General Overview:

1. **Q:** If someone asks if the CDS option is best for them, what recommendations or suggestions could a service coordinator make?  
   **A:** The individual has to make his or her own decision. Service coordinators are only to provide the information on all service delivery options available to the individuals.

2. **Q:** Do you offer the CDS option to individuals in Adult Foster Care or Residential Care annually?  
   **A:** No, not unless they move out of the foster or residential home.

3. **Q:** After the first Form 1581, Consumer Directed Services Overview, is covered and the CDS option is declined by the family or Legally Authorized Representative (LAR), do we continue to explain all the forms?  
   **A:** No. You would present Form 1584, Consumer Participation Choice, for their signature and choice of agency option.

4. **Q:** Could you confirm for Home and Community-based Services (HCS) which documents are required? Is there a difference between TAC and quality assurance (QA) compliance reviews?  
   **A:** Section 13120 of the HCS Handbook explains the process for informing HCS applicants and HCS participants of the CDS option: [http://www.dads.state.tx.us/handbooks/hcs/13000/13000.htm#sec13120](http://www.dads.state.tx.us/handbooks/hcs/13000/13000.htm#sec13120)  
   The TAC mentions all forms because all forms are necessary if the individual or LAR accepts the CDS option. The QA review only requires Forms 1581 and 1584 if the individual or LAR declines the CDS option.
5. **Q: Would it be difficult for someone to switch back to foster care if they decide that the CDS option is not for them?**
   
   **A:** To go from CDS to the provider agency option requires a transfer. While a transfer is not difficult it may take a little time. The individual or LAR would need to notify the service coordinator of the desire to transfer. The chosen provider may need to negotiate a contract with the foster care provider.

6. **Q: Many of my adult clients are being cared for by their parents but their parent(s) are not their LAR. When these clients are not able to speak for themselves, can their parents still request this option even though they are not their LAR?**

   **A:** Parents can request this option for the individual, if they feel that is what the individual wants. The parent or another willing adult could serve as the Designated Representative (DR) to assist with the employer responsibilities.

7. **Q: If an individual is unable to complete Form 1583, Employee Qualifications Requirements, is the primary correspondent or LAR able to sign it?**

   **A:** If there is a LAR, the LAR always completes and signs the assessment. If there is not a LAR, the individual can have someone assist them with completing the assessment but the individual is responsible for signing it.

8. **Q: We have an individual who is not competent to make this decision but her family chose the CDS option, and her mom is her DR. The individual can not carry out any of the responsibilities of an employer. Is it appropriate for the mom to be the DR?**

   **A:** It is appropriate for the mom to be the DR.

9. **Q: If the DR has a criminal background, is there a specific conviction that automatically makes them ineligible?**

   **A:** The types of convictions that bar a person from serving as a DR are the same as those that would bar an individual from being a provider in HCS or any other
Medicaid program. The list of convictions can be found at the Texas Health and Safety Code, §250.006 (relating to Convictions Barring Employment):
http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm
It is the Consumer Directed Services Agency’s (CDSA) responsibility to run the criminal history check.

10. **Q:** I have been told in the past that even if the prospective employee does not pass a background check, the employer has the option to still use the prospective employee for service delivery. Is this correct?
   **A:** No. Any provider of an HCS service, delivered either through the program provider or the CDS option, must be a qualified service provider according to the HCS or TxHmL billing guidelines and Health and Safety Code, Chapter 250.

11. **Q:** Would it be okay for an individual using CDS to have a relative be the employee providing services if they live on the same property, but not in the same home? The relative is a niece of the individual and lives in a travel trailer on the same property.
   **A:** Yes. If the niece meets all other qualifications for a service provider and does not live in the same “residence”, the niece may be the employee.

12. **Q:** Please clarify if there is a difference between a support advisor and support consultation
   **A:** A support advisor delivers the service called support consultation. Support consultation is the service provided.

13. **Q:** Does every person using the CDS option have to have a CDSA?
   **A:** Yes.

