HCS Program & Local Authority Service Coordination Overview
Senate Bill 1, Section 48 (81st Session)

• Mandates that DADS transfer case management from the HCS Program provider to the local authority.
• Implementation required revisions to the HCS Program rule (40 TAC, Chapter 9, Subchapter D) and the Service Coordination rule (40 TAC, Chapter 2, Subchapter L).
• Rule revisions have been underway since June of 2009.
• Approved by DADS Council and the Medical Care Advisory Committee of HHSC in January, 2010 for publication in Texas Register.
• Published in Texas Register for public comment on February 12, 2010.
Implementation

• Rule revision coordinated between DADS Regulatory Services, Provider Services and Access and Intake

• DADS has worked closely with a coalition of private HCS providers, local authorities and advocacy groups to address implementation issues.

• The coalition advised DADS on:
  - Development of the HCS Handbook
  - Communicating with providers and individuals receiving HCS services
  - Video clips describing the change
  - Frequently Asked Questions (FAQ)
  - Website dedicated to the transition
Service Planning Model

• Service planning based on the principles of Person-Directed Planning.

• The foundation for development of an individual’s HCS services (IPC) is the needs and preferences of the individual/legally authorized representative (LAR) as reflected in the person-directed plan (PDP).

• Provider develops the Implementation Plan with the individual/LAR.
Some things have not changed:

• DADS continues to review and approve all Levels of Care (LOC) and Levels of Need (LON).
• DADS continues to do utilization review and to approve Individual Plans of Care (IPC).
• DADS Regulatory, Waiver Survey and Certification (WS&C) Unit, continues to conduct certification reviews of all HCS providers.
• DADS Access and Intake, Contract Accountability and Oversight (CAO), continues to conduct performance reviews of local authorities for compliance with contracts and rules.
Some things have not changed (cont.)

• Local authorities still manage interest lists and conduct enrollments.
• Providers still manage HCS Program services, do data entry of level of need renewals and IPC renewals and revisions.
• Individuals still receive HCS Program services from the HCS provider of their choice.
Objectives of Training

• Learn about the new model for service planning introduced in the revised HCS rule.
• Learn about the roles of service coordinators and of HCS providers in monitoring services and ensuring quality.
• Learn about changes in CARE and how other important processes will be handled in this new model.
Objectives of Training (cont.)

• Hear what local authorities and HCS providers in this area are doing to prepare for a successful transition.
• Learn about resources for increasing your knowledge regarding these changes.
• Learn about how local authorities, HCS providers, state agencies and individuals receiving HCS services all have roles in ensuring quality.
HCS Case Management Transition Website

Link: http://www.dads.state.tx.us/HCSCMTransition/index.cfm

Some resources available on the site include:
• HCS and Service Coordination rule proposals
• Frequently Asked Questions (FAQ) document
• Videos for HCS providers and Individuals and families
• Draft HCS Handbook
• List of all DADS Information letters and email alerts related to this transition
Now and Then Comparison Table

• On page 91 in training packet
Familiar Service Planning Terms

- Individual Service Plan (ISP)
- HCS Case Manager
- Interdisciplinary Team (IDT)
New Service Planning Terms

- Person-Directed Plan (PDP)
- Implementation Plan (IP)
- Local Authority Service Coordinator (SC)
- Service Planning Team (SPT)
The Service Planning Team (SPT)
The Service Planning Team (SPT) continued

- Individual or LAR and SC are the only REQUIRED members.

- Individual or LAR can include other participants such as the HCS provider, an interested family member, a teacher or a friend.
New Service Planning Methodology
Three documents make up the "complete HCS service plan" for an individual.
The Person-Directed Plan (PDP)

• Is developed by the SPT and others identified
• Identifies the individual’s desired outcomes
• Identifies the HCS service TYPES an individual will need to help them to achieve their desired outcomes
• Justifies those HCS service types
• Describes non-HCS resources the individual will access
The Individual Plan of Care

• Provider develops in conjunction with the SPT.

• Provider enters IPC into CARE.

• SC reviews the IPC in CARE and indicates agreement or disagreement with the amounts of each service indicated on the IPC.
  – Note: SCs do not authorize or deny an IPC; this will continue to be the responsibility of DADS.
The Implementation Plan (IP)

- Provider develops in conjunction with the individual or LAR.
- IP documents how the provider will deliver the HCS services included on an individual’s IPC.
- IP documents how, through the delivery of HCS services, the provider will support the individual’s progress toward outcomes in the PDP that relate to those services.
- These descriptions in an individual’s IP will support the amount of each HCS service an individual needs.
Provider Service Planning and Monitoring Responsibilities

• Providers will need to continue some service planning and monitoring responsibilities

• Some examples:
  – Reviewing recommendations from a physician or other professionals
  – At least annual review of behavior support plans
Provider Service Planning and Monitoring Responsibilities (cont.)

• Providers have the flexibility to organize their business processes to accomplish service planning and monitoring responsibilities.
• Providers may be able to continue many of their existing organizational processes, and may be able to adapt others to continue to work after the transition.
• Providers must have systems in place to take care of service delivery and monitoring processes in the absence of the IDT.
Communication About Service Planning and Monitoring Changes or Activities

Both the provider and the SC will have to determine, in any given situation, if a change or activity regarding an individual requires communication with the other party. (Does the SC need to communicate information about a change or activity to the provider, or the provider to the SC?)
Examples of When Communication to SC is not necessary

• A change is made to an individual’s IP because the individual or LAR wants to change the schedule for when they receive their SHL services
  - Provider updates IP.
  - No need to notify SC since there isn’t a change to their desired outcome for the service or the amount of the service.

• Provider reviews professional assessments and recommendations for necessary follow up, such as a change in the dosage of a medication an individual is prescribed.
Examples of When Communication to SC *is* necessary

- An individual has units for a PT assessment on their PDP and IPC to evaluate a recent increase in falls. After the provider arranges for the individual to receive this assessment, the PT recommends the individual receive PT services twice weekly for four weeks to work on fall prevention.
  - Provider communicates this needed change to SC.
  - SC amends individual’s desired outcome for PT in the PDP.
  - Provider and SPT revise IPC to add additional PT units.
  - Provider updates IP.
Examples of When Communication from SC to provider is not necessary

• A change in the availability of a non-HCS support or resource that is a part of the individual’s PDP that does not necessitate the addition of an HCS service to the IPC.

• When the SC determines that the frequency with which an individual should receive service coordination changes.
COORDINATION AND OPEN COMMUNICATION
Provider and SC Shared Responsibilities

• Renewal and Revision of IPCs;
• Documentation sharing requirements:
  – the SC must give the provider a copy of the individual’s PDP
  – the provider must give the SC a copy of:
    • the MR/RC Assessment;
    • the IPC; and
    • the on-site inspection if the individual’s residential location requires one.
Provider and SC Shared Responsibilities Continued

- There are many coordination requirements in this new model.

- More specific details about many of these processes are available in the HCS Handbook.
Coordination of Service Delivery Responsibilities

• Coordinating the delivery of an individual’s HCS services will continue to be the provider’s responsibility.

• The SC will be responsible for coordinating the delivery of an individual’s non-HCS services
Integration of HCS and Non-HCS Services

• When it is necessary to integrate HCS and non-HCS services, coordination between the SC and the HCS provider will be necessary.

• Example:
  • School-aged individual with behavioral challenges
Transfers

After June 1\textsuperscript{st} the SC will be responsible to manage all transfers from:

- provider to provider;
- provider to CDSA; and
- CDSA to provider.
Justification of HCS Service Components

On the IPC:

- PDPs justify HCS service **TYPES**
- Implementation Plans (IP) justify HCS service **AMOUNTS**
Service Justification (cont.)

