

# Community First Choice Billing Guidelines for HCS and TxHmL Providers

## Section 1000

### Introduction

#### ***1100 General Information***

Department of Aging and Disability Services (DADS) Information Letter (IL) 2015-28 sets forth requirements for Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers to receive payment for Community First Choice (CFC) services. Specifically, the IL requires a program provider to prepare and submit service claims in accordance with the CFC Billing Guidelines. Also, Section III. B, “In General,” of the DADS Community Services Contract (Provider Agreement) requires program providers to comply with applicable billing guidelines.

#### ***1200 CFC Services***

CFC services consist of the following:

- CFC personal assistance services/habilitation (PAS/HAB); and
- CFC emergency response services (ERS)

CFC PAS/HAB allows an individual to reside successfully in a community setting by:

- assisting an individual in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs);
- assisting the individual in acquiring, retaining, and improving self-help, socialization, and daily living skills; and
- assisting with and training the individual on ADLs and IADLs.

CFC ERS are backup systems and supports used to ensure continuity of services and supports for individuals who live alone, who 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 includes electronic devices and an array of available technology, personal emergency response systems, and other mobile communication devices.

#### ***1300 Billing and Payment Reviews***

Billing and payment reviews are conducted to determine if a program provider has complied with DADS rules and these billing guidelines. Billing and payment reviews are distinct from the reviews described in 40 TAC §9.171 and §9.576, which are performed to determine a program provider’s compliance with the program certification principles contained in 40 TAC §§9.172-9.174, §§9.177-9.180 and §§9.578-9.580 . Appendix I, Billing and Payment Review Protocol, describes how billing and payment reviews are conducted.

## Section 2000

### Definitions

The following words and terms, when used in these billing guidelines, have the following meanings unless the context clearly indicates otherwise:

**ADLs or activities of daily living** — Basic personal everyday activities including, but not limited to, tasks such as eating, toileting, grooming, dressing, bathing, and transferring.

**Adult** — A person who is 18 years of age or older.

**Billable activity** — An activity for which a service claim may be submitted for CFC PAS/HAB as listed in Section 3300, Billable Activity.

**Calendar day** — Midnight through 11:59 p.m.

**Calendar week** — Sunday through Saturday.

**Calendar year** — January through December.

**DADS** — The Department of Aging and Disability Services.

**DFPS** — The Department of Family and Protective Services.

**Face-to-face** — Within the physical presence of another person who is not asleep.

**Guardian** — A guardian of the person or estate appointed for a person in accordance with state law.

**Health-related tasks** — Specific tasks related to the needs of an individual, which can be delegated or assigned by licensed health-care professionals under State law to be performed by a service provider of CFC PAS/HAB. These include tasks delegated by an registered nurse, health maintenance activities as defined in 22 Texas Administrative Code (TAC) §225.4 (relating to Definitions), and activities assigned to a service provider of CFC PAS/HAB by a licensed physical therapist, occupational therapist, or speech-language pathologist.

**IADLs or instrumental activities of daily living** — Activities related to living independently in the community, including meal planning and preparation; managing finances; shopping for food, clothing, and other essential items; performing essential household chores; communicating by phone or other media; traveling around and participating in the community.

**ID/RC assessment** — A form used by DADS for making a Level of Care (LOC) determination and Level of Need (LON) assignment.

**Implementation plan** — A written document developed by the program provider for an individual that, for each HCS or TxHmL program service and CFC service on the individual's Individual Plan of Care (IPC) not provided through the Consumer Directed Services (CDS) option, includes:

- a list of outcomes identified in the person-directed plan (PDP) that will be addressed using HCS or TxHmL program services and CFC services;
- specific objectives to address the outcomes required by subparagraph (A) of this paragraph that are:
  - observable, measurable, and outcome-oriented; and
  - derived from assessments of the individual's strengths, personal goals, and needs;
- a target date for completion of each objective;
- the number of HCS or TxHmL program and CFC units of service needed to complete each objective;
- the frequency and duration of HCS or TxHmL program services and CFC services needed to complete each objective; and
- the signature and date of the individual, legally authorized representative (LAR), and the program provider.

