

**Status Chart for Implementation of Suggestions for
Reducing Administrative Requirements in Community Based Alternatives Program**

No.	Requirement	Description/Suggestion	Benefits	DADS Response	Status As of 05/09/13
1	Single Statewide Contract or Contract Across Regions	<p>Providers are required to have a separate Community-based Alternatives (CBA) contract in each DADS region in which they serve individuals. Recommend allowing providers to combine multiple regional contracts into a single statewide contract or to contract across regions.</p>	<p>Reduced contract administration costs for providers serving individuals in multiple regions.</p>	<p>DADS initiated a project to develop contract options for provider agencies.</p> <p>Information Letter 12-79 published September 2012 provides specific options for providers to consolidate CBA contracts.</p>	Completed
2	Pilot a Consolidated Licensure/ Contract Monitoring Team to Oversee Licensed and Contracted HCSSAs	<p>Providers, such as home and community support services agencies (HCSSAs), that are licensed by DADS and have contracts to serve individuals are subject to periodic oversight visits by personnel from two DADS divisions.</p> <ul style="list-style-type: none"> • Contract managers from the Access and Intake division conduct contract monitoring, typically on a two-year cycle. • Surveyors from the 	<p>On site oversight visits would be conducted by the same personnel. Would reduce the number of oversight visits to a provider.</p>	<p>Recent stakeholder feedback indicated that other efforts by DADS to reduce duplication between Regulatory and Contract Monitoring have addressed previously identified concerns.</p>	Not Implemented

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		<p>Regulatory Services division conduct licensure surveys within the first year at 18 and 36 months.</p> <p>Pilot the use of a DADS team with a single manager created to conduct both contract monitoring and licensure survey for HCSSAs.</p>			
3	Streamline the Contract Monitoring and Licensure Survey Processes	Recommend the development of a workgroup composed of external stakeholders and DADS staff to discuss how to eliminate duplication between processes, maintain financial accountability for DADS contracts, use licensure requirements when possible, and maintain intent of services delivery (i.e., meeting individual needs and achieving individual satisfaction).	Achieve appropriate outcomes for providers while maintaining the integrity of the licensure survey/contract monitoring processes.	Joint Information Letter/Provider Letter 12-01 published January 2012 identifies several efficiency measures that eliminated duplication and improved coordination between contract monitoring and regulatory surveys.	Completed
4	Eliminate Faxing Requirement for the Medical Necessity/ Level	Allow DADS case manager to access Medical Necessity (MN)/Level of Care (LOC) information online rather	Savings for HCSSAs by reducing staff time, increasing efficiencies, and reducing faxing	DADS notified providers on April 27, 2011, about elimination of the	Completed

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	Of Care Assessment	than require HCSSA to fax in the lengthy MN/LOC documentation.	costs.	requirement to fax MN/LOC assessments to DADS case managers.	
5	Review Processes for Durable Medical Equipment, Adaptive Aides, Home Modifications, Equipment, Dental, Hearing and Vision.	<p>With regard to short-term, develop a fee schedule for Durable Medical Equipment (DME), Adaptive Aides, Home Modifications, Equipment, Dental, Hearing and Vision. Allow providers to purchase items that are \$500.00 or less without approval from DADS. If an item is over \$500.00 or costs more than the fee schedule allows, then send the item to DADS for approval.</p> <p>With regard to long-term, DADS could have more than one approved vendor from which to purchase these items. The providers would select a vendor providing these items at a fixed rate.</p>	Reduces administrative costs and delivery time to the client.	DADS cannot develop a fee schedule since this is considered rate development and therefore under the purview of HHSC.	Not Implemented
6	Allow HCSSAs to Submit Forms Electronically	For CBA, Consolidated Waiver Program, Medically Dependent Children Program and Community Living	Reduce time and expense of faxing or mailing documents to DADS. Enables DADS to	HHSC received approval to use Balancing Incentive Funds to develop a	In Progress

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		Assistance and Support Services, allow HCSSA staff to submit forms containing an individual's information to DADS through secure, encrypted email rather than having to mail or fax them.	process forms more quickly.	web-based portal for service providers and DADS staff or contracted case management staff to upload and download necessary documents. The portal is expected to be available to the public August of 2015 and will address technical issues identified during the pilot.	
7	Quarterly Nursing Assessments	Reduce frequency to six months for nursing assessments. This would be in line with obtaining doctor's orders every six months.	Lessen the administrative burden on a registered nurse making quarterly assessments.	DADS received approval for a waiver amendment and released Information Letter 12-06.	Completed
8	Requirements for Agency to Request Individual Services Plan Changes	Allow an individual to directly contact the DADS case manager to request a change to an Individual Services Plan (ISP). The DADS case manager could use either the regional nurse or the UR nurse to determine	Removes the responsibility for the HCSSA to coordinate changes to the ISP and allows the client to go directly to the caseworker with a change request.	A stakeholder meeting resulted in several suggestions for streamlining the assessment process (e.g., dental buffer, updated list of adaptive aids and	In Progress

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		the MN for the requested item.		medical supplies). Information Letters are being drafted for each of these topics.	
9	90 Percent Compliance on Monitoring	Change the frequency of monitoring based on risk score. An agency scoring 90 percent or above (low-risk) would receive a monitoring visit every three years; this would be consistent with licensing standards. An agency scoring below 90 percent would receive a monitoring visit every two years (medium-risk) or annually (high-risk).	Reduces administrative costs.	Implementation would reduce appropriate oversight.	Not Implemented
10	All Rules which Repeat or Expand Upon HCSSA Licensure Rules	Have no rules or requirements regarding delivery of home health or personal assistance services beyond HCSSA licensure rules and reference HCSSA licensure rules where applicable, rather than re-stating in program rules.	Eliminates duplication, conflicts, and any "how to" requirements which are not necessary.	Streamlining of contract monitoring and licensure monitoring is being addressed under the initiative of Streamline the Contract Monitoring and Licensure Survey Processes.	Not Implemented
11	Utilization Review Nurses Onsite Visits	Instead of conducting onsite reviews, recommend Utilization Review (UR)	Reduce cost of in travel and meals for DADS staff. This would lower	UR staff currently can receive information from providers via	Completed