• Amounts of service components in an IPC are based on assessments and recommendations.

• All HCS provider service delivery documentation must continue to reflect the justification for HCS services outlined in an individual’s PDP and IP.
Monitoring the provision of HCS service components

- As part of this transition, the SC is going to have a role in monitoring and the role of the provider in this area is changing.

- Today the HCS case manager monitors and records and individual’s progress or lack of progress toward goals identified in the individual’s ISP.

- The HCS Case Manager is responsible for monitoring not only an individual’s HCS services, but also any non-HCS services the individual may be receiving.
SC Monitoring of the Individual

• After June 1st, the SC will be responsible for monitoring both an individual’s HCS services and any non-HCS services the individual may receive.

• The SC will be monitoring the progress of the individual toward the desired outcomes identified in the PDP.

• Progress toward an individual’s outcomes is what the SC documents in the individual’s record at the Local Authority.

• The SC is *not* monitoring a provider’s performance in the delivery of HCS services against an individual’s IP.
Provider Monitoring of Service Delivery

• The provider will monitor for the successful implementation of an individual’s IP

• Will document an individual’s progress or lack of progress in relation to the IP in the individual’s provider record
Notes Related to IP Development

- The IP must be developed to support the desired outcomes that are included on an individual’s PDP.
SCs and providers have the shared responsibility to communicate concerns related to an individual’s HCS services to each other for any needed follow-up.
DADS Information Letter
No. 10-27

• Outlines agency directives and required timelines for this transition.

• Important to note service planning documentation requirements; service planning documentation for all individuals is subject to phase-in.

• All individuals receiving program services are not required to be transitioned to the new service planning documentation requirements until August 31, 2011.
Changes in Provider Requirements

• Notify DADS of direct employment of all direct service providers of one HCS service component.

• Refer to DADS IL no. 09-184 on page 109 of your training packet.
Choice of Direct Service Providers

• Clarification has been added to the HCS rule regarding an individual’s choice of direct service providers.

• This language can be located in the HCS rule proposal at 40 TAC, Chapter 9, Subchapter D §9.177(b).
Roles In the New HCS Service Delivery System
The Individual, LAR and Family Members

• Communicate personal outcomes to the service planning team
• Identify natural supports and their roles and limits
• Participate in developing implementation plan
• Communicate level of satisfaction with services
Local Authority Service Coordinator

- Identifies and documents service needs and wants
- Knows non-HCS service resources
- Knows HCS Billing Guidelines
- Collaborates with HCS and non-HCS service providers
- Develops person-directed plan (PDP)
- Monitors and records progress on outcomes in individual’s PDP
HCS Program Provider

- Collaborates with SC and non-HCS service providers
- In conjunction with individual/LAR/family members, develops Implementation Plan (IP)
- Adheres to IP
- Monitors and records progress on IP
- Revises IP as necessary
- Responds to emergency situations
- Assesses satisfaction with services
DADS Employees

• Understand and promote new service delivery system
• Alter existing processes to support changes
• Provide clarification on rules and procedures
The Discovery Process

It’s All About Me
Gathering Information

• The questions in the PDP Discovery Tool are suggested probes.
• Probes are not all-inclusive. Depending on individual situations additional probes may be appropriate.
• Information is critical to developing a plan that reflects the individual’s/LAR’s desires and needs.
Difficulty Responding to Questions

• Use the probes with other people who know the individual well, such as the LAR, family, friends or staff who have worked with the individual.
Louis Chavez
Video
Additional Information

• Louis’ information was collected from:
  ➢ Louis Video
  ➢ Louis himself
  ➢ Program provider staff
  ➢ Current ISP

Open communication with all parties is the most effective way to develop a PDP.
Self Determination *

- Abilities to communicate needs
- Self advocacy
- Rights
- Choices
- Knowledge of services
- Trusted people in their lives to help with decisions
Living Environment *

- Current living situation
- Satisfaction
- Knowledge of other options
- Is there a need for change
- Supports needed to maintain or make changes
Daily Living Skills

• Skills the individual has
• Areas where some assistance is needed
• Individual’s preference for level of assistance
• What the individual wants to learn to do for himself
Financial Security

• Resources for medical care or daily living expenses
• Do you have enough
• Help managing
• Learn to manage
Work/School *

- School
- A job
- Volunteer activities
- If these are not what you want is there something else you would like to do
Social Inclusion/Relationships

- Family, people at work or school, neighbors and friends
- What things do you like to do
- Hobbies
- Who do you spend your time with
- Things you do not like
- Do you need assistance to achieve any of these
Physical/Emotional/Behavioral Health *

- Health care professionals
- Health care issues or concerns
- Medication
- Treatments
- Adaptive Aids
- Assistance to acquire or maintain
Safety

• Environments
• Emergency situation
• Supports
• Equipment
• Safety skills
• Supervision
• Supports needed to maintain or change
Rights/Legal Status

- Abuse or neglect
- Rights
- Guardianship
- Individual choices
Rights and Responsibilities

- Knowledge of rights
- Making choices
- Rights limitations
- Who to contact
ASSESSMENT

• The service coordination plan must identify frequency and duration of service coordination.

• To determine frequency of contact, use the information gathered during the discovery process and the rating mechanism in the discovery tool.
Determining Frequency of Service Coordination Contact

- **High need for Service Coordination**: Has at least one unmet outcome with a rating of 4 or 3.
- **Moderate need for Service Coordination**: Has no unmet outcome with a rating of 4 or 3 and has at least one unmet outcome with a rating of 2.
- **Low need of Service Coordination**: Has no unmet outcome with a rating of 4, 3, or 2 and has at least one unmet outcome with a rating of 1.
Interim Service Coordination Plan

- Effective Date – June 1\textsuperscript{st} until PDP is developed when IPC is renewed.
- Uses –
  - Notify individual and LAR with the name and contact number of new SC
  - Billing purposes
  - Act as interim Service Coordination Plan until PDP is developed when IPC is renewed
Home and Community-based Services Program
Interim Service Coordination Plan

Individual's Name

Name of Local Authority

Date

Medicaid No.

Medicare No.

Local Case No.

The service coordinator will coordinate services necessary to accessing medical, social, educational, and other appropriate services and supports that will help the individual achieve a quality of life and community participation acceptable to the individual (and legally authorized representative (LAR) on the individual's behalf) as follows:

(A) Crisis prevention and management — linking and assisting the individual and LAR or actively involved person to secure services and supports that will enable them to prevent or manage a crisis;

(B) Monitoring — ensuring that the individual receives needed services, evaluating the effectiveness and adequacy of services, and determining if identified outcomes are meeting the individual's needs and desires as indicated by the individual and LAR or actively involved person;

(C) Assessment — identifying the individual's needs and the services and supports that address those needs as they relate to the nature of the individual's presenting problem and disability; and

(D) Service planning and coordination — identifying, arranging, advocating, collaborating with other agencies, and linking for the delivery of outcome-focused services and supports that address the individual's needs and desires as indicated by the individual and LAR or actively involved person.

The service coordinator will provide monitoring based on individual need with a minimum of one face-to-face service coordination contact every 90 days for the duration of the current individual plan of care (IPC).

This interim service coordination plan is considered to be freestanding until the initial person-directed plan (PDP) is established at the time of IPC renewal. At that time the service coordination plan will be developed as an integral part of the PDP.

The signatures below verify that this plan has been reviewed by the individual/LAR and a copy provided to the individual/LAR.

