



COMMISSIONER
Jon Weizenbaum

Memorandum

To: Community Services Regional Directors
Community Services Program Managers

From: Jennifer Chancellor
Manager
Long Term Services and Supports Policy

Subject: Rate Changes Effective September 1, 2015 for Medically Dependent Children Program

Issuance Date: September 1, 2015 LTSS 15-08-002

Effective Date: September 1, 2015

The Health and Human Services Commission (HHSC) has approved rate increases for Respite and Flexible Family Support Services in the Medically Dependent Children Program (MDCP) effective September 1, 2015.

Service	Service Delivery	Service Code	Rate Prior to September 1, 2015	Rate Effective September 1, 2015
Respite	Home and Community Support Services Agency (HCSSA)-Attendant without delegation	11	\$11.79	\$11.95
Respite	HCSSA-Attendant with delegation	11Q	\$12.79	\$12.95
Flexible Family Support	HCSSA -Attendant without delegation	11U	\$11.79	\$11.95
Flexible Family Support	HCSSA-Attendant with delegation	11V	\$12.79	\$12.95
CDS Respite	Attendant	11ZV	\$10.99	\$11.15
CDS Flexible Family Support	Attendant	11UV	\$10.99	\$11.15

Desk Review

By December 31, 2015, the case manager must review and change all Individual Plans of Care (IPC) with services delivered by attendants through the agency option and Consumer Directed Service (CDS) option. The case manager must use Form 2067, Case Information, to request the total number of attendant units delivered by the HCSSA provider or billed by the Financial Management Service Agency (FMSA) for Respite and/or Flexible Family Support Services delivered from the beginning of the IPC period through August 31, 2015. The provider's or FMSA's written response will be used to update the IPC and the Service Authorization System (SAS).

Existing Individual Plans of Care with September 1, October 1, or November 1, 2015 Effective Dates

For individuals who have already been authorized services effective September 1, October 1, or November 1, 2015, the case manager leaves the **Utilized before Budget Revision** section blank on form 2412, Individual Plan of Care/Budget Revision, and documents the authorized services for the whole IPC period with the new rate in the **Authorized for Budget Revision** section. The case manager completes the rest of the form.

Existing IPCs with Effective Dates Other Than September 1, October 1, or November 1, 2015

The case manager must apply the new service rate using a September 1, 2015, effective date and document the new IPC total. The case manager must document the change in the service plan on Form 2412. The case manager uses the written information from the provider or FMSA to complete the **Utilized before Budget Revision** section and applies the new rate in the **Authorized for Budget Revision** section. The case manager completes the rest of the form according to the form instructions.

Changes for IPCs ending in September, October, or November, 2015.

The case manager must use the written information from the HCSSA or FMSA to update service authorization forms and SAS records, as applicable. There may be instances when an IPC exceeds the cost limit as a result of the increased attendant rates. Since these rates are being applied retroactively, the only exception to exceeding the cost limit is for IPCs ending September, October, or November 2015, as a result of the change in attendant rates. The case manager must not add additional units to the IPC based on this exception. The case manager must document the change in the service plan on Form 2412.

IPCs Ending After November 30, 2015

Since the rate changes are based on a legislative mandate, DADS will make no exceptions to the IPC cost limit resulting from the change in rates for service plans that end after November 30, 2015. If the change in rate results in a service reduction, the case manager must review the individual's and primary caregiver's needs, Respite and Flexible Family Support Services

criteria, and make changes to the IPC within the IPC case limit.

Sending the IPC

The case manager must send a copy of Form 2412 to the individual. The case manager will not need to send Form 2412 to the HCSSA if the IPC change only addresses the rate change. The case manager must send Form 2412 to the individual and provider, as applicable, within **two working days** of the IPC change. The case manager must send a copy of Form 2412 to the individual and FMSA.

Service Authorization Forms

As applicable, the case manager must complete new service authorization forms to document the updated reimbursement rates using:

- Form 2414, Flexible Family Support; and/or
- Form 2415, Respite Services Authorization.

For attendant service delivered by a HCSSA, the case manager completes Section I through III of the appropriate service authorization form, as applicable. In Section IV, the case manager completes applicable fields but leaves the **Units(hrs)/Week for, Weeks, Units (hrs.) at, and/Unit (hr)** blank. The case manager completes the rest of the form.

Under **Comments** for both Forms 2415, the case manager documents:

- “Service Authorization Update: Rate change due to Health and Human Services Commission (HHSC) base rate change”;
- The number of units or hours, the rate, the total amount authorized for the period before the change; and
- The number of units or hours, the rate, the total amount authorized for the period after the change.

The case manager must send copies of the service authorization forms and Form 2065-B, Notification of Waiver Services, to the individual and applicable providers within **two working days** of the IPC change.

CDS Service Authorization Forms

The case manager must complete a new service authorization form to document the updated reimbursement rates using Form 2402, Consumer Directed Services Option – Services Authorization. On Form 2402 the case manager enters “September 1, 2015” as the **Begin Date** and the end of the current IPC period for the **End Date**. In **Units**, the case manager enters the units delivered or to be delivered from September 1, 2015, through the end of the IPC period. The case manager enters the new rate in **Unit Rate** and calculates the new **Amount of Funds Authorized**. The case manager completes the rest of the form.

Under **Comments** for Form 2402, the case manager documents:

- “Service Authorization Update: Rate change due to Health and Human Services Commission (HHSC) base rate change”;
- The number of units or hours, the rate, the total amount authorized for the period before the change; and
- The number of units or hours, the rate, the total amount authorized for the period after the change.

The case manager must send copies of the service authorization forms and Form 2065-B, Notification of Waiver Services, to the individual and FMSA within **two working days** of the IPC change.

Service Authorization System

Agency Option

The case manager will only update the Service Authorization record if there is a change in hours in the individual’s service plan. The case manager must document the new IPC cost limit in the SAS Service Plan record for all individuals affected by the rate change. All SAS data entries must be completed within **five working days** of the date on the service authorization forms.

CDS Option

The case manager must update the Service Authorization record with the new cost for service. The case manager must document the new IPC cost limit in the SAS Service Plan record for all individuals affected by the rate change. All SAS data entries must be completed within **five working days** of the date on the service authorization forms.

Questions regarding this memo may be directed to Long Term Services and Supports policy staff at MDCP@dads.state.tx.us.