

Financial Management Services Agencies

Quarterly Technical Assistance Webinar

May 14, 2015

Webinar Agenda

- Part 1: Community First Choice (CFC) and the CDS Option
- Part II: Electronic Visit Verification
- Part III: FMSA Performance Measures
- Part IV: CDS Update

Community First Choice

Implementation of Community First Choice and the Consumer
Directed Services (CDS) Option

Topics of Discussion

- Community First Choice (CFC) Overview
- Who Can Receive CFC?
- Implementation in DADS 1915(c) Waiver Programs
- Provision of CFC Services
- Service Planning
- Form Revisions
- Compliance Requirements for FMSAs and CDS Employers

Community First Choice Overview

- Pursuant to S.B. 7, HHSC and DADS will implement Community First Choice (CFC) on June 1, 2015.
- CFC is a federal Medicaid benefit allowing states to provide home and community-based services and supports to Medicaid recipients with disabilities under 1915(k) of the Social Security Act.
- Texas is implementing CFC as a new Medicaid State Plan benefit.

CFC Services

- CFC services include:
 - Personal Assistance Services
 - Habilitation
 - Emergency Response Services (ERS)
 - Support Management

Who Can Receive CFC?

- Individuals enrolled in a 1915(c) waiver are eligible to receive CFC Services. Individuals not in a 1915(c) Medicaid waiver may also be eligible for CFC and would receive services through a managed care organization.
- CFC services are only available to individuals residing in their own home or a family member's home.
- Individuals who would otherwise be eligible to receive habilitation, residential habilitation, supported home living and community support will transition to CFC personal assistance services and habilitation services (PAS/HAB).

Implementation in DADS 1915(c) Waiver Programs

- Individuals currently receiving services through one of the following 1915(c) waiver programs will access their CFC benefits through their DADS comprehensive waiver provider:
 - Home and Community-based Services (HCS);
 - Texas Home Living (TxHmL);
 - Community Living Assistance and Support Services (CLASS); or
 - Deaf Blind with Multiple Disabilities (DBMD).
- Individuals can also choose to self direct their CFC PAS/HAB using the Consumer Directed Services (CDS) option.

CFC Personal Assistance Services/Habilitation

- Personal Assistance Services
 - Assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related tasks through hands-on assistance, supervision or cueing.

- Habilitation
 - Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks

CFC Emergency Response Services

- Effective June 1, 2015, ERS will be available through CFC for individuals who are eligible.
- To provide CFC ERS, a CLASS, DBMD, TxHmL or HCS Program provider must:
 - be licensed as a personal ERS provider in accordance with 25 TAC Chapter 140, Subchapter B (relating to Personal ERS Providers); or
 - contract with a personal emergency response system provider licensed in accordance with 25 TAC Chapter 140, Subchapter B.

CFC Support Management

- If an individual who is receiving CFC PAS/HAB through the CDS option would like training on how to select, manage and dismiss service providers the financial management services agency (FMSA) must provide CFC support management to the individual by providing written information developed by DADS and HHSC and available on the DADS website.

PROVISION OF CFC SERVICES

CFC Personal Assistance Services/Habilitation

- In the DADS waiver programs, personal assistance services and habilitation will be provided as a blended service called CFC PAS/HAB.
- All of the tasks and activities delivered through CDS CLASS habilitation, DBMD residential habilitation, HCS Supported Home Living and TxHmL Community Support will continue to be delivered through CFC CDS PAS/HAB.
- The CFC CDS PAS/HAB rate will be the same as the existing CDS habilitation, residential habilitation, supported home living and community support rates.

CDS CFC PAS/HAB Service Provider Qualifications

- A CFC PAS/HAB service provider must:
 - be 18 years of older;
 - have a high school degree, GED, or pass a competency test with three references;
 - not be the parent of an individual who is under 18 years of age or the spouse of an individual;
 - meet any other qualifications requested by the individual or legally authorized representative (LAR) based on the individual's needs and preferences.

