

CLASS May 2017 Webinar Questions and Responses

Question	Answer
<p>Was any information provided regarding the Person Centered Planning requirement to be certified?</p>	<p>RULE §45.704 and 45.804 specifies the following HHSC approved person-centered planning training requirements: CMA staff and DSA staff responsible for developing the PAS/HAB plan must complete training by June 1, 2017 for staff hired on or before June 1, 2015 and for staff hired after that date within two years of the hire date. Proof of completion must be maintained in personnel files for contract monitoring.</p> <p>Additional information can be located on the HHSC website for <a href="#">Person-centered Planning</a>.</p>
<p>What form can the DSA use for the IPP Summary?</p>	<p>DSA IPP summaries must include quarterly reports from providers of the following services:</p> <ul style="list-style-type: none"> <li>•auditory enhancement training;</li> <li>•behavioral support;</li> <li>•dietary services (nutritional services);</li> <li>•occupational therapy;</li> <li>•physical therapy;</li> <li>•prevocational services;</li> <li>•specialized therapies;</li> <li>•speech and language pathology; and</li> <li>•supported employment services</li> </ul> <p>There is no specific form required for the IPP Service Summary. Section 3350 of the CLASS Provider Manual states that the summary must be in a written format and must document the service provider’s review of the individual's progress or lack of progress towards achieving the goals and objectives during the covered time period, as described on the IPP for each CLASS program service listed above. Each DSA agency may develop an internal summary form that satisfies this criteria.</p>
<p>Is there a timeframe for therapist to turn in their initial evaluation to DSA?</p>	<p>When skilled or specialized therapies are proposed on an individual's IPC, Form 8606-A Therapy Justifications needs to be completed</p>

	<p>by the therapist in time to be included with the enrollment or renewal IPC no later than 30 calendar days before the effective date of the proposed IPC. Each DSA should develop internal policies and set deadlines with their contracted providers to allow for sufficient time to review and submit documentation to the CMA as required.</p>
<p>Is DSA responsible to report the EVV to CMA each quarter or monthly?</p>	<p>There is no requirement to report the Electronic Visit Verification data to the CMA.</p>
<p>Who does the CMA contact if a DSA is not providing all services?</p>	<p>The CMA has a responsibility to advocate for the inclusion of a service on the IPC if the individual needs that service. If the DSA is unwilling to sign an IPC with the needed service or if services that are included on the IPC are not being delivered by the DSA, the CMA must provide information to the family regarding how to file a complaint to Consumer Rights and Services by calling 1-800-458-9858 or by emailing <a href="mailto:crscomplaints@dads.state.tx.us">crscomplaints@dads.state.tx.us</a>. Additionally, the CMA may file a complaint with CRS on behalf of the individual, remind the individual that he or she has the right to transfer to another DSA or to assist with the transfer process. The CMA may also contact CLASS policy staff for additional guidance.</p>
<p>Sometimes getting an IPC authorized is delayed despite being submitted on time. Is a DSA required to initiate services on the agreed start date, despite not receiving the authorized IPC on time?</p>	<p>Per RULE §45.212, for an enrollment IPC or the inclusion of a new service on a renewal IPC, the provider must not provide program services until notified by HHSC that the IPC has been approved.</p> <p>For ongoing services to be authorized by a renewal IPC, the DSA is responsible for ensuring necessary services are available to protect the individual's health and welfare. This requirement will be added to TAC with an effective date of 9/1/18 and would include</p>

