



The Future of SHARS: Insights, Innovations and Lessons Learned from this Year

With Dario Avila & Karlyn Keller, Ed.D.

July, 2024

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.

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Session Description

This session that unpacks the latest SHARS insights and innovations and distills key lessons learned over the past year. We'll delve into the strategic nuances of compliance, funding and the appeals process, providing attendees with actionable strategies for navigating changes and maximizing reimbursements. This session promises a comprehensive overview of SHARS' current state and future directions, equipping educators and administrators with the knowledge to enhance program success and support student services effectively.

Presenter – Dario Avila

Dario Avila serves as a senior consultant for the TASB School Medicaid Services. Avila's primary task is to make School Health and Related Services (SHARS) easier for TASB members. He regularly meets with districts across the state to update members on SHARS policy changes, address billing concerns, share best practices, and connect members with SHARS resources and services available from TASB. Prior to joining TASB in 2019, he oversaw the day-to-day operations of the SHARS and Medicaid Administrative Claiming (MAC) programs for the Texas Health and Human Services Commission.

Avila is a University of Texas graduate. He is a past president and former member of the board of directors of the National Alliance for Medicaid in Education. With more than 14 years at the Health and Human Services Commission — seven of which he focused on SHARS — Dario Avila has a wealth of experience.

Presenter – Karlyn Keller

Karlyn Keller serves as division director of Student Solutions and School Medicaid Services, where she leads a team of educational professionals in serving school districts' special populations programs.

Keller has more than 30 years in education, beginning as a substitute teacher in 1992. During her time in education, she has served as elementary, secondary and 18+ teacher, school counselor, educational diagnostician, campus administrator, director of various special populations programs, and assistant superintendent. She joined TASB in 2015 in Special Education Solutions.

Keller is a graduate of East Texas State University, where she received a bachelor's degree in education with a concentration in special education and psychology and has a bachelor's degree in cross-cultural communication from Southwest Assemblies of God University. She earned a master's degrees in special education and in counseling from Texas A&M University – Commerce, and master's degrees in educational administration and in gifted and talented from the University of North Texas. She also earned a doctorate in education from the University of North Texas

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 \(census.gov\)](https://www.census.gov/pov/data/status/2021)

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 \$3,760.1. 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 Funding

What's been happening in SHARS this year?????

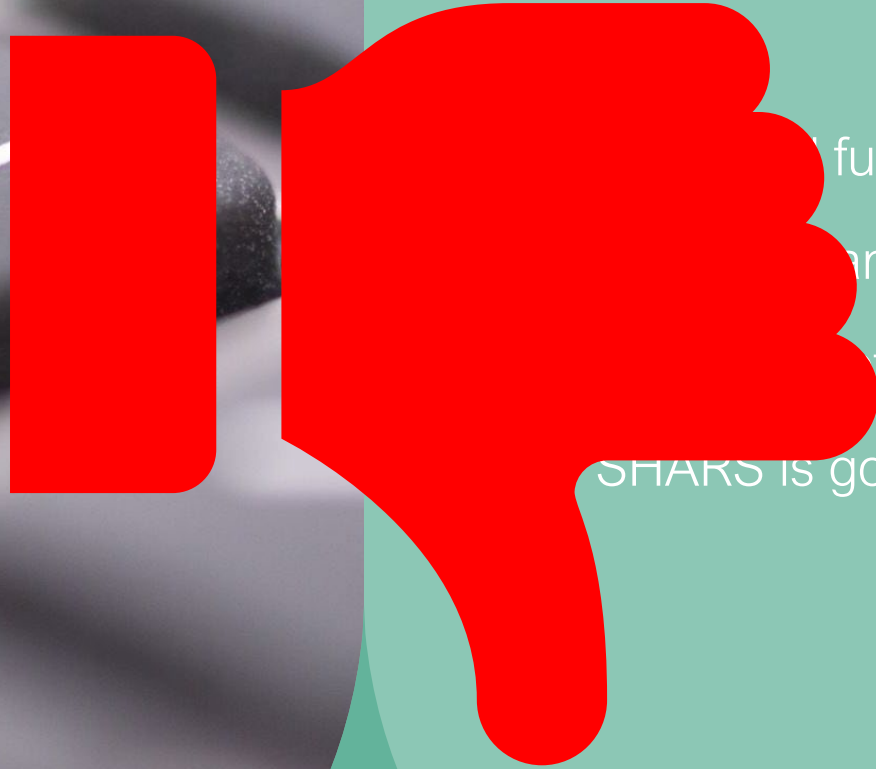
It's been relatively quiet... well except for no money, not enough staff, too many assessments, a ton of speech needs, a SHARS audit, a students identified with mental health needs, special parent requests, another training that has been mandated, another SHARS audit, additional mental health needs of students and teachers and staff and well everybody really and policy changes.

And yet it's been a relatively quiet year....

Changes in SHARS

- Increased funding
- New program supports
- Expansion of resources
- SHARS is going pretty smoothly

Changes in SHARS



...funding
...m supports
...f resources
SHARS is going pretty smoothly

**But participating in
SHARS is optional**

But is it really?????

Participating in SHARS is Optional

Tip: Consider the implications of participation.

Student Impact:

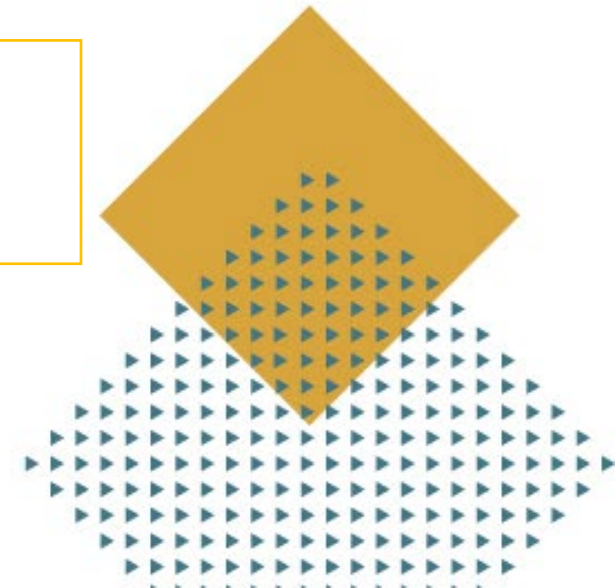
How will participating in SHARS improve the health and educational outcomes for our students?

