said changes. Too often the changes are introduced with little to no time for districts or the state contracted vendor for processing claims to implement said changes.	Against
62	N/A	Comprehensive Service Provision	Include a broader range of functional skills in PCS reimbursement.	Include a broader range of functional skills in PCS reimbursement.	Ensure comprehensive service provision and inclusivity.	Maintain streamlined processes as emphasized in the current SHARS Handbook and federal guide to ensure practical implementation.	Against
63	N/A	Licensed Staff's Judgment	Minimize additional requirements for nurse-delegated tasks.	Minimize additional requirements for nurse-delegated tasks to avoid undue burdens.	Trust in the judgment of licensed staff and reduce administrative burden.	Maintain streamlined processes as emphasized in the current SHARS Handbook and federal guide to ensure practical implementation.	Against

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64	N/A	Reduction in SHARS Funding	Further reduction in SHARS funding without direct input or request from the federal CMS program. Lack of transparency of needed changes or the reason for such changes. Changes are arbitrary.	Drastic reductions in funding and delays in settlement notices have caused significant financial challenges for districts.	Maintain streamlined processes as emphasized in the current SHARS Handbook and federal guide. Texas should adopt comprehensive assessment guidelines, ensure PCS services are included in treatment plans, align PCS documentation with IEP requirements, include common sense qualification and training documentation, and ensure thorough documentation and continuous training for providers.	The drastic changes in the program further reduce the reimbursement in our state that come solely from federal sources. At the federal level the focus is on relieving administrative burden while in our state the emphasis seems to be on increasing it. This lack of alignment is hurting schools and the staff, students and families they serve.	Against
65	N/A	Lack of Transparency	Changes made in isolation.	Minimal visibility into the methodology used to make changes in the SHARS program,	HHSC should improve transparency by documenting and sharing specific changes that lead to substantial reimbursement reductions. The lack of transparency in policy changes has led to a decrease in stakeholder trust. For example, the sudden introduction of new documentation requirements without clear communication has caused confusion and resistance among school staff.	Drastic changes done in isolation without transparency further impact the school Medicaid program. Improving transparency by documenting and sharing specific changes ensures stakeholders are informed and engaged."	Against
66	N/A	Stakeholder Input	Need for Stakeholder Input	Reworking of the SHARS manual occurred without adequate stakeholder input.	Involve parents, school staff, subject matter experts, and communities in the creation of SHARS-related rules and regulations. A state required advisory group for SHARS is necessary. That group should include a representative from a small school district, medium school district, large school district, each service category, vendor, association, parent, school finance person and TEA. Those meetings should be made public and occur on a regular basis. nvolving specific stakeholder groups such as school administrators, special education coordinators, parents, and healthcare providers in the policy change process will ensure that the policies are practical and effectively meet the needs of students and schools.	Involving multiple stakeholders in the policy change process ensures practical and effective policies.	Against
67	N/A	Stakeholder Communication	Improve communication channels between HHSC and stakeholders.	Improve communication channels between HHSC and stakeholders.	Effective communication ensures stakeholders are adequately informed and engaged in the policy change process."	Effective communication ensures stakeholders are adequately informed and engaged in the policy change process."	For
68	N/A	School District Success	Pathway for School District Success	Inadequate HHSC training for district staff and reliance on open-ended reporting forms.	Update HHSC training and ensure reporting forms feature a menu selection process to improve accuracy and reduce dependency on third-party billers.	Align training and competency guidelines with federal recommendations to avoid unnecessary administrative tasks.	Against
69	N/A	Training and Resource Allocation	Training and Resource Allocation	Allocating resources for training ensures that school staff are adequately prepared to implement new policies.		Allocating resources for training ensures that school staff are adequately prepared to implement new policies."	For
70	N/A	Proposed Medicaid Payment Rates for School Health and Related Services (SHARS) Public Hearing	Proposed changes enact everything in this policy without regard for input from the public.	Proposed changes enact everything in this policy without regard for input from the public.	This hearing is premature at this time. It presupposes the changes in this policy without regard to public input. We recommend canceling this hearing until the policy has been finalized.	If HHSC has presupposed the changes they intend to make without regard for input from the public, why was public input requested. Time for review of that public input and responses is necessary before the rate hearting is completed.	Against