



COMMISSIONER  
Chris Traylor

August 29, 2011

To: Community Living Assistance and Support Services (CLASS) Case Management Agencies (CMA) and Direct Service Agencies (DSA)

Subject: Information Letter No. 11-81  
CLASS Phase II Form Revisions Posted; CMA and DSA Implementation Requirements

As one part of the waiver standardization effort, the Department of Aging and Disability Services (DADS) is conducting a review of all forms utilized across DADS waiver programs. CLASS forms utilized by CMAs and DSAs are part of this effort; CLASS forms are being reviewed and revised in phases. As part of each phase, DADS will offer stakeholders the opportunity to review draft revisions to forms prior to implementation of updated forms.

The purpose of this letter is to notify all CLASS CMAs and DSAs of the availability of updated versions of forms included in the Phase II review of CLASS forms. Updated forms are outlined in this letter, as well as provider implementation requirements related to these revised forms.

Please note that some standard changes are being made to all forms and instructions, where appropriate, as part of this effort. These standard changes include:

- Updating references to individuals served from "participant" to "applicant" or "individual" as appropriate;
- Changing references "parent" or "guardian" to "legally authorized representative;"
- Updating references to the interdisciplinary team, or IDT, to the service planning team, or SPT in accordance with current program terminology;
- Updating references to the individual service plan, or ISP, to Individual Plan of Care, or IPC in accordance with current program terminology;
- Replacing instruction for providers to maintain "original" copies of forms with instruction to maintain "completed" copies of forms unless an original is necessary;
- Changing form retention instruction to reference retention requirements outlined in the CLASS Provider Manual;
- Updating references for accuracy where necessary to rule, provider manual, other DADS forms; and
- Updating references to state agencies where necessary.

The following forms have been revised. Revisions detailed below have been made in addition to any standard changes as outlined above. All CMAs and DSAs are required to convert to use of these revised forms as indicated in this letter. CMAs and DSAs can find all revised forms on the DADS website at this link: <http://www.dads.state.tx.us/handbooks/classpm/forms/index.asp>.

**[Form 3623, Approval of Application for CLASS, and Instructions:](#)**

This form and instructions were revised to include a field reference for the applicant's name, address and Medicaid number.

[Form 3628, Service Back Up Plan, and Instructions:](#)

This form was revised to include field references for Case Management Agency, Direct Service Agency, and Deaf Blind with Multiple Disabilities (DBMD) Provider Agency to accommodate both the CLASS and DBMD programs. Signature fields for the nurse and other provider agency staff have been removed.

Consolidated Waiver Program (CWP) selection option has been removed from this form as the form will no longer be used by the CWP Program.

Instructions for this form are revised to add instructions for sections "When to Prepare" and "Form Retention". Instructions language and terminology was revised to accommodate both the CLASS and DBMD form requirements. Form Transmittal section was removed from the instructions.

[Form 3657, Pre-enrollment Assessment, and Instructions:](#)

Revisions to this form include the addition of new fields for the following:

- Legal Status;
- Diagnosis;
- Physician Information; and
- Functional Status.

Form language was updated in the Educational and Functional status sections to be consistent with form instructions. Checkboxes were added to the Inventory of Services Needed and Current Inventory of Adaptive Aids (AA)/Minor Home Modifications (MHM)/Medical Supplies to make these sections more user-friendly. Language added to these sections indicates that this list of services is not intended to be all-inclusive; space is provided for listing any additional services needed.

Language was added to the Functional Status section to indicate that if available, the name of the adaptive behavior level (ABL) instrument (ICAP, SIB-R, VABS, or AAMR) used to assess the applicant's/participant's ABL should be entered. The Case History section was reformatted to make the form more user friendly and now includes prompts for the case manager to use as a guide regarding pertinent information to gather.

Instructions for this form are revised to add instruction language regarding living arrangement, inventory of services needed, current inventory of AA and MHM in use, case history, and signature/date of case manager. Instructions for the Supply Source and County Name/Code sections were removed. Instructions were revised to the following sections to reflect the changes made to the form:

- Purpose;
- When to Prepare;
- Legal Status;
- Educational Status;
- Physician Information;
- Targeted Behavior;
- Non-targeted Behavioral Characteristics; and
- Consequences.

[Form 3658, Justification for Exceeding Service Threshold and Instructions:](#)

Current form 6509 is in use to indicate when a proposed IPC exceeds the total annual cost threshold. Please note that case managers will continue to use this form. Case managers will document service justifications for each CLASS service that exceeds a CLASS individual service threshold using new form 3658. Form 3658 will be required by DADS for each service that exceeds an individual service threshold in an individual's proposed IPC. Instructions were created to assist with the completion of this form.

[Form 8606, Individual Program Plan – CLASS and CWP and Instructions:](#)

The only revisions made to this form are standard changes as outlined above.

Instructions for this form reflect changes to language used in "When to Prepare" in accordance with the current rule. Additional language regarding the requisition fee was added.

[Attachment A, Therapy Justifications, and Instructions:](#)

This is a new attachment that will accompany form 8606 when a proposed IPC includes skilled or specialized therapy services. This form will provide more detailed information about the justification for proposed therapeutic services.

CMAs and DSAs must transition to the use of revised forms 3623, 3628, 3657, and 8606 no later than December 1, 2011 and may not use former versions of these forms after this date.

CMAs and DSAs must implement the use of new form 3658 and Attachment A no later than December 1, 2011.

Please note that CMAs and DSAs are not required to transition to use of these revised forms if a form(s) in question is in use and still contains current information in accordance with an individual's effective IPC period. CMAs and DSAs are not required to implement use of new form 3658 or Attachment A until such time as an individual's IPC is revised or renewed.

If you have any questions about these form revisions or need additional information, please contact CLASS Operations in Access and Intake at (512) 438-3609.

Sincerely,

*[signature on file]*

David Rollins  
Director  
MR Authorities

DR:ccm

cc: Anita Bradbury, Executive Director, Texas Association for Home Care  
Carole Smith, Private Provider Association of Texas