



COMMISSIONER
Jon Weizenbaum

Memorandum

To: Community Services Regional Directors
Community Services Program Managers

From: Dana Williamson
Manager
Long Term Services and Supports Policy

Subject: Rate Changes Effective September 1, 2014 for Medically Dependent Children
Consumer Directed Services Option

Issuance Date: October 3, 2014 LTSS 14-09-014

Effective Date: October 3, 2014

Effective September 1, 2014, the Health and Human Services Commission (HHSC) approved rate changes to the base rate for Respite and Flexible Family Support Services delivered under the Consumer Directed Services (CDS) option in the Medically Dependent Children Program (MDCP). The chart outlines the rate changes.

Service	Service Delivery	Service Code	Rate Prior to September 1,2014	Rate Effective September 1,2014
Respite	Consumer Directed Services (CDS) Respite Attendant	11ZV	\$10.86	\$10.99
Flexible Family Support	CDS Flexible Family Support Attendant	11UV	\$10.86	\$10.99

Desk Review

By December 1, 2014, the case manager must review and change all Individual Plans of Care (IPC) with services delivered by attendants through the CDS option. The case manager must use Form 2067, Case Information, to request the total number of attendant units billed by the Financial Management Service Agency provider for Respite and/or Flexible Family Support Services delivered from the beginning of the IPC period through August 31, 2014. The FMSA's written response will be used to update the IPC and the Service Authorization System (SAS).

Existing Individual Plans of Care with September 1, October 1, or November 1, 2014 Effective Dates

For individuals who have already been authorized services effective September 1, October 1, or November 1, 2014, the case manager leaves the **Change From (current plan)** section blank on form 2412, Individual Plan of Care/Budget Revision, and documents the authorized services for the whole IPC period with the new rate in the **Change To (new plan)** section. The case manager completes the rest of the form.

Existing Individual Plans of Care with Effective Dates Other Than September 1, October 1, or November 1, 2014

The case manager must apply the new service rate using a September 1, 2014, effective date and document the new IPC total. The case manager must document the change in the service plan on Form 2412. The case manager uses the written information from the FMSA to complete the **Change From (current plan)** section and applies the new rate in the **Change To (new plan)** section. The case manager completes the rest of the form according to the form instructions.

Changes for Individual Plans of Care ending in September, October, or November, 2014.

The case manager must use the written information from the FMSA to update service authorization forms and SAS records, as applicable. There may be instances when an IPC exceeds the cost limit as a result of the increased attendant rates. Since these rates are being applied retroactively, the only exception to exceeding the cost limit is for IPCs ending September, October, or November 2014, as a result of the change in attendant rates. The case manager must not add additional units to the IPC based on this exception. The case manager must document the change in the service plan on Form 2412.

Exceeding the IPC Cost Limit for IPCs Ending After November 30, 2014

If the change in rate results in a service reduction, the case manager must review the individual's and primary caregiver's needs, Respite and Flexible Family Support Services criteria, and make changes to the IPC within the IPC case limit. The individual has the right to appeal if services have been reduced, following current procedures.

Sending the Individual Plan of Care

The case manager must send a copy of Form 2412 to the individual and FMSA. The case manager must send Form 2412 to the individual and provider within **two working days** of the IPC change.

Service Authorization Forms

The case manager must complete a new service authorization form to document the updated reimbursement rates using Form 2402, Consumer Directed Services Option – Services Authorization.

On Form 2402 the case manager enters “September 1, 2014” as the **Begin Date** and the end of the current IPC period for the **End Date**. In **Units**, the case manager enters the units delivered or to be delivered from September 1, 2014, through the end of the IPC period. The case manager enters the new rate in **Unit Rate** and calculates the new **Amount of Funds Authorized**. The case manager completes the rest of the form.

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

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

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

Service Authorization System (SAS)

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

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

attachments