

The Department of Aging and Disability Services

# FMSA ANNUAL QUALITY IMPROVEMENT TRAINING

SEPTEMBER 8-9, 2014  
AUSTIN, TEXAS



# Welcome

## DADS CDS Staff:

Elizabeth Jones, CDS Policy

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# Agenda

## September 8<sup>th</sup> Agenda:

- ⦿ Changes to Chapter 41
- ⦿ Changes to Program Rules affecting CDS
- ⦿ Revised CDS Forms
- ⦿ Upcoming Policy Changes
- ⦿ Changes to Chapter 49
- ⦿ CDS Monitoring
- ⦿ Q&A

# Agenda

## September 9<sup>th</sup> Agenda:

- ⦿ FMSA Operations
- ⦿ Billing and Bill Codes
- ⦿ Managed Care Q&A
- ⦿ Personal Care Services Q&A
- ⦿ Open Forum on CDS Rule Changes in Development

# CHAPTER 41 RULE CHANGES

Effective 9/01/2014

# DADS Coordinated Approach to Revising CDS & Program Rules

- **ALL** CDS related program requirements for **CDS Employers** and **FMSAs** are in the process of being moved **from program chapters to Chapter 41**.
- Some cross references to Chapter 41 included in program chapters.
- Minimal information for case managers and service coordinators included in program chapters with reference to Chapter 41 for CDS specific functions.

# DADS Coordinated Approach to CDS Rules

- Program chapters are not written for FMSAs. They are written for program providers (such as HCS providers or MDCP providers.)
- FMSAs and CDS employers need to focus solely on Chapter 41 and the Service Provision Requirements Addendum to Form 1735, Employer and FMSEA Agreement.
- FMSAs also need to follow Chapter 49.

**ALL RULE CHANGES  
EFFECTIVE 9/1/2014**

# Chapter 41, New Section- Effective 9/01/14

**§41.108-** Lists services available through the CDS option

## **Note new services**

**DBMD** – Supported Employment, Employment Assistance

**CLASS** - Supported Employment, Employment Assistance, Cognitive Rehabilitation Therapy

**HCS** - Supported Employment, Employment Assistance, Cognitive Rehabilitation Therapy, Nursing

**MDCP** – Supported Employment, Employment Assistance

# Chapter 41, Repealed Section-

## §41.201-Employer Responsibilities

- deletes rules relating to employer responsibilities because many of the requirements in that section are addressed in other sections of Chapter 41 and the remaining requirements have been moved to proposed new §41.238 regarding service delivery requirements.

# Chapter 41 Amendment

## CDS Orientation

### §41.207-Initial Orientation of an Employer

- Specifies an employer or DR must complete an initial orientation conducted by an FMSA.
- Complete various DADS forms, **including Service Provision Requirements Addendum to DADS Form 1735**, the employer or DR's agreement with the FMSA.
- **Removes the requirement for completing Rules Acknowledgement, Form 1738.**
- Send copies or originals of the forms to the FMSA.
- **CDS Employer retains the completed DADS forms.**

# Chapter 41 New Section

## Service Delivery Requirements

### §41.238-Service Delivery Requirements

The employer or DR must ensure services provided through the CDS option:

- are included on the individual's DADS authorized service plan;
- are budgeted in the employer budget;
- are provided only to the individual;
- are not provided if the individual becomes ineligible for program services (**such as hospitalization**); and
- meet requirements for payment in accordance with program and §41.241 (payment for services)

## New Section

### ***§41.238***-Service Delivery Requirements (cont.)

If nursing services or MDCP respite or flexible family support are included on the service plan, the employer or DR must:

- ensure the hired **RN completes DADS Form 1747, Acknowledgment of Nursing Requirements, before the RN provides nursing services or MDCP respite or flexible family support;**
- ensure an **LVN completes DADS Form 1747-LVN, Licensed Vocational Nurse Supervision Certification (\*NEW FORM), before the LVN** provides nursing services or MDCP respite or flexible family support;
- maintain completed DADS Forms 1747 and 1747-LVN in the individual's home and send a copy of the completed forms to the FMSA **before delivery** of nursing services or MDCP respite or flexible family support; and.....

## New Section

### ***§41.238***-Service Delivery Requirements (cont.)

If program rules require that the individual's program provider's nurse complete the initial and annual nursing assessment the employer or DR must:

- provide a copy of the program provider's nursing assessment, including the number of nursing hours authorized, to the CDS nurse; and
- if the CDS nurse disagrees with the number of authorized nursing hours, ensure that the CDS nurse provides justification to the service planning team for consideration and a possible service plan revision.

If DADS determines that an employer or DR is not in compliance with this section, DADS may require the employer to develop and implement a corrective action plan in accordance with §41.221 of this subchapter (relating to Corrective Action Plans).

# Chapter 41 Amendment

## Service Backup Plans

### §41.217- Employer Responsibility regarding Service Backup Plans

- Specifies an employer or DR must develop a service backup plan if requested by the CM or SC.
- Adds a requirement for the CDS employer to revise the backup plan if the CM or SC determines that the backup plan is ineffective.

# Chapter 41 New Section

## Spells out Case Manager and Service Coordinator Role Related to CDS Service Backup Plans

### §41.404- Ensuring Development, Approval, and Review of Service Backup Plans

- Specifies the service planning team must determine if a service is critical to the individual's health and safety;
- Describes when a CM or SC must request an employer or DR develop a service backup plan;
- Establishes the CM or SC must approve a service backup plan before it can be implemented, **FMSAs no longer required to approve**;
- Requires the CM or SC review each service backup plan during monitoring and at the annual service plan meeting to determine if the plan was implemented and effective;
- Specifies that, if the CM or SC determines the backup plan is ineffective, the employer or DR must revise the plan.
- Removes FMSA approval of CDS Service Backup Plan

# Chapter 41 New Amendment

## CDS Employer Training of CDS Employee

### **§41.233- Training and Management of Service Providers** (Repeals old §41.233. Management of Service Providers)

- An employer or DR must use DADS Form 1732, Management and Training of Service Providers to document:
  - training activities required by the Service Provision Requirements Addendum to DADS from 1735, Employer and FMSA Agreement;
  - on-going training and management activities; and
  - an evaluation of the service provider's job performance at least annually.
- Requires an employer or DR to send a copy of DADS Form 1732 to the FMSA within 30 days after hiring a service provider and after each annual evaluation.

# Chapter 41 Amendment Records

## §41.339- Records

- Removes provisions that are addressed in proposed Chapter 49, Contracting for Community Services or elsewhere in Chapter 41.
- FMSA must maintain financial records to support claims
- Maintain records to generally accepted accounting principles (GAAP)

# Chapter 41 New Amendments, Effective FMSEA Contracting

## §41.301- Contracting as an Financial Management Services Agency

- Requires an FMSEA to comply with Ch.49, Contracting for Community Services rules.
- Requires an FMSEA to have at least one eligible employee or contractor to provide support consultation services.
- Requires FMSEA participate in all mandatory training provided or authorized by DADS.
- An FMSEA must not provide FMS to an individual receiving case management or service coordination from the FMSEA or controlling person, except in CMPAS.
- An individual (or LAR or DR) receiving FMS must not be the individual's FMSEA or a controlling party of the FMSEA.

# Implementation of Chapter 41 Changes

- Information Letter to FMSAs
- Revised, New and Retired Forms
- Updated CDS employer budgets
- Webinar for CDS Employers to explain the changes affecting them
- Adopted version of Chapter 41 available at the Texas Administrative Code website
- Two-column version of adopted Chapter 41 on DADS website

# CHANGES TO PROGRAM RULES

# Changes in the HCS Program

## HCS Rules amendments effective 9-1-2014

- Clarifies that HCS nurse is responsible ONLY for HCS delivered services in which a nursing task is delivered (such as day hab)
- Camp is now a respite service (**ADDED** to the HCS Service Provision Requirements Addendum)
- Added definitions and provider qualifications for Supported Employment, Employment Assistance and Cognitive Rehabilitation Therapy
- Clarify that supported employment and employment assistance cannot be provided at the same as other HCS services

**Note: Additional clean up to be done on HCS rules to remove most of the CDS sections that are redundant with Chapter 41.**

## Respite Definition HCS waiver amendment (effective 3/1/2014)

- For the planned or emergency short-term relief of the unpaid primary caregiver of an individual who lives in their family home.
- Respite is provided intermittently when the primary caregiver is temporarily unavailable to provide supports due to non-routine circumstances.

# HCS CDS Nursing

CDS nursing added August 1, 2014, See Information Letter 2014-42 and attachments, CDS employer webinar available on CDS and HCS pages.

CDS HCS Nursing Assessment Form 8584-CDS on CDS and HCS forms webpages.

CARE system authorization of both CDS and non-CDS nursing fully operational August 1, 2014.

# Changes to the Texas Home Living Program (TxHmL) Rules

- Camp is now a respite service
- Updated definitions and qualifications for Supported Employment and Employment Assistance

Revised Definition of Respite:

## **SERVICES RESPITE §9.174(a)(42)(43)**

- respite includes support for eligible individuals who are in need of emergency or planned short-term care when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances,
- respite may be provided in a camp accredited by the American Camp Association.
- respite must not be provided in an institution such as an ICF/IID, skilled nursing facility, and hospital

# Changes to MDCP Rules

- ⦿ **CRP certification is now a requirement for respite and flexible family supports providers. Start notifying CDS employers NOW!!**
- ⦿ In-home record or service delivery log no longer a requirement.
- ⦿ Supported Employment and Employment Assistance will be available through the CDS Option beginning September 1, 2014.
- ⦿ Educational requirements for potential providers without a GED clarified
- ⦿ DADS removed from the rules the proposed requirement that the respite provider cannot live in the same household.

# CDS FORM REVISIONS

# CDS Forms

- Original or Copy-the FMSA and the employer must each keep the original or copy of required forms
- Forms 1581-1587, 1720-1723, 1725, 1727-1731
  - Name changes, minor edits
- **Form 1724, New Employee Packet Cover Sheet**
  - Name change
  - Added requirement for 1732
  - DBMD CPR requirement

# CDS Forms

- **Form 1726, Relationship Definitions in Consumer Directed Services Employer's Acknowledgment and Certification**
  - CDSA to FMSA
  - Added fraud statement
  - Updated CLASS respite service provider qualification

**CLASS PROGRAM RULE:** If the primary caregiver lives with the individual and is the habilitation service provider, then this person cannot be the respite service provider.

# CDS Forms

## ● **Form 1732, Management and Training of Service Providers,** effective 3/14

- Renamed form
- Added expandable text fields, up to 2,000 characters
- Requires the CDS employer to document initial orientation and ongoing training/evaluations with each service provider.
- The CDS employer must send this form 30 calendar days after the initial orientation or an annual evaluation.
  - 41.233 (b): The CDS employer must send a copy of the completed form to the FMSA within 30 days after hire or annual evaluation.
- The CDS employer must include training related to individual's condition, tasks and any other required training listed on the Service Provision Requirements Addendum.

# CDS Forms

- **Form 1732- Management and Training of Service Providers, effective 3/14**
  - Please document date sent to FMSEA and date received by FMSEA
  - FMSEAs will be monitored on this form!!

# CDS Forms

- **Form 1735, Employer and Financial Management Services Agency Service Agreement**
  - Added fraud statement

# CDS Forms

- **Form 1736, Documentation of Employer Orientation by Financial Management Services Agency**, effective 6/14
  - Removed Medicaid ID
  - Added FMSA contact information
  - Language clean-up
- **Form 1738, Rules Acknowledgment**
  - Removed from CDS rules-no longer need to use this form
- **Form 1740, Service Backup Plan**, effective 9/14
  - Case manager and service coordinator requirements for backup plans
  - Now has expandable text fields up to 2,000 characters

# CDS Forms

- **Form 1741, Corrective Action Plan**, effective 8/14
  - Now has expandable text fields, up to 2,000 characters
  
- **Form 1745, Service Delivery Log**, effective 8/14
  - The employer cannot submit a time sheet to the FMSA for time worked by the employee while the individual was in the hospital.
  - The employee and employer certify that the information provided is complete and accurate and understand that submitting a false or fraudulent time sheet could result in a Medicaid fraud referral.

# CDS Forms

- ⦿ **Form 1747, Acknowledgment of Nursing Requirements**
  - Removed LVN section of form
- ⦿ **NEW FORM: Form 1747- LVN, Licensed Vocational Nurse Supervision**
  - Must be completed before nursing services can be provided
  - Requires an LVN to practice under the supervision of a registered nurse (RN), physician or a physician's assistant.

# CDS Forms

## ◎ **New Form-** Form 1749, Employer and Entity Service Agreement, effective 10/14

- Agreement between the individual and the contractor
- Contractor must also submit DADS Form 1739 to FMSA prior to receiving payment
- Contractor must document services provided in accordance with individual's program rules and given to the CDS employer for approval.
- The CDS employer must approve in writing and submit to FMSA for payment.

# CDS Forms

## ● **New Form- Form 8584-CDS, Comprehensive Nursing Assessment and Plan of Care-HCS Program**

- CDS nurse will use this form to document an comprehensive assessment of the individual's health status.
- If nursing services are needed, develop a nursing plan of care based on the assessment.
- Information can be entered electronically and then printed.
- CDS employers must keep a copy of the completed assessment in your files.
- CDS employers **MUST** provide a copy to the service coordinator and HCS provider if they have one.

# CDS Forms

- HCS nursing toolkit and assessment:  
Available at  
[http://www.dads.state.tx.us/providers/communications/alerts/AttachmentB\\_IL2014-42.pdf](http://www.dads.state.tx.us/providers/communications/alerts/AttachmentB_IL2014-42.pdf)
- July 22, 2014, Information Letter No. 14-42 Implementation of Consumer Directed Services Nursing in the Home and Community-based Services Program

Consumer Directed Service

**SERVICE PROVISION  
REQUIREMENTS  
ADDENDUMS**

# Form 1735 Service Provision Requirements Addendums

- Revised the addendums
- Renamed-now called Service Provision Requirements Addendum, Form 1735-xxxx
- Employer must initial each section to acknowledge understanding of program requirements and agree to follow them.
- <http://147.80.6.169:7301/forms/1735/>

# Addendum cont.

- Employee qualification
- Training Requirements
  - The employer agrees to provide training before the service provider can provide services.
  - The employer agrees to document initial and ongoing training on the Form 1732 and send to FMSA within 30 calendar days after hire and annual evaluation.

# Addendum cont.

- Services available under the CDS option
- Who cannot be the employee
- Service delivery documentation
- Services backup plans
- Other special requirements

## The employer:

- Cannot submit a timesheet for time worked by the employee while the individual was in the hospital or any institutional setting.
- Cannot convert any unused service hours during the service plan year to an employee bonus.

# Home and Community-based Services Program (HCS)

Added new CDS Services (if reside in own home or family home)

- Camp is now a respite service
- Nursing
- Supported Employment
- Employment Assistance
- Cognitive Rehabilitation Therapy

Added provider qualifications for Supported Employment and Employment Assistance

Added Supported Employment and Employment Assistance cannot be provided at the same as other HCS services

**Note:** The supported home living, supported employment, employment assistance, nursing, cognitive rehabilitation therapy or respite provider cannot live in the same household as the individual receiving services.

## Texas Home Living Program (TxHmL)

- ⦿ Added Camp as a respite service
- ⦿ Revised definitions and qualifications for Supported Employment and Employment Assistance
- ⦿ The employee cannot live with the individual receiving services

# Medically Dependent Children Program (MDCP)

- Added Supported Employment and Employment Assistance
- Clarified Employment assistance cannot be provided to an individual at the same time that respite, flexible family support services or supported employment is provided.
- Added All individuals receiving MDCP are required to have a service backup plan.
- Added documentation of hands-on training in CPR and choking prevention required.
- The same provider cannot provide more than 16 hours of services within a 24-hours period.
- Services cannot be delivered outside Texas.

# Community Living Assistance and Support Services (CLASS)

- Added Employment Assistance, Supported Employment, Cognitive Rehabilitation Therapy (11/1/2014)
- Habilitation service providers employed on or after September 1, 2014 must:
  - have a high school diploma or GED **OR**
  - have documentation of a proficiency evaluation of experience and competence to perform job tasks as demonstrated through a written competency-based assessment; and
  - have at least three personal references from persons not related by blood that evidence the person's ability to provide a safe and healthy environment for the individual;

# Deaf Blind with Multiple Disabilities (DBMD)

- Added description and provider qualifications for Employment Assistance, Supported Employment

## Training Requirements:

- Documentation of hands-on training in CPR and choking prevention required.
- have a high school diploma; or GED; **OR**
- (1) documentation of a proficiency evaluation of experience and competence to perform job tasks as demonstrated through a written competency-based assessment ; and
- (2) at least three personal references from persons not related by blood that evidence the person's ability to provide a safe and healthy environment for the individual; and
- (3) be fluent in the communication methods used by the individual (for example American Sign Language, tactile symbols, communication boards, pictures and gestures; or have the ability to become fluent in the communication methods used by the individual within three months after beginning to work with the individual;

## Deaf Blind with Multiple Disabilities (DBMD)

- Before providing direct services to an individual, completes specific training provided by the CDS employer that includes the following:
  - (A) the special needs of the individual, to include:
    - (i) methods of communication
    - (ii) specific visual and audiological loss;
    - (iii) adaptive aids;
    - (iv) behavioral habits and cautions; and
    - (v) Specific service tasks

# Deaf Blind with Multiple Disabilities (DBMD)

- **Completes, within 90 calendar days after assuming job duties**, the Service Provider Training provided by DADS or training developed by the DBMD program provider that addresses the following elements from the DADS Service Provider Training curriculum including:
  - (A) methods and strategies for communication;
  - (B) active participation in home and community life;
  - (C) orientation and mobility;
  - (D) behavior as communication;
  - (E) causes and origins of deafblindness;
  - (F) vision, hearing, and the functional implications of deafblindness; and
  - (G) delegated tasks

# Resources

- For more information on Employment Assistance and Supported Employment please see webinar posted on DADS webpage for HSC/TxHmL provider resource page:

<http://www.dads.state.tx.us/providers/HCS/webinars/2-25-14-employment/employment2-25-14.pdf>

# UPCOMING POLICY CHANGES

# Topics

- I. Attendant Wage Compensation
- II. Chapter 93 Employee Misconduct Registry (EMR) Rules
- III. Department of Labor Changes to the Companionship Exemption
- IV. STAR+PLUS Expansion
- V. STAR+PLUS Acute Care Carve-in
- VI. Community First Choice
- VII. Electronic Visit Verification
- VIII. CDS Performance Measures

# I. Attendant Wage Compensation Background

Senate Bill 1, General Appropriations Act, 83rd Legislature, Regular Session, 2013, Article II, Special Provisions Relating to All Health and Human Services Agencies, Section 61, appropriated funds to support increases in the base wage of personal attendants to \$7.50 per hour in fiscal year 2014, and to \$7.86 per hour in fiscal year 2015.

# I. Attendant Wage Compensation for Specific Services

Effective September 1, 2014, CDS employers must pay at least \$7.86 to the employees of the following:

- Primary Home Care, Family Care, or Community Attendant Services;
- flexible family support and respite services in the Medically Dependent Children Program;
- habilitation in the Community Living Assistance and Support Services Program;
- residential habilitation in the Deaf Blind Multiple Disabilities Program;
- personal attendant services in the Consumer Managed Personal Attendant Services Program;
- supported home living in the Home and Community-based Services Program; and
- community support in the Texas Home Living Program.

