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PERSON CENTERED PRACTICES TRAINING

1. Where can we go to do the Person Center Training?
 - A. Currently the HHSC has approved Person Centered Practices (PCP) Training is the 2-day face to face training offered by The Institute for Person Centered Practices. Here is a link to their website: <http://www.person-centered-practices.org/>. HHSC is currently reviewing other trainings and working to determine the elements that are required to approve PCP training. HHSC has approved Elsevier online course: <http://directcourseonline.com/pcc/>.
2. Who provides the PDP training? DADS?
 - A. HHSC approves the Person Centered Training for Community First Choice. Currently the only approved Person Centered Training is the 2 day training offered by The Institute for Person Centered Practices. Here is a link to their website: <http://www.person-centered-practices.org/> HHSC is currently reviewing other trainings and working to determine the elements that are required to approve a PCP training. HHSC has approved Elsevier online course: <http://directcourseonline.com/pcc/>. Various Certified Person Centered Thinking Trainers who work for DADS, ADRCs and LIDDAs have been providing training throughout the state. Outreach Health, MCO has a Certified Person Centered Thinking Trainer who has provided training around the state. For more information about Outreach please contact Holly Arbuckle at Holly.Arbuckle@outreachhealth.com.
3. Where can we find a list of the person-centered service planning training approved by HHSC?
 - A. For training information please refer to www.person-centered-practices.org/home.html or <http://www.learningcommunity.us/tx.htm>. HHSC has approved Elsevier online course: <http://directcourseonline.com/pcc/>
4. What is the reasoning for allowing someone two years to take a PCP training?
 - A. The Texas State Wide Plan to CMS allows two years for providers to come into compliance with the new CFC person centered planning training to reduce the burden on providers. Additionally the requirements for the training, as well as additional training providers, are still being identified.
5. Where and when is this person centered training?
 - A. HHSC approved trainings includes person-centered services as the skills taught discovers what is “important for” the person and becomes part of the service plan. Currently the only approved Person Centered Training is the 2-day training offered by The Institute for Person Centered Practices. Here is a link to their website: <http://www.person-centered-practices.org/> HHSC is



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currently reviewing other trainings and working to determine the elements that are required to approve a PCP training.

6. Should a provider submit a PCP training for approval? If yes, to whom?
 - A. Yes, if providers have created their own person centered planning training they should submit to HHSC. HHSC is currently developing the criteria for approved training. In addition, efforts are underway to develop training to be offered by the agency. If you would like to submit a training for approval by HHSC please send it to MCD_CFC@hhsc.state.tx.us.
7. When should we expect to see required elements for PCP training?
 - A. HHSC has reviewed two trainings that were submitted. The workgroups efforts to develop actual elements continue.

TRANSPORTATION

1. Is CPR required for habilitation and respite service providers who are servicing individuals with CFC PAS/HAB?
 - A. CPR is not required for providers of CFC PAS/HAB, but CPR is required for providers of transportation as an activity of habilitation as well as providers of respite.
2. Do all DSA provide habilitation - transportation?
 - A. Yes. DSAs in the CLASS program and DBMD provider agencies may use transportation adaptive aids, transportation-habilitation, or transportation-residential habilitation, respectively, to meet an individual's needs. For additional information see 'habilitation activity' as it is identified in the CLASS waiver Appendix C.
3. With the ITP, if someone gets a job and will need transportation, how quickly can that be amended?
 - A. Providers must follow the standard revision process to amend the Individual Plan of Care and the Individual Transportation Form when new transportation needs are identified.
4. Are habilitation providers required to renew their CPR certifications every 2 years or every year?
 - A. CPR certification renewals are dependent on the length of the certification. DADS only requires that the service provider have current CPR certification.

SERVICES

1. So the Emergency Response would be like an emergency call button to outside assistance?
 - A. Yes, an emergency call button meets the requirements for an Emergency Response System (ERS). ERS is defined in Texas Administrative Code, Chapter 42 (concerning DBMD Program and CFC), [§42.103](#) (17) CFC ERS--CFC emergency response services. Backup systems and supports used to ensure continuity of services and supports. CFC ERS includes electronic devices and an array of available technology, personal emergency response systems, and other mobile communication devices. Additionally, the service must meet the requirements in [§42.651](#), concerning CFC ERS.
2. Would Emergency Response be considered an adaptive aid?



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- A. Emergency response services are now available as a state plan service through the CFC program. It now has a separate service code and new requirements for the provision of the service.

