FMSA Quarterly Webinar

Aug. 25, 2020

Objectives

- Meet the staff

- COVID-19 Updates

- Electronic Visit Verification (EVV) Update

- Frequent FMSA Monitoring Errors

- CDS Inbox Frequently Asked Questions

Meet the Staff

CDS Policy & Operations Team

Courtney Pool

CDS Operations Specialist

Office of Policy Development and Support

TEXAS
Health and Human Services

Mary Valente, MPAff, LBSW, SMQT, CMDCP

ICF/IID Medicaid Policy Specialist

Policy Development Support Office

1915(b) Waivers Support

1915(c) Waivers Special Projects

Rachel Neely

Lead Policy Specialist for the CDS option

Office of Policy and Program Development

TEXAS
Health and Human
Services

Emily Parsons

CDS and Intellectual/ Developmental Disability (IDD) Policy Specialist

Office of Policy and Program Development

Kirsten Coleman

Program Specialist for the CDS Option and Person-Centered Practices

Office of Policy and Program Development

COVID-19 Updates & Resources

Information Letter 20-08

- Published March 20, 2020 (REVISED: July 20, 2020)
- Suspends face-to-face CDS employer orientations through October 23, 2020.
- Reminds FMSAs about Service Back-up Plan Requirements
- Provides information for preventing the spread of COVID-19

Information Letter 20-22

- [Published May 1, 2020](#)

- Provides information related to paid sick leave and expanded family medical leave provisions of the federal Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief, and Economic Security (CARES) Act

- Reminds FMSAs and CDS employers that they must comply with all applicable employment-related laws, regulations, and guidance

COVID-19 Resources

- Extensions of Medicaid/CHIP COVID-19 Flexibilities
  - Many Medicaid and CHIP flexibilities have been extended through Oct. 23, 2020.
  - These extensions remain in effect until then unless the U.S. Secretary of Health and Human Services ends the public health emergency earlier.
  - If the public health emergency ends earlier, HHSC will provide additional information.
- Medicaid and CHIP Services Information for Providers
- TMHP COVID-19 webpage

COVID-19 Resources (cont.)

- Be sure to check the HHSC provider pages for program-specific information:
  - [Consumer Directed Services (CDS)](#)
  - [Home and Community-based Services (HCS)](#)
  - [Texas Home Living (TxHmL)](#)
  - [Community Living Assistance and Support Services (CLASS)](#)
  - [Deaf Blind with Multiple Disabilities (DBMD)](#)
  - [Primary Home Care (PHC) and Family Care (FC)](#)
  - [Consumer Managed Personal Assistance Services (CMPAS)](#)

COVID-19 Resources (cont.)

Email questions to:

Medicaid_COVID_Questions@hhsc.state.tx.us

CDS@hhsc.state.tx.us

HHSC Electronic Visit Verification

Financial Management Services Agency

EVV Quarterly Webinar Presentation

August 25, 2020

Presentation Topics

- EVV Requirements for FMSA
- Cures Act EVV Expansion Timeline
- Information Letter 20-33 EVV Guidance for FMSAs and CDS Employers
- Revised Form 1722 Employer's Selection for Electronic Visit Verification Responsibilities
- EVV Training Requirements
- Next Steps
- EVV Resources

EVV Requirements for FMSAs

EVV Requirements for FMSAs

FMSAs are required to:

- Select an EVV system and onboard with an EVV system.

- Notify CDS employers of the requirement to use EVV—Information Letter 20-33.

- Complete all required EVV training.

Note: See [TMHP's Learning Management System](#) - Module 6: EVV Claims Submission and Billing, for detailed information on claims submittal for your specific program.

EVV Requirements for FMSAs (cont.)

FMSAs are required to:

- Train CDS employers.

- Use the EVV system.

- Submit all claims, including managed care claims, for EVV-required services to TMHP.

Note: See TMHP's Learning Management System - Module 6: EVV Claims Submission and Billing, for detailed information on claims submittal for your specific program.

Cures Act
EVV Expansion Timeline

May 1, 2020 EVV System Selection

- FMSAs who did **not** select an EVV system before May 1, 2020 have been assigned an EVV vendor and should have received a letter from TMHP.

