



## CFC HCS/TxHmL Webinar, March 21, 2016, Questions

### List of Topics

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### **TRANSPORTATION**

1. What is a transportation plan?
  - A. As defined in the HCS and TxHmL rules, a transportation plan is a written plan, based on person-directed planning, that is developed with an applicant or individual using DADS [Form 3598](#), Individual Transportation Plan. A transportation plan is used to document how, as a SHL activity, transportation will be delivered to support an individual's desired outcomes and need for transportation as identified in the PDP.
2. What is the form number for the transportation log?
  - A. DADS [Form 2124](#), Community Support Transportation Log.
3. Who is responsible for completing the transportation plan form at the service planning team (SPT) meeting?
  - A. If an HCS or TxHmL program provider will provide transportation, the program provider is responsible for completing the transportation plan form in collaboration with the individual/LAR.
4. Who completes the transportation plan if the person receives transportation through the CDS option?
  - A. If a CDS employee will provide transportation in HCS or TxHmL, then the service coordinator (SC) will assist the CDS employer with completing the transportation form during an SPT meeting.
5. Does the Transportation plan have to list a goal?
  - A. Yes. The outcome for transportation will come from the HCS or TxHmL person-directed plan (PDP), specifically the Action Plan for transportation.
6. Did I understand you to say that a client can chose CFC through the CDS option and also choose SHL Transportation through a Program Provider? (slide 25)
  - A. Yes.
7. With CDS HCS, is transportation a requirement on the IPC or PDP?
  - A. If transportation is identified as a need, then it is included on the individual's PDP and IPC. If an individual's proposed IPC includes transportation as a supported home living (SHL) activity to be delivered through the CDS option (i.e., TRV), a transportation plan must be developed by the SPT.
8. When is transportation included on an Implementation Plan for the Texas Home Living or HCS program?



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- A. Transportation needs must be documented using DADS [Form 3598](#), Individual Transportation Plan. The transportation plan form serves as the implementation plan for transportation as a community support (CS) activity or the supported home living activity.
9. How is transportation billed? 15-minute increments to equal 1 unit?
- A. Yes. A program provider must determine service time for transportation as a SHL or CS activity. This is in accordance with No. 7 in Section 4540, Supported Home Living Billing Requirements of the Home and Community-based Services (HCS) Program Billing [Guidelines](#).
10. One of the letters said we can implement the use of transportation as each person's IPC renews this year for those with CFC PAS/HAB on their plans. Is that still the case or do we need to revise all the IPCs now to add transportation?
- A. That is still the case. The Information Letter (IL) [15-52](#), concerning transportation, states for the process for adding transportation to an IPC "For a renewal or initial IPC that has a begin date of November 1, 2015 or later...". Therefore, the timeframes described in the IL remain in place until October 31, 2016.
11. The updated Transportation Plan in the DADS website does not have a section for signatures. Are signatures no longer required for the Transportation Plan?
- A. Please see DADS [Form 3598](#), Individual Transportation Plan. One of the first steps to complete the form is to check the appropriate waiver program at the top of the form. Once checked, page 2 populates with spaces for required signatures.
12. Is there a service delivery log for transportation in SHL or CS?
- A. Yes. Please see DADS [Form 2124](#), Community Support Transportation Log.
13. Is there any chance that in the near future, Transportation will be included as a billable activity for CFC?
- A. DADS is unaware of any changes to include transportation as a billable activity for CFC at this time.
14. When developing the transportation plan is there a cap on it? Also do you just determine according to what you think or how many hours one might calculate weekly?
- A. There is no cap on transportation; however transportation units in combination with other waiver services must not exceed the annual cost limit for the waiver program that the individual is enrolled in. The transportation plan is completed with the individual and LAR based on the individual's transportation needs. Please see the instructions to DADS [Form 3598](#), Individual Transportation Plan.
15. For medical transportation is it the LIDDA SC's responsibility to call the MCO SC, if the individual has one, to arrange transport or does the provider call or transport the individual to doctor's appt.?
- A. The responsibility for arranging Medicaid-funded medical transportation can vary, depending on the individual's circumstance. For instance, the primary caregiver of an individual living in his/her own home or family home may choose to arrange the medical transportation because their schedule will likely be affected. In some situations, the SC may be better suited to make the arrangements. For an individual in supervised living or residential support, the program provider may choose to arrange the transportation because the provider will be in a better position of knowing the individual's daily schedule.
16. If a caregiver is taking the person somewhere in which habilitation will be provided, such as teaching him or her how to shop for groceries, would the transportation part be included in the PAS/HAB hours or under a transportation plan?