Rules: §41.505 Payroll Budgeting, *effective January 1, 2014* and § 49.312 Personal Attendants  
See Information Letter 13-51, August 21, 2013  
Provider Alert 12/20/2013

# I. Attendant Wage Compensation: HHSC Rate Increases

- To support attendant compensation, over the past biennium, HHSC increased rates for the affected services.
  - PHC, FC and CAS – second rate increase effective September 1, 2014 **\$10.28 (non-priority)**
  - MDCP – rate increase effective September 1, 2014. **TBD**

FMSAs must send DADS case managers (CM) the funds expended and allocated from the beginning of the service plan year through August 31, 2014. **BY OCTOBER 1**

# I. Attendant Wage Compensation: FMSEA Action

- FMSAs need to begin reaching out to CDS employers who pay providers of the services listed on the previous slide less than \$7.86 to tell CDS employers:
  - to revise their employer budgets and
  - to complete a new Form 1730
  - **Prior to the first payroll in September.**

# I. Attendant Wage Compensation: New Service Authorizations

- Since FMSAs bill in dollar units, DADS CMs need to revise service authorizations by hand and enter into the authorization system.
- FMSAs must send to PHC (CAS and FC) (by October 1, 2014) and MDCP CMs on Form 2067 the amount of funds expended and allocated from the beginning of the service plan year through August 31, 2014.
- CM will then reauthorize the service plan using the new rate, effective September 1, 2014 through the remainder of the service plan year.
- If CMs fail to reauthorize the service plan within the required time frame, send, via secure email, the name of the individual, Medicaid number and the region number to [cds@dads.state.tx.us](mailto:cds@dads.state.tx.us)

## II. Chapter 93 Amendments Relating to Employee Misconduct Registry

- Target effective date is October 1, 2014.
- Amendments add CDS employees as employees who can be listed on the Employee Misconduct Registry (EMR).
- Requirements for checking the EMR are similar to Chapter 41.
- CDS employer will need to inform each newly hired employee about the EMR within five days of hire.
- Responses to comments from FMSAs during the 30-day public comment period which ended August 24, 2014:
  - Form 1725 will serve as record in the FMSA's employer file. EMR results don't need to be sent to the CDS employer. FMSAs indicate the results of the EMR check on Form 1725 and send Form 1725 to the CDS employer.

## II. Implementing Chapter 93 EMR Amendments

- Information Letter to FMSAs with instructions for CDS employers.
- DADS will provide a script for CDS employers to use. The script will also be included in the updated CDS employer manual.
- A checkbox for training on the EMR will be added to Form 1732.

### III. DOL Companionship Exemption: The Basics

- DOL considers CDS employers to be household employers.
- DOL considers “home care workers” (employees of CDS employers or provider agencies) to be domestic workers.
- Home health care workers are usually covered by the federal Fair Labor and Standards Act (FLSA) which requires the employee to be paid minimum wage and overtime (time and half) for any hours worked over 40 hours per week.
- CDS rules require minimum wage and payment overtime

### III. DOL Companionship Exemption: Current Picture

- CDS employers are **currently** required to pay overtime for hours worked over 40 hours per week by the same employee.
- **Depending on the tasks provided and the nature of the relationship**, some CDS employers claimed the existing DOL companionship exemption and did not pay overtime.
- Other CDS employers currently budget and pay overtime.
- Others hire multiple employees to cover hours over 40 per week.

# III. DOL Companionship Exemption: Rule Change

Effective January 1, 2015, CDS employers who have been using the companionship exemption, will be required to pay overtime unless the new, more narrow companionship definition can be met. Provider agencies cannot use the companionship exemption.

Under the new rule, the companionship exemption from paying overtime and minimum wage is not applicable when the employee:

- spends more than 20 percent of his or her work week assisting with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs); or
- performs medically related tasks.

**We anticipate that most CDS employers will not be able to use the Companionship Exemption.**

### III. Preparing CDS Employers for the Change in the Companionship Exemption

DADS will be releasing an Information Letter to FMSAs with instructions to begin working with CDS employers who currently use the exemption:

- to assess their individual situations to see if companionship exemption is still an option; and
- to present options.

### III. Companionship Exemption : Take Advantage of DOL Website Resources

- ⦿ <http://www.dol.gov/whd/regs/compliance/whdfsFinalRule.htm>
- ⦿ <http://www.dol.gov/whd/homecare/index.htm>

# III. Preparing CDS Employers for the Change in the Companionship Exemption

- ⦿ Employer options if cannot use the exemption:
  - revise the employer budgets to pay a lower hourly wage rate and overtime; or
  - hire additional staff.
- ⦿ Important to recognize that some employers may not be able or willing to hire additional staff.
  - Rural areas
  - Individuals with certain conditions, such as autism, who need consistency in providers

NOTE: Even if the hourly wage rate is decreased to pay overtime, the employee will be paid the same amount of money. Pay will be distributed differently.

### III. Preparing CDS Employers for the Change in the Companionship Exemption (cont.)

- It is the FMSEA's role to ensure that CDS employers understand that they must pay overtime.
- However, it is the CDS employer's choice, within program rules, how they want to address overtime. **Employers cannot reduce hours to free up overtime funds.**
- The FMSEA presents the options but the CDS employer makes the choice.

### III. Overtime Challenges

- CDS employers who use the same provider for two different Medicaid programs (e.g., MDCP and PCS). Overtime must be paid across programs.
- Low rates in some programs, such as PHC, in which individuals are typically authorized over 40 hours per week. Recent rate increases for PHC and MDCP will help.
- Families who use the same provider for multiple individuals in the household.

# Important

It is important for FMSAs to take some time to explain to CDS employers that they must follow both CDS rules related to Medicaid programs and Department of Labor rules!

### III. Addressing Overtime Challenges

- DADS is reviewing ways to allow more flexibility for paying overtime.
- Any change would need to be issued through an Information Letter with rule changes following.
- National Resource Center for Participant Directed Services has released a Toolkit:  
<http://www.bc.edu/content/bc/schools/gssw/nrcpds/tools/flsahomecaretoolkit.html>

## IV. Star+Plus Expansion

- Effective September 1, 2014, HHSC expanded the STAR+PLUS program to the Medicaid Rural Service Areas.
- DADS terminated CBA contracts, including CBA-CDS contracts. The CBA waivers was terminated.
- PHC moved to STAR+PLUS and DADS continues to operate CAS and FC.

## IV. STAR+PLUS Expansion: To Learn More

- ⦿ Visit the HHSC website, "Expansion of Medicaid Managed Care", at <http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml>.
- ⦿ Refer to information letters and alerts regarding managed care and STAR+PLUS topics
  - **Information Letter No. 14-23**
    - Expansion of the STAR+PLUS Medicaid Managed Care Program to the Medicaid Rural Service Areas
  - **Information Letter No. 14-24**
    - Reassessment Process in Preparation of STAR+PLUS Expansion in Rural Service Areas

## V. Acute Care Carve In

- Per Senate Bill 7, **effective September 1, 2014**, individuals in the CLASS, HCS, TxHmL and DBMD waiver programs will receive their ACUTE care services through managed care.
  - **EXCEPTION:** Those who get both Medicare and Medicaid.
  - **See IL 14-38:** Though individuals will have a managed care service coordinator, the FMSA will continue to coordinate with the waiver case manager or service coordinator.

## V. Acute Care Carve In

- See IL 14-41: Those receiving TxHmL and PHC will continue to receive PHC through DADS.
- Provider Alert (8/29/14): Individuals who did not receive an Enrollment Packet in July or August 2014 will have until December 12, 2014 to pick a STAR+PLUS health plan to provide acute health-care services.

## VI. Community First Choice

- Senate Bill 7 from the 2013 Texas Legislature requires the HHSC to put in place a cost-effective option for attendant and habilitation services for people with disabilities who have STAR+PLUS Medicaid coverage.
- Community First Choice allows states to provide home and community-based attendant services and supports to Medicaid recipients with disabilities.
- State receives an extra 6% match.
- Draft State Plan Amendment for public comment.

## VI. Community First Choice Services

- Help with activities of daily living and health-related tasks through hands-on assistance, supervision or cueing.
- Services to help the individual learn how to care for themselves.
- Backup systems or ways to ensure continuity of services and supports.
- Training on how to select, manage and dismiss attendants.

## VI. Community First Choice Implementation

Texas is planning to begin a Community First Choice program March 1, 2015. This will mean:

- Individuals on a 1915(c) waiver interest list who meet eligibility and coverage requirements will be eligible on March 1, 2015, to get Community First Choice services.
- Individuals already getting services through a 1915(c) waiver will continue to get those services exactly as they do today from their existing providers.

## VII. Electronic Visit Verification

- Use of EVV for CDS remains optional.
- Statewide implementation of EVV for managed care, acute care services and DADS fee for service programs currently using EVV is scheduled for January 1, 2015 with full compliance by March 1, 2015.
- Nursing services, other than PDN, will not be implemented on January 1, 2015.

## VII. Electronic Visit Verification

- HHSC will announce EVV vendors September 2014
- Providers are to select a vendor no later than October 1, 2014
- EVV training and set-up occur through December 2014

## VII. Electronic Visit Verification

- DADS EVV for CBA and PHC will transition to managed care January 1, 2014 and will not be monitored by DADS during the transition.

**Reminder: FMSA/CDS Employers should only use Reason Code 14-CDS Employer Time Correction**

- Reason Code #14 is only used by individuals using the CDS option who need to correct an EVV entry. *This is a preferred reason code.*

- **Contact EVV Staff**

Texas Department of Aging and Disability Services  
Mail Code W-235  
P.O. Box 149030  
Austin, TX 78714-9030  
CPC@dads.state.tx.us

## VIII. CLASS Performance Measures for CDS

- The Centers for Medicare and Medicaid Services (CMS) raised concerns about the lack of specific performance measures related to the CDS option.
- Nearly one-half of CLASS participants use the CDS option.

## VIII. CLASS Performance Measures for CDS

- Number and percent of individuals/employers using the CDS option that have a Medicaid provider agreement (FORM 1739) for each employee.
- Number and percent of FMSAs reviewed evidencing that quarterly expenditure reports were sent to the employers.
- Number and percent of monitored FMSAs whose claims were paid in accordance with the employee's established rate of pay and the service hours actually worked.

## VIII. CLASS Performance Measures for CDS

- ① Number and percent of FMSAs that attended all required training in accordance with state requirements and the approved waiver.
- ① Number and percent of FMSAs who filed taxes in accordance with Section 3504 of the IRS code.



**TEXAS**

Department of Aging and Disability Services

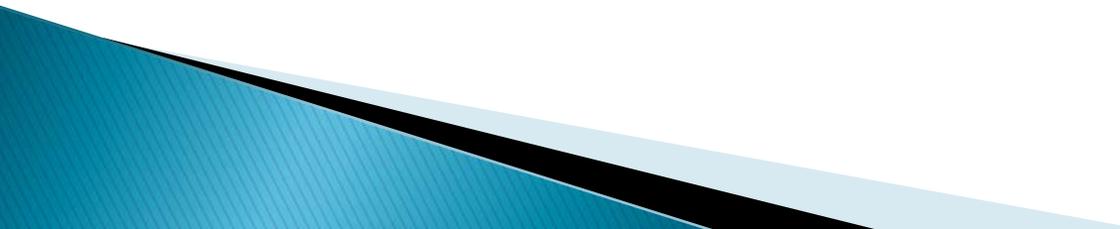
# **Community Services Contracts Financial Management Services Agency (FMSA) Provider Training New Chapter 49 Changes**

**Paul Straka  
DADS Access & Intake - Community Services Contracts  
September 2014**

# Contract Enrollment and Monitoring Responsibilities at DADS

- If eligible, FMSAs may apply for one or more provisional Consumer Directed Services (CDS) contracts.
- CDS contracts are enrolled, monitored and managed by State Office staff in Community Services Contracts (CSC).
  - Enrolled by Contract Enrollment and Administration Unit or Contract Management and Policy Unit
  - Monitored by FMSA Contract Monitoring Team

# Provisional Consumer Directed Services (CDS) contracts may be obtained in these programs.

- ▶ Primary Home Care/Family Care/Community Attendant Services (PHC/FC/CAS)
  - ▶ Medically Dependent Children Program (MDCP)
  - ▶ Community Living Assistance and Support Services (CLASS)
  - ▶ Deaf Blind with Multiple Disabilities (DBMD)
  - ▶ Home and Community-Based Services (HCS)
  - ▶ Texas Home Living (TxHmL)
- 

# Key Change in the Provisional Contract Application Process

- 40 Texas Administrative Code (TAC) §49.203 (d) states the following:

*(d) DADS gives an applicant only one opportunity to submit a missing document to complete or correct a document in accordance with this subsection. An applicant must submit a missing, completed, or corrected document to DADS in a timely manner as described in this subsection.*

- A missing, completed, or corrected document must be submitted no later than 30 days after the date of request from DADS.

# Key Changes in the Contract Application Approval Process

- 40 TAC §49.102 (53) defines “provisional contract” as “an initial contract that DADS enters into in accordance with §49.208 of this chapter (relating to Provisional Contract Application Approval) that has a stated expiration date.”
- DADS will determine the term of the provisional contract (i.e. most likely 30 months but not sure just yet)
- 40 TAC §49.202 (a) requires a person to apply for a provisional contract if the person wishes to obtain a contract for a service or program for which the person does not have a contract....
- 40 TAC §49.208 (e) stated the following:
  - (e) DADS and a contractor may agree to extend the term of a provisional contract. The extension of a provisional contract is not a determination by DADS that the contractor qualifies for a standard contract.*

# Key Changes in the Contract Application Approval Process - Continued

- 40 TAC §49.102 (60) defines a “standard contract” as “a contract that DADS enters into in accordance with §49.209 of this chapter (relating to Standard Contract) that does not have a stated expiration date.”
- If the agency qualifies, DADS will issue a standard contract to an FMSA as the provisional contract approaches its expiration date.
- 40 TAC §49.209 (d and e) state the following:

*(d) Except as provided in subsection (f) of this section, a contractor that has a provisional contract for financial management services qualifies for a standard contract if:*

# Key Changes in the Contract Application Approval Process - Continued

*(1) based on the contract monitoring described in 49.411 of this chapter (relating to Contract and Fiscal Monitoring), DADS determines that the overall compliance score for the expiring provisional contract is 90 percent or greater; and*

*(2) based on the financial monitoring described in 49.412 of this chapter (relating to Financial Monitoring of FMSAs), DADS determines that the contractor's overall compliance score for the expiring provisional contract is 90 percent.*

*(e) A standard contract issued by DADS in accordance with subsections (a) – (d) of this section is for the same program, service, or facility in the same service, catchment, or waiver contract area as the provisional contract.*

# Key Change in regard to Termination of Contract by DADS

- ▶ 40 TAC §49.534 (a) (2) (A) states the following:

*(a) DADS may propose to terminate a contract:*

*(2) for good cause as determined by DADS, including if:*

*(A) the contractor has not provided any services under the contract during a period of 12 consecutive months;*

# One Key Change in the Application Denial Periods

- 40 TAC §49.702 (c) (1 and 2) state the following:

*(c) If DADS terminates a provisional or standard contract for the contractor's failure to provide services for 12 consecutive months, as required by §49.534 (a) (2) (A) of this chapter (relating to Termination of Contract by DADS), DADS sets an application denial period for the contractor or controlling person that applies:*

*(1) to the same program or service as the provisional or standard contract; and*

*(2) for 12 months after the date of termination.*

- Note that under old Chapter 49 Rules, a contract may have been terminated for the contractor's failure to provide services under the contract for six consecutive months. The exclusionary period to re-contract with DADS was six months.

# Another Key Change in the Application Denial Periods

- 40 TAC §49.702 (e) (1 and 2) state the following:

*(e) If a contractor terminates a provisional or standard contract in accordance with the contract, including §49.551 of this chapter (relating to Termination of Contract by Contractor), DADS sets an application denial period for the contractor or controlling person that applies:*

*(1) to the same service or program as the provisional or standard contract; and*

*(2) for a period of time to be determined by DADS, but no less than 12 months after the date of termination.*

- Note that under old Chapter 49 Rules, a contractor could apply for another contract with DADS at any time after the effective date of a voluntary termination processed on a non-provisional contract.

# Contact Info for Community Services Contracts

E-mail – [communityservicescontracts@dads.state.tx.us](mailto:communityservicescontracts@dads.state.tx.us)

Phone – unit voice mail – 512-438-2080

Fax - 512-438-5522

Regular Mail:

Department of Aging and Disability Services

Community Services Contracts

Mail Code W-357

P.O. Box 149030

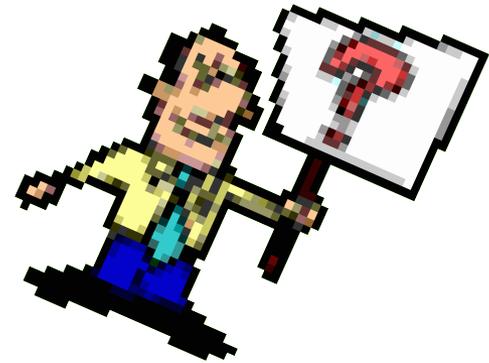
Austin, Texas 78714-9030



## Important Points to Remember...

- Read the new Chapter 49 TAC Rules and be familiar with them.
- If you will be undergoing a change of ownership in the near future, you're strongly encouraged to read all of 40 TAC §49.210 in regard to Contractor Change of Ownership or Legal Entity. Be sure to notify the DADS Community Services Contracts Section.
- Note that updates or changes to your CDS/HCS and CDS/TxHmL contracts will be processed separately from updates or changes to your other CDS contracts (processed by different units).
- Be sure to notify DADS Community Services Contracts of any information changes to your contract(s). This is very important!

# Questions



# Consumer Directed Services Financial Management Services Agency (FMSA) Monitoring Overview



**Lettie Davis, CDS Unit Manager and  
Patricia Herrin, Contract Specialist**

# Changes to the CDS Monitoring Tool

- **Updating the monitoring tool to:**
  - be consistent with rule changes; and,
  - create a standard tax tool separate from the program compliance tool.
- **Opportunity for Stakeholder Review**
  - Plan to post draft of both tools in mid-October for a 30-day review period
  - Go Live in January 2015

# Consumer Directed Services

(CMPAS, CLASS, DBMD, PHC/FC/CAS, MDCP, HCS, TXHML)

- Designed to accommodate a combined review of all CDS contracts, regardless of program
  - Service provided by a Financial Management Services Agency (FMSA) is the same across all programs
  - **Fiscal/Employer Agent** responsibilities are the same
  - Ability to address deficiencies more comprehensively



# FMSA MONITORING

- Sampling
- Notice Letter
- Entrance Conference
- Contract Compliance and Fiscal Monitoring
- Exit Conference

# FMSA MONITORING

## ▫ Sampling

- Random
- 30 Individuals

## ▫ Notice Letter

- Two weeks advance notice
- Establishes the review location
- Identifies the contracts
- Identifies required documentation
- Requests agency overview
- Sample given 2 days in advance

# FMSA MONITORING

- Entrance Conference
  - Provides the opportunity to
    - Establish purpose of the visit
    - Identify key contracts
    - Specify required documents
    - Obtain agency overview
  
- Contract and Fiscal Compliance Monitoring Tool
  - Based on current program rules

# FMSA MONITORING

- **Compliance Monitoring Tools**
  - **Monitoring Workbook**
  - **Individual Work Paper (IWP)**

# FMSA MONITORING

- **Individual Work Paper (IWP)**
  - Provides ability to record answers by sample individual
  - Consistent for review and documentation of information

# FMSA MONITORING

## *Contract Compliance Reviews:*

### *The monitoring period for new contracts:*

- *The begin date is the contract effective date.*
- *The end date of the monitoring period is the last day of the month, one full month before the month in which the monitoring is scheduled to occur.*

# FMSA Monitoring

## *Contract Compliance Reviews:*

*The monitoring period for ongoing contracts:*

- *The begin date is the first day of the month following the month in which the exit conference for the previous monitoring occurred.*
- *The end date of the monitoring period is the last day of the month, one full month before the month in which the monitoring is scheduled to occur.*

# FMSA Monitoring

## Fiscal Compliance Reviews:

- Reviews the last six months of service delivery

# FMSA MONITORING

- Compliance Monitoring Tools
  - **Monitoring Workbook**
    - Compiles findings for all standards
    - Compiles information from all components
    - Compliance score per standard
    - Overall compliance score
    - Demand for Payment notice for over billing

# FMSA MONITORING

- **Compliance Monitoring Tools**
  - **Individual Work Paper (IWP) Continued:**
    - Reimbursement Spreadsheet
      - Uses claims and billing data from review period
      - Calculates billing errors
        - Documented evidence of service delivery
      - Results score standards in monitoring workbook
      - Amount over-billed transferred to monitoring workbook- Demand For Payment Notice

# FMSA MONITORING

- **Exit Conference**

- Present contract compliance review of fiscal review findings
- Identify action required
- Review process for
  - Administrative Review
  - Administrative Hearing
- One exit with summary of findings
- Allows “management response”

# **Standard I: Policies and Procedures**

- Records Retention
- Complaints Resolution
- Deposits for Taxes and Garnishments
- W-2 Transmission

# Monitoring Workbook - Standards

- **Standard I: Policies & Procedures**
- **Standard II: Required Background Checks and Employment Eligibility**
- **Standard III: Professional Licenses**
- **Standard IV: Orientation & Service Initiation**
- **Standard V: Customer Satisfaction**
- **Standard VI: Budget**
- **Standard VII: Payroll and Employment Requirements**
- **Standard VIII: Reporting Requirements**
- **Standard IX: Billing**

## **Standard II: Background Checks & Employment Eligibility**

- Employees hired during the review period
- Designated Representatives (only if non-relative) appointed during the review period
- Completion within required timeframes
- Notification to employer within required timeframe
- Eligible for employment

## **Standard III: Professional Licenses**

Verify license is current

## **Standard IV: Orientation and Service Initiation**

- Reviewed if employer began services or transferred during the review period
- Orientation conducted
  - Prior to service initiation
  - In person
  - In residence
  - With Employer and (if applicable) Designated Representative
  - Required forms completed

- **Standard V: Customer Satisfaction**

## **Standard VI: Budget**

- All budgets developed in the review period
- Budget workbook based on service authorizations, consistent with wage & benefits plan (Form 1730)
- Closeout activities completed timely for outgoing transfers

## **Standard VII: Payroll & Employment Requirements**

- Review payroll records for the last two full months of service delivery review period
  - Wages consistent with employee's hourly rate
  - Taxes, optional benefits, garnishments and voluntary deductions withheld as required
- Employees hired during the review period
  - Forms were completed as required

## **Standard VIII: Reporting Requirements**

- Due during the review period
- Budget workbook(s) provided to employer
- Budget reports distributed quarterly to employer and case manager / service coordinator
- Case manager / service coordinator notified of concerns/issues regarding individual's participation

## **Standard IX: Billing**

- Review selected six months of service delivery during the review period
- Evidence that administrative expenses billed to/ paid by DADS reimbursed to employers
- Services billed to DADS only after determining provider's eligibility status

## **Standard IX: Billing**

- Examines each item/service included in claim
- Checks:
  - Item/service included in budget,
  - Purchase documentation available
- Recoups
  - Amounts over-billed
  - Amounts not supported by documentation
  - Non-billable services
  - Billing exceeding costs

# Contract Monitoring Reviews

- **Common Findings**

- Overcharging for Background Checks
- Background Check Dates Inaccurate
- Not Conducting Payroll Correctly
- Not Having Proper Documentation
- Unaware of CDS and Program Specific Rules
- Inaccurate Billing
- Lack of Communication With Case Managers and Service Coordinators
- Billing maximum rate for services
- Incorrect Budgets or Missing Budgets
- Not Completing Quarterlies

Questions??

