

LIDDA/MCO - CFC
Local Intellectual and Developmental Disability Authority
and Managed Care Organization
Procedures for Community First Choice

- 1) Working from the final version of the Community First Choice (CFC) outreach list the Health and Human Services Commission (HHSC) sent to the Local Intellectual and Developmental Disability Authorities (LIDDAs) in June 2015, LIDDA staff apply HHSC's prioritization guidelines (in box below) to determine the order in which interest list members should be assessed for CFC.

HHSC's prioritization guidelines

Managed Care Organizations (MCOs) and LIDDAs use the following criteria when determining the order in which individuals are assessed for CFC eligibility and services.

Priority 1:

The individual:

- has a current Determination of Intellectual Disability (DID) under the criteria established in DADS memorandum "Requirements for Completing a Determination of Intellectual Disability for Community First Choice Applicants/ Participants," dated January 20, 2015 – and is interested in CFC services; or
- is referred to the LIDDA by an MCO because the individual is at imminent risk of loss or incapacity of his/her primary caregiver or is transitioning from a children's Medicaid program.

Priority 2:

The individual has a DID that must be reviewed and endorsed under the criteria established in DADS memorandum "Requirements for Completing a Determination of Intellectual Disability for Community First Choice Applicants/Participants," dated January 20, 2015 – and is interested in CFC services.

Priority 3:

The individual has been on an IDD Waiver Interest List for the longest duration of time – and is interested in CFC services.

Priority 4:

The individual:

- is referred by an MCO or LIDDA or requests CFC services (i.e., "raises their hand"); and
- is interested in CFC services.

Note that these guidelines also apply to individuals who may approach the LIDDA requesting assessment for CFC services. If application of the guidelines results in the determination the individual will not be moved into the CFC assessment process at the time of their inquiry, the individual should be referred to his/her MCO to be considered for other possible services that may be available. This is done by advising the member to contact his/her MCO, and, when possible, by emailing the MCO to provide the member's identifying information for appropriate follow-up.

- 2) By the seventh calendar day of each month, LIDDA staff enter the identifying information (name and Medicaid ID) of each member identified for assessment that month, on the MCO and LIDDA Data Transfer Excel spread sheet in each MCO’s secure FTP folder OUT box (on the tab titled “From LIDDA to MCO”). If the DID is already in place for a given member, LIDDA staff indicate this by entering the date the DID was completed. The template for that spreadsheet can be accessed at www.dads.state.tx.us or by request at LAServicecoordination@dads.state.tx.us. The URL for the LIDDA/MCO secure FTP site is: [sftp.hhs.texas.gov](ftp://sftp.hhs.texas.gov). A username will begin with “mcofcf.”

The first time this is done, there may not yet be a spread sheet posted to the MCO’s folder, meaning the LIDDA will start from a clean copy of the spreadsheet, with the needed members’ information added. For subsequent months, this process will involve downloading the existing spreadsheet already in use, saving that document with a new name, and then uploading the new version (with member information added) back to the MCO’s FTP folder OUT box. The naming convention to be used when the spreadsheet is uploaded by the LIDDA to the MCO is “XXX_ZZZ_YYYYMMDD.xls,” where “XXX” represents the MCO Component Code, “ZZZ” represents the LIDDA Component Code, and the last 8 characters represent the 4-digit year, 2-digit month, and 2-digit day, indicating the date the spreadsheet was uploaded. The lists of MCO component codes and plan codes, as well as LIDDA component codes are below:

MCO Component Codes	
Superior STAR+PLUS	101
Superior STAR Health	102
United Healthcare Community Plan	103
Cigna-Healthspring	104
Molina	105
Amerigroup	106

MCO Plan Codes			
Service Area	MCO Plan Name	STAR+PLUS Plan Code	MMP Plan Code
Bexar	Amerigroup	45	4F
	Molina	46	4G
	Superior	47	4H
Dallas	Molina	9F	9J
	Superior Health Plan	9H	9K
El Paso	Amerigroup	34	3G
	Molina	33	3H
Harris	Amerigroup	7P	7Z
	United Healthcare	7R	7Q
	Molina	7S	7V
Hidalgo	Cigna-HealthSpring	H7	H8
	Molina	H6	H9
	Superior	H5	HA
Jefferson	Amerigroup	8R	