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- A. As described in IL 15-52, if the individual's IPC renewed before November 1, 2015, then transportation may be included as CFC PAS/HAB, but only until the next IPC renewal. If the individual's IPC renewed on or after November 1, 2015, then transportation may not be included as CFC PAS/HAB.
17. The transportation plan looks more like a transportation log. How are we supposed to know where the consumer wants to go or do and how often they want to be transported when creating the plan?
- A. The information comes from the individual/LAR as they describe the individual's transportation needs. The instructions that are provided with each version of the DADS [Form 3598](#), Individual Transportation Plan are helpful in working with the individual/LAR to develop the plan.
18. Can someone living with the consumer be a service provider for Transportation?
- A. No.
19. If an individual wants help with grocery shopping, then we split up transportation to the store, CFC while assistance is being provided, and transportation back home?
- A. Yes, because transportation is not included as CFC PAS/HAB.
20. How does the provider bill transportation?
- A. Please see the Home and Community-based Services Program Billing Guidelines, specifically Section 4500.
21. When will the change to transportation services take effect?
- A. The change to transportation services is currently in effect. Please see IL 15-52, Providing Transportation in the Home and Community-based Services and Texas Home Living Waiver Programs.
22. If a provider is going to provide transportation, but not bill for it, is a transportation plan still required?
- A. Yes. If the individual's PDP includes an Action Plan and outcome for transportation as an SHL or CS activity, then the provider is responsible for developing a transportation plan, regardless of whether the provider intends to bill for transportation. Please note if a provider does not bill for transportation, the provider is still responsible for documenting that transportation was provided as in accordance with the PDP, IPC, and the transportation plan.
23. Do we need to document transportation on the transportation documentation and on the IPC? I hope that makes sense... Just wondering if we document in both places.
- A. If an individual's PDP includes transportation as a SHL or CS activity, an Individual Transportation Plan (DADS [Form 3598](#)) must be developed. The transportation plan identifies the number of hours the individual needs for transportation. The number of hours on the transportation plan is included on the IPC.
24. Can the same staff provide transportation and PAS/HAB services?
- A. Yes, as long as the CFC staff does not live with the individual.
25. If transporting a client to a doctor's appointment is not covered under transportation, then what services are covered?
- A. Some examples of transportation destinations are grocery stores, day habilitation site, banks, work, movie theaters, event centers, schools, libraries and restaurants. Transportation to a doctor's appointment could be included under transportation; however, the transportation time stops once the individual is at the appointment. Also, if transportation is available through a Medicaid state plan resource, that would need to be used first as waiver services are the payor of last resort.



