



January 25, 2021

Cecile Erwin Young  
HHS Executive Commissioner  
Brown-Heatly Building  
4900 N. Lamar Blvd.  
Austin, TX 78751-2316  
P.O. Box 13247  
Austin, Texas 78711-3247

Reference: MCD Medical Benefits Policy Comment

Dear Commissioner Young:

Thank you for the opportunity to provide comment on these policy changes which would impact over 900 School Health and Related Services (SHARS) participating school districts across Texas. We are grateful for the support and hard work that Health and Human Services (HHSC) does on behalf of our state, our schools, and the students we all serve.

Public education's primary responsibility lies in meeting children's academic needs. However, unmet healthcare needs can impair students' ability to attain their full academic potential. Schools have a unique opportunity to provide direct medical services to students with disabilities in a setting that sees them far more frequently than traditional medical settings, allowing healthcare needs to be addressed with less disruption to the educational program. SHARS provides much needed funds that allow districts to support the diverse health related needs of our most vulnerable students, despite rising health care costs.

As the state agency that oversees SHARS, HHSC must establish and maintain a program that meets federal requirements, provides for the students we all serve and allows schools to simultaneously maintain the integrity of the educational program as well as the Medicaid program. HHSC and the Texas Education Agency (TEA) should work with school districts to create guidelines that meet the federal standards associated with School Medicaid, while also recognizing the diversity of schools across our state and the need for flexibility to align requirements between school Medicaid and school operations.

To that end, the Texas Association of School Administrators (TASA), the Texas Association of School Boards (TASB), and the Texas Association of School Business Officials (TASBO) have attached our input on the proposed SHARS policy changes in fifty-four specific areas. Generally, we raise three main concerns:

- The need for increased transparency and stakeholder participation in the creation of SHARS policy,
- Modifications to requirements for documentation of services,
- Clarification between current guidance and the new proposed policy.



Under the proposed policy, those who work directly with students such as teachers, paraprofessionals, school nurses, related services staff such as speech therapists, occupational therapists and physical therapists and transportation staff such as bus drivers and bus monitors who are already overburdened with paperwork will bear the increased load associated with much of the proposed policy change. These changes are not minor changes in policy but include major rewrites to the methodology currently used in the program.

Increasingly, the need for guidelines and standards is evident in the variation in understanding and implementation of the program across districts in our state. While many of the proposed updates to policy for the School Medicaid program in Texas stand to level set the program and avoid the current confusion among participants, we have significant concerns over potential unintended consequences that may arise from many of the proposed changes.

We appreciate the effort that HHSC has taken in working towards additional clarity in the School Health and Related Services program. However, several key changes being considered will negatively impact schools, staff, and the children they serve. We would like to see (1) more transparency and input into the process, which could be addressed through the establishment of a SHARS advisory group, (2) a better approach to documentation that aligns to procedures already in place in school districts, and (3) additional clarification on changes from previous guidance to this new policy. We think modifications could better align SHARS requirements to school operations, requirements of IDEA and overall student needs.

We appreciate the opportunity to provide input. If you have any questions please free to contact Karlyn Keller, Ed.D, Division Director, TASB Special Education and Student Solutions, by email at [Karlyn.keller@tasb.org](mailto:Karlyn.keller@tasb.org), or by phone at 512-505-2896.

Sincerely,

Ruben D. Longoria, Jr.  
 Assistant Director, Governmental Relations  
 Texas Association of School Boards

Enclosures

CC: Hailey Kemp, Chief Public Affairs Officer  
 Victoria Ford, Chief Policy and Regulatory Officer  
 Trey Wood, Chief Financial Officer

The above organizations submit the following recommendations on the suggested changes to the School Health and Related Services (SHARS) proposed by the Texas Health and Human Services Commission.