**Individual** — A person enrolled in the HCS or TxHmL program receiving a CFC service.

**IPC or individual plan of care** — A written plan that:

- states the type and amount of each HCS or TxHmL program service and CFC service to be provided to the individual during an IPC year;
- states the services and supports to be provided to the individual through resources other than the HCS or TxHmL programs or CFC services, including natural supports, medical services, and educational services; and
- is authorized by DADS.

**IPC year** — A 12-month period of time starting on the date an authorized initial or renewal IPC begins.

**LAR or legally authorized representative** — A person authorized by law to act on behalf of an individual and may include a parent, guardian or managing conservator of a minor, or the guardian of an adult.

**LEIE** -- List of excluded individuals and entities. In this context, "individual" does not have the meaning as defined in this section.**Licensed vocational nurse** — A person licensed to practice vocational nursing in accordance with Texas Occupations Code, Chapter 301.

**LIDDA or local intellectual and development disabilities authority** — An entity designated by the Executive Commissioner of the Texas Health and Human Services Commission (HHSC), in accordance with Texas Health and Safety Code §533.035.

**LOC or level of care** — A determination given to an individual by DADS as part of the eligibility determination process based on data submitted on the Intellectual Disability/Related Condition (ID/RC) Assessment.

**LON or level of need** — An assignment given to an individual by DADS upon which reimbursement for day habilitation, host home/companion care, residential support and supervised

living is based. The LON assignment is derived from the service level score obtained from the administration of the Inventory for Client and Agency Planning (ICAP) to the individual and from selected items on the ID/RC Assessment.

**Managing conservator** — An adult appointed for a minor in accordance with state law.

**Minor** — An individual under 18 years of age.

**PDP or person-directed plan** — A written plan, based on the person-directed planning process, developed with an applicant or individual in accordance with Form 8665, Person-Directed Plan. The PDP describes the supports and services necessary to achieve the desired outcomes identified by the applicant or individual (and LAR on the applicant's or individual's behalf) and ensure the applicant's or individual's health and safety.

**Program provider** — A person, as defined in §49.102 of this title (relating to Definitions), that has a contract with DADS to provide HCS or TxHmL program services, excluding an Financial Management Services Agency (FMSA), in accordance with Chapter 49 of this title (relating to Contracting for Community Services).

**Registered nurse** — A person licensed to practice professional nursing in accordance with Texas Occupations Code, Chapter 301.

**Residence** — A place of bona fide and continuous habitation that is a structure with a common roof and common walls, except if the structure contains more than one dwelling such as an apartment complex or duplex, "residence" means a dwelling within the structure. A person may have only one residence.

**Service claim** — A request submitted by a program provider to be paid by DADS for a CFC service.

**Service coordination** — A service as defined in Chapter 2, Subchapter L of this title.  
**Service coordinator** — An employee of a LIDDA who provides service coordination to an individual.

**Service planning team** — As defined in 40 TAC §9.153 and §9.553, a planning team consisting of an applicant or individual, LAR, service coordinator and other persons chosen by the applicant or individual or LAR on behalf of the applicant or individual (for example, a program provider representative, family member, friend or teacher).

**Service provider** — A staff member or contractor of the program provider who performs billable activity.

**Staff member** — A full-time or part-time employee of the program provider.

**TAC** — Texas Administrative Code.

## **Section 3000**

### **Requirements for CFC PAS/HAB**

#### ***3100 Service Claim Requirements***

A program provider must submit an electronic service claim for CFC PAS/HAB that meets the following requirements. CFC PAS/HAB included on the claim must:

- be included on an authorized IPC;
- be identified in an individual's PDP that is provided in accordance with the individual's implementation plan, as required by 40 TAC §9.158(r) and §9.578(c)(2);
- be provided during a period of time for which the individual has an LOC;
- be based on billable activity, as described in Section 3300, Billable Activity;
- not be based on activity that is not billable, as described in Section 3400, Activity Not Billable;
- be based on activity performed by a qualified service provider as described in Section 3700, Qualified Service Provider Requirements;
- be provided to only one individual;
- be provided on only one date;
- be for the date the CFC PAS/HAB was actually provided;
- be for units of service determined in accordance with Section 3830, Calculating Units of Service for Service Claim;
- be supported by written documentation, as described in Section 4000, Written Documentation; and
- be in compliance with 40 TAC §49.311 (relating to Claims Payment).