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26. We cannot find instructions for the Transportation Plan on the DAD's website
- A. DADS [Form 3598](#), Individual Transportation Plan includes general instructions that state  
*“This form has been updated to display specific instructions based on the program in which the individual is enrolled. The first step is to click on the box with the appropriate program type, either CLASS/DBMD or HCS/TxHmL. The sheet will change slightly based on this choice and a gray box will appear next to the checked box. Click on the gray box to open the instruction sheet associated with the program type.”*
- After opening the form, you must choose which program type. If you check the “HCS/TxHmL” box, a gray box appears which states, “HCS/TxHmL Instructions ONLY.” When you click the gray box, a set of specific instructions appears. There is also a box to print the instructions.
27. Do we have to use a particular form to document the use of SHL transportation? Can we use a narrative for it?
- A. The required form is DADS [Form 3598](#), Individual Transportation Plan. DADS [Form 2124](#), Community Support Transportation Log is used to document use of transportation.
28. Does transportation mean just taking a client to and from a place or event? If the caregiver is involved in the event like acting as escort or teaching the individual how to interact in the community, does that still count as transportation?
- A. The act of transporting an individual from one location to another is considered transportation as an activity of SHL or CS. After the act of transporting is completed, the service provider may be providing CFC PAS/HAB activities if they are working with the individual in the community. The amount of time and activities performed for CFC PAS/HAB must be documented on DADS [Form 8510](#), HCS/TxHmL CFC PAS/HAB Assessment. If the service provider providing the transportation is also the escort, they must only bill for one specific service at a time.
29. What is the code for transportation?
- A. Please see IL 15-52 for all applicable codes.
30. So the HCS/TxHmL CFC provider cannot provide transportation to a client who needs to travel to location outside the provider's contract/service area (for example to a medical appointment)?
- A. Transportation of individuals by HCS and TxHmL CFC providers is not limited to the provider’s contract/service area. If transportation to a medical appointment is available through a Medicaid state plan resource, that would need to be used first as waiver services are payor of last resort.
31. If a person receiving transportation requests a one-time transportation schedule change but it does not exceed the weekly/annual schedule limit is that acceptable to provide? For example: a ride after discharge from hospital or wants to go on a different day to the grocery shopping.
- A. Yes. DADS suggests adding a few hours to the transportation plan as “unspecified” to accommodate incidental and unplanned trips. The transportation plan does not need to be changed if the individual is able to use transportation within the IPC amount. If the change exceeds the transportation amount on the IPC, a revision to the transportation plan and the IPC is necessary.
32. If a caregiver takes an individual to the library for example, then takes her out to eat and then brings her back home. Is that transportation or CFC PAS/HAB?
- A. All of the actual transporting (being in a vehicle) is transportation and all of the habilitation done at the library and during lunch is CFC PAS/HAB.
33. For consumers attending a Day Habilitation Center, is an IP required for transportation?



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- A. Transportation as an SHL or CS activity requires a transportation plan (for example, transporting an individual from his/her home to the day habilitation site). Any transporting of the individual during day habilitation activities (for example, an outing to a store) is part of day habilitation services and a transportation plan is not required.
34. If you have to take a client to the ER that is outside the provider's contract/service area (so medical transportation service would not be available timely), would it be covered under CFC?
- A. Transportation is not included as CFC PAS/HAB. It would not be appropriate to use Medicaid Medical Transportation to go to the ER because it is not a scheduled medical appointment. Therefore, transportation as an SHL or CS activity may be used. DADS suggests adding a few hours to the transportation plan as "unspecified" to accommodate incidental and unplanned trips.
35. For transportation do we have to contract out or can the attendant do the transportation?
- A. DADS interprets the term "attendant" to mean the CFC PAS/HAB service provider. The program provider is responsible for ensuring that all services are delivered in accordance with an individual's needs as authorized by DADS on the PDP, IPC and IP. Services can be delivered by qualified CFC or SHL/CS program provider staff. Program providers are responsible for ensuring any staff providing direct services to an individual meet all requirements set forth by DADS, including the CFC, HCS or TxHmL billing guidelines as applicable to the services that the individual is receiving.
36. If there is no transportation on the IPC what do we do? I take it as there is no transportation allowed.
- A. This scenario may exist because on June 1, 2015, all SHL and CS hours in CARE became CFC PAS/HAB. If an individual's IPC includes CFC PAS/HAB and the IPC has not been renewed since November 1, 2015, then it is likely no transportation hours are on the IPC. In this situation, IL 15-52 allows transportation to be included and billed as CFC PAS/HAB, but only until the IPC is renewed. Otherwise, if transportation as an SHL or CS activity is identified as a need, then it should be indicated on the individual's PDP and IPC. Note that transportation as an SHL or CS activity is only available to individuals who live in their own home or family's home. It is not available to individuals in HCS who are receiving host home/companion care, supervised living or residential support.
37. Can a provider bill for extended transportation time due to traffic?
- A. A transportation plan should take into consideration the amount of traffic that is typical for the time of day that the transportation is being provided. Transportation may be billed for the entire time it takes to transport the individual to his/her destination, including time spent in traffic.
38. The transportation service is addressed in the PDP but the service is not billable due to time, distance, # of van riders etc.? Is a provider required to put transportation on an IPC?
- A. If the individual's PDP includes an Action Plan and outcome for transportation as an SHL or CS activity, then the provider is responsible for developing a transportation plan to meet the outcome indicated on the PDP. Transportation as an SHL or CS activity must be indicated on the IPC. Please see Section 4540 of the Supported Home Living Billing Requirements for details regarding the proper way to bill the service, including time and number of riders.
39. When does the IPC need to have CFC and transportation split, at the annual or any revision to the IPC after 11.1.15?
- A. It is split at the next IPC renewal. The Information Letter (IL) [15-52](#), concerning transportation, states for the process for adding transportation to an IPC "For a *renewal or initial* IPC that has a begin date of November 1, 2015 or later...". Therefore, the timeframes described in the IL remain in place until October 31, 2016.