- FMSAs must follow the instructions outlined in the letter from TMHP.

- FMSA who have not completed the onboarding process must do so immediately.

- Failure to complete onboarding may result in your EVV claims being denied beginning Dec. 1, 2020.

Note: CDS employers will use the EVV system chosen by their FMSA.

July 1 - Nov. 30, 2020 EVV Practice Period

Between July 1–Nov. 30, 2020 FMSAs and CDS employers will have the opportunity to participate in the EVV practice period before EVV usage becomes mandatory.
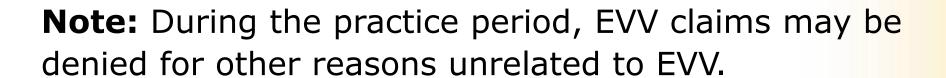
- During the EVV practice period FMSAs can:
  - Complete all required EVV training.
  - Enter or import identification data into the EVV system.
  - Use the EVV system to view and pull EVV standard reports.
  - Use the EVV Portal to view EVV claim matching results and pull EVV standard reports.

July 1 - Nov. 30, 2020 EVV Practice Period

- Claims matching is a process that begins when the EVV Aggregator receives an EVV claim from a claims management system.

  - The EVV Aggregator matches certain data elements from each claim line item to the certain data elements in an accepted EVV visit transaction.

  - The EVV Aggregator forwards claims match result code to the payer for further processing after the claim match is completed.

July 1 - Nov. 30, 2020
EVV Practice Period

- After the EVV practice period, EVV claims without a matching EVV visit transaction accepted into the EVV Aggregator will be denied for payment.

Note: During the practice period, EVV claims may be denied for other reasons unrelated to EVV.

July 1 - Nov. 30, 2020
EVV Practice Period

- During the practice period CDS employers will be able to perform the following activities in the EVV system:
  - Complete required EVV system training.
  - Complete EVV visit maintenance, if applicable.
  - View and pull EVV standard reports.

Note: Claims will not be denied during the practice period when a claims does not have a matching accepted EVV visit transaction in the EVV Aggregator.

July 1 - Nov. 30, 2020 EVV Practice Period

- During the practice period, FMSAs will see the informational EVV claim match result code (EVV07) and the actual EVV match result code (EVV01-EVV06) in the EVV Portal.

- EVV07 is being utilized during the practice period so FMSAs can practice viewing claim matching results before denials begin on Dec. 1, 2020.

- Beginning Dec. 1, 2020 FMSAs will only see the actual claim matching result code in the EVV Portal.

Note: Payer will not deny claims with EVV07 for EVV reasons during the practice period.

TEXAS
Health and Human Services

July 1 - Nov. 30, 2020 EVV Practice Period

The following list of EVV claim match result codes will be used to inform FMSAs of EVV claim matching results in the EVV Portal:

- EVV01 – EVV Match
- EVV02 – Medicaid ID Mismatch
- EVV03 – Date(s) of Service Mismatch
- EVV04 – Provider Mismatch (NPI/API)
- EVV05 – Service Mismatch (HCPCS and Modifiers if applicable)
- EVV06 – Unit Mismatch (CDS claims will bypass this match)
- EVV07 – Match Not Required (Informational claim match)

Oct. 1, 2020 - Managed Care EVV Claims Submission to TMHP

By Oct. 1, 2020 FMSAs must submit EVV claims for managed care services to TMHP.

- The process of setting up claims submission can take up to three weeks to complete.

- FMSAs should begin the process as soon as possible so that they are ready by October 1, 2020.

Note: FMSAs are strongly encouraged to complete the onboarding process with an EVV vendor or PSO immediately.

Oct. 1, 2020 - Managed Care EVV Claims Submission to TMHP (cont.)

- [The Cures Act EVV: Prepare to Submit CDS and SRO Managed Care EVV Claims to TMHP](#) notice posted August 7, 2020 on TMHP's website under EVV News Items.

- The notice has a link to the document:

  [How to Setup Managed Care EVV Claims Submission to TMHP](#).

EVV Claims Submission

The following programs will continue to submit EVV claims using their current process claims management system.