Draft Policy Reference	Draft Policy Proposal	Primary Input Area	Stance on Proposal	Support for Stance
Not mentioned in draft policy	Excluded from current policy draft	Lack of transparency and stakeholder participation in the creation of SHARS policy	Requesting expansion in SHARS Policy and/or HHSC procedure	HHSC has provided little to no justification for these policy changes and the input process has little to no transparency. In fact, the changes were introduced by HHSC with a mere two-week window for those interested who discovered the change to review and provide input via email. The lack of transparency partnered with the informal methodology which will impact a program that brings over \$700,000,000 million into our state is concerning. We call upon HHSC to publish these policy changes to the Texas Register for more transparency through open public comment and the potential of a public hearing. We urge you to make this policy making process more transparent, with additional time for input and thoughts on these monumental changes. We believe it is essential that these changes be made through a formal process such as posting in the Texas Registry.

<p>Not mentioned in draft policy</p>	<p>Excluded from current policy draft</p>	<p>Lack of transparency and stakeholder participation in the creation of SHARS policy</p>	<p>Requesting expansion in SHARS Policy and/or HHSC procedure</p>	<p>It is clear from the changes in interpretation and guidance over the last five years that more statewide collaboration is needed in the SHARS program. We call on HHSC to create a sitting advisory board made up of stakeholders from each of these areas to include stakeholders from school districts, representatives of school districts, state associations and billing vendors to participate and provide input in a public format. By coordinating efforts and discussions already occurring across our state, HHSC and TEA will benefit from knowing how schools run and efficiencies that can be put in place to safeguard our SHARS program. Stakeholders across our state have input that would be valuable to HHSC in managing the SHARS program. However, there is no formal methodology to allow districts to provide said input. Districts worry that to contact HHSC may trigger audits and findings against them and so they remain silent. Too many details associated with the school Medicaid program is done to schools rather than with schools. It is recommended that HHSC create an advisory committee for the SHARS program made up of school district staff, state associations, billing companies, and stakeholders from across our state to gain knowledge and input on the program moving forward and said input be responded to for all stakeholders.</p>
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8.7	"speech therapy (ST), individual and group, delivered by licensed therapist or licensed assistant"	Clarification between current guidance and the new proposed policy	Against - recommend additional clarification	This doesn't reference the other certifications that can provide services when acting under the supervision of a licensed therapist. This, however, is explained in Line 106 and 106.1. It is recommended that there be a review of the current policy to see where a reference to later sections of the new policy should be included to avoid confusion and possible non-compliance.
11	"Reimbursement is available for PT, OT, or ST prescribed on the student's IEP when delivered as co-therapy or co-treatment. Providers should document in the session notes the reason for co-treatment or co-therapy. Evaluations performed collaboratively with any combination of OT, PT, ST, and Psychology are billable by each provider when performed during overlapping time periods."	Clarification between current guidance and the new proposed policy	Against - recommend additional clarification	Please include a clear indication that this does not impact the district's ability to bill services individually.

12	"SHARS providers must meet Texas Medicaid provider qualifications for each service according to the Texas Medicaid state plan and the Texas Medicaid Provider Procedures Manual."	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	It is recommendation that this line should specify that the "SHARS providers" in reference are the staff providing services and not the district itself. This confusion has resulted in audit findings on documentation when districts name was not listed on said documentation but only the district staff providing services. Clarity in the use of the term "SHARS provider" would help address this issue.
25	"Counseling services must be provided by one of the following: ..."	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	There is no mention of a License Specialist in School Psychology's (LSSP) ability to deliver counseling which has historically been acceptable. This exclusion will negatively impact schools as the LSSP is a traditional role in school for this delivery. NOTE: On the surface it may be thought that by including psychologists and psychiatrists the LSSP should also be covered. However, the lack of clarify will be confusing for many. It is recommended that the LSSP be added to the list of those who may deliver counseling services.
41	"The following one-hour procedure codes are limited to eight hours (8 units) over a 30- day period"	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	Does not explain how partial hours should be billed. It should be explained here as it is in the current policy or at least include a reference to where it is documented in the new policy.

