April 24, 2015

To: Home and Community-based Services Program Providers
Texas Home Living Program Providers
Local Intellectual and Developmental Disabilities Authorities
Financial Management Services Agencies

Subject: Information Letter No. 2015-28
Implementation of Community First Choice in Home and Community-based Services or Texas Home Living Programs

The purpose of this information letter (IL) is to inform Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers and local intellectual and developmental disabilities authorities (LIDDA) about the implementation of the Community First Choice (CFC) benefit for individuals in the HCS and TxHmL programs, effective June 1, 2015. This letter does not address CFC services through the consumer directed services (CDS) option or through Medicaid managed care. Requirements regarding CFC services delivered through the CDS option are addressed in IL 2015-29.

For your convenience, a table of contents for this letter is set forth below:

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Introduction

CFC is a state plan benefit governed by Code of Federal Regulations (CFR), Title 42, Chapter IV, Subchapter C, Part 441, Subpart K, regarding Home and Community-Based Attendant Services and Supports State Plan Option (Community First Choice) that provides certain services and supports to individuals living in the community, including individuals in the HCS and TxHmL programs. CFC services are Medicaid state plan services, not waiver services.
Important Things to Know About CFC

1. The CFC benefit offers CFC personal assistance services (PAS), CFC Habilitation (HAB), CFC emergency response services (ERS), and CFC support management services.
2. For HCS and TxHmL, the CFC services of PAS and HAB are combined into one CFC service, CFC PAS/HAB, which is considered the same service as supported home living (SHL) in HCS and community support (CS) in TxHmL.
3. All of the tasks and activities delivered through SHL or CS will be delivered through CFC PAS/HAB.
4. ERS will be provided through CFC ERS, not as an adaptive aid.
5. The reimbursement rate for CFC PAS/HAB will be the same as the current HCS SHL and TxHmL CS reimbursement rates.
6. Individuals receiving host home/companion care, supervised living, or residential support will not receive CFC services.
7. Service provider qualifications are expanded to allow for qualified service provider of CFC PAS/HAB to live in the same home as the individual receiving CFC PAS/HAB.
8. CFC PAS/HAB and CFC ERS will not be included in the calculation of the individual plan of care (IPC) annual cost for the HCS and TxHmL Program services. However, the CFC service costs will be included separately on the IPC.
9. Electronic visit verification (EVV) will not apply to HCS and TxHmL program providers delivering CFC services to individuals enrolled in HCS and TxHmL.
10. Individuals in the HCS and TxHmL Programs will not receive personal assistance services through the Health and Human Services Commission (HHSC) Medicaid benefit of Personal Care Services (PCS). Services currently provided to individuals through PCS will be transitioned over to CFC PAS/HAB. The individual’s HCS or TxHmL provider will be responsible to provide for all of the individual’s personal attendant service and habilitation needs. More information about the transition of PCS to CFC PAS/HAB will be provided at a later date.

Services Offered Under the CFC Benefit

In accordance with the state plan amendment approved by the Centers for Medicare & Medicaid services (CMS) and rules of the HHSC at 1 Texas Administrative Code (TAC) Chapter 354, Subchapter A, Division 27 (relating to Community First Choice), CFC offers the following services:

1. **CFC personal assistance services (PAS)** - Services that provide assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), as defined in 42 CFR §441.505, through hands-on assistance, supervision, and/or cueing. Such assistance is provided to an individual in performing ADLs and IADLs based on the individual’s person-centered service plan. CFC personal assistance services include:
   A. non-skilled assistance with the performance of the ADLs and IADLs;
   B. household chores necessary to maintain the home in a clean, sanitary, and safe environment;
C. escort services, which consist of accompanying, but not transporting, and assisting an individual to access personal assistance services or activities in the community; and
D. assistance with health-related tasks as defined in 42 CFR §441.505.

2. **CFC habilitation (HAB)** - Acquisition, maintenance, and enhancement of skills necessary for an individual to accomplish ADLs, IADLs, and health-related tasks. CFC habilitation is provided to allow an individual to reside successfully in a community setting by assisting the individual to acquire, retain, and improve self-help, socialization, and daily living skills or assisting with and training the individual on ADLs and IADLs. Personal assistance may be a component of CFC habilitation for some individuals’ ADLs. CFC habilitation includes habilitation training, which is interacting face-to-face with an individual, to train the individual in activities such as:
   A. self-care;
   B. personal hygiene;
   C. household tasks;
   D. mobility;
   E. money management;
   F. community integration, including how to get around in the community;
   G. use of adaptive equipment;
   H. personal decision making;
   I. reduction of challenging behaviors to allow individuals to accomplish ADLs, IADLs, and health-related tasks; and
   J. self-administration of medication.

