



**FINANCIAL MANAGEMENT  
SERVICE AGENCY  
(FMSA)**

**QUARTERLY TECHNICAL  
ASSISTANCE WEBINAR**

**Consumer Directed  
Services (CDS)  
Option  
January 8, 2016**

# TOPICS

- Community First Choice – What's New and What Will be Changing?
- Abuse, Neglect and Exploitation Investigations
- Department of Labor Home Care Rule
- Important Updates for the National Center for Participant Directed Services National Conference
- Tips, Reminders and Updates

# CFC IMPLEMENTATION MILESTONES

- **March 2015:** The Centers for Medicare and Medicaid Services (CMS) approved the states 1915 (b) (4) waiver, allowing STP providers to be the sole provider of individuals enrolled in a DADS IDD waiver.
- **April 2, 2015:** CMS approved a state plan amendment to implement CFC.
- **April 27, 2015:** DADS released ILs to implement CFC until rules were adopted
- **June 1, 2015:** HHSC rules governing CFC became effective.

# CFC IMPLEMENTATION MILESTONES

- **June 1, 2015:** HHCS and DADS implemented CFC
- **August & September 2015:** MCAC and DADS Council recommended Texas Register publication of the DADS proposed CFC rules
- **November 1, 2015:** Transportation related to “habilitation services” to be billed to the respective waiver rather than CFC
- **March/April 2016:** Anticipated HHSC adoption of DADS CFC rules

# COMMUNITY FIRST CHOICE ELIGIBILITY CRITERIA

To be eligible for CFC services an individual must:

- Be a child or an adult who is eligible for Medicaid
- Require an institutional level of care, e.g.:
  - A nursing facility
  - An institution of mental disease
  - An intermediate care facility for individuals with an intellectual disability or related condition

# WHO CAN RECEIVE CFC?

## Individuals:

- enrolled in a DADS 1915(c) IDD waiver are eligible to receive CFC Services;
- on a 1915(c) Medicaid waiver interest list may also be eligible for CFC and would receive services through a managed care organization;
- enrolled in fee-for-service managed care through STAR+PLUS or STAR Health who meet an institutional level of care.

Due to a federal limitation, STAR+PLUS HCBS waiver members whose financial eligibility is established as Medical Assistance Only are excluded from CFC.

# MANAGED CARE CFC VS. DADS 1915 (C) WAIVER CFC

The information included in this presentation applies to individuals receiving CFC services from a provider or FMSA through a contract with DADS to provide the HCS, TxHmL, CLASS or DBMD 1915 (c) waiver programs.

# IMPLEMENTATION IN DADS 1915(C) WAIVER PROGRAMS

- Individuals currently receiving services through one of the following 1915(c) waiver programs will access their CFC benefits through their DADS comprehensive waiver provider:
  - Home and Community-based Services (HCS);
  - Texas Home Living (TxHmL);
  - Community Living Assistance and Support Services (CLASS);  
or
  - Deaf Blind with Multiple Disabilities (DBMD).
- Individuals can also choose to self direct their CFC PAS/HAB using the Consumer Directed Services (CDS) option.

# COMPLIANCE WITH CFC CDS IMPLEMENTATION LETTERS

- CFC for the CDS option was implemented through two information letters:
  - Information Letter No. 2015-29, Implementation of Community First Choice through the Consumer Directed Services Option in the Home and Community-based Services and Texas Home Living Programs; and
  - Information Letter No. 15-31, Implementation of Community First Choice Through the Consumer Directed Services Option for Individuals in the Community Living Assistance and Support Services or Deaf Blind with Multiple Disabilities Programs
- Until the DADS CFC rules are adopted, FMSAs and CDS employers are expected to meet the requirements set forth in the ILs.
- Ensure that your FMSA staff and CFS employers understand these ILs

# CFC SERVICES

CFC services in DADS waiver programs include:

- Personal Assistance Services (PAS)/  
Habilitation (HAB)\*
- Emergency Response Services (ERS)
- Support Management

\*CDS option



# CFC PERSONAL ASSISTANCE SERVICES/HABILITATION

## ■ Personal Assistance Services

- Assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related tasks through hands-on assistance, supervision or cueing.