- ID CARE for HCS/TxHmL programs
  - ID CARE will forward to TMHP
- TMHP for CLASS, DBMD, FC, CAS, and PHC programs
- CMBHS for YES waiver program
- HHSC for HCBS – AMH program

EVV Claims Submission (cont.)

TMHP will perform the EVV claims match for all EVV claims and return the match results to the appropriate claims management system.

- TMHP will forward managed care claims to the appropriate MCO along with the EVV claims match result codes.

- The claims management system for the payer will perform the final adjudication of the claim.

Note: The EVV claim may be denied for other reasons not related to EVV.

Dec. 1, 2020 EVV Claim Denials

Beginning Dec. 1, 2020:

- All service visits for an EVV-required service must be captured in the EVV system.

- EVV claims without a matching EVV visit transaction accepted into the EVV Aggregator will be denied for payment.

Best Practices Before Submitting Claims

FMSAs:

- Determine and follow your payer's billing requirements.
- Review the [EVV Service Bill Codes table](#) for correct billing codes.
- Check the EVV Portal to ensure EVV visit transactions were accepted by the EVV Aggregator.
- Ensure CDS employers who chose option 1 on Form 1722 have completed all visit maintenance before the FMSA submits a claim.

IL 20-33 - EVV Guidance for FMSAs and CDS Employers Notice

IL 20-33

FMSAs must send the CDS portion of the Information Letter 20-33, EVV Guidance for FMSAs and CDS Employers Notice, to CDS employers.

- The notice covers:
  - An overview of EVV and services that require EVV.
  - An overview of how to use EVV.
  - Important dates for EVV implementation and the consequences of not using EVV.
  - Requirements for EVV visit maintenance and EVV training.

IL 20-33 (cont.)

- The notice covers:
  - Information about a federal program called the Lifeline program.
  - See Cures Act EVV: Training Requirements Checklist.

Revised Form 1722 - Employer's Selection for Electronic Visit Verification Responsibilities

Form 1722

The Form 1722, Employer's Selection for Electronic Visit Verification Responsibilities, has been updated.

- The **CDS employer will choose** one of three options for the completion of visit maintenance.

- If the CDS employer decides to change to a different option at any time, they must complete a new Form 1722 and send a copy to their FMSA.

Note: The form 1722 can be found in the HHSC CDS Handbook located on the HHSC website.

Form 1722: Option 1

Option 1: The CDS employer chooses to:

- Perform all visit maintenance in the EVV system.
- Approve their CDS employee's time worked in the EVV system.

Form 1722: Option 2

Option 2: The CDS employer chooses to:

- Have the FMSA perform visit maintenance in the EVV system.

- Approve their CDS employee's time worked in the EVV system.

Note:

- The CDS employer is always responsible for approving the time worked.

- The FMSA must have the approval from the CDS employer before taking any actions on the employer's behalf.

Form 1722: Option 3

Option 3: The CDS employer chooses to delegate EVV system actions to their FMSA.

- The FMSA completes all visit maintenance in the EVV system on behalf of the CDS employer.
- The FMSA confirms the CDS employer's approval of the time their CDS employee worked in the EVV system.

Note:

- The CDS employer is always responsible for approving the time worked.
- The FMSA must have the approval from the CDS employer before taking any actions on the employer's behalf.

EVV Training Requirements

EVV Training Policy

All EVV required training must be completed initially and once a year thereafter.

- FMSAs must keep up-to-date training records for their staff.
  - FMSAs must also keep up-to-date training records for their CDS employers.
- CDS employers must keep up-to-date training records of their training completions and provide training records to their FMSA, HHSC or their MCO if requested.
- See TAC §41.309

Note: EVV system training must be completed before access is granted to the EVV system.

EVV Training Policy (cont.)

- HHSC or your MCO may request proof of completed trainings.
  - Do not submit proof of training completion unless requested.