Signature–Individual  Date

Signature–Legally Authorized Representative  Date

Signature–Service Coordinator (SC)  SC Telephone No.  Date
Person Directed Planning

Focusing on the future
When to develop/update the PDP

• Upon notification from the program provider of the Individual plan of care’s (IPC) expiration date.

• At the request of the individual when their needs or preferences change.
Service Coordinator’s Responsibilities

- Interview individual
- Interview LAR, advocate and others, as appropriate
- Ask the individual who they wish to participate in planning of PDP, discussing the importance of including the program provider
- Development of the PDP based on the individual’s preferences
Filling out the PDP document

Please turn to Louis’ PDP on page 73 of your training packet
DISCOVERY/ ACTION PLAN

• Summary of discussion
• What we have learned about what is important to the individual?
• What needs to stay the same or be maintained?
• What needs to change?
ACTION PLAN

- Personal Outcome
- Current Supports
- New Supports
- Maintain/Change
- Identified Services
JUSTIFICATIONS FOR WAIVER SERVICES AND SUPPORTS

To be completed by Service Coordinator at the time of enrollment only

- Service
- Units Authorized
- Duration
- Frequency
- Service Justification
SERVICE COORDINATION PLAN

- Identifies the frequency
- Identifies the duration
- Is based on the individual’s preference and needs
- Supported by the rating mechanism from the Discovery tool
JUSTIFICATION FOR CONTRAINDICATIONS

Special justifications for deviating from typical routines or activities
DEMOGRAPHIC INFORMATION

Complete all demographic information as it pertains to the individual
SERVICE Coordinator
Signature/Date

• Electronic signature is permitted for the PDP
• Date should be the date the service coordinator signs the PDP
HCS PERSON DIRECTED PLAN
OUTCOME SUMMARY SHEET

• This form is to be completed every time there is a change to the PDP.
• This form can be used to document activities such as IPC revisions meeting even if there was no change to PDP.
• This form is to be shared with the program provider along with the new/revised PDP.
This form is a part of the PDP and the dates for the last SPT meeting identified on the summary sheet and the date on the first page at the top ("Current Date") are to be the same date.
Completing Outcome Summary Sheet

- Date
- Discovery Topic
- Personal Outcomes
- Summary of Change
- Identified Services
- Participants
IPC Development
The IPC Meeting

• Collaborative effort between individual/LAR, provider and SC

• Individual/LAR, provider and SC are required participants

• Good time to review Contact Information Form 8583
# Home and Community-based Services (HCS)/Texas Home Living (TxHmL) Program

## Contact Information

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Medicaid No.</th>
<th>CARE ID</th>
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</thead>
<tbody>
<tr>
<td>Legally Authorized Representative (LAR) Primary Contact Name</td>
<td>Relationship</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>LAR/Primary Contact Address (Street, City, State, ZIP Code)</td>
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<td></td>
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<tr>
<td>E-mail Address</td>
<td>Alternate E-mail Address</td>
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<tr>
<td>Alternate Contact Name</td>
<td>Relationship</td>
<td>Telephone No.</td>
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<td>Alternate Contact Address (Street, City, State, ZIP Code)</td>
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## Program Provider

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<th>Provider Agency Name</th>
<th>Component Code</th>
<th>Provider Fax No.</th>
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<tr>
<td>Provider Representative Name</td>
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<td>Telephone No.</td>
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<tr>
<td>E-mail Address</td>
<td>Alternate E-mail Address</td>
<td></td>
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<tr>
<td>Alternate Provider Representative Name</td>
<td>Telephone No.</td>
<td>Alternate Telephone No.</td>
</tr>
<tr>
<td>Consumer Directed Services Agency (if applicable)</td>
<td>Contact Name</td>
<td>Telephone No.</td>
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## Mental Retardation Authority (MRA)

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<th>Service Coordinator Name</th>
<th>Telephone No.</th>
<th>Alternate Telephone No.</th>
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<tr>
<td>Service Coordinator E-mail Address</td>
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<td>MRA Fax No.</td>
</tr>
<tr>
<td>Back-Up Contact for Service Coordinator</td>
<td>Telephone No.</td>
<td>Alternate Telephone No.</td>
</tr>
<tr>
<td>MRA Name</td>
<td>Address (Street, City, State, ZIP Code)</td>
<td></td>
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## Date Completed

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<th>Completed By</th>
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Service coordinator must complete at time of enrollment, or as soon as possible; update when contact(s) change; and ensure that individual, LAR, involved family members and all providers have a current copy.
IPC Development

• Based on PDP outcomes
• Identifies waiver and non-waiver services
• Waiver units are calculated to support outcomes
• IPC is signed by individual/LAR and provider
• IPC entered into CARE by provider
• IPC reviewed electronically by SC
Group Exercise

• Develop IPC for Louis based on PDP Outcomes
Developing the Implementation Plan (IP)
Purpose of IP

- Identifies desired outcomes from PDP that are HCS provider’s responsibility
- Plans acquisition of outcomes
- Directs HCS provider staff on their responsibilities in achieving outcomes
- Provides mechanism for HCS provider to evaluate staff’s performance and individual’s progress
Required Components of IP

• Desired outcome from PDP
• Participation and signature of individual/LAR
• Individualized objectives based on assessments of strengths, personal goals, and needs
• Frequency and duration of each HCS service
IP Objectives

• Must be based on assessments
  ➢ Interviews
  ➢ Observation
  ➢ Formal Assessments
IP Objectives (cont.)

• May require action from staff or action from individual
• Must be observable, measurable or outcome-oriented
• Contains target date for achieving objective
• Justifies amount of HCS service components
Monitoring of IP

• HCS provider monitors and documents progress on IP
• HCS provider reviews progress with individual/LAR
• HCS provider revises plan when necessary; notifies SC when IPC or PDP revision is required
Implementation Plan for __________________________________    CARE ID: ______________

PDP Service Category:

- [ ] Residential Support Services
- [ ] Supervised Living
- [ ] Foster/Companion Care
- [ ] Supported Home Living
- [ ] Dental

- [ ] Day Habilitation
- [ ] Supported Employment
- [ ] Nursing
- [ ] Behavioral Supports
- [ ] Social Work
- [ ] Minor Home Modifications

- [ ] Occupational Therapy
- [ ] Physical Therapy
- [ ] Speech/Language Therapy
- [ ] Dietary
- [ ] Audiology
- [ ] Adaptive Aids

Desired Outcome(s) from PDP:

1.

2.

3.

<table>
<thead>
<tr>
<th>Implementation Strategy Objectives:</th>
<th>Start Date</th>
<th>Targeted Completion</th>
<th>IPC Units Needed</th>
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</table>

Implementation Strategies based on (check all that apply):

- [ ] Interview(s) with ____________________________
- [ ] Observation
- [ ] Formal Assessment

Signature of Individual ___________ Date ___________ Signature of Individual’s LAR ___________ Date ___________

Signature of HCS Provider Representative ___________ Date ___________
IP Development

1. Start with PDP outcome
2. Develop plan with objectives to achieve outcome with individual/LAR
3. Document plan
4. Identify start date and target date for acquisition of each objective
5. Identify and document number of HCS program service units required for each objective
6. IP must be signed by individual/LAR and provider
7. Monitor progress and revise plan, as necessary
Group Exercise

Selected Outcomes for this training:

1. Louis will have increased opportunity to make choices.

2. Louis will continue to receive foster/companion care from Linda Mack.
Service Coordination Monitoring

For individuals receiving HCS services
Service Coordinator

- Person Directed Planning and coordination with provider around the IPC
- Monitoring
- Consumer Directed Service option
- Individuals under age 22 receiving residential support or supervised living
- Guardianship
PDP is done and the IPC has been renewed

