

# **Community First Choice**

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**Update for Implementation of CFC in  
Home and Community-based Services (HCS) and  
Texas Home Living (TxHmL) Waiver Programs**

**June 30, 2015**

# Introduction

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Welcome, and thank you for joining us today!

This PowerPoint presentation and a recording of this webinar will be posted online at the conclusion of this session. A GovDelivery email alert will be sent to announce the posting.

Questions may be submitted during the webinar and we will answer them at the end of this session, as time permits.

# Topics of Discussion

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- Non-waiver/Managed Care  
CFC vs DADS 1915(c) CFC
- Provision of Services
  - Transportation
  - ERS - basic guidelines
  - EVV - who does it apply to
  - Support Management
- Eligibility
  - Monthly Monitoring/MAO requirements
  - Provider qualifications
- Individual Plan of Care (IPC)
  - When you must convert units to CFC
  - FMS vs. CFC FMS
- Billing
- CARE
- Rules
- Person-centered planning training
- Additional Information

## Non-waiver/Managed Care CFC vs HCS and TxHmL

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- Community First Choice (CFC) provides certain services and supports to individuals living in the community who are enrolled in the Medicaid program and meet CFC eligibility requirements.
- There are three main tracks for receiving CFC services
  - Managed Care Organizations (MCOs);
  - Through a 1915(c) waiver program; and
  - State plan, fee for service for children (Personal Care Services).

## **Non-waiver/Managed Care CFC vs HCS and TxHmL**

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This presentation only applies to individuals receiving CFC services through the HCS or TxHmL 1915 (c) Waiver Programs.

## Important facts about CFC in HCS and TxHmL

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- No additional contracting is required.
- The MCO is not involved in the provision of CFC services in HCS and TxHmL 1915 (c) waiver programs.
- The reimbursement rate for CFC Personal Assistance Services/Habilitation (PAS/HAB) is the same as the comparable waiver service supported home living (SHL) or community support (CS).

## Important facts about CFC in HCS and TxHmL (cont'd)

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- Program providers and Financial Management Services Agencies (FMSAs) will continue to bill for services, including CFC, through their usual billing methods and reimbursement continues through the Department of Aging and Disability Services (DADS).
- EVV remains non-applicable for the HCS and TxHmL 1915 (c) programs.
- All forms currently required for the waiver programs continue to be required. These forms are used to justify CFC services as well as all other services an individual may need.

# Provision of Services

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- CFC services include:
    - Personal Assistance Services/Habilitation (PAS/HAB)
    - Emergency Response Services (ERS)
    - Support Management

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Remember: CFC is available only to those who live in an own home/family home residential setting. CFC is not available to those in HCS residential settings, including host home/companion care.

## Habilitation Transportation

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HCS and TxHmL program providers deliver CFC PAS/HAB in the same manner as SHL and CS were previously provided; this includes transportation.

## Habilitation Transportation (cont'd)

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Providing transportation as part of the combined CFC PAS/HAB state plan services is short-term. DADS and the Health and Human Services Commission (HHSC) are working a solution that will be effective September 1, 2015.

## CFC ERS

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- ERS is available through CFC for individuals who are eligible.
- Individuals in the HCS or TxHmL Waiver Program are eligible for CFC ERS who:
  - live alone;
  - are alone for significant parts of the day; or
  - have no regular caregiver for extended periods of time and who would otherwise require extensive routine supervision.

## CFC ERS (cont'd)

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- ERS will no longer be covered as an adaptive aid in the waiver for individuals after June 1, 2015, but will now be known as a CFC services.
- If an individual is residing in his/her own home or family member's home and currently receiving ERS as an adaptive aid, on the next renewal Individual Plan of Care (IPC) with an effective date of June 1, 2015 or later, this service must be listed as CFC ERS.
- Note: For individuals in other HCS residential settings, ERS, if approved, will remain available as an adaptive aid.

## Provision of CFC ERS

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- To provide CFC ERS, an HCS or TxHmL Program provider must:
  - be licensed as a personal ERS provider in accordance with 25 TAC Chapter 140, Subchapter B (relating to Personal ERS Providers); or
  - contract with a personal emergency response system provider licensed in accordance with 25 TAC Chapter 140, Subchapter B.

## CFC ERS Rate

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- CFC ERS has a cost limit of \$29.76 per month.
- When a program provider contracts with an ERS provider for less than the ERS cost limit, the program provider must bill for the amount they actually paid for the ERS service.
- If the program provider is going to provide ERS, the program provider must establish an ERS rate of not more than \$29.76 per month.

