



School Health & Related Services (SHARS)

Federal and State Statutory Compliance Risk Assessment Form

Instructions:

If a Local Education Agency (LEA) chooses to complete this form, it must be completed and signed by an LEA employee or district employee that is legally responsible for the conduct of the LEA or is a legal representative for the LEA. This form must be notarized. If a form is not submitted or if the form is submitted without a notarization, the LEA is subject to a further and complete review of all supporting documentation. However, completion of the form does not forestall HHSC's ability to request any necessary supporting information at any time.

Once completed, signed, and notarized, please upload this form to your LEA's STAIRS Upload Center for the appropriate cost report year.

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:

- a. The numerator of the Individualized Education Program (IEP) ratio

And, if applicable,

- b. The numerator of the Specialized Transportation Services IEP Student
Count ratio

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.

Signature of Signer:

Date:

Name of Signer:

Title of Signer:

Subscribed and sworn before me,

a notary public on

Notary Signature:

Notary Public, State of State

Commission Expires Expiration date

Notary Seal: