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July 29, 2002

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To: Consolidated Waiver Program (CWP) Providers

Subject: Long Term Care (LTC)
CWP Information Letter No. 02-02
CWP Provider Manual (DRAFT) Forms, Instructions and Appendices

This information letter will provide the latest forms, instructions and appendices for the Consolidated Waiver Program (CWP) Provider Manual (Draft). The following forms are to be used beginning August 1, 2002. Please remove the forms, instructions or appendices in the provider manual as listed below and replace or add the following forms, instructions or appendices:

- Under the CWP Program Overview Tab:
 - *Replace page 2, in provider manual*
 - *Duplication of 24-Hour Residential Habilitation was corrected*

- Under the CWP Provider Manual Tab for Reimbursement Rate:
 - *CWP - Reimbursement Rates*
 - *Replace rates in provider manual*
 - *Habilitation - Supported employment, the rate per day was corrected to read rate per hour.*

- CWP Forms and Instructions Table of Contents
 - *Replace table of contents in provider manual*
 - *The following forms and instructions were added to the Table of Contents:*
 - *Form 1290, Long Term Care Claim*
 - *Form CWPNOS, Attachment A MAO Denial References*
 - *Form CWPNOS, Attachment B CWP Denial Reasons/Codes*
 - *Form CWPAPFSS, Assessment of Provider and Family Surrogate Services Home*
 - *Form CWPRHM, Participant Monitoring - 24 Hour Residential Habilitation*
 - *Form CWPMFSS, Participant Monitoring - Family Surrogate Services*
 - *Form CWPANQ, Evaluation/Actions of RN Quarterly Visit*
 - *Form CWPQNA, Quarterly Nursing Assessment (no instructions)*
 - *Form CWPFSSPM, Family Surrogate Service Provider/ Home Monitoring*
 - *Form CWPAFCPM, Adult Foster Care Provider/Home Monitoring*
 - *Form CWPIASDR, Independent Advocacy Service Delivery Record*

- Form 1290, *Long Term Care Claim* and instructions
 - *Add form and instructions to provider manual*

- CWP2060-A, *Addendum to Form 2060 For Personal Assistance Services*
 - *Replace form in provider manual*
 - *The Service Code in section IV, item (9) was corrected to read Service Code 17 on the form.*

- Instructions for Form 3650-A
 - *Replace instructions in provider manual*
 - *The Community Living Assistance and Support Services (CLASS) and Deaf Blind, Multiple Disability (DB-MD) Waiver Program instructions are incorporated with the CWP instructions for Form 3650-A. Please note the sections that are instructions for a specific waiver program and not for all of the indicated waiver programs.*

- ICD-9th Edition (CM Diagnostic Codes for Persons with Related Conditions) list
 - *Replace ICD-9th Edition list in provider manual*
 - *Several new diagnoses codes are accepted for related conditions.*

- List Of Commonly Used Diagnostic Codes
 - *Add code list to provider manual*

- Adaptive Behavior Level Conversion Chart
 - *Add chart to provider manual*

- Related Conditions Eligibility Screening Instrument
 - *Replace instrument in provider manual*
 - *The CLASS/DB-MD program names are added to the CWP instructions for the Related Conditions Eligibility Screening Instrument*

- Addendum To Level Of Care Assessment For Clients Of The Texas Waiver For People With Deaf-Blindness And Multiple Disabilities
 - *Replace addendum in provider manual*
 - *The format of the form and the client's name and Medicaid number was added to the top of the form. Question 1 (c.) was removed from the form. A signature line for HCSS RN, and a line to enter the date were added to the form.*

- Form CWP NOS & -S, *Notification of CWP Services*
 - *Replace forms in provider manual*
 - *Space to indicate the applicant/participant's room and board co-payments and space to indicate if an applicant/participant is no longer eligible for CWP services was added to the form.*

- Form CWP NOS Attachment A MAO Denial References
 - *Add attachment to provider manual*

- Form CWP NOS Attachment B CWP Denial Reasons/Codes
 - *Add attachment to provider manual*

- Form CWPECR & -S, *CWP Eligibility Criteria and Responsibilities*, instructions
 - *Add instructions to provider manual*
- Form CWPPSS, *Participant Service Survey Summary*, and instructions
 - *Replace form in provider manual*
 - *In item 7, the box to indicate monthly contact has been changed to read 3 day / 30 day contact.*
 - *Medical supplies was added to the service provision column*
- Form 2323, *Assessment of Provider and Adult Foster Care Home*, instructions
 - *Add instructions to provider manual*
- Form CWPAPFSS, *Assessment of Provider and Family Surrogate Services Home* and instructions
 - *Add form and instructions to provider manual*
- Form 2333, *Nursing Facility Risk Criteria Scoring Form Interview Guidelines*, instructions
 - *Add form instructions to provider manual*
- Form CWPRHM, *Participant Monitoring-24-Hour Residential Habilitation Services* and instructions
 - *Add form and instructions to provider manual*
- Form CWPMFSS, *Participant Monitoring-Family Surrogate Services* and instructions
 - *Add form and instructions to provider manual*
- Form CWPALRCSD, *Daily Service Delivery Record and instructions*
 - *Remove form and instructions in provider manual*
- Form CWPDSDR, *Daily Service Delivery Record* and instructions
 - *Add form and instructions to provider manual*
- Form CWPISP-1, *CWP Individual Service Plan*, and instructions
 - *Replace form in provider manual*
 - *Minor format changes to form*
 - *Add instructions to provider manual*
- Form CWPISP-2, *CWP Freedom of Choice*
 - *Replace form in provider manual*
 - *The 24-Hour residential habilitation acceptance/signature was deleted from the form and Family Surrogate Services provider acceptance/signature was added. The acceptance/signature for 24-Hour residential Habilitation will be indicated under the HCSSA acceptance/signature.*
 - *Add instructions to provider manual*
- Form CWPISP-3, *CWP Individual Service Plan - Non-Waiver Services*, instructions
 - *Add instructions to provider manual*