47	<p>“Nursing services must be provided by an RN, APRN (including nurse practitioners [NPs] and clinical nurse specialists [CNSs]), licensed vocational nurse/licensed practical nurse (LVN/LPN), or a school health aide or other trained, unlicensed assistive person delegated and supervised by an RN or APRN.”</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>N/A - recommend clarification</p>	<p>There needs to be a definition for “supervision.”</p>
51	<p>“Providers of nursing services must follow the Texas BON guidelines for documenting the administration of medication.”</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>N/A - recommend clarification</p>	<p>This should include a resource for the Texas Board of Nursing guidelines for documenting the administration of medication. Please include specifics in this proposed area.</p>
71	<p>The proposal makes no mention to the inclusion of sign language interpretation for students.</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>Against – recommend expansion</p>	<p>However, as sign language interpretation is aligned to communication and a student’s disability. HHSC could include this as part of Personal Care Services because the list provided is examples but not a complete list. With this in mind, it is recommended that HHSC clarify that sign language interpretation is an approved service under Personal Care Service.</p>

71	<p>“PCS include direct intervention (assisting the client in performing a task) or indirect intervention (cueing or redirecting the client to perform a task). ADLs, IADLs, and HMAs ...”</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>N/A - recommend clarification</p>	<p>This recommendation does not include examples of Health Maintenance Activities, said examples would provide clarity. Examples of ALDs and IADLs are provided. This is new terminology needs additional clarification.</p>
73.4	<p>“Stand-by supervision related to safety” is not billable under Personal Care Services.</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>Against - recommend repeal of this addition</p>	<p>This standard is not in alignment with Centers for Medicaid and Medicare or the State Plan and Amendment and is arbitrary and capricious. Districts serve numerous students with disabilities due to safety concerns that would otherwise result in harm to themselves or others. The removal of this billable service limits the district's ability to be reimbursed for this support that could be clearly aligned through documentation to a student's disability or medical condition. We recommend instead of excluding it completely, HHSC should clearly indicate that documentation aligned to the medical necessity for this support be clearly indicated in the student's IEP. This could include a statement of what safety factor would apply if such service were not provided to the student. We urge HHSC to allow for these medically based services when appropriately documented by districts.</p>

90	“The following procedure code must be billed in 15-minute increments is are limited to a total of 4 units (one hour) per day.”	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	This appears to have a typo. Should it say, “The following procedure code must be billed in 15-minute increments is and are limited to a total of 4 units (one hour) per day”? Please note and update accordingly.
123.2	“All medical necessity criteria and prior authorization requirements for in-person services apply when services are delivered to children in school-based settings.”	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	This is unclear and requires additional clarification.
128.5	“The SHARS provider’s printed name, title, and original handwritten or electronic signature” would indicate that only the original document is acceptable for SHARS purposes.	Clarification between current guidance and the new proposed policy	Against - recommend additional clarification	However, many districts scan and retain documentation due to space issues, staff turnover, the seven-year retention period, potential damage to said documentation in case of a natural disaster such as a hurricane or flood. It is recommended that HHSC expand this to include scanned or facsimiles of the original document.
131.1	“Student’s progress towards goals (if applicable)”	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	Please provide additional information on what “if applicable” refers to. Does this mean that if there is no progress this information may be left out? Please clarify.

131.2	“Note whether the service was provided individually or in a group.”	Clarification between current guidance and the new proposed policy	Against - recommend additional clarification	Currently this is documented based on the procedure given that there are different procedures for group and individual. Requiring staff to document group or individual in addition to choosing the appropriate procedure would be redundant and potentially create compliance issues. We recommend clarification of this item.
131.2	“The related IEP objective”	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	Please clarify if the district may indicate the objective number rather than the full text of the objective if the IEP clearly indicates appropriate numeration.
131.2	“The related IEP objective”	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	Under IDEA not all children have IEP objectives. IDEA requires goals but objectives are only necessary in specific cases. We recommend including “goals and/or objectives” in policy for clarification sake.
135.14	“E-signature authorization forms(s) if applicable”	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	When initiating the use of documentation software, staff complete a signature authorization form. We recommend clarification if the authorization form completed is sufficient for this purpose or if districts must retain a document with a wet signature from each provider for audit purposes.