## Entering CFC ERS on the IPC

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- CFC ERS is entered on the Individual Plan of Care (IPC) and billed in dollars.
- For each individual who requests and qualifies for ERS, the service coordinator or program provider enters \$357.12 ( $\$29.76 \times 12$  months) for an initial or renewal IPC with an effective date of June 1, 2015 or later. To calculate the amount:
  - Number of months in the IPC year (12) x the provider's negotiated ERS rate. If a provider negotiates a rate of \$27.00 per month, then  $12 \times 27.00 = \$324.00$
- Service coordinators or providers may add CFC ERS during an IPC revision effective June 1, 2015 or later if the IPC is being revised for other reasons or the individual or their legally authorized representative (LAR) requests that it be revised.

## Entering CFC ERS on the IPC

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When adding CFC ERS to a revision IPC, the service coordinator or program provider must calculate the amount to include as CFC ERS by multiplying the ERS cost limit of \$29.76 by the total number of months remaining for the IPC year.

Example: If 6 months remains of the IPC year, multiply \$29.76 x 6 and enter \$178.56 as CFC ERS on the revision IPC.

## When to enter CFC ERS on the IPC

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- The IPC may continue to include this service as an adaptive aid until the next IPC renewal, if an individual is residing in his/her own home or family member's home, and if the IPC includes ERS as an adaptive aid.
- It is not necessary to revise the IPC to calculate the number of ERS dollars to move to CFC ERS unless you are revising the IPC for another reason or the individual/LAR requests the revision.

# ERS Billing Documentation

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- Before billing ERS, the HCS or TxHmL program provider must have documentation from the ERS contractor indicating:
  - The ERS provider successfully installed system (if billing for the first month of service); or
  - The ERS provider conducted the monthly monitoring to ensure the system works properly.

## CFC Support Management

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If an individual is receiving CFC PAS/HAB and would like training on how to select, manage and dismiss service providers, the program provider or FMSA must provide CFC support management to the individual by providing the written information developed by DADS and HHSC available on the DADS website at:

<http://www.dads.state.tx.us/providers/CFC/supportmanagement.html>

## CFC Support Management (cont'd)

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- During the PDP process, the service planning team will identify HCS or TxHmL program services, including support management.
- Support Management is indicated on the action plan section of the PDP form (DADS Form 8665).
- Support Management is identified as a check box on the IPC.
- Support Management does not require an Implementation Plan.

# CFC Eligibility

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# Monthly Monitoring/MAO Requirements

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- In accordance with CFC regulations, to be eligible for CFC, an individual certified for Medical Assistance Only (MAO) Medicaid through HHSC must receive a monthly Waiver Program service.
  - Respite is an example of a service that could be received monthly in a Waiver Program.
  - Monthly monitoring by a service coordinator **is not** a Waiver Program service and, therefore, does not fulfill this eligibility requirement.

## Monthly Monitoring/MAO Requirements (cont'd)

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- Individuals who receive Supplemental Security Income (SSI) benefits are categorically eligible for SSI Medicaid. This CFC eligibility requirement does not apply to SSI recipients.
- Waiver recipients certified for Medicaid who are not categorically eligible for SSI Medicaid would be categorized under MAO Medicaid. This CFC eligibility requirement applies to MAO recipients.
- DADS has developed an information letter to explain how a provider can determine if an individual is considered an MAO recipient or not.

# CFC PAS/HAB Service Provider Qualifications

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A CFC PAS/HAB service provider must:

- be 18 years of older;
- have a high school degree, GED, or pass a competency test with three references;
- not be the parent of an individual receiving services who is under 18 years of age or the spouse of an individual receiving services;
- meet any other qualifications requested by the individual or legally authorized representative (LAR) based on the individual's needs and preferences.

**New Qualification:** A CFC PAS/HAB service provider may live in the same residence as the individual.

## CFC PAS/HAB Service Provider Qualifications (cont'd)

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- In addition to meeting the personnel requirements outlined in the HCS and TxHmL rules, the program provider must, if requested:
  - allow the individual to train a CFC PAS/HAB service provider in the specific assistance needed by the individual and to have the service provider perform CFC PAS/HAB in a manner that comports with the individual's personal, cultural, or religious preferences; and
  - ensure a CFC PAS/HAB service provider attends training provided by or through HHSC or DADS so that the service provider can meet any additional qualifications desired by the individual.

