

Questions from CLASS Webinar of 11/21/17

SME	Question	Response
PES	Is the information needed to fill out Form 3625, CLASS/CFC - Documentation of Services Delivered, for enrollment the same information needed for renewal SPT?	Please refer to the section of the webinar presentation titled, "CLASS Pre-Enrollment Assessment Submissions" for instructions on completing Form 3625 as it relates to Pre-Enrollment Assessment. A pre-enrollment assessment cannot be billed for a renewal SPT meeting.
PES	How much time does an agency have to request payment for a pre-enrollment assessment?	One year from date of service.
PES	How does a CMA get reimbursed for a pre-enrollment assessment when the individual does not decide to enroll in CLASS?	<p>Complete Form 3625 as a "partial assessment" along with Form 1351 and Form 2067 notifying HHSC that the applicant is withdrawing from the pre-enrollment process. Submit information to HHSC:</p> <ul style="list-style-type: none"> - Attn: IDD PES - Fax: (512) 438-5135
PES	How does a CMA get reimbursed for a pre-enrollment assessment when the individual is denied Medicaid?	<p>Complete Form 3625 along with Form 2067 notifying HHSC that the applicant was denied Medicaid during the pre-enrollment process. Submit information to HHSC:</p> <ul style="list-style-type: none"> - Attn: IDD PES - Fax: (512) 438-5135

SME	Question	Response
PES	For Pre-Enrollment billing, CMA submits Form 3625, CLASS/CFC - Documentation of Services Delivered, after completion of Enrollment IPC and not after completion of Form 3657?	<p>Yes. Unless the applicant was determined ineligible prior to enrollment by HHSC or the applicant is withdrawing from the pre-enrollment process. In which case, complete Form 3625 as a "partial assessment" along with Form 2067 notifying HHSC that the applicant is withdrawing from the pre-enrollment process. Submit information to HHSC:</p> <ul style="list-style-type: none"> - Attn: IDD PES - Fax: (512) 438-5135
PES	How does a CMA assist an individual to initially establish or re-establish Medicaid eligibility when a CMA cannot get a Medicaid worker to talk with us or return our phone calls?	Contact MEPD (211) with the individual/LAR present or submit a case information release (Form H1826) to MEDP via MEDP Referral Cover Sheet (Form H1746-A).
PES	Where should the DSA send Form 3625, CLASS/CFC - Documentation of Services Delivered, for reimbursement of the Pre-Enrollment Assessment fee?	<p>Submit information to HHSC:</p> <ul style="list-style-type: none"> - Attn: IDD PES - Fax: (512) 438-5135

SME	Question	Response
UR	Is a denial needed for a vehicle lift?	<p>As with all CLASS Program services the case manager must ensure that each service and CFC service on the proposed IPC is not available to the individual through sources other than CLASS Program services or CFC services, including the Medicaid State Plan, other governmental programs, private insurance, or the individual's natural supports.</p> <p>The procurement of funds for the purchase of a vehicle modification would need to follow the before outlined requirement. In this specific example (vehicle modification) some private insurances or other funding sources may be available to cover the requested service or item. The SPT must maintain documentation outlining that these funding sources were pursued and with what outcome.</p>
UR	Who is responsible for payment to the ASE certified technician for assessing a vehicle that will be modified to install a lift when it is older than 5 years and has more than 50,000 miles on the odometer?	<p>CLASS UR is unable to address this question, as we are unaware of any policy standard offering guidance on this topic. CLASS UR staff will approve the cost associated with this assessment, if the SPT chooses to add this cost as part of the specifications for a vehicle modification.</p>

SME	Question	Response
UR	<p>Regarding adaptive aids, how do we handle getting denials or providing uncovered items if DME vendor says they won't provide an item, due to Medicare not paying the full cost of the item? They won't allow CLASS to pay the enhancement either. How can we document on that or proceed?</p>	<p>For individuals that are eligible for Medicare (primary) and Medicaid (secondary), the SPT would need follow the Adaptive Aid procurement process outlined in the CLASS Provider Manual, Appendix I (link included). As a payer of last resort, the CLASS program can only fund services and items once Medicare, Medicaid and all other available funding sources have been exhausted.</p> <p>https://hhs.texas.gov/laws-regulations/handbooks/community-living-assistance-support-services-provider-manual/appendices/class-pm-appendix-i-adaptive-aids</p>
UR	<p>What is the amount of funding can a DSA request when the automotive technician certified by The National Institute for Automotive Service Excellence (ASE) is completing Form 2432 Vehicle Evaluation?</p>	<p>See question 2</p>