145	“The following certification forms must be submitted and received by HHSC for the cost report. The annual cost report includes two certification forms which must be completed to certify the provider’s incurred actual costs.”	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	This proposal should also reference the Preparer certification that is required for the cost report in the new STAIRS platform or has this requirement been removed.
146.3	Forms must be “Notarized.”	Clarification between current guidance and the new proposed policy	Against - recommend expansion	Recent HHSC guidance explains signatures can be submitted electronically (without being notarized) if they meet the agency’s digital signature policy. Please address this conflicting information.
128.5.1	“Any electronic signature technologies that are used must comply with all federal and state statutes and administrative rules.”	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	This is unclear. Please clarify what federal and state statute and administrative rules apply.

7.4.1	<p>“An IEP is a written plan mandated by IDEA that is developed by the school, in conjunction with the parents or guardians, teachers and other health professionals. This plan authorizes the services that can be provided and defines the individualized objectives of a child who has been found to have a disability.”</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>Against - recommend additional clarification</p>	<p>There are instances where parents choose not to participate in the Special Education process after initial Child Find. Please clarify how districts should address this as it relates to SHARS. It is recommended that HHSC allow districts to use the same due diligence currently in place aligned to IDEA for SHARS purposes.</p>
25.4.1	<p>"Note: Medicaid does not allow services delivered by LPC, LCSW, or LMFT interns to be billed under SHARS."</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>N/A - recommend clarification</p>	<p>This wording could be confusing as it could be read to contradict earlier portions. Note: Medicaid does not allow services delivered by interns under the LPC, LCSW, or LMFT licensures to bill under SHARS. It is recommended that this be reworded.</p>
3.3.2.1	<p>"Counseling Services Billing Table -The recommended maximum billable time (individual or group) is one hour per day. Providers must submit documentation of the reasons for the additional time, if more than the recommended maximum time is billed."</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>N/A - recommend clarification</p>	<p>There is no mention of maximum billable time. This should be included for clarification purposes.</p>

Counseling Services	"Counseling Service"	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	There is a lack of clarity in the intention of this service area when called only Counseling Services. It is recommended that this section be renamed Counseling and Psychological Services.
Not mentioned in draft policy	Excluded from current policy draft	Clarification between current guidance and the new proposed policy	Requesting expansion in SHARS Policy and/or HHSC procedure	In the Cost Reporting section, no mention is made about the adoption of the Appendix A allowances. However, HHSC recently removed several key items from the Appendix A list without input from stakeholders. We seek to include the adoption of allowable expenditures as part of HHSC policy, which requires public input prior to changes being implemented. We request that HHSC reevaluate the Appendix A changes. It is recommended that the state seek additional input from stakeholders before determining what should be in the documentation. We urge HHSC to hold stakeholder groups to gain insight into what is occurring in various settings and establish best practice based on that information.
Not mentioned in draft policy	Excluded from current policy draft	Clarification between current guidance and the new proposed policy	N/A - recommend clarification	In the Personal Care Services Section, licensure/certification requirements (or lack thereof) should be explained to avoid confusion. We recommend additional detail.

<p>Not mentioned in draft policy</p>	<p>Excluded from current policy draft</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>N/A - recommend clarification</p>	<p>No mention of the need to document duration of services in the IEP for Personal Care Services is established by policy. However, districts have faced issues in audit due to lack of said documentation. Please include this as part of policy if districts will be cited or funds removed for lack of duration. Or discontinue using this in audit findings.</p>
<p>Not mentioned in draft policy</p>	<p>Excluded from current policy draft</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>N/A - recommend clarification</p>	<p>The Cost Reconciliation and Cost Settlement section does not reference the 1% SHARS administrative fee charged by HHSC. Please consider adding this information.</p>
<p>Not mentioned in draft policy</p>	<p>Excluded from current policy draft</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>Requesting expansion in SHARS Policy and/or HHSC procedure</p>	<p>The Informal Review of Cost Report Settlement section needs additional clarification is needed for the Cost Report audit process. Too long has this occurred in isolation without clear communication with the district on what has been excluded. Please include additional requirements that audits provide clear updates on what is being accepted and what is not.</p>
<p>Not mentioned in draft policy</p>	<p>Excluded from current policy draft</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>N/A - recommend clarification</p>	<p>The Telehealth section makes no reference to synchronous or asynchronous service delivery which is found elsewhere policy. Please clarify if this is a SHARS requirement.</p>