14. **Q:** Is there compensation for the parents or individuals that choose the CDS option?
   **A:** No, there is no compensation for the parent or individual who chooses CDS.
15. **Q: What happens if there is leftover money from an Individual Plan of Care (IPC)?**

   **A:** At the end of the IPC year, if there is money remaining from services that have not been used, that money is no longer available. If there are funds remaining from hours that have been worked and a bonus was budgeted, then a bonus can be paid.

16. **Q: If an individual chooses the CDS option and finds that he or she does not like the CDS option, is there a waiting period before they can go back to the agency option?**

   **A:** No. There is only a 90 day waiting period for an individual who wants to return to the CDS option. The “90 day rule”, which is the time frame an individual who leaves the CDS option must wait to return to the CDS option, applies just to the CDS option.

17. **Q: Is there a fee for switching between the CDS option and a program provider?**

   **A:** There is no fee for transfer between service delivery options.

18. **Q: If an individual loses the CDS option will they have to choose a provider or will they lose all services?**

   **A:** The individual will have to choose a provider agency if they are terminated from the CDS option.

19. **Q: If an individual who uses the CDS option loses Medicaid, is it the responsibility of the service coordinator and/or the employer to reinstate Medicaid?**

   **A:** The service coordinator should assist the individual with reinstating Medicaid, regardless of service delivery options.
20. **Q**: Is there a limit to Supported Home Living (SHL) hours a consumer can get?  
   A: SHL hours that are in place for the HCS or TxHmL programs remain the same, whether an individual chooses the CDS option or not.

21. **Q**: If an individual is receiving 1000 hours of SHL and is requesting more hours, what is the limit?  
   A: A request for additional hours must be justified. Program Enrollment will follow procedures and will review if there is a need to increase services. The outcome will depend on the supportive documentation requested by DADS Program Enrollment. It is the employer’s responsibility to provide documentation. The service coordinator, if requested by the employer, should assist with providing the required information.

22. **Q**: What are the maximum hours for respite for the CDS option?  
   A: The CDS option does not change the maximum hours of respite that are in place for the HCS or TxHmL program.

23. **Q**: I know HCS respite is limited to 300 hours, but is there a limit for respite in TxHmL?  
   A: There are two service categories with spending limits in the TxHmL Program: Community Living ($13,600) and Professional and Technical Supports ($3,400). Respite is included in the Community Living service category. The spending limit for respite may be increased up $17,000 annually based on the individual’s needs. Please note that the TxHmL Individual Plan of Care (IPC) limit is currently $17,000 per year.
24. Q: I have a mother/LAR who wants her child to attend camp. I had told her that day hab hours can be used to assist with camp. She does not want to use a provider. I spoke to the CDSA to see what other options are available. The CDSA told me that respite hours could be used to assist with camp. Is this accurate?

A: Although this is a billing question, this issue has caused confusion with service coordinators and CDSAs. According to the HCS and TxHmL billing guidelines, respite hours cannot be used to pay for camp. In HCS/TxHmL, camp can be paid for through day habilitation. In other programs, such as CLASS, respite hours can be used for camp. The service coordinator can remind the CDSA that the program rules define the services. The service coordinator can refer the CDSA to:

a. the HCS Billing Guidelines at http://www.dads.state.tx.us/handbooks/hcsbg/ or
b. the TxHmL Service Definitions and Billing Guidelines at http://www.dads.state.tx.us/handbooks/txhmldbgs/3000/index.htm

25. Q: Please clarify if nursing services are allowed in the IPC plan for CDS?

A: There are only two services in HCS that may be self-directed, supported home living and respite. All services in TxHmL may be self-directed, including nursing services.

26. Q: Does the individual use the agency option for other services such as dental or adaptive aids in the HCS program?

A: Yes. If an individual needs services other than supported home living and respite, they must use the provider agency option for those services.

27. Q: Where does money for benefits, such as insurance and workers’ compensation come from?

A: Money comes from the self-directed services in the IPC budget. Ninety percent of the budget must go to compensation, which includes wages and
benefits. One benefit may be workers’ compensation if the employer wishes.

28. **Q: Who pays unemployment?**
   A: This is set up paid by the CDSA.

29. **Q: Can the employer be required to pay back any funding not meeting State requirements?**
   A: Yes, if a fraud investigation finds that funds were spent not in compliance with State requirements, the Office of the Investigator General (OIG) may require that the employer pay back funds to the State.