• Visit the individual and those who know and support him
• Ask about services that were planned on the IPC
• Ask if the individual is receiving the service
• Talk about their experience with the service - have a conversation about their experience
Services on the IPC

• Be aware of whether non HCS services are being provided - common examples are Texas Health Steps and school district services.
• What is the individual’s experience with those services?
• Is there anything about HCS or non HCS services that is not working for the individual?
• Can you detect whether there is any incompatibility between HCS and non HCS services?
Observation

• One of the monitoring options is observation of the individual while receiving services.
• Check out comfort level with you being present.
• Talk to staff who serve the individual about their impressions, concerns, or issues.
• Are there any health and safety concerns when you observe?
Outcomes on the PDP

• What is the outcome on the PDP that the individual wanted to achieve?
• Does the individual and those who support him feel the service is helping him make progress toward that outcome?
• Maintain awareness of items on the discovery tool. Keep these in the back of your mind.
• Are you learning new information about the individual that might effect their PDP or IPC? Does it need to be updated or changed?
Record review

- SC may access the provider record but this should be done to clarify information obtained through interviews and observation of the individual.
- SC does not approve or monitor the HCS provider’s Implementation Plan.
Communication

• If SC becomes aware of a problem with services being delivered or how services are being delivered, make the provider aware of the problem.
• Stay in contact and work together towards resolution.
• Document efforts in SC record.
Provider Monitoring
Monitoring the IP

• HCS provider monitors and documents progress on IP
• HCS provider reviews progress with individual/LAR
• HCS provider revises IP when necessary; notifies SC when PDP or IPC revision is required
Internal QA Processes

• Training and supervision of staff
• Recognition by all staff of issues that require follow-up
• Communication between staff
• Oversight of management of individual’s finances
• On-site inspections
• Reporting of critical incidents
Internal QA Processes

- Annual satisfaction surveys
- Complaints
- Corrective action related to allegations of A/N/E
- Annual review of confirmed A/N/E, complaints, and unusual incidents
Consumer/Advocate Advisory Committee

- Evaluates satisfaction survey results
- Solicits, addresses, and reviews complaints about the program provider
- Reviews allegations of A/N/E and the practices for prevention
- Reviews reasons for terminating HCS services
- Offers recommendations for improvement
- Reviews critical incident data
OTHER IMPORTANT PROCESSES
SUSPENSION of Individual’s Services  
(temporary discharges)

- Provider completes data entry (CARE Screen C18)
- SC responsible for 90-day follow ups
- SC responsible for submitting documentation to DADS if suspension exceeds 270 days (form 3615)

TERMINATION of Individual’s Services  
(permanent discharges)

- Provider completes data entry (CARE Screen C18)
- SC acknowledges termination (CARE Screen L18)
- SC submits termination documentation to DADS (form 3616)
Transfer to New Provider

• SC completes all paperwork with information from both sending and receiving providers (new form 3617)
• Local Authority completes all data entry (CARE screen L06)
• SC submits documentation to DADS and will be contact for DADS Program Enrollment if there are questions
Individual Moves to a New Residence

• Provider and SC communicate when either is aware of the individual’s new address
• Provider responsible for updating individual’s address and location code in CARE
• Update PDP, IP, and IPC, if necessary
• If move results in different Local Authority, SC responsible for completing *MRA Reassignment* form 8575, entering information into CARE screen L30, notifying new Local Authority, and working with new authority and SC to ensure continuity
### Notification of Mental Retardation Authority (MRA) Reassignment

#### To:

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<th>MRA Contact Name</th>
<th>MRA Name</th>
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#### From:

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<th>MRA Contact Name</th>
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#### Individual’s Name

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<th>CARE ID</th>
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#### Service Coordinator Name

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<tr>
<th>Telephone No.</th>
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#### Date of Move

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<th>New County</th>
<th>County Code</th>
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#### Program Provider Name

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<th>Provider Component Code</th>
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#### Current (Sending) MRA Information:

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<th>MRA</th>
<th>Component Code</th>
<th>MRA Local Case No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRA Representative (Data Entry)</td>
<td>Date of Data Entry</td>
<td></td>
</tr>
</tbody>
</table>

#### New (Receiving) MRA Information:

<table>
<thead>
<tr>
<th>MRA</th>
<th>Component Code</th>
<th>MRA Local Case No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRA Representative (Data Entry)</td>
<td>Date of Data Entry</td>
<td></td>
</tr>
</tbody>
</table>
Individual loses Medicaid Eligibility

• For SSI recipients:
  ✓ Representative Payee is responsible for requesting reinstatement of benefits
  ✓ Provider responsible if provider is Representative Payee
• SC may assist individual/LAR or family, if requested
• Local Authority and provider continue monitoring Medicaid eligibility status as they do now

(more information in HCS Handbook online)
Emergencies or Unplanned Situations

The provider must respond to an emergency or unplanned situation involving individuals who receive a residential assistance:

- Residential Support;
- Supervised Living; or
- Foster/Companion Care.
Emergencies or Unplanned Situations, (cont.)

When the provision of an HCS service can address an emergency or unplanned situation involving an individual who receives a residential assistance, the provider must provide the service whether or not it is on the IPC.
Emergencies or Unplanned Situations, (cont.)

Examples of possible emergencies:

- Medical;
- Dental; or
- Behavioral.
Emergencies or Unplanned Situations, (cont.)

Program rules include provisions for adding HCS services to an individual’s IPC in the case of emergency.
Emergencies or Unplanned Situations, (cont.)

• Following the provision of HCS services in response to an emergency that necessitates an IPC revision, the provider must:
• Document the circumstances that necessitated providing the service(s)
• Notify the SC of the emergency provision of services, including the need to revise the IPC
• Upon request, provide a copy of this documentation required in the first bullet to the SC
Emergencies or Unplanned Situations, (cont.)

• Within 7 days after the emergency or unplanned situation:
  • The SC revises the PDP, if needed.
  • The provider, SC and individual/LAR revise the IPC, if needed.
  • The provider revises the IP, if needed.
Emergencies or Unplanned Situations, (cont.)

• For individuals living in their own or family home:

• In an emergency, the HCS provider and SC should work together as necessary to support an individual in crisis.
Emergencies or Unplanned Situations, (cont.)

• The provider must offer respite to an individual who has respite included on the IPC in the event of an emergency or unplanned situation.

• Services may be added to an individual’s IPC if they are identified as an appropriate resource for an individual experiencing an emergency or unplanned situation.
Abuse Neglect and Exploitation (A/N/E)

- **EVERYONE** is still responsible to report suspected A/N/E of an individual receiving HCS services to DFPS.

- Current provider responsibilities regarding DFPS A/N/E investigations are not changing.
Abuse Neglect and Exploitation (A/N/E)

Two changes in provider responsibilities:

• Provider is responsible for notifying the individual or LAR and the SC of the receipt of an allegation of A/N/E by DFPS, including any actions taken or to be taken in response to the allegation; and

• Provider is responsible for notifying the individual or LAR and the SC of all DFPS investigation findings, including any corrective action taken or to be taken by provider staff in response to the investigation.
Behavior Support Plan (BSP)

- Program requirements related to BSPs are not changing.
- BSPs will be part of the implementation plan for an individual who requires this support; the SC does not have a role in the approval of a BSP for an individual.

NEW:
- The provider must notify the SC of the existence of a BSP if it uses intrusive or restrictive interventions and must notify the SC, at least annually, of the need to continue BSP.
Restraint

Provider requirements surrounding the use of restraint are not changing with this transition, with one exception:

• After June 1, 2010, in addition to the persons the provider is currently required to notify of the use of restraint in a behavioral emergency (nurse, individual’s LAR or other actively involved person when applicable), the provider must also notify the SC of this occurrence.