# Fiscal Contract Monitoring

**Mark Fletcher and Craig  
Williamson, Fiscal Contract  
Monitors**

# Best Practices

- 1. Billing
  - Payroll Records
  - Tax Records
  - Time Keeping
  - Expense Records
- 2. Employer Registration
  - Federal
  - State
- 3. Federal Taxes
- 4. State Taxes
- 5. Employment Documentation
- 6. Budget vs Actual Reporting

# Billing - Best Practice

- Agencies bill DADS daily, bi-monthly, bi-weekly and “as time allows”.
- Agencies can bill as soon as the check is mailed or the direct deposit funded. (ref: 40 TAC 41.337 (e))
- The simplest billing method we have observed is driven by payroll; the agency mails checks and deposits EFTs and immediately bills DADS.

# Billing - Bill Payroll to DADS

- Agencies process and pay payroll either bi-monthly or bi-weekly
- Either weekly or bi-weekly time sheets support bi-weekly payroll. Agencies with bi-weekly payroll must split billing for the checks crossing over from one month to the next.
- We have observed the best practice for managing time sheets for bi-monthly payroll is to use bi-monthly time sheets, rather than weekly (form 1745)

# Billing Payroll Records - Payroll Summary

10:22 AM

04/16/13

## CDSA Payroll Summary January through March 2013

		<b>TOTAL</b>
<b>Employee Wages, Taxes and Adjustments</b>		
<b>Gross Pay</b>		
Supported Home Living Hourly	6,170.00	6,170.00
<b>Total Gross Pay</b>	6,170.00	6,170.00
<b>Adjusted Gross Pay</b>	6,170.00	6,170.00
<b>Taxes Withheld</b>		
Federal Withholding	-262.00	-262.00
Medicare Employee	-89.47	-89.47
Social Security Employee	-382.54	-382.54
<b>Total Taxes Withheld</b>	-734.01	-734.01
<b>Deductions from Net Pay</b>		
Direct Deposit Fee	-10.50	-10.50
<b>Total Deductions from Net Pay</b>	-10.50	-10.50
<b>Net Pay</b>	<b>5,425.49</b>	<b>5,425.49</b>
<b>Employer Taxes and Contributions</b>		
Federal Unemployment	37.02	37.02
Medicare Company	89.47	89.47
Social Security Company	382.54	382.54
Texas Workforce Commission	0.00	0.00
<b>Total Employer Taxes and Contributions</b>	<b>509.03</b>	<b>509.03</b>

# Billing Payroll Records - Payroll Register

Employee Name	Check Number	Check Date	Hours	Hourly Rate	Gross Wages	Federal Withholding	Employee FICA/MED	Other Deductions	Net Payroll
Robert Sleepy	000000101	30-Jun-13	22.0	9.81	215.82	-	(16.51)		199.31
John Dopey	000000102	30-Jun-13	40.0	16.75	670.00	(47.00)	(51.26)	(100.00)	471.75
Ellen Doc	000000103	30-Jun-13	88.0	7.25	638.00	(44.00)	(48.81)		545.19
Taneisha Happy	000000104	30-Jun-13	16.0	9.00	144.00	-	(11.02)		132.98
Mary Grumpy	000000105	30-Jun-13	80.0	7.50	600.00	(40.00)	(45.90)		514.10
Charles Sneezzy	000000106	30-Jun-13	20.0	7.25	145.00	-	(11.09)		133.91
Kiera Bashful	000000107	30-Jun-13	16.0	25.06	400.96	(1.00)	(30.67)		369.29
Snow White	000000108	30-Jun-13	88.0	9.81	863.28	(66.00)	(66.04)		731.24
Prince Charming	000000109	30-Jun-13	44.0	22.16	975.04	(98.00)	(74.59)		802.45
<b>Total Payroll</b>			<b>414.0</b>		<b>4,652.10</b>	<b>(296.00)</b>	<b>(355.89)</b>	<b>(100.00)</b>	<b>3,900.21</b>

# Billing Payroll Records - Payroll Software Packages

- Agencies are using payroll software packages and payroll software as a service.
- Larger agencies have found software that accommodates multiple employers.
- Most software calculates both employer and employee taxes.
- Prices vary based on available functions, starting at \$30/month.



# Billing Tax Records

- Some agencies pay employees bi-weekly and taxes monthly.
- When we reviewed these agencies we frequently found errors in cutting-off payroll at month end, resulting in over/under billing.
- The best practice we observed is paying taxes based on the dates payroll is paid, not the date earned.

## Billing Tax Records - Federal Payments

- Agencies bill taxes; as paid, as reported to the IRS, and as incurred.
- As with payroll, DADS requires taxes be paid before billing DADS. (ref: 40 TAC 41.337 (e))
- Again, the simplest method we have observed is paying employee taxes and employer FICA/Med taxes at the same time as the related payroll and immediately billing DADS.

# Billing Tax Records - State Payments

- State Unemployment Taxes (SUTA) are not as straightforward as Federal taxes. Rates, payment schedules and reporting requirements vary based on activity and claims experience.
- The best practice is billing DADS at the time taxes are paid.
- The following TWC Employer's Quarterly Report supports SUTA billings to DADS.

# Billing Tax Records - Employer's TWC Quarterly Report

Texas Workforce Commission's Unemployment Tax Services  
Employer's Quarterly Report - Filed on April 23, 2013

## \*\*\* EMPLOYER FILE COPY \*\*\*

As of: April 23, 2013 02:48 PM

The amounts displayed may be different than those submitted when the report was filed, due to transactions that were applied later.

### Wage Report - Period Jan Feb Mar 2013

**Confirmation Number:** 10130674  
**TWC Tax Account Number:**  
**Employer:**  
  
**Report Due Date:** Apr 30, 2013  
**Payment Due Date:** Apr 30, 2013  
**Receipt Date:** Timely  
**Filed On:** **LOYER, JIM A** Apr 23, 2013 02:47 PM  
**Filed By:**

Were any of the Texas employees listed on this report paid wages to another state during 2013? ---

### Wage Report Information

**Number of Employees:**  
Jan 2013: 1  
Feb 2013: 1  
Mar 2013: 1  
**Texas County:** SMITH

### Employee Wage Summary

**Texas Total Wages Reported:** \$6,170.00  
**Texas Taxable Wages:** \$6,170.00

### Tax Summary

**Tax Rate:** 0.54%  
**Tax = Texas Taxable Wages x Tax Rate**  
**Tax:** \$33.32  
**Late Reporting Penalty:** \$0.00  
**Late Payment Interest:** \$0.00  
**Report Amount:** \$33.32

### Employee Wage Details - Filed on April 23, 2013

# Billing Tax Records - TWC Payment Confirmation

## Texas Workforce Commission's Unemployment Tax Services Payment Confirmation

**\*\*\* EMPLOYER FILE COPY \*\*\***

As of April 23, 2013 02:50 PM

Confirmation Number:	10130728
TWC Tax Account Number:	
Employer Name:	
Bank Name:	Bancorp South
Account Type:	Checking
Payment Initiated:	April 23, 2013 02:48 PM
Payment Date:	April 24, 2013
Scheduled Payment Amount:	\$33.32
Paid By:	

**\*\*\* EMPLOYER FILE COPY \*\*\***



# Billing Expense Records - Invoice and Payment

- Expenses are documented with invoices, or other records of goods and services delivered.
- Expense payment is documented by checks, EFTs (and related bank statement), cash register receipts, credit card statements, etc.
- The best practice we have observed is maintaining receipt and payment documentation for each expense item billed to DADS.

# Billing - General Record Keeping

- Bank Statements for the 8 prior quarters (including EFT detail by employee and tax payment)
- Employees by employer and individual
- Payroll registers for the last two years
- Payroll tax reports to the IRS and TWC and supporting calculations.
- Billing calculations for the last two years.

# Vendor Fiscal/Employer Agent Registration Federal SS-4 Application for FEIN

In accordance with IRS Code 3504, an FMSA must obtain a separate Federal Employer Identification Number (FEIN) for the sole purpose of reporting, filing and depositing federal income taxes withholding, employment taxes (FICA/Medicare) and Federal Unemployment Insurance tax employers it represents as a fiscal agent.

This is referred to as a “Dummy” FEIN.

This FEIN is used when FMSA files IRS Forms: 941 and 941R, 940 and 940R, W-2 and W-3.

**Form SS-4 Application for Employer Identification Number** OMB No. 1545-0043

(Rev. January 2010)  
Department of the Treasury Internal Revenue Service

For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.  
See separate instructions for each line. Keep a copy for your records.

**1** Legal name of entity (or individual) for whom the EIN is being requested

**2** Trade name of business (if different from name on line 1)

**3** Executor, administrator, trustee, "care of" name

**4a** Mailing address (room, apt., suite no. and street, or P.O. box)

**5a** Street address (if different) (Do not enter a P.O. box.)

**4b** City, state, and ZIP code (if foreign, see instructions)

**5b** City, state, and ZIP code (if foreign, see instructions)

**6** County and state where principal business is located

**7a** Name of responsible party

**7b** SSN, TIN, or EIN

**8a** Is this application for a limited liability company (LLC) for a foreign equivalent?  Yes  No

**8b** If 8a is "Yes," enter the number of LLC members

**9a** If 8a is "Yes," was the LLC organized in the United States?  Yes  No

**9b** Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.

Sole proprietor (SSN) \_\_\_\_\_

Partnership

Corporation (enter form number to be filed) \_\_\_\_\_

Personal service corporation

Church or church-controlled organization

Other nonprofit organization (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

Estate (SSN of decedent) \_\_\_\_\_

Plan administrator (TIN) \_\_\_\_\_

Trust (TIN of grantor)

National Guard

State/local government

Farmers' cooperative

Federal government/military

REMIC

Indian tribal governments/entities

Group Exemption Number (GEN) if any \_\_\_\_\_

**10** Reason for applying (check only one box)

Started new business (specify type) \_\_\_\_\_

Banking purpose (specify purpose) \_\_\_\_\_

Changed type of organization (specify new type) \_\_\_\_\_

Purchased going business

Hired employees (Check the box and see line 13.)

Created a trust (specify type) \_\_\_\_\_

Compliance with IRS withholding regulations

Created a pension plan (specify type) \_\_\_\_\_

Other (specify) \_\_\_\_\_

**11** Date business started or acquired (month, day, year). See instructions.

**12** Closing month of accounting year

**13** Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural \_\_\_\_\_ Household \_\_\_\_\_ Other \_\_\_\_\_

**14** If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter.

**15** First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) \_\_\_\_\_

**16** Check one box that best describes the principal activity of your business.

Construction  Rental & leasing  Transportation & warehousing  Accommodation & food services  Wholesale-agent/broker

Real estate  Manufacturing  Finance & insurance  Other (specify) \_\_\_\_\_

Wholesale-other  Retail

**17** Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

**18** Has the applicant entity shown on line 1 ever applied for and received an EIN?  Yes  No

If "Yes," write previous EIN here \_\_\_\_\_

**Third Party Designee**

Designee's name \_\_\_\_\_ Designee's telephone number (include area code) \_\_\_\_\_

Address and ZIP code \_\_\_\_\_ Designee's fax number (include area code) \_\_\_\_\_

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) \_\_\_\_\_ Applicant's telephone number (include area code) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant's fax number (include area code) \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cal. No. 10252N Form SS-4 (Rev. 1-2010)

## Employer Registration - Employer Federal Forms (40, TAC Section 41.303)

- Within 30 calendar days after employer enrolls in CDS option, FMSA obtains a separate FEIN for the employer using IRS Form SS-4 and retains a copy of executed IRS SS-4 for each employer
- FMSA applies for and receives agent authorization using IRS Form 2678 and retains a copy of executed IRS 2678 for each employer



# Employer Registration- Texas Workforce Commission (TWC) Forms

- FMSA assists employer to complete TWC Form C-1 Status Report to register with TWC on-line.
- FMSA obtains the TWC Employer Account Number for filing TWC quarterly tax returns.
- FMSA prepares and submits the signed TWC Form C-42 Written Authorization to register as reporting agent for filing and depositing of state unemployment taxes

# Employer Registration - TWC C-1 Status Report

FMSA assists new employer to complete TWC Form C-1 to register with TWC on-line as a taxpayer

FMSA obtains Employer Account Number for filing TWC quarterly tax returns

Mail To:  
Cashier - Texas Workforce Commission  
P.O. Box 149037 - Austin, TX 78714-9037  
512.463.2731

Register Online at [www.texasworkforce.org](http://www.texasworkforce.org)

IDENTIFICATION SECTION			
1 ACCOUNT NUMBER ASSIGNED BY TWC (IF ANY)		2 FEDERAL EMPLOYER ID NUMBER	
3 TYPE OF OWNERSHIP (CHECK ONE)			
4 NAME		<input type="checkbox"/> CORPORATION/PLC	<input type="checkbox"/> LIMITED PARTNERSHIP
5 MAILING ADDRESS		<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> ESTATE
6 CITY		<input type="checkbox"/> INDIVIDUAL (SOLE PROPRIETOR/DOMESTIC)	<input type="checkbox"/> TRUST
7 COUNTY		<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> OTHER (SPECIFY) _____
8 STATE		9 ZIP CODE	
10 BUSINESS ADDRESS WHERE RECORDS OR PAYROLLS ARE KEPT: (IF DIFFERENT FROM ABOVE)		11 PHONE NUMBER ( ) ( )	
12 OWNERS(S) OR OFFICER(S) (ATTACH ADDITIONAL SHEET IF NECESSARY)		13 PHONE NUMBER ( ) ( )	
NAME	SOCIAL SECURITY NO.	TITLE	RESIDENCE ADDRESS CITY, STATE, ZIP
14 BUSINESS LOCATIONS IN TEXAS (ATTACH ADDITIONAL SHEET IF NECESSARY)			
TRADE NAME	STREET ADDRESS, CITY, ZIP	KIND OF BUSINESS	NO. OF EMPLOYEES
15 IF YOUR BUSINESS IS A CORPORATION, ENTER:			
FILING NUMBER	STATE INCORPORATED	DATE INCORPORATED	REGISTERED AGENT'S NAME
REGISTERED AGENT'S ADDRESS	ORIGINAL CORPORATE NAME, IF NAME HAS CHANGED		
EMPLOYMENT SECTION			
16 ENTER THE DATE YOU FIRST HAD EMPLOYMENT IN TEXAS (DO NOT USE FUTURE DATE):			MONTH DAY YEAR
17 ENTER THE DATE YOU FIRST PAID WAGES TO AN EMPLOYEE IN TEXAS (DO NOT USE FUTURE DATE):			
18 IF YOUR ACCOUNT HAS BEEN INACTIVE: ENTER THE DATE YOU RESUMED EMPLOYMENT IN TEXAS:			
19 ENTER THE DATE YOU RESUMED PAYING WAGES IN TEXAS:			
20 ENTER THE ENDING DATE OF THE FIRST QUARTER YOU PAID GROSS WAGES OF \$1,500.00 OR MORE:			
21 ENTER THE ENDING DATE (SATURDAY) OF THE TWENTIETH WEEK IN THE CALENDAR YEAR THAT INDIVIDUALS WERE EMPLOYED IN TEXAS. (INCLUDE ANY WEEK IN WHICH ANYONE PERFORMED SERVICE FOR ANY PORTION OF ANY DAY DURING THAT WEEK. THIS INCLUDES FULL-TIME, PART-TIME, PERMANENT AND TEMPORARY EMPLOYEES. THE SERVICES DO NOT HAVE TO BE PERFORMED ON THE SAME DAY OF THE WEEK, IN CONSECUTIVE WEEKS OR BY THE SAME EMPLOYEE. IF YOU DO NOT REACH 20 WEEKS OF EMPLOYMENT IN THE FIRST CALENDAR YEAR OF OPERATION, BEGIN AGAIN WITH THE SECOND CALENDAR YEAR AND COUNT UNTIL YOU REACH 20 WEEKS IN THAT YEAR. DO NOT USE FUTURE DATE)			
22 IF YOU HOLD AN EXEMPTION FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), ATTACH A COPY OF YOUR EXEMPTION LETTER. ALSO, ENTER THE ENDING DATE OF THE TWENTIETH WEEK OF THE CALENDAR YEAR IN WHICH 4 OR MORE PERSONS WERE EMPLOYED IN TEXAS:			
23 ENTER THE YEAR(S) YOUR ORGANIZATION WAS LIABLE FOR TAXES UNDER THE FEDERAL UNEMPLOYMENT TAX ACT: (BEGIN WITH MOST RECENT YEAR)			(YEAR) (YEAR) (YEAR) (YEAR)
24 DOES THIS EMPLOYER EMPLOY ANY U.S. CITIZENS OUTSIDE OF THE U.S.?			<input type="checkbox"/> YES <input type="checkbox"/> NO

## Employer Registration - TWC Employer Account Number

- Each employer served by the FMSA requires a separate TWC Employer Account Number
- The FMSA also has a TWC Employer Account Number for reporting taxes on its own employees

# Employer Registration - C-42 Written Authorization

FMSA prepares and submits the signed C-42 to TWC to Register as reporting agent for filing and depositing of State unemployment taxes

Mail To:  
Cashier - Texas Workforce Commission  
P.O. Box 149937  
Austin, TX 78714-9037  
512.463.2731  
TWC Website: www.twc.state.tx.us

## WRITTEN AUTHORIZATION

To represent employing unit in its relations with the Texas Workforce Commission

### GRANTOR INFORMATION

1. CONTACT NAME: \_\_\_\_\_ 3. TWC ACCT NO. \_\_\_\_\_  
2. PHONE NO. \_\_\_\_\_ 4. FEID NO. \_\_\_\_\_

(6) BY THIS INSTRUMENT, \_\_\_\_\_  
(Name of Grantor)

(6) an employing unit which is a/an \_\_\_\_\_  
(Individual, Partnership, or Corporation, etc.)