3. **CFC emergency response services (ERS)** - Electronic devices to ensure continuity of services and supports. These services are available for individuals who live alone, who are alone for significant parts of the day, or have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

4. **CFC support management services** - Voluntary training on how to select, manage, and dismiss attendants.

Health-related tasks, in accordance with state law, include tasks delegated by a registered nurse, health maintenance activities, and extension of therapy. An extension of therapy is an activity that a speech therapist, physical therapist or occupational therapist, instructs the individual to do as follow-up to therapy sessions. If appropriate, the individual’s attendant can assist the individual in accomplishing such activities with supervision, cueing and hands-on assistance.

Respite is not a service covered under CFC. Respite will still be provided as a waiver service.
**Impact of CFC in the HCS and TxHmL Waiver Programs**

For the HCS and TxHmL programs, the CFC services of PAS and HAB are combined into one CFC service, CFC PAS/HAB. An individual receiving host home/companion care, residential support, or supervised living in the HCS Program may not receive CFC PAS/HAB.

DADS rules at 40 TAC §9.159 and §9.558 require that an individual use non-waiver services, such as CFC services, before using an HCS or TxHmL service. Because of this requirement:

- if an individual in the HCS Program needs services similar to SHL, the HCS Program provider must provide CFC PAS/HAB to the individual instead of SHL;
- if an individual in the TxHmL Program needs services similar to CS, the TxHmL Program provider must provide CFC PAS/HAB to the individual instead of CS; and
- if an individual in the HCS or TxHmL Program needs services similar to an emergency response system adaptive aid, the HCS or TxHmL Program provider must provide CFC ERS to the individual instead of providing ERS as an adaptive aid.

**Program Provider and Service Coordinator Responsibilities related to Implementation of CFC**

**Individual Plans of Care (IPC) Effective before June 1, 2015**

- For an individual whose IPC is effective before June 1, 2015 and includes SHL or CS, DADS will automatically convert unbilled SHL and CS on the IPC to CFC PAS/HAB in the Client Assignment and Registration (CARE) system on June 1, 2015.
- For SHL and CS provided before June 1, 2015, but not billed through the CARE system, the program provider must convert the CFC PAS/HAB units back to SHL or CS for billing purposes using the C30 screen in CARE. Instructions on how to make these conversions are on page 9 of this letter.
- For an individual whose IPC is effective before June 1, 2015, the IPC and implementation plan must be updated on or before the effective date of the next renewal. If a plan revision requires changes to SHL or CS, the revised IPC must reflect utilized units of SHL or CS prior to June 1, 2015, and remaining units as CFC PAS/HAB for dates of service June 1, 2015 and later.
- An updated person-directed plan (PDP) is required on or before the effective date of:
  - the next renewal IPC; or
  - a revised IPC if an HCS or TxHmL service is being added to the IPC.
- For an individual whose IPC is effective before June 1, 2015, and includes an emergency response system as an adaptive aid, the IPC may continue to include this service until the IPC is renewed or revised on or after June 1, 2015. At the point of renewal or revision on or after June 1, 2015, the provider will be able to add CFC ERS to handle billing of emergency response system as a separate service instead of continuing to bill this service as adaptive aid.
IPC's Effective on or after June 1, 2015

For an applicant enrolling in the HCS or TxHmL Program whose initial IPC is effective on or after June 1, 2015, the HCS or TxHmL service coordinator must:

- if the applicant needs CFC PAS/HAB, ensure the IPC includes CFC PAS/HAB and does not include SHL or CS; and
- if the applicant needs CFC ERS, ensure CFC ERS is on the IPC and does not include ERS as an adaptive aid.

The CARE system will display CFC PAS/HAB in the L02 and C02 IPC data entry screen beginning May 1, 2015, to enable service coordinators and providers to begin service planning 30 days before CFC implementation.

SHL or CS with a service delivery date before June 1, 2015 will remain on an IPC after June 1, 2015; however, CARE will not accept units of SHL or CS for service delivery dates on or after June 1, 2015.