• SC notification must occur by the end of the first business day following the use of restraint during a behavioral emergency.
Death of an Individual

- The provider must still notify DADS Waiver Survey and Certification (WS&C) of the death of an individual.
- After June 1, 2010, the provider must also notify the individual’s SC of the death.
- The provider will enter termination of services in CARE screen C18.
- The SC acknowledges termination of services in CARE screen L18.
- Different than now, the SC, NOT the provider, will submit documentation to DADS Program Enrollment (PE) regarding the death of an individual.
Complaints

The process for receiving and responding to complaints from an individual or LAR is not changing with this transition:

Complaint Regarding Provider or Provider Staff
- Provider responds to complaint
- Documents resolution
- Informs complainant of option to contact DADS Consumer Rights and Services (CRS) if not resolved

Complaint Regarding SC or Local Authority
- Local Authority responds to complaint
- Documents resolution
- Informs complainant of option to contact DADS CRS if not resolved
Complaints (cont.)

If the SC or Local Authority has a complaint about the provider, or if the provider has a complaint about the SC or Local Authority:

• The SC or Local Authority follows the provider’s complaint process.
• The provider follows the Local Authority’s complaint process.

If an entity is unable to negotiate a resolution to a complaint, the Local Authority or provider may contact DADS CRS for assistance.
Complaints (cont.)

Beginning June 1, 2010, DADS Waiver Survey and Certification, Contract Accountability and Oversight and CRS will meet quarterly to review complaints received by DADS regarding providers and Local Authorities. During these meetings DADS staff will assess trends and develop strategies to address any significant issues that are identified related to complaints.
Additional Service Coordination Responsibilities

- CDS
- Individuals under age 22 years
- Guardianship
Service Coordination and Consumer Directed Services (CDS)

- SC offers CDS option at enrollment and annually
- Document choice on the PDP and on proper CDS forms
- If CDS is selected, provide information on all CDS agencies (CDSAs) in the service area
- Document choice of CDSA and discuss need for support consultation
- Approve and include the service back-up plan in PDP
- Notify provider of individual’s choice of CDS
- Support Employer in developing justification for CDS Services, as necessary
Corrective Action Plan

- Service coordinator supports development of a Corrective Action Plan (Form 1741) if problems are identified with CDS
- CDS may be terminated voluntarily or involuntarily
- Service coordinator submits termination documentation to DADS
- Service coordinator and provider revise IPC
Individual’s Under Age 22 in SL or RSS

• Ensure reasonable accommodation for meetings with the parent or LAR
• Provide 21-day written notice to parent or LAR
• Obtain parent or LAR consent prior to a move
• Request from the parent or LAR:
  ➢ Their name, address, and phone number
  ➢ Their driver’s license number and state of issuance
  ➢ Their place of employment and employer’s address and phone number
  ➢ Name and contact information for a relative to contact in case of an emergency
Individual’s Under Age 22 in SL or RSS (cont.)

Request from parent or LAR:
A signed acknowledgement of responsibility stating the parent or LAR agrees to:

- ✓ notify the SC of any changes in contact information; and  
- ✓ make reasonable efforts to participate in the individual’s life and planning activities.
# Home and Community-based Services (HCS) Program

## Parent or Legally Authorized Representative (LAR) Contact Information for Individuals Under 22 Years of Age (Who Receive Supervised Living or Residential Support)

### Name of Individual Receiving HCS Services

<table>
<thead>
<tr>
<th>Name of Parent/LAR</th>
<th>Telephone No(s). of Parent/LAR (Home and Cell)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>LAR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Parent/LAR</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Driver License No. of Parent/LAR</th>
<th>State of Issuance</th>
<th>DPS Personal Identification Card No.</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Employer of Parent/LAR</th>
<th>Employer Telephone No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Information</th>
</tr>
</thead>
</table>

| Name of Relative/Other Person the HCS Provider, Service Coordinator or DADS May Contact | Telephone No(s). (Home and Cell) |
|-----------------------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th>Address</th>
<th>Driver License No. and State of Issuance (optional)</th>
<th>DPS Personal Identification Card No. (optional)</th>
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</table>

<table>
<thead>
<tr>
<th>Employer (optional)</th>
<th>Employer Telephone No. (optional)</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Employer Address (optional)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Service Coordinator</th>
<th>Name of HCS Program Provider Representative</th>
</tr>
</thead>
</table>

### Attestation

I, ________________________________, the parent or legally authorized representative of ________________________________, agree to notify the service coordinator and HCS provider representative of any changes to the contact information above and to make reasonable efforts to participate in ________________________________’s life and in planning activities for him/her.

I understand that if the contact information on this form is not provided or is not accurate and the service coordinator and the Department of Aging and Disability Services (DADS) are unable to locate me, then DADS will refer the case to the Department of Family and Protective Services.

__________________________  ____________________________
Printed Name–Parent/LAR  Signature–Parent/LAR  Date
In addition

- Communication of rights to the individual
  - Review rights handbook upon enrollment, upon request and upon change in legal status and document in SC record
  - List of “rights”/provider obligations from §9.173
- Communication of the complaint process
  - Orally and in writing for complaints about the Local Authority and for complaints about the provider
Guardianship

- SC determines whether letter of guardianship is current
- Document status of guardianship in PDP
- If not current, provide a reminder to guardian that renewal is needed
- Document that reminder was provided.
Changes to CARE
Effective June 1, 2010
## Provider Data Entry Screens

### C00: PROVIDER DATA ENTRY MENU

ENTER APPROPRIATE NUMBER TO CHOOSE ACTION

<table>
<thead>
<tr>
<th>Number</th>
<th>Action Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C02</td>
<td>INDIVIDUAL PLAN OF CARE</td>
</tr>
<tr>
<td>C10</td>
<td>CLIENT CORRESPONDENT UPDATE</td>
</tr>
<tr>
<td>C11</td>
<td>CLIENT NAME UPDATE</td>
</tr>
<tr>
<td>C12</td>
<td>CLIENT ADDRESS UPDATE</td>
</tr>
<tr>
<td>C13</td>
<td>PROVIDER STAFF ENTRY</td>
</tr>
<tr>
<td>C14</td>
<td>PROVIDER/CONTRACT UPDATE</td>
</tr>
<tr>
<td>C18</td>
<td>CONSUMER DISCHARGE</td>
</tr>
<tr>
<td>C20</td>
<td>GUARDIAN INFORMATION UPDATE</td>
</tr>
<tr>
<td>C22</td>
<td>SERVICE DELIVERY</td>
</tr>
<tr>
<td>C23</td>
<td>WAIVER MR/RC ASSESSMENT</td>
</tr>
<tr>
<td>C24</td>
<td>LOCATION</td>
</tr>
<tr>
<td>C25</td>
<td>LOCATION TYPE MODIFICATION</td>
</tr>
<tr>
<td>C26</td>
<td>CLIENT ASSIGNMENTS</td>
</tr>
<tr>
<td>C27</td>
<td>IPC/ASSIGNMENT RECONCILIATION</td>
</tr>
<tr>
<td>C28</td>
<td>ACTUAL UNITS OF SERVICE</td>
</tr>
<tr>
<td>C29</td>
<td>MODIFY PROVIDER SERVICE AUTH</td>
</tr>
<tr>
<td>686</td>
<td>CRITICAL INCIDENT UPDATE</td>
</tr>
</tbody>
</table>