#### ***3200 Description of Service***

CFC personal assistance services/habilitation (PAS/HAB) – a service that consists of:

- assistance to an individual in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs) based on the individual's person-centered service plan, including:
  - non-skilled assistance with the performance of the ADLs and IADLs;
  - household chores necessary to maintain the home in a clean, sanitary, and safe environment;
  - escort services, which consist of accompanying, but not transporting, and assisting an individual to access personal assistance services or activities in the community; and
  - assistance with health-related tasks; and
- assistance to an individual in acquiring, retaining, and improving self-help, socialization, and daily living skills and training the individual on ADLs, IADLs, and health-related tasks, such as:
  - personal hygiene;
  - household tasks;
  - mobility;

- money management;
- community integration;
- use of adaptive equipment;
- self-advocacy;
- personal decision making;
- interpersonal communication;
- reduction of challenging behaviors;
- socialization and the development of relationships;
- participating in leisure and recreational activities;
- use of natural supports and typical community services available to the public;
- self-administration of medication; and
- strategies to restore or compensate for reduced cognitive skills.

### *3300 Billable Activity*

The only billable activities for CFC PAS/HAB are:

- interacting face-to-face with an individual to:
  - assist the individual with activities of daily living including:
    - bathing, dressing and personal hygiene;
    - eating;
    - meal planning and preparation; and
    - housekeeping;
  - assist the individual with ambulation and mobility;
  - reinforce any professional therapies subcomponent provided to the individual;
  - assist with the administration of the individual's medication or to perform a task delegated by a registered nurse in accordance with rules of the Texas Board of Nursing at 22 TAC, Chapter 225 (relating to RN Delegation to Unlicensed Personnel and Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions) or the Human Resources Code, §161.091-.093, as applicable;
  - conduct habilitation activities that teach the individual to:
    - develop or improve skills that allow the individual to live more independently;
    - develop socially valued behaviors;
    - integrate into community activities;
    - use natural supports and typical community services available to the public; and
    - participate in leisure activities;
  - escort services, which consist of accompanying and assisting an individual to access services or activities in the community, but do not include transporting an individual;
  - interacting face-to-face or by telephone with an individual or an involved person regarding an incident that directly affects the individual's health or safety;
  - performing one of the following activities that does not involve interacting face-to-face with an individual:
    - shopping for the individual;
    - planning or preparing meals for the individual;
    - housekeeping for the individual;
    - procuring or preparing the individual's medication; or

- securing transportation for the individual;
- participating in a service planning team meeting;
- participating in the development of an implementation plan; and
- participating in the development of an IPC.

### ***3400 Activity Not Billable***

The following activities by a service provider for CFC PAS/HAB do not constitute billable activity:

- transporting the individual;
- traveling by a service provider if the service provider is not accompanied by an individual, except as allowed by Section 3300;
- documenting the delivery of CFC PAS/HAB (for example, writing written narratives, completing forms and entering data);
- reviewing an individual's written record;
- drafting an implementation plan;
- performing an activity regarding a staff member's employment or contractor's association with the program provider (for example, attending conferences and participating in the performance evaluation of a staff member or contractor);
- performing an activity regarding the preparation, submission, correction or verification of service claims;
- any activities not described in Section 3300.

### ***3500 Residential Location***

A program provider may provide CFC PAS/HAB to an individual only if the program provider has documented a residential location of "own/family home" on the individual's IPC.