SME	Question	Response
UR	Do we have to submit Form 3629, IPP Addendum to CLASS when sending an IPC renewal or IPC revision?	<p>With revision 17-1 to the CLASS provider manual effective November 1st 2017, Section 2320 and 2330 of the CLASS Provider Manual lists Form 3629 Individual Program Plan Addendum; as a submission standard for renewals and revisions respectively. To view Section 2000 of the CLASS provider manual, please follow this link:</p> <p>https://hhs.texas.gov/laws-regulations/handbooks/community-living-assistance-support-services-provider-manual/class-pm-section-2000-case-management-agency-cma</p>
UR/LTSS	How does a CM document the progress of an individual's CFC PAS/HAB goals on the IPP Service Review? For example, if the individual is completely dependent on all ADLs, how would we document their progress of goals or if they will never make improvement? Please provide examples of measurable and observable goals for PAS/HAB? There is not enough room on the IPP service review under the SVC codes for hab to document each goal since there are close to 100 different hab activities listed on the current hab plan?	The goals must be ones developed by the service planning team using the person-centered planning process. The person-centered planning process focuses on the service planning team assisting each individual to determine the goals and desired outcomes from services received through the CLASS program. An individual who depends on assistance from a PAS/HAB provider to complete all ADLs may still
UR/LTSS	How does a DSA complete an assessment for an adaptive aid if the DSA does not employ any licensed professionals?	The DSA may contract with a licensed professional to assess an individual's need for an adaptive aid.

SME	Question	Response
UR/LTSS	Is Form 2432, CLASS and DBMD Vehicle Evaluation, for older vehicles or all vehicles?	Form 2432 may be used to document independent inspection performed by a certified automotive technician for a vehicle that is expected to be modified or adapted with any of the items as described in the CLASS Provider Manual, Appendix I, 10.
LTSS	Can the Form 3598-ITP instructions/log be updated to better reflect the addition of Habilitation Transportation? As it stands right now it seems to be more applicable for bus pass/taxi/metro transit.	This form is shared by multiple programs. Revision must be accepted by all affected programs.
LTSS	How long will a PAS/ HAB provider have to take CPR?	The requirement for PAS/HAB providers to be certified in CPR and choking prevention has not yet been adopted in CLASS rules in Title 40 of the Texas Administrative Code (TAC) Chapter 45. Therefore, no effective date has been established. The information in the webinar was specific only to revisions of the CLASS Provider Manual. This revision was made based on the assumption the requirement in TAC will be adopted to provide advance information to CLASS DSAs.
LTSS	Can you please list all services that can be completed in a group setting?	All services measured by the hour excepting respite, as listed in Section 7510 of the CLASS Provider Manual . This section also includes a chart describing how each hour must be billed.

SME	Question	Response
LTSS	What if a family does not want to complete Form 3629, Individual Program Plan Addendum? Can the case manager document that?	As specified in 40 TAC §45.302, an individual, or an LAR on behalf of the individual, must participate on SPT to develop the IPC and IPP. Those documents must be developed using the person-centered planning process.
LTSS	Is the DSA or CMA responsible for exhausting third party resources for CLASS services?	As defined in 40 TAC §45.103, case management is a service that assists an individual to access non-CLASS Program services and non-CFC services.
LTSS	Are we required to get a signed records release from the individual/LAR, prior to submitting required documents to the transfer DSA?	Since transfer requests are initiated by the individual/LAR, there is no requirement for an agreement to release records.
LTSS	Since the Adobe format used for CLASS forms allows the signor to develop a certified signature, will HHSC allow providers to use an automatic certified signature on HHSC forms?	Forms are being converted to the Adobe format to make them accessible to persons using adaptive technology to access information on the HHSC website. No HHSC procedures exist to ensure an electronic signature was created by each person signing any HHSC form.
LTSS	Can a DSA contract with an employee's husband to complete MHMs covered by CLASS?	No prohibition excluding this practice is specified in CLASS rules. The DSA must ensure it complies with requirements governing MHMs available in 40 TAC Chapter 45, Subchapter F, Division 2.
LTSS	Is EVV required for CLASS nursing services?	No, as specified on the Electronic Visit Verification (EVV) website, the CLASS providers required to use EVV are In-Home respite and CFC PAS/HAB.

SME	Question	Response
LTSS	Is it correct for DSA to obtain the LAR signature prior to Form 3849A, Specifications for Adaptive Aids/Medical Supplies/Minor Home Modifications being completed?	No, no member of the SPT should be asked to sign an incomplete form.
LTSS	Is Form 1577 Personal Care Services Selection no longer needed?	No, Personal Care Services (PCS) were replaced by CFC PAS/HAB effective June 1, 2015.
LTSS	Form 3629, Individual Program Plan Addendum, what is the effective date to use this form?	This form is used to document the person-centered planning process used when developing the IPC as defined in 40 TAC §45.103 .
LTSS	For IPP Service Review and service planning team meetings, what code should be entered?	Billing codes for CMAs and DSAs are available in the Long-term Care Bill Code Crosswalk . The CLASS program billing codes are contained within the Service Group 2 section.
LTSS	For monthly contact what code should be entered on the Form 3625, CLASS/CFC - Documentation of Services Delivered?	Billing codes for CMAs and DSAs are available in the Long-term Care Bill Code Crosswalk . The CLASS program billing codes are contained within the Service Group 2 section.
LTSS	Where can we find the CLASS Bill Code Crosswalk?	Billing codes for CMAs and DSAs are available in the Long-term Care Bill Code Crosswalk . The CLASS program billing codes are contained within the Service Group 2 section.