* CDS AGENCY ONLY
** BOTH PROGRAM PROVIDER AND CDS AGENCY

** ACT: ____ (A/MA MAIN MENU, Q/QUIT, HLP(PF1)/SCRN DOC)

Screen C06 will no longer be available for providers as Local Authorities are now responsible for all transfer data entry. Screen C09 has been eliminated as the LA will assign all local case numbers for individuals in HCS and TxHmL.
Provider Inquiry Screens

C60: PROVIDER INQUIRY MENU
ENTER APPROPRIATE NUMBER TO CHOOSE ACTION

C61 - CONSUMER DEMOGRAPHICS
C62 - INDIVIDUAL PLAN OF CARE (IPC)
C63 - DHS MEDICAID ELIGIBILITY SEARCH
C64 - IPC EXPIRATION
C65 - MR/RC ASSESSMENT EXPIRATION
C66 - CONSUMER DISCHARGES
C67 - CONSUMER ROSTER
C68 - MR/RC ASSESSMENTS - SUMMARY
C69 - PROVIDER INFORMATION
C70 - CONTRACT INFORMATION
C71 - CURRENT CONTRACT LIST
C72 - SERVICE DELIVERY BY IPC
C73 - SERVICE DELIVERY BY PROVIDER
C74 - CHECKLIST
C75 - PRIOR APPROVAL
C76 - MR/RC ASSESSMENTS
C77 - REIMBURSEMENT AUTHORIZATION
C78 - STAFF ID
* PROGRAM PROVIDER ONLY

C79 - COUNTY/MRA
C80 - PROVIDER/CONTRACT ROSTER
C81 - PAYMENT ELIGIBILITY VERIFICATION
C82 * PENDING MR/RC ASSESSMENTS
C83 * MR/RC ASSESSMENTS
C84 * PROVIDER LOCATION
C85 - CONSUMER ASSIGNMENTS
C86 * PROVIDER LOCATION LIST
C87 - MRA CONTACTS
C88 - CONSUMER HOLDS
C89 - CLAIMS INQUIRY
C97 * WS/C AUTHORITY REVIEW NOTATIONS
C101 - ETIN TABLE INQUIRY
C102 - SERVICE AUTHORIZATION INQUIRY
C103 - IPC MRA REVIEW PENDING- PROVIDER

ACT: ____ (A/MA MAIN MENU, Q/QUIT, HLP(PF1)/SCRN DOC)
Local Authority Data Entry Screens

L00:AUTHORITY DATA ENTRY MENU

ENTER APPROPRIATE NUMBER TO CHOOSE ACTION

L01 - CONSUMER ENROLLMENT
L02 - INDIVIDUAL PLAN OF CARE
L03 - ENROLLMENT PACKET CHECKLIST
L05 - PROVIDER CHOICE
L06 - CONSUMER TRANSFER
L09 - REGISTER CLIENT UPDATE
L10 - CLIENT CORRESPONDENT UPDATE
L11 - CLIENT NAME UPDATE
L12 - CLIENT ADDRESS UPDATE
L18 - CONSUMER DISCHARGE
L20 - GUARDIAN INFORMATION UPDATE

L23 - WAIVER MR/RC ASSESSMENT
L26 - CLIENT ASSIGNMENTS
L27 - ASSIGN/IPC RES EXCEPTIONS (HCS)
L28 - MRA/MHA CONTACTS
L29 - ICF/MR MR/RC ASSESSMENT
L30 - MRA ASSIGNMENT NOTIFICATION
L31 - HCS IPC MRA REVIEW (HCS)
L32 - MR/RC ASSESS MRA REVIEW (HCS)
309 - PERMANENCY PLAN REVIEW
490 - CASE MGMT ASSIGNMENT

ACT: _____ (A/MA MAIN MENU, Q/QUIT, HLP(PF1)/SCRN DOC)
# Local Authority Inquiry Screens

**L60: AUTHORITY INQUIRY MENU**

ENTER APPROPRIATE NUMBER TO CHOOSE ACTION

<table>
<thead>
<tr>
<th>Number</th>
<th>Action Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A63</td>
<td>CONSUMER TRANSFER</td>
</tr>
<tr>
<td>C61</td>
<td>CONSUMER DEMOGRAPHICS</td>
</tr>
<tr>
<td>C62</td>
<td>INDIVIDUAL PLAN OF CARE (IPC)</td>
</tr>
<tr>
<td>C63</td>
<td>DHS MEDICAID ELIGIBILITY SEARCH</td>
</tr>
<tr>
<td>C66</td>
<td>CONSUMER DISCHARGES</td>
</tr>
<tr>
<td>C68</td>
<td>MR/RC ASSESSMENTS - SUMMARY</td>
</tr>
<tr>
<td>C69</td>
<td>PROVIDER INFORMATION</td>
</tr>
<tr>
<td>C70</td>
<td>CONTRACT INFORMATION</td>
</tr>
<tr>
<td>C71</td>
<td>PROVIDER/CONTRACT LIST</td>
</tr>
<tr>
<td>C72</td>
<td>SERVICE DELIVERY BY IPC</td>
</tr>
<tr>
<td>C73</td>
<td>SERVICE DELIVERY BY PROVIDER</td>
</tr>
<tr>
<td>C74</td>
<td>CHECKLIST</td>
</tr>
<tr>
<td>C75</td>
<td>PRIOR APPROVAL</td>
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<td>C77</td>
<td>REIMBURSEMENT AUTHORIZATION</td>
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<tr>
<td>C80</td>
<td>PROVIDER/CONTRACT ROSTER</td>
</tr>
<tr>
<td>C83</td>
<td>MR/RC ASSESSMENTS</td>
</tr>
<tr>
<td>C84</td>
<td>PROVIDER LOCATION</td>
</tr>
<tr>
<td>C85</td>
<td>CLIENT ASSIGNMENTS</td>
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<td>C86</td>
<td>PROVIDER LOCATION LIST</td>
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<td>C87</td>
<td>MRA CONTACTS</td>
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<tr>
<td>L61</td>
<td>WAIVER SLOT COUNTS</td>
</tr>
<tr>
<td>L62</td>
<td>WAIVER SLOT DETAIL</td>
</tr>
<tr>
<td>L64</td>
<td>IPC EXPIRATION</td>
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<tr>
<td>L65</td>
<td>MR/RC ASSESSMENT EXPIRATION</td>
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<tr>
<td>L67</td>
<td>CONSUMER ROSTER</td>
</tr>
<tr>
<td>L68</td>
<td>WS/C PROVIDER REVIEW NOTATIONS</td>
</tr>
<tr>
<td>L82</td>
<td>PENDING MR/RC ASSESSMENTS</td>
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<tr>
<td>L83</td>
<td>IPC MRA REVIEW PENDING (HCS)</td>
</tr>
<tr>
<td>249</td>
<td>PPR APPROVAL STATUS</td>
</tr>
</tbody>
</table>

**ACT: _____ (A/MA MAIN MENU, Q/QUIT, HLP(PF1)/SCRN DOC**
Suspensions and Terminations

• Provider enters suspensions (temp discharges) using CARE screen C18
  – SC responsible for 90 day follow ups and submits documentation to DADS
  – New form 3615 for requesting a continuation of a suspension for both HCS and TxHmL

• Provider enters terminations (perm discharges) using CARE screen C18
  – SC acknowledges termination using CARE screen L18 and submits documentation to DADS
  – New form 3615 for notifying DADS for HCS and TxHmL
Transfers and Local Authority Reassignments