## ■ Habilitation

- Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks.

# CFC SUPPORT MANAGEMENT

- If an individual who is receiving CFC PAS/HAB would like training on how to select, manage and dismiss service providers, the provider or the financial management services agency (FMSA) must provide CFC support management to the individual by providing written information developed by DADS and HHSC and available on the DADS website.
- The individual's desire to receive support management will be indicated in a check box in the service plan.
- If the individual is self-directing CFC PAS/HSAB, the FMSA is responsible for providing the written Support Management information.
- The individual may also receive Support Consultation, if desired or recommended.

# WHAT CFC MEANS FOR ENTITIES MEETING THE REQUIREMENTS TO CONTRACT WITH DADS

- There will not be any DADS CFC contracts
- Qualified entities that decide to enter into one of the following contracts will be providing FMS for CFC:
  - CDS Home and Community-based Services (HCS);
  - CDS Texas Home Living (TxHmL);
  - CDS Community Living Assistance and Support Services (CLASS); or
  - CDS Deaf Blind with Multiple Disabilities (DBMD).

# IMPORTANT THINGS TO KNOW ABOUT CFC AND THE CDS OPTION:

1. For HCS, TxHmL, CLASS and DBMD, the CFC services PAS and HAB are combined into one CFC service, CFC PAS/HAB.
2. All of the tasks and activities, except transportation, delivered through SHL, CS, CLASS habilitation or DBMD residential habilitation will be delivered through CFC PAS/HAB.
3. For HCS and TxHmL, CDS SHL and CDS CS were automatically converted to CFC PAS/HAB on June 1, 2015; for CLASS and DBMD. CDS Habilitation and CDS residential habilitation are being converted to CFC PAS as IPCs are being renewed or if the HAB service is being revised.
4. The reimbursement rate for CFC CDS PAS/HAB will be the same as the current CDS HCS SHL, CDS TxHmL CS, DBMD residential habilitation and CLASS habilitation reimbursement rates.
5. The CFC FMS rate will be the same as FMS rate in HCS, TxHmL, CLASS and DBMD.

# IMPORTANT THINGS TO KNOW ABOUT CFC AND THE CDS OPTION:

6. Individuals receiving HCS host home/companion care, supervised living, or residential support will not receive CFC PAS/HAB or CFC ERS.
7. The authorization amount for CDS CFC PAS/HAB will appear in a separate section of the IPC from the calculation of the individual's waiver individual plan of care (IPC) cost.
8. Criminal history checks for employees hired to provide CFC CDS PAS/HAB will be paid for by the FMSA FMS fee. The cost will not be paid for from the CDS employer budget.
9. FMSAs were to have shared with CDS employers the CDS employer attached to IL 15-29 or IL 15- 31.
10. To maintain eligibility for the waiver, an individual must receive at least one waiver service monthly or monthly monitoring.
11. For those enrolled in HCS and TxHmL, who are MAO, monthly service coordination does not count as a monthly service.

# REQUIREMENT TO PAY AT LEAST \$8.00 PER HOUR

- Amendments to Title 40 Texas Administrative Code (TAC), Chapter 49, require FMSAs to ensure CDS employers or designated representatives pay service providers who provide the services listed above at or above \$8.00 per hour.
- Amendments to Title 40, TAC, Chapter 41 require a CDS Employer to pay at least \$8.00 per hour to employees who provide certain services.
- **APPLIES to HCS, CLASS, TxHmL and DBMD Community First Choice personal assistance services/habilitation (CFC PAS/HAB)**

# TRANSPORTATION

- Beginning November 1, 2015, for HCS and TxHmL participants, transportation activities related to habilitation will be charged to the waiver program rather than CFC.
- **IL 15-52:** Providing Transportation in the Home and Community-based Services and Texas Home Living Waiver Programs Note: (Updates IL 15-28 & IL 15-29)
- Beginning December 1, 2015, for HCS and TxHmL participants, transportation activities related to habilitation will be charged to the waiver program rather than CFC.
- **IL 15-53** Providing Transportation in the Community Living Assistance and Support Services and Deaf Blind with Multiple Disabilities Waiver Programs Note: (Updates IL 15-30 & IL 15-31)

# TRANSPORTATION

- CLASS & DBMD: Although transportation is included as an activity under habilitation and residential habilitation, CDS transportation is identified separately on the IPC under the new service code 48V and corresponding bill codes.
- HCS and TxHmL: Although transportation is included as an activity under SHL and CS, CDS transportation is identified separately on the IPC under the new service code TRV and corresponding bill codes.