(7) whose address is \_\_\_\_\_  
(Grantor's current mailing address)

(8) appoints \_\_\_\_\_  
(Name of Authorized Grantee)

(9) whose TWC ACCOUNT NO. is \_\_\_\_\_

and whose address is \_\_\_\_\_

its lawful representative to represent it in its relations with the Texas Workforce Commission, and specifically authorizes said representative to transact any and all business as between grantor of said authorization and said Commission to do any and all acts necessary, excluding litigation in court.

**This Written Authorization shall be in full force and effect until such time as a Revocation of Written Authorization, Form C-43, revoking it is filed in the office of said Commission at Austin, Texas. (Revocable by either party, the Grantor or Grantee.)**

\*(10) \_\_\_\_\_  
Printed name, signature and title (Owner, Partner, Officer, etc.) of person signing for Grantor.

\*(11) Date Signed \_\_\_\_\_

\*MANDATORY INFORMATION

# Employer Registration - Federal Employer ID Numbers (FEIN)

Each FMSA will use two FEIN's for tax reporting as a Vendor Fiscal/Employer Agent, in addition to the FMSA's own corporate FEIN

1. "Dummy" FEIN for aggregate 940 and 941 tax reporting
2. Employer FEIN for each employer the FMSA serves
3. The FMSA's own FEIN, not used in DADS tax reporting

# Federal Taxes - Fiscal/Employer Agent EIN

- The (Dummy) Fiscal Employer Agent's EIN is entered at the top of IRS Forms 940, 941 and W-2
- Individual employers EIN's are listed on Schedule R of Forms 941 and 940

# Federal Taxes - Schedule R Form 941

We need to substantiate tax calculations shown below and require the following documents:

- Payroll Register and Tax Deposits
- Wages, tips and other compensation
- Federal Income Taxes
- Social Security and Medicare Taxes
- All tax payment checks and bank deposits for the quarters reviewed.

950413  
OMB No. 1545-0029

**Schedule R (Form 941): Allocation Schedule for Aggregate Form 941 Filers**  
(Rev. January 2014)  
Department of the Treasury — Internal Revenue Service

Employer identification number (EIN)  -   
Name as shown on Form 941

Report for calendar year:

Check the quarter (same as Form 941):

1: January, February, March  
 2: April, May, June  
 3: July, August, September  
 4: October, November, December

Read the instructions before you complete Schedule R (Form 941). Type or print within the boxes. Complete a separate line for the amounts allocated to each of your clients.

(a) Client's Employer Identification number (EIN)	(b) Wages, tips, and other compensation allocated to the listed client EIN from Form 941, line 2	(c) Federal income tax withheld from wages, tips, and other compensation allocated to the listed client EIN from Form 941, line 3	(d) Total social security and Medicare taxes allocated to the listed client EIN from Form 941, line 5e	(e) Section 3121(a) Notice and Demand- Tax due on unreported tips allocated to the listed client EIN from Form 941, line 5f	(f) Total taxes after adjustments allocated to the listed client EIN from Form 941, line 10	(g) Total deposits from Form 941, line 11, plus any payments made with the return allocated to the listed client EIN
1	*	*	*	*	*	*
2	*	*	*	*	*	*
3	*	*	*	*	*	*
4	*	*	*	*	*	*
5	*	*	*	*	*	*
6	*	*	*	*	*	*
7	*	*	*	*	*	*
8	*	*	*	*	*	*
9	*	*	*	*	*	*
10	*	*	*	*	*	*
11	*	*	*	*	*	*
12	*	*	*	*	*	*
13	*	*	*	*	*	*
14	*	*	*	*	*	*
15	*	*	*	*	*	*
16	Subtotals for clients. Add all amounts on lines 1 through 15	*	*	*	*	*
17	Enter the combined subtotal from line 20 of all Continuation Sheets for Schedule R (Form 941)	*	*	*	*	*
18	Enter Form 941 amounts for your employees	*	*	*	*	*
19	Totals. Add lines 16, 17, and 18. The column totals must match the related lines on the aggregate Form 941.	*	*	*	*	*

For Paperwork Reduction Act Notice, see the instructions. IRS.gov/form941 Cat. No. 49301K Schedule R (Form 941) (Rev. 1-2014)

# Federal Taxes - Schedule R Form 940

We need to substantiate the tax calculations and require the following documents-Year-to-Date:

- Payroll Registers and all tax payments via check and bank deposits for the year:
- Total Taxable FUTA wages
- Total FUTA Tax Deposits

## Schedule R (Form 940): Allocation Schedule for Aggregate Form 940 Filers

860512

OMB No. 1545-0028

(Rev. December 2012)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN)  -   
 Name as shown on Form 940

**Report for calendar year:**  
 (Same as Form 940):

Read the separate instructions before you complete Schedule R (Form 940). Type or print within the boxes. Complete a separate line for the amounts allocated to each of your clients.

(a) Client Employer Identification Number (EIN)	(b) State abbreviation from Form 940, line 1a, or Schedule A (Form 940)	(c) Total taxable FUTA wages allocated to the listed client EIN from Form 940, line 7	(d) Total adjustments to FUTA tax allocated to the listed client EIN from Form 940, line 9 or line 10	(e) Credit reduction amount allocated to the listed client EIN from Form 940, line 11	(f) Total FUTA tax after adjustments allocated to the listed client EIN from Form 940, line 12	(g) Total FUTA tax deposits from Form 940, line 13, plus any payment made with the return allocated to the listed client EIN
1		*	*	*	*	*
2		*	*	*	*	*
3		*	*	*	*	*
4		*	*	*	*	*
5		*	*	*	*	*
6		*	*	*	*	*
7		*	*	*	*	*
8		*	*	*	*	*
9		*	*	*	*	*
10		*	*	*	*	*
11		*	*	*	*	*
12		*	*	*	*	*
13		*	*	*	*	*
14		*	*	*	*	*
15		*	*	*	*	*
16	Subtotals for clients. Add all amounts on lines 1 through 15.	*	*	*	*	*
17	Enter the combined subtotal from line 26 of all Continuation Sheets for Schedule R (Form 940).	*	*	*	*	*
18	Enter Form 940 amounts for employees of the agent.	*	*	*	*	*
19	Totals. Add lines 16, 17, and 18. The column totals must match the related line on the aggregate Form 940.	*	*	*	*	*

For Paperwork Reduction Act Notice, see the instructions.

Cat. No. 53202A

Schedule R (Form 940) (Rev. 12-2012)

# Federal and State Taxes - Employer Transfer-Out Tax Forms

- FMSA must revoke its IRS agent status within 30 days of the employer's transfer out of CDS or to another agency by completion and submission of IRS Form 2678 Employer/Payer Appointment of Agent to the Internal Revenue Service
- FMSA must revoke its TWC agent status within 30 days of the employer's transfer out of CDS or to another agency by completion and submission of TWC Form C-43 Revocation of Written Authorization to the Texas Workforce Commission

# State Taxes - C-43 Revocation of Written Authorization

FMSA must revoke its TWC agent status within 30 days of the employer's transfer out of CDS or to Another agency by completion and submission of TWC Form C-43 to the TWC.

Mail To:  
Cashier - Texas Workforce Commission  
P.O. Box 149037  
Austin, TX 78714-9037  
512.463.2731  
www.texasworkforce.com

## REVOCATION OF WRITTEN AUTHORIZATION

To revoke Written Authorization previously granted and on file with Texas Workforce Commission

<b>1. REVOCATION SUBMITTED BY:</b> CHECK APPROPRIATE BOX: A. <input type="checkbox"/> Grantor B. <input type="checkbox"/> Grantee with Written Authorization on file with TWC	<b>GRANTOR INFORMATION:</b> 2. TWC ACCOUNT NO. _____ 3. FEID NO. _____ 4. TELEPHONE NO. _____
--	--

THIS INSTRUMENT revokes, recalls, and makes void that Written Authorization heretofore granted

\*(5) to \_\_\_\_\_ to represent  
(Grantee)

\*(6) \_\_\_\_\_, an employing unit,  
(Grantor)

(7) which is a/an \_\_\_\_\_  
(Individual, Partnership, or Corporation, etc.)

\*(8) and whose address is \_\_\_\_\_  
**(IMPORTANT: MUST provide Grantor's Current Mailing Address.)**

in its relations with the Texas Workforce Commission.

\*(9) By: \_\_\_\_\_  
(Printed name, signature and title of the Grantor or the Grantee)

\*(10) Date Signed \_\_\_\_\_

**To the Grantor:** This Revocation of Written Authorization referred to above has been filed and the records of this Commission have been marked accordingly.

## TEXAS WORKFORCE COMMISSION

By: \_\_\_\_\_  
Signature Title Date

**NOTE:** This Revocation of Written Authorization should be executed and sent to the Texas Workforce Commission, Austin, Texas, to be filed. It will be processed and signed in this office and returned to the Grantor as evidence of receipt.

\*MANDATORY INFORMATION

\_\_\_\_\_  
(11) TWC ACCOUNT NO. FOR GRANTEE (if applicable)

# Employment Documentation

- Fiscal Monitors observed best practices regarding the Form 1730 Wage and Benefits Plan Employee Compensation:
  - Form 1730 is kept in each employee file
  - Regular Hourly Wage section of the form is completed and matches the payroll records
  - Form 1730 is signed by the Employer and the Employee

## Employment Documentation (Cont.)

- Fiscal Monitor noted the following best practices related to the IRS Form W-4 Employee's Withholding Allowance Certificate
  - The IRS W-4 is complete and matches payroll records
  - The marital status and the total number of allowances is recorded on the W-4
  - The W-4 is signed by the employee

# Employment Documentation - Cross Reference

- **Employee, Employer, Individual cross reference**

Employee Name	Employer Name	Employer EIN	Individual Name
Mickey Mouse	Donald Duck	27-3527641	Daffy Duck
Tom Jerry	Donald Duck	27-3527641	Daffy Duck
Daisy Duck	Donald Duck	27-3527641	Daffy Duck
Minnie Mouse	Donald Duck	27-3527641	Daffy Duck
Lisa Simpson	Betty Boop	27-2800798	Felix Cat
Bart Simpson	Betty Boop	27-2800798	Felix Cat
Maggie Simpson	Betty Boop	27-2800798	Felix Cat
Cruella De Ville	Buzz Lightyear	27-4733386	Bugs Bunny
Sylvester Cat	Buzz Lightyear	27-4733386	Bugs Bunny

Questions??

Consumer Directed Services

**FMSA OPERATIONS**

# FMSAs Provide a Unique Service

- ① Provide critical on-going support for those who use the CDS option.
- ① Conduct payroll and pay employer federal and state payroll taxes on behalf of CDS employers.
- ① Support does not end at orientation!!

# What you do makes a difference

To be a successful FMSEA:

- Understand & operate according to CDS option rules, program rules and federal regulations.
- Train ALL staff who perform CDS functions.
- Create your own policies and procedures manual.
- Establish your own quality assurance standards and self- monitoring systems.
- **Communicate with your Employer.**

# Stay Up-to-Date

- Require multiple staff to sign up for DADS and HHSC email alerts. Share with all staff, especially operations staff
- Check for IRS and TWC tax updates
- CHECK MESAV

# CDS Self-Directed Services 2014

Year	Program	Services available through the CDS Option
09/2001	Community Living Assistance and Support Services	habilitation services • respite services • nursing • physical therapy • occupational therapy • speech/hearing therapy • support consultation • supported employment • employment assistance • cognitive rehabilitation therapy
09/2001	Consumer Managed Personal Attendant Services	personal assistance services
09/2001	Deaf-Blind with Multiple Disabilities	residential habilitation (less than 24 hours) • intervener • respite • support consultation • supported employment • employment assistance
03/2007	Home and Community-based Services	supported home living • respite • supported employment • employment assistance • cognitive rehabilitation therapy • nursing
06/2006	Medically Dependent Children Program	respite and flexible family support services provided by an attendant or a nurse • supported employment • employment assistance
01/2002	Primary Home Care, Family Care, Community Attendant Services, Personal Care Services	personal assistance services
03/2007	Texas Home Living	all services and support consultation

# Trends in CDS Utilization (as of July 2014)

<b>DADS Programs</b>	<b>CDS Use</b>	<b>Total Enrolled</b>	<b>% Using CDS</b>
CBA	237	10,838	2.2%
PHC	104	11,400	0.9%
Family Care	13	4,964	0.3%
CAS	341	53,235	0.6%
CMPAS	62	350	17.7%
DBMD	7	134	5.2%
CLASS	1,894	4,251	44.6%
MDCP	2,472	5,593	44.2%
HCS	364	3,656	10.0%
TxHmL	767	6,232	12.3%
<b>TOTAL</b>	<b>6,261</b>	<b>100,653</b>	<b>6.2%</b>

# Consumer Direction Workgroup

The Consumer Direction Workgroup advises HHSC about the delivery of services through consumer direction in all programs offering long term services and support. This includes Managed Care and Personal Care Services.

- Legislatively mandated in 2007
- Reports to the Legislature every two years
  - On September 1<sup>st</sup> the CDW submitted the legislative report to the Legislature.

You can access the report here:

<http://www.hhsc.state.tx.us/reports/2014/C-D-WBiennial-Report-Texas-Legislature.pdf>

# Consumer Direction Workgroup

## Members include:

- Consumers
- Advocates
- Providers
- Family members
- Agency Representatives (non-voting members)
  - Elizabeth Jones, DADS
  - Laurie Hernandez, DADS

## For more information about the CDW, contact:

**Kay Lambert, HHSC, CDW Presiding Officer**

Phone: 512-462-6287

[https://www.hhsc.state.tx.us/about\\_hhsc/AdvisoryCommittees/cdw](https://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/cdw)



# CDW-Next Meeting (quarterly)

October 25, 2014 10am-3pm

HHSC Brown-Heatly Building

PHR 1410

4900 N. Lamar Blvd.

Austin, TX 78751

# Employer Orientation

- ⦿ Document on Form 1736, effective 6/14
- ⦿ Ensure the CDS employer understands employer responsibilities under the CDS option
- ⦿ FMSSAs, CM/SC responsibilities
- ⦿ Understanding of the DR's role and designated responsibilities

# Employer Responsibilities

- Follow CDS and program rules-outlined in the service provision requirements addendum.
- Submit accurate and timely documentation/timesheets.
- Only allow eligible employees approved by the FMISA to provide services.
- Provide initial and ongoing training.
- Ensure program training requirements are met and maintained.
- Complete annual performance evaluation on each employee and submit to the FMISA within 30 days.

# Employer Responsibilities

- Immediately inform FMSA of hospitalizations
- Explain Employee Misconduct Registry to each employee (**NEW Requirement**)
- Do not commit fraud
- Responsible for choosing a contractor, i.e. day habilitation, respite facilities, camps, etc.
- Must complete and implement a corrective action plan when requested
- Develop service backup plans

# Employer Responsibilities

- Maintain CDS paperwork.
- Maintain employee files.
- Employer must maintain all copies of CDS forms and employee personal files.
- Employers will be asked for copies of CDS forms during utilization review.
- Employers may be asked for documentation related to taxes by the IRS or TWC.

# FMSA Responsibilities

- Explain what an FMSA does for a CDS employer
- Support the FMSA provides
- Explain what a vendor/fiscal agent is and does for the CDS employer
- Explain the hiring process and required background checks
- Bring a hiring packet for employer
- Thoroughly explain each CDS forms

# FMSA Responsibilities

- Review the appropriate Service Provision Requirements Addendum
- FMSAs approve budgets/provides quarterly budget reports
- Explain CDS fraud and fraud reporting
- Require a corrective action plan for non-compliance
- How to report abuse/neglect
- Timesheet due dates and payday schedule
- Hours of operations
- Contact person for questions

# FMSA Responsibilities

- ⦿ How to report abuse/neglect
  - DFPS 1-800-252-5400
- ⦿ How to file a complaint against an FMSA
  - DADS Consumer Rights and Services at 1-800-458-9858
- ⦿ Leave a copy or email link of the CDS Option Employer Manual and CDS rules
  - CDS Employer Manual is currently under revision.

# CM/SC Responsibilities

- ⦿ Enrollment into CDS option
- ⦿ Authorize services hours
- ⦿ Communicates with FMSEA
- ⦿ Sends revisions of IPC to FMSEA
- ⦿ Can ask for a Corrective Action Plan
- ⦿ Answers questions related to service plans and authorizations
- ⦿ Facilitates transfers between FMSEAs or agency option
- ⦿ Reviews quarterly budget reports

# Designated Representative

The employer (individual or LAR) may appoint an adult as the designated representative (DR) to assist or to perform employer responsibilities in the CDS option.

- **Designated Representative (DR):** Age 18+, volunteer, passes Criminal Conviction Check (if a non-relative).
- Employer specifies which employer tasks the DR will assume. Documents approved tasks on the 1720, Appointment of a Designated Representative.

# Designated Representative Signature

- The DR can sign on behalf of the employer if the employer has designated this function on Form 1720, Appointment of a Designated Representative.
- DRs can sign CDS forms with their own name and add “on behalf of.....(employer’s name).
- The DR cannot sign the employer’s name or represent themselves as the employer.

# Appointment of a Designated Representative §41.305

- An FMSA must maintain the following documentation regarding an employer's DR:
  - **Form 1720**, Appointment of a Designated Representative
  - For non-relative, criminal history check must be conducted using the **PUBLIC DPS website** and must not be dated more than 30 days before the person assumes role of DR. **(Effective 7/2013)**
  - **Form 1721**, Revocation of Representative, if the employer elects to revoke the DR's status.

# Appointment of a Designated Representative §41.305

An FMSA must communicate with, and accept direction from the employer's DR to the extent delegated by the employer on Form 1720.

# FMSA Operations: Background Checks

- FMSA must use the **secured DPS website** to check criminal history reports (effective 7/2013).
- Please keep a separate copy of the 1725 in a binder for DPS auditing staff.

## § 41.323 Criminal History Report for New Employees (revised 7/2013)

- If the employer requests, the FMSEA must, within two working days, send the original report to the employer using a DPS-approved secure method.
  - ✓ DPS approved encrypted e-mail
  - ✓ Certified mail
  - ✓ Verbal transmission
- The report must not be dated more than 30 days before the applicant is hired.
- FMSEA must review criminal history and inform the employer on Form 1725 if the applicant may be hired.

# FMSA Operations Transfers

- 41.403(b)(3) states the transferring FMSA must within five working days:
  - Send all employer-related and employer agent related information, budget and payroll reports to the receiving FMSA.

# FMSA Operations: Transfers

This includes, but not limited to:

- 1725
- 1730
- Employer's SS4
- Copy of budget
- Final FMSA expenditure report
- Any license verifications

**NOTE:** The employer should have copies of forms to provide to the new FMSA.

# Receiving Transfers

- Always sign new service agreements:
  - 1735, FMSA and Employer Agreement
  - 1739, FMSA and Service Provider
- Always check MESAV or the CARE billing system to confirm eligibility and number of units.
- Register as new vendor/fiscal agent within 30 days.
- Go over FMSA operations, payday schedules and due dates.

# Transfer Reminders

- Revoke the 2678 and TWC within 30 days after transfer.
- FMSEA is responsible for payroll taxes up until date of transfer.

# FMSA Operations: Budgets/Quarterly Reports

- Updated budgets will be posted to reflect new wage rate and new services.
- FMSA must send the CDS employer and CM/SC a quarterly budget report at least quarterly, monthly if requested.

# EVV Option Selection

- Each CDS employer residing in an EVV region, must complete Form 1722, Employer Selection for EVV.

# FMSA Training 2014

An FMSA must participate in all mandatory trainings provided or authorized by DADS

## 2014 Trainings:

January 31, 2014- Quarterly FMSA Technical Assistance Webinar

April 30, 2014- Quarterly FMSA Technical Assistance Webinar

July 31, 2014- Quarterly FMSA Technical Assistance Webinar

September 8-9, 2014- FMSA Annual Quality Improvement Training

# DADS Utilization Review

Utilization Review (UR) monitors and evaluates medical necessity, level of care/need, use, delivery, cost-effectiveness, appropriateness and efficiency of the use of program services on a prospective, concurrent or retrospective basis.