• The SC is responsible for coordinating all transfers including CDS
  – Process has not changed
  – SC completes all transfer paperwork and submits documentation to DADS
  – Local Authority does data entry using L06
  – New form 3617 for both HCS and TxHmL transfers
• Local Authority Reassignment – SC notifies new local authority of individual moving to new area using new form 8575
IPCs and MR/RC Assessments

• Providers continue to enter IPCs and MR/RC Assessments into CARE
• SC signature not required on the hard copy
• SC will review IPC and MR/RC in CARE, enter their signature and agreement or disagreement
• SC must notify Provider and DADS of any disagreements by completing Notification of SC Disagreement (Form 8579), fax to PE/UR and provider
• DADS will continue to authorize IPCs and approve MR/RCs
IPC Process for Providers

- **C64** Provider obtains list of IPCs expiring within time frame selected
- **C02** Provider enters renewal IPC, gives SC copy w/in 3 days of data entry
- SC completes review
- **C103** Provider inquiry – status of IPCs (returned for correction, reviewed by SC, etc.)
IPC Process for Local Authorities

- **L83** Local Authority obtains list of IPCs waiting SC review (SC has 7 days to review)
- **L31** SC reviews IPC
  - May return to provider for error correction, (must enter comment and contact provider)
  - Enter agreement, name and date of review
  - Enter disagreement, name, and date of review (must notify provider, DADS, and individual same day as data entry is done using Form 8579)
MR/RC Process for Providers

- **C65** Provider obtains list of MR/RCs expiring within time frame selected
- **C23** Provider enters MR/RC Assessment and gives SC a copy w/in 3 days of data entry
- SC completes review
- **C82** Provider inquiry – status of MR/RCs (returned for correction, reviewed by SC, etc.)
MR/RC Process for Local Authorities

• **L82** LA obtains list of MR/RCs waiting SC review (SC has 7 days to review)
• **L32** SC reviews MR/RC
  – May return to provider for error correction, (must enter comment)
    OR
  – Enter agreement, name and date of review
    OR
  – Enter disagreement, name, date of review (must notify provider and DADS same day as data entry is done - Form 8579)
Notification of Service Coordinator (SC) Disagreement

To: DADS PE/UR

From: SC Name

Fax No.

SC Telephone No. SC Fax No.

<table>
<thead>
<tr>
<th>Individual's Name</th>
<th>CARE ID</th>
<th>Provider Component Code</th>
</tr>
</thead>
</table>

- IPC Disagreement
  - Service is not based on POP
  - Service replaces existing supports
  - Individual not eligible for this service

- MR/RC Disagreement
  - ICAP data not correct
  - No behavior support plan
  - LON 9 not appropriate

Other Reason (explain below)

Comments:

(SC may submit additional information.)

(SC must fax completed form to DADS PE/UR at 512-438-4249 and inform provider of this action.)

cc: Program Provider Name Provider Fax No.

State Office Reply

Comments:

PE/UR Reviewer Date Completed
L83: IPC MRA REVIEW PENDING: INQUIRY

PLEASE ENTER THE FOLLOWING:

MRA: _____
WAIVER: ___ (1=HCS, 4=TXHML)
SORT: __
   1 ALPHA BY SVC COORD AND SENT DATE
   2 ALPHA BY CONSUMER
   3 ALPHA BY PROVIDER CONTRACT

STATUS: ___
   (M: SENT TO MRA FOR REVIEW
   X: RETURNED TO PROVIDER FOR MORE INFORMATION
   BLANK: FOR ALL STATUS)

ENTER IF DESIRED:
SVC. COORD. POSITION NO: ___

PRINTER CODE: ________ (ENTER FOR HARD COPY)

*** PRESS ENTER ***

ACT: ____ (L60/AUTH INQUIRY MENU,A/MA MAIN MENU,HLP(PF1)/SCRN DOC)
L83 IPCs Waiting SC Review - Detail

<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>ID</th>
<th>NUMBER</th>
<th>CASE NO.</th>
<th>BEGIN DT</th>
<th>REV DT</th>
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<tbody>
<tr>
<td><strong>BUSTER, BROWN</strong></td>
<td>88888888</td>
<td>617842890</td>
<td>0000022940</td>
<td>03-19-10</td>
<td></td>
</tr>
<tr>
<td><strong>KAY, MARIE M</strong></td>
<td>99999999</td>
<td>610142869</td>
<td>0000007309</td>
<td>03-21-10</td>
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<tr>
<td><strong>SUMMER, JOY</strong></td>
<td>777777777</td>
<td>683821209</td>
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<td>02-01-10</td>
<td>02-19-10</td>
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</table>

CONTRACT: 8XZ 001011111 AAA HCS PROGRAM
STATUS: WAITING FOR MRA REVIEW
SENT 02-15-10

MRA: 010 BETTY HARDWICK CENTER
SVC.COORD AMY APPLE
<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>ID</th>
<th>NUMBER</th>
<th>CASE NO.</th>
<th>BEGIN DT</th>
<th>DATE</th>
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<td>01-20-10</td>
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<tr>
<td>BEAR, YOGI</td>
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<td>514999999</td>
<td>0020066666</td>
<td>01-27-10</td>
<td>01-12-10</td>
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<tr>
<td>COMP: 8RP</td>
<td>CONTRACT: 001007199</td>
<td>NAME: ACME CENTER</td>
<td>PURPOSE CODE: 3</td>
<td>STATUS: SENT TO MRA FOR REVIEW</td>
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## L31 SC Review of IPC

**Final screen**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>NAME</td>
<td>BROWN, BUSTER</td>
</tr>
<tr>
<td>CLIENT ID</td>
<td>123456789</td>
</tr>
<tr>
<td>MEDICAID NUMBER</td>
<td>555555555</td>
</tr>
<tr>
<td>CLCN</td>
<td>01000000055555</td>
</tr>
<tr>
<td>COUNTY</td>
<td>JONES</td>
</tr>
<tr>
<td>LOCAL CASE NUMBER</td>
<td>000005555</td>
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<tr>
<td>CONTRACT NO</td>
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<tr>
<td>COMPONENT</td>
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</tr>
<tr>
<td>LOCAL CASE NUMBER</td>
<td>0000011111</td>
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<tr>
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<tr>
<td>CDS COMPONENT</td>
<td>888</td>
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SEND TO DADS FOR AUTHORIZATION? (Y/N) _

(IF N, IPC WILL BE RETURNED TO PROVIDER FOR MORE INFORMATION)

**SC AGREEMENT INDICATES AGREEMENT THAT THE WAIVER SERVICES FOR THIS INDIVIDUAL ARE NOT AVAILABLE THROUGH OTHER RESOURCES, ARE NECESSARY TO PREVENT INSTITUTIONALIZATION, ASSURE THE INDIVIDUALS HEALTH AND SAFETY AND ARE BASED ON OUTCOMES IN THE INDIVIDUALS PDP.**

MRA AGREES WITH INFORMATION ON THIS IPC? (Y/N): _

(IF N, MUST SUBMIT SC NOTIFICATION OF DISAGREEMENT FORM TO DADS UR)

**COMMENTS:**

_____________________________________________________________________________

_____________________________________________________________________________

SC REVIEWER NAME : _______________________________ DATE: 02222010

READY TO ADD?: _ (Y/N)

ACT: ____ (L00/AUTH DATA ENTRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)
L32 SC Review of MR/RC
Final Screen

L32:MR/RC ASSESSMENTS SERVICE COORDINATOR REVIEW

CLIENT NAME : ANGEL, ROSE L
COMPONENT CODE: 8XY       CASE NUMBER: 0000022       MEDICAID NUMBER: 512345645
DATE OF BIRTH: 05-05-1955       SSN: 555-55-5555       HIC/MEDICARE:
LEGAL STAT: 8       PREV. RES.: 4       REC. LOC: 1       REC. LON: 1

SEND TO DADS FOR APPROVAL? (Y OR N): _____
(IF N, MRRC WILL BE RETURNED TO PROVIDER FOR MORE INFORMATION)

MRA AGREES WITH INFORMATION ON THIS MR/RC? (Y OR N): ___
(IF N, MUST SUBMIT SC NOTIFICATION OF DISAGREEMENT FORM TO DADS UR)

COMMENTS:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

SC REVIEWER NAME: ___________________________ DATE: ________

READY TO ADD? _________ (Y/N)

*** PRESS ENTER ***
Service Coordinator Review Summary

• SC will discuss any concerns with provider, if possible before entering a disagreement
• SC must notify individual/LAR if they disagree with IPC services
• SC must complete Form 8579 and fax to DADS PE/UR if disagreement entered
• If no SC review is completed within 7 days CARE automatically sends to DADS PE/UR for authorization without the SC review
Service Coordinator Review Summary (cont.)

