Charting New Territories in SHARS:

Anticipating the Horizon

With Karlyn Keller, Ed.D.

Contributions of Artificial Intelligence: This presentation was developed with the assistance of an artificial intelligence tool, specifically a large language model (LLM). The AI provided support in generating textual content, augmenting data analysis capabilities, and aiding in the development of insights.

TASB SPECIAL EDUCATION SOLUTIONS

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30th SHARS CONFERENCE 2024

SHARS CONFERENCE EDU 2024

Session Description

Embark on a voyage to chart what might be on the horizon for SHARS. This session aims to equip you with a telescope to gaze into the future, hypothesizing about upcoming changes and how they could impact your district. Though the future isn't set in stone, we'll navigate the stars and predict the tides, preparing you to sail smoothly through tomorrow's waters.

Navigating the Landscape: Poverty, Medicaid, and SHARS Participation

Child Poverty

- Children have the highest rate of poverty in the United States, compared to other age groups.

- The national poverty rate was 12.8% in 2021, while the child poverty rate (for people under age 18) was 16.9% in 2021.

- The national child poverty rate was 16.9% but there was considerable variation among states, ranging from 8.1% to 27.7%.

- In 2021, the child poverty rate in Texas improved compared to 2010, decreasing from 26% to 19%. However, it was still higher than the national poverty rate by over 2%.

- The number of children living in poverty in Texas was reported to be approximately 1.5 million.

- This is one in every five children.

U.S. Poverty Rate Is 12.8% but Varies Significantly by Age Groups (census.gov)

Essential Living Income

- In 2021, the average total personal consumption cost in Texas was approximately $45,114 per year. Let's break down the costs for housing, food, and other basic expenses:
  - Housing and Utilities:
    - Average monthly housing costs in Texas ranged from $1,025 to $1,867.
  - Health Care:
    - The average annual health care cost per capita in Texas was $6,593.
  - Food and Beverages (non-restaurant):
    - The average annual cost for food and beverages (excluding restaurants) per capita in Texas was $3,471.
  - Gas and Energy Goods:
    - The average monthly utility costs in Texas were around $402.
  - All Other Personal Expenditures:
    - This category includes various personal expenses and had an average annual cost of $26,312 per person.

- In summary, the average monthly cost per person in Texas was approximately $3,7601. Keep in mind that these figures are based on averages and can vary depending on individual circumstances and location within the state.

Childhood Medicaid

- Medicaid is now the single largest source of health coverage for children in the United States.

- Nationally, more than half of all school-aged children and youth are covered by Medicaid.

- Making health services available in schools for all Medicaid-enrolled students can significantly increase the number of students accessing them and reduce burdens for families.

- Students are six times more likely to access mental health care when these services are offered in school.

Child Uninsured Rate Could Rise Sharply if States Don't Proceed with Caution – Center For Children and Families (georgetown.edu)

School Medicaid Makes a Difference

- For Children:
  - **Access to Services:** SHARS ensures that children have access to medical, psychological, and other health-related services directly at school. This can include speech therapy, physical therapy, occupational therapy, psychological services, and more.
  - **Early Intervention:** By providing services in the school setting, SHARS facilitates early identification and intervention for health issues, which can be crucial in a child's development.
  - **Inclusive Education:** SHARS supports the needs of children with disabilities or special health care needs, helping them to participate more fully in their educational environment.

School Medicaid Makes a Difference

- For Schools:
  - **Financial Support:** Schools can receive reimbursement for providing eligible health-related services. This financial support can help schools maintain or expand health services available to students.
  - **Enhanced School Health Programs:** With SHARS funding, schools can enhance their health programs, ensuring a broader range of services and potentially better overall health outcomes for students.
  - **Holistic Education:** Schools that integrate health services into their daily operations often see improvements in academic performance, attendance, and student well-being.

SHARS is important because it helps bridge the gap between education and health care, ensuring that all students, particularly those with special needs, have the support necessary to succeed both academically and personally.

Participating in SHARS is Optional

Student Impact:

- How will participating in SHARS improve the health and educational outcomes for our students, particularly those with special needs or health issues?

Resource and Compliance Feasibility:

- Do we have the necessary resources and expertise to manage the administrative and compliance requirements of SHARS effectively without compromising other educational services?

Financial Viability:

- Will the financial reimbursements from SHARS substantively offset the costs involved in implementing and maintaining the program, and how will this impact our overall budget and funding for other school programs? How will it impact if we don't participate?

Funds Come with Strings Regardless of the Source

Understand and Adhere to Funding Requirements:

Carefully review all funding source documentation to understand the terms, conditions, and specific requirements. This includes deadlines, reporting expectations, and how the funds must be used.

Effective Implementation Planning:

Develop a detailed implementation plan for the program. This should outline requirements, timelines, roles, and responsibilities.

