



**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/HCSMTransition/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)

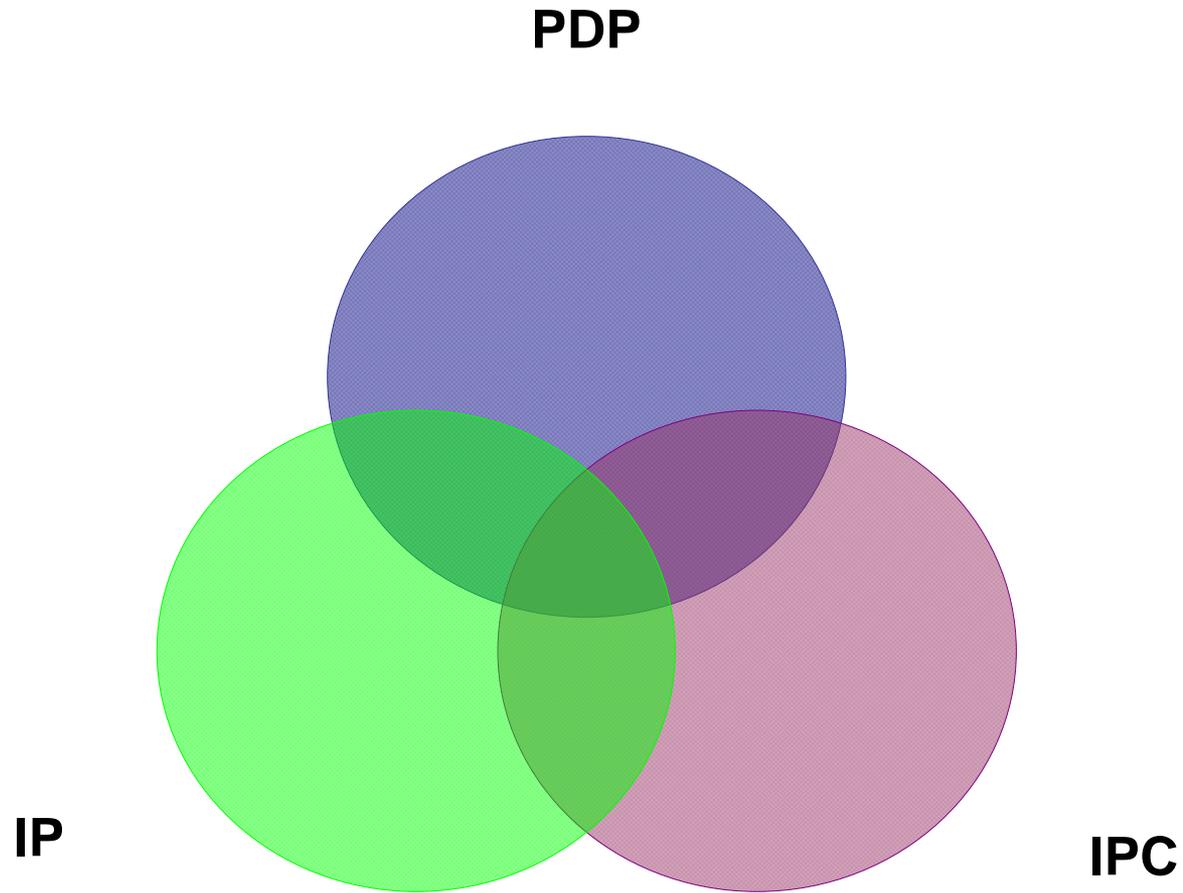


The Service Planning Team (SPT) continued

- 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 1st 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 1st 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		A 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.

HCS PERSON DIRECTED PLAN OUTCOME SUMMARY SHEET (cont.)

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

Name of Individual		Medicaid No.	CARE ID
Legally Authorized Representative (LAR) Primary Contact Name	Relationship	Telephone No.	Alternate Telephone No.
LAR/Primary Contact Address (Street, City, State, ZIP Code)			Fax No.
E-mail Address		Alternate E-mail Address	
Alternate Contact Name	Relationship	Telephone No.	Alternate Telephone No.
Alternate Contact Address (Street, City, State, ZIP Code)			Fax No.

Program Provider

Provider Agency Name		Component Code	Provider Fax No.
Provider Representative Name		Telephone No.	Alternate Telephone No.
E-mail Address		Alternate E-mail Address	
Alternate Provider Representative Name		Telephone No.	Alternate Telephone No.
Consumer Directed Services Agency (if applicable)		Contact Name	Telephone No.

