



COMMISSIONER  
Chris Traylor

March 19, 2012

To: Community Living Assistance and Support Services (CLASS) Case Management Agencies (CMA) and Direct Service Agencies (DSA)

Subject: Information Letter No. 12-12  
CLASS Phase IV Form Revisions Posted; CMA and DSA Implementation Requirements

As one part of the waiver standardization and streamlining initiative, the Department of Aging and Disability Services (DADS) is conducting a review of all forms utilized across DADS waiver programs. CLASS forms utilized by CMAs and DSAs are part of this effort; and are being reviewed and revised in phases. As part of each phase, DADS will offer stakeholders the opportunity to review draft for revisions prior to implementation.

The purpose of this letter is to notify all CLASS CMAs and DSAs of the availability of updated versions of forms included in the Phase IV review of CLASS forms. Updated forms are outlined in this letter, as well as provider implementation requirements of these revised forms.

Please note that some standard changes are being made to all forms and instructions, where appropriate, as part of this effort. These standard changes include:

- Updating references to individuals served from "participant" to "applicant" or "individual" as appropriate;
- Changing references to "parent" or guardian" to "legally authorized representative;"
- Updating references to the interdisciplinary team, or IDT, to the service planning team, or SPT in accordance with current program terminology;
- Updating references to the individual service plan, or ISP, to Individual Plan of Care, or IPC in accordance with current program terminology;
- Replacing instruction for providers to maintain "original" copies of forms with instruction to maintain "completed" copies of forms unless an original is necessary;
- Changing form retention instruction to reference retention requirements outlined in the CLASS Provider Manual;
- Updating references for accuracy where necessary to rule, provider manual, other DADS forms; and
- Updating references to state agencies where necessary.

Revisions to Phase IV forms are detailed below. All CMAs and DSAs are required to convert to use of these revised forms as indicated in this letter. CMAs and DSAs can find all revised forms on the DADS website at this

link: <http://www.dads.state.tx.us/handbooks/classpm/forms/index.asp>.

[Form 3599, Attendant Orientation/Supervisory Visit, and Instructions](#)

Revisions to this form include re-organization of the signature section, and updating the plan of care tasks. In addition the following information fields were added:

- Emergency Contact;
- Second attendant schedule and revised schedule format;
- “Is the attendant competent to provide medically related tasks?” question;
- “Describe attendant training needs;
- “Describe corrective actions taken;” and
- Additional comments.

All personal attendant services (PAS) references and substitute attendant information was removed.

The form instructions were revised to align with the form and language was updated where necessary for accuracy.

[Form 3627, Specialized Nursing Certification](#)

This form will be removed – information gathered on this form is included in form 3590, Nursing Assessment.

[Form 3660, Request for Adaptive Aids, Medical Supplies, or Minor Home Modifications, and Instructions](#)

The overall sequence of information to be recorded in the form was revised. Additional revisions to the form include:

- addition of dental services and dental sedation;
- addition of type of service requested;
- addition of description of the item or service requested;
- addition of additional comments field;
- removal of estimated cost field and the question “Will this item be submitted to DADS for prior approval?”;
- language in the CMA section was updated for non-CLASS resources, and field content; and
- language in the DSA section was updated to align with the CMA section.

The form instructions were revised to align with the form and language was updated where necessary for accuracy.

[Form 3849-A, CLASS Specifications for Adaptive Aids/Minor Home Modifications, and Instructions](#)

The following revisions were made to this form:

- addition of Medical Supplies to the title of the form;
- addition of Medicaid Number;
- moved physical address to the top of the form and added a field for providing an explanation for differing addresses;
- revised terms construction to service; and
- the credential field was moved; and
- the signature field was updated.

The form instructions were revised to align with the form and language was updated where necessary for accuracy.

CMAAs and DSAs must begin use of the revised forms no later June 1, 2012. At the time of the individual's annual reassessment that occurs on or after this date. Use of the former versions of these forms may not continue after the effective date of this change and the individual's reassessment.

If you have any questions about these form revisions or need additional information, please contact DADS IDD Program Enrollment/Utilization Review in Access and Intake at (512) 438-3609.

Sincerely,

*[signature on file]*

Cathryn Horton  
Director  
Utilization Management and Review

CH:ccm

cc: Anita Bradbury, Executive Director, Texas Association for Home Care  
Carole Smith, Private Provider Association of Texas