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40. Transportation is only on Annual IPC's that begin 11-1-15 and after? Prior to that is still being billed under CFPH?
- A. That is correct. Please see IL 15-52 for additional information.
41. Does the state realize that what used be a one 3-hour note for CFC, has been turned into 5-6 notes when we transport folks to and from the grocery store, doctor appointments, etc.?
- A. The state is aware that a separate note will need to be written for each service provided.
42. If an IPC was revised for any reason, should the CFC and transportation be split at that time?
- A. Although IL 15-52 states that CFC PAS/HAB and transportation must be split at an IPC renewal that occurs after November 1, 2015, it is okay to split them for an IPC revision that occurs after November 1, 2015.

### RATES

1. Where do you find the rate to pay the CFC service provider?
- A. CFC is a Medicaid State Plan program; therefore, rates are found on the HHSC website under Rate Analysis for Long-term Services and Supports. For additional information, please review the HCS rates here: <https://www.hhsc.state.tx.us/rad/long-term-svcs/downloads/2015-09-cfc-rates.pdf>.
2. For CFC ERS, it has been difficult to find a provider to provide the service within the monthly reimbursement rate. Can we pay the ERS annually for a reduced rate then bill monthly charge not to exceed the total billed for the year?
- A. Please refer to the Rate Analysis for ERS webpage at [www.hhsc.state.tx.us/rad/long-term-svcs/ers/index.shtml](http://www.hhsc.state.tx.us/rad/long-term-svcs/ers/index.shtml).

### TRAINING

1. Where is the specific HHS approved Person Centered Training found? I have searched for this and do not find specific HHS approved training. HHSC references the Institute for Person Centered Practices: <http://www.person-centered-practices.org/home.html>
- A. Texas partners with the Institute for Person-Centered Practices for Person-Centered Thinking (PCT) training, developed by The Learning Community for Person-Centered Practices. Every CFC and HCBS person-centered plan facilitator will complete the Institute for Person-Centered Practices training or an HHSC-approved training. Only certified PCT trainers have access to the training materials. Please refer to [www.person-centered-practices.org/about.html](http://www.person-centered-practices.org/about.html) and [www.learningcommunity.us/usa.htm](http://www.learningcommunity.us/usa.htm) to identify current certified trainers in Texas.
2. For staff who prepare the implementation plan must complete person-centered service planning training. Will these trainings be scheduled during the next few months, or is there a web page that lists these trainings?
- A. The Institute for Person-Centered Practices offers person-centered plan facilitation training. For training information please refer to [www.person-centered-practices.org/home.html](http://www.person-centered-practices.org/home.html).
3. Will there be a specific training provided to meet the Person Centered Service Planning Training approved by the HHSC?
- A. Yes. 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](mailto:MCD_CFC@hhsc.state.tx.us).



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4. Please clarify who is required to take the Person Centered Training.
  - A. All LIDDA SCs and all HCS and TxHmL program provider staff who participate in developing an IP.
5. When is the deadline for the person centered training?
  - A. The deadlines for person-centered service planning training are either by June 1, 2017, if the staff member was hired on or before June 1, 2015; or within two years after hire, if the staff member was hired after June 1, 2015.
6. Where can you take the person centered planning training and who all within the provider is that required for?
  - A. Every person-centered plan facilitator is required to complete the Institute for Person-Centered Practices training or an HHSC-approved training within two years of the implementation of CFC. Person-Centered Thinking (PCT) training may be completed by those who are certified PCT trainers by The Learning Community for Person-Centered Practices or affiliated with an HHSC-approved training. Please refer to [www.learningcommunity.us/usa.htm](http://www.learningcommunity.us/usa.htm) for those certified to provide PCT training in Texas.
7. Where is the HHSC approved training for staff members completing the IP?
  - A. Please see answer to Question No. 1.
8. Slide 32, is there a timeframe for the LAR to complete training for CFC PAS/HAB?
  - A. The LAR is not required to complete training. Slide 32 is about the LAR providing training to a service provider employed by an HCS or TxHmL program provider. The slide states that an HCS or TxHmL program provider is required to allow the individual/LAR to train a CFC PAS/HAB service provider in the specific assistance that the individual needs.