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?



Remember: Funds Come with Strings Regardless of the Source

Tip: SHARS funds have requirements like all funding sources.

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:

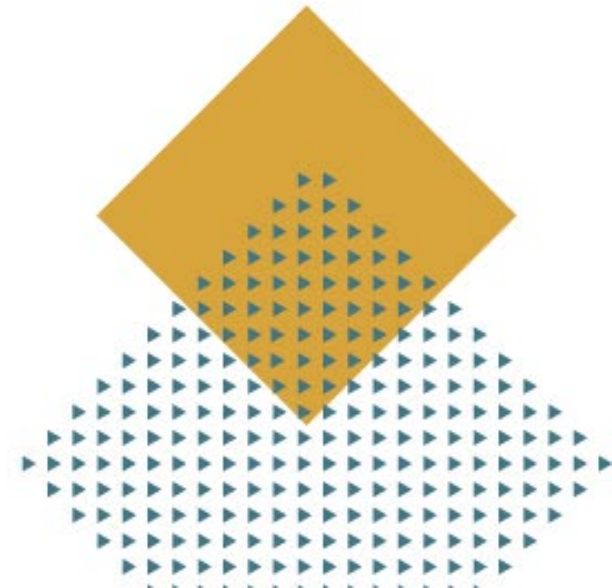
Keep meticulous records of all transactions and activities related to the funding source. This is crucial for audits and required reporting to the funding provider.

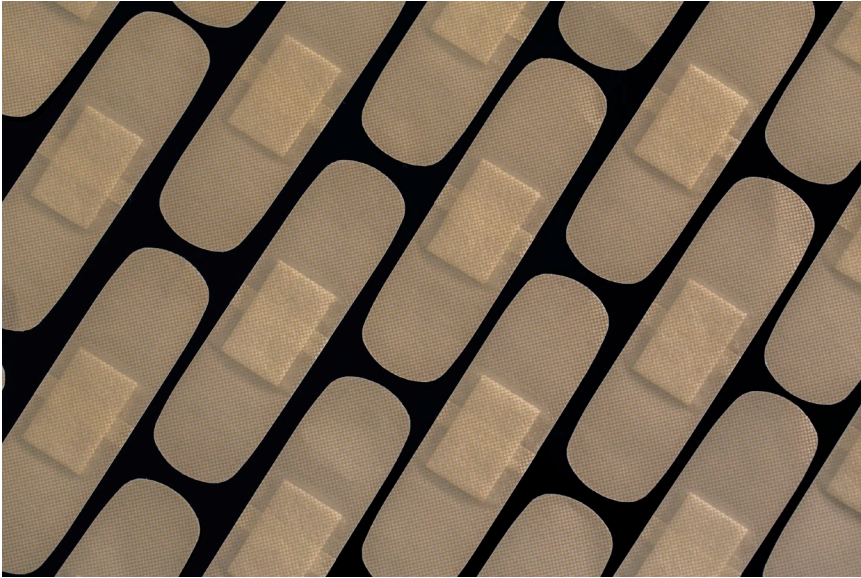
Regular Monitoring and Reporting:

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.





School health services such as SHARS are important because they help bridge the gap between education and health care, ensuring that all students have the support necessary to succeed both academically and in life.



What is your district's SHARS Return on Investment?

Benefits of Staying in or Joining the School Medicaid Program

1. Enhanced Student Services:
 - Better educational and health outcomes for students.
 - Support for overall student well-being.
2. Professional Development Opportunities:
 - Ongoing training for staff.
 - Keeps staff updated with best practices and new regulations.
3. Culture of Compliance and Accountability:
 - Promotes district-wide compliance.
 - Ensures effective and regulated service delivery.
4. Significant Financial Reimbursement:
 - Substantial financial returns for services.
 - Supports program sustainability and growth.

Challenges of Staying in or Joining the School Medicaid Program

1. Administrative and Documentation Burden:
 - Extensive and complex documentation requirements.
2. Impact on Staff Morale and Turnover:
 - Administrative demands can cause frustration and burnout.
 - Potential for high turnover rates.
3. Financial and Policy Uncertainty:
 - Unpredictable reimbursements.
 - Potential state or federal policy changes.
4. Diversion from Core Educational Mission:
 - Administrative demands divert resources from core educational goals.

To make participation in the Medicaid program worthwhile, the district needs to generate sufficient annual reimbursements to cover the costs and provide a financial benefit. Consider the financial impact, administrative capacity, staff well-being, and overall mission of the district when making this decision.

SHARS in the Spotlight

SHARS in the News in 2024

Funding and Operational Challenges:

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

Impact on Funding:

- [Texas school districts lost approximately \\$300 million in Medicaid reimbursements for special education students.](#)
- [The funding reduction is a result of a federal audit finding and subsequent appeal loss by HHSC.](#)

Training and Conferences:

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

Grant Opportunities:

- [A \\$50 million Center for Medicare & Medicaid Services grant available to enhance SHARS/school Medicaid program.](#)
- [Potential focus on expanding mental health support services.](#)

Advocacy and Moving Forward:

- [Importance of advocacy in dealing with program changes.](#)
- [Encouragement for school board members to meet with district SHARS staff and promote staff participation in training.](#)

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 abuse¹.](#)
- [The Texas Medicaid Provider Procedure Manual \(TMPPM\) emphasizes that service documentation should be generated at the time of service or shortly thereafter¹.](#)

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 standards².](#)
- [This tool is designed to minimize exposure to provider waste, program abuse, and fraud².](#)

Informal Review and Appeals Process:

- [LEAs have the opportunity to submit an informal review and appeal recorded 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 logs¹.](#)

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.