### ***3600 Restrictions Regarding Submission of Claims for CFC PAS/HAB***

A program provider may not submit a service claim for:

- CFC PAS/HAB provided to an individual whose IPC does not have a residential location of "own/family home;"
- the sole activity of supervising the individual's safety and security;
- transporting an individual; or
- CFC PAS/HAB provided to an individual:
  - in a residence in which HCS residential support or supervised living is provided to another individual;
  - by a service provider who is simultaneously providing residential support, supervised living or host home/companion care to another individual;
  - if the day habilitation service component is simultaneously provided to the individual by another service provider except as described in Section 3920, Multiple Service Providers,(See No.1); or
  - if the respite service component is simultaneously provided to the individual by another service provider.

### **3700 Qualified Service Provider Requirements**

#### **3710 CFC PAS/HAB Service Provider Requirements**

A qualified service provider of CFC PAS/HAB must:

- meet the following minimum qualifications:
  - not have the same residence as the individual;
  - be an adult;
  - have:
    - a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma; or
    - documentation of a proficiency evaluation of experience and competence to perform the job tasks that includes:
      - a written competency-based assessment; and
      - at least three written personal references from persons not related by blood to the service provider that indicate the ability to provide a safe, healthy environment for the individuals being served.
  - be the program provider or a staff member or contractor of the program provider;
  - be paid by the program provider to provide CFC PAS/HAB being claimed;
  - not be disqualified by this section to provide CFC PAS/HAB being claimed;
  - not have been convicted of an offense listed under §250.006 of the Texas Health and Safety Code;
  - not be designated in either the *Employee Misconduct Registry* or the *Nurse Aid Registry*
  - maintained by DADS as having abused, neglected or exploited a person or misappropriated a person's property;
  - not be listed on the LEIE maintained by the United States Department of Health and Human Services, Office of Inspector General or the LEIE maintained by the Texas Health and Human Services Commission, Office of Inspector General;
  - not be:
    - the parent of the minor receiving services; or
    - the spouse of the individual receiving services; and
  - meets any other qualifications requested by the individual or LAR based on the individual's needs and preferences.
- A service provider of CFC PAS/HAB may not have the same residence as the individual.
- An HCS or TxHmL program provider must, if requested by an individual:
  - 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 that a CFC PAS/HAB service provider attends training by HHSC or DADS so that the service provider can meet any additional qualifications desired by the individual.

#### **3720 Service Provider Not Qualified**

##### **Service Coordinator Not Qualified as Service Provider**

##### **Service Coordinator On Duty**

**During the time a service coordinator is on duty as a service coordinator, the service coordinator is not qualified to provide CFC PAS/HAB to an individual.**

### **Service Coordinator Off Duty**

During the time a service coordinator is off duty as a service coordinator, the service coordinator is not qualified to provide CFC PAS/HAB to an individual if the individual is receiving service coordination from the service coordinator.

### **Parent, Spouse of Parent or Contractor Not Qualified as Service Provider for Minor**

A service provider of CFC PAS/HAB is not qualified to provide CFC PAS/HAB to a minor if the service provider is:

- the minor's parent; or
- a person contracting with DFPS to provide residential child care to the minor, or is an employee or contractor of such a person.

### **Contractor Not Qualified as Service Provider for an Adult Individual**

A service provider is not qualified to provide CFC PAS/HAB to an adult individual if the service provider is a person contracting with DFPS to provide residential child care to the individual, or is an employee or contractor of such a person.

### **3730 Relative, Guardian or Managing Conservator Qualified as Service Provider**

If a relative, guardian or managing conservator is not otherwise disqualified to be a service provider of CFC PAS/HAB as described in Section 3720 of this section, the relative, guardian or managing conservator may provide CFC PAS/HAB if the relative, guardian or managing conservator is a qualified service provider for CFC PAS/HAB.

### **3800 Unit of Service**

#### **3810 15-Minute Unit of Service**

A unit of service of for CFC PAS/HAB is 15 minutes.

#### **3820 Fraction of a Unit of Service**

A service claim for CFC PAS/HAB may not include a fraction of a unit of service.

#### **3830 Calculating Units of Service for Service Claim**

##### **Service Event**

For CFC PAS/HAB, a service event:

- is a discrete period of continuous time during which billable activity for CFC PAS/HAB is performed by one service provider;
- consists of one or more billable activities; and
- ends when the service provider stops performing the billable activity.