### **RESPITE**

1. Can respite under TXHML be provided on the same day as CFC PAS/HAB?
  - A. The two different services can be billed on the same day, but cannot be provided during the same period of time.
2. Does respite or dental count as a monthly service?
  - A. Only if the respite or dental is provided every month of the year.

### **SUSPENSION AND TERMINATION**

1. Can you please clarify slide 34. What is the benefit of an individual terminating their HCS or TxHmL services to receive CFC services through their MCO?
  - A. The slide is not about the benefit of terminating waiver services to receive CFC through an MCO, the slide is about the SC's responsibility to inform the individual of the possibility of receiving CFC services through an MCO. In certain circumstances, this possibility might be beneficial; for example, an individual may not need all of the services of a waiver program but they do need consistent care provided by a family member in the home. The SC would need to convene with individual/LAR to discuss the individual's preferences, the type of Medicaid they receive, and help them determine what is best to meet their needs.
2. When do the service coordinators have to have the forms completed to determine the number of CFC hours allowed?



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- A. At least 60 but no more than 90 calendar days before the expiration of an individual's IPC the SC must convene the SPT to complete DADS [Form 8510](#), HCS/TxHmL CFC PAS/HAB Assessment to determine the number of CFC hours that the individual needs. Please see IL 16-04.
- 3. Slide 34: Are you referencing terminating the waiver?
- A. Slide 34 pertains to a SC's responsibility to inform an individual/LAR who has requested termination from HCS or TxHmL that, after termination from HCS or TxHmL, the individual may be able to receive CFC services through a MCO.
- 4. 9.177 - what if you do not want to contract with the person the individual or LAR wants to provide CFC services? Sometimes the choice is not a good one, maybe we have past history with this person - such as we terminated them from employment.
- A. The Texas Administrative Code (TAC §9.177) makes no exception for hiring an individual requested by the individual/LAR due to previous termination. Please see HCS Program, 40 TAC, Chapter 9, Subchapter D, [§9.177](#)(b) for conditions under which a provider does not have to contract with a person of the individual's choosing.

## ASSESSMENT

- 1. Can you give some clarification to the last section on the CFC PAS/HAB Assessment where it has the signature line for the Program Provider when they participate in the assessment and when they review it? Does the Program Provider sign the assessment when they have participated in the assessment and then sign again once they have reviewed it after a copy has been given to them?
- A. If the program provider participated in the completion of the assessment, then the provider signs that he/she participated. If the program provider did not participate in the assessment, they must review the completed form and sign they reviewed the form.
- 2. Is there a limit on how many revisions can be done to a CFC assessment in an IPC year?
- A. No.
- 3. If the CFC assessment was completed, and supports and exceeds 25 hours per week will the IPC be rejected.
- A. DADS does not reject an IPC. A request may be made that an IPC packet be submitted to DADS for review.
  - a. In HCS, for an initial IPC the SC is responsible for submitting an IPC packet to DADS when requested. For a renewal or revision IPC the program provider is required to submit an IPC packet to DADS when requested.
  - b. In TxHmL, the SC is responsible for submitting an IPC packet to DADS when notified, either through a CARE message or a phone call or email.
- 4. When completing a CFC Assessment Form does the program provider have to be present or just SC and client?
- A. The SC convenes the SPT to complete the assessment. The individual/LAR is encouraged to invite the program provider to participate if the program provider is not already a member of the SPT. If the program provider is invited, the program provider is required to participate in completing the assessment.
- 5. Can the CFC PAS-HAB Assessment be completed a month prior to the IPC meeting?
- A. Yes, depending on when the IPC meeting takes place, in accordance with HCS 40 TAC, Chapter 9, Subchapter D, [§9.166](#)(a)(1)(ii) the CFC PAS/HAB Assessment form must be completed at least 60 days



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but no more than 90 calendar days before the expiration of an individual's IPC. For TxHmL the CFC PAS/HAB Assessment must be completed at least annually prior to the expiration of the individual's IPC in accordance with TxHmL 40 TAC, Chapter 9, Subchapter N, [§9.568](#) (a)(2).