Maintain Accurate and Detailed Records:

Keep meticulous records of all transactions and activities related to the funding source. This is crucial for audits and required reporting to the funding provider.

Regular Monitoring and Reporting:

Monitor the progress of funded projects regularly to ensure they are on track to meet requirements within the stipulated timelines. Prepare and submit all required reports to as scheduled to demonstrate transparency and accountability.

Evaluate Outcomes and Compliance:

Consistently monitor the program's progress and performance against requirements. Regularly assess compliance with these stipulations and adapt implementation strategies as needed to ensure ongoing adherence.

Crossroads: SHARS in the Spotlight

SHARS in the News in 2024

Funding and Operational Challenges:
- Significant upheaval in funding, with a $400 million reduction[1].
- Districts facing challenges due to changes in the Random Moment Time Study (RMTS) rates[1].
- Over 50% of districts have challenged their settlement offers[1].

Impact on Funding:
- Texas school districts lost approximately $300 million in Medicaid reimbursements for special education students[2].
- The funding reduction is a result of a federal audit finding and subsequent appeal loss by HHSC[2].

Training and Conferences:
- New procedures established by Texas Health and Human Services Commission (HHSC) for Federal Fiscal Year 2023 Cost Report submissions[1].

Grant Opportunities:
- A $50 million Center for Medicare & Medicaid Services grant available to enhance SHARS/school Medicaid program[1].
- Potential focus on expanding mental health support services[1].

Advocacy and Moving Forward:
- Importance of advocacy in dealing with program changes[1].
- Encouragement for school board members to meet with district SHARS staff and promote staff participation in training[1].

SHARS in the News in 2024

The concerns regarding potential abuse, misuse, and fraud in the School Health and Related Services (SHARS) program in Texas in 2024 have been highlighted in several articles and official documents. Here's a summary of the information:

Documentation and Legal Consequences:

- Districts are warned that any documentation found to be created beyond the allowed period may subject them to civil and criminal prosecution and referral to the Office of the Inspector General (OIG) for fraud, waste, and abuse[1].
- The Texas Medicaid Provider Procedure Manual (TMPPM) emphasizes that service documentation should be generated at the time of service or shortly thereafter[1].

Self-Monitoring and Risk Assessment:

- The Texas Education Agency (TEA) provides a SHARS Self-Monitoring Tool to help Local Education Agencies (LEAs) assess their compliance with SHARS standards[2].
- This tool is designed to minimize exposure to provider waste, program abuse, and fraud[2].

Informal Review and Appeals Process:

- LEAs have the opportunity to submit an informal review and appeal recoded moments, but they must include comprehensive documentation, such as the full name of the person who responded to the RMTS, the full student name, a copy of the student's Individualized Education Program (IEP), and contemporaneous service or billing logs[1].

This summary reflects the heightened scrutiny and the measures taken to ensure the integrity of the SHARS program, as well as the challenges faced by districts in navigating the complex requirements and potential legal ramifications associated with compliance.

Interim Charges at the Texas House – 89th Session

- ## Committee on Appropriations:
  - Examine cross-agency funding streams within the Texas Education Agency, focusing on School Health and Related Services (SHARS). The goal is to determine where overlapping programs are best fit and funded, and to make policy recommendations to improve transparency and accountability between agencies.
  - Monitor the implementation and impact of appropriations under Article II, which includes various education-related funding aspects. (Although it mentions "various education-related funding aspects," this is typically in the context of health services within educational settings, such as mental health programs, health screenings, and other support services provided through schools.)

- ## Committee on Youth Health and Safety:
  - Evaluate behavioral health services for at-risk youth, focusing on access to community-based services and preventing the need for parents to relinquish custody for their children to receive help.

interim-charges-88thLeg.pdf (texas.gov)

Interim Charges at the Texas House – 89th Session

- **Special Education or Children with Disabilities:** There were no specific interim charges that directly addressed special education or children with disabilities in the information reviewed from the House.

- **Special Education or IDEA Funding:** No specific mentions of IDEA or focused funding for special education were noted in the interim charges from the House.

Interim Charges at the Texas Senate – 89th Session

- **School Medicaid or SHARS:** These topics were not specifically addressed in the interim charges related to K-12 education.

- **Special Education or Children with Disabilities:** There were no specific charges directly mentioning special education or children with disabilities.

- **Special Education or IDEA Funding:** No specific mentions of IDEA or special education funding were noted in the reviewed charges.

2024-Interim-Legislative-Charges.pdf (texas.gov)

Federal Charges

- Formally declared that our country is facing a child and youth mental health crisis.

- Passage of Bipartisan Safer Communities Act (June 2022)

- CMCS Informational Bulletin on school Medicaid (August 2022)

- CMS released a guide on May 18, 2023, to streamline Medicaid and CHIP services in schools, enhancing billing flexibility and provider qualifications under new federal guidelines.

- In June 2023, CMS launched a technical assistance center to support the implementation of these Medicaid service enhancements in schools, providing resources and guidance for compliance.