##### **Example:**

If a service provider performs billable activity for CFC PAS/HAB from 12:00 - 12:30, performs activity that is not billable from 12:30 - 12:36, then performs additional billable activity from 12:36 - 12:48, two service events have occurred, one for 30 minutes (12:00 - 12:30), and another for 12 minutes (12:36 - 12:48).

The conversion table in appendix III is located at the following link:

<http://www.dads.state.tx.us/handbooks/appendix/27.htm>

**Service Time  
CFC PAS/HAB**

A program provider must use the following formula for calculating the service time for CFC PAS/HAB:

- Number of service providers x length of service event divided by the number of persons served = service time.

In this formula, "person" means a person who receives a service funded by DADS, including an individual and a person enrolled in the intermediate care facilities for individuals with an intellectual disability or related conditions (ICF/IID) program or a waiver program other than HCS or TxHmL.

**Examples**

No. of Service Providers	X	Length of Service Event	÷	No. of Persons	=	Service Time per Individual
1	X	20 min.	÷	3	=	6.66 min.
1	X	30 min.	÷	2	=	15 min.
2	X	30 min.	÷	2	=	30 min.
2	X	30 min.	÷	1	=	60 min.
1	X	45 min.	÷	4	=	11.25 min.
1	X	60 min.	÷	1	=	60 min.
1	X	60 min.	÷	2	=	30 min.
1	X	60 min.	÷	3	=	20 min.
2	X	120 min.	÷	6	=	40 min.

**3900 Billing CFC PAS/HAB Provided at the Same Time as HCS Program Services**

**3910 One Service Provider**

A service provider of CFC PAS/HAB may not provide CFC PAS/HAB at the same time the service provider provides HCS or TxHmL program services to the same individual.

**3920 Multiple Service Providers**

**Providing CFC PAS/HAB at the Same Time as an HCS or TxHmL Program Service**

A service provider of CFC PAS/HAB may provide CFC PAS/HAB at the same time the individual is receiving an HCS or TxHmL program service only as described below.

A service provider of CFC PAS/HAB may perform a face-to-face service for an individual at the same time an HCS or TxHmL program service provider of professional therapies, registered nursing, licensed vocational nursing, specialized registered nursing, specialized licensed vocational nursing, and transportation as a supported home living or community support provides a service to the same individual. A service provider of CFC PAS/HAB may perform an activity that does not involve interacting face-to-face with an individual, as described in Section 3300 at the same time an HCS or TxHmL program service provider of professional therapies, registered nursing, licensed vocational nursing, specialized registered nursing, specialized licensed vocational nursing, day habilitation, employment assistance, supported employment, and transportation as a supported home living or community support activity provides a service to the individual.

## **Multiple Service Providers of CFC PAS/HAB**

### **Performance of the Same Activity**

Multiple service providers of CFC PAS/HAB may perform an activity at the same time for the same individual if multiple service providers are needed to perform the activity.

### **Performance of a Different Activity**

A service provider of CFC PAS/HAB may perform an activity that does not involve interacting face-to-face with an individual, as described in Section 3300, at the same time another service provider of CFC PAS/HAB performs an activity that involves interacting face-to-face with the individual.

## **Section 4000**

### **Written Documentation**

#### ***4010 General Requirements***

Legible

A program provider must have written, legible documentation to support a service claim.

### **Required Content**

The written documentation to support a service claim for CFC PAS/HAB must include:

- the name of the individual who was provided the CFC PAS/HAB;
- the day, month and year the CFC PAS/HAB was provided; and
- a written service log for each individual, as described in Section 4020, Written Service Log and Written Summary Log, by a service provider who delivered the CFC PAS/HAB

#### ***4020 Written Service Log and Written Summary Log***

### **Required Content and Timeliness**

#### **Written Service Log**

A written service log must:

- be written after the CFC PAS/HAB is provided;
- include:
  - a description or list of activities performed by the service provider and the individual that evidences the performance of one or more of the billable activities described in Section 3300; and
  - a brief description of the location of the service event, as described in Section 3830, Calculating Units of Service for Service Claim (see No. 1), such as the address or name of business;
- be supported by information that justifies the length of the service event, such as an explanation in the written service log or implementation plan of why a billable activity took more time than typically required to complete;
- be made within reasonable time after the activity being documented is provided; and
- include the signature and title of the service provider making the written service log.