6. Can an individual receive speech and day habilitation services under CFC?
  - A. No, because those are HCS or TxHmL services, not CFC services.
7. Are there guidelines or examples as to what the reasonable expectation/activity for CFC PAS/HAB hours might be?
  - A. The hours must accurately reflect the individual's needs. The instructions for [Form 8510](#), HCS/TxHmL CFC PAS/HAB Assessment have guidelines for helping to assess the individual's needs. Please note CFC PAS/HAB cannot provide for the general supervision needs of the individual.
8. Is an RN required to do the assessment?
  - A. A RN is not required to complete the assessment. The assessment is completed by the SC with input from the individual's SPT.

### LIVING IN THE INDIVIDUAL'S HOME

1. Can you please touch again on family members - living in the home - no longer allowed to be the caregiver?
  - A. Please see [IL 16-06](#), posted February 18, 2016.
2. Can the CFC attendant live in the same home as the individual receiving services?
  - A. Not after May 31, 2016. Please see IL 16-06.
3. What about if individual is in college and living on campus part of the year...if household members go there, can they earn hourly wages?
  - A. A household member who does not live on campus with the individual and who meets all other qualifications to be a CFC PAS/HAB service provider may provide CFC PAS/HAB to the individual while the individual is living on a college campus.

### MEDICAL ASSISTANCE ONLY (MAO)

1. How can we find out which individuals have MAO Medicaid?
  - A. Please see [IL 15-41](#), Interpretation of Medical Assistance Only Codes, posted July 20, 2015.
2. What is MAO?
  - A. Medical Assistance Only is a type of Medicaid for individuals who do not qualify for SSI.

### MONTHLY AND ANNUAL SERVICES

1. Is the rule for CFC that the client must receive one HCS/TxHmL service per month or per year?
  - A. Please refer to HCS and TxHmL rules, specifically [§9.155](#)(c) and (d) and [§9.556](#)(a)(9), (b), and (c). DADS is in the process of developing a form describing the eligibility criteria for HCS and TxHmL and for CFC for SCs to share with individuals/LARs. The English version for HCS/TxHmL is now available as Form [8511](#), Understanding Program Eligibility. When ready, DADS will release a similar version for CLASS and DBMD, and will translate both versions into Spanish.



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2. If you have an HCS person who is self-directing all the services on their IPC, how will that affect them having to have at least one provider service?
  - A. The eligibility criteria in the HCS and TxHmL rules do not require a program provider to deliver at least one HCS or TxHmL service. The eligibility criteria states that the individual *must receive* at least one waiver service per year. The service can be delivered through a program provider or through the CDS option.
3. Can CFC individuals receive day habilitation and speech services through their HCS provider who has a contract with outside sources?
  - A. An individual enrolled in HCS, regardless of whether the individual also receives CFC through HCS, may receive day habilitation and speech services through their HCS provider that has a contract with outside sources.
4. Was dental increased to \$2000 for TxHmL?
  - A. No. The dental limit was increased to \$2,000 for HCS only.
5. Does the Service Coordinator monitor utilization of services in PAS/HAB?
  - A. A SC is responsible for monitoring an individual's CFC services in the same manner as HCS and TxHmL services. The SC must determine if the individual is actually receiving CFC HAS/HAB, whether the individual is making progress toward achieving his/her outcomes for CFC PAS/HAB, and whether the individual/LAR is satisfied with CFC PAS/HAB services. If the individual is using more CFC PAS/HAB hours per week than what is listed on the CFC PAS/HAB Assessment, then the SC is required to address the overuse of hours with the HCS or TxHmL provider and the individual/LAR.
6. The rule amendments that were effective 3-20-16 for the TxHmL Program and CFC specifically state, "the amendments also increase the dental treatment service limit from \$1,000 to \$2,000 during an IPC year". Is this a typo?
  - A. Yes. The *cover page* of the TxHmL rule inadvertently stated that the rules increased the dental limit for TxHmL. DADS has corrected the cover page and sent the revised document to all LIDDAs.
7. If I'm doing an IPC revision to increase dental, does the Form 8510 need to be done at that time?
  - A. Yes, if the individual is receiving CFC PAS/HAB. In accordance with the IL 16-04, for an IPC revision with an effective date of March 20, 2016, or later that includes CFC PAS/HAB, the SC must, in collaboration with other members of the SPT, complete [Form 8510](#), CFC PAS/HAB Assessment to determine the number of CFC PAS/HAB hours the individual needs.