<p>Not mentioned in draft policy</p>	<p>Excluded from current policy draft</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>N/A - recommend clarification</p>	<p>The Telehealth section makes no reference to the need to document parental consent for telehealth or the cadence of said documentation which is found elsewhere policy. Please clarify if this is a SHARS requirement.</p>
<p>Not mentioned in draft policy</p>	<p>Excluded from current policy draft</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>N/A - recommend clarification</p>	<p>Throughout the policy documentation there is references to limits in billable units. Clarification is needed if districts should withhold documentation and billing over this amount if claims will be processed and only the billable unit limitation will be paid or if claims over the limitation will be denied completely.</p>
<p>Not mentioned in draft policy</p>	<p>Excluded from current policy draft</p>	<p>Clarification between current guidance and the new proposed policy</p>	<p>Requesting expansion in SHARS Policy and/or HHSC procedure</p>	<p>Documentation for Personal Care Service is not referenced in the Personal Care Services section. As documentation of Personal Care Services is a major issue in our state, clarification here would be helpful. It is recommended that the state seek additional input from stakeholders before determining what said documentation should be. We urge HHSC to hold stakeholder groups to gain insight into what is occurring in various settings and establish best practice based on that information.</p>

60	<p>“A prescription is required for OT services. The prescription must be updated a minimum of one time per calendar year.”</p>	<p>Change requirement for documentation of services</p>	<p>Against - recommend repeal of this addition</p>	<p>This standard is not based on any requirement from the Centers for Medicaid and Medicare or the State Plan and Amendment nor the Individuals with Disabilities Education Act. This standard will result in additional work on behalf of therapists in the district not required by any specific standard. We recommend the adoption of a three-year time period which aligns with the three-year reevaluation standard found in line 60.1.1 and aligned to timelines already in place for IDEA.</p>
78	<p>“A prescription is required for PT services. The prescription must be updated a minimum of one time per calendar year.”</p>	<p>Change requirement for documentation of services</p>	<p>Against - recommend repeal of this addition</p>	<p>This standard is not based on any requirement from the Centers for Medicaid and Medicare or the State Plan and Amendment nor the Individuals with Disabilities Education Act (IDEA). This standard will result in additional work on behalf of therapists in the district not required by any specific standard. We recommend the adoption of a three-year time frame which aligns with the three-year reevaluation standard found in line 60.1.1 and aligned to timelines already in place for IDEA.</p>
102	<p>“Reminder LEAs must adhere to all HIPAA and FERPA guidelines when documenting and submitting special transportation logs.”</p>	<p>Change requirement for documentation of services</p>	<p>N/A - recommend clarification</p>	<p>However, this is counter to the requirement of trip logs to have students Medicaid number on them. We encourage you reexamine and remove the requirement to add Medicaid numbers to the transportation log.</p>

105	<p>“A prescription is required for ST services. The prescription must be updated a minimum of one time per calendar year.”</p>	<p>Change requirement for documentation of services</p>	<p>Against - recommend repeal of this addition</p>	<p>This standard is not based on any requirement from the Centers for Medicaid and Medicare or the State Plan and Amendment nor the Individuals with Disabilities Education Act. This standard will result in additional work on behalf of therapists in the district not required by any specific standard. In addition, as the Speech Pathologist who is involved in the three year evaluation may create the prescription as part of the student evaluation and/or reevaluation process, it would require additional evaluation outside of that which is required in IDEA and result in testing for the sake of testing versus assessment in alignment with best practices. We recommend the adoption of a three-year time period which aligns with the three-year reevaluation standard found in line 60.1.1 and aligned to timelines already in place for IDEA.</p>
123	<p>“Providers may be reimbursed for telehealth services delivered to children in school- based settings with the following criteria” and 123.1 proposes “Reimbursement for providers is only available when the patient site is a school-based setting.”</p>	<p>Change requirement for documentation of services</p>	<p>Against - recommend repeal of this addition</p>	<p>This seems to imply the student has to be on campus to receive the telehealth service for it to be reimbursable through SHARS which could preclude services delivered off-site. If so, that is contrary to item 15 [“SHARS services may be provided in the following places of service: office, home, or other location (ex. School)”] and is an additional policy requirement not clearly established by the Centers for Medicaid and Medicare or the State Plan and Amendment. We</p>