Federal Focus

- Medical necessity
- Provider qualifications
- Orders and referrals
- Parental consent and confidentiality
- Third party liability
- Random moment time study
- State portion funding validations

School-Based Services for Students Enrolled in Medicaid (macpac.gov)

Key Aspects of School-Based Medicaid Services

Importance of School Medicaid
- Schools play a crucial role in delivering health care services, which helps improve both health and academic outcomes for children, especially those enrolled in Medicaid and CHIP.

Medicaid and CHIP Overview in Schools
- Close collaboration is required between state Medicaid/CHIP agencies and educational bodies to ensure Medicaid-enrolled students receive the necessary health services at school.

Scope of Services
- Medicaid services in schools now extend beyond traditional individualized education programs (IEPs) to include preventive care and mental health services, facilitated by the "Free Care" policy allowing broader Medicaid billing.

Service Delivery and Confidentiality
- Services can be delivered through managed care and telehealth, with a focus on maintaining confidentiality and the necessity for parental consent.

Billing and Claiming
- Schools must adhere to specific requirements for administrative claiming and maintain accurate cost reporting to ensure compliance and proper reimbursement from Medicaid.

Special Considerations
- Guidance is provided on handling logistical aspects such as transportation, vaccines, and third-party liabilities within school-based Medicaid services.

Documentation and Compliance
- Detailed documentation is crucial to support Medicaid claims and to comply with federal and state standards.

Program Enhancements and Flexibilities
- Recent changes aim to reduce administrative burdens, introducing new billing, payment, and documentation flexibilities to streamline processes and enhance service delivery in schools.

Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming

Office of Inspector General Audits

Audit Overview:

- Audits of school-based Medicaid programs were conducted across various states, recommending a total refund of approximately $1.18 billion to CMS over a 21-year period.

State Agency Response:

- Most state agencies disagreed with the OIG findings, but only minor revisions were made by the OIG in response to these disagreements.

Audit Methodologies:

- Different methodologies were employed, focusing on Random Moments in Time Study (RMTS), Medicaid Administrative Claiming (MAC) files, service documentation, and individual claims.

Major Findings:

- Insufficient documentation to support Medicaid claims.
- Billing for services on days students were not present.
- Overbilling services beyond what is covered in the Plan of Care.
- Non-compliance with provider requirements, especially concerning federal regulations.
- Inadequate state agency oversight over local education agencies (LEAs).

Office of the Inspector General School-Based Medicaid Reports: A Consolidated Review - Healthy Students, Promising Futures (healthystudentspromisingfutures.org)

Disability Rights Involvement in SHARS

Overbilling Issues:	Highlighting recent findings that Texas school districts have overbilled Medicaid through the SHARS program, leading to a requirement for these schools to repay the excess funds and facing reduced future reimbursements.
Impact on Special Education:	Discussing the potential reduction in funds available for special education due to the overbilling, which could affect the services provided to students with disabilities.
Parental Actions:	Providing guidance on what parents can do if their child's school denies necessary health-related services due to funding issues, including advocacy at ARD (Admission, Review and Dismissal) meetings.
Options for Denied Services:	Outlining steps parents can take if their student is denied necessary services.
Guidance on Reporting Districts:	Highlighting actions that can be taken to request an IEE, file a complaint with TEA, request mediation, file a due process hearing and submitting concerns of fraud, abuse and misuse of the program.

How the SHARS Issue Could Impact Special Education - Disability Rights Texas (disabilityrightstx.org)

Key Destinations: Essential Points in SHARS to Consider

Parent Consent Possible Rule Change

- Parent Involvement is a keystone of education. That is equally so as it relates to our SHARS program.

- January 4, 2023 the Biden Administration released their Unified Agenda for 2022 and included plans for a proposed regulation to amend the parental consent requirement in IDEA. This is a could be major step forward in removing barriers to Medicaid reimbursement for districts.

- The U.S. Department of Education proposed a rule change to IDEA. The rule has not yet finalized.

Parent Consent Possible Rule Change

Concerns:

Privacy: Eliminating the requirement for parental consent could lead to concerns about the privacy of a child's medical and educational records.

Parental Rights: Reduced transparency and parental involvement in educational decisions.

Equity: Possible disparities in service provision and funding.

Trust: Increased distrust among parents towards educational and governmental institutions.

Benefits:

Efficiency: Simplified billing process for schools and quicker Medicaid reimbursement.

Equality: Equal treatment of all Medicaid beneficiaries, regardless of disability status.

Reduced Administrative Work: Less paperwork for school staff.