Mental Retardation Authority (MRA)

Service Coordinator Name		Telephone No.	Alternate Telephone No.
Service Coordinator E-mail Address			MRA Fax No.
Back-Up Contact for Service Coordinator		Telephone No.	Alternate Telephone No.
MRA Name	Address (Street, City, State, ZIP Code)		

Date Completed	Completed By
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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:

- | | | |
|---|---|--|
| <input type="checkbox"/> Residential Support Services | <input type="checkbox"/> Day Habilitation | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Supervised Living | <input type="checkbox"/> Supported Employment | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Foster/Companion Care | <input type="checkbox"/> Nursing | <input type="checkbox"/> Speech/Language Therapy |
| <input type="checkbox"/> Supported Home Living | <input type="checkbox"/> Behavioral Supports | <input type="checkbox"/> Dietary |
| | <input type="checkbox"/> Social Work | <input type="checkbox"/> Audiology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Minor Home Modifications | <input type="checkbox"/> Adaptive Aids |

Desired Outcome(s) from PDP:

- 1.
- 2.
- 3.

Implementation Strategy Objectives:	Start Date:	Targeted Completion:	IPC Units Needed:
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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

Total IPC Units:

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: _____
MRA Contact Name MRA Name

From: _____
MRA Contact Name MRA Name

Individual's Name		CARE ID	
Service Coordinator Name		Telephone No.	
Date of Move	New Location Code	New County	County Code
Program Provider Name		Provider Component Code	

Current (Sending) MRA Information:

MRA	Component Code	MRA Local Case No.
MRA Representative (Data Entry)		Date of Data Entry

New (Receiving) MRA Information:

MRA	Component Code	MRA Local Case No.
MRA Representative (Data Entry)		Date of Data Entry

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 drivers 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		
Name of Parent/LAR <input type="checkbox"/> Parent <input type="checkbox"/> LAR		Telephone No(s). of Parent/LAR (Home and Cell)
Address of Parent/LAR		
Driver License No. of Parent/LAR	State of Issuance	DPS Personal Identification Card No.
Employer of Parent/LAR		Employer Telephone No.
Employer Address		

Emergency Contact Information

Name of Relative/Other Person the HCS Provider, Service Coordinator or DADS May Contact		Telephone No(s). (Home and Cell)
Address		
Driver License No. and State of Issuance (optional)		DPS Personal Identification Card No. (optional)
Employer (optional)		Employer Telephone No. (optional)
Employer Address (optional)		

Name of Service Coordinator	Name of HCS Program Provider Representative
-----------------------------	---

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

C02 - INDIVIDUAL PLAN OF CARE

C10 - CLIENT CORRESPONDENT UPDATE

C11 - CLIENT NAME UPDATE

C12 - CLIENT ADDRESS UPDATE

C13 ** PROVIDER STAFF ENTRY

C14 - PROVIDER/CONTRACT UPDATE

C18 - CONSUMER DISCHARGE

C20 - GUARDIAN INFORMATION UPDATE

C22 ** SERVICE DELIVERY

C23 - WAIVER MR/RC ASSESSMENT

C24 - LOCATION

C25 - LOCATION TYPE MODIFICATION

C26 - CLIENT ASSIGNMENTS

C27 - IPC/ASSIGNMENT RECONCILIATION

C28 * ACTUAL UNITS OF SERVICE

C29 * MODIFY PROVIDER SERVICE AUTH

686 - CRITICAL INCIDENT UPDATE

* 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 | C79 - COUNTY/MRA |
| C62 - INDIVIDUAL PLAN OF CARE (IPC) | C80 - PROVIDER/CONTRACT ROSTER |
| C63 - DHS MEDICAID ELIGIBILITY SEARCH | C81 - PAYMENT ELIGIBILITY VERIFICATION |
| C64 - IPC EXPIRATION | C82 * PENDING MR/RC ASSESSMENTS |
| C65 - MR/RC ASSESSMENT EXPIRATION | C83 * MR/RC ASSESSMENTS |
| C66 - CONSUMER DISCHARGES | C84 * PROVIDER LOCATION |
| C67 - CONSUMER ROSTER | C85 - CONSUMER ASSIGNMENTS |
| C68 - MR/RC ASSESSMENTS - SUMMARY | C86 * PROVIDER LOCATION LIST |
| C69 - PROVIDER INFORMATION | C87 - MRA CONTACTS |
| C70 - CONTRACT INFORMATION | C88 - CONSUMER HOLDS |
| C71 - CURRENT CONTRACT LIST | C89 - CLAIMS INQUIRY |
| C72 - SERVICE DELIVERY BY IPC | C97 * WS/C AUTHORITY REVIEW NOTATIONS |
| C73 - SERVICE DELIVERY BY PROVIDER | C101 - ETIN TABLE INQUIRY |
| C74 * CHECKLIST | C102 - SERVICE AUTHORIZATION INQUIRY |
| C75 - PRIOR APPROVAL | C103 - IPC MRA REVIEW PENDING- PROVIDER |
| C77 - REIMBURSEMENT AUTHORIZATION | 249 * PPR APPROVAL STATUS |
| C78 - STAFF ID | 286 * CRITICAL INCIDENT DATA INQUIRY |
| * PROGRAM PROVIDER ONLY | 771 - DSM/ICD CODE & TEXT SEARCH |