## MISCELLANEOUS WEBINAR QUESTIONS

1. See rule 9.168 (slide 25) How do we get the FMSA to be part of the SPT as they do not attend waiver renewal meetings or sign IPCs. Confused--especially since some are 100 - 300 miles away and would have to attend by phone. Very few attend enrollment meetings, and none of ours attend renewal meetings. And that only for HCS SHL and NOT for TxHmL CS?
  - A. Slide 25 does not require an FMSA to be a member of the individual's SPT. It would be unusual for an FMSA to be a member of an individual's SPT.
2. Slide 17 stated that an individual is not eligible for CFC services if they are receiving host home/companion care, supervised living, or residential support and the last bullet in 29 seems to contradict that.



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- A. Please note that slide #29 states “DADS does not pay a provider [for]:” CFC services are provided to an individual receiving host home/companion care, supervised living or residential support.
3. There doesn't appear to be a section referencing changes to the LON for HCS only for TxHmL...is that accurate?
- A. Nothing related to LON changed in either the HCS or TxHmL rules. Slide #40 merely references the full names of each rule section that was affected by the adoption.
4. Can the LAR make the appeal for additional hours to the TxHmL IPC?
- A. If an applicant requests a certain number of CFC/PAS HAB hours be provided, the SPT should engage in discussion of that request, including whether the request is supported by the CFC PAS/HAB assessment. The SPT should work together to come to some agreement around the amount of service to be requested that will meet the individual's need for CFC PAS/HAB. When the SPT is unable to come to an agreement about the need of the individual for this service, the SC must include the number of hours requested by the individual/LAR on the proposed IPC. If the number of hours requested is not supported by the assessment, the service coordinator should notify DADS of that so that the IPC can be reviewed. If CFC/PAS HAB services are terminated, suspended, denied or reduced by DADS, the individual receives a notice of the right to appeal. The individual or LAR can request a fair hearing in accordance with 1 TAC, Chapter 357, [Subchapter A](#) (relating to Uniform Fair Hearing Rules) to review that decision.
5. What is an example of a backup plan for someone's PAS/HAB services who lives alone and has no family support?
- A. The backup plan could state that another staff of the program provider would provide the CFC PAS/HAB if the regular staff was unavailable for some reason. The plan could also include natural supports that may be present in the individual's life, such as a neighbor, church member or friend who would be able to step in if the regular staff was unavailable.
6. Are you planning to update the Explanation of the Texas Home Living brochure to include CFC requirements?
- A. Yes.
7. Please define LIDDA.
- A. Local Intellectual and Developmental Disability [Authority](#).
8. How does an agency participate on the program?
- A. Please see the DADS Provider Resources webpages for HCS and TxHmL. A good place to start is the CFC Provider Resources webpage at [www.dads.state.tx.us/providers/cfc/](http://www.dads.state.tx.us/providers/cfc/).
9. What is Supervised Living?
- A. It is a residential service provided through HCS that provides individuals with 24-hour-a-day support in a group home setting.
10. What do I type in exactly on the DADS website for us to print new rules for HCS? Do I go to the search button?
- A. HCS rules can be found at [www.dads.state.tx.us/providers/HCS/rules.html](http://www.dads.state.tx.us/providers/HCS/rules.html).
11. What is FMS?



## CFC HCS/TxHmL Webinar, March 21, 2016, Questions

- A. Financial management services is a service available to an individual participating in the CDS option that provides support to the individual for employer-related activities. Please see 40 TAC, Chapter 41, Subchapter C, §[41.309](#)(a).
12. My question is on participation on the CFC. How does an agency participate in the program?
- A. CFC is a state plan service provided through a contract with a Medicaid Managed Care Organization (MCO) or by a waiver program provider to individuals enrolled in a DADS Medicaid waiver program, like HCS or TxHmL.
13. Can DADS please put back the IL letters that were removed because of reviews and audits that will be conducted for those dates of service?
- A. For all ILs which were removed, the information can be found in another location such as the TAC for that period of time or the billing guidelines for HCS and TxHmL.
14. Is SHL still available or is CFC the only option?
- A. The only activity that is available under SHL is transportation. All other activities that were previously delivered as SHL are now delivered as CFC PAS/HAB.