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.



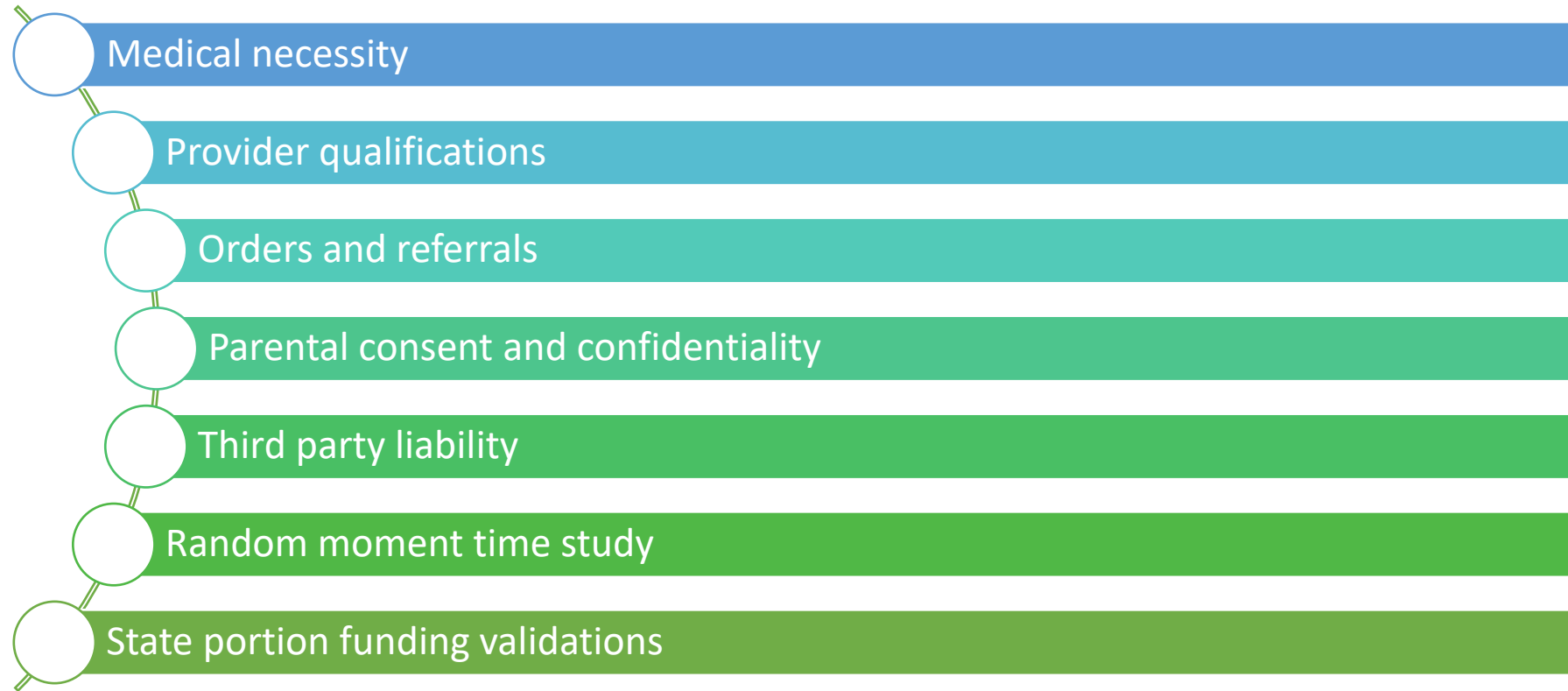
SPECIAL EDUCATION OR IDEA : THESE TOPICS WERE NOT SPECIFICALLY ADDRESSED IN THE INTERIM CHARGES RELATED TO K-12 EDUCATION.



Federal Charges

- Formally declared that our country is [facing a child and youth mental health crisis](#).
- Passage of [Bipartisan Safer Communities Act](#) (June 2022).
- CMS [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.