Access to Services: Ensuring students with disabilities receive necessary services without barriers.
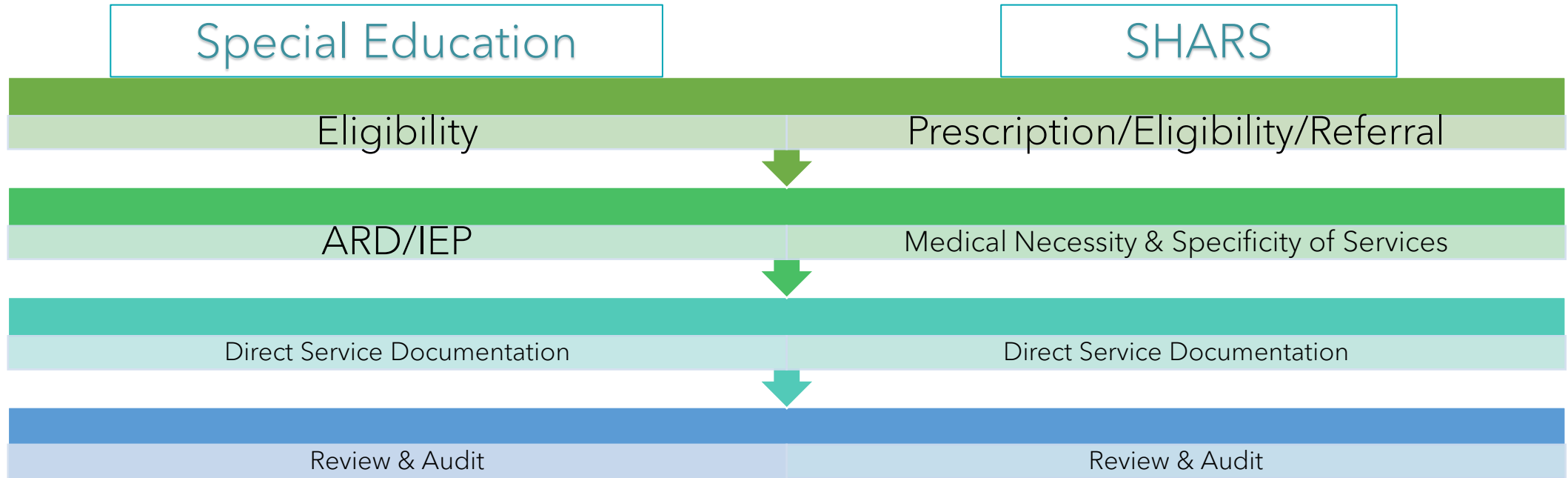
IEP Documentation

- The purpose of the ARD Committee is to determine the services a student needs in order to receive FAPE.

- The IEP is the written document of the ARD Committee decisions.

- The IEP is not written in order to bill SHARS. SHARS can be billed because the student meets the necessary requirements, and the appropriate documentation is available.

Alignment is Essential

Special Education	SHARS
Eligibility	Prescription/Eligibility/Referral
ARD/IEP	Medical Necessity & Specificity of Services
Direct Service Documentation	Direct Service Documentation
Review & Audit	Review & Audit

Tell the same story

Remember

- Services should be based on the needs of the student. Services should be added to the IEP based on those specific needs.

- SHARS should NOT drive what is in the IEP. Just because a service is not SHARS billable does NOT mean that it is not allowable. Lack of SHARS funding does not mean that a service should not be included in the IEP or delivered.

- A student's NEED should drive what is in the IEP.

Differentiating between Medical and Educational Services

- Medical Services: Services that are directly related to diagnosing, treating, and managing a student's medical condition and are necessary for the functioning or improvement of that condition. These are typically services that could be provided by a healthcare professional in a medical setting; however, in a school they include a diverse set of supports.

- Educational Services: Services aimed at aiding a student's learning and educational development. These do not relate to diagnosing, treating, or managing a medical condition but are aimed at academic and social learning outcomes. These are typical supports that a nondisabled student might also need.