# CLASS AND DBMD TRANSPORTATION PLAN

- For CLASS and DBMD, if transportation is included on the IPC, the SPT must:
  - develop a transportation plan for an individual who receives transportation from a program provider or through the Consumer Directed Services (CDS) option.
  - If an individual receives transportation through the CDS option, the CMA and DBMD program provider must send a copy of the transportation plan to the FMSA.
  - The service provider qualifications must meet those associated with habilitation and residential habilitation.
  - Any billing to transportation must reflect an activity listed on the transportation plan.

# HCS AND TXHML TRANSPORTATION

- If transportation is included on the PDP:
  - the SPT must develop a transportation plan for an individual who receives transportation through the CDS option;
  - if the individual is receiving all HCS or TxHmL program services through the CDS option, the service coordinator must include transportation on the IPC based on the individual transportation plan; and
  - the service coordinator must send a copy of the transportation plan to the FMSEA.
- CDS employer must ensure transportation is provided in accordance with the transportation plan.
- The transportation provider must meet the SHL or CS service provider qualifications.

# DOCUMENTING THE DELIVERY OF TRANSPORTATION ACTIVITIES

- The employer may create a transportation log including most of the same information listed on the Individual Transportation Plan.
  
- To document each trip:
  - The CDS employer completes:
    - Date of transportation
    - Goal or Trip Purpose
    - Destination
  
  - The CDS transportation provider completes:
    - Begin time
    - End time
    - Total time
  
- Both the employer and employee sign the form.

# DETERMINING WHETHER TO INCLUDE CFC FMS OR FMS ON THE IPC

- The service coordinator must include CFC FMS, rather than FMS, on the IPC if CFC CDS PAS/HAB is the only service the individual is receiving through the CDS option.
- The service coordinator must include FMS, rather than CFC FMS, on the IPC if the individual is using the CDS option for CFC PAS/HAS and is receiving at least one other TxHmL or HCS service using the CDS option.
- FMS and CFC FMS must not be included on the IPC at the same time.
- Information Letter No. 2015-29 April 24, 2015

# CFC FOR INDIVIDUALS ENROLLED IN A DADS ICF/IID WAIVER PROGRAM AND WHO IS ALSO RECEIVING PCS

- CFC PAS/HAB will replace the PCS service for individuals enrolled in both PCS and one of the following DADS waivers:
  - HCS, TxHmL, CLASS, DBMD
- Transition will occur throughout 2016.
- Once a new IPC is authorized, Individuals will need to complete a revised budget workbook to include CFC PAS/HAB
- CDS employers must not submit time sheets for PCS service hours after the termination of PCS and the authorization of the individual's CFC PAS/HAB hours.
- There will be only ONE FMS fee.
  
- Information Letter No. 15-71:  
<http://www.dads.state.tx.us/providers/communications/2015/letters/IL2015-71.pdf>

# CFC FOR INDIVIDUALS IN TXHML PROGRAM AND RECEIVING PHC

- CFC PAS/HAB will replace the PHC services for individuals enrolled in both PHC and the TxHmL Program.
- Transition will occur throughout 2016.
- Once a new IPC is authorized, Individuals will need to complete a revised budget workbook to include CFC CDS PAS/HAB instead of CDS PHC services.
- CDS employers must not submit time sheets for PHC service hours after the termination of PHC and the authorization of CFC PAS/HAB.
- There will be only ONE FMS fee.
- Information Letter No. 15-35:  
<http://www.dads.state.tx.us/providers/communications/2015/letters/IL2015-35.pdf>

# DADS CFC RULES

- Expected to be adopted March/April 2016.
- Includes amendments to the following rule Chapters:
  - Chapter 49 Contracting
  - Chapter 41, CDS
  - Chapter 9, HCS and TxHmL
  - Chapter 45 CLASS
  - Chapter 42 DBMD

# STAY TUNED..MORE CHANGE TO COME!!

- HHSC and DADS will be making some changes to ensure consistency in service planning for CFC PAS/HAB in the TxHmL and HCS waiver programs.
- Draft information will be posted next week for stakeholder input.
- In the very near future, DADS will be launching a computer-based CFC training for HCS and TxHmL service coordinators. The training includes a reminder that service provider qualifications for CFC PAS/HAB follow both CFC guidance AND CDS rules.