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		nurses conduct desk reviews. The UR nurse would contact the agency and the requested records would be sent or faxed. If the review identifies any problem areas, the UR nurse would make an onsite visit.	agency administrative costs by not requiring a staff member wait for the UR nurse.	fax. In August 2011, UR staff were reminded to request HCSSAs to transmit documents via fax or encrypted email when possible.	
12	Reevaluate Delivery Timeframes to Determine the Need for Specific Timeframes	Reevaluate the delivery timeframes of CBA services. For example, the timeframe for delivery of adaptive aids costing less than \$500 is 14 DADS workdays. Suggest extending this to 30 workdays. This extension would allow more time for both the delivery of adaptive aids and notification of the caseworker.	Decrease provider administrative cost.	The timeframes help the state demonstrate to the Centers for Medicare and Medicaid Services the protection of the health and welfare of individuals served.	Not Implemented
13	CBA Paying for Dental, Hearing, and Vision	Dental, hearing, and vision should be paid for through regular Medicaid.	Remove the administrative burden of pricing, getting approval from caseworker, and setting up appointments.	Dental, hearing, and vision services are not available to individuals in the CBA program outside of the waiver. DADS will continue to include dental, hearing, and vision services in the waiver.	Not Implemented

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14	Remove Physical, Occupational, and Speech Therapies	Remove all therapies from the CBA program and provide these in Medicare and Medicaid.	Reduce the cost to the agency for coordinating the therapies, which are difficult to find and many times the reimbursement is not enough to cover the cost of the therapies.	To ensure these services are available to individuals to support their long-term services and support needs, DADS will continue to include physical, occupational and speech therapies in the waiver.	Not Implemented
15	Non-Billable Time and Activities	Reimburse agencies for time spent on the telephone for MN appeal hearings.	Receive reimbursement for service provided.	Nursing costs associated with MN appeal hearing are already included in the nursing hourly rates.	Not Implemented
16	Reduce Visit Burden	Allow a provider agency to assess by telephone following hospital discharge. The provider can visit the individual if the assessment highlights a need.	Reduce provider's responsibility to visit the individual post hospital stay.	DADS is working with stakeholders on this issue. The next meeting is tentatively scheduled for August 29, 2013.	In Progress
17	State Office of Inspector General (OIG) Checks - List of Excluded Individuals and Entities (LEIE)	Eliminate manual entry of data to complete State OIG checks by addressing current barriers to automated checks. Recommend State OIG create a web page on its site to allow the ability to	Reduce the administrative cost for conducting the required exclusionary search.	The recommended action is already in place	Completed

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		submit first name, last name and social security number through a secure connection and return match or no match information.			
18	Allowable Cost Rules	Expand the Allowable Cost Rules to include other legitimate business costs (i.e., self-insurance, legitimate defense).	Increase allowable costs associated with the delivery of services.	Referred to HHSC Rate Analysis Division. Regarding expanding the allowable costs rules, HHSC Rate Analysis Division has indicated self-insurance costs, up to a limit, are not allowable costs. Litigation costs are not allowable costs. However, HHSC has provided clarification about allowable costs regarding workers' compensation awards and settlements. The costs for reimbursement for lost wages and medical bills may be reported on the cost report.	Completed

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19	Simplify Cost Reports	Change format of the Automated Cost Reporting and Evaluation System	Reduce duplication in cost reporting in Automated Cost Reporting and Evaluation System (ACRES).	Referred to HHSC Rate Analysis Division. HHSC has initiated a new, simplified, web-based cost reporting application that eliminates the need for submission of paper documents. The Primary Home Care (PHC), Community Based Alternatives (CBA) and Community Living Assistance Support Services (CLASS) programs are being implemented in the new system in 2013 with the 2012 cost reports.	Completed
20	Incorrect Retroactive Recoupment	Address the current problem where incorrect retroactive recoupments that go back in time, sometimes in multiple prior years.	Reduce unnecessary recoupment.	On April 25, 2012, DADS implemented a change in the service authorization system requiring staff to obtain supervisory approval for provider transfers more than	Completed

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				90 days old.	
21	90 Percent Attendant Rate Enhancement Spending Requirement	Reduce spending requirement to 85 percent.	Ensure the agencies have the flexibility to make necessary reductions in attendant wages and benefits in order to stay in business.	Referred to HHSC. HHSC Rate Analysis Division addresses rate enhancement spending issues. HHSC is not pursuing a reduction in the spending requirement at this time. Providers have flexibility in that they are only required to spend 90 percent of funds intended on attendant compensation. Reducing the spending requirement below 90 percent could impact attendant wages and benefits.	Completed
22	Automate with an Online Sign up for Attendant Rate Enhancement	Eliminate paper enrollment process for rate enhancement.	Provides a more streamlined and efficient system.	Not a DADS item. HHSC Rate Analysis Division addresses rate enhancement spending issues. HHSC will investigate	Completed

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				conducting Attendant Rate Enhancement (ARE) open enrollment through its new web-based cost reporting application. This activity is scheduled to occur in 2015, after all long-term services and supports programs are rolled into the new cost reporting application during 2014.	