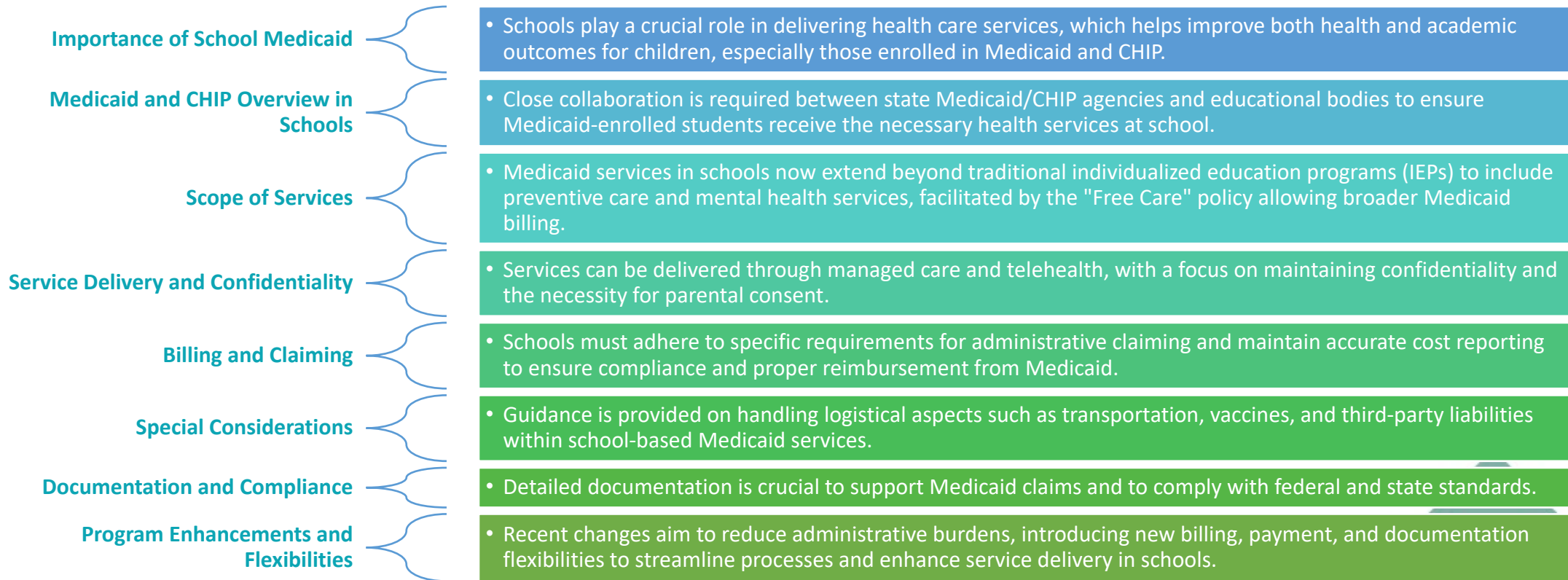
Federal Focus



[School-Based Services for Students Enrolled in Medicaid \(macpac.gov\)](http://macpac.gov)



Key Aspects of School-Based Medicaid Services



[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 \(disabilityrightstx.org\)](https://disabilityrightstx.org)

Things continue to change...

We need to be prepared for upcoming changes in SHARS.

Monthly updates to the TMPPM possible

Revised interpretations from HHSC and TEA

HHSC overall review of all rules and regulations

TEC and TAC clarifications, additions and changes

Legislative impacts

Federal updates, clarifications and mandates



SHARS HHSC Policy Concerns Summary Summer 2024

DRAFT POLICY -- OPEN FOR PUBLIC COMMENT

This drafted policy is open for a two-week public comment period. This box is not of the drafted policy language itself and is intended for use only during the comment period to provide readers with a summary of what has changed.

HHSC is performing a comprehensive review of the School Health Related Services (SHARS) benefit for Medicaid clients.

The following is a summary of changes in scope for this policy review:

- Added language related to nurse-delegated tasks to Nursing Services
- Personal Care Services (PCS)
 - Clarified the definition of PCS
 - Defined medical necessity for PCS
 - Defined areas of required provider competency
 - Clarified definition of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)
 - Clarified that ADLs/IADLs table is an exhaustive list
 - Explained boundaries of Health Maintenance Activities (HMAs) included PCS
 - Added descriptions of specific activities included in ADLs and IADLs
 - Added activities excluded from PCS reimbursement
 - Removed group PCS modifier UD
 - Clarified requirements for PCS providers assisting multiple students
- Updated Physician Services procedure code
- Explained interim claiming and timed and untimed procedure codes
- Updated information on the Random Moment Time Study (RMTS) to include fourth quarter
- Added documentation requirements for PCS provider requirements and PCS service logs

Some policy language that is out of scope for this review is included in this document for context. New policy language has been underlined and deleted language has struck-through to highlight proposed policy changes.

Note: The current language regarding the School Health and Related Services benefit can be found in the Texas Medicaid Provider Procedures Manual (TMPMP), Vol 2: School Health and Related Services Handbook. Information regarding the

1
Revised: 06/2024

July 8, 2024

Cecile Erwin Young
HHS Executive Commissioner
Brown-Healy Building
4900 N. Lamar Blvd. Austin, TX 78751-2316

HHSC Medicaid Medical and Dental Policies
MCDMedicalBenefitsPolicyComment@hhsc.state.tx.us

Reference: MCD Medical Benefits Policy Comment on School Health and Related Services (SHARS) program

Dear Commissioner Young and MCD Medical Benefits Team,

Thank you for the opportunity to provide comments on the proposed policy changes for the Health and Related Services (SHARS) program. These changes impact over 900 school districts in Texas, affecting the essential medical services provided to students with disabilities. We appreciate your support and hard work of the Texas Health and Human Services Commission (HHSC) and the Texas Education Agency (TEA) on behalf of our state, our schools, and the students we serve.

Public education's primary responsibility lies in meeting children's academic needs. However, healthcare needs can impair students' ability to attain their full academic potential. School districts have a unique opportunity to provide direct medical services to students with disabilities, seeing frequently than traditional medical settings, and addressing healthcare needs with less disruption to the educational program. SHARS provides much-needed funds that allow districts to support diverse health-related needs of our most vulnerable students despite rising healthcare costs.

As the state agency overseeing SHARS, HHSC must establish and maintain a program that meets federal requirements, serves the students we all care about, and allows schools to maintain the integrity of both the educational and Medicaid programs. We urge HHSC and TEA to work with school districts to create guidelines that meet federal standards while recognizing the diverse needs of schools across our state and the need for flexibility in aligning school Medicaid requirements with school operations.