MCO Plan Codes			
Service Area	MCO Plan Name	STAR+PLUS Plan Code	MMP Plan Code
	United Healthcare	8S	
	Molina	8T	
Lubbock	Amerigroup	5A	
	Superior	5B	
Medicaid Rural Service Area (RSA) Central Texas	Superior	C4	
	United Healthcare	C5	
Medicaid RSA Northeast Texas	Cigna-HealthSpring	N3	
	United Healthcare	N4	
Medicaid RSA West Texas	Amerigroup	W5	
	Superior	W6	
Nueces	United Healthcare	85	
	Superior Health Plan	86	
Tarrant	Amerigroup	69	6F
	Cigna-HealthSpring	6C	6G
Travis	Amerigroup	19	
	United Healthcare	18	

Note: For Superior STAR Health members, the statewide plan code is 1E.

LIDDA Component Codes	
Anderson-Cherokee Community Enrichment Service	440
Andrews Center	190
Austin Travis County Integral Care	030
Betty Hardwick Center	010
Alamo Local Authority for IDD	051
Bluebonnet Trails Community Centers	460
Border Region Behavioral Health Center	485
MHMR Authority of Brazos Valley	250
Burke Center	260
Camino Real Community Services	490
Center for Life Resources	060
Central Counties Services	040
Central Plains Center	070
Coastal Plains Community Center	475
Community Healthcore	240
MHMR Services for the Concho Valley	160
Metrocare SERVICES	300
Denton County MHMR Center	400
Emergence Health Network	090
Gulf Bend MHMR Center	110
Gulf Coast Center	100
MHMR Authority of Harris County	280

LIDDA Component Codes	
Heart of Texas Region MHMR Center	220
Helen Farabee Centers	230
Hill Country MHDD Centers	470
Lakes Regional MHMR Center	480
LifePath Systems	410
Starcare Specialty Health System	150
Behavioral Health Center of Nueces County	180
Pecan Valley Centers	350
Permian Basin Community Centers	170
Spindletop Center	140
MHMR of Tarrant County	200
Texana Center	430
Texas Panhandle Centers	020
Texoma Community Center	290
Tri-County Services	380
Tropical Texas Behavioral Health	130
West Texas Centers	450

- 3) During the course of the month, LIDDA staff members return to the MCO and LIDDA Data Transfer Excel spreadsheet for each MCO to update the member's information as they move through the assessment process. This is done by entering the dates that key process steps are completed as indicated by the spreadsheet columns. Each time this is done, the same process is used to save a copy of the spreadsheet, make the needed additions, rename it using the naming convention outlined in #2 above, and then uploading the revised spreadsheet to the MCO's folder OUT box.
- 4) LIDDA and MCO staff completing updates to the document should highlight the field that has changes so the receiving entity can easily determine what has been updated. For each subsequent submission, staff removes highlights from previous changes and highlights new changes.
- 5) The MCOs also use this same MCO and LIDDA Data Transfer Excel spreadsheet to transmit referrals to the LIDDA, by entering the member's information on the tab titled "From MCO to LIDDA." The MCO uploads a new copy of the spreadsheet to the LIDDA's IN box, following the naming convention "*ZZZ_XXX_YYYYMMDD.xls*," where "ZZZ" still represents the LIDDA Component Code, "XXX" represents the MCO Component code, and the last 8 characters represent the date the spreadsheet was uploaded. This will trigger the LIDDA to begin the assessment process for the newly referred member. The MCO should also indicate the MCO service coordinator's name and contact information in the comments section.
- 6) In order to avoid situations where both the LIDDA and the MCO may be attempting to access and work from the same spreadsheet at the same time, which could lead to errors in the data as multiple spreadsheets could then be uploaded with differing information, the

LIDDAs and MCOs have designated access times for the FTP spreadsheets. LIDDAs will access the spreadsheets (daily if needed) between the hours of 8:00 a.m. and noon (12:00 p.m.), and MCOs will access the spreadsheets (daily if needed) between the hours of 1:00 p.m. and 5:00 p.m. In addition, all documentation the LIDDA uploads to the FTP site will be posted to the folder labeled “OUT,” while MCOs will post only to the folder labeled “IN.”