**Roles and Responsibilities:**

30. **Q: Who is responsible for the implementation plan if an individual has an agency provider and a CDSA?**
   A: The agency provider is responsible only for the services it will be providing. An individual works with a CDSA to implement self-directed services.

31. **Q: How is the funding amount figured for each individual?**
   A: The service planning team determines the service units that will be placed on the IPC based on the individual’s needs. Once the IPC is entered into the Client Assignment and Registration system (CARE), the system will calculate the funds for each service. See CARE Screen C62. The IPC is subject to DADS authorization.

32. **Q: How does the begin date of services work when there are so many steps that we have to go through?**
   A: The IPC begin date is determined by the service planning team. For the CDS delivery option, the individual will usually begin receiving services through the CDS option sometime after the IPC begin date. This period of time allows for the CDSA to train the employer, for the CDSA and the employer to develop the
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budget, and for the employer to complete the recruiting, hiring, and training processes.

33. Q: If the individual or LAR chooses the CDS option, who completes the annual renewal for the Individual Plan of Care (IPC), the MRRC assessment, and the ICAP assessment when they are due?

A: Upon enrollment in HCS or TxHmL the service coordinator is responsible for the IPC, MRRC, and ICAP. For TxHmL, the service coordinator is responsible for completing the IPC renewal, MRRC, and ICAP when they are due. For HCS, if the individual chooses to self-direct some of their services but also has a provider agency, then the provider agency is responsible for completing the IPC renewal, MRRC, and ICAP when they are due. If the individual chooses to only self-direct their services (no provider agency involved), then the service coordinator is responsible for completing the IPC renewal, MRRC, and ICAP when they are due.

34. Q: When the MRRC is about to expire, how soon does the service coordinator have to complete it?

A: Please see HCS Rule Section 9.161 (b), which directs the provider to electronically transmit to DADS a completed MRRC assessment before the expiration of the current MRRC. Because there is no provider, the service coordinator would be responsible for this activity within the same time frame.

35. Q: What happens if the MRRC lapses? Does this completely stop the service plan? Does this affect the CDSA as well? What needs to be done if this happens?

A: The process for a lapsed LOC is found in HCS Rule 9.162. The service coordinator may also call the DADS Program Enrollment contact for direction. The DADS Program Enrollment contacts are listed in the Provider-based Caseload Directory and available at:

http://www.dads.state.tx.us/providers/guidelines/providercaseload.html
36. **Q:** Who is responsible for putting information on the IPC regarding CDS selection, and who monitors these services?

**A:** The service coordinator ensures the CDS services are on the IPC. The service coordinator monitors whether the services are being delivered and if the services are meeting the individual’s needs.

37. **Q:** Who is responsible for Data Entry into CARE?

**A:** For the TxHmL Program, the MRA is responsible for data entry into CARE. For the HCS Program, the IPC is completed and entered into CARE by the service coordinator if there is no provider agency providing any services. If the individual is receiving other HCS services through an agency provider, the agency provider completes and enters the IPC. The service coordinator provides the CDS information to the provider to include on the IPC before it is entered into CARE by the agency provider.

38. **Q:** Can a revision be done via telephone to increase or decrease a service on the CDS option only? Can a signature be obtained later?

**A:** If the individual does not have a provider agency because he or she is only receiving services through the CDS option, then the IPC revision to increase or decrease a service may be done over the telephone and the service coordinator may obtain a signature from the individual or LAR later. For the HCS Program, if the individual is also receiving services through the provider agency option, then the IPC revision information in the HCS handbook at Section 6400 is followed: [http://www.dads.state.tx.us/handbooks/hcs/6000/6000.htm#sec6400](http://www.dads.state.tx.us/handbooks/hcs/6000/6000.htm#sec6400)

39. **Q:** I am having an issue with the IPC being placed on hold for CDS services due to the Authorized Amount on the IPC exceeding the amount authorized in CARE. What steps do I need to take in resolving this issue?