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 | L23 - WAIVER MR/RC ASSESSMENT |
| L02 - INDIVIDUAL PLAN OF CARE | L26 - CLIENT ASSIGNMENTS |
| L03 - ENROLLMENT PACKET CHECKLIST | L27 - ASSIGN/IPC RES EXCEPTIONS (HCS) |
| L05 - PROVIDER CHOICE | L28 - MRA/MHA CONTACTS |
| L06 - CONSUMER TRANSFER | L29 - ICF/MR MR/RC ASSESSMENT |
| L09 - REGISTER CLIENT UPDATE | L30 - MRA ASSIGNMENT NOTIFICATION |
| L10 - CLIENT CORRESPONDENT UPDATE | L31 - HCS IPC MRA REVIEW (HCS) |
| L11 - CLIENT NAME UPDATE | L32 - MR/RC ASSESS MRA REVIEW (HCS) |
| L12 - CLIENT ADDRESS UPDATE | 309 - PERMANENCY PLAN REVIEW |
| L18 - CONSUMER DISCHARGE | 490 - CASE MGMT ASSIGNMENT |
| L20 - GUARDIAN INFORMATION UPDATE | |

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

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

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)
OR
 - Enter agreement, name and date of review
OR
 - 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)

New Screens

L83 IPC SC Reviews – Header Screen

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

L83: IPC MRA REVIEW PENDING: INQUIRY

MRA: 010 BETTY HARDWICK CENTER

SVC.COORD AMY APPLE

CLIENT NAME	CLIENT ID	MEDICAID NUMBER	LOCAL CASE NO.	IPC BEGIN DT	IPC REV DT
-------------	-----------	-----------------	----------------	--------------	------------

BUSTER, BROWN	88888888	617842890	0000022940	03-19-10	
CONTRACT: 8XZ 001011111 AAA HCS PROGRAM					
STATUS: WAITING FOR MRA REVIEW				SENT	02-15-10

KAY, MARIE M	99999999	610142869	0000007309	03-21-10	
CONTRACT: 8XZ 001011111 AAA HCS PROGRAM					
STATUS: WAITING FOR MRA REVIEW				SENT	02-12-10

SUMMER, JOY	777777777	683821209	0000024309	02-01-10	02-19-10
CONTRACT: 8XZ 001011111 AAA HCS PROGRAM					
STATUS: WAITING FOR MRA REVIEW				SENT	02-19-10

L82 MR/RCS Waiting SC Review

L82: MR/RC ASSESSMENT PENDING: MRA INQUIRY

MRA: 010 BETTY HARDWICK CENTER

SVC.COORD BECKY THATCHER

CLIENT NAME	CLIENT ID	MEDICAID NUMBER	LOCAL CASE NO.	REQUEST BEGIN DT	SENT DATE
-------------	-----------	-----------------	----------------	------------------	-----------

DUCK, DONALD	8888888	528888888	0020066666	01-20-10	01-20-10
COMP: 83F CONTRACT: 001007164 NAME: BETTY FORD CLINIC					
PURPOSE CODE: 4 STATUS: SENT TO MRA FOR REVIEW					
PREVIOUS LON – 5 REQUESTED LON – 8					

BEAR, YOGI	99999999	514999999	0020066666	01-27-10	01-12-10
COMP: 8RP CONTRACT: 001007199 NAME: ACME CENTER					
PURPOSE CODE: 3 STATUS: SENT TO MRA FOR REVIEW					
PREVIOUS LON – 5 REQUESTED LON – 5					

L31 SC Review of IPC

Final screen

L31:SERVICE COORDINATOR REVIEW OF IPC

NAME : BROWN, BUSTER CLIENT ID : 123456789
MEDICAID NUMBER: 555555555 CLCN: 0100000055555 COUNTY: JONES
LOCAL CASE NUMBER: 000005555 CONTRACT NO: 0010111111 COMPONENT: 010
LOCAL CASE NUMBER: 000001111 CONTRACT NO: 001007777 CDS COMPONENT: 888
RESIDENTIAL TYPE : OWN/FAMILY HOME REC 1 OF 1
WAIVER TYPE : HCS LOCATION: OHFH LOC/LON: 1/5
BEGIN DATE: 12-01-2010 REVISION DATE: 01-01-2010 END DATE: 11-30-2011

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: 000022 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