- 7) When LIDDA staff receives a new referral from the MCO as described in #5, they transfer the member’s identifying information (name and Medicaid ID) to the “From LIDDA to MCO” tab. The LIDDA then begins adding status updates for the member as they move through the assessment process, again by entering the dates that key process steps are completed.
- 8) At the meeting to complete the functional assessment, the LIDDA:
 - and the member/LAR identify a date and time for the joint meeting with the member/LAR, the LIDDA, and the MCO. The date and time of the joint meeting should be approximately three weeks after the functional assessment was completed;
 - provides a copy of the brochure titled “Community First Choice: Choosing a Provider” available at <https://www.dads.state.tx.us/providers/cfc/> on the navigation tab on left side of the screen;
 - tells the member/LAR to expect a list of CFC providers from the MCO within the next two weeks;
 - encourages the member/LAR to be prepared to identify the selected CFC provider at the joint meeting; and
 - tells the member/LAR to contact the MCO with questions about providers.
- 9) Once the assessment process has been completed for a member, the LIDDA uploads the completed assessment packet to the MCO’s FTP OUT folder. That packet includes:
 - a completed DADS Form 1040 (Contact Information Sheet and CFC Packet Checklist) that includes the date, time, and location of the scheduled joint meeting, and where the MCO sends a list of CFC providers;
 - a copy of the DID;
 - the ID/RC;
 - completed Form H6516;
 - completed Form H2060B;
 - completed Form 1581 (where applicable); and
 - any other related documentation that may need to be transmitted.

When uploading the packet, the LIDDA use the naming convention “*Medicaid ID_XXX_CFC Packet_First Four Letters of the Member’s Last Name_ YYYYMMDD*,” where “XXX” represents the MCO Component Code and the last 8 characters represent the date the packet is uploaded.

Form 1040 and related instructions may be accessed here:

<http://www.dads.state.tx.us/forms/1040/>

Form H6516 and related instructions may be accessed here:

<https://www.dads.state.tx.us/forms/H6516/>

Form H2060B and related instructions may be accessed here:

<http://www.dads.state.tx.us/forms/2060-B/>

Form 1581 and related instructions may be accessed here:

<http://www.dads.state.tx.us/forms/1581/>

- 10) The MCO will review the uploaded packet, removing the documentation packet from the FTP site in the process of saving it locally to the member's electronic record. The MCO will also send the LIDDA an email confirming they received the assessment.

For members age 21 years and older, the MCO will contact the LIDDA to discuss the recommended service plan. Because the MCO's procedure to complete the authorization of the recommended care plan may take up to 30 days, this contact may not happen immediately following the LIDDA's uploading of the assessment documentation, but it should occur within seven calendar days after the LIDDA uploaded the documents. If the LIDDA wishes to contact the MCO to inquire as to status, this should be done by contacting the MCO's operational contact as indicated in the Excel document titled "CFC MCO Leadership and Operational Contacts."

The LIDDA must ensure the MCO has the final version of the Form H6516 if changes occur following the joint meeting between the MCO, LIDDA, and member/LAR. The LIDDA must post the final Form H6516 using the naming convention "*Medicaid ID_XXX_CFC FinalPacket_First Four Letters of the Member's Last Name_YYYYMMDD*," where "XXX" represents the MCO Component Code and the last 8 characters represent the date the final packet is uploaded. This must be posted within three business days following the joint meeting.

Note: There may be instances in which member relocation makes it necessary for a LIDDA to communicate with an MCO they don't typically interact with, meaning there would not be an FTP folder established to facilitate this communication. In such a circumstance, the LIDDA and MCO will exchange information directly via secure email.