Determination of Need for CFC Services, Inclusion on PDP, and Development of Implementation Plan

- The service coordinator must ensure that the service planning team (SPT) determines whether the individual needs CFC PAS/HAB using the person-directed planning process in the same manner as the SPT would have determined a need for SHL or CS. The SPT also determines the individual’s need for CFC ERS services based on the definition of CFC ERS in this letter. If the SPT determines that the individual needs CFC PAS/HAB or CFC ERS, the service coordinator must include the service on the PDP as if the service were an HCS or TxHmL Program service.
- If CFC PAS/HAB or CFC ERS is included on the individual’s PDP, the service must be included on the individual’s IPC as described above under the previous two headings.
- If CFC PAS/HAB or CFC ERS is included on an authorized IPC, the program provider must develop an implementation plan for the service and provide the CFC PAS/HAB or CFC ERS in accordance with the implementation plan as if the service were an HCS or TxHmL Program service.

Cost of CFC Services Not Included in IPC Cost for HCS or TxHmL Program Services

The cost of CFC PAS/HAB and CFC ERS is not included in the total IPC cost as described in 40 TAC §9.155(a)(3), §9.556(a)(4), and §9.558(d). However, the cost of the CFC services will be included in a separate location on the IPC.

Provision of CFC Support Management

If an individual in the HCS or TxHmL Program is receiving CFC PAS/HAB and would like training on how to select, manage and dismiss attendants, the program provider must provide CFC
support management to the individual by providing information developed by DADS and will be available on the DADS website by June 1, 2015.

Service Provider Requirements

Requirements Regarding Service Providers of CFC PAS/HAB and CFC ERS

- Except as provided below, a program provider must ensure that a service provider of CFC PAS/HAB services:
  - is at least 18 years of age;
  - has:
    - a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma; or
    - documentation of a proficiency evaluation of experience and competence to perform the job tasks that includes:
      - a written competency-based assessment; and
      - at least three written personal references from persons not related by blood that indicate the ability to provide a safe, healthy environment for the individuals being served;
  - is not the parent of an individual who is under 18 years of age or the spouse of an individual; and
  - meets any other qualifications requested by the individual or legally authorized representative (LAR) based on the individual’s needs and preferences.
- Unlike a service provider for SHL or CS, a service provider of CFC PAS/HAB may live in the same residence as the individual.
- An HCS or TxHmL Program provider must, if requested by an individual:
  - allow the individual to train a CFC PAS/HAB service provider in the specific assistance needed by the individual and to have the service provider perform CFC PAS/HAB in a manner that comports with the individual’s personal, cultural, or religious preferences; and
  - ensure a CFC PAS/HAB service provider attends training provided by or through HHSC or DADS so that the service provider can meet any additional qualifications desired by the individual.
- An HCS or TxHmL Program provider, to provide CFC ERS, must:
  - be licensed as a personal emergency response system provider in accordance with 25 TAC Chapter 140, Subchapter B (relating to Personal Emergency Response System Providers); or
  - contract with a personal emergency response system provider licensed in accordance with 25 TAC Chapter 140, Subchapter B.

Compliance Requirements

Compliance with HCS and TxHmL Program Rules
Except as provided in the third bullet in this section, an HCS or TxHmL Program provider and service coordinator must comply with 40 TAC Chapter 9, Subchapters D or N, as if CFC PAS/HAB and CFC ERS are HCS or TxHmL Program services, including:

- in accordance with 40 TAC §9.177 (a) and §9.579(a), ensuring the continuous availability of trained and qualified service providers;
- in accordance with 40 TAC §9.177 (b)(1) and §9.579(c), employing or contracting with a person or entity of the individual or LAR’s choice;
- in accordance with 40 TAC §9.177 (d)(1) and §9.579 (d)(1), conducting initial and periodic training that ensures service providers are qualified to deliver services as required by the current needs and characteristics of the individual;
- in accordance with 40 TAC §9.190(e)(19), notifying the program provider if the service coordinator becomes aware that an emergency necessitates the provision of an HCS Program service to ensure the individual’s health and safety and the service is not on the IPC; and
- in accordance with 40 TAC §9.190(e)(25) and 40 TAC §9.583(k)(9), managing the process to transfer the individual’s HCS or TxHmL Program services from one program provider to another or one FMSA to another.