UR ensures people receive the most accurate and appropriate level of care. The section also helps to ensure compliance with the cost-effectiveness requirements of CMS.

# DADS Utilization Review

There are federal, state and program requirements for utilization review. CMS requires services provided in waiver programs remain cost neutral.

The Texas Legislature has also mandated utilization review activities to help ensure the appropriate scope and level of services are provided to individuals receiving services in Medicaid 1915(c) waivers.

In addition, Texas Administrative Code program rules require utilization review.

# DADS Utilization Review

UR is conducted in Medicaid 1915(c) waiver programs, including:

- Medically Dependent Children Program (MDCP)
- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)

UR is conducted in Medicaid entitlement programs, including:

- Primary Home Care (PHC)
- Community Attendant Services (CAS)
- Hospice

# HAVE A CDS QUESTION?

- Check the CDS Rules first!!
  - Ch. 41 (CDS Rules)
- Check CDS Information Letters
- Check Program Rules or Handbooks, Billing and Payment guidelines (Google it!)
- Email the CDS mailbox at [CDS@dads.state.tx.us](mailto:CDS@dads.state.tx.us)

# CDS Billing and Billcodes

# Chapter 41: FMSEA Billing

## §41.337. Payment of Services.

- **An FMSEA must pay**

- (1) the actual hours and minutes of service in accordance with the individual's program;

- (2) the actual cost of the service or item, not to exceed the established budget unit rate or amount for the service;

- (3) the budgeted employee benefits accrued based on hours worked by employees; and

- (4) purchases of services and items if funds have been accrued based on units delivered.

# Billing Unit

For provider delivered services the billing unit is usually either an hour of service or 15 minutes increments. Bill units are associated with a specific rate.

DADS CDS programs bill differently.

For CDS, the billing unit is \$1. FMSA bill for CDS services in increments of dollars rather than units.

For DADS programs, FMSAs must never bill for CDS services delivered to an individual in units .

# Bill Unit is \$1 for DADS programs (both TMHP & CARE)

- Billing unit of \$1 allows FMSAs to bill the exact amount paid out. For example, you would bill for actual amount paid to the CDS employer's provider and/or the amount paid by the employer for employer services and supports (e.g., Fax machine, criminal history checks.)
- EXAMPLE: PHC CDS employer pays attendant \$8.50 per hour for 10 hours per week. The total the CDSA would bill DADS for that week is \$85.00.

# Chapter 41: Billing

## §41.337. Payment of Services

(e) A FMSA must bill accrued funds either at the time the funds are paid or deposited by the FMSA

# Billing in dollars rather than units for DADS programs

- When you are ready to deposit the employer portion of taxes for the CDS employer's employee, bill the actual amount you deposited with the IRS or TWC using the service code for the service that the provider/employee provided.
- For example, the service code for taxes for an employee providing CDS PHC services would be 17V (the same code that you used to bill for the wages for that employee.)

# Bill Codes to distinguish wages, taxes and employer support

Information Letter 13-53 explains the use of distinct bill codes for:

Employer Supports/Benefits (ES/Benefits) -§41.507 (d) (1-9)  
examples include CPR, fax machine, criminal history checks,  
employer contribution to benefits and bonuses

Employer Texas (TAXES) Employer portion of the payroll taxes

# Bill Codes to distinguish wages, taxes and employer support

- Medically Dependent Children Program;
- Deaf Blind with Multiple Disabilities;
- Community Living Assistance and Support Services;
- Primary Home Care;
- Community Attendant Services; and
- Family Care.

CDS Support Services ARE billed  
in units:

FMS Monthly Fee

Support Consultation (in the  
CARE system)



# Two Billing Systems for DADS CDS Option

- TMHP for most DADS program
  - CARE system for HCS and TxHmL
- 

# Key information needed to bill

- Bill code crosswalk found on the DADS website  
<http://www.dads.state.tx.us/providers/hipaa/billcodes/index.html#ltc>
- The majority of CDS service codes have a V at the end. Respite, in some programs, is the exception.
- The service code for FMS fee is 63V for all DADS programs

# How to Find the Service Codes

Service Codes are listed on each plan of care or service plan

MESAV also gives the service codes

Service codes allow you to find the necessary information on the billcode crosswalk.

Examples :

HCS CDS Supported Home Living (SHLV)

CLASS CDS Habilitation (10V)

CDS PHC (17V)



# Health Insurance Portability and Accountability Act (HIPAA) and

Bill code crosswalks
DADS contract employee and volunteer HIPAA and privacy information
DADS contract employee and volunteer HIPAA training
Forms
Glossary (PDF)
Long-term services and supports provider information
▶ DADS resources
▶ State Resources
HIPAA Home

## Bill code crosswalks

### Long-term care bill code crosswalk

The Bill code crosswalk is a cross-referenced code set used to match the Texas Local codes) to the National Standard Procedure Codes (e.g., procedure, item, revenue code code crosswalk (associated with the bill code which reflects the service billed) to cl PDF Format

### Texas Home and Community-based Services (HCS) and Tex code crosswalk (updated July 15, 2014)

# Using the Bill Code Crosswalk

The left side of the LTC/Nursing Facilities Bill Code Crosswalk Table provides the Texas LTC/Nursing Facilities Local Codes for the service group, bill code, service code, and bill code description used to bill for services before HIPAA. The right side of the table identifies the National Standard Codes you will use on your claims effective October 16, 2003 .

Source: TMHP website

# Using the Billcode Crosswalk

- Find your service group, service code, and, if possible, the bill code and follow the row across to the National Codes section to find the new codes to use effective October 16, 2003 .
- If the bill code has been mapped to a national HCPCS code, you will find an entry of "HC" or "AD" in the procedure code qualifier field and information in either the HCPCS or CPT code fields (or, in some cases, in the HCPCS or CPT and the revenue code fields).
- If there are entries in the modifier fields, you will need to use those modifiers in the designated fields when completing the detail line for that service.

# Using the Billcode Crosswalk

- If there is an “ER” in the procedure code qualifier field, you will continue to use the existing bill code for claim reimbursement (ZZ has changed to ER).
- The table contains a field called “End Date.” If this field has an entry, it means that services provided after the stated end date will not be paid.

## Service Groups

2= CLASS

7- PHC, CAS, FC

16= DBMG

18= MDCP



# Bill Code Crosswalk

Providers

# Texas Medicaid



## Enroll Today!

Want to enroll as a Medicaid provider?  
Click here for more information and to enroll today.

[Log in to My Account](#)

[Go to TexMedConnect](#)

### I would like to...

Click here to access provider applications and services.

Texas Medicaid | PCCM | CSHCN |  Long Term Care | EDI

Friday, March 4, 2011

- Medicaid Home
- Program Information
- Reference Material
- Forms
- THSteps
- Fee Schedules
- Medicare Dual-Eligibility
- Provider Support Services
- Provider Education
- Helpful Links

### Provider Lookup

### Looking for a provider?

Click here to find a state health-care provider near you.

**¿Está buscando un proveedor?**

Haga clic aquí para encontrar



## Texas Medicaid Provider Homepage

This is the provider homepage for Texas Medicaid. The information on these pages help Medicaid providers succeed with their Medicaid practice. For information specific to a related program, click on the program's button above.

Below are links to the current news for Texas Medicaid providers. Click [here](#) to view past news articles.

### News for Medicaid Providers

#### \*\*Top News\*\*

[End Date for RSV Prophylaxis Extended to March 31, 2011 - 2/24/2011](#)

#### Benefits

[Implantable Infusion Pump Benefit Criteria to Change for Texas Medicaid - 2/25/2011](#)

[Additional Incontinence Supplies Procedure Codes to Be a Benefit for Texas Medicaid - 2/24/2011](#)

[Biofeedback Services Procedure Codes 90901 and 90911 to Be Benefits of Texas Medicaid - 2/24/2011](#)

[Group Clinical Visits to be Billed Using E/M Procedure Code 99078 with TH Modifier - 2/24/2011](#)

[Respiratory Services Procedure Code 99504 to Be a Benefit for CRCPs - 2/24/2011](#)

[Update to "DME Provider Taxonomy Code Changes" - 2/24/2011](#)

#### Claims Reprocessing

[Rejected Claims for Psychiatric Services](#)

#### NDC

[Updated List of Drugs Requiring NDC for Reimbursement Effective March 21, 2011 - 3/1/2011](#)

[Updated List of Drugs Requiring NDC for Reimbursement - 2/22/2011](#)

#### New Publications

[Banner Messages for 02/28/11 and 03/04/11 - 2/25/2011](#)

#### Reimbursement Rates

[Some 2011 HCPCS Procedure Codes Reimbursement Rates to Be Implemented on March 31, 2011 - 2/24/2011](#)

[Reimbursement Rates Applied to Immunization Administration Procedure Codes Effective April 1 2011 - 2/24/2011](#)

[Reimbursement Rates for Some Esophageal pH Probe Monitoring Procedure Codes to Change on April 1, 2011 - 2/24/2011](#)

[Reimbursement Rates to Change for Some Procedure Codes Effective April 1, 2011 - 2/24/2011](#)

### Code Updates

Recent changes to procedure and diagnosis codes, including HCPCS and ICD-9 codes.

### Topics

Information of interest to providers, including NDC, Alberto N., and past initiatives such as PACT transition and hurricanes.

### Health IT

How information technology enhances health care. Click to learn more.



Where Texas Medicaid providers can submit concerns and suggestions. Click here.

# TMHP TxMed Connect

- <http://www.tmhp.com/Pages/default.aspx>
- Long-term Care : Explains claims process for long-term services and support (DADS Programs –except HCS &TxHmL)

Providers

# Long Term Care

**I would like to...**

Click here to access provider applications and services.

Texas Medicaid | CSHCN | Family Planning | Long Term Care | EDI | MTP | Health IT

- Long Term Care Home
- Program Information
- DADS Information Letters
- Reference Material
- Forms
- Provider Support Services
- Provider Education
- Helpful Links

- Long Term Care User Manual for Paper Submitters**
- Long Term Care Provider Bulletin**
- LTC Nursing Facility/Hospice User Guide**
- LTC Community Services Waiver Programs User Guide**
- Medical Necessity and Level of Care Assessment Instructions**
- Accessing R&S Reports From the Website**
- TexMedConnect Long Term Care Manual**
- TexMedConnect R&S Options**
- E-Mail Encryption Basics/Help Guide**



## **Long Term Care User Manual for Paper Submitters**

The *Long Term Care User Manual for Paper Submitters* is published at the beginning of each calendar year.

[2012 LTC User Manual for Paper Claim Submitters](#)

[2011 LTC User Manual for Paper Claim Submitters](#)

[2010 LTC User Manual for Paper Submitters](#)

[2009 LTC User Manual for Paper Submitters](#)

### **Need Help?**

The LTC Help Desk is here to help you. Call

# Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Professional			New	

Client    Provider    Claim    **Details**    Finish

Number of details to add:

Line Item Control	Service Dates		PDS	Procedure Code		Mods				Units	Unit Rate	Line Item Tot	Co-Pay	NPI/API
	Start	End		Qualifier	Code	1	2	3	4					
1														

Units = Dollars  
spent

\$1.00



- Co-Pay
  - Applied Income
- Claim Total: \$0.00  
Total Co-Pay: \$0.00



TMHP

Remember to Check MESAV each month for each individual!!



## Care Access to bill for HCS and TxHmL

- DADS will only grant CARE access after an FMSA has received its first HCS or TxHmL individual.
- When an FMSA has received its first individual, the FMSA must call the PE/UR Message Line at 512-438-5055. Please leave a message stating they are a new FMSA and have their 1st individual and need access to care.
- PE/UR will verify the FMSA is receiving an individual by way of a new enrollment or a transfer, before notifying DADS Provider Contracts Unit by email.

# Care Access to bill for HCS and TxHmL

- The DADS Provider Contracts Unit will email the required CARE access forms to the FMSA. Once the FMSA completes the access forms and submits them back to the Provider Contract Unit, the forms will be submitted to the HHS Enterprise Security team.
- After the forms have been submitted to the HHSC Enterprise Security team, the FMSA may contact the HHS Enterprise help desk at 512-438-4720 to check on the status of their request for access.
- When the HHSC Enterprise Security team grants CARE access to the FMSA, the HHSC Enterprise Security team will contact the FMSA directly to notify them of their user name and password.
- It is very important the FMSA provides an accurate email address and phone number. This information will be entered in CARE and used by PE/UR, Provider Contracts, and HHS Enterprise Security to contact the FMSA.

# Overview of the CARE System

- The Local Authority (LA) initially enrolls individuals into TxHmL or HCS via the CARE system
- LA enters initial and service plan
- HCS or TxHmL providers enter annual service plans into the CARE system
- Plans are approved in the CARE system (based on utilization review)
- Service delivery is monitored
- Billing for HCS or TxHmL services



# Important to Check CARE for Service Plan Updates

- CARE is a dynamic system-updated information is added frequently.
  - **It is the primary means of communication for HCS and TxHmL and LAs (unlikely to receive a final hard copy of a service plan)**
  - Many of the questions you would ask a case manager in other programs can be answered by looking in the CARE system.
  - FMSAs are granted limited access to the CARE system.
- 

# CDSAs have access (read only) to these CARE screens

C09/L09-REGISTER CLIENT UPDATE  
C13-PROVIDER STAFF ENTRY  
C61-CONSUMER DEMOGRAPHICS  
C62-INDIVIDUAL PLAN OF CARE  
C63-MEDICAID ELIGIBILITY SEARCH  
C64-IPC EXPIRATION  
C66-CONSUMER DISCHARGES  
C67-CONSUMER ROSTER  
C68-MR/RC ASSESSMENTS (SUMMARY)  
C69-PROVIDER INFORMATION  
C70-CONTRACT INFORMATION  
C72-SERVICE DELIVERY BY IPC  
C73-SERVICE DELIVERY BY PROVIDER  
C75-PRIOR APPROVAL  
C77-REIMBURSEMENT AUTHORIZATION  
C78-HCS STAFF ID  
C79-COUNTY/MRA  
C80-PROVIDER/CONTRACT ROSTER  
C81-PAYMENT ELIGIBILITY VERIFICATION  
C87-MRA CONTRACTS  
C88-CONSUMER HOLDS  
C89-CLAIMS INQUIRY  
C101-ELECTRONIC TRANSMITTER IDENTIFICATION NUMBER  
C102-HCS/TXHTML AUTHORIZATION: INQUIRY



CDSAs can enter data into these  
CARE billing screens:

- **C22-SERVICE DELIVERY  
(BILLING)**
  - **C28-ACTUAL UNITS OF SERVICE**
- 

01-07-08

C61:CONSUMER DEMOGRAPHICS

VC060485

NAME : TURTLE, NINJA CLIENT ID : 313599  
ADDRESS : 8222 SEWER WAY, UNDERGROUND, TX 77017

MEDICAID NO: 123456789 LOCAL CASE NO: 00000012354  
CONTRACT NO: 001231456 H SVC CNTY: 000 SPLINTER COMP/MRA: AAA/BBB

PACKET STATUS : COMPLETE BIRTHDATE: 07-10-1984 SSN : 640-14-0687  
**CONSUMER STATUS: ACTIVE**

ENROLLMENT DATE: 11-12-1990 SLOT: 1 COMMUNITY SLOT NO:  
ENROLL REQUEST DATE : 08-21-1996 LOCATION: OHFH OWN HOME/FAMILY HOME

GUARDIAN: TURTLE, LEONARDO  
ADDRESS: 8222 SEWER WAY, UNDERGROUND, TX 77017  
PHONE : ( 123 ) 456-1234

CURRENT IPC BEGIN DATE: 06-22-2007 REVISED: 12-16-2007 END DATE: 06-20-2008  
LEVEL OF CARE/NEED: 1 6 BEGIN DATE: 01-19-2007 END DATE: 01-18-2008  
MEDICAID PROG: 13 BEGIN DATE: 02-01-2000 END DATE:

ACT: \_\_\_\_\_ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-07-08

C63:DHS MEDICAID ELIGIBILITY SEARCH

VC060250

FILL IN ONE OF THE FOLLOWING SECTIONS

ENTER CARE IDENTIFIER, AND THE PROGRAM WILL SCAN THE MEDICAID ELIGIBILITY  
FILE FOR MATCHES TO THE DEMOGRAPHIC FIELDS ENTERED IN CARE

CLIENT ID: \_\_\_\_\_

COMP/LCL CASE NUMBER : \_\_\_\_ / \_\_\_\_\_

---- OR -----

ENTER MEDICAID NUMBER AND THE MEDICAID  
FILE WILL BE SEARCHED DIRECTLY

MEDICAID RECIP NO : \_\_\_\_\_

---- OR -----

ENTER AT LEAST TWO OF NAME, SSN, AND BIRTH DATE  
MEDICAID ELIGIBLE CLIENTS THAT MATCH TO AT  
LEAST TWO OF THOSE FIELDS WILL BE DISPLAYED

CLIENT NAME-LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

SSN : \_\_\_\_\_

BIRTH DATE(MMDDYYYY) : \_\_\_\_\_

ACT: \_\_\_\_ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-07-08  
VC100193

C63:MEDICAID RECIPIENT INFORMATION

INFORMATION ON THIS SCREEN IS FROM THE MEDICAID FILE

LINE	CARE ID	LASTNM	FIRSTNM/M	SEX	ETH	BIRTHDATE	SSN
1	1234567	TURTLE	NINJA J			M W 07-10-	
	1937	123 45 6789					

MEDICAID: 123456748

MEDICARE:

\*\*\*\*\*  
\*\*\*\*\*

CURRENT SCREEN 1 TOTAL SCREENS: 1 NAMES RETURNED: 1 FOR  
FURTHER INFORMATION, ENTER A LINE NUMBER : \_\_\_ (OR MOVE CURSOR TO  
LINE)

DECODE ELIGIBILITY FIELDS (Y/N) : N

\*\*\*\*\* MSG: PRESS <ENTER> TO RETURN TO REQUEST SCREEN\*\*\*\*\*

ACT: \_\_\_\_\_ (C63/REQUEST SCREEN,M/MENU)

01-08-08  
VC100194

MEDICAID ELIGIBILITY INFORMATION

-----

DHS DEMOGRAPHICS

-----

LAST NAME,SUFFIX : TURTLE SSN : 123-45-6789

FIRST NAME, MIDDLE : NINJA J RECIP NO: 123456789

BIRTH DATE : 07-10-1984 ETHNIC : W

CARE CLIENT ID : 154788 SEX : M

MEDICAID BASE PLAN : 13 INDIVIDUAL OUTSIDE TITLE XIX FACILITY

MEDICAID CERTIFICATION DATE: 05-17-1999

01-08-08  
VC100194

MEDICAID ELIGIBILITY INFORMATION

-----  
DHS DEMOGRAPHICS  
-----

LAST NAME,SUFFIX : TURTLE  
6789

SSN : 123-45-

FIRST NAME, MIDDLE : NINJA J

RECIP NO: 123456789

MEDICAID ELIGIBILITY INFO FOR DHS RECIPIENT NUMBER: 510427571

CATEG	CVG CODE	TYPE PROG	BEG DATE	END DATE	SPENDDOWN CODE
03	R	13	02-01-2000		
04	R	14	09-01-1998	01-31-2000	
04	R	19	03-01-1991	08-31-1998	
04	R	13	10-01-1990	02-28-1991	
04	R	13	07-01-1990	09-30-1990	
04	R	13	06-01-1990	06-30-1990	
04	R	13	05-01-1990	05-31-1990	

01-08-08

C64:INDIVIDUAL PLAN OF CARE EXPIRATION: INQUIRY

VC060300

PLEASE ENTER THE FOLLOWING:

COMPONENT CODE: 123

END DATE: 03082008 (MMDDYYYY)

Enter NPI number for  
contract number

ENTER IF DESIRED:

CONTRACT NUMBER: \_\_\_\_\_

ENTER IF DESIRED:

PRINTER CODE: \_\_\_\_\_ (ENTER FOR HARD-COPY)

\*\*\* PRESS ENTER \*\*\*

ACT: \_\_\_\_ (C60/HCS INQUIRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C64:INDIVIDUAL PLAN OF CARE EXPIRATION  
THROUGH 03-08-08

VC060305

COMPONENT: 123 OUR SERVICES ARE COOL, INC..