To that end, the Texas Association of School Administrators (TASA), the Texas Association of School Business Officials (TASBO), and the Texas Association of Administrators of Special Education (TCASE) have compiled our input on the proposed SHARS changes, detailed in the attached spreadsheet. Our primary concerns and recommendations are as follows:

1. Increased Administrative Burden

The proposed changes significantly increase the administrative burden on districts. Implementing and complying with these changes will require substantial additional time and resources, diverting

INPUT ON SHARS POLICY

Line	Draft Policy Line Number	Draft Policy Reference	Draft Policy Proposal	Primary Impact Area	Impact on Program	Support for Reason	For/Against/Neutral	
1	NA	Draft Policy for SHARS benefit	Overall Policy for SHARS benefit	The draft policy is a revision of the SHARS Policy. Maintaining streamlined processes aligns with federal guidelines (42 CFR, page 7).	The proposed changes align with the current SHARS handbook and federal requirements. The policy changes should involve multiple stakeholders, including school districts, vendors, associations, and parents. This aligns with federal requirements for collaboration and stakeholder involvement.	We support maintaining streamlined processes as emphasized in the current SHARS handbook and federal requirements. The policy changes should involve multiple stakeholders, including school districts, vendors, associations, and parents. This aligns with federal requirements for collaboration and stakeholder involvement.	Agree	
2	NA	Draft Policy for SHARS benefit	Lack of Student Health Experts on the Texas Health and Human Services (HHSC)	HHSC lacks the subject matter experts and includes knowledgeable individuals from planning and decision-making processes.	HHSC should include subject matter experts from school districts, including those who are impacted by and involved with the needs of a school district, to ensure that the current SHARS handbook and federal requirements are met. The current SHARS handbook and federal requirements without sufficient training has caused confusion and increased administrative burden.	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 few week timeline for school districts to review and provide input. This is not a fair process and does not allow for necessary revisions to the policy.	Agree	
3	NA	Draft Policy for SHARS benefit	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 guidelines to ensure efficient implementation.	Continuity in current policies and federal requirements, which emphasize reducing administrative burden and promoting flexibility.	Agree	
4	NA	Local Impact to Texas School Districts	Highlight significant administrative and procedural challenges that the proposed changes would impose on school districts and their SHARS activities.	Administrative Burden and Costs	The proposed changes will require significant staff resources and additional time requirements for school districts. Implementing these changes would require extensive modifications to existing policies, including computer programming, training materials, and staffing, which are both costly and time-consuming. These changes align with federal requirements under the current SHARS program, these changes are impractical and would place an undue burden on school districts.	The proposed changes will require additional administrative burden and increased costs on school districts, which are already overwhelmed with existing regulations. Evidence from states like Massachusetts and Oklahoma indicate that extensive administrative requirements can deter participation in Medicaid programs, thereby reducing access to necessary services.	Agree	
5	NA	SHARS Handbook Adoption	Requires that the SHARS handbook be adopted as a Reg in its entirety, meaning changes to the program cannot be made, including a minimum comment period and response to all comments?	Transparency and Stakeholder Involvement	The adoption of the SHARS handbook as a Reg in its entirety is not for making transparency and an accountability. The current SHARS handbook is a complex document, which is not suitable for thorough stakeholder input. By requiring a minimum comment period, stakeholders can provide meaningful feedback, leading to more transparent and effective policies. This aligns with federal requirements for stakeholder involvement and program transparency.	The current process with a two-week comment period is insufficient and lacks transparency. Adopting the handbook as a Reg in its entirety through a review and feedback process, aligning with proper legislative procedures.	Agree	
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 policy is practical, effective, and supportive of school district needs. A two-week comment period, especially during a holiday, is insufficient. A feedback timeline would be at least 30-45 days, allowing districts to prepare their comments and provide meaningful feedback.	The current timeline for feedback is inadequate and does not consider the operational realities of school districts. Extending stakeholder input to a longer 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.	Agree	
7	Item 2	Statement of Facts	To receive SHARS services, Medicaid-covered students must: 1.) be enrolled in public school; 2.) attend school and program; and 3.) be 20 years of age or younger; and 4.) have a disability or chronic medical condition; and 5.) have an IF or learning disability and medical necessity; or 6.) have a written plan mandated by IDEA that is developed by a school. In cooperation with the parent or guardian, the parent and other health professionals. This plan addresses the services that can be provided and defines the individualized objectives of a child who has been found to have a disability. 7.) 2.) The IF is a consent to an IFIS, IEP, IEP, and Educational Committee. 3.) A 34 CFR Code of Federal Regulations (CFR) 300.130 outlines what must be included in an IF. 4.) A 34 CFR Code of Federal Regulations (CFR) 300.130 outlines what must be included in an IF. 5.) A 34 CFR Code of Federal Regulations (CFR) 300.130 outlines what must be included in an IF.	Eligibility Criteria	Presently students with Autism were not eligible. This is no longer true. The SHARS contribution would help districts to certification that their current, but their scope and responsibility in implementation differ. Many designated tasks require clear definitions and practical guidelines to avoid misinterpretation and confusion.	Below students with Autism should be eligible and not excluded.	Removal of this restriction has been in the TMPMP. However, there is still some confusion in the field related to this approach to bill such students. Clarification would assist school districts.	Neutral
8	Item 1.1	Nurse Delegation	"Nursing services, including medication administration and nursing services designated by a registered nurse (RN) in compliance with the designated nursing tasks criteria as determined by the Texas Board of Nursing to an employee or health aide..."	Nurse Delegation	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 implementation differ. Many designated tasks require clear definitions and practical guidelines to avoid misinterpretation and confusion.	Under the Texas Board of Nursing criteria both RNs and LVNs may delegate certain nursing tasks to unlicensed personnel, but their scope and responsibility in implementation differ. Many designated tasks require clear definitions and practical guidelines to avoid misinterpretation and confusion.	Agree	



Administrative Burden



Maintain streamlined processes as emphasized in the current SHARS Handbook and federal guide.

- Involve multiple stakeholders in the policy change process.

Increased administrative burdens detract from direct services to students and complicate compliance.

- Makes it difficult for school districts to manage resources effectively.