Except as provided in the third bullet in this section, an HCS or TxHmL Program provider and service coordinator must comply with 40 TAC Chapter 9, Subchapters D or N, as if CFC PAS/HAB is HCS SHL or TxHmL CS, including but not limited to:

- in accordance with 40 TAC §9.158(l)(7)(A)(ii) and §9.567(d)(7)(A), informing an applicant that needs CFC PAS/HAB, of the consequences of a refusal to include nursing units on an initial proposed IPC to perform an initial nursing assessment;
- in accordance with 40 TAC §9.174(d) and §9.578(s), not providing CFC PAS/HAB to an individual if the individual or LAR refuses a nursing assessment unless certain conditions are met; and
- in accordance with 40 TAC §9.168(a) and §9.567(b), informing an applicant whose IPC includes CFC PAS/HAB of the applicant’s right to participate in the CDS option.

An HCS or TxHmL Program provider, service coordinator, or LIDDA is not required to comply with the following provisions of 40 TAC Chapter 9, Subchapters D or N regarding CFC PAS/HAB and CFC ERS:

- 40 TAC §9.157 regarding maintenance of the HCS Program interest list (there is no interest list for CFC services);
- 40 TAC §9.174(a)(33) regarding the provision and definition of supported home living (instead, CFC PAS/HAB must be provided in accordance with this IL);
- 40 TAC §9.555(a)(1) regarding the definition of community support (instead, CFC PAS/HAB must be provided in accordance with this IL); and
- 40 TAC §9.158(l)(11) regarding informing an applicant or LAR of the reasons HCS Program services may be terminated (instead, a service coordinator must also inform an applicant or LAR that CFC PAS/HAB and CFC ERS may be terminated if the individual no longer meets the eligibility criteria described 1 TAC §354.1362);

Other provisions in 40 TAC Chapter 9, Subchapters D and N regarding the operation and oversight by DADS of the HCS and TxHmL Programs apply as if CFC PAS/HAB and CFC ERS are HCS or TxHmL Program services.
Compliance with Chapter 49

As a reminder, a contractor for the HCS or TxHmL Program must comply with Chapter 49 of this title, Contracting For Community Services, regarding all services provided, including CFC services. For example, an HCS or TxHmL Program provider must comply with:

- 40 TAC §49.304(b)-(f), Background Checks, regarding applicants and service providers of CFC PAS/HAB and CFC ERS;
- 40 TAC §49.310(3), Abuse, Neglect, and Exploitation Allegations, regarding service providers of CFC PAS/HAB and CFC ERS;
- 40 TAC §49.305, Records, regarding development and maintenance of records for CFC services; and
- 40 TAC §49.312, Personal Attendants, regarding payment of a base wage to service providers of CFC PAS/HAB.

Compliance with HCS and TxHmL Program Information Letters and the HCS Handbook

HCS and TxHmL Program providers and LIDDAs must comply with DADS ILs and the HCS Handbook as if CFC PAS/HAB and CFC ERS are HCS or TxHmL Program services. Some portions of the HCS Handbook are applicable to the TxHmL program.

Billing and Rates

Billing and Reimbursement Rates for CFC PAS/HAB and CFC ERS

An HCS or TxHmL Program provider must comply with the CFC Billing Guidelines for HCS and TxHmL Program providers. The reimbursement rate for CFC PAS/HAB will be the same as the current HCS SHL and TxHmL CS reimbursement rates. The ERS rate is a cost ceiling and is currently $29.76 (once per month). Therefore, HCS and TxHmL Program providers must bill the actual amount paid for CFC ERS, which may be no more than $29.76. If the program provider contracts for the provision of CFC ERS, the actual monthly cost is the amount the program provider paid the contractor for CFC ERS. The current rates, as established by HHSC, can be found here.

Use of the C30 CARE Screen for Billing SHL and CS Units Before June 1, 2015

On June 1, 2015, CARE will automatically convert SHL and CS to the service codes listed below. Program providers will not be able to claim SHL or CS with a service delivery date of June 1, 2015 or later.

Program providers must comply with the following to bill for SHL and CS delivered before June 1, 2015:
- The program provider accesses CARE screen C30 to convert CFC PAS/HAB service authorizations back to SHL or CS.
The program provider enters the individual’s CARE Client ID or their assigned Local Case Number into the appropriate fields and hits “enter” on the keyboard.