## CFC PAS/HAB Service Provider Qualifications (cont'd)

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- A qualified service provider of habilitation who was hired before June 1, 2015 may be a service provider of CFC PAS/HAB.
- A qualified service provider of habilitation who is hired on or after June 1, 2015 must meet the CFC PAS/HAB qualifications.
- The service provider must meet any other qualifications requested by the individual or LAR based on the individual's needs and preferences.

# Individual Plan of Care

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# Individual Plan of Care

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- An individual's person-directed plan (PDP), implementation plan (IP), and renewal IPC must reflect the new CFC services for renewal IPCs effective June 1, 2015 or later.
- Revision IPCs effective June 1, 2015 or later must include the appropriate number of SHL or CS units utilized prior to June 1, 2015 and CFC PAS/HAB units needed for the remaining dates through the end of the IPC year.

## Individual Plan of Care (cont'd)

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- An updated PDP is required on or before the effective date of:
  - the next renewal IPC; or
  - an IPC revision that reflects a PDP change.
- Service coordinators or program providers may revise an IPC for an individual who was not receiving SHL, CS, or ERS as an adaptive aid prior to June 1, 2015, but these new services must be added as CFC services upon revision or renewal.
- This also applies if the new services are being requested on a renewal IPC for an individual who was not previously receiving the services.

## When to use FMS vs. CFC FMS

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- Include CFC FMS on an IPC when CFC PAS/HAB is the **only** service being self-directed.
- Include FMS on an IPC if CFC PAS/HAB and at least one other service is being self-directed.
- FMS and CFC FMS cannot be authorized for the same dates.
- These guidelines also apply to Support Consultation.

# **Billing Guidelines and CARE**

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# CFC Billing Guidelines

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- In addition to the requirements for HCS or TxHmL program providers to comply with the HCS and TxHmL Billing Guidelines, they must also comply with the CFC Billing Guidelines.
- The CFC Billing Guidelines are now available on the DADS website at the following link:
  - <http://www.dads.state.tx.us/providers/CFC/docs/CFCBillingGuidelines.pdf>

## **Conversion of SHL or CS to CFC PAS HAB**

- On June 1, 2015, with the implementation of CFC, unclaimed SHL and CS hours were automatically converted to CFC PAS/HAB in the Client Assignment and Registration (CARE) system.
- To achieve this conversion, it was necessary to automatically generate IPC revisions effective June 1, 2015 for individuals with SHL or CS on their plans. This was necessary to allow HCS and TxHmL program providers and FMSAs to begin claiming CFC PAS/HAB instead of SHL or CS on June 1, 2015.

## CARE (cont'd)

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In response to provider questions, DADS has published on the CFC webpage additional instructions for HCS and TxHmL program providers and FMSAs as follows:

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## **Converting CFC PAS/HAB back to SHL or CS to claim hours provided before June 1, 2015**

- If SHL or CS was provided prior to June 1, 2015 and the program provider or FMSEA had not entered claims for those services when the automatic conversion occurred, the program provider or FMSEA can convert the number of hours needed back to SHL or CS using the C30 screen in CARE.

## CARE (cont'd)

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Any program provider or FMSA staff person with access to the "C" menu in CARE, can access the C30 screen. If there is an issue with accessing this screen, call the HHS Enterprise Consolidated Help Desk at 512-438-4720 or 1-888-952-4357, if outside of Austin.

# CARE (cont'd)

## Using the C30 screen

- Enter the individual's CARE ID in the field labeled "Client ID".
- The program provider or FMSA component code is pre-filled.
- Hit "Enter" on the keyboard.

```
06-26-15      C30: MODIFY COMMUNITY FIRST CHOICE (CFC) SERVICES      VC061710

                PLEASE ENTER THE FOLLOWING:

                CLIENT ID: _____
                COMPONENT CODE/LOCAL CASE NUMBER: ___ / _____

                *** PRESS ENTER ***
```

# CARE (cont'd)

The C30 screen is displayed for the specified individual

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06-26-15          C30:MODIFY COMMUNITY FIRST CHOICE (CFC) SERVICES          VC061715

NAME              :                               CLIENT ID :
LOCAL CASE NO.   :                               CONTRACT NO:  COMPONENT:
LOCAL CASE NO.   :                               CONTRACT NO:  COMPONENT:
MEDICAID NUMBER:                               WAIVER TYPE: HCS
BEGIN DATE: 11-01-2014      REVISE DATE: 06-01-2015      END DATE: 10-31-2015