- Proof of completed trainings must include the:
  - Name of the training
  - Name of the person completing the training
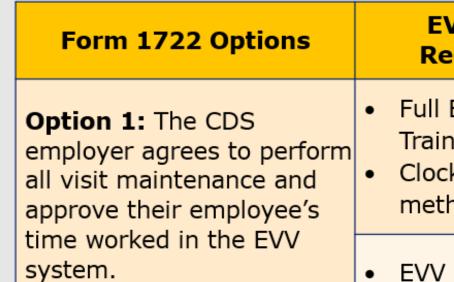 - Date of the training

EVV Training for FMSAs

EVV Training Requirements	Taken By	Provided By
EVV System Training	• FMSA EVV system users • CDS employers	EVV vendor or EVV PSO
EVV Portal Training	• FMSA EVV system users • FMSA billing staff	TMHP
EVV Policy Training	• FMSA EVV system users • FMSA billing staff • CDS employers	Payer (HHSC or MCO)

EVV Training for CDS Employers

The CDS Employer Training is based on the delegation of visit maintenance on Form 1722 – CDS Employer's Selection for Electronic Visit Verification Responsibilities.

Form 1722 Options	EVV Training Requirements	Provided By
Option 1: The CDS employer agrees to perform all visit maintenance and approve their employee's time worked in the EVV system.	• Full EVV System Training • Clock in and clock out methods	EVV Vendor or EVV PSO
	• EVV Policy Training	Payer (HHSC or MCO) or FMSA

EVV Training for CDS Employers

Form 1722 Options	EVV Training Requirements	Provided By
Option 2: The CDS employer elects to have their FMSA complete all visit maintenance on their behalf; however, the CDS employer will approve their employee's time worked in the EVV system.	• Full EVV System Training • Clock in and clock out methods	EVV Vendor or EVV PSO
	• EVV Policy Training	Payer (HHSC or MCO) or FMSA

TEXAS
Health and Human
Services

EVV Training for CDS Employers

Form 1722 Options	EVV Training Requirements	Provided By
Option 3: The CDS employer elects to have their FMSA complete all visit maintenance on their behalf and confirm the employee's time worked in the EVV system based on approval documentation from the CDS employer.	• Overview of EVV System • Clock in and clock out methods	EVV Vendor or EVV PSO
	• EVV Policy Training	Payer (HHSC or MCO) or FMSA

EVV Training for CDS Employees

EVV Training Requirements	Provided By
Clock In and Clock Out Methods	Program Provider or CDS Employer

The CDS employer must keep up-to-date training records of service attendant and CDS employee training completions, initially and annually, by using Form 1732 Management and Training of Service Provider. Form 1732 should be provided to the FMSA.

Note: Form 1732 is being revised to include the EVV training requirement.

EVV Next Steps

Getting Started – EVV Next Steps

- Complete the EVV system onboarding process.

- Begin the practice period.

- Review IL 20-33 with your CDS employers.

- Complete the revised form 1722 with your CDS employers.

- Complete all EVV Required training.

- Train your CDS employers on EVV policy.

- Use the EVV system.

- Submit EVV claims to the appropriate EVV claims management system.

Prepare for EVV

- Review [Module 16 of the HHSC EVV Tool Kit: Cures Act EVV Expansion – EVV Vendor Selection and Onboarding](#).
  Refer to the [Cures Act EVV Required Training Checklist](#).

- Review the [EVV Service Bill Codes table](#) for correct billing codes.

- Signing up for email alerts for EVV on [GovDelivery.com](#).

- Determining and following your payer's billing requirements.

EVV Resources

EVV Resources

- All resources are located on the [EVV website](https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification) https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification

- EVV Acronyms/Glossary

- EVV Computer Based Trainings (CBT): HHS Learning Portal

- EVV Contact Information Guide

- EVV Email Inbox: Electronic_Visit_Verification@hhsc.state.tx.us

Question and Answer

You may submit any additional questions on:

- HHSC EVV Policy to:
  electronic_visit_verification@hhsc.state.tx.us

- EVV Aggregator/Portal to:
  TMHP email: EVV@TMHP.com

- EVV systems to your selected EVV vendor:
  - DataLogic Software, Inc./Vesta
    info@vestaevv.com
  - First Data Government Solutions/AuthentiCare
    AuthentiCareTXSupport@firstdata.com

Thank you

Email EVV questions to:

Electronic_Visit_Verification@hhsc.state.tx.us

Contract Administration & Provider Monitoring

FMSA Monitoring Unit:
Common Findings & Best Practices Contract Compliance & Fiscal Reviews

Faith Moore

Financial Analyst

FMSA Monitoring Unit

FMSA Monitoring Unit Manager

Lettie Davis – (512) 438-4593

Leticia.Davis@hhsc.state.tx.us

Contract Specialists:

Flecia McLaurin – (512) 438-3573

Flecia.Mclaurin01@hhsc.state.tx.us

Leokham Oconnor – (512) 438-4592

leokham.oconnor@hhsc.state.tx.us

FMSA Monitoring Unit (cont.)