The screen displays fields for CFC PAS/HAB and SHL (for HCS) or CS (for TxHmL). These fields are pre-populated with the current amount of units authorized for each service. The amounts in these fields can be changed to allow the program provider to adjust units between CFC PAS/HAB and SHL or CS, as appropriate.

The sum of the two categories must equal the total amount authorized. If the sum of the two categories is not equal to the total amount authorized, an error message will appear stating such. The program provider is prevented from finalizing the adjustment until the sum equals the total amount authorized.

After the amounts are appropriately adjusted, the program provider hits “enter” on the keyboard to finalize the change.

**HCS/TxHmL New Service Codes (ID CARE)**

The service codes associated with the new CFC services are:
- CFPH - CFC PAS/HAB
- CFPHV - CFC CDS PAS/HAB
- CFERS - CFC ERS
- CFFMS - CFC Financial Management Service
- CFSCV - CFC Support Consultation

**Eligibility Requirements/Fair Hearings**

**Eligibility for CFC Services**

An individual is eligible for CFC services provided by an HCS or TxHmL program provider if the individual meets the criteria described in:
- 40 TAC §9.155(a) or §9.556(a);
- 1 TAC §354.1362; and
- the next two headings.

An individual’s diagnostic and functional eligibility for CFC services is determined based on information from eligibility assessments and documented in the Intellectual Disability/Related Conditions assessment Form 8578.

**Requirement for Provision of One HCS or TxHmL Service for All Individuals Receiving HCS or TxHmL Program Services**

In accordance with federal requirements, an individual must, in addition to meeting other eligibility criteria for the HCS or TxHmL Program, must receive at least one HCS or TxHmL service annually. In addition, an individual must receive an HCS or TxHmL service monthly or receive monthly monitoring to be eligible for the HCS or TxHmL Program. For example, if an individual receiving CS or SHL and dental begins receiving CFC PAS/HAB services, the individual will be eligible for the HCS or TxHmL Program if the individual receives a dental treatment and monthly
service coordination.

A service coordinator must inform an applicant or individual or LAR of the eligibility criteria described under this heading as follows:

- for an applicant, during the enrollment process; and
- for an individual or LAR, as soon as possible, but no later than 90 calendar days after June 1, 2015, and annually thereafter.

**Monthly HCS/TxHmL Service Requirement for Individuals Receiving CFC Services with Medical Assistance Only (MAO) Medicaid.**

Individuals receiving Supplemental Security Income (SSI) benefits are categorically eligible for SSI Medicaid. Medicaid recipients not certified for SSI Medicaid are classified as Medical Assistance Only (MAO) Medicaid recipients. In addition to the requirements under the previous heading, as a recipient of MAO Medicaid, the individual must at least monthly, receive an HCS or TxHmL Program service in order to be eligible for CFC services as required by 42 CFR §441.510(d). Monthly monitoring by a service coordinator is not an HCS or TxHmL program service and, therefore, does not meet this monthly requirement.

A service coordinator must inform an applicant or individual who receives MAO Medicaid (or the LAR of the applicant or individual) of the eligibility criteria described under this heading as follows:

- for an applicant, during the enrollment process; and
- for an individual or LAR, as soon as possible, but no later than 90 calendar days after June 1, 2015, and annually thereafter.

**Fair Hearing**

An individual whose request for eligibility for CFC services is denied or an individual whose CFC services have been terminated, suspended, denied, or reduced by DADS, receives notice of the right to request a fair hearing in accordance with 1 TAC Chapter 357, Subchapter A (relating to Uniform Fair Hearing Rules). An individual who is enrolled in the HCS or TxHmL Program whose CFC services are terminated may be able to receive CFC services through Medicaid managed care.

**Service Coordinator and Program Provider Requirements**

**Person-Centered Service Planning Training Requirements**

A LIDDA must ensure that:

- service coordinators who are responsible for completion of the PDP, hired on or before June 1, 2015, complete person-centered service planning training delivered by the Institute for Person Centered Practices or other person-centered training developed and delivered in a manner approved by the HHSC within two years after June 1, 2015; and
• service coordinators who are responsible for completion of the PDP, hired after June 1, 2015, complete person-centered service planning training delivered by the Institute for Person Centered Practices or other person-centered training developed and delivered in a manner approved by the HHSC within two years after the hire date.