Personal Care Services vs Accommodations and Modifications

A New Paradigm?
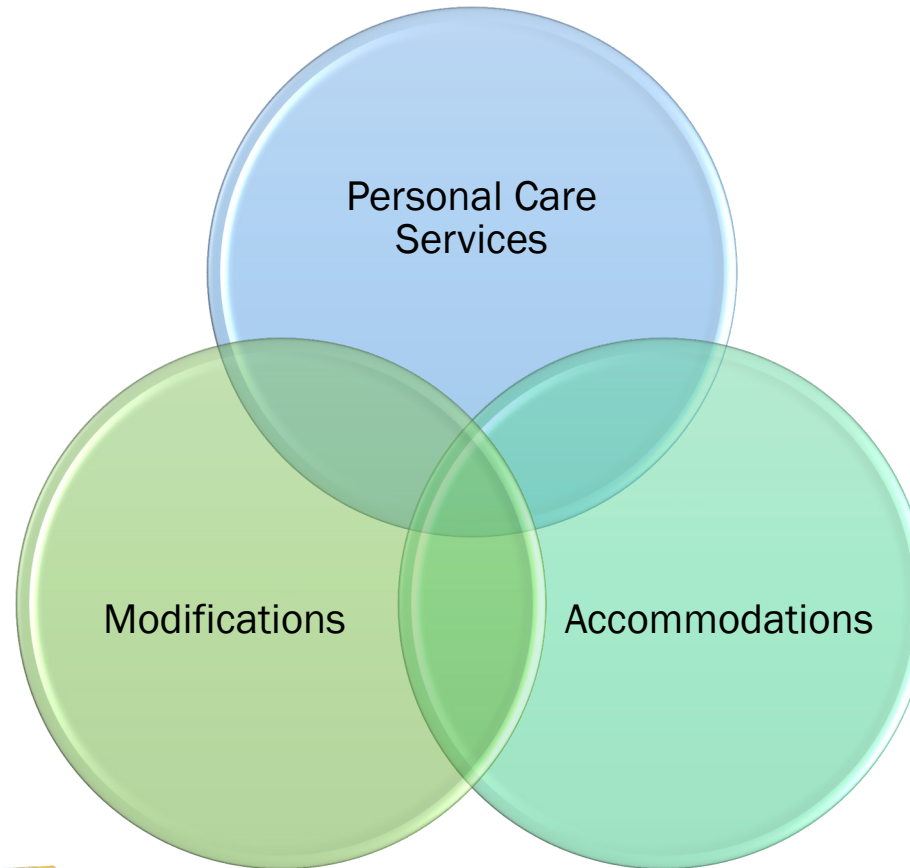
Transportation

- Support Service for SHARS.

- Medical Necessity must be established.

- Specialized transportation is not the same as special transportation.
  - Provided to/from a Medicaid service for the day the claim is made
  - Medicaid service is in IEP
  - IEP includes the type of adaptation required and why the student needs the adaptation
  - Student requires transportation in a school bus adapted to serve the needs of a student with a disability

- A specially adapted vehicle has been physically modified
  - Wheelchair lift
  - Harnesses or protective restraint devices
  - Adaptation age appropriate or due to disability/chronic medical condition
  - Simple seat belts are not an adaptation (considering them so may be a hard sale)
  - Bus monitor is not a special adaptation

TIP: Carefully review the transportation supplement to ensure all information is included and accurate.

Random Moment Time Study

Considerations to strengthen RMTS practices.

Key considerations:
- What positions and people are you adding to your PL list?
- Each addition may drive the state percentage up or down.
- Each person is allowed on your cost report but ONLY if they deliver a direct medical service allowable by SHARS.
- Don't forget the role of the PL for MAC before completely removing classes of providers.
- Have you operationalized your process? Did you add it to your Operating Guidelines?
- Be prepared for audits and questions.

Bottom line:
If providers deliver a direct medical service or have the expectation that they may deliver service in the upcoming quarter, they should remain on your PL list. Those that do not or have no expectation of delivering services should be removed. Certain classes of staff are no longer allowed on the PL including administrators, clerical and bus aides.

Participant List

Recent guidelines affect transportation staff's eligibility.

HHSC and TEA have issued new directives clarifying the roles eligible for participant inclusion of transportation aides, emphasizing the need for direct medical or personal care services.

Key issues:
- Transportation staff roles and SHARS eligibility
- Compliance with updated state guidelines
- Potential impact on district and state reimbursements

Participant List

Recent guidelines affect transportation staff's eligibility.

Key considerations:
- Distinction between roles
- Eligible services and roles
- Prepare for additional questions and audits

"Please note a transportation attendant is not the same as a personal care attendant/aide. " - CMS

"The SHARS PL is intended to be a list of staff members who provide a SHARS-eligible direct medical service to a SHARS-eligible student on a regular basis. The job category is intended to describe allowable participation. Per HHSC guidance, bus drivers are not allowed to be on the list." - TEA

Certification of Funds

- The purpose of the Certification of Funds (COF) statement is to verify that the school district incurred costs on the dates of service that were funded from state or local funds in an amount equal to, or greater than, the combined total of its interim rates times the paid units of service.

- It is more than checking that your payments were correct.

- This is more important now that ever.

- Estimate what your cost report payout may be. (TASB has an estimation tool available upon request.)

Cost Reporting

- The primary purpose of the cost report is to document the provider's costs for delivering SHARS services to reconcile the provider's interim payments received for SHARS services with its actual total Medicaid allowable costs.

Cost Reporting

Thinks to think about for your FFY 2023 Cost Report

Key considerations:
- RMTS moments were not recoded this time, the new methodology was applied before the percentage was determined.
- Have you requested your moments so that you can begin looking at them NOW.
- Can you begin planning now to question your moments?
- Can you provide a list of providers who documented or provided service on a day of service for a direct medical service regardless of that being the claim you sent up for payment?
- Where else are you holding documentation to support your staff included in the cost report?
- Have you taken a deep dive into your ratios?