                CFPH  CFC PAS/HAB                :    415.00

                SHL   SUPPORTED HOME LIVING       :     1.00

                TOTAL                                :    416.00

READY TO UPDATE?  _ (Y/N)
  
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## CARE (cont'd)

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- The CFC PAS/HAB field displays the number of hours converted on June 1, 2015. This field can be adjusted.
- The SHL or CS field displays the number of hours claimed prior to the June 1, 2015 conversion. This field can be adjusted; however, it cannot be reduced beyond the number of hours already claimed.
- The Total Amount Authorized field displays the sum of the CFC PAS/HAB field and the SHL or CS field. This field cannot be adjusted.

# CARE (cont'd)

- The program provider or FMSA adjusts the hours by increasing the amount in the SHL or CS field to the number of SHL or CS hours needed for services provided prior to June 1, 2015 and reducing the amount in the CFC PAS/HAB field by that same number of hours.

## Before Adjustment:

BEGIN DATE:	11-01-2014	REVISE DATE:	06-01-2015	END DATE:	10-31-2015
CFPH	CFC PAS/HAB	:		415.00	
SHL	SUPPORTED HOME LIVING	:		1.00	
<b>TOTAL</b>		:		<b>416.00</b>	

## Adjustment:

BEGIN DATE:	11-01-2014	REVISE DATE:	06-01-2015	END DATE:	10-31-2015
CFPH	CFC PAS/HAB	:		414.00	
SHL	SUPPORTED HOME LIVING	:		2.00	
<b>TOTAL</b>		:		<b>416.00</b>	

## CARE (cont'd)

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- The sum of the CFC PAS/HAB and SHL or CS fields must equal the amount in the Total Amount Authorized field.
- Hit "Enter" on the keyboard.
- The system should return to the C30 header page and display a message stating: **“PREVIOUS INFORMATION CHANGED”** to indicate that the adjustment was successful.

Note: An error message stating: **“THE NEW IPC UNITS TOTAL MUST BE THE SAME AS THE OLD TOTAL”** will appear if the sum of the CFC PAS/HAB field and the SHL or CS fields do not equal the amount in the Total Amount Authorized field. This indicates that adjustment was not accepted by the system. Adjust the numbers again to make the appropriate changes.

## CARE (cont'd)

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- Converting CFC PAS/HAB back to SHL or CS can only occur on the June 1, 2015 IPC that was automatically generated to create the original conversion to CFC PAS/HAB.
- If a subsequent revision is entered, the program provider or FMSA cannot use the C30 screen to convert units back to SHL or CS.

## CARE (cont'd)

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### **Entering an IPC with an effective date prior to June 1, 2015**

- Because the system will not allow entry of an IPC with an effective date prior to the latest IPC in the system and the IPC automatically generated in CARE for the conversion is effective June 1, 2015, if an individual's IPC was revised prior to June 1, 2015 but the revision had not yet been entered when the automatic conversion occurred, the HCS program provider or Local Intellectual Developmental Disability Authority (LIDDA)(for TxHmL) will need to delete the automatically generated IPC to enter the revision.

## CARE (cont'd)

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- After deleting the automatically generated IPC and entering the IPC revision that was missing from the system, the program provider or LIDDA must notify the HHS Enterprise Consolidated Help Desk at 512-438-4720 or 1-888-952-4357, if outside Austin.
- DADS IT will manually re-run the CFC PAS/HAB conversion program for the identified individual again.

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## **Enter an IPC with an effective date of June 1, 2015**

- The system will not allow entry of IPCs with the same effective date; therefore, if an individual's IPC revision is effective June 1, 2015, the program provider or LIDDA must "error-correct" the automatically generated IPC dated June 1, 2015.
- To error correct the June 1, 2015 IPC, the program provider or LIDDA enters the letter "E" in the field labeled "Type of Entry" on the C02 (program providers) or L02 (LIDDAs) screens in CARE and continues entering the IPC as usual

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## How to Claim CFC PAS/HAB

- The program provider and FMSA use the C22 screen to enter claims for CFC PAS/HAB.
- The HCS and TxHmL Bill Code Crosswalk has been updated to include billing codes for all CFC services.  
<http://www.dads.state.tx.us/providers/hipaa/billcodes/index.html#ltc>

# Rule Revisions

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## Rule Revisions

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- DADS is currently finalizing the rule changes for all the 1915(c) waiver programs.
- The rules contain more detailed information about the expectations for ERS and person-centered training requirements, how the new transportation service will look, and incorporates the guidance from the CFC implementation information letters into the rules.
- The rules are expected to be effective March 2016.