An HCS or TxHmL Program Provider must ensure that:
• employees or contractors responsible for completing functional needs assessments (i.e. implementation plan), hired on or before June 1, 2015, complete person-centered service planning training delivered by the Institute for Person Centered Practices or other person-centered training developed and delivered in a manner approved by the HHSC within two years after June 1, 2015; and
• employees or contractors responsible for completing functional needs assessments (i.e. implementation plan), hired after June 1, 2015, complete person-centered service planning training delivered by the Institute for Person Centered Practices or other person-centered training developed and delivered in a manner approved by the HHSC within two years after the hire date.

Requirement to Give Individuals or LARs Information About CFC

Before July 1, 2015, a service coordinator must give each individual or LAR receiving CFC PAS/HAB:
• a copy of the attached letter regarding CFC services; and
• an oral explanation of the information in the letter.

The letter may be securely emailed or mailed to the individual followed by a phone call or delivered to the individual during a quarterly review or other face-to-face meeting.

HCS and TxHmL Form Revisions

Revised forms

Based on the implementation of the CFC option, DADS has revised the following forms which are available for HCS at http://www.dads.state.tx.us/handbooks/hcs/forms/index.asp and for TxHmL at http://www.dads.state.tx.us/handbooks/txhml/forms/index.asp. The following forms will be available on May 1, 2015: 3608, 8582, 8665, 2125. The remaining forms will be available on June 1, 2015.

1. DADS Form 1742- Service Backup Plan for HCS and TxHmL
2. DADS Form 2121- Long Term Services and Supports
3. DADS Form 2125- Home and Community-based Services Implementation Plan
4. DADS Form 3608- Individual Plan of Care - Home and Community-based Services
5. DADS Form 3615- Request to Continue Suspension of Waiver Program Services
6. DADS Form 3616- Request for Termination of Waiver Program Services
7. DADS Form 3617- Request for Transfer of Waiver Program Services
8. DADS Form 4121- Supported Home Living/Community Supports  
9. DADS Form 8582- Individual Plan of Care - Texas Home Living  
10. DADS Form 8578- Intellectual Disability/Related Condition Assessment  
11. DADS Form 8665- Person-Directed Plan  

**Information Letters and Rule Changes**

As necessary, DADS will provide additional information regarding the implementation of the CFC option through ILs. Also, DADS will propose amendments to 40 TAC Chapter 9, Subchapters D and N, the HCS Program Billing Guidelines, the TxHmL Program Billing Guidelines and the HCS handbook and will develop CFC Billing Guidelines to address the requirements regarding CFC services described in this IL. DADS is planning webinars to continue educating program providers and service coordinators about CFC. As dates are determined, alerts will be sent via gov delivery and information posted on the DADS web pages dedicated to HCS and TxHmL program providers. For questions about the content of this IL, contact the CFC policy mailbox at CfcPolicy@dads.state.tx.us.

Sincerely,

[signature on file]                                         [signature on file]
Donna Jessee                                               Elisa J. Garza
Director                                                   Assistant Commissioner
Center for Policy and Innovation                            Access and Intake

Attachments
- Letter to Individuals in the Home and Community-based Services Program Receiving Supported Home Living
- Letter to Individuals in the Texas Home Living Program Receiving Community Support
April 24, 2015

To: Individuals in the Texas Home Living Program Receiving Community Support

Subject: New Medicaid Benefit – Community First Choice

The purpose of this letter is to let you know about a new Medicaid benefit, called Community First Choice (CFC), which begins June 1, 2015. CFC, which is not a waiver service, includes personal assistance services/habilitation (PAS/HAB), emergency response services (ERS), and support management. Because you are enrolled in the Texas Home Living (TxHmL) Program and receiving community support (CS) services, you do not need to take any action to receive CFC PAS/HAB. If you are interested in ERS or support management, ask your service coordinator for more information.

Starting June 1, 2015, you will receive PAS/HAB instead of CS. Your service provider will perform the same types of activities in providing PAS/HAB as he or she did in providing CS. PAS/HAB is also available through the consumer directed services (CDS) option.

If you have a button that you push for emergencies, this service is called ERS in the TxHmL Program. This service will continue as a benefit through CFC ERS.

Support Management is training on selecting, managing and dismissing a service provider.