• XPTR report available showing those not reviewed
  – HC063570 (IPC Compliance Report)
  – HC063575 (MR/RC Compliance Report)
• DADS PE/UR determines if IPC or LON utilization review is necessary regardless of SC action
  – SC documentation may be included as part of the review
• DADS PE/UR developing Web-based training on:
  – Completing the ICAP
  – Completing the IPC
  – CARE data entry training
WS&C Review Process
WS&C Review Process

• More emphasis on results of HCS program services
• Increased time interviewing individuals/LARs/family members, provider staff and observing delivery of program services
• New certification review checklists to be posted on DADS website
• Extensive technical assistance to be offered through 8/31/10
DADS Contract Accountability and Oversight (CAO) for Local Authorities

HCS CASE MANAGEMENT
TRANSITION TRAINING
CAO Onsite Reviews

- Performance contract review for Local Authorities
- Texas Home Living Waiver (TxHmL) – authority review
- HCS - authority review
FY2011 Local Authority Reviews

- Each Local Authority will have an authority review for HCS and TxHmL waivers

- Some large Local Authorities may have visits scheduled over a two-week period with the TxHmL and HCS authority reviews scheduled the week prior to the performance contract review
What kinds of things are looked at in the Performance Contract Review?

- Local plan, PNAC
- Quality management plan
- Service encounter data
- Critical incident reporting, A/N/E, Complaints
- In-Home and Family Support Program
- Permanency planning
Performance Contract Review – (Cont.)

• Delivery of general revenue services
• CLOIP
• OBRA
• Interest list processes
• Qualification and training of professionals, service coordinators and direct support staff
• Contracted services
What will the HCS Authority Review look like?

• The HCS authority review will be very similar to the TxHmL authority review.
• Similar documentation review tool and similar SC qualification and training checklist
• Similar review concerning enrollment, transfer, termination and CDS requirements
• Participant review will begin with documentation review that may be supplemented with contact with SC and with participant/LAR/family member
What will be different about the HCS Authority Review?

- Sample size (HCS sample will be 5 to 20 participants based on current enrollment, in contrast to TxHmL sample size average of 2 participants)
- SC qualifications and training (100% review for participant sample in FY11)
- Interim Service Coordination Plan prior to IPC renewal, then, integrated in PDP
- Delivery of service coordination reviewed for compliance with HCS rule
What is different (cont.)

• Priority population – eligibility determination
• Annual explanation of rights, complaint process and A/N/E reporting to be done by service coordinator
• Local Authority process related to provider complaints
• Due diligence of SC in review of MR/RC and IPC entered into CARE
Phase-In,
June through August 2010

• DADS CAO staff will review HCS authority functions on scheduled reviews
• Testing and refinement of review protocols
• Results shared and technical assistance provided
• Minimum documentation in the record will include MR/RC, IPC, SC progress notes
• Service coordination is provided by Local Authority
• PDP is developed as IPC is set to renew
Beginning September 1, 2010

- Phase-in continues with PDP
- HCS authority review will have a formal report of findings
- Any not met finding will require a corrective action plan.
- Same due process for reconsideration of findings.
Quality Assurance
A Shared Responsibility
CMS Definition of Quality

“Quality is the degree to which services and supports for individuals and populations increase the likelihood for desired health and quality of life outcomes and are consistent with current professional knowledge.”

Centers for Medicare and Medicaid Services
OUR COMPASS

• Person-directed

• Meeting the needs of individuals

• Partnership

• Strengthening services
Dimensions

- Individual Access
- Person-directed Service Planning and Delivery
- Provider Capacity and Capabilities
- Individual Safeguards
- Individual Outcomes and Satisfaction
- System Performance
Partners

- Individual
- Provider
- Local Authority
- DADS
Individual Access

- **Individual**
  - Access to their choice of HCS providers and full array of HCS services.

- **Provider**
  - Services initiated promptly upon eligibility authorization and HCS provider selection.

- **Local Authority**
  - Facilitate enrollment for individuals authorized by DADS
  - Offer choice of providers
  - Conduct eligibility assessment
  - Develop PDP

- **DADS**
  - HCS eligibility and service authorization processes are streamlined to expedite the provision of services.
Person-Directed Service Planning and Delivery

• **Individual**
  – Services and supports are planned and effectively implemented in accordance with individual’s unique needs, preferences and choice.

• **Provider**
  – Ability to provide services consistent with individual’s PDP.

• **Local Authority**
  – Facilitates development of PDP based on individual’s identified preferences and needs.

• **DADS**
  – Ensures plans are responsive to needs, preferences, and outcomes of the individual.
Provider Capacity and Capabilities

• **Individual**
  – Individuals and families are able to choose from an adequate and competent pool of HCS providers.

• **Provider**
  – Deliver individualized services that meet the needs and preferences of the individuals and according to program standards.

• **Local Authority**
  – Information and support is available to assist individuals to freely choose among qualified program providers.

• **DADS**
  – Monitoring of the program providers and Local Authorities.
Individual Safeguards

- **Individual**
  - Safe and secure in their homes and communities.
  - Informed of rights and how to report any instance of suspected abuse, neglect or exploitation.
- **Provider**
  - Safety/security of homes assessed, risk factors indentified, modifications offered to promote safety.
- **Local Authority**
  - SC notifies appropriate authorities of health and safety concerns not resolved.
- **DADS**
  - Requires a criminal history/background check as condition of employment.
  - Provider Critical Incident Reporting is reviewed.
  - Consumer Rights and Services offers assistance and support with complaints
Individual Outcomes and Satisfaction

- **Individual**
  - Satisfied with services and achieve desired outcomes.
  - Services and supports lead to positive outcomes for each individual.

- **Provider**
  - Individuals are encouraged and supported to guide and control the delivery of their services to the extent they wish.

- **Local Authority**
  - SC regularly reviews the individual’s progress towards outcomes identified in their PDP.

- **DADS**
  - Provides individuals, families and advocates opportunities to voice their recommendations for improving services.
System Performance

• **Individual**
  – Have an active role in program design, performance appraisal, and quality improvement activities.
  – Receive support to exercise their rights and in accepting personal responsibilities.
• **Provider**
  – Service system supports individuals efficiently and effectively and constantly strives to improve quality.
  – Grievances and complaints are resolved in a timely fashion.
• **Local Authority**
  – Individuals are informed of their rights.
  – Individuals are informed how to register grievances and complaints and supported in seeking resolution.
• **DADS**
  – Financial accountability is assured and payments are made in accordance with program requirements.
Local Authority & Provider Panel Discussion