Financial Analyst:

Faith Moore – (713) 767-2461

Faith.Moore01@hhsc.state.tx.us

Contract Compliance Reviews

Common Findings

- Complaint log missing required elements such as:
  - Date of investigation, must be within thirty days of receipt of complaint
  - The findings of the investigation
  - Resolution of the complaint

- Employers hiring before background check and registry results are completed

Common Findings (cont.)

- Form 1725, results of Background checks and registry checks must be provided to employer within 2 work days of request

- Forms not completed by the required time frame (best practice is to document reason for the delay)

- Forms 1725, 1729, 1734 – appropriate certification boxes are not checked to support FMSA confirmed qualifications for employee were met or that employee meets eligibility

TEXAS
Health and Human
Services

Common Findings (cont.)

FMSA are not reviewing form 1734 to ensure that employee meets eligibility per program rules or are not notifying employer that the employee does not qualify when items are marked "yes".

Note: leaving boxes unchecked to certify qualifications of employee will result in a recoupment of the FMSA fee up to six months of the review period.

Common Findings (cont.)

Budget Workbooks:

- Exhausting funds before ISP year ends which can lead to complaint investigations

- Only use the budget workbook applicable to the employer's authorized services which is provided at the following HHSC website:

  www.HHSC.state.tx.us/business/communitycare/cds/CDSforms.html

- FMSA not reviewing and calculating properly when it states "Invalid"

Common Findings (cont.)

Budget Workbooks (cont.):

- Not providing the employer with written approval for each initial/annual/change before implementation of services

- Not updating the Budget Workbook when there is a change in SUTA rate as it occurs

- Not documenting that a copy of the budget workbook was sent to the employer

Common Findings (cont.)

- Reference:
  - §41.509 (b)(3) Budget Approval
  - §41.511(c)(3) Budget Revisions and Approval
  - §41.501(b)(3) Budget Development

Best Practice

- Ensuring all forms are legible and includes the form name and form number when making copies

- Using the most current version of all forms obtained from the HHSC website

- Ensure all required fields on a form is complete, all appropriate boxes are checked, required signatures are obtained and dates are completed properly as required by form instructions

- Return incomplete forms to employers for proper completion, especially forms to certify employee meets qualifications

Best Practice (cont.)

- Document efforts made to meet a time frame and reasons for delays when unable to meet a required time frame

- Use Form 2067 to communicate efforts made or delays.
  - If email is used, file a copy of the email exchange in employer files

- Date stamp all documents received to support timeliness

- A document must already exist and provided to monitoring staff upon request without altering, creating it or backdating any forms
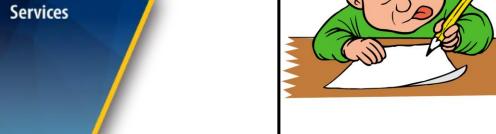
Best Practice (cont.)

- Do not leave fields on your forms blank as monitoring staff review timeliness for each employee based on Dates of Hire and First Date of Work

- Claim only the amount that was paid for a criminal history report
  - Overcharging will result in a recoupment

- Corrective Action Plans require a description of activities that will be performed to prevent the non-compliance from re-occurring
  - Restating HHSC policy or TAC rules will not meet this requirement

- Repetitive deficiencies will lead to further action or sanction if your CAP does not correct non-compliance

Document

DOCUMENT

DOCUMENT

DOCUMENT

DOCUMENT

DOCUMENT

Fiscal/Tax Reviews

Best Practice

Billing Payroll to HHSC

- FMSAs require detailed documentation to support all items billed to HHSC

- Billing support must therefore be readily identifiable with the related billing

- This is accomplished by including the service dates in each billing for payroll, taxes and expense items

- We suggest the days worked, date taxes were paid and date purchases made as service dates make billing support readily identifiable with billing

- Billing for payroll or taxes not yet paid can lead to a recoupment.

