**Changes in SHARS Impacting School Districts – Considerations and Talking Points**

**Overview of Issues**

1. **Lack of Subject Matter Experts at the Texas Health and Human Services (HHSC):**
   * **Issue:** HHSC lacks true subject matter experts and excludes knowledgeable individuals from planning and decision-making processes.
   * **Impact:** This has led to policies and implementations that do not align with the needs of the program served. For instance, the new policy draft was released with only a two-week timeline for input during a period when schools are historically closed (including Fridays and the 4th of July week).
   * **Recommendation:** Involve individuals with actual knowledge of the program in the planning and decision-making processes to ensure policies and implementations are practical and aligned with school district needs.
2. **Increased Administrative Burden:**
   * **Issue:** Proposed changes significantly increase the administrative burden on school districts.
   * **Impact:** Contradicts both current policies and federal recommendations, which emphasize reducing administrative burdens and promoting flexibility.
   * **Recommendation:** Maintain streamlined processes as emphasized in the current SHARS Handbook and federal guide to ensure practical implementation.
3. **Training and Competency Verification:**
   * **Issue:** New requirements introduce additional complexities.
   * **Impact:** Need for clear, reasonable training requirements that ensure provider competency without imposing undue burdens.
   * **Recommendation:** Align training and competency guidelines with federal recommendations to avoid unnecessary administrative tasks.
4. **Documentation Requirements:**
   * **Issue:** The requirement for documenting specific start and end times for each PCS activity is impractical and burdensome.
   * **Impact:** Adds unnecessary administrative work and does not align with CMS recommendations for documentation flexibility.
   * **Recommendation:** Remove the requirement for specific start and end times to streamline documentation processes and align with CMS recommendations.
5. **Group PCS Billing:**
   * **Issue:** Prohibition of billing for group PCS services contradicts federal recommendations for flexibility in billing methodologies.
   * **Impact:** This prohibition does not reflect the staffing realities in schools and limits service provision flexibility.
   * **Recommendation:** Maintain the current policy allowing group PCS billing to reflect staffing realities and ensure flexibility in service provision.

**Key Points for Communication**

1. **Lack of Subject Matter Experts at HHSC:**
   * Emphasize the absence of subject matter experts at HHSC and the resulting misalignment of policies with actual program needs. Highlight the short, impractical timeline given for district input on the new policy draft, during a period when schools are closed.
2. **Increased Administrative Burden:**
   * Stress the significant increase in administrative burden due to the proposed changes, which contradicts current policies and federal recommendations emphasizing streamlined processes.
3. **Training and Competency Verification:**
   * Highlight the need for clear and reasonable training requirements that ensure provider competency without adding undue burdens.
4. **Documentation Requirements:**
   * Address the impracticality and burden of requiring specific start and end times for each PCS activity. Advocate for the removal of this requirement to streamline documentation processes.
5. **Group PCS Billing:**
   * Emphasize the importance of maintaining the current policy allowing group PCS billing to reflect staffing realities and ensure flexibility in service provision.
6. **Outreach to Politicians and Media:**
   * Reach out to politicians and the media to inform them about the proposed changes and their potential impact on districts. Inform school boards and senior leaders to ensure widespread awareness and support.

**Key Questions to Consider**

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

Questions may be directed to HHSC SHARS staff or TASB School Medicaid Services Division Director, Dr. Karlyn Keller at [karlyn.keller@tasb.org](mailto:karlyn.keller@tasb.org).

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