## **Written Summary Log**

A written summary log must:

- be written after services have been provided;
- include information that identifies the individual for whom the written summary log is made;
- include a general description or list of activities performed during the calendar week in which the CFC PAS/HAB was provided;
- be made within a reasonable time after the week being documented; and
- include the signature and title of the service provider making the written summary log.

## **Unusual Incidents or Progress Toward Objectives**

The description of the activities in a written service log or written summary log must include a description of any unusual incident that occurs such as a seizure, illness or behavioral outburst, and any action taken by the service provider in response to the incident.

## **Unacceptable Content**

The following are unacceptable as a description of the activities in a written service log or written summary log:

- ditto marks;
- references to other written service logs or written summary logs using words or symbols;
- non-specific statements such as "had a good day," "did ok," or "no problem today;"
- a statement or other information that is photocopied from other completed or partially completed written service logs or written summary logs; and
- a medication log.

## **Separate Written Service Log or Written Summary Log for Service Event**

A program provider must have a separate written service log or separate written summary log for each service event as described in Section 3830 (see No. 1).

## ***4030 Proof of Service Provider Qualifications***

A program provider must have the following documentation as proof that a service provider is qualified:

- to prove the age of a service provider, a government issued document, such as a driver's license or birth certificate;
- to prove the level of education of a service provider:
  - a written document from an educational institution, such as a diploma; or a high school equivalency certificate issued in accordance with the law of the issuing state;;
- to prove the job experience of a service provider, a written record of where the job experience was obtained;
- to prove competency to perform services:
  - a successfully completed written competency-based assessment demonstrating the ability to provide the applicable service and document the provision of such service as required by the CFC PAS/HAB Billing Guidelines; and
  - written personal references from at least three persons not related by blood to the service provider which evidence the service provider's ability to provide a safe and healthy environment for the individuals being served; and

- to prove that a service provider is properly licensed, a written document from the appropriate state licensing agency or board.

#### ***4040 Example Forms***

Form 4121, Supported Home Living/Community Supports/Community First Choice Personal Assistance Services/Habilitation, may be used to document CFC PAS/HAB in accordance with this section. These documents are only examples. A program provider may document CFC PAS/HAB in any way that meets the requirements of this section.

### **Section 5000**

#### **Requirements for CFC ERS**

##### ***5100 General Description of CFC ERS***

Backup systems and supports used to ensure continuity of services and supports for individuals who live alone, who 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 includes electronic devices and an array of available technology, personal emergency response systems, and other mobile communication devices.

##### ***5200 Service Claim Requirements***

A program provider must submit an electronic service claim for CFC ERS that meets the following requirements. CFC ERS included on the claim must:

- be included on an authorized IPC;
- be identified in an individual's PDP that is provided in accordance with the individual's implementation plan, as required by 40 TAC §9.158(r) and §9.578(c)(2);
- be provided during a period of time for which the individual has an LOC;
- be provided to only one individual;
- only be provided to an individual who has a residential location of "own/family home" on the individual's IPC;
- be for the month the CFC ERS was actually provided; and
- be in compliance with 40 TAC §49.311 (relating to Claims Payment).

##### ***5300 Monthly Unit of Service***

A unit of service for CFC ERS is one month.

##### ***5400 CFC ERS Billing Amount***

- An HCS or TxHmL program provider must bill one of the following amounts for CFC ERS, whichever is less:
  - the actual monthly cost of the CFC ERS; or
  - the monthly reimbursement rate of \$29.76 for CFC ERS established by the Health and Human Services Commission.
- If the program provider contracts for the provision of CFC ERS, the actual monthly cost is the amount the program provider paid the contractor for CFC ERS.