- Form CWPISP-B, *CWP Individual Service Plan - Therapy Service Plan*, instructions
 - *Add instructions to provider manual*
- Form CWPISP-C, *CWP Individual Service Plan - Nursing Service Plan* and instructions
 - *Replace form in provider manual*
 - *24-hour Residential Habilitation Services under Section IV. (A.) #2 and 3.*
 - *Add instructions to provider manual*
- Form CWPISP-D, *CWP Individual Service Plan - Minor Home Modifications*, instructions
 - *Add instructions to provider manual*
- Form CWPISP-E, *CWP Individual Service Plan - Adaptive Aids and Medical Supplies*, instructions
 - *Add instructions to provider manual*
- Form CWPISP-F, *CWP Individual Service Plan - Rationale for Adaptive Aids, Medical Supplies, and Minor Home Modifications*, instructions
 - *Add instructions to provider manual*
- CWPIPP, *Individual Program Plan*
 - *Replace form in provider manual*
 - *Boxes to indicate Initial, Reassessment or Change of the ISP with space to write the dollar amount of the Current ISP, Change of the ISP and the amount of the new ISP are on the form. A box to indicate "Signatures on Form CWPISP-2" is on the form.*
- CWPT, *Individual Transportation Plan* and instructions
 - *Replace form in provider manual*
 - *A box to indicate "Signatures on Form CWPISP-2" is on the form.*
 - *Add instructions to provider manual*
- CWPPSD, *Personal Profile For Skills Development*
 - *Remove form from provider manual*
 - *Form was replaced with the person directed plan*
- CWPHAB, *Habilitation Training Plan* and instructions
 - *Add form and instructions to provider manual*
- CWPPEA, *Pre-Enrollment Home Health Assessment Authorization*
 - *Replace form in provider manual*
 - *In item #9 a box was added to indicate ICF-MR/RC*
- Form CWPANQ, *Evaluation/Actions of RN Quarterly Visit*
 - *Add form to provider manual*
- Form CWPQNA, *CWP Quarterly Nursing Assessment*
 - *Add form to provider manual*

- Form CWPFFSSPM, *Family Surrogate Services Provider/Home Monitoring*
 - *Add form to manual*
- Form CWPAFCPM, *Adult Foster Care Provider/Home Monitoring*
 - *Add form to provider manual*
- Form CWPIASDR, *Independent Advocacy Service Delivery Record*; and instructions
 - *Add form and instructions to provider manual*
- Appendix - Table of Contents
 - *Add appendix to manual*
- Appendix II, CWP Bill Codes
 - *Replace appendix in provider manual*
 - *Supported employment and assisted living rate change corrections*
- Appendix III, CWP Billing Guide - Billing examples
 - *Replace appendix in provider manual*
 - *Pre-enrollment assessments data entry changed to enter 1 for number of units and the dollar amount for the rate.*
- Appendix VII, CWP Reassessment Packet Due Dates
 - *Replace appendix in provider manual*
 - *Information on the LOC, Form 3650-A for ICF-MR/RC reassessment packets was added.*
- Appendix XIII, Procurement Pointers for Minor Home Modifications, Adaptive Aids and Medical Supplies
 - *Add appendix to provider manual*
- Appendix XIV, Independent Foster Family Homes - Rules
 - *Add appendix to provider manual*
- Appendix XV, Contracting for Community Care Services - Rules
 - *Add appendix to provider manual*
- Appendix XVI, Client Eligibility Criteria
 - *Add appendix to provider manual*
- Appendix XVII, Provisional Contracts - HCSS Agencies
 - *Add appendix to provider manual*
- Appendix XVIII, Patient Self-Determination Advanced Directives
 - *Add appendix to provider manual*
- Appendix XIX, Guidelines and Procedures for Setting Up Accounting Records for Participants' Trust Funds
 - *Add appendix to provider manual*

- Appendix XX, Qualification for At-Risk Assessments and Medical Necessity Determinations
 - *Add appendix to provider manual*
- Appendix XXI, Criminal History Check of Employees in Certain Agencies/Facilities Serving the Elderly or Persons with Disabilities
 - *Add appendix to provider manual*
- Appendix XXII, HIV/AIDS and Related Conditions in the Workplace
 - *Add appendix to provider manual*
- Appendix XXIII, HCSS Cover Letter for Form 3652-A, Physician's Signature Request
 - *Add appendix to provider manual*
- Appendix XXIV, Criteria Specific to a Medical Necessity Determination
 - *Add appendix to provider manual*
- Appendix XXV, Types of Assisted Living Facilities
 - *Add appendix to provider manual*
- Appendix XXVI, HCSS Cover Letter for Form 3650-A, Physician's Signature Request
 - *Add appendix to provider manual*
- Appendix XXVII, TRC - Standard for Automotive Adaptive Equipment and Vehicle Modifications
 - *Add appendix to provider manual*

If you have questions or need additional information, please contact Kim Phillips, CWP Lead Policy Specialist, at (512) 438-3444 or electronically at kimberly.phillips@dhs.state.tx.us

Sincerely,

Signature on file

Becky Beechinor
Assistant Deputy Commissioner
Long Term Care Services

BB:ck