# ONLINE INFORMATION

- For more information, please visit:

<http://www.dads.state.tx.us/providers/CFC/index.cfm>

- Please email **ALL** policy questions for regarding CFC to [MCD\\_CFC@hhsc.state.tx.us](mailto:MCD_CFC@hhsc.state.tx.us) (The DADS CFC Policy mailbox has been discontinued and all questions are forwarded to the HHSC mailbox)

- HHSC CFC website:

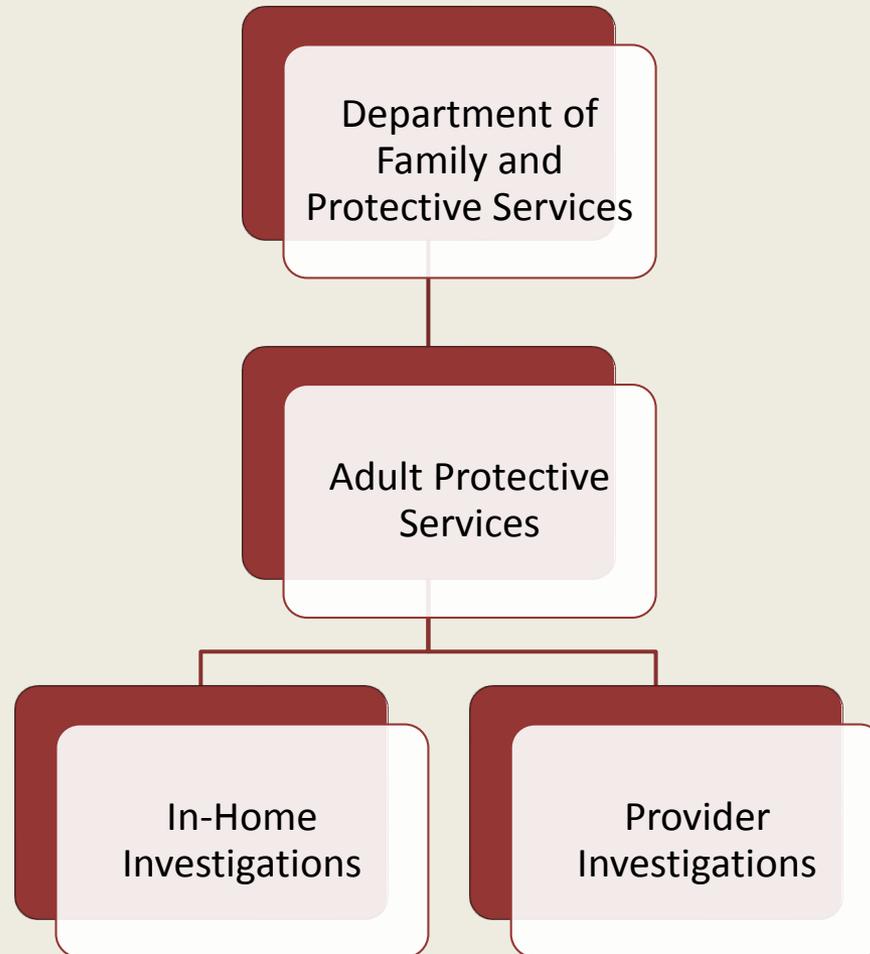
<http://www.hhsc.state.tx.us/medicaid/managed-care/community-first-choice/>

DADS CFC webpage:

<http://www.dads.state.tx.us/providers/CFC/index.cfm>

# **ABUSE, NEGLECT, AND EXPLOITATION POLICY UPDATES**

# HOW IS APS ORGANIZED IN TEXAS?



# SENATE BILL 1880 AND CDS

- Effective 9/1/15, allegations of ANE committed against individuals using the CDS option will be investigated by the APS Provider Investigations program.
- Before 9/1/15, these allegations were investigated by the APS In-Home program.