Financial Impact

Conduct a thorough impact analysis

- Understand and mitigate potential financial consequences

Significant financial impacts can undermine districts

- Essential services to students may be affected
- Particularly those with disabilities who rely on SHARS



Lack of Subject Matter Experts at HHSC



Establish a state-required advisory group

- Representatives from small, mid-sized, and large schools
- Providers from each type of service
- A parent of a child with disabilities and Medicaid
- A TEA representative
- An association representative
- A vendor representative

Involving individuals with actual knowledge

- Ensures practical policies and implementations
- Aligned with school district needs

Transparency and Stakeholder Input

Improve transparency by documenting and sharing specific changes

- Involve parents, school staff, subject matter experts, and communities in the creation of SHARS-related rules and regulations
- Provide clear reasons for changes and support them with evidence
- Ensure audits and feedback from the state offer specific reasons for disallowed items

Districts want to comply correctly and need to understand not only what is happening but also why

- Lack of transparency and shifting requirements contribute to audit issues and distrust



Comment Period



Extend Feedback Period

- 30-45 days for adequate review
- Provide meaningful feedback

Current Timeline Inadequate

- Does not consider operational realities
- Ongoing issue with release of settlement offers

Involve Stakeholders

- Essential for practical and effective policies

Personal Care Services (PCS)

Ensure clear definitions and comprehensive inclusion of physical, functional, cognitive, and behavioral limitations.

- Remove the term 'medical' from the definition of PCS to accurately reflect the nature of the services provided.
- Clearly differentiate PCS from instructional services to avoid confusion.
- Align PCS standards with federal requirements to prevent unnecessary reductions in services and funding.

Clear definitions are essential for understanding and compliance.

- Aligning standards with federal guidelines ensures that unnecessary cuts are avoided, thus preventing harm to schools and ensuring comprehensive service provision.



ADLs and IADLs

Include a broader range of activities

- Ensure flexibility and inclusivity in the list of activities
- Ensure behavioral and functional supports are included

Removal of certain activities requires further input

- Input from school districts and families is necessary
- Clear definitions ensure all necessary activities are covered and understood



Group PCS Billing

Maintain current policy for group PCS billing

- Reflects staffing realities and ensures flexibility
- Group setting is often more effective and less restrictive

Prohibition of group PCS billing negatively impacts schools

- Schools struggle with staff shortages
- No basis in federal guidelines
- Fails to support best practices for student services



Documentation Requirements



Eliminate excessive requirements

- Reduce frequent evaluations and detailed documentation
- Maintain essential documentation practices
- Align with federal guidelines
- Reduce unnecessary administrative work

Improve documentation process

- Avoid excessive documentation of personal care services
- Allow bundling of services for billing purposes
- Simplify the documentation process



Training and Competency Verification / Licensed Health Care Practitioners

Align training and competency guidelines with federal recommendations

- Reduces administrative tasks

Allow LEAs to meet requirements in-house

- Utilizes their expertise

Permit other qualified personnel to fulfill roles

- Not just licensed health care practitioners

Aligning training and supervision requirements reduces administrative burdens

- Ensures practicality and efficiency

Interim Claiming and Timed Units

Implement practical billing practices aligned with current policies and federal guidelines to avoid punitive measures.

- Staffing issues in schools make this standard problematic and unrealistic.
- This requirement is not new but remains a problem.
- The state's continued imposition of impractical standards.



Nurse-Delegated Tasks



Clear definitions and practical guidelines for nursing requirements

- Align with requirements outside of schools
- Allow other types of nurses to fulfill roles
- Trust in licensed staff's judgment
- Reduce administrative burden

Staffing challenges in schools

- Many schools do not have nurses
- Standards could exclude schools from program
- Setting appropriate standards crucial for participation

Implementation Timeline

Clear and realistic timeline for policy changes

- Ensure sufficient preparation time for districts

Prevent disruption from short notice changes

- Example: Bus monitor program changes caused disruption

Consistent short notice is impractical and unfair



SHARS Improvement Dismantling



The SHARS Program can be enhanced by streamlining processes, increasing transparency, and involving stakeholders in policy decisions, ensuring efficient and effective student services. The proposed SHARS policy changes present significant challenges that could negatively impact school districts, educators, and students. This overview provides a comprehensive understanding of the issues and concerns.

Essential Points in SHARS to Consider

Parent Consent Rule Change, Maybe

- 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 the 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.
- For change to be effective, there will need to be an update to IDEA, FERPA and for Texas, to Administrative Code.

Parent Consent Rule Change, Maybe

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.

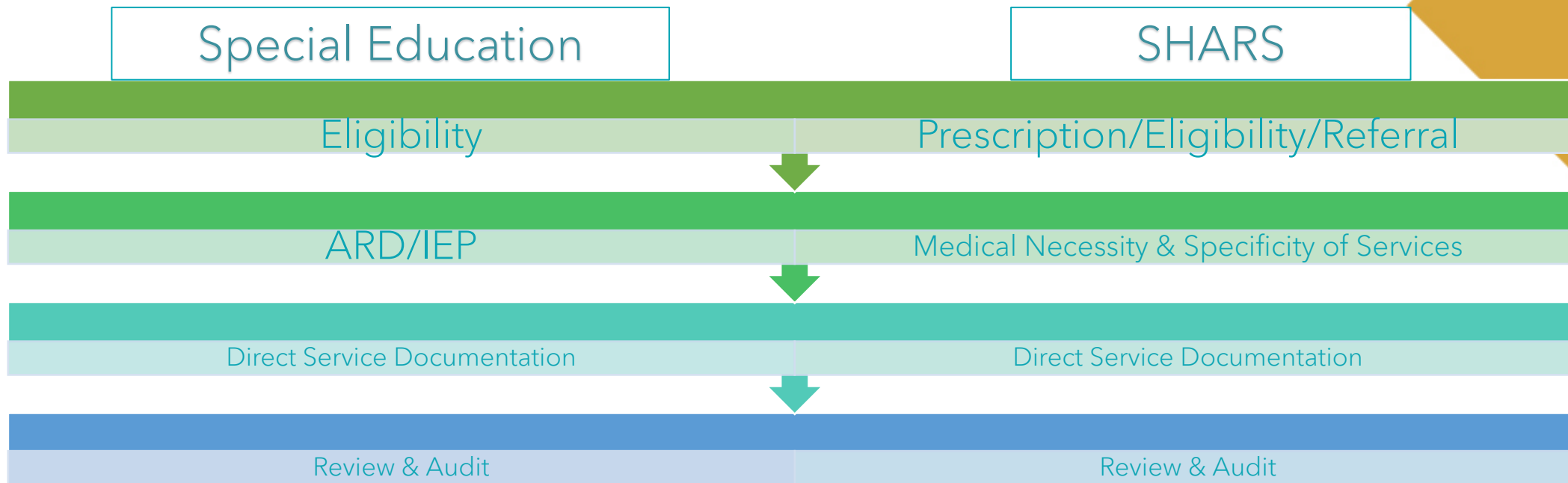
Reduced Administrative Work: Less paperwork for school staff.