				recommend the removal of “in school based setting” so that students who are off campus, homebound, or receive instruction off of the school site may receive services outlined elsewhere and approved for teletherapy and the district may seek reimbursement.
125	“The following procedure codes are reimbursed when rendered as telehealth services to children eligible through SHARS. The patient site must be a school-based setting in order for the distant site provider to be eligible for reimbursement of these services, and all services should be billed using a 95 modifier to denote remote delivery.”	Change requirement for documentation of services	Against - recommend repeal of this addition	This proposed change implies the student has to be on campus to receive the telehealth service for it to be reimbursable through SHARS which could preclude services delivered off-site. If so, that is contrary to item 15 [“SHARS services may be provided in the following places of service office, home, or other location (ex. School)”] and is an additional policy requirement not clearly established by the Centers for Medicaid and Medicare or the State Plan and Amendment. We recommend the removal of “in school based setting” so that students who are off campus, homebound or receive instruction off of the school site may receive services outlined elsewhere and approved for teletherapy and the district may seek reimbursement.

<p>127</p>	<p>“Documentation of services should be generated at the time of service or shortly thereafter, in order to maintain an accurate medical record. Documentation of services must occur within 48 hours of the time the service is rendered.”</p>	<p>Change requirement for documentation of services</p>	<p>Against - recommend repeal of this addition</p>	<p>This requires documentation of services be generated at the time of service or shortly thereafter, and it would impact staff time spent on documentation rather than educating students. The implementation of a 48-hour documentation window would prove an administrative hardship for those working in the program and schools who oversee the documentation. In addition, there is no such requirement from the Centers for Medicaid and Medicare or the State Plan and Amendment and is arbitrary and being applied to this program without thought to the impact of those delivering service. We urge HHSC to remove documentation timelines not otherwise required for compliance with the State Plan and Amendment and/or IDEA as it pertains to school Medicaid delivery of services. Further, for districts who document via paper would not have an opportunity to submit a time stamp for documentation. This would set up a two-system methodology which would potentially move schools onto paper which is counter to accuracy for documentation and retainment of documentation by the district. Instead we recommend that districts be allowed to determine timeline requirements for purposes of documenting service delivery within the overall SHARS claiming timeline. If a specific timeline is required, IDEA</p>
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				has a requirement that progress must be provided to parents at the same time as progress is provided to regular education students which for most is at progress report and report card time unless the Individual Education Plan (IEP) team adopts a different schedule. Adoption of a similar standard for SHARS would make sense and allow staff to combine efforts.
175.2	That the certification of funds letter be "Notarized"	Change requirement for documentation of services	Against - recommend expansion	Does not address the school's ability to electronically sign and return documentation aligned to HHSC electronic signature policy. We recommend adding information about the electronic signature policy as an alternative.
101.1.1.10	"Student's full name, and Medicaid number"	Change requirement for documentation of services	Against - recommend repeal of this addition	Documentation of transportation requires schools to document on both Medicaid eligible and Medicaid ineligible so that districts may provide the One-Way Trip Ratio required as part of the Cost Report. Recommending that the district include the Medicaid number on the trip documentation will draw attention to students with Medicaid and result in a breach of confidentiality. It is recommended that this requirement be removed entirely. As part of the One-Way Trip Ratio this information can be provided yearly during the Cost Report process.