Cost Reporting

Compliance Risk Assessment Form.

I [_____] certify on behalf of [_____] that [_____] complied with all state and federal laws, regulations, rules, policies, or other guidance related to participation in the School Health and Related Services (SHARS) program, and that all costs and information reported by the LEA on the cost report comply with the aforementioned requirements and standards, including requirements that:

1) Pursuant to 1 Tex. Admin. Code (TAC) §355.8443(c) and §354.1342(5), the LEA has valid parental consent on file for all *Medicaid* students LEA Name has included in:

2) I certify that all supporting information to demonstrate that my LEA has complied with all state and federal laws, regulations, rules, policies, or other guidance, including detailed parental consent documents, are readily available upon request by the Health and Human Services Commission Provider Finance Department (HHSC-PFD) as outlined in 1 TAC §355.106(f).

(3) For SHARS, failure to allow access to any and all records necessary to verify information submitted to HHSC on cost reports may result in an administrative contract violation as specified in 1 TAC §355.8443.

I understand by signing this document, I am certifying that in the cost report, the numerators of the ratios listed above only contain children with parental consent on file. Further, if at any time HHSC-PFD determines information provided is falsified or inaccurate, I understand my LEA is subject to referral to the Office of the Inspector General (OIG) for investigation for possible fraud, waste and abuse.

Cost Reporting Ongoing Concerns

- Must be completed in accordance with the cost report instructions and reimbursement methodology rules, variation from allowable procedures depending on the reason could be constructed as purposeful.

- It is important you understand what is being done in your name, your districts name and that you are certifying.

Ramifications of Noncompliance in SHARS

- Action Plans
- TEA Involvement
- Work with attorneys
- Provide additional documentation

Time

- Multiple staff involved
- Costly attorney fees
- Pay back money

Money

- Staff
- Parents
- Community members
- State Agency staff

Frustration

Program Implementation Cycle

Organizing

a. Commit to action
b. Identify leadership for program improvement efforts

Planning

- Adopt clear operating procedures and program development process to be used
- Assess the current program

Designing

- Establish the desired program design
- Publish the operating procedures
- Plan transition to the desired program design
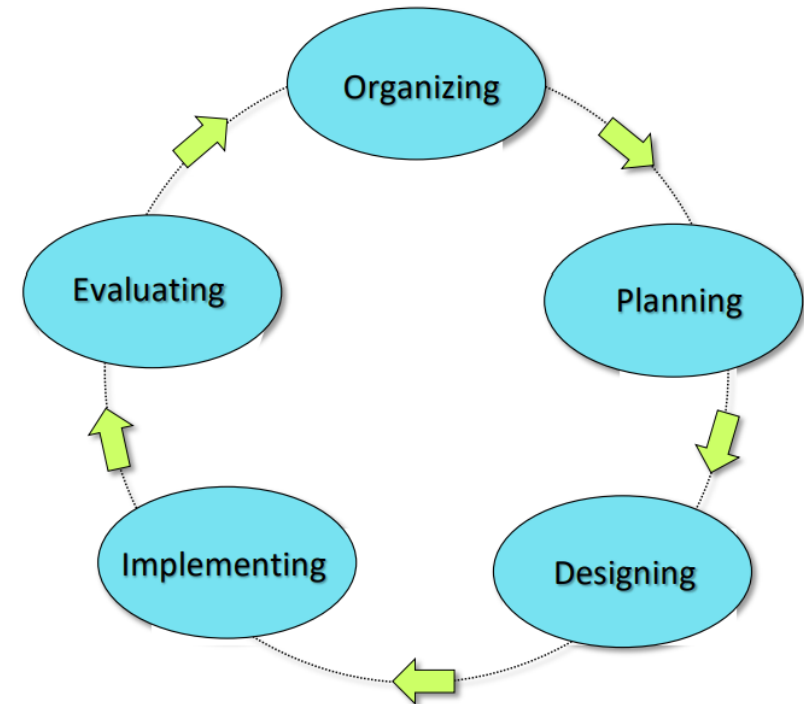- Develop and implement a master plan for implementation changes

Implementing

- Make program improvements
- Make compliant decisions and procedures

Evaluating

- Evaluate your school Medicaid program

Program Implementation Cycle

Next Steps

1. Have clear Operating Procedures for your program.

2. Train staff on those Operating Procedures.

3. Participate in SHARS training opportunities as often as they are available (i.e. TASB SHARS Matters Webinar, SHARS Matters Newsletter and TASB Annual SHARS Conference).

4. Learn and grow as the technology around us grows.

5. Identify trusted advisors to ask questions and brainstorm best practices.

6. Network with others to bounce ideas off, commiserate with and grow together.

Horizon View: Future Prospects and Challenges in SHARS

A look into the future

- Parental Consent will impact your ratios. Be prepared to provide information and possibly even proof that you have it.

- Reduction in Medicaid eligibility with roll back could impact your program as well as other areas in your district.