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 to receive FAPE.
- The IEP is the written document of the ARD Committee decisions.
- The IEP is not written to bill SHARS. SHARS can be billed because the student meets the necessary requirements, and the appropriate documentation is available.
- The IEP is used for SHARS to align the services that are determined as necessary by the ARD to services allowable in the program.

To Bill SHARS Alignment is Essential



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

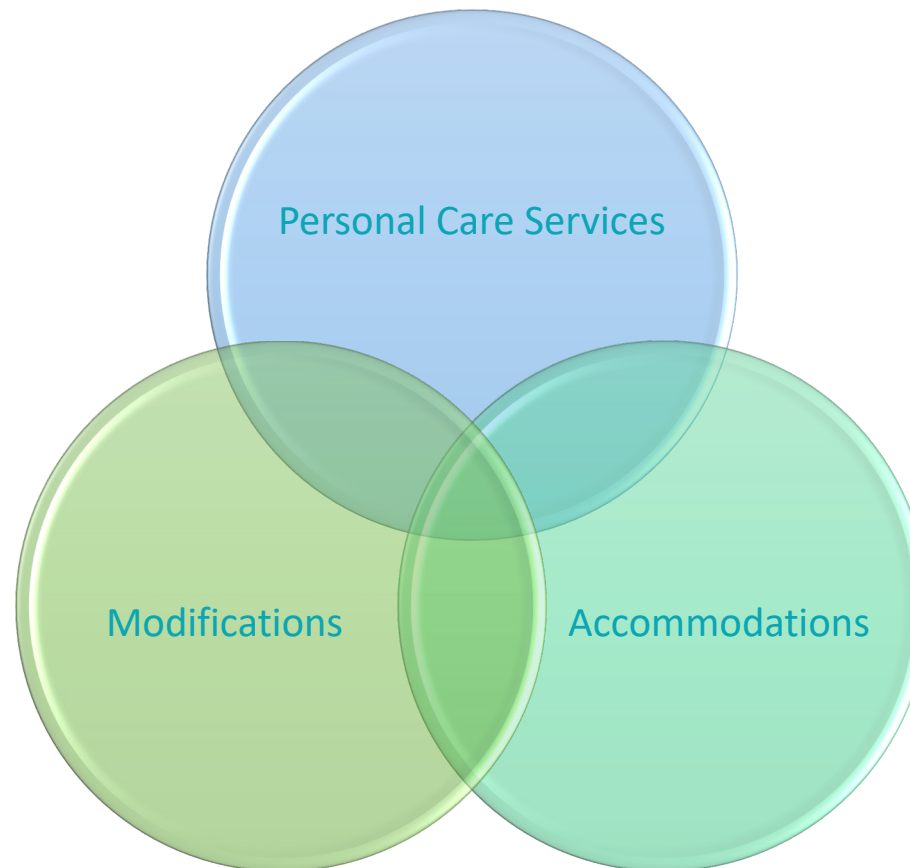
Medical Services: Services that are directly related to diagnosing, treating, and managing a student's medical condition and are necessary for the functioning or improvement of that condition. These are typically services that could be provided by a healthcare professional in a medical setting; however,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

Consider services and supports in light of how they fall on the spectrum of personal care services or educational supports aligned to modifications and accommodations.



[TASB SHARS 2024 Conference Materials](#)

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? Do you have SHARS 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 monitors.

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 than ever.
- Estimate what your cost report payout may be. (TASB has an estimation tool available upon request.)
- The look of the COF has recently changed.

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.
- Do you plan for your cost report throughout the year?
 - Review your staff funding.
 - Track your Appendix A expenditures.
 - Monitor your interim billing for each procedure.
 - Identify which staff have no paid claims.
 - Analyze parental consent of children with Medicaid and a Direct Medical Service.
 - Look at students who have disabilities that are not typically associated with PCS such as LD only, Speech only, LD and Speech only. Do the same for related services and transportation. Every child misidentified as part of your ratio can have an impact.

Cost Reporting

Things to think about for your FFY 2023 Cost Report (and the end of the fiscal period for FFY 2024 in September).

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 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.
- Compliance Rick 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.

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



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 after eligibility 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.



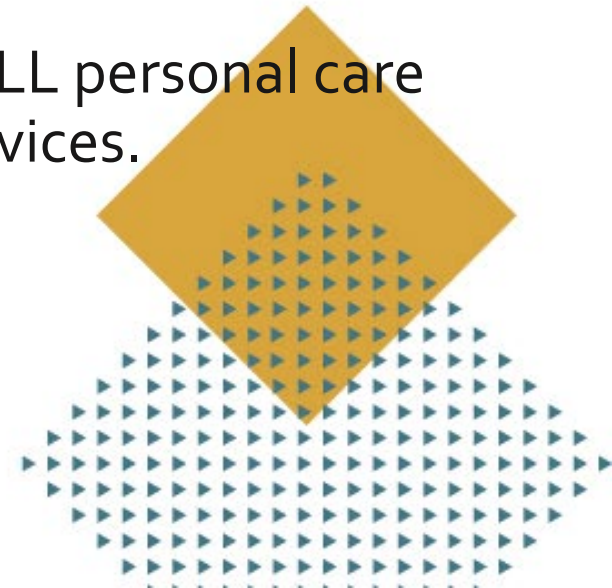
A look into the future



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?