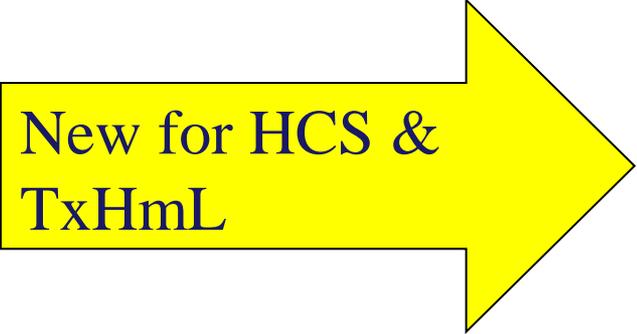
CFC PAS/HAB Service Provider Qualifications (cont'd)

- The CDS employer may:
 - train a CDS CFC PAS/HAB service provider in the specific assistance needed by the individual and to have the service provider perform CFC PAS/HAB in a manner that comports with the individual's personal, cultural, or religious preferences; and
 - ensure a CDS CFC PAS/HAB service provider attends training provided by or through HHSC or DADS so that the service provider can meet any additional qualifications desired by the individual.

CFC PAS/HAB Service Provider Qualifications (cont'd)

- A qualified service provider of habilitation in the CLASS Program who was hired before June 1, 2015 may be a service provider of CFC PAS/HAB. The service provider must meet any other qualifications requested by the individual or LAR based on the individual's needs and preferences.
- A CFC PAS/HAB service provider may live in the same residence as the individual.

CFC PAS/HAB Service Provider Qualifications (cont'd)



New for HCS &
TxHmL

A CDS CFC PAS/HAB
service provider may live
in the same residence as
the individual.

CFC Support Management

- Interest in CFC support management is:
 - discussed during the person directed planning process if the individual requests it;
 - offered to all individuals receiving CFC PAS/HAB regardless of service delivery model; and
 - is noted as a “Yes” or “No” on the IPC.
- There is no reimbursement for CFC support management and there are no specific service provider qualifications, except that the person providing support management cannot also be the CFC PAS/HAB service provider .

Service Planning

Service Planning DBMD and CLASS

- A DBMD provider or CLASS DSA and CMA must ensure that CFC CDS services are on an individual's IPC if the individual received residential habilitation in DBMD or habilitation in CLASS through the CDS option.
- For an individual whose service planning team (SPT) meets, before June 1, 2015, to develop an initial IPC, to renew or revise an existing IPC:
 - The IPC may continue to include CDS residential habilitation or habilitation on the IPC until the next IPC renewal.

Service Planning in CLASS and DBMD(cont'd)

- For an individual whose SPT meets on or after June 1, 2015, to renew the IPC:
 - the DBMD provider or CLASS DSA and CMA must ensure the renewal IPC includes CFC CDS PAS/HAB and does not include residential habilitation or habilitation on the IPC.
- For an applicant enrolling in the CLASS or DBMD program whose SPT meets, on or after June 1, 2015, to develop the initial IPC:
 - the DBMD provider or CLASS DSA and CMA must ensure that the initial IPC includes CFC CDS PAS/HAB and does not include residential habilitation or habilitation on the IPC

Service Planning in HCS and TxHmL

Individual Plans of Care (IPCs) Effective before June 1, 2015

- For an individual whose IPC is effective before June 1, 2015 and includes CDS SHL or CDS CS, DADS will automatically convert unbilled CDS SHL and CDS CS on the IPC to CFC CDS PAS/HAB in the Client Assignment and Registration (CARE) system on June 1, 2015.
- CDS SHL and CDS CS provided before June 1, 2015, but not billed through the CARE system, the FMSA must convert the CFC PAS/HAB units back to CDS SHL or CDS CS for billing purposes using the C30 screen in CARE.
- The paper IPC must be updated by the date of the next renewal.

Service Planning in HCS and TxHmL

- *IPCs Effective on or after June 1, 2015*
- For an applicant enrolling in the HCS or TxHmL program whose initial IPC is effective on or after June 1, 2015, the HCS or TxHmL service coordinator must if the applicant needs CFC PAS/HAB and chooses to receive it through the CDS option, ensure the IPC includes CFC CDS PAS/HAB and does not include CDS SHL or CDS CS.
- The CARE system will display CFC CDS PAS/HAB in the L02 and C02 IPC data entry screen beginning May 1, 2015, to enable service coordinators and providers to begin service planning 30 days before CFC implementation.
- CDS SHL or CDS CS with a service delivery date before

Service Planning FMS and CFC FMS

For CLASS, DBMD, HCS, TxHmL, when IPCs are changed to include CFC CDS PAS/HAB

- CFC FMS will be included on the IPC if CFC CDS PAS/HAB is the **only** service the individual is self-directing.
- FMS will be included on the IPC if the individual is self-directing CFC PAS/HAB and at least one other service, such as respite or supported employment.
- FMS and CFC FMS must not be authorized at the same time.
- The same pattern applies to Support Consultation.