CLIENT NAME	CONTRACT NUMBER	MEDICAID NUMBER	LOCAL CASE NO.	IPC BEGIN DT	IPC END DT
PRIME, OPTIMUS	123456789	123456789	0000012354	03-02-07	02-29-08
BOURNE, JASON J	123456789	123456789	0000020000	02-17-07	02-16-08
DURITZ, ADAM	123456789	123456789	123456789	02-27-07	02-26-08
MELOY, COLIN	123456789	123456789	123456789	02-25-07	02-24-08

01-08-08

C66:CONSUMER DISCHARGES: INQUIRY

VC060530

PLEASE ENTER THE FOLLOWING:

COMPONENT CODE: 123

DISCHARGE TYPE : P (P/PERM,T/TEMP,A/ALL)

ENTER DATE RANGE IF DESIRED:

BEGIN DATE: \_\_\_\_\_ (MMDDYYYY)

END DATE : \_\_\_\_\_ (MMDDYYYY)

ENTER IF DESIRED:

PRINTER CODE: \_\_\_\_\_ (ENTER FOR HARD-COPY)

\*\*\* PRESS ENTER \*\*\*

ACT: \_\_\_\_ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C66:CONSUMER DISCHARGES

VCo60535

COMPONENT: 123 COOL AS THE OTHER SIDE OF THE PILLOW, INC.

CONTRACT MEDICAID DISCHARGE DISCHARGE

CLIENT NAME	NUMBER	NUMBER	BEGIN DT	END DT
-------------	--------	--------	----------	--------

LOCAL CASE NO. DISCHARGE REASON

TURLTE, NINJA	123456789	123456789	09-29-2007	
---------------	-----------	-----------	------------	--

0000010001 DEATH/ PERM-AUTH

\*\* SERVICES RECEIVED ON DISCHARGE DATE \*\*

RANGERS, POWER	123456789	123456789	09-29-2007	
----------------	-----------	-----------	------------	--

0000040001 DEATH/ PERM-AUTH

\*\* SERVICES RECEIVED ON DISCHARGE DATE \*\*

01-08-08

C67:CONSUMER ROSTER: INQUIRY

VC060540

PLEASE ENTER THE FOLLOWING:

COMPONENT CODE: **123**

ENTER IF DESIRED:

SERVICE COORDINATOR INFO? (Y/N): \_ POSITION NUMBER: \_\_\_\_\_

CONTRACT NUMBER: \_\_\_\_\_

SERVICE COUNTY INFO? (Y/N): \_

CONSUMER STATUS: \_ **1/ACTIVE**

**2/PRE-ENROLL**

**3/DENIED ENROLLMENT**

**4/TERMINATED**

**5/HOLD**

**6/TRANSFER**

PRINTER CODE: \_\_\_\_\_ (ENTER FOR HARD-COPY)

\*\*\* PRESS ENTER \*\*\*

ACT: \_\_\_\_\_ (C60/HCS INQUIRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C67:ACTIVE CONSUMER ROSTER

VCo60545

COMPONENT: 123 WE BE THE BEST, INC

CONTRACT NUMBER:

CONTRACT NAME:

WAIVER TYPE:

CLIENT NAME	CLIENT ID	CASE NUMBER	MEDICAID NUMBER	ENROLL STATUS
WAIVER TYPE/CONTRACT NO/CONTRACT NAME				

TURTLE, NINJA	1234561	0000060000	123456789	ACTIVE
HCS/001000000/WE BE THE BEST INC.				

RANGER, POWER	1234568	0000070000	123456789	ACTIVE
HCS/001000000/WE BE THE BEST, INC				

01-08-08

C68:MR/RC ASSESSMENTS - SUMMARY

VCo60565

NAME : TURTLE, NINJA J

CLIENT ID : 123456

LOCAL CASE NUMBER: 0000012345

CONTRACT NUMBER : 123456789

COMPONENT: 123

MEDICAID LEVEL NUMBER	OF CARE	LEV CARE BEGIN DT	LEV CARE END DT	PREVIOUS END DT	PURPOSE CODE	LON	SOURCE
12345678	1	01-19-07	01-18-08		3 V3	6	TDMHMR
12345678	1	01-19-06	01-18-07		3 V3	6	TDMHMR
12345678	1	01-19-05	01-18-06		3 V3	6	TDMHMR
12345678	1	01-20-04	01-18-05		3 V3	6	TDMHMR
12345678	1	01-20-03	01-19-04		3 V3	6	TDMHMR
12345678	1	01-20-02	01-19-03		3 V3	6	TDMHMR
12345678	1	01-20-01	01-19-02		3 V3	6	TDMHMR

01-08-08

C69:PROVIDER INFORMATION: INQUIRY

VC060570

PLEASE ENTER ONE OF THE FOLLOWING:

COMPTROLLER VENDOR NUMBER: \_\_\_\_\_

COMPONENT CODE: \_\_\_\_\_

ENTER IF DESIRED:

PRINTER CODE: \_\_\_\_\_ (ENTER FOR HARD-COPY)

\*\*\* PRESS ENTER \*\*\*

ACT: \_\_\_\_\_ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C69:PROVIDER INFORMATION

VCo60575

COMPONENT: 123 TEXAS RESIDENTIAL SERVICES, INC.

PROFIT: YES

COMPTROLLER VENDOR NUMBER: 12487512257

LEGAL NAME : TEXAS RESIDENTIAL, INC.

DBA NAME(S):

E-MAIL ADDR:TRESIDENTIAL@AOL.COM

CERTIFICATE OF ACCOUNT STATUS DATE:

STATUS: ACTIVE

CEO CONTACT NAME: ACTUAL PERSON

PHONE: (123) 456-7891

PHYSICAL ADDRESS: NO WHERE ROAD

FAX: (123) 456-7892

ANYWHERE TX 70001

MAILING ADDRESS : P.O. BOX 123456

ANYWHERE TX 70001

BILLING CONTACT NAME: CASH JOHNNY

PHONE: (123) 456-7891

BILLING ADDRESS : NO WHERE ROAD

FAX: (123) 456-7892

ANYWHERE TX 70001

PLEASE ENTER ONE OF THE FOLLOWING:

COMPTROLLER VENDOR NUMBER: \_\_\_\_\_

COMPONENT CODE: 123

ENTER IF DESIRED:

CONTRACT NUMBER: \_\_\_\_\_

APPLICANT CONTACT INFO : N (Y/N)

CURRENT CONTRACTS ONLY?: Y (Y/N)

SPECIFY WAIVER: \_ (1-HCS,2-HCS-O,3-MRLA,4-TXHML,BLANK=ALL)

PRINTER CODE: \_\_\_\_\_ (ENTER FOR HARD-COPY)

\*\*\* PRESS ENTER \*\*\*

ACT: \_\_\_\_ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08      C70:CONTRACT INFORMATION      VCo60585  
COMPONENT: 123 WE ARE SO COOL, L.C.    VEND/CONTRCT NO: 001000001  
CONTRACT NAME: WE ARE SO COOL, .      HCS  
NPI: 123456789      WAIVER CONTRACT AREA (WCA): 5

CONTRACT BEGIN: 08-01-2005    TERMINATION:      END:  
CAP:      WRK MAX: NO CAP      **STATUS: ACTIVE**  
PROVISIONAL CERTIFICATION DATE: 03-12-2004  
**CURRENT CERTIFICATION DATES: FROM: 05-10-2007 TO: 05-08-2008**  
AUTHORIZED DESIGNEE: JERRY JONES

CONTRACT CONTACT: TONY ROMO      PHONE: (123) 456-7891  
PHYSICAL ADDRESS: 123 ANY ROAD      FAX : (123) 456-7892  
                                 ANYWHERE TX 70001

MAILING ADDRESS : 123 ANY ROAD  
                                 ANYWHERE TX 70001

CONTRACT SERVICE AREA(S) WITH MENTAL RETARDATION AUTHORITY  
AUSTIN-430    BRAZORIA-100    COLORADO-430    FORT BEND-430  
GALVESTON-100    HARRIS-280    MATAGORDA-430    WALLER-430  
WHARTON-430

01-08-08

C78:HCS STAFF ID INQUIRY

VCo60921

COMP: 123 AMERICAN GLADIATOR HAB.

STAFF PROVIDER	STAFF ID	BEGIN DATE	END DATE
SCHMOE, JOE	SE22	05-01-07	
BERRY, CHUCK	SH11	12-01-07	
BARBER, MARION	SH152	06-14-07	
CLAUSE, SANTA	NU9	06-01-07	
BURGER, HAM	SH162	08-01-07	

CNTY	COUNTY	SVC	MR	AUTHORITY	
CODE	NAME	AREA	WCA	CODE	NAME
001	ANDERSON	41	4	440	ANDERSON/CHEROKEE
002	ANDREWS	38	8	450	WEST TEXAS CENTERS FOR MHMR
003	ANGELINA	11	4	260	BURKE CENTER
004	ARANSAS	65	9	475	COASTAL PLAINS COMM MHMR CENTER
005	ARCHER	52	2	230	HELEN FARABEE REGIONAL MHMR CENT
006	ARMSTRONG	2	1	020	TEXAS PANHANDLE MHMR
007	ATASCOSA	47	7	490	CAMINO REAL MHMR CENTER
008	AUSTIN	33	5	430	TEXANA COMMUNITY MHMR CENTER
009	BAILEY	7	1	070	CENTRAL PLAINS CENTER
010	BANDERA	40	7	470	HILL COUNTRY COMMUNITY MHMR CENT

ACT: \_\_\_\_ (F/FORWD, B/BCKWD, C60/HCS INQUIRY MENU, A/HCS MAIN MENU)

01-08-08

C80:PROVIDER/CONTRACT ROSTER: INQUIRY

VCo60730

PLEASE ENTER ONE OF THE FOLLOWING:

REPORT TYPE: \_ (1-HCS,4-TXHML,BLANK=ALL)

CONTRACT TYPE: \_ (1=PRGP,2=CDS,3=BOTH)

PROVIDER TYPE: \_ (1=PUBLIC,2=PRIVATE,3=BOTH)

PRINT CEO ADDRESS? \_ (Y/N)

PRINT BILLING ADDRESS? \_ (Y/N)

PRINT CONTRACT ADDRESS? \_ (Y/N)

PRINT APPLICANT CONTACT ADDRESS? \_ (Y/N)

ENTER IF DESIRED:

MRA: \_\_\_\_

WAIVER CONTRACT AREA: \_

COUNTY: \_\_\_\_

CONTRACT MAX/ENROLLMENT INFO/DDS: \_ (Y/N)

ENROLLMENT BY SERVICE COUNTY: \_ (Y/N)

CONTRACT CERTIFICATION DATES: \_ (Y/N)

PRINTER CODE: \_\_\_\_\_ (ENTER FOR HARD-COPY)

\*\*\* PRESS ENTER \*\*\*

\*\*MSG: 2031 PA1 INTERRUPT - NO ACTION TAKEN FROM PREVIOUS SCREEN

ACT: \_\_\_\_ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C81:HCS PAYMENT ELIGIBILITY VERIFICATION

VCo60950

PLEASE ENTER ONE OF THE FOLLOWING:

CLIENT ID: \_\_\_\_\_

COMPONENT CODE/LOCAL CASE NUMBER: \_\_\_ / \_\_\_\_\_

MEDICAID NUMBER: \_\_\_\_\_

PLEASE ENTER THE FOLLOWING:

BEGIN DATE OF PERIOD: 12162007 (MMDDYYYY)

END DATE OF PERIOD : 12182007 (MMDDYYYY)

ENTER IF DESIRED:

PRINTER CODE \_\_\_\_\_ (ENTER FOR HARD-COPY)

\*\*\* PRESS ENTER \*\*\*

\*\*MSG: 3716 EFFECTIVE DATE CANNOT BE BLANK

ACT: \_\_\_\_\_ (C60/HCS INQUIRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C81:PAYMENT ELIGIBILITY VERIFICATION

VCo60955

12-16-2007 THRU 12-18-2007

NAME : TURTLE, NINJA

CLIENT ID: 123456

MEDICAID NUMBER: 123456789

LOCAL CASE NUMBER: 0000060001

CONTRACT NUMBER: 001000001

COMPONENT: 888

MEDICAID NUMBER	MEDICAID BEGIN DT	MEDICAID END DT	MEDICAID TYPE	PROG CODE	CAT
-----	-----	-----	----	----	---
123456789	20000201	99991231	13	R	03

\*\*\*\*\*

\*\* THIS INFORMATION MAY CHANGE BY THE DATE OF THE NEXT BILLING RUN \*\*

\*\*\*\*\*

01-08-08

C87:MRA CONTACTS: INQUIRY

VC061150

PLEASE ENTER THE FOLLOWING:

**MRA: \_\_\_ (TYPE ALL FOR ALL)  
OR COUNTY: \_\_\_**

**TYPE OF REPORT: \_ (N/NAME ONLY, A/ALL INFORMATION)**

PLEASE ENTER A SEQUENCE NUMBER FOR  
SPECIFIC CONTACT INFORMATION IF DESIRED:

SEQUENCE NUMBER: \_\_\_ (FOR SPECIFIC CONTACT INFORMATION)

ENTER IF DESIRED:

PRINTER CODE: \_\_\_\_\_ (ENTER FOR HARD-COPY)

**\*\* PRESS ENTER \*\***

ACT: \_\_\_ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)



PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

CLIENT ID: \_\_\_\_\_  
COMPONENT CODE/LOCAL CASE NUMBER: \_\_\_ / \_\_\_\_\_  
MEDICAID NUMBER: \_\_\_\_\_  
CONTRACT NUMBER: \_\_\_\_\_

PLEASE ENTER THE FOLLOWING:

**HOLD TYPE: \_ (T=TEMP, P=PERM, A=ALL)**  
**(TEMP ONLY) HOLD STATUS: \_ (O=OPEN, C=CLOSED, A=ALL)**  
(PERM ONLY) OVERRIDES: \_ (Y=YES, BLANK=ALL HOLDS)  
(PERM ONLY) DATE RANGE: BEGIN: \_\_\_\_\_ (MMDDYYYY) (OPTIONAL)  
END: \_\_\_\_\_ (MMDDYYYY)

PRINTER CODE: \_\_\_\_\_ (ENTER FOR HARD COPY)

\*\*\* PRESS ENTER \*\*\*

ACT: \_\_\_\_\_ (C88/HCS INQUIRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08 C88: CONSUMER HOLD INQUIRY-BOTH TEMP AND PERM HOLDS VCo61185

COMP: 123 CLIENT ID: 123456 TEMP HOLD STATUS: ALL

CLIENT NAME : TURTLE, NINJA

CLIENT ID/CASE NO : 123456/000014215

TEMP HOLD BEGIN DATE: 05-22-07 AUTH ID: LCo60232 AUTH DT: 05-22-07

TEMP HOLD END DATE : 06-14-07 CONTRACT NO: 001000001 COMP: 123

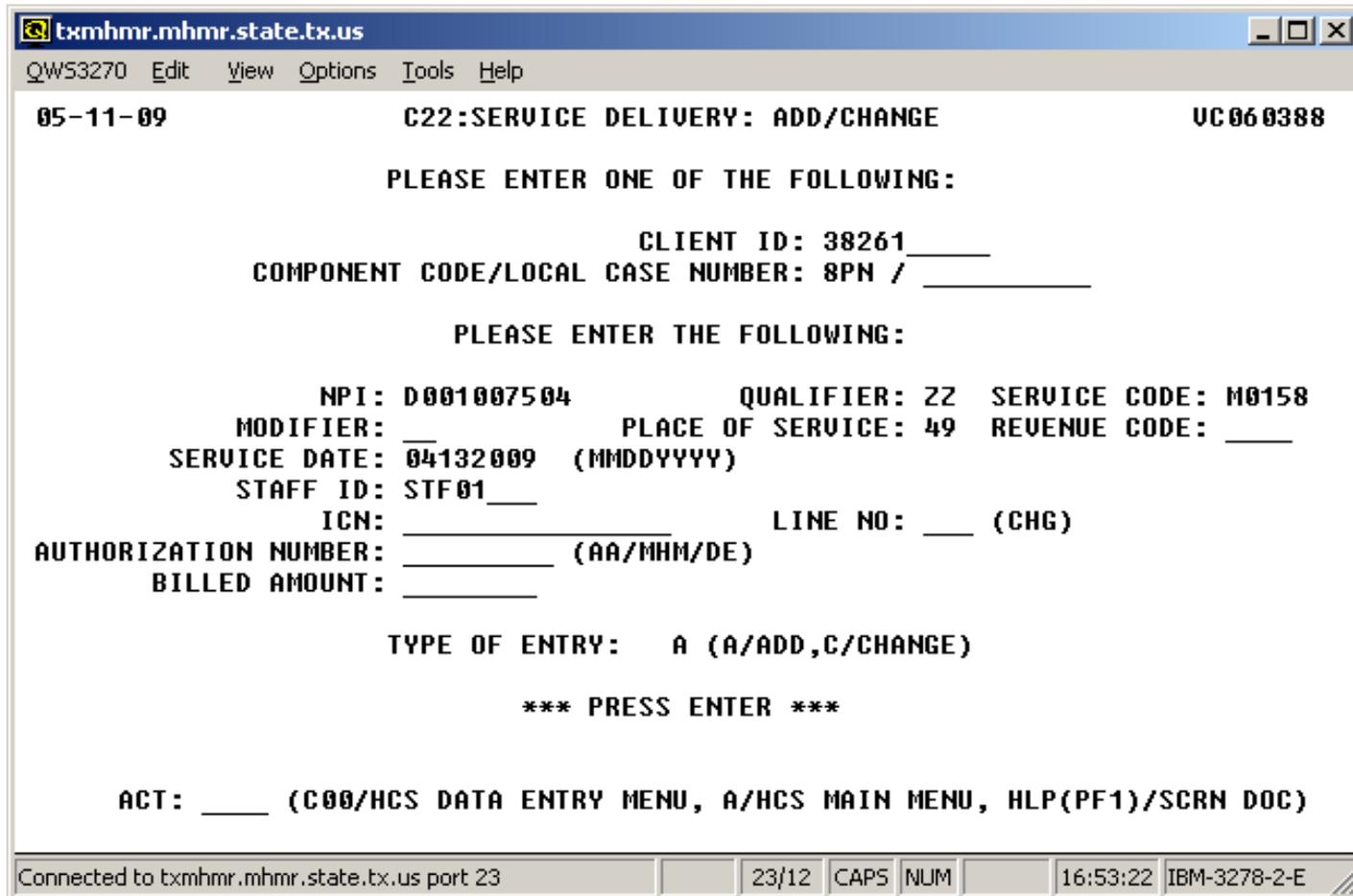
REASON FOR HOLD : IPC EXCEEDS AUTHORIZED AMOUNT - 20070622

TOTAL CONSUMERS: 1

## Supported Home Living

To enter billing information for Supported Home Living, begin on the C22: Service Delivery header screen. Type the client ID and component code. You may also have to enter the local case number. Type in the NPI number and use the Bill Code Crosswalk at

<http://www.dads.state.tx.us/providers/hipaa/billcodes/index.html> for the list of codes to use in the Qualifier, Service Code, Modifier, Place of Service, and Revenue Code fields. Type the Staff ID in the Staff ID field, type **A** (add) in the Type of Entry field, and press Enter.



```
txmhmr.mhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-11-09 C22:SERVICE DELIVERY: ADD/CHANGE UC060388

PLEASE ENTER ONE OF THE FOLLOWING:

CLIENT ID: 38261
COMPONENT CODE/LOCAL CASE NUMBER: 8PN /

PLEASE ENTER THE FOLLOWING:

NPI: D001007504 QUALIFIER: 22 SERVICE CODE: M0158
MODIFIER: PLACE OF SERVICE: 49 REVENUE CODE:
SERVICE DATE: 04132009 (MMDDYYYY)
STAFF ID: STF01
ICN: LINE NO: (CHG)
AUTHORIZATION NUMBER: (AA/MHM/DE)
BILLED AMOUNT:

TYPE OF ENTRY: A (A/ADD,C/CHANGE)

*** PRESS ENTER ***

ACT: (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmr.mhmr.state.tx.us port 23 23/12 CAPS NUM 16:53:22 IBM-3278-2-E
```

This screen displays the days of the month. If you requested a date in the current month, the days of the month are displayed with the cursor in the field for the date specified. You can enter data for days prior to and including the current date. You **cannot** enter data for future dates.