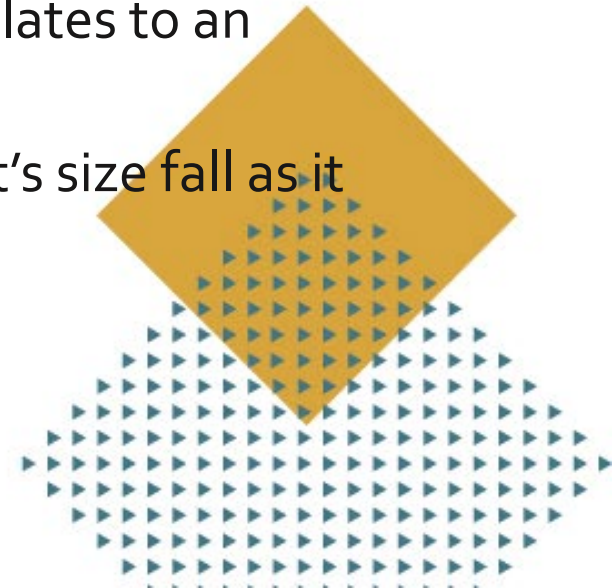
What is an adaptation?

What is the medical necessity for the adaptation?

Is the adaptation needed because of a student's 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

What is Artificial Intelligence (AI)?

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

What are Large Language Models (LLMs)?

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

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

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

– Karlyn Keller, Ed.D.

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.

In the AI journey, human insight remains
the compass.

– Karlyn Keller, Ed.D.

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.

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?

Implementation Strategies:

- What strategies can we develop to ensure the successful and timely implementation across 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?

Successful Implementation Strategy



Review Updates

Understand 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.

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

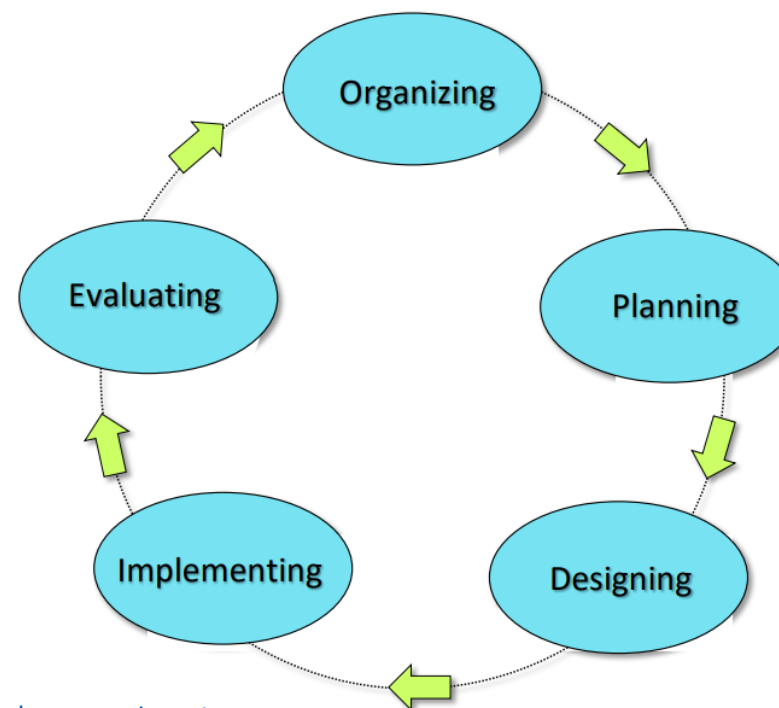
Implementing

- Make program improvements
- Make compliant decisions and procedures

Evaluating

- Evaluate your school Medicaid program

Program Implementation Cycle



[School Guidance and Counseling - Guide for Program Development | Texas Education Agency](#)

A Strategic Implementation Roadmap

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.

Conclusion and Next Steps

Next Steps

1. Have clear Operating Procedures for your SHARS program.
2. Train staff on those Operating Procedures.
3. Participate in training opportunities as often as they are available.
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.

Questions to Consider

Did anything surprise you?

Do you anticipate any hurdles or barriers?

How will you create a strategic action plan?

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

Questions?



Contact Information



Dario Avila

Senior Consultant

TASB School Medicaid Services

737-708-1117 * dario.avila@tasb.org

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

TASB SHARS Matters

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by the experienced Special Education Solutions team, with years combined experience in SHARS and special education, these webinars are **free and open to Texas school districts**. They

Contact Information

Let's talk about your district's SHARS program.

Special Education Solutions

- Quarterly newsletter.
- Dates for 24-25 SHARS Matters webinars will be posted later this summer.
- All *SHARS Matters* webinars are available for download from the [TASB School Medicaid Services Training page](#).
- Available state wide for those invested in our SHARS program.





SAVE THE DATE

SHARS Conference
May 8-9, 2025

Thank you

TASB School Medicaid Services



888-630-6606



SHARS@tasb.org



<https://www.tasb.org/school-medicaid>

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TASB School Medicaid Services Team



Dario Avila

dario.avila@tasb.org



Carrie Pawloski

carrie.pawloski@tasb.org



Dr. Karlyn Keller

karlyn.keller@tasb.org



Tricia Gray

tricia.gray@tasb.org



Laurie Woodel

laurie.woodel@tasb.org



Stacie Dull

stace.dull@tasb.org