# WHAT DOES THIS MEAN?

## Staying the same:

- How to report ANE
  1. Call 1-800-252-5400
  2. Report online at [www.txabusehotline.org](http://www.txabusehotline.org)
- APS investigates

## Changing:

- Notification will be given to the employer and the FMSEA
- Investigation report will be given to the employer and the FMSEA

### **Why Does APS Notify?**

1. Protection of the alleged victim
2. Preservation of evidence

# WHO IS INVESTIGATED?

- The APS Provider Program investigates an allegation if one of the following persons is the alleged perpetrator of ANE involving an individual receiving service through the CDS option:
  - a CDS employee;
  - a legally authorized representative (LAR);
  - a designated representative (DR);
  - a case manager;
  - a service coordinator; or
  - a representative of an FMSA.

# WHAT HAPPENS AFTER ANE IS REPORTED TO DFPS?

1. The allegation of ANE is assigned to an APS Provider investigator.
2. The investigator must immediately assign a different representative to the CDS employee during the investigation.
  - The FMSA representative must immediately assign a different representative to the CDS employee during the investigation. (\*\*If the FMSA representative is the alleged perpetrator, the FMSA must immediately assign a different representative to the CDS employee during the investigation.)
  - HCS or TxHmL: the Client Rights Officer (CRO) of the LIDDA employing the individual's service coordinator;
  - CLASS or DBMD: the program director of the entity employing the individual's case manager; and
  - PHC or MDCP: the individual's DADS regional office.
  - CMPAS: The CMPAS Provider also serves as the FMSA.
    - The CRO, program director, DADS regional office representative, or CMPAS provider representative will inform the individual's case manager or service coordinator of the notification.

# WHAT HAPPENS AFTER ANE IS REPORTED TO DFPS? (CONTINUED)

3. The investigator conducts the investigation.
4. The investigator provides an investigation report to the CDS employer and the FMSA.
  - The FMSA sends a copy of the investigation report to the appropriate person, based on the consumers program (has one business day after receipt):
    - HCS or TxHmL: the Client Rights Officer (CRO) of the LIDDA employing the individual's service coordinator;
    - CLASS or DBMD: the program director of the entity employing the individual's case manager; and
    - PHC or MDCP: the individual's DADS regional office.
    - CMPAS: The CMPAS Provider also serves as the FMSA.
      - The CRO, program director, DADS regional office representative, or CMPAS provider representative will inform the individual's case manager or service coordinator of the notification.
5. The FMSA completes Form 1719: Notification of Investigatory Findings and sends to the alleged perpetrator (has 5 business days from receipt of report).

# THE CASE MANAGER/SERVICE COORDINATOR RESPONSIBILITIES

## ■ Intake Report:

- Holds service planning team meeting with CDS employer (*within 4 business days after receipt of report*).
  - The SPT discusses what actions an employer has or will take to protect the individual during the investigation.

## ■ Final Investigation Report:

- If there is a confirmed or inconclusive finding of ANE or if concerns and recommendations are included in the report: hold another SPT meeting in person or by phone (*within 4 business days after receipt of report*).
  - the SPT discusses the findings or concerns and recommendations; and
  - the case manager/service coordinator documents, in writing, any actions that have been or will be taken by the CDS employer as a result of the findings or concerns and recommendations.
    - DADS Form 1741, Corrective Action Plan, may be used for this purpose.

## What Happens in an Investigation?

- The investigator collects documentary evidence such as service plans, timesheets and training records.
- The investigator collects testimonial evidence through interviews resulting in written statements.
- The investigator observes the environment where the alleged incident took place.
- The investigator analyzes evidence to reach a finding of whether the ANE occurred.
- The investigator issues an investigation report.

