



Final SHARS and PCS Policy Guidance for School Districts: Advocacy and Consideration Strategy

Context and Purpose

The Texas Health and Human Services Commission (HHSC) has finalized changes to the School Health and Related Services (SHARS) and Personal Care Services (PCS) policies, effective October 1, 2024. These changes include significant updates to billing codes, documentation requirements, and service delivery models. While some initial proposals were not adopted, the final policies still present substantial challenges for school districts. This document outlines these final changes, provides considerations for district implementation, and offers strategies for continued advocacy.

Key Final Policy Changes and Their Implications

- **Group PCS Services:**
 - **Final Policy:** The group PCS billing code (UD modifier) has been removed, and stricter documentation requirements have been implemented.
 - **Implications:** This change will increase the complexity of providing PCS in group settings, likely leading to higher administrative burdens and potentially limiting service availability.
 - **Considerations:** Districts should reassess how group PCS services are provided and consider how these changes impact staffing and resource allocation.
- **Documentation Requirements for PCS:**
 - **Final Policy:** Expanded documentation requirements now necessitate detailed records of specific activities, service settings, and provider competencies. Districts have until October 1, 2025, to fully comply.
 - **Implications:** The increased documentation burden will require additional training for staff to ensure compliance.
 - **Considerations:** Invest in updated staff training.
- **Billing Codes and Modifiers:**
 - **Final Policy:** New billing codes and modifiers for PCS, including the removal of the UD modifier for group services, have been introduced. Billing requirements now specify precise documentation needed to justify each billed unit.
 - **Implications:** This change will necessitate updates to billing systems and could lead to increased audit risks if not properly implemented.
 - **Considerations:** Conduct internal audits and ensure staff are well-trained on the new billing codes to mitigate risks.
- **Training and Competencies for PCS Providers:**
 - **Final Policy:** Specific competencies are now required for PCS providers, with a compliance deadline of October 1, 2025.
 - **Implications:** This introduces new training requirements that could place additional burdens on districts.
 - **Considerations:** Develop a comprehensive training program that aligns with the new competency requirements and document all training activities thoroughly.

Advocacy and Communication Strategy

- **Highlighting Cost-Effectiveness and Resource Optimization:**

- **Talking Point:** "Maintaining group services helps manage budget constraints and staffing shortages by optimizing resources. This is critical for sustaining high-quality care across the district."
- **Advocacy Action:** Emphasize the operational challenges posed by the removal of group PCS billing modifiers when communicating with policymakers and the media.
- **Emphasizing the Increased Administrative Burden:**
 - **Talking Point:** "The removal of group supports contradicts CMS guidelines aimed at reducing administrative burdens, making service delivery more complicated and time-consuming."
 - **Advocacy Action:** Advocate for a reassessment of the documentation requirements, particularly for PCS, to reduce the administrative load on districts.
- **Ensuring Access to Services:**
 - **Talking Point:** "Ensuring broad access to PCS is vital for meeting student needs, especially in under-resourced districts."
 - **Advocacy Action:** Lobby for the reinstatement of PCS services or alternative solutions that maintain access to essential services in all districts.
- **Compliance with Federal Mandates and LRE:**
 - **Talking Point:** "PCS supports are crucial for compliance with LRE principles and promoting inclusive education. They ensure students with disabilities can participate in typical educational activities, fostering better social and academic outcomes."
 - **Advocacy Action:** Frame the discussion around how the changes might undermine the Least Restrictive Environment (LRE) mandate, which could lead to negative outcomes for students.
- **Outreach and Public Awareness:**
 - **Talking Point:** "The changes to SHARS and PCS policies have far-reaching implications for our district's ability to serve students effectively."
 - **Advocacy Action:** Engage with local and state media, politicians, and educational leaders to raise awareness of these issues. Provide detailed case studies and data to illustrate the impact.

Key Questions for Ongoing Advocacy

- How can the district effectively advocate for its needs and concerns at the state level?
- How will the district manage the increased administrative burden imposed by the policy changes?
- What steps can be taken to improve communication and collaboration with state agencies?
- How can the district prepare for potential future changes in SHARS policies and procedures?
- What measures can be implemented to ensure compliance with new requirements while minimizing administrative burdens?

Conclusion

The final SHARS and PCS policies present significant challenges for school districts, particularly regarding documentation, billing, and service delivery. While some of the proposed changes were moderated, the impact on districts remains substantial. By continuing to advocate for reasonable

adjustments and highlighting the practical implications of these policies, districts can work towards a more balanced and effective implementation that supports the needs of students and staff alike.

Questions may be directed to HHSC SHARS staff or TASB School Medicaid Services Division Director, Karlyn Keller Ed.D. at karlyn.keller@tasb.org.

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