CDS Forms Being Updated for CFC

Forms Being Updated for CFC

CDS Forms

- 1. CDS Budget Workbook*
- 2. CDS Form 1735 Service Delivery Provision Agreements for CLASS, DBMD, HCS and TxHmL*
- 3. CDS Form 1735 Service Provision Requirements Addendum for CFC*
- 4. CDS Form 1583 Employee Qualifications Requirements*
- 5. CDS Form 1734 Service Provider and Employer Certification of Relationship Status*

Compliance Requirements

Compliance Requirements

- A FMSA and CDS Employer must comply with h 40 TAC Chapter 41, including paying the minimum attendant compensation of \$7.86 per hour.
- An FMSA must comply with Chapter 49 of this title, Contracting For Community Services.
- DADS is developing draft CFC rules and plans to release rule drafts for stakeholder input this summer.

Compliance Requirements (cont'd)

- Information Letter Number 2015-29 describes how CFC is being implemented in the HCS and TxHmL Programs.
- Information Letter Number 2015-31 describes how CFC is being implemented for individuals using the CDS option in the CLASS and DBMD Programs.
- New program rules describing CFC in the waiver program have a target effective date of March 20, 2016.
- Use of electronic visit verification (EVV) only applies to the CLASS and remains optional for CDS employers.

Compliance Requirements (cont'd)

- CFC regulations require two key differences for CDS Budgets
 - The cost for a criminal history check for an applicant to provide CFC CDS PAS/HAB must not be charged to the individual's budget and must be paid by the FMSA. (The cost of criminal history checks for providers of waiver services must continue to be billed the CDS employer's budget.)
 - The cost for a Hepatitis B vaccination must not be charged to the individual's budget and the FMSA is not required to cover this optional cost.

CDS Employer Letter

- FMSAs are required to provide an individual who receives CFC CDS PAS/HAB a copy of the CDS employer letter attached to IL 15-29 (CLASS/DBMD) or IL 15-31 (TxHmL/HCS) no later than July 1, 2015.

Billing and Rates

Billing and Rates

- CFC CDS service codes are:
 - 10CFV – CFC CDS PAS/HAB (with separate bill codes for taxes and Employer Support)
 - 63CFV – CFC CDS FMS
 - 57CFV – CFC CDS Support Consultation
- CFC Support Management does not have a separate service code.
- CFC rates for the DADS waivers are the same as the waiver service rates.

Additional Information

CLASS and DBMD Program Eligibility Requirements

- In addition to all other eligibility requirements, to maintain eligibility for CLASS or DBMD, an individual must receive:
 - at least one CLASS or DBMD service annually; **AND**
 - CLASS or DBMD service monthly or monthly monitoring (i.e., case management) to be eligible for the CLASS or DBMD Program.
- Since CFC is not a waiver service, CFC services do not satisfy the above eligibility requirements. Case managers are required to notify individuals of these requirements before July 1, 2015, and at least annually thereafter.

HCS and TxHmL Program Eligibility Requirements

- In addition to all other eligibility requirements, to maintain eligibility for HCS and TxHmL, an individual must receive:
 - at least one HCS or TxHmL service annually; **AND**
 - HCS or TxHmL service monthly or monthly monitoring (i.e., service coordination) to be eligible for the HCS or TxHmL Program.
- Since CFC are not a waiver service, CFC services do not satisfy the above eligibility requirements. Case managers are required to notify individuals of these requirements before July 1, 2015, and at least annually thereafter.

Program Eligibility Requirements (cont'd)

- To assist individuals with maintaining eligibility for the waiver, program providers are encouraged to inform the individual's case manager or service coordinator if there is a concern over an individual's eligibility due to this monthly service requirement.

Individuals Receiving CFC Services with Medical Assistance Only (MAO) Medicaid

- Individuals who receive Supplemental Security Income (SSI) benefits are categorically eligible for SSI Medicaid.
- Individuals certified for Medicaid who do not receive SSI Medicaid are most likely certified for MAO Medicaid.
- In accordance with CFC regulations, an individual with MAO Medicaid must receive a monthly waiver service to be eligible for CFC.
 - Case management in CLASS and DBMD is a waiver service and will meet the requirement for a monthly waiver service.
 - Service coordination in HCS or TxHmL does not meet the eligibility requirement. Respite meets the requirement.