## What is Included in an Investigation Report?

- Summary of Evidence
- Findings
- Concerns & Recommendations

# CDS EMPLOYER RESPONSIBILITIES

It is the employers responsibility to:

1. ensure protection of the individual receiving services in the event of a DFPS investigation of ANE against a CDS employee or FMSEA;
2. preserve evidence;
3. train each of their service providers on abuse, neglect, and exploitation (ANE);
4. inform each service provider of the Employee Misconduct Registry (EMR);
5. document ANE training on Form 1732; and
6. document EMR notification on Form 1732-EMR.

# ANE FORMS

- Form 1732 has been amended to more fully document that CDS service providers understand ANE.
  - The revised form will only be required for new employees, not current
- Form 1735 has been amended to document the responsibility CDS employers have for ensuring the protection of individuals receiving services in the event of a DFPS investigation.
  - CDS employers must resign the revised form at the time of service plan renewal.
- Form 1582 has been amended to document the responsibility CDS employers have for ensuring the protection of individuals receiving services in the event of a DFPS investigation.
- Form 1719: Notification of Investigatory Findings: FMSAs must complete using information from the final investigatory report received from APS and send to the alleged perpetrator.

# INFORMATION LETTERS AND EMPLOYER LETTER

- IL 2015-83 (MDCP and PHC):  
<http://www.dads.state.tx.us/providers/communications/2015/letters/IL2015-83.pdf>
- IL 2015-82 (CLASS, DBMD, HCS, TxHmL):  
<http://www.dads.state.tx.us/providers/communications/2015/letters/IL2015-82.pdf>
- IL 2015-80 (CMPAS):  
<https://www.dads.state.tx.us/providers/communications/2015/letters/IL2015-80.pdf>
- Information on, “how to recognize ANE and how to protect oneself” can be found in the CDS Employer Manual  
<http://www.dads.state.tx.us/services/cds/employer/chapter5.html#recognize>

# DEPARTMENT OF LABOR HOME CARE RULE

- Oct. 31, 2014: DOL issued the final home care rule to become effective January 1, 2015.
- December 2014 and January 2015: U.S. District Court Judge Richard Leon issued opinions and orders vacating the Final Rule's revised third party regulation and revised definition of companionship services.
- DOL filed an appeal.

# DEPARTMENT OF LABOR HOME CARE RULE APPEAL DECISION

On August 21, 2015, the Court of Appeals issued a unanimous opinion affirming the validity of the Final Rule and reversing the district court's orders.

On October 6, 2015, Chief Justice of the United States John Roberts denied an application to stay a decision by the U.S. Court of Appeals for the District of Columbia upholding the U.S. Department of Labor's Home Care Final Rule. Therefore, the court's decision on August 21, 2015 took effect on October 13, 2015.

# DEPARTMENT OF LABOR HOME CARE RULE

- The Home Care ruling addresses minimum wage and overtime protection policies in the following programs or services, including the Consumer Directed Services (CDS) Option:
  - Medically Dependent Children Program;
  - Primary Home Care, Community Attendant Services, and Family Care;
  - Consumer Managed Personal Attendant Services;
  - Community Living Assistance and Support Services;
  - Deaf Blind with Multiple Disabilities;
  - Home and Community-based Services; and
  - Texas Home Living.

# ENFORCEMENT

- Enforcement of the final rule began November 12, 2015.
- November 12, 2015 through December 31, 2015, DOL exercised prosecutorial discretion in determining whether to bring enforcement actions, giving strong consideration to the extent to which states and other entities have made good faith efforts to bring their home care programs into compliance.

# DEPARTMENT OF LABOR HOME CARE RULE: CDS EMPLOYERS

- **DADS revised and posted Information Letter 2014-66.**
  - Employers need to check DOL website to see if they can still use the exemption.
  - In accordance with CDS rules section, 41.241, employers must pay employees overtime in accordance with current state and federal laws.

**DADS is considering allowing pooling of funds across services to fund overtime.**

# RESOURCES

- For more information on the ruling, see DOL's webpage: <http://www.dol.gov/whd/homecare/litigation.htm>.
- For further information, see the following DOL website at <http://www.dol.gov/whd/homecare/>; call DOL's toll-free information and helpline, 1-866-4USWAGE (1-866-487-9243), available 8am to 5pm in your time zone; or consult your legal counsel.
- For CDS employers, DADS has reissued <http://www.dads.state.tx.us/providers/communications/2015/letters/IL2014-66.pdf>, originally published on October 17, 2014.