Billing FUTA Taxes to HHSC

- The FUTA tax rate for Texas employers is .6%

- We have observed agencies paying FUTA at .6% and billing HHSC FUTA tax at .8%

- The difference of .2% is an over-billing to HHSC and will affect:
  - Your Fiscal Review score
  - Your Recoupment

Billing HCS and TxHmL

- HCS and TxHmL are billed in the CARE application
- Many agencies are billing these services at the RAD rate (e.g.: $22.01/hour for transportation, CDS PAS/Hab and others)
- CDS is a reimbursement program.
  - Agencies must bill at the actual rate paid for payroll and the actual amount paid in taxes.
- Any difference between the amount billed and the amount paid will be recouped.
  - If there is a pattern of over billing the review can be expanded from the sample population to the entire population.

Recoupments Older Than 12 months

- Contractors must ensure claims for services are submitted within 12 months after the last day of the month in which the service was provided

- Our Fiscal Monitoring's often result in some recoupments for claims beyond 12 months
  - If this is a recoupment only, the revision to the original billing transaction will post
  - If this a recoupment and re-billing, the re-billing will not post.

- Provider Claims Services assists with claims older than 12 months

Registration as Agent for Employers – Federal Form 2678 Appointment of Agent

- Within 30 calendar days after the employer enrolls in the CDS option, FMSA applies for and receives agent authorization from the IRS using Form 2678 for each employer it represents

- FMSA retains a copy of the executed IRS Form 2678 for each employer on file

- The completed form 2678 allows your agency to file federal taxes on behalf of your employers.

Employer Registration – C-42 Written Authorization

- For each employer served by the agency, the FMSA prepares and submits the signed C-42 to TWC to register as reporting agent for filing and depositing of State unemployment taxes

- For new employers enrolled in CDS, this process is to be completed within 30 Calendar days of the date the FMSA completed the employer orientation.

Employer Registration – C-42 Written Authorization (cont.)

- TWC has expressed concern agencies complete form C42 for all employers served.
  - Failure to complete is non-compliant with TWC requirements, and, results in a negative score for individuals who started service during the monitoring period.
- For a transfer-in employer, this process is to be completed within 30 Calendar days of the begin date on the service authorization

Employer Registration – C-42 Written Authorization (cont.)

- When completed, print a copy and keep in the employer file.
  - We will look for this when we review

Federal and State Taxes – Employer Transfer-Out Tax Forms

- FMSA must revoke its IRS agent status within 30 Calendar days of the employer's transfer out of CDS or to another agency by completion and submission of IRS Form 2678 Employer/Payer Appointment of Agent to the Internal Revenue Service.

- FMSA must revoke its TWC agent status within 30 Calendar days of the employer's transfer out of CDS or to another agency by completion and submission of TWC Form C-43 Revocation of Written Authorization to the Texas Workforce Commission.

Unable to Register with IRS or TWC

- If you are unable to successfully register with TWC:
  - Contact TWC for assistance and document each step you take to attempt to register.

- If you are unable to successfully register with the IRS:
  - Contact the IRS for assistance and document each step to take to attempt to register.

Use Effective SUTA Tax Rate for the Annual Budget

- FMSA receives an annual update from the Texas Workforce Commission, usually in January, of the effective SUTA Tax Rate for an employer for the next calendar year.

- When FMSA finalizes an employer's budget, the Tax Rate Summary can be accessed on the TWC website to obtain effective SUTA tax rate for the applicable budget year.

- During our reviews, we noted FMSA's entered a SUTA rate of 2.7% on the Taxable Wage and Compensation Cost TAB of the CDS Budget instead of the effective tax rate.

Use Effective SUTA Tax Rate for the Annual Budget (cont.)

- Use of effective tax rate will allow the amount paid to TWC for the budget year to be aligned with the amount budgeted for SUTA taxes.