101.1.1.4	"Bus aid or bus monitor aid name (if applicable) and initials for each one-way trip,"	Change requirement for documentation of services	Against - recommend repeal of this addition	Many districts are moving to online documentation of trips. The need to both initial each trip and sign the logs is redundant. It is recommended that this be changed to indicate that a clear mark that indicates ridership of each trip be allowed as long as the log is clearly signed by the SHARS district service provider.
101.1.1.6	"If a service is not provided on a school day, Monday-Friday, list the reason why (i.e., holiday, weather closure, absent student etc.)"	Change requirement for documentation of services	Against - recommend repeal of this addition	There is no requirement by the Centers for Medicaid and Medicare or the State Plan and Amendment that requires documentation of services that are not delivered. Documentation should be to support delivered services, not to document that services were not provided. It should be assumed that the service was not provided if there is no documentation for that date and the reason why is not a SHARS matter. We urge you to remove this requirement that is documentation for the sake of documentation and does not impact the SHARS program or billing.
101.1.1.7	Logs should include "Copy of the school district's calendar"	Change requirement for documentation of services	Against - recommend repeal of this addition	The school district's calendar does not have a place on a student's documentation of SHARS logs. If this is a retention item for the SHARS program, it is recommended this be moved to an overall requirement of the SHARS program rather than a requirement of the transportation log.

101.1.1.9	“If Personal Care Services are provided on the bus, documentation of the type of personal care service that was performed must be included.”	Change requirement for documentation of services	Against - recommend repeal of this addition	This need for specificity of services on this bus is duplicative to that which is provided for Personal Care Services during the school day. This information would be included as part of the service log for the PCS service delivery during the school day. Mixing transportation and direct medical services information is problematic and could increase a breach of confidentiality as this would require the sharing of medical information to staff that do not need to know this information for any other purpose other than to be compliant with this new policy. We encourage you to remove this new requirement.
Not mentioned in draft policy	Excluded from current policy draft	Change requirement for documentation of services	N/A - recommend clarification	HHSC has several processes throughout this policy document that require some documentation to be printed and mailed in to HHSC, TMHP or others via hard copy while others may be uploaded or emailed. It is often time consuming and cumbersome. In some circumstances, districts must print out thousands of pages of documents to submit via hard copy from electronic files many times. This increases the likelihood of a breach of confidentiality in transferring these hard copies to the state. Given that HHSC and its affinity organizations was able to pivot and accept documentation delivered via an electronic methodology, it is recommended that this standard be set in all instances.

<p>Not mentioned in draft policy</p>	<p>Excluded from current policy draft</p>	<p>Change requirement for documentation of services</p>	<p>N/A - recommend clarification</p>	<p>It is unclear why some sections of the policy guidance aligned to specific service areas have clearly outlined documentation requirements while others are absent the same. It is recommended that either all documentation requirements move to the documentation section of the policy or be dispersed throughout.</p>
<p>Not mentioned in draft policy</p>	<p>Excluded from current policy draft</p>	<p>Change requirement for documentation of services</p>	<p>N/A - recommend clarification</p>	<p>Much time and attention has been spent on training schools on the need to delineate educational versus medical based services. SHARS audit findings and billing has been reversed for this reason. The Random Moment Time Study percentage includes a huge component that relates to this matter. The absence of clear guidance in this area hinders the district's ability to understand HHSC expectations. It is recommended that the state seek additional input from stakeholders before determining what said documentation should be. We urge HHSC to hold stakeholder groups to gain insight into what is occurring in various settings and establish best practice based on that information.</p>

<p>Not mentioned in draft policy</p>	<p>Excluded from current policy draft</p>	<p>Change requirement for documentation of services</p>	<p>Requesting expansion in SHARS Policy and/or HHSC procedure</p>	<p>The current COVID19 Pandemic has clearly established the efficacy of delivery of physical therapy, audiology, physician services and assessment via telehealth. It is within the authority of HHSC to establish these as permissible at all times allowing students who are served in small remote districts, rural districts or large districts without the ability to directly hire enough staff to provide the instruction and receive reimbursement for said services. We encourage HHSC to add these services to authorized telehealth procedures long term.</p>
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