**Important Things You Need to Know**

- CFC services will continue to be delivered through your TxHmL provider or if you use the CDS option to hire your own employees, you can continue to use the staff you have now.
- To be eligible for CFC services, you must receive at least one TxHmL service per month. Phone calls or visits from your service coordinator count as a TxHmL service if you receive Supplemental Security Income (SSI) benefits from the Social Security Administration. If you do not receive SSI benefits, talk with your service coordinator about monthly TxHmL services. DADS is required to share this information because it is a requirement under federal guidelines. DADS is committed to working with individuals, providers, and other stakeholders to ensure individuals remain eligible for their waiver services and CFC.
- The cost of your CFC services are not included in the cost of your TxHmL services.
- A person living in your home may provide CFC services if the person meets the qualifications.
Your service coordinator will contact you about this letter to answer any questions.

Sincerely,

[signature on file] [signature on file]

Donna Jessee Elisa J. Garza
Director Assistant Commissioner
Center for Policy and Innovation Access and Intake
April 24, 2015

To: Individuals in the Home and Community-based Services Program Receiving Supported Home Living

Subject: New Medicaid Benefit – Community First Choice

The purpose of this letter is to let you know about a new Medicaid benefit called Community First Choice (CFC), which begins June 1, 2015. CFC, which is not a waiver service, includes personal assistance services/habilitation (PAS/HAB), emergency response services (ERS), and support management. Because you are enrolled in the Home and Community-based Services (HCS) Program and receiving supported home living (SHL) services, you do not need to take any action to receive CFC PAS/HAB. If you are interested in ERS or support management, ask your service coordinator for more information.

Starting June 1, 2015, you will receive PAS/HAB instead of SHL. Your service provider will perform the same types of activities in providing PAS/HAB as he or she did in providing SHL. PAS/HAB is also available through the consumer directed services (CDS) option.

If you have a button that you push for emergencies, this service is called ERS in the HCS Program. This service will continue as a benefit through CFC ERS.

Support Management is training on selecting, managing and dismissing a service provider.

**Important Things You Need to Know**

- CFC services will continue to be delivered through your HCS provider or if you use the CDS option to hire your own employees, you can continue to use the staff you have now.
- To be eligible for CFC services, you must receive at least one HCS service per month. Phone calls or visits from your service coordinator count as an HCS service if you receive Supplemental Security Income (SSI) benefits from the Social Security Administration. If you do not receive SSI benefits, talk with your service coordinator about monthly HCS services. DADS is required to share this information because it is a requirement under federal guidelines. DADS is committed to working with individuals, providers, and other stakeholders to ensure individuals remain eligible for their waiver services and CFC.
- The cost of your CFC services are not included in the cost of your HCS services.
- A person living in your home may provide CFC services if the person meets the qualifications.
Your service coordinator will contact you about this letter to answer any questions.

Sincerely,

[signature on file]  [signature on file]

Donna Jessee  Elisa J. Garza
Director  Assistant Commissioner
Center for Policy and Innovation  Access and Intake
24 de abril de 2015

Para: Personas en el Programa de Servicios en el Hogar y en la Comunidad que reciben apoyo para vivir en casa

Asunto: Nuevo beneficio de Medicaid, Community First Choice

El motivo de esta carta es hacerle saber sobre un nuevo beneficio de Medicaid llamado Community First Choice (CFC), que comienza el 1 de junio de 2015. CFC, que no es un servicio opcional, incluye servicios de ayudante personal y de habilitación (PAS/HAB), servicios de respuesta a emergencias (ERS) y apoyo administrativo. Como usted está inscrito en el Programa de Servicios en el Hogar y en la Comunidad (HCS) y recibe servicios de apoyo para vivir en casa (SHL), no necesita tomar ninguna acción para recibir PAS/HAB de CFC. Si está interesado en ERS o apoyo administrativo, pídale más información a su coordinador de servicios.

A partir del 1 de junio de 2015, usted recibirá PAS/HAB en lugar de servicios de SHL. Su proveedor de servicios realizará el mismo tipo de actividades al brindarle PAS/HAB como las que realizaba cuando le brindaba servicios de SHL. Los PAS/HAB también están disponibles con la opción de Servicios Administrados por el Cliente (CDS).

Si tiene un botón que presiona para casos de emergencia, este servicio se llama ERS en el Programa de HCS. Este servicio seguirá siendo un beneficio por medio de ERS de CFC.