- If an FMSA receives an updated effective tax rate from TWC during an employer's budget year, FMSA may assess whether a revised budget is needed to reflect the rate change.

Documenting Federal Tax Reporting and Payment

- Agencies frequently submit forms 940 and 941 timely but fail to keep a signed and dated copy of the forms.

- We suggest you take a copy of the signed and dated forms for your records.

- Similarly, we suggest you keep a copy of the completed EFT transaction to show payment of the taxes.

- Alternatively, the IRS also makes available a report of tax reporting and payments by EIN (for most agencies, this is the "special EIN" used in aggregate reporting.)

Thank you

CDS Inbox Frequently Asked Questions

How do I sign up to receive CDS notices and alerts?

- Notices and alerts related to the CDS option are sent through GovDelivery.
  - You must subscribe to GovDelivery to receive these notices.
- FMSAs are required to subscribe to GovDelivery.

How do I sign up to receive CDS notices and alerts? (cont.)

- Go to the [HHSC GovDelivery webpage](#)

- Enter the email address or phone number where you would like to receive alerts.

- Under the Subscription Topics list, scroll down to the Provider Alerts category and click Consumer Directed Services.

How do I sign up to receive CDS notices and alerts? (cont.)

- Notices related to the CDS option are also posted on the [HHSC CDS Provider webpage](#).

- Information Letters regarding the CDS option are posted to the [HHSC Letters to Long-term Care Providers webpage](#).

Is the CDS video available in Spanish?

- At this time, there is not a separate CDS video available in Spanish.

- However, Spanish closed captions can be displayed when playing the video, and a Spanish transcript is available.

- You can turn on Spanish subtitles/captions in YouTube by following these steps:
  - Click Settings (gear icon).
  - Select **Subtitles/CC (3)**.
  - Select **Spanish**.

Is the CDS video available in Spanish? (cont.)

- Transcripts of the video are available in English and Spanish.

- To access the Spanish transcript from <u>Youtube</u>:
    - Click the ellipses (three dots) below the video
    - Select **Open Transcripts**
    - Click **Spanish**

- If you have questions or need more detailed instructions, email the CDS team.

How do I become an FMSA?

The process for contracting as an FMSA varies depending on which program you would like to provide financial management services (FMS) for.

How do I become an FMSA? (cont.)

- To contract as an FMSA for fee-for-service programs, submit an application to contract with HHSC.
  - How to Become a CDS Provider
  - Contractor Enrollment Process & Requirements

- To contract as an FMSA for managed care programs, you must contract directly with the managed care organization(s) (MCOs) for those programs.

How do I become an FMSA? (cont.)

- Two representatives from each entity applying for an FMSA contract must attend a three-day enrollment training provided by HHSC.

- Both representatives must complete and pass a knowledge exam administered at the conclusion of the training.

NOTE: Entities interested in becoming FMSAs must submit a contract application to HHSC or an MCO in order to be invited to the FMSA enrollment training.

How do I become an FMSA? (cont.)

- Two representatives from each entity applying for an FMSA contract must attend a three-day enrollment training provided by HHSC.

- Both representatives must complete and pass a knowledge exam administered at the conclusion of the training.

NOTE: Entities interested in becoming FMSAs must submit a contract application to HHSC or an MCO in order to be invited to the FMSA enrollment training.

Are employment taxes included in the CDS budget?

Yes, applicable employment taxes should be calculated and included in the CDS budget.

How are FMSAs notified of a CDS employer's intent to transfer?

- The CDS employer notifies their FMSA of requests to transfer to a new FMSA.
  - See 40 TAC §41.403(a)

Final Announcements

FMSA Enrollment Training

- The next FMSA enrollment training will take place through webinar on **Sept. 16-18, 2020**.

- Current FMSAs may attend the training.
  - If interested, please send a request to the CDS inbox with the name(s) and email address(es) of the staff members from your agency who would like to attend.

Next Quarterly Webinar

- The next quarterly FMSA webinar is tentatively scheduled for **Tuesday, Nov. 10, 2020.**

- Email the CDS inbox with any questions or topics you would like to hear about during the next webinar.

Thank you!

The CDS Team
CDS@hhsc.state.tx.us