- Increased scrutiny of students included in your ratios aligned to new billing requirements could be possible.

- Increased scrutiny of staff included in your participant list and cost report aligned to new billing requirements could be possible.

A look into the future

- Participant List audits questioned staff on the PL that should not be there. We might expect to be required to submit a list of paid claims with providers who are on the cost report for SHARS and more job descriptions. New definitions of who can be included.

- Increased scrutiny that you have billed ALL transportation and ALL personal care services.

- Increased scrutiny that you have ALL personal care service providers documenting services.

A look into the future

- How will you prove that you have claimed all personal care service that an eligible student received within the cost report period?

- How will you prove that you have claimed ALL eligible specialized transportation trips provided within the cost report period?

- What impact will the seven-day documentation period have on these requirements?

- What will noncompliance cost you?

- How are you planning to address this potential issue?

A look into the future

- What further changes to transportation can we anticipate?

- What is an adaptation?

- What is the medical necessity for the adaptation?

- Is the adaptation needed because of a students age versus their disability or medical condition?

- Where do simple seat belts fall as it relates to an adaptation?

- Where do car seats due to the student's size fall as it relates to an adaptation?

A look into the future

- Have you taken a good hard look at your process to ensure you are audit ready?

- What have you done to ensure there is no fraudulent activities in your SHARS program?

- How active are you with your billing company?

- Do you know what is being done in your districts name? In your name?

A look into the future

• Are you on the look out...someone else is!

If any Medicaid provider or any entity contracted with that provider is offering alternative guidance that may include, but is not limited to, committing Medicaid fraud, waste, or abuse, HHSC will be required to report the entity to the Office of Inspector General (OIG) for further investigation.

Innovative Pathways: AI in SHARS

From TASA's "Leading & Learning in the World of AI" with George Couros and A.J. Juliani

The Next Hinge of History?

AI has evolved significantly over decades, from simple machine learning models to advanced neural networks. The development of deep learning has particularly accelerated AI capabilities, leading to the creation of models that can process and understand vast amounts of data.

1950s: Formal founding of AI as an academic discipline, Turing Test.

1956: Dartmouth Workshop, where the term "Artificial Intelligence" was coined.

1990s: Revival of interest in AI with improvements in machine learning.

1997: IBM's Deep Blue defeats world chess champion Garry Kasparov.

2000s-2010s: Rise of deep learning, big data, and advancements in computational power.

2012: Breakthrough with deep learning techniques in image recognition at the ImageNet competition.

8 Everyday Examples of AI

1. Maps and Navigation
2. Facial Detection and Recognition
3. Text Editors and Autocorrect
4. Search and Recommendation Algorithms

5. Chatbots
6. Digital Assistants
7. Social Media
8. E-Payments

8 Helpful Everyday Examples of Artificial Intelligence (iotforall.com)

Nearly every part of our day is touched by AI.

What is Artificial Intelligence?

Artificial Intelligence (AI) is the technology that enables machines to mimic human cognitive functions such as learning and problem-solving.

What are Large Language Models?

LLMs are AI models trained on vast amounts of text data.

LLMs can perform several tasks, including text generation, question answering, and analysis.

Limitations of Large Language Models and AI

- **Bias and Fairness:** LLMs can inadvertently encode and amplify biases present in their training data, potentially leading to unfair outcomes.

- **Interpretability and Transparency:** Understanding how LLMs make certain decisions can be challenging, which complicates efforts to audit them or explain their behavior.

- **Dependence on Data Quality:** The accuracy and reliability of AI outputs heavily depend on the quality and diversity of the data used for training.

- **Generalization:** While LLMs are effective in handling tasks they were trained on, they may struggle with completely new types of tasks or contexts.

- **Resource Intensity:** Training and running LLMs require significant computational resources, which can be costly and environmentally taxing.

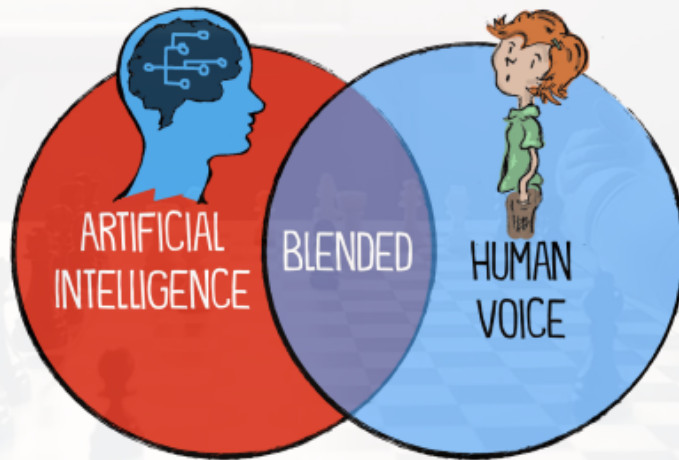AI is an enhancer, not a replacer. Enhancing our expertise, not replacing our experience.