In this example, Mary received services 4 hours per day for six days in a two week period. She pays Suzy Support \$20.00 per hour which equals \$80.00 per day. You will enter \$80.00 for each day she received services. To submit the data, type **Y** in the Ready to Add? field and press Enter.

txmhmr.mhmr.state.tx.us

QWS3270 Edit View Options Tools Help

05-11-09 C22:SERVICE DELIVERY: ADD UC060389

COMPONENT : 8PN I CARE CLIENT ID : 38261  
 NAME : ROSEMARY, MARY CASE NUMBER: 8PN456  
 STAFF ID : STF01 NPI : D001007504 HCS  
 SVC CATEGORY: SHLV SUPPORTED HOME LIVIN RA NUMBER :  
 HCPCS INFO : QUAL: Z2 CODE: M0158 MOD: POS: 49 REV:  
 IPC BEGIN DATE: 03-31-2009 IPC END DATE: 03-30-2010  
 UNITS REMAIN IN IPC: 16348.00 DOL BILL UNITS REMAIN IN IPC: 16348.00 DOL

SERVICE DATE FOR 04-2009 (ENTER BILL UNITS 'NN.NN' IF SERVICE PROVIDED):

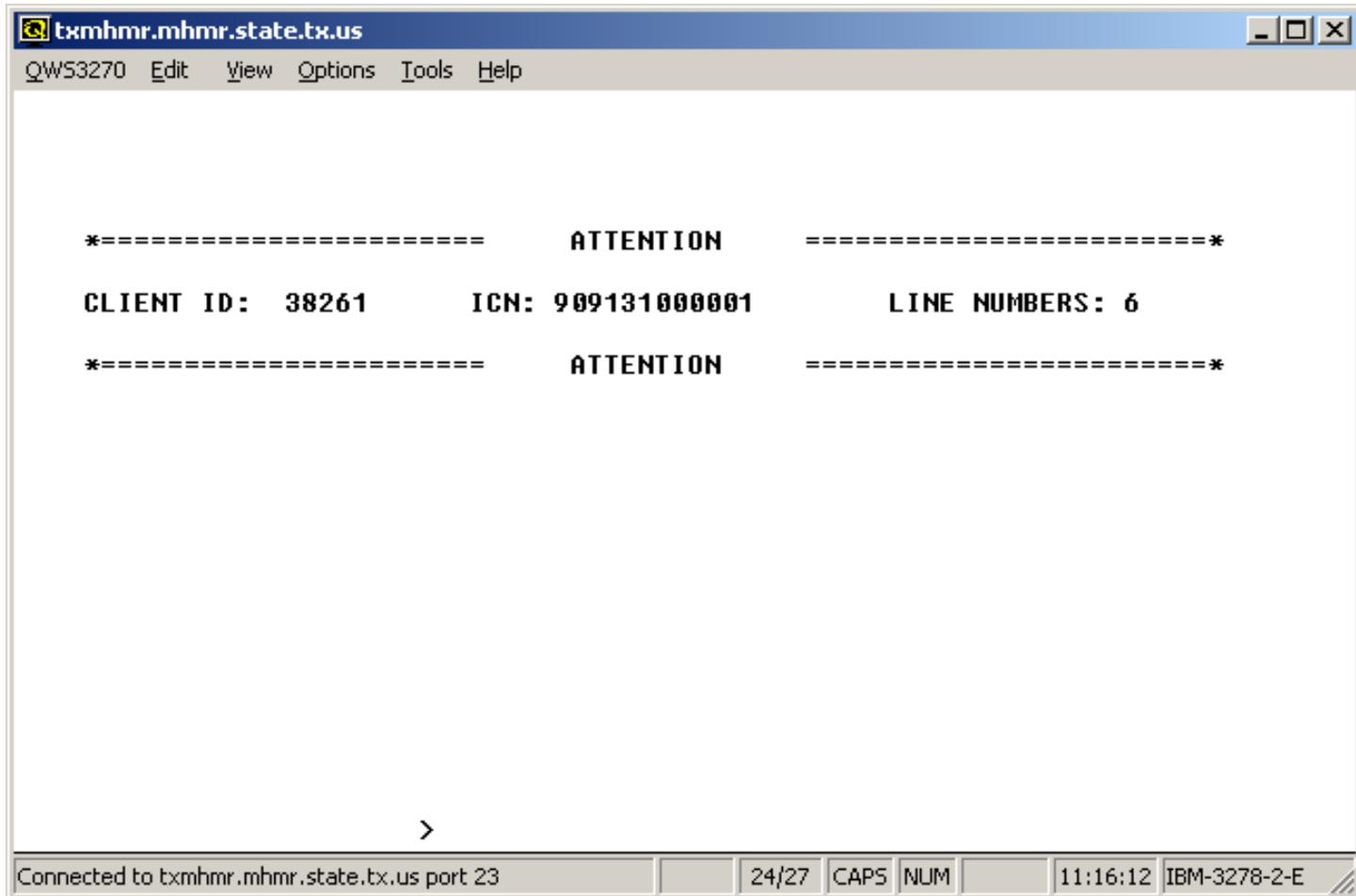
1	2	3	4	5
6	7	8	9	10
11	12	13 80.00	14	15 80.00
16	17 80.00	18	19	20 80.00
21	22 80.00	23	24 80.00	25
26	27	28	29	30

READY TO ADD? : Y (Y/N)

ACT: \_\_\_\_ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmr.mhmr.state.tx.us port 23 23/9 CAPS NUM 11:15:14 IBM-3278-2-E

This screen displays the ICN and line numbers that you need if you want to make changes after the data is submitted. You can also obtain the ICN and line number by using the C89: Claims Inquiry screen. Press Enter to continue.



On this screen you will enter the actual units of service provided and the employer cost allocation. Since 4 hours of service was provided for each day, 4 is entered in the Actual Units field for each day. The employer cost allocation is 3 (direct cost only). Type Y in the Ready to Add? field and press Enter.

txmhmrmhmr.state.tx.us

QWS3270 Edit View Options Tools Help

05-11-09 C28:ACTUAL UNITS OF SERVICE: ADD UC060383

COMPONENT : 8PN I CARE CLIENT ID : 38261  
 NAME : MARY ROSEMARY CASE NUMBER: 00008PN456  
 SUC CATEGORY: SHLV HCS SUPPORTED HOME LIVING CONTRACT NO: 001007504  
 HCPCS INFO : QUAL: ZZ CODE: M0158 MOD: POS: 49 REV:  
 ICN: 909131000001 LINE NO: 6

SUC DATE	ACTUAL UNITS	EMP ALLOC	SUC DATE	ACTUAL UNITS	EMP ALLOC	SUC DATE	ACTUAL UNITS	EMP ALLOC
04-13-09	4	3	04-15-09	4	3	04-17-09	4	3
04-20-09	4	3	04-22-09	4	3	04-24-09	4	3

READY TO ADD? : Y (Y/N)

ACT: \_\_\_\_ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23 23/9 CAPS NUM 11:15:14 IBM-3278-2-E

The system processes the information you just added and displays the header screen again, with the message, "Previous Information Added."

```
txmhmrmhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-11-09 C22:SERVICE DELIVERY: ADD/CHANGE UC060388

PLEASE ENTER ONE OF THE FOLLOWING:

CLIENT ID: 38261
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / 00008PN456

PLEASE ENTER THE FOLLOWING:

NPI: D001007504 QUALIFIER: 22 SERVICE CODE: M0158
MODIFIER: PLACE OF SERVICE: 49 REVENUE CODE:
SERVICE DATE: 04202009 (MMDDYYYY)
STAFF ID: STF01
ICN: LINE NO: (CHG)
AUTHORIZATION NUMBER: (AA/MHM/DE)
BILLED AMOUNT:

TYPE OF ENTRY: A (A/ADD,C/CHANGE)

*** PRESS ENTER ***

**MSG: 1939 PREVIOUS INFORMATION ADDED
ACT: (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23 5/49 NUM 11:26:28 IBM-3278-2-E
```

## Fax Machine

Mary needs to buy a fax machine. This entry will be made using the Supported Home Living codes. Type the client ID and component code. Type the local case number, if necessary. Type in the NPI number and use the Bill Code Crosswalk for the list of codes to use in the Qualifier, Service Code, Modifier, Place of Service, and Revenue Code fields. Type the Staff ID in the Staff ID field, type **A** (add) in the Type of Entry field, and press Enter.

```
txmhmrmhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-11-09          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388

PLEASE ENTER ONE OF THE FOLLOWING:

CLIENT ID: 38261_____
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / _____

PLEASE ENTER THE FOLLOWING:

NPI: D001007504          QUALIFIER: ZZ  SERVICE CODE: M0158
MODIFIER: _____    PLACE OF SERVICE: 49  REVENUE CODE: _____
SERVICE DATE: 04102009 (MMDDYYYY)
STAFF ID: STF01_____
ICN: _____          LINE NO: ____ (CHG)
AUTHORIZATION NUMBER: _____ (AA/MMM/DE)
BILLED AMOUNT: _____

TYPE OF ENTRY:  A (A/ADD,C/CHANGE)

*** PRESS ENTER ***

ACT: ____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23  23/12  CAPS NUM  13:47:09  IBM-3278-2-E
```

This screen displays the days of the month. In this example, you used the same codes as in the previous entry, so the SHL amounts are displayed. Since it is a separate entry, you cannot make changes to the existing data.

The fax machine costs \$100.00 and was bought on the 10<sup>th</sup>, so you will type 100.00 in the field beside the 10<sup>th</sup>. Type **Y** in the Ready to Add? field and press Enter.

txmhmrmhmr.state.tx.us

QWS53270 Edit View Options Tools Help

05-11-09 C22:SERVICE DELIVERY: ADD UC060389

COMPONENT : 8PN I CARE CLIENT ID : 38261  
 NAME : ROSEMARY, MARY CASE NUMBER: 8PN456  
 STAFF ID : STF01 NPI : D001007504 HCS  
 SUC CATEGORY: SHLV SUPPORTED HOME LIVIN RA NUMBER :  
 HCPCS INFO : QUAL: Z2 CODE: M0158 MOD: POS: 49 REV:  
 IPC BEGIN DATE: 03-31-2009 IPC END DATE: 03-30-2010  
 UNITS REMAIN IN IPC: 15868.00 DOL BILL UNITS REMAIN IN IPC: 15868.00 DOL

SERVICE DATE FOR 04-2009 (ENTER BILL UNITS 'NN.NN' IF SERVICE PROVIDED):

1	_____	2	_____	3	_____	4	_____	5	_____
6	_____	7	_____	8	_____	9	_____	10	100.00
11	_____	12	_____	13	80.00	14	_____	15	80.00
16	_____	17	80.00	18	_____	19	_____	20	80.00
21	_____	22	80.00	23	_____	24	80.00	25	_____
26	_____	27	_____	28	_____	29	_____	30	_____

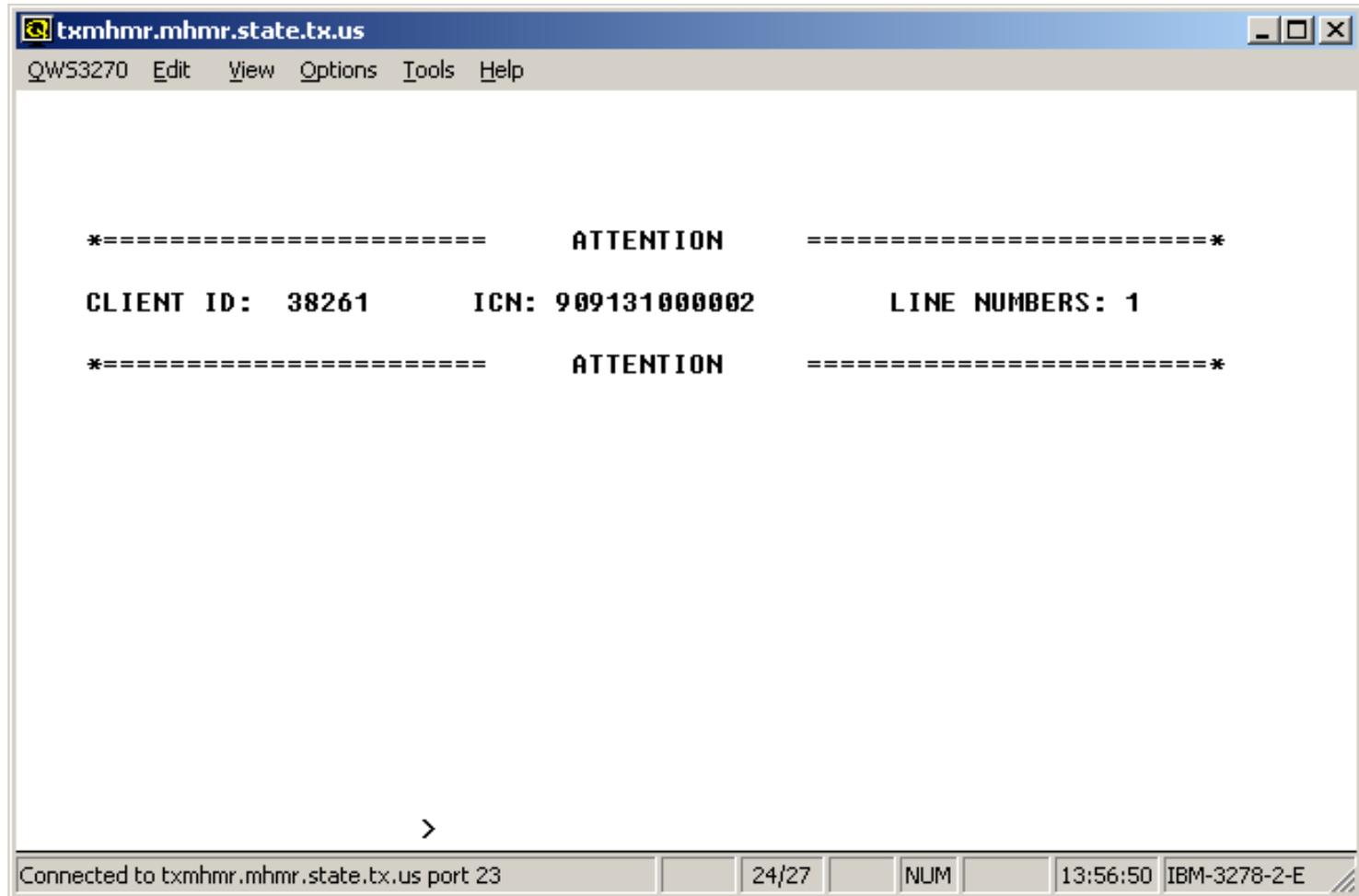
READY TO ADD? : Y (Y/N)

ACT: \_\_\_\_ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23

23/9 NUM 13:49:35 IBM-3278-2-E

This screen displays the ICN and line numbers that you need if you want to make changes after the data is submitted. You can also obtain the ICN and line number by using the C89: Claims Inquiry screen. Press Enter to continue.



On this screen you will enter the actual units of service provided and the employer cost allocation. Since there was no service provided, **0** is entered in the Actual Units field. The employer cost allocation is **1** (Indirect cost only). Type **Y** in the Ready to Add? field and press Enter.

The screenshot shows a terminal window with the following content:

```
txmhmrmhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-11-09          C28:ACTUAL UNITS OF SERVICE: ADD          UC060383

COMPONENT      : 8PN I CARE          CLIENT ID   : 38261
NAME           : MARY ROSEMARY       CASE NUMBER: 00008PN456
SUC CATEGORY   : SHLU HCS SUPPORTED HOME LIVING CONTRACT NO: 001007504
HCPCS INFO     : QUAL: 22 CODE: M0158 MOD:          POS: 49     REV:
ICN: 909131000002 LINE NO: 1
SUC    ACTUAL    EMP
DATE   UNITS     ALLOC
04-10-09 0      1

READY TO ADD?    Y (Y/N)

ACT: ____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)
```

At the bottom of the terminal window, there is a status bar with the following information:

```
Connected to txmhmrmhmr.state.tx.us port 23 | 23/8 | NUM | 13:57:54 | IBM-3278-2-E
```

The system processes the information you just added and displays the header screen again, with the message, "Previous Information Added."

```
txmhmrmhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-11-09          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388

PLEASE ENTER ONE OF THE FOLLOWING:

CLIENT ID: 38261
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / 00008PN456

PLEASE ENTER THE FOLLOWING:

NPI: D001007504          QUALIFIER: 22  SERVICE CODE: M0158
MODIFIER:                PLACE OF SERVICE: 49  REVENUE CODE:
SERVICE DATE: 04102009  (MMDDYYYY)
STAFF ID: STF01
ICN:                     LINE NO: (CHG)
AUTHORIZATION NUMBER:    (AA/MHM/DE)
BILLED AMOUNT:

TYPE OF ENTRY:  A (A/ADD,C/CHANGE)

*** PRESS ENTER ***

**MSG: 1939 PREVIOUS INFORMATION ADDED
ACT: (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)
```

Connected to txmhmrmhmr.state.tx.us port 23      5/49      NUM      13:58:43 IBM-3278-2-E

## Support Consultation

Support Consultation is billed as a direct service by entering the actual units of service provided rather than dollars. To enter billing information for Support Consultation, begin on the C22: Service Delivery header screen. Type the client ID and component code. You may also have to enter the local case number. Type in the NPI number and use the Bill Code Crosswalk for the list of codes to use in the Qualifier, Service Code, and Place of Service fields. Type the Staff ID in the Staff ID field, type **A** (add) in the Type of Entry field, and press Enter.

```
txmhmrmhmr.state.tx.us
QWS3270 Edit View Options Tools Help
02-01-10          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388
                PLEASE ENTER ONE OF THE FOLLOWING:
                        CLIENT ID: 38261_____
                COMPONENT CODE/LOCAL CASE NUMBER: 8PN / _____
                PLEASE ENTER THE FOLLOWING:
                        NPI: 1720149982          QUALIFIER: ZZ  SERVICE CODE: M0162
                MODIFIER: _____          PLACE OF SERVICE: 99  REVENUE CODE: _____
                SERVICE DATE: 01042010  (MMDDYYYY)
                STAFF ID: STF01_____
                ICN: _____          LINE NO: ____ (CHG)
                AUTHORIZATION NUMBER: _____ (AA/MHM/DE)
                BILLED AMOUNT: _____
                TYPE OF ENTRY:  A (A/ADD,C/CHANGE)
                *** PRESS ENTER ***
                ACT:  _____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)
                Connected to txmhmrmhmr.state.tx.us port 23
                23/12  CAPS  NUM  10:21:53  IBM-3278-2-E
```

