

Questions from CLASS Webinar as of 2/28/18

Is HHSC form 1733 required for all CDS clients?

Yes, form 1733 is required for all individuals in the CLASS program using the CDS option.

Will any names be released from the interest list and if so when and how many?

- Currently, HHSC Interest List Management has not received approval to release individuals due to funding for this biennium.
- Form 3629, Individual Program Plan Addendum, is it acceptable for the form to not be completed and marked with N/A, family opted to not complete this form.
- Form 3629, Individual Program Plan Addendum is the CLASS form designed to document use of the person-centered planning process when developing an enrollment or renewal IPC, as required in CLASS rules in [40 TAC §45.103](#)(21) and (57). Case managers should use the techniques learned in the person-centered service planning. This planning is required in [40 TAC §45.704](#) and [40 TAC §45.804](#).

Is Form 3629 required to be completed as it is now a submission standard?

Yes, it is now a Submission Standard as specified in [Sections 2310, 2320, and 2330 of the CLASS Provider Manual](#).

Since Form 3629 is a mandated form for CLASS individuals, will the questionnaire be updated to capture that information?

There is not currently a CLASS questionnaire form. Please reach out to CLASSPolicy@hhsc.state.tx.us to further clarify your question.

Who is responsible for ensuring agencies follow all of these standards and timelines for procurement and delivery of MHMs, AAs, and offering the array of IPC services?

Each agency is responsible for meeting the guidelines specific to that agency. Compliance with those guidelines is reviewed during contract monitoring visits. The DSA is responsible for ensuring all services included on the IPC are offered and provided to the individual, including meeting applicable timelines. The case

manager is responsible for reviewing the individual's satisfaction with all services, AAs, and MHMs on the IPC during the IPP Service Review.

Where can an individual file a complaint if an agency (CMA or DSA) is not able to resolve an issue? Consumer Rights and The Office of the Ombudsman have been telling individuals they no longer handle CLASS contracts or complaints.

- You may report abuse of a person receiving services from HHS in their home to Complaint and Incident Intake at cii-complaints@hhsc.state.tx.us. This group was previously called Consumer Rights and Services.
- Long-term care ombudsmen are advocates for individuals receiving Medicaid services. The Office of the Ombudsman encourages individuals to attempt to resolve issues with service providers directly. If those efforts are not successful, you may call 800-252-2412 to speak with an LTC Ombudsman in your area.

Can the DSA partial pay the MHM vendor for building material or is one complete payment post inspection, the payment standard?

CLASS rules in [40 TAC §45.616](#) specify a DSA may not submit a claim for payment of the minor home modification until an in-person inspection of the minor home modification has been completed and the minor home modification is determined to be in accordance with the approved specifications.

Is it a requirement to receive 3 bids for each item in a MHM or is it three bids for the whole modification?

The Service Planning Team (SPT) will determine the components of a minor home modification (MHM) based on the written assessment of the individual's needs by the licensed professional. That assessment is used to develop the specifications. If the SPT determines all components of the MHM are available through the CLASS program, the DSA must solicit bids from three vendors. Each bid to must be based on the specifications for that MHM.

If the Inspection determines the MHM was not completed correctly due to incorrect specifications. Who would be responsible to correct the MHM?

As specified in [40 TAC §45.614](#), the DSA must obtain specifications from a person who has experience in constructing home modifications; and ensure that the specifications include a complete description of the MHM. Therefore, the DSA must ensure an appropriate resource with the knowledge and experience to develop the specifications for the MHM will meet the individual's needs identified in the assessment.

Is the DSA responsible for paying permit costs without reimbursement from the waiver?

The DSA should ensure those costs are included in the bid from the contractor chosen to perform the MHM.

I tried to enroll an individual that did not meet eligibility due to income. HHSC staff would not deny, instead they kept requesting that the individual withdraw his name from enrollment. The individual has refused to sign the withdrawal letter. What then?

Call the IDD PES message line at 512-438-2484 and ask to speak with the IDD Eligibility manager regarding a CLASS slot offer.

Additional wipes are requested for individuals under 21. Should they explore third party resources first such as THS- CCP?

The CLASS waiver program functions as a payer of last resort. The SPT must exhaust all third party resources available to the individual. The SPT must consider information contained in the [Medicaid Provider Procedures Manual](#) section 2.2.14.3 Diaper Wipes. That information is summarized as "For clients who are 4 years of age and older and are receiving diapers/briefs/pull-ons, up to 2 boxes of diaper wipes do not require prior authorization. Quantities in excess of 2 boxes per month may be considered through CCP for clients who are 20 years of age and younger with documentation of medical necessity and prior authorization."

Is there a way for a CMA to find out how much has been used for MHM's for an individual, if they have been with other agencies over the lifetime of the program and the current CMA does not have those records?

The transferring DSA is responsible for sending the records of all MHMs procured for the individual to the receiving DSA. Therefore, the DSA should have that information. In situations where record retention processes have failed, HHSC UR staff can identify the cost associated with delivered MHMs. UR staff can be contacted by calling 512-438-4896.

If we have a client transfer to our agency, do we have to do a nursing assessment?

CLASS rules in [40 TAC §45.212](#) require a nursing assessment at enrollment and [40 TAC §45.221](#) requires a nursing assessment at renewal. Instructions for [Form 6515, CLASS/DBMD Nursing Assessment](#) also require an assessment be completed within 48 hours of discharge from a hospital. Please note that there may be HCSSA guidance around assessing new individuals. Please consult [40 TAC Chapter 97](#) for HCSSA requirements.

Since a nursing assessment is required annually, would a review of the nursing assessment from previous year be allowed to take place of an actual full complete annual nursing assessment?

No, an annual comprehensive nursing assessment is a requirement for the CLASS program. If the DSA includes authorization for an annual reassessment and post-hospital discharge assessment on an individual's IPC, the DSA may request reimbursement for the time spent by a RN to perform nursing assessments.

Some RN's identify/code a nursing skilled task on the pas/hab assessment as being provided by family but if the that family member is the attendant and is doing that skilled task during PAS/HAB working hours then shouldn't that task be coded as HMA or Delegated as its being provided during working hours and they are paid attendants?

Unless the RN has identified the task as an HMA or delegated the task, an unlicensed family member should not be performing the task while being paid to perform PAS/HAB tasks. Tasks that are described in the approved PAS/HAB schedule are the only tasks to be provided during those hours. Please note, we are reviewing the nursing assessment and looking into ways to make it better reflect individual situations accurately.

Do HMA's require RN Delegation?

No, HMA's are tasks the RN has determined an unlicensed person can safely perform without delegation.