– Karlyn Keller, Ed.D.

"While the aim of AI is to make a machine act like a human, AI-augmentation isn't designed to replace humans. Instead, the goal is to take advantage of the best capabilities of **humans *and* technology.**"
Tina Huang

ARTIFICIAL INTELLIGENCE   BLENDED   HUMAN VOICE

JOHN SPENCER

From TASA's "Leading & Learning in the World of AI" with George Couros and A.J. Juliani

Enhancing SHARS with Artificial Intelligence

Purpose of AI Use

- Efficiency: Streamlines claims processing and service delivery.
- Accuracy: Enhances data analysis for improved decision-making.

Compliance with Regulations

- Privacy: Fully compliant with HIPAA and FERPA to ensure data security.
- Confidentiality: Strict protocols to protect sensitive student information.

AI in SHARS - Key Considerations

Data Privacy and Security

- Ensure compliance with HIPAA and FERPA.
- Implement robust security measures to prevent data breaches.

Bias and Accuracy

- Regularly evaluate AI data inputs and algorithms for biases.
- Monitor accuracy to maintain reliable decision-making and service quality.

Transparency and Explainability

- Maintain clear, understandable explanations of AI decision processes.
- Ensure staff and stakeholders can articulate how AI impacts services.

Managing AI Risks in SHARS

Human Oversight and Skill Maintenance

- AI supports but does not replace professional judgment.
- Communicate transparently about AI's impact on workflows.
- Participate in ongoing training to keep skills up-to-date.

Regulatory Compliance Impact

- Continuously verify compliance with all relevant regulations.

Points to Remember

Data Security and Confidentiality:

• Prioritize data security and ensure the confidentiality of sensitive information when integrating AI into your workflow.

Training and Familiarity:

• Stay well-trained and familiar with the AI tools and systems you're using to maximize their benefits.

Human-AI Collaboration:

• Understand that AI is a tool to enhance your work, not replace it. Collaborate with AI to improve efficiency and effectiveness.

Adaptation and Learning:

• AI technologies evolve, so be open to adapting to new AI solutions and continually learning to leverage their capabilities effectively.

Charting the Course: Developing a Strategic Action Plan

Planning for Implementation

Resource Allocation:

- How can we most effectively allocate the funding and resources to address the specific needs of our diverse student population, especially those identified with new challenges like mental health needs?

Implementation Strategies:

- What strategies can we develop to ensure the successful and timely implementation of the new legislative changes across all schools in our district?

Outcome Measurement:

- How will we measure and evaluate the impact of these changes on student outcomes to ensure they are meeting our goals for improved educational access and quality for all students?

Successful Implementation Strategy

Review Updates

Understand legislative changes and funding enhancements.

Consult with experts for legal and educational implications.

Engage Stakeholders

Collect feedback from teachers, parents, and experts.

Collaborate with community leaders and other districts.

Assess Needs

Identify resource gaps and current program effectiveness.

Analyze data to prioritize needs.

Develop Strategies

Set clear, measurable objectives.

Plan resource allocation for maximum impact.

Implement Actions

Assign responsibilities and deadlines.

Schedule necessary training and professional development.

Communicate Progress

Update internal and external stakeholders regularly.

Use various platforms for broad communication.

Monitor and Evaluate

Establish metrics for success and gather continuous feedback.

Adjust the plan based on performance and feedback.

Annual Review

Review effectiveness annually and adjust as needed.

A Strategic Roadmap of Implementation

Overview of Changes:	Summarize the recent legislative updates and funding enhancements relevant to special education.
Goals and Objectives:	Define the specific goals the plan aims to achieve.
Stakeholder Engagement:	Detail the process for involving key stakeholders such as teachers, parents, and community leaders.
Needs Assessment:	Outline how to assess current resources and identify gaps.
Strategy Development:	Describe the strategies to address identified needs.
Action Items and Timelines:	List the key actions to be taken, who is responsible, and their deadlines.
Training and Development:	Include a plan for professional development necessary to implement new policies and practices.
Communication Strategy:	Explain how updates and progress will be communicated internally and externally.
Monitoring and Evaluation:	Describe the methods for measuring the effectiveness of the plan.
Review and Adjustment:	Set guidelines for the periodic review and adjustment of the plan.

Journey's End: Conclusion and Next Steps

Questions to Consider

Did anything surprise you?

Do you anticipate any hurdles or barriers?

How will you create an action plan?

What communication strategies will you use to get the word out?

Let's make some connections

If you are willing, drop your name, district and email in the chat. We will capture those who choose to do so and share them with your fellow attendees.

Contact Information

Karlyn Keller, Ed.D.

Division Director

TASB School Medicaid Services & Student Solutions

512-505-2896 (direct)

972-567-9959 (cell)

karlyn.keller@tasb.org