Consumer Rights and Services

- For individuals in a waiver program, complaints regarding their CFC services, program provider, or FMSA are handled in the same manner as complaints are today.
- DADS Consumer Rights and Services:
1-800-458-9858

CFC Resources

- Information letters are available online:
<http://www.dads.state.tx.us/providers/CFC/index.cfm>
- Case managers/service coordinators are required to provide individuals currently receiving habilitation or residential habilitation or SHL or CS with individual letters from DADS that are included as an attachment to IL 2015-30 or IL 2015-28 and provide an oral explanation of the letter by July 1, 2015.
- Case managers/service coordinators can do this in person or over the phone if the letter is mailed to the individual or LAR.
- DADS developed an FAQ document that is posted to the CFC webpage.

Online Information

- For more information, please visit:
<http://www.dads.state.tx.us/providers/CFC/index.cfm>
- Please email policy questions, with “CFC” in the subject line, to: CfcPolicy@dads.state.tx.us
After June 1, 2015, for questions about a specific individual’s CFC services, email PE/UR at:
cfcoperations@dads.state.tx.us
- HHSC CFC website:
<http://www.hhsc.state.tx.us/medicaid/managed-care/community-first-choice/>

Community First Choice

Questions and Thank you!

Electronic Visit Verification (EVV)

Statewide Implementation of EVV under Health and Human Service Commission (HHSC)

- Legislative direction from the 82nd and 83rd legislative sessions requires HHSC to implement EVV in fee-for-service and managed care.
- The HHSC EVV initiative affects Medicaid STAR+PLUS, STAR Health (and those providers contracted with MCOs to participate in CFC), acute care fee-for-service, and DADS service providers that provide the services subject to EVV in the home and in the community.
- **EVV will be optional for individuals who have selected the CDS option.**
- Rolling implementation dates are: April 16, May 1, May 16 and June 1, 2015.

Statewide Implementation of EVV under HHSC

The CDS employer has the option to use EVV in the following programs and services:

Services	Description
Managed Care	Personal assistance services (PAS), in-home respite services, personal care services (PCS), and Community First Choice (CFC) services provided in the home and in the community in the managed care STAR+PLUS and STAR Health programs
HHSC acute care fee -for -service	PCS services provided in the home and in the community
DADS fee -for- service	<p>Attendant-like services provided in the home and in the community for the following programs:</p> <ul style="list-style-type: none"> • Community Attendant Services (CAS) • Community Living Assistance and Support Services (CLASS) <ul style="list-style-type: none"> ○ CFC Personal Assistance Services/Habilitation (PAS/HAB) ○ In-home respite • Family Care (FC) • Medically Dependent Children Program (MDCP) <ul style="list-style-type: none"> ○ In-home respite ○ Flexible family support services • Primary Home Care (PHC)

EVV Vendor Selection

- HHSC has approved three EVV vendors:
 - Care Monitoring 2000 (CM2000)
 - DataLogic (Vesta)
 - MEDsys
- FMSAs should contact the HHSC-approved EVV vendors to request a demonstration of their systems to make an informed decision.
- Be sure to inform the EVV vendor you are an FMSA.
- There is no cost to an FMSA for using an EVV system.
- EVV system training will be provided by the selected EVV vendor.
- **FMSAs are only required to select one EVV vendor.**

EVV Vendor Selection

- **FMSAs must select an EVV vendor no later than August 1, 2015.**
- **The Medicaid EVV Provider System Selection Form is available online here:**

http://www.dads.state.tx.us/evv/EVV_VerificationSelectionForm.pdf

- FMSAs must select an EVV vendor and submit a completed Medicaid EVV Provider System Selection Form to each entity with whom they contract **and** the selected EVV vendor.

Examples:

- If you only contract with DADS, send your selection form to TMHP and the selected EVV Vendor.
- If you contract with DADS and are enrolled with MCOs, send your selection form to TMHP, each MCO and the selected EVV Vendor.
- If you contract with DADS and are enrolled with TMHP for PCS, send your selection form to TMHP and the selected EVV vendor.