MONTHLY AND ANNUAL SERVICES

1. Wouldn't Nursing count as a once-a-year CLASS service? Everyone has to have an annual assessment.
 - A. The annual nursing assessment does not meet the requirement for an annual waiver program service.
2. Are back up plans are required for critical services, such as nursing, PAS/HAB therapies? Would nursing count as the annual additional service?
 - A. Backup plans are required for the following services:
 - a. CLASS: If an individual's IPC includes registered nursing, licensed vocational nursing, specialized registered nursing, specialized licensed vocational nursing, habilitation, or CFC PAS/HAB, and the service planning team (SPT) identifies any of those services as critical to meeting the individual's health and safety, the DSA must develop with input from the service planning team a service backup plan for each service identified as critical using DADS Provider Agency Model Service Backup Plan form. Additional information contained in 40 TAC, Part 1, §45.231. Individuals using the consumer directed services (CDS) option to deliver those services and the SPT has identified as critical to meeting the individual's health and safety, the employer or designated representative (DR) must also develop a service backup plan, using DADS Form 1740, CDS Service Backup Plan. The service backup plan requirement is documented in 40 TAC §41.217 and 40 TAC §41.404.
 - b. DBMD: If an individual's IPC includes residential habilitation, nursing, specialized nursing, or CFC/PAS HAB the case manager must ensure that the service planning team determines if an individual needs a service backup plan. Additional information is contained in 40 TAC Part 1, §42.407 Service Backup Plans. Individuals using the consumer directed services (CDS) option to deliver residential habilitation and the SPT has identified as critical to meeting the individual's health and safety, the employer or designated representative (DR) must also develop a service backup plan, using DADS Form 1740, CDS Service Backup Plan. The service backup plan requirement is documented in 40 TAC §41.217 and 40 TAC §41.404.
 - c. Nursing services provided in addition to the annual assessment would meet the requirement for an annual waiver service.
3. Does respite count as the extra requirement?
 - A. Yes, respite meets the requirement for an annual waiver service.
4. Who is responsible to ensure services per year are provided, case manager or consumer?
 - A. The service planning team is expected to work together to ensure the individual maintains eligibility in the waiver program.
5. Can the one service per year be the DSA's participation on the SPT?
 - A. The DSA's participation in the SPT is now billed as CFC PAS/HAB units, so it is no longer a waiver service and does not meet the requirement.



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6. Will Specialized Therapy count as the one service per year?
 - A. Yes, specialized therapy services meet the annual waiver service requirement.

7. In regards to Eligibility: §43.201 & §45.201, you stated that anyone with CFC must require the provision of at least one CLASS program service per month, or a monthly monitoring visit by a case manager, AND at least one CLASS program service per IPC year. When CFC was originally being discussed during the roll out, it was said that Case Management services served as an "at least one CLASS program" but this states it as individuals needing a CLASS program Service (in addition to case management monitoring). Does this mean that someone with only CFC HAB, and no other services loses CLASS?
 - A. CLASS case management services meet the requirement for a monthly waiver service and the requirement for a yearly waiver service. Some of the other DADS ICF/IID waiver programs like HCS use targeted case management which is not a waiver service but is considered monthly monitoring. Monthly monitoring is a term that is not currently applicable to the CLASS or DBMD waiver programs, but was kept in the eligibility language for consistency across waiver programs. 40 TAC Chapters [45](#) and [42](#) have been updated to require monthly case management contact to assist individuals in maintaining their waiver program eligibility. Additional information regarding eligibility can be found in [IL 15-41](#), Interpretation of Medical Assistance Only Codes, posted July 20, 2015. IL 15-41 provides information on how to identify the Medicaid type of each individual so that increased attention can ensure that an individual certified for MAO only remains eligible for the waiver program. (Note: ILs listed in IL 15-41 were retired, but the content of those ILs has been transferred to recently-adopted rules. See Chapter 42.)

8. Does Adaptive Aids count as a Service under CLASS as an "at least one CLASS program service" when someone has the eligibility criteria for CLASS/DBMD, [§42.201](#) and [§45.201](#).
 - A. Yes, adaptive aids meet the requirement.

RATES

1. Is the hourly rate for CFC PAS/HAB affected or reduced?
 - A. The rate for CFC PAS/HAB is the same as CLASS habilitation or DBMD residential habilitation was.

MISCELLANEOUS WEBINAR QUESTIONS

1. Will we be getting a recording of this webinar?
 - A. Yes the recorded webinar and handout of slides are available at the following link:
<http://www.dads.state.tx.us/providers/cfc/training.html>

2. Did you say the new ITPs are online? When I look it up it says it has been "moved or deleted".
 - A. DADS Form [3598](#), Individual Transportation Plan (also known as ITP), has been updated to include instruction sheets. Please read the General Instructions message prior to working for the first time with the form.

3. I am a FMSA with CLASS consumers. Do any of the rules affect CDS?



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- A. Yes. HHSC authorized amendments to [40 TAC Chapter 41, Consumer Directed Services Option](#), effective March 20, 2016. The adopted rules make Community First Choice Medicaid state plan services available through the CDS Option to individuals enrolled in the HCS, TxHmL, CLASS, and DBMD programs. The rules were published as proposed in the Texas Register on Nov. 27, 2015. The adopted rules were published in the Texas Register on March 11, 2016.
4. [IL 16-06](#) changed the requirements for direct service providers in CFC in HCS and TxHml, no longer allowing the direct service worker (DSW) to live in the same residence. Will this be expanded to CLASS and DBMD? If yes, when and what is the rationale?
- A. No, this is not being expanded to CLASS or DBMD. The provision which does not allow the DSW to live in the same residence was already in place in the TxHmL and HCS waivers and was reinstated. This was never a provision in the CLASS or DBMD programs and there are no plans to expand this to CLASS or DBMD.
5. Regarding TAC [42.213](#), when a program provider cannot ensure an individual's health and welfare: (1) *The program provider must include in the written notification to DADS:*
- (A) *a description of the specific reasons the program provider cannot ensure the individual's health and welfare; and*
 - (B) *a statement that the program provider is not willing to provide DBMD Program services or CFC services to the individual.*

What paperwork is needed from the provider? Should it be a description and statement on a CM note, company letterhead, etc.? Is there a specific DADS form the provider needs to complete and send to DADS?

- A. There is no specific form or letterhead required to document the conditions described above, however, there should be some type of documentation to support this determination, such as that of a hospital visit, medical report, or nursing assessment. This would be attached to the written notification that a program provider cannot ensure the individual's health and welfare. Additionally, provide supporting documentation, if any for ongoing efforts and communication between the provider and individual.