This screen displays the days of the month. Support Consultation can be entered in whole or quarter units. In this example, Mary received 2 hours of Support Consultation. Type the amount of time that Support Consultation was provided for each day she received services. To submit the data, type Y in the Ready to Add? field and press Enter.

```

txmhmrmhmr.state.tx.us
QWS3270 Edit View Options Tools Help

02-01-10          C22:SERVICE DELIVERY: ADD          UC060389

COMPONENT      : 8PN I CARE          CLIENT ID      : 38261
NAME           : ROSEMARY, MARY      CASE NUMBER    : 8PN456
STAFF ID       : STF01                NPI           : 1720149982 HCS
SUC CATEGORY   : SCU SUPPORT CONSULTATION  RA NUMBER     :
HCPCS INFO    : QUAL: ZZ CODE: M0162 MOD:  POS: 99   REV:
IPC BEGIN DATE: 03-31-2009           IPC END DATE  : 03-30-2010
UNITS REMAIN IN IPC: 10.00 HRS  BILL UNITS REMAIN IN IPC: 10.00 HRS

SERVICE DATE FOR 01-2010 (ENTER BILL UNITS 'NN.NN' IF SERVICE PROVIDED):

  1  _____  2  _____  3  _____  4  1.00_____  5  _____
  6  _____  7  _____  8  _____  9  _____ 10  _____
11  _____ 12  1.00_____ 13  _____ 14  _____ 15  _____
16  _____ 17  _____ 18  _____ 19  _____ 20  _____
21  _____ 22  _____ 23  _____ 24  _____ 25  _____
26  _____ 27  _____ 28  _____ 29  _____ 30  _____
31  _____

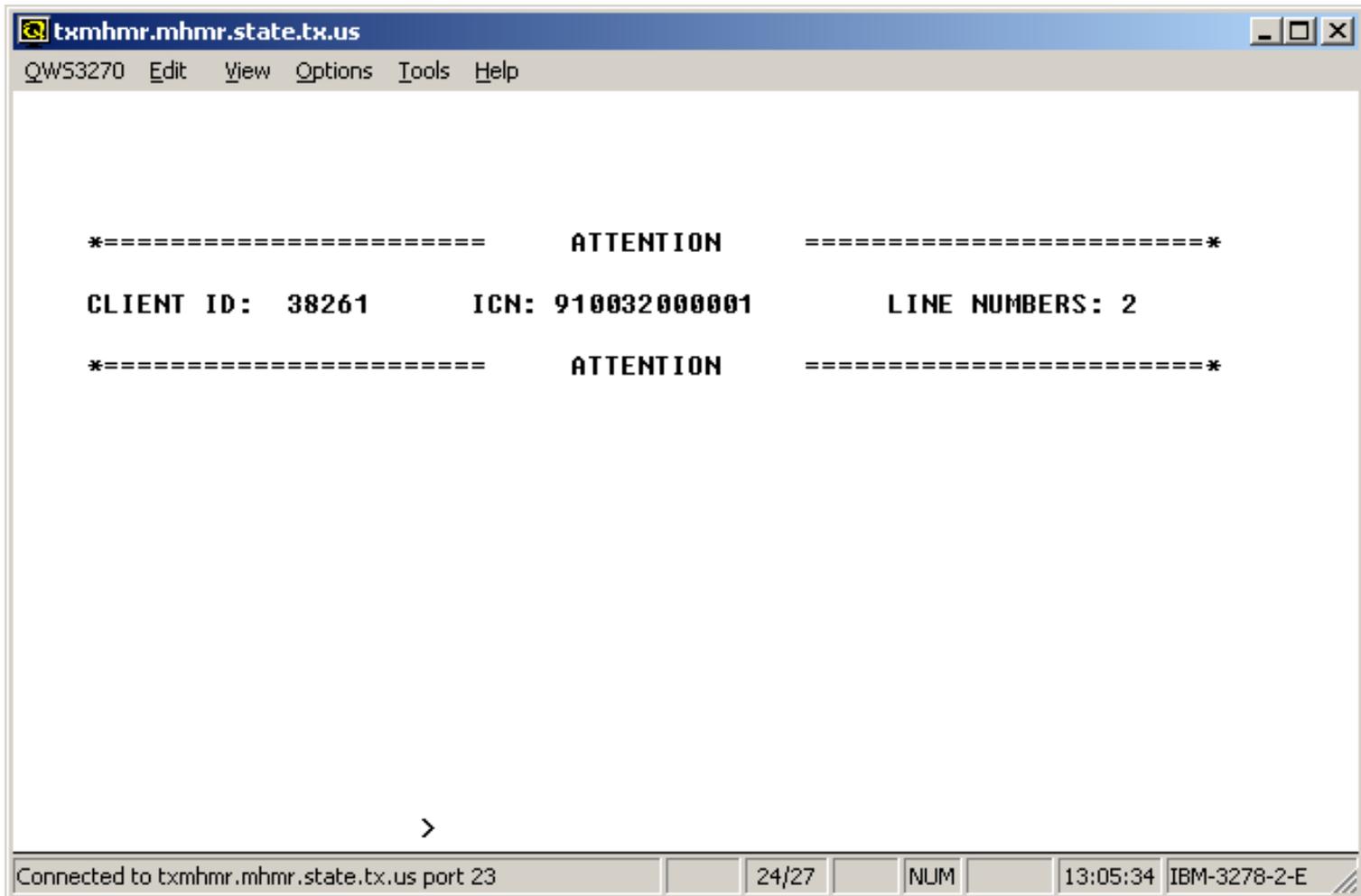
READY TO ADD?   : Y (Y/N)

ACT: _____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23      23/9      NUM      13:05:05 IBM-3278-2-E

```

This screen displays the ICN and line numbers that you need if you want to make changes after the data is submitted. You can also obtain the ICN and line number by using the C89: Claims Inquiry screen. Press Enter to continue.



The system processes the information you just added and displays the header screen again, with the message, "Previous Information Added."

```
txmhmr.mhmr.state.tx.us
QW53270 Edit View Options Tools Help

02-01-10          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388

PLEASE ENTER ONE OF THE FOLLOWING:

                CLIENT ID: 38261_____
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / 00008PN456

PLEASE ENTER THE FOLLOWING:

        NPI: 1720149982          QUALIFIER: 22  SERVICE CODE: M0162
    MODIFIER: _____        PLACE OF SERVICE: 99  REVENUE CODE: _____
SERVICE DATE: 01042010 (MMDDYYYY)
    STAFF ID: STF01_____
        ICN: _____          LINE NO: ____ (CHG)
AUTHORIZATION NUMBER: _____ (AA/MHM/DE)
    BILLED AMOUNT: _____

        TYPE OF ENTRY:  A (A/ADD,C/CHANGE)

                *** PRESS ENTER ***

**MSG: 1939 PREVIOUS INFORMATION ADDED
    ACT: _____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)
```

Connected to txmhmr.mhmr.state.tx.us port 23      5/49      NUM      13:06:07      IBM-3278-2-E

## Financial Management Services

To enter billing information for Financial Management Services, begin on the C22: Service Delivery header screen. Type the client ID and component code. You may also have to enter the local case number. Type in the NPI number and use the Bill Code Crosswalk for the list of codes to use in the Qualifier, Service Code, Modifier, Place of Service, and Revenue Code fields. Type the service date, type **A** (add) in the Type of Entry field, and press Enter.

```
txmhmrmhmr.state.tx.us
QWS53270 Edit View Options Tools Help
05-11-09          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388

PLEASE ENTER ONE OF THE FOLLOWING:

                CLIENT ID: 38261_____
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / _____

PLEASE ENTER THE FOLLOWING:

        NPI: D001007504          QUALIFIER: 22  SERVICE CODE: M0111
MODIFIER: _____          PLACE OF SERVICE: 99  REVENUE CODE: _____
SERVICE DATE: 05012009 (MMDDYYYY)
STAFF ID: _____
        ICN: _____          LINE NO: ____ (CHG)
AUTHORIZATION NUMBER: _____ (AA/MHM/DE)
BILLED AMOUNT: _____

TYPE OF ENTRY:  A (A/ADD,C/CHANGE)

*** PRESS ENTER ***

ACT: ____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23      23/12 CAPS NUM      15:07:09 IBM-3278-2-E
```

On this screen you will enter actual units of service *only*, rather than dollars. For example, you will enter one unit of service per month. Type 1.00 in the field of the day you specified on the header screen. Type Y in the Ready to Add? field and press Enter.

```
txmhmrmhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-11-09 C22:SERVICE DELIVERY: ADD UC060389
COMPONENT : 8PN I CARE CLIENT ID : 38261
NAME : ROSEMARY, MARY CASE NUMBER: 8PN456
STAFF ID : NPI : D001007504 HCS
SUC CATEGORY: FMSU FMS MONTHLY FEE RA NUMBER :
HCPCS INFO : QUAL: Z2 CODE: M0111 MOD: POS: 99 REV:
IPC BEGIN DATE: 03-31-2009 IPC END DATE: 03-30-2010
UNITS REMAIN IN IPC: 11.00 MONS BILL UNITS REMAIN IN IPC: 11.00 MONS

SERVICE DATE FOR 05-2009 (ENTER BILL UNITS 'NN.NN' IF SERVICE PROVIDED):

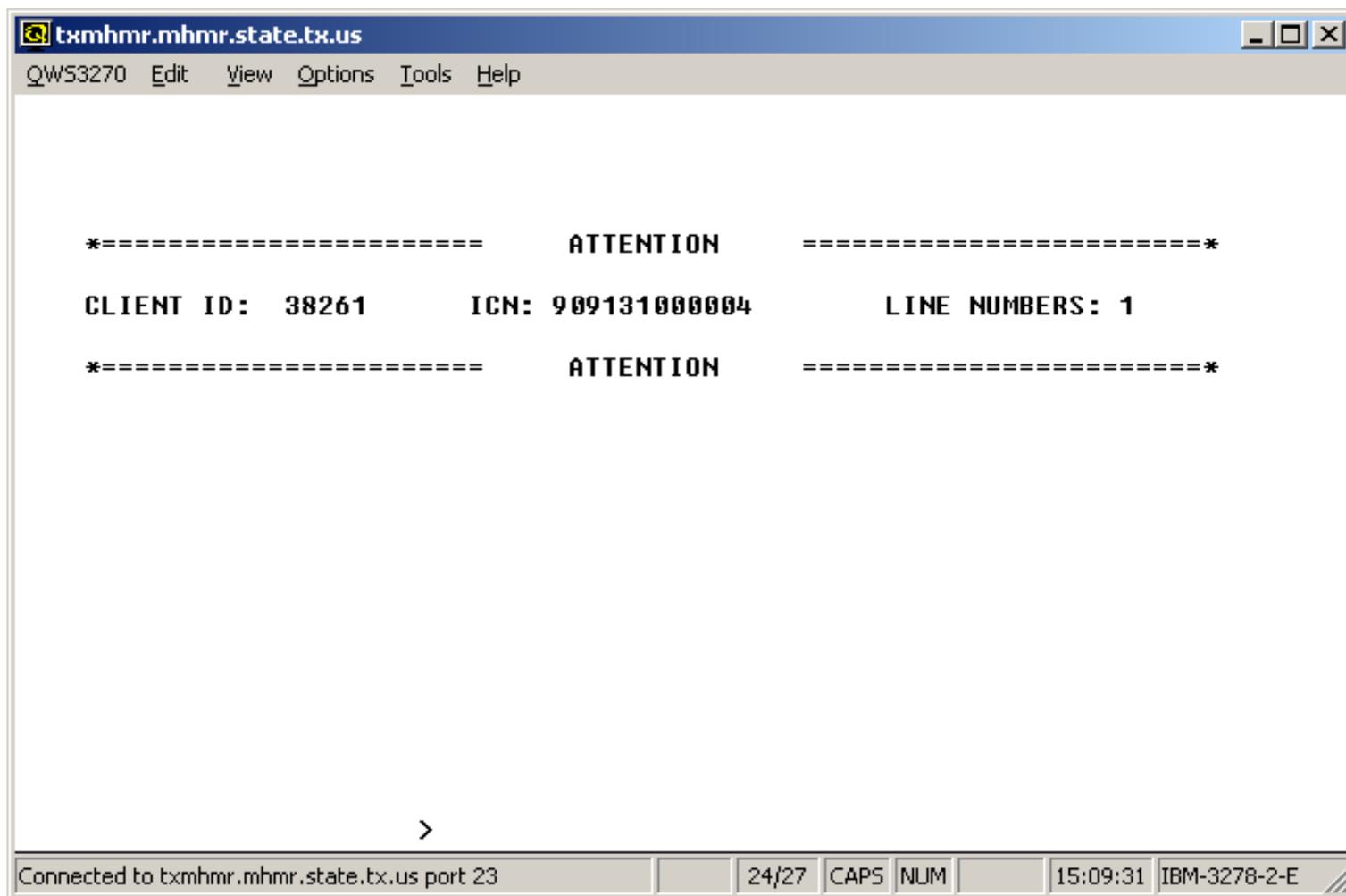
  1  1.00  2  3  4  5
  6  7  8  9 10
 11 12 13 14 15
 16 17 18 19 20
 21 22 23 24 25
 26 27 28 29 30
 31

READY TO ADD? : Y (Y/N)

ACT: ____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23 13/12 CAPS NUM 15:08:52 IBM-3278-2-E
```

This screen displays the ICN and line numbers that you need if you want to make changes after the data is submitted. You can also obtain the ICN and line number by using the C89: Claims Inquiry screen. Press Enter to continue.



The system processes the information you just added and displays the header screen again, with the message, "Previous Information Added."

```
txmhm.mhmr.state.tx.us
QWS3270 Edit View Options Tools Help
05-11-09          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388

          PLEASE ENTER ONE OF THE FOLLOWING:

                  CLIENT ID: 38261
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / 00008PN456

          PLEASE ENTER THE FOLLOWING:

      NPI: D001007504          QUALIFIER: 22  SERVICE CODE: M0111
MODIFIER: _____          PLACE OF SERVICE: 99  REVENUE CODE: _____
SERVICE DATE: 05012009  (MMDDYYYY)
STAFF ID: _____
      ICN: _____          LINE NO: _____ (CHG)
AUTHORIZATION NUMBER: _____ (AA/MHM/DE)
BILLED AMOUNT: _____

          TYPE OF ENTRY:  A (A/ADD,C/CHANGE)

          *** PRESS ENTER ***

**MSG: 1939 PREVIOUS INFORMATION ADDED
ACT: _____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhm.mhmr.state.tx.us port 23    5/49 CAPS NUM    15:09:51 IBM-3278-2-E
```

## C89: Claims Inquiry

The C89: Claims Inquiry screens are used to view service dates billed and to obtain the ICN and Line Number. You **must have the ICN and Line Number** before you can make any billing changes.

Type the client ID and component code. If you want to limit the results of your inquiry, type the requested information in the appropriate fields and press Enter.

```
txmhmrmhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-13-09 C89:CLAIMS INQUIRY UC061360

PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

CLIENT ID: 38261
COMPONENT CODE/LOCAL CASE NUMBER: 8PN /
MEDICAID NUMBER:
ICN: LINE:
CONTRACT NUMBER:
NPI:
PLEASE ENTER THE FOLLOWING:

CLAIM STATUS: _ (U/PENDING,A-ATP,P-PAID,D-DENIED(BATCH),BLANK-ALL)
SERVICE CATEGORY: OR HCPCS: MOD:
SERVICE DATE RANGE: BEGIN: (MMDDYYYY) (OPTIONAL)
END: (MMDDYYYY)

PRINTER CODE: (ENTER FOR HARD COPY)

*** PRESS ENTER ***

ACT: (C60/HCS INQUIRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23 6/47 CAPS NUM 14:20:58 IBM-3278-2-E
```

View the inquiry results.

Notice the ICN and line numbers. Possible Status values are U (Pending), P (Paid), A (Approved to Pay), or D (Denied - Batch). Press Enter to scroll through the screens.

The screenshot shows a terminal window titled 'txmhmrmhmr.state.tx.us'. The window contains the following text:

```
QWS3270 Edit View Options Tools Help
05-13-09          C89:CLAIM INQUIRY-ALL CLAIMS          UC061365

COMP: 8PN ID: 38261 LCN: 8PN456

NAME: ROSEMARY MARY          MEDICAID NO: 996655441    CLIENT ID: 38261
BILL: UNITS: 1.00    AMT:          SUC DT: 05-01-09 SUC:FMSU/M0111//99/
ICN/LINE/STATUS: 909131000004/1/U CONTRACT NO: 001007504 HCS
NPI NUMBER: D001007504

NAME: ROSEMARY MARY          MEDICAID NO: 996655441    CLIENT ID: 38261
BILL: UNITS: 80.00    AMT:          SUC DT: 04-24-09 SUC:SHLU/M0158//49/
ICN/LINE/STATUS: 909131000001/6/U CONTRACT NO: 001007504 HCS STAFF: STF01
NPI NUMBER: D001007504

NAME: ROSEMARY MARY          MEDICAID NO: 996655441    CLIENT ID: 38261
BILL: UNITS: 80.00    AMT:          SUC DT: 04-22-09 SUC:SHLU/M0158//49/
ICN/LINE/STATUS: 909131000001/5/U CONTRACT NO: 001007504 HCS STAFF: STF01
NPI NUMBER: D001007504

NAME: ROSEMARY MARY          MEDICAID NO: 996655441    CLIENT ID: 38261
BILL: UNITS: 80.00    AMT:          SUC DT: 04-20-09 SUC:SHLU/M0158//49/
ICN/LINE/STATUS: 909131000001/4/U CONTRACT NO: 001007504 HCS STAFF: STF01
>
```

At the bottom of the window, there is a status bar with the following information:

```
Connected to txmhmrmhmr.state.tx.us port 23    24/27    CAPS    NUM    14:21:41    IBM-3278-2-E
```



# Rate Analysis

- Health and Human Services Commission sets rates.

## Website

- <https://www.hhsc.state.tx.us/Rad/index.shtml>
- 

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# Texas Health and Human Services Commission

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## Rate Analysis

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**COMMUNITY LIVING ASSISTANCE AND SUPPORT SERVICES (CLASS)  
PAYMENT RATES EFFECTIVE DECEMBER 1, 2011**

**Consumer Directed Services**

<b>Service</b>	<b>Payment Rate</b>
Financial Management Services (FMS) Fee - per month	\$202.00
<b>Consumer Payment Rates for Determining the Consumer's Budget *</b>	
Habilitation Services - per hour	\$13.05
In-Home Respite (IHR) - per day	\$214.60
Out-of-Home Respite (OHR) - per day	\$224.17
Physical Therapy Client Payment Rate – per hour	\$76.43
Occupational Therapy Client Payment Rate – per hour	\$71.95
Speech & Language Therapy Client Payment Rate – per hour	\$75.29
Registered Nurse (RN) Client Payment Rate - per hour	\$42.39
Specialized RN Client Payment Rate - per hour	\$48.90
Licensed Vocational Nurse (LVN) Client Payment Rate - per hour	\$28.69
Specialized LVN Client Payment Rate - per hour	\$33.14
Support Consultation - per hour	\$15.37

\* The consumer's budget and service plan are calculated using the Consumer Payment Rate times the number of units authorized during the budget and service plan period.

# Where to Get Information

- ❖ HCS LINK

<http://www.dads.state.tx.us/providers/HCS/index.cfm>

- ❖ TXHML LINK

<http://www.dads.state.tx.us/providers/TxHmL/index.cfm>

- ❖ HCS/TxHmL User Guide link:

<http://www2.mhmr.state.tx.us/655/cis/training/WAIVER.html>

Open Forum

**CDS RULE CHANGES IN  
DEVELOPMENT**

# Enrollment in the CDS Option

- Repeal Section 41.109 Enrollment in the CDS Option and move to Subchapter D
- Amend §41.40 Enrollment by adding 41.109
- In most programs, case managers or service coordinators need more than five days to complete and authorize service plan
- Current rules assumed that FMSAs would get reimbursed for conducting the CDS employer orientation

# Enrollment in the CDS Option: Questions

- Should case manager/service coordinator send referral to FMSA first and send service plan when authorized?
- What are the pros and cons of using proposed service plans?
- How should service initiation date (date person can start receiving services) be determined?

# Enrollment in the CDS Option: Questions

- How long does it take from the referral to completion of the CDS employer orientation?
- What does ideal enrollment look like? Key steps and time frames?
- When is a person considered enrolled in the CDS option? When services are authorized or after completion of CDS orientation?

# Transfers from one FMSA to another

- Current rules require FMSA to complete transfer activities within five days of learning about the transfer.
- When should clock start? When case manager or CDS employer notifies FMSA?
- What are the challenges to meeting the five day time frames?

# Transfers from one FMSA to another

- Which transfer materials are most difficult to obtain from the transferring FMSA?  
From the employer?
- What should the transfer timeframes be, keeping in mind the state must assure continuity of services to CMS?
- What is missing from the current transfer rule language?

# Quality Assurance – Fraud Prevention

- What controls should FMSAs have in place to spot outlier timesheets?
- What should be the process for handling outlier time sheets, given the CDS employer has final approval authority and labor laws?
- What other fraud prevention strategies could FMSAs implement?

# CDS Budgets

- ⦿ How should accruals be handled?
- ⦿ How should overtime be handled?
- ⦿ How would you reconcile the service plan which serves an agreement between the state and CMS?

# FMSA Satisfaction Surveys

- Would a standard satisfaction survey be better than FMSA specific surveys?
- What elements should be included?

# Corrective Action Plans

- How can the corrective action plan process be improved?
- Make CAP mandatory?
- How many CAPS before termination of the option?
- What role should a case manager play in requesting or approving corrective action plans?