EVV CDS Forms

Only for individuals/CDS employers who receive services subject to EVV

- CDS employers must complete **DADS Form 1722, Employer's Selection for Electronic Visit Verification (EVV)** to document their choice and send the completed Form 1722 to their FMSA.
- If a CDS employer requests to use their cell phone, FMSAs will ask them to complete and return **Form 1723, EVV Phone Number Request and Certification**.

EVV under the CDS option

Cell Phones

- CDS employers, if they so choose, may allow their employees to use the CDS employer's personal cell phone to call in and out of the EVV system when:
 1. A home landline is not available or
 2. When services are delivered in the community

- FMSAs should never require CDS employers to use their cell phone.
- CDS employee's personal cell phone is not allowed to be used to call in and out of the EVV system.

***Please Note: CDS employers will be solely responsible for any cell phone charges that may be incurred.**

Visit Maintenance

What is visit maintenance?

Visit maintenance allows the CDS employer or FMSA to edit records of visits by reviewing, modifying and correcting visit information in the EVV system. It is similar to making corrections to the paper timesheet.

- Under the HHSC initiative, CDS employers and FMSAs will only have 21 calendar days to complete any visit maintenance.
- The 21 day countdown starts on the date of service.
 - For example, services were provided on June 1, 2015 @ 9 am, the CDS employer or FMSA has until June 21, 2015 @ 11:59 pm to make any changes to the June 1st visit.
- **CDS employers will need to ensure all corrections are made by the end of the payroll period set by their FMSA.**

CDS Reason Code

What is a reason code?

A reason code explains the specific reason a change was made to the visit.

- There is one single reason code CDS employers and FMSAs use to complete visit maintenance.
- **Reason Code 505, CDS Employer Time Correction**, is the only reason code the CDS employers or FMSAs need to use to correct visit information in the EVV system.

Stay Informed

FMSAs are encouraged to sign-up for EVV email updates at:

<https://public.govdelivery.com/accounts/TXHHSC/subscribe/new>

EVV Questions

- Managed Care
 - Managed_Care_Initiatives@hhsc.state.tx.us
- DADS fee-for-service programs
 - CPC@dads.state.tx.us
- TMHP
1-800-925-9126, Option 5

CDS Performance Measures

CDS Performance Measure

- The Centers for Medicare and Medicaid Services (CMS) raised concerns about the lack of specific performance measures related to the CDS option.
- Nearly one- half of CLASS participants use the CDS option.
- Performance measures are drawn from the FMSEA monitoring results.
- Performance measures are reviewed by DADS and HHSC leadership as well as CMS.

CDS Performance Measure

- Number and percent of individual/employers using the CDS option that had a Medicaid provider agreement (FORM 1739) for each employee.
- Number and percent of FMSAs reviewed evidencing that quarterly expenditure reports were sent to the employers.
- Number and percent of monitored FMSAs whose claims were paid in accordance with the employee's established rate of pay and the service hours actually worked.

CDS Performance Measure

- Number and percent of FMSAs that attended all required training in accordance with state requirements and the approved waiver.
- Number and percent of FMSAs who filed taxes in accordance with 3504 of the IRS code.

CDS Utilization Review Findings

- Becoming employer at age 18
 - If there is no court-appointed guardian when an individual receiving services turns 18, the individual must become the CDS employer
 - All CDS agreements must be resigned
- MDCP training compliance
 - CPR and first-aid
 - IL 2014-63

CDS Utilization Review Findings

- Missing or incomplete forms:
 - Form 1732
 - Employer completes form after initial orientation/training of an employee and at least annually thereafter
 - Employer keeps a copy and sends a copy to the FMSA.
 - Form 1731
 - Employer completes form on hire date and any time a change is made in to the employee's work schedule.
 - Employer keeps a copy and sends a copy to the FMSA.

DOL Home Care Rule

- Appeal on an expedited timeline
- Expect a decision mid-May
- DOL expects states to comply as soon as decision is reached.

Electronic Signatures

- FMSAs allowed to use electronic or digital signatures of CDS employers and their service providers
- Information Letter to be released clarifying requirements
- Texas Administrative Code, Title 40, §49.305(j)(2)

Employee Misconduct Registry

- Automated phone line for EMR and Nurse Aide Registry unavailable
- Use DADS' Employability Status Search online instead:
<https://emr.dads.state.tx.us/DadsEMRWeb/>
- Form 1725 will be revised to include online web address
- Alert to be posted

Check MESAV

- Remember to check MESAV (or CARE screen) each month!!

Questions?