**IMPORTANT  
INFORMATION FROM THE  
NATIONAL RESOURCE  
CENTER FOR PARTICIPANT  
DIRECTED SERVICES**

# EXAMPLE IRS TAX FORMS

- NRCPDS provided copies of tax forms to be completed by FMSAs as Vendor Fiscal/Employer Agents. Effective February 1, 2016, Those forms can be found under Appendix III of the Consumer Directed Services Handbook.
- Samples will include:
  - SS-4
  - Form 2678
  - Form 940 and Schedule R
  - Form 941 and Schedule R
  - W-2

# CONFERENCE MATERIAL

- To be posted on the CDS webpage on DADS website under Training and Webinars, training materials. It will include:
  - FAQ about the DOL Home Care Rule
  - Suggested Steps to Refund Over-Collected FICA for Participant Employers Using a Fiscal/Employer Agent
  - About Revenue Procedure 2013-39 & Its Impact on Fiscal/Employer Agent Services
  
- Note: If you call an IRS agent who informs you that an individual IRS 941 or 940, please send the name of the agent and the office location to the CDS mailbox. DADS will forward to the IRS contact who will be reaching out to that agent.

# TIPS, REMINDERS, AND UPDATES

# TIPS AND REMINDERS

- Don't forget to review and use TAC, Ch. 49 in addition to Ch. 41
- Sign up for both HHSC and DADS Gov Delivery to know about trainings, IL's, etc.—
  - **Quarterly webinars and the annual quality improvement training are required per TAC §41.301(a) (4).**
- Managed Care expansion activities and updates are provided on the HHSC website at:  
<http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml>
  - Health Plan Management Complaints:
    - [HPM\\_Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us)
  - General Questions:
    - [Managed\\_Care\\_Initiatives@hhsc.state.tx.us](mailto:Managed_Care_Initiatives@hhsc.state.tx.us)

# CARE BILLING

- Training material related to CARE billing for HCS and TxHmL services will be added to the DADS website under Training and Webinars Training Presentations.
- When billing in CARE, after you have entered the dollar amounts to be billed for each day (from the time sheet for that service), the next screen asks for the number of units. The number of units represents the number of hours of service delivered that particular day (again from the timesheet). Remember that the CARE system rounds anything less than a quarter unit up to the next quarter unit which will falsely decrease the amount of funds remaining for that particular service. Be sure to pay close attention at the end of the plan year for those who use all of the funds in their IPC. You may be required to “back out several units” so that the amount of funds remaining is accurate.

# FEDERAL AND STATE AUDITS

- Expenditures of Medicaid funds are routinely audited by various state and federal entities, including Office of Investigator General and The Centers for Medicare and Medicaid Services.
- In some cases fines are levied against a state with billing errors and in other cases funds from an FMSA may be recouped.
- It is a good practice to implement some quality monitoring strategies to ensure that billing is correct and in accordance with CDS rules.

# UPDATED FORMS SINCE SEPTEMBER 2015:

| Form                   | Description of changes  |
|------------------------|---|
| Form 1725 Instructions | Amended to state that only the FMSAs conducts background checks   |
| Form 1725              | Remove EMR phone number and add website   |
| Form 1735-MDCP         | Remove CPR/choking under “training requirements for all service providers” because it is not a requirement for providers of employment assistance or supported employment |
| Form 1735-PCS          | New form  |
| Forms 1726             | Removed requirements stating the power of attorney (POA) must be the designated representative  |
| Form 1724              | Black-out FMSA check box for 1732-EMR   |
| Form 1732              | Add ANE training requirements   |
| Form 1719              | Create new form – Notification of Investigatory Findings  |
| Form 1582              | Add ANE protection responsibility   |
| Form 1735              | Add ANE protection responsibility   |
| Form 1589              | New Form: Consumer Directed Services Revision Worksheet (Alert will be posted soon)   |

# THANK YOU!



[CDS@DADS.STATE.TX.US](mailto:CDS@DADS.STATE.TX.US)