	<p>providing essential services while waiting for approval of the renewal IPC.</p>
<p>When looking for a vendor why is it required to look for three bids even with vendors out of State?</p>	<p>The requirement for three comparable bids is to ensure cost-effectiveness of purchase in context with Adaptive Aids and Minor Home Modifications. Regional considerations (in / out of catchment area, in / out of state) have not been made in 40 TAC Part 1, Chapter 45, Subchapter F.</p> <p>40 TAC §45.606 (c) offers an exception to the general three bid requirement. A DSA may obtain only one bid or two comparable bids for an adaptive aid if the DSA has written justification for obtaining less than three bids because the adaptive aid is available from a limited number of vendors. Similar TAC applies the bidding processes involving the procurement of Minor Home Modifications.</p>
<p>What is the reimbursement rate for transportation-habilitation?</p>	<p>The rate for transportation-habilitation is the same as residential habilitation. The non-participant rate for residential habilitation is \$13.85 per unit. If providers choose to participate in the Rate Enhancement, they may request a level from 1 - 35. Each level represents an increment of five cents above the nonparticipant rate. If awarded level 35, the provider will receive an additional \$1.75 per unit. If a provider becomes a participant in the Rate Enhancement, they are subject to meeting spending requirements as specified in <a href="#">1 TAC 355.112</a>. Providers do not have to qualify to participate in the Rate Enhancement.</p>
<p>Will the providers still get their pay under CFC HAB or will it be under this service code as well if they are transporting?</p>	<p>Transportation-habilitation is a separate service from CFC PAS/HAB. Transporting an individual is not included in the service definition for CFC PAS/HAB and must be billed as transportation-habilitation. Accompanying or escorting an individual to an activity through other means of transportation is included in the definition of CFC PAS/HAB.</p>

<p>Are DSA required to provide hab transportation, due to liability? (some DSA does not allow provider to provide transportation)</p>	<p>The service planning team must add any requested waiver service that is needed for the individual to the IPC. An individual's needs can be met through another waiver service or through a third party resource for example taxi vouchers as an adaptive may be used to meet an individual's need for transportation unless the individual requires adaptive aids funds for another item. The DSA must provide all services authorized on the IPC. If transportation is on the IPC the DSA must provide the service.</p>
<p>What kind of documentation will be accepted for attempts to locate therapists?</p>	<p>There is not a particular type of documentation/form that Contract Monitoring looks for. During a monitoring review or investigation, the provider should be able to provide sufficient evidence of attempts to actively locate a therapist throughout the authorized IPC year(s) for any included service(s). This may include information such as job postings that are updated regularly, and the provider must continue to follow up on these postings. Any attempt made at locating a therapist should be documented in writing for verification.</p>
<p>What if we are limited with resources for service providers (i.e. in the valley)?</p>	<p>Same as answer above. Contract Monitoring expects to see that the provider is making an active effort to locate the service provider type staff they are needing and on a continued on-going basis and able to provide written documentation to support those efforts.</p>
<p>Portal Questions</p>	
<p>Will the portal be used at UR?</p>	<p>IDD Program Eligibility and Support and Utilization Review will both use this portal to send and receive submissions.</p>
<p>Regarding portal tracking capabilities:</p> <ul style="list-style-type: none"> <li>• Is the tracking system for LOC's</li> </ul>	<p>This portal will not serve as an electronic tracking system for providers. It is an electronic portal submission system to take the place of faxing and mailing in submissions.</p>

<p>and IPC's for CMA'S only or DSA's as well?</p> <ul style="list-style-type: none"> <li>• When will the agencies receive the electronic tracking for the IDRC?</li> <li>• Will the portal also have a section where the CMA and the DSA can review the amount remaining of the individual for an IPC year or lifetime on adaptive aids and minor home modifications?</li> </ul>	<p>The portal will be accessed by both the CMAs and DSAs once their entity is registered and access has been granted to employees. Each entity will be able to submit any packets that fall under their responsibility and view/track any of their submissions that have been submitted through the portal.</p> <p><b>Please note: Entities will not be able to view other entities submissions. Entities are only able to view their own submissions.</b></p> <p>Providers are expected to have their own methods of monitoring the expiration dates of IDRCs and lifetime expenditures for adaptive aids and minor home modifications. The MESAV system allows for monitoring current IPC authorizations.</p>
<p>Will IPC's continue to be faxed after they have been uploaded on the portal?</p>	<p>Completed IPCs will be available through the portal for viewing/printing once providers have received a confirmation email. Providers should still verify authorized IPC amounts through MESAV. We are working in conjunction with PCS to stop the faxing of IPCs once they have been uploaded into MESAV. This may take time as we transition into the portal.</p>