El apoyo administrativo es capacitación en cómo seleccionar, administrar y despedir a un proveedor de servicios.

Cosas importantes que debe saber

- El proveedor de HCS que tiene ahora le seguirá prestando los servicios de CFC o, si usa la opción de CDS para contratar a sus empleados, podrá seguir usando el personal que tiene ahora.
- Para calificar para servicios de CFC, tiene que recibir por lo menos un servicio de HCS por mes. Las llamadas telefónicas o visitas de su coordinador de servicios cuentan como un servicio de HCS si usted recibe beneficios de Seguridad de Ingreso Suplementario (SSI) de la Administración de Seguro Social. Si no recibe beneficios de SSI, hable con su coordinador de servicios sobre los servivicios mensuales de HCS. El DADS tiene la obligación de compartir esta información porque es un requisito de las reglas federales. El DADS se dedica a trabajar con personas, proveedores y otras partes interesadas para asegurarse de que las personas sigan calificando para los servicios opcionales y CFC.
- El costo de los servicios que recibe de CFC no se incluye en el costo de sus servicios de HCS.
Una persona que vive en su casa puede proporcionar servicios de CFC si satisface los requisitos.

Su coordinador de servicios se comunicará con usted para hablar de esta carta y contestar cualquier pregunta que tenga.

Atentamente

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Donna Jessee    Elisa J. Garza
Director        Assistant Commissioner
Center for Policy and Innovation  Access and Intake
24 de abril de 2015

Para: Personas que reciben apoyo comunitario del Programa de Texas para Vivir en Casa

Asunto: Nuevo beneficio de Medicaid, Community First Choice

El motivo de esta carta es hacerle saber sobre un nuevo beneficio de Medicaid llamado Community First Choice (CFC), que comienza el 1 de junio de 2015. CFC, que no es un servicio opcional, incluye servicios de ayudante personal y de habilitación (PAS/HAB), servicios de respuesta a emergencias (ERS) y apoyo administrativo. Como usted está inscrito en el Programa de Texas para Vivir en Casa (TxHmL) y recibe apoyo en la comunidad (CS), no necesita tomar ninguna acción para recibir PAS/HAB de CFC. Si está interesado en ERS o apoyo administrativo, pídale más información a su coordinador de servicios.

A partir del 1 de junio de 2015, usted recibirá PAS/HAB en lugar de servicios de CS. Su proveedor de servicios realizará el mismo tipo de actividades al brindarle PAS/HAB como las que realizaba cuando le brindaba servicios de CS. Los PAS/HAB también están disponibles con la opción de Servicios Administrados por el Cliente (CDS).

Si tiene un botón que presiona para casos de emergencia, este servicio se llama ERS en el Programa de TxHmL. Este servicio seguirá siendo un beneficio por medio de ERS de CFC.

El apoyo administrativo es capacitación en cómo seleccionar, administrar y despedir a un proveedor de servicios.

**Cosas importantes que debe saber**

- El proveedor de TxHmL que tiene ahora seguirá prestando los servicios de CFC o, si usa la opción de CDS para contratar a sus empleados, podrá seguir usando el personal que tiene ahora.
- Para calificar para recibir servicios de CFC, tiene que recibir por lo menos un servicio de TxHmL por mes. Las llamadas telefónicas o visitas de su coordinador de servicios cuentan como un servicio de TxHmL si usted recibe beneficios de Seguridad de Ingreso Suplementario (SSI) de la Administración de Seguro Social. Si no recibe beneficios de SSI, hable con su coordinador de servicios sobre los servicios mensuales de TxHmL. El DADS tiene la obligación de compartir esta información porque es un requisito de las reglas federales. El DADS se dedica a trabajar con personas, proveedores y otras partes interesadas para asegurarse de que las personas sigan calificando para los servicios opcionales y CFC.
- El costo de los servicios que recibe de CFC no se incluye en el costo de sus servicios de TxHmL.
Una persona que vive en su casa puede proporcionar servicios de CFC si satisface los requisitos.

Su coordinador de servicios se comunicará con usted para hablar de esta carta y contestar cualquier pregunta que tenga.

Atentamente

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Donna Jessee                                          Elisa J. Garza
Director                                              Assistant Commissioner
Center for Policy and Innovation                      Access and Intake