# Person-centered Planning

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# Training for Person-centered Planning

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- LIDDAs and program providers can elect to send staff required to complete person-centered training to:
  - 2-day training delivered by the Institute for Person Centered Practices (<http://www.person-centered-practices.org/>); or
  - other person-centered training developed and delivered in a manner approved by the Health and Human Services Commission.

# Training for Person-centered Planning (cont'd)

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- A LIDDA must ensure that:
  - service coordinators who are responsible for completion of the PDP, hired on or before June 1, 2015, complete person-centered service planning training delivered by the Institute for Person Centered Practices or other person-centered training developed and delivered in a manner approved by the HHSC by June 1, 2017; and
  - service coordinators who are responsible for completion of the PDP, hired after June 1, 2015, complete person-centered service planning training delivered by the Institute for Person Centered Practices or other person-centered training developed and delivered in a manner approved by the HHSC within two years after the hire date.

# Training for Person-centered Planning (cont'd)

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- An HCS or TxHmL Program Provider must ensure that employees or contractors responsible for completing functional needs assessments (i.e. implementation plan):
  - **hired on or before June 1, 2015**, complete person-centered service planning training delivered by the Institute for Person Centered Practices or other person-centered training developed and delivered in a manner approved by the HHSC **by June 1, 2017**; and
  - **hired after June 1, 2015**, complete person-centered service planning training delivered by the Institute for Person Centered Practices or other person-centered training developed and delivered in a manner approved by the HHSC **within two years after the hire date.**

# Training for Person-centered Planning (cont'd)

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## Resources:

[www.dads.state.tx.us/providers/LA/PersonDirectedPlanningGuidelines.pdf](http://www.dads.state.tx.us/providers/LA/PersonDirectedPlanningGuidelines.pdf)

[www.learningcommunity.us/](http://www.learningcommunity.us/)

[www.person-centered-practices.org/home.html](http://www.person-centered-practices.org/home.html)

[www.texasprojectfirst.org/PersonCentPlanning.html](http://www.texasprojectfirst.org/PersonCentPlanning.html)

[www.dads.state.tx.us/providers/HCBS/transitionplans/index.html](http://www.dads.state.tx.us/providers/HCBS/transitionplans/index.html)

# Person-centered Planning

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- Documents that comprise a person-centered plan in HCS and TxHmL:
  - Person-directed Plan
  - Implementation Plan

# Additional Information

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# Consumer Rights and Services

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- For individuals in a waiver program, complaints regarding their CFC services, program provider, or FMSA are handled in the same manner as complaints are today.
- DADS Consumer Rights and Services:  
1-800-458-9858

## GovDelivery Alerts

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- Updates regarding CFC have been announced via GovDelivery alerts.

**<http://www.govdelivery.com/>**

- Anyone can sign up and we recommend having all staff sign up so they can stay informed about changes in our programs.

## CFC Resources

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- Information letters are available online:  
<http://www.dads.state.tx.us/providers/CFC/index.cfm>
- Service coordinators are required to provide individuals currently receiving SHL or CS with the letters to individuals created by DADS and included as an attachment to IL **2015-28**. Service coordinators must also provide an oral explanation of the letter by July 1, 2015.
- Service coordinators can do this in person or over the phone. However, the letter must also be mailed to the individual or LAR.

## DADS Online Information

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- DADS has developed an FAQ document that is available on the DADS CFC provider resources page.
- For more information, please visit:  
<http://www.dads.state.tx.us/providers/CFC/index.cfm>
- Please email policy questions, with “CFC” in the subject line, to: [CfcPolicy@dads.state.tx.us](mailto:CfcPolicy@dads.state.tx.us)
- Please email questions about CFC regarding a specific individual to PE/UR at: [cfcoperations@dads.state.tx.us](mailto:cfcoperations@dads.state.tx.us)

## HHSC Online Information

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- HHSC CFC website:  
<http://www.hhsc.state.tx.us/medicaid/managed-care/community-first-choice/>
- HHSC CFC Mailbox  
[MCD\\_CFC@hhsc.state.tx.us](mailto:MCD_CFC@hhsc.state.tx.us)

## Community First Choice

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**Thank You!**