**A:** You should call your DADS Program Enrollment (PE) contact to resolve this issue. The DADS Program Enrollment contacts are listed in the Provider-based Caseload Directory and available at: [http://www.dads.state.tx.us/providers/guidelines/providercaseload.html](http://www.dads.state.tx.us/providers/guidelines/providercaseload.html)
40. **Q**: If further assistance is needed with completing the IPC, who could we contact for help?  
   **A**: This will depend on what type of assistance is needed. Please refer to the HCS handbook, your supervisor, or call Program Enrollment at DADS.

41. **Q**: Does the CDSA need a copy of the IPC, MRRC, and ICAP?  
   **A**: The CDSA only needs a copy of the IPC.

42. **Q**: Is the CDSA involved in the Individual Plan of Care (IPC) renewal or development of the Person Directed Plan (PDP)?  
   **A**: No. The CDSA provides Financial Management Services (FMS) only and is not involved in service planning activities.

43. **Q**: Where can we obtain a CDSA listing for our local area?  
   **A**: [www.dads.state.tx.us/services/cds/index.html](http://www.dads.state.tx.us/services/cds/index.html)  
   On the left, click on “Consumer directed service agencies” and choose the waiver program. Choose the county of your local area on the drop down menu and click on the “Search for CDSAs” button.

44. **Q**: Are the CDS agencies divided within regions?  
   **A**: Agencies contract regionally but can serve individuals in any region in the state.

45. **Q**: The agency provider usually requires the SHL and respite provider to write progress notes and keep up with time. Does the CDS employer need to have the SHL and respite employee keep up with documentation, also? If so, does the CDSA provide these progress note forms or will the employer have to create their own progress notes that the SHL or respite employee has to complete?  
   **A**: The CDS employer must require of its employees the same things a provider agency requires of its employees, such as: documenting progress notes and time
sheets. Form 1745, CDS Service Delivery Log with Written Narrative/Written Summary, is used for the CDS employer/employee for this purpose. Form 1745 is on the DADS website.

46. **Q:** Does the employer/employee turn paperwork (staff notes) into the CDSA?

   **A:** Yes, the instructions for Form 1745 states “The CDS employer sends the original form to the CDSA and keeps a copy.”

47. **Q:** Since the employer is responsible for making sure that the employee does their job, does the employee still have to keep staff notes? If so, who keeps those and who would be audited for those?

   **A:** The employer keeps a copy of the documentation since the CDS employer is responsible for approving the time sheet. Although a routine audit is not conducted, the employer would be responsible for providing supporting documentation for any future DADS oversight (e.g., utilization review).

48. **Q:** How does a service coordinator access the CDSA quarterly report?

   **A:** The CDSA is responsible for sending this report to the service coordinator and the employer.

49. **Q:** How does the CDSA quarterly report compare to the C73 screen in CARE?

   **A:** The quarterly report is only going to report the services provided through CDS. The C73 screen will report ALL services provided to the individual through the program.

50. **Q:** Are we are required to go over the CDSA quarterly reports?

   **A:** CDSAs are required to provide a report to the service coordinator. The service coordinator should review this report with the employer. It is a useful monitoring tool that contains available data to determine whether services are meeting the individual's needs.
51. Q: I am not familiar with Form 1740, Service Backup Plan. Can you give some examples of when a backup plan would be needed and what that plan would be? If a backup plan is not needed, does Form 1740 still get sent to the CDSA? I see there is a place for the CDSA to sign the form. Can we get the signature by fax and have it returned to file?
A: An employer is required to have and implement a service backup plan if identified by the service planning team as a critical service to the health and safety of the individual.
Section 13121 of the HCS Handbook provides directions:
http://www.dads.state.tx.us/handbooks/hcs/13000/13000.htm#sec13121
The CDSA’s signature on the Form 1740 may be obtained by fax. However, if a backup plan is not needed, then Form 1740 is not sent to the CDSA.

52. Q: Who provides the support consultation?
A: A support advisor. There is a list of support advisors on the DADS website:
http://www.dads.state.tx.us/providers/cds/advisors.cfm

53. Q: Does the service coordinator need to identify support consultation and financial management services on the Person Directed Plan (PDP) since they are on the IPC?
A: Support consultation must be included on the PDP and the IPC.