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# **CLASS and DBMD Quarterly Webinar**

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**Rachel Perez, CLASS/DBMD Lead  
and Lorenza Martinez, DBMD Policy Specialist**

# Objectives

## Policy

- CLASS/DBMD Form Updates
- CLASS IPC Revision Timeframes
- Employment First Discovery Tool
- DBMD Region 1 Providers needed

## EVV

- Key changes
- Home Health Care Services Expansion
- Other updates

## Rates

- CLASS & DBMD Provider Rate Increases

## UR

- Rate Changes
- CLASS & DBMD IPC/IPP Revisions

## CAPM

- Documenting Case Information CMA & DSA



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# CLASS Form Updates

Form 3621  
Individual Plan of  
Care (IPC)



Form 3621-T  
IPC Service  
Delivery Transfer  
Worksheet

- ★ Updated versions include 9/1/23 FMSA service rate (63V/ 63 CFV)
- ★ TAS Service Fee (53A) fields grayed out
- \* No IPC revisions are needed at this time



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[CLASS Forms](#)

# DBMD Form Updates

Form 6500  
Individual Plan of  
Care (IPC)  
DBMD/CFC



Form 6500-T  
IPC Service  
Delivery Transfer  
Worksheet

- ★ Updated versions include 9/1/23 FMSA service rate (63V/ 63 CFV)
- ★ TAS Service Fee (53A) fields grayed out
- \* No IPC revisions are needed at this time



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## HHS Regional Map

# CLASS IPC Revision Timeframes



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CMA becomes  
aware of need  
for revision

No more than 5  
business days later,  
CMA convenes SPT

CMA sends IPC  
forms to DSA

No more than 5  
business days later,  
DSA signs and returns  
forms to CMA

CMA receives  
IPC forms from  
DSA

30 calendar days prior  
to requested effective  
date, CMA submits IPC  
to HHSC



# Employment First Discovery Tool



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- Case managers in the CLASS/DBMD Programs must use the Employment First Discovery Tool (Form 8401) as part of the service planning process to explore an individual's desire to work.
- Effective November 14, 2023
- Resources:
  - [IL 2023-41 Employment First Discovery Tool](#)
  - [CLASS Forms](#)
  - [DBMD Forms](#)

Employment First Discovery Tool Webinar

[Register here for the webinar](#)

# EVV Policy Updates



- Updates from EVV regarding new delivery of Nursing, Occupational Therapy and Physical Therapy services
- CLASS and DBMD Handbook updates and the DBMD Program Manual
- Services effective date 1/1/2024





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# Thank You

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[CLASSPolicy@hhs.texas.gov](mailto:CLASSPolicy@hhs.texas.gov)  
[DBMDPolicy@hhs.texas.gov](mailto:DBMDPolicy@hhs.texas.gov)



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# **Electronic Visit Verification (EVV)**

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**Jordan Nichols, Deputy Associate Commissioner-MCS Operations Management**

**Patrick Kampman, Director EVV Operations**

**James Brady, EVV Contract Oversight and Finance Manager**

**Linda Pena, HHSC EVV Operations Manager**

**Alex Nicolas, EVV Contract Specialist**



# Contract Transition

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# Key Changes

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- One EVV vendor system instead of two.
- HHaXchange is the new EVV Vendor System.
- TMHP will oversee EVV proprietary systems and manage the Proprietary System Operator (PSO) onboarding process.



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# Visit Maintenance Requirements

HHSC is working on how to perform visit maintenance processes after the transition to the HHAeXchange Portal, including:

- Cutoff date for completing visit maintenance in the current EVV vendor systems is December 22, 2023
- Approach for handling visits after the cutoff date
- Historical visit maintenance capabilities/limitations in HHAeXchange
- Importing historical visits into HHAX



# **EVV Home Health Care Services Expansion**

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# Cures Act Home Health Care Services

[Home Health Care Services Required to Use EVV \(PDF\)](#)



**Nursing Services**



**Occupational Therapy**



**Physical Therapy**

# Cures Act Home Health Care Services (CLASS)



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Programs	Services	Service Delivery Options
<b>1915(c) Community Living Assistance and Support Services Waiver (CLASS)</b>	<ul style="list-style-type: none"><li>• Nursing Services provided in the member's own home/family home (Registered Nurse (RN); Licensed Vocational Nurse (LVN); Specialized RN; Specialized LVN)</li><li>• Occupational Therapy provided in the home</li><li>• Physical Therapy provided in the home</li></ul> <p>"Own home/family home" does not include Support Family Services or Continued Family Services.</p>	<ul style="list-style-type: none"><li>• Agency</li><li>• Consumer Directed Services (CDS)</li></ul>

# Cures Act Home Health Care Services (DBMD)



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Programs	Services	Service Delivery Options
<b>1915(c) Deaf Blind with Multiple Disabilities Waiver (DBMD)</b>	<ul style="list-style-type: none"><li>• Nursing Services provided in the member's own home/family home (RN; LVN; Specialized RN; Specialized LVN)</li><li>• Occupational Therapy provided in the home</li><li>• Physical Therapy provided in the home</li></ul> <p>"Own home/family home" does not include licensed assisted living facilities or licensed home health assisted living facilities.</p>	Agency

# EVV Compliance Reviews Grace Period for Home Health Care Services

**Jan. 1, 2024 – Dec. 31, 2024**

- EVV Compliance Reviews grace period for:
  - EVV Usage Reviews
  - EVV Landline Phone Verification Reviews
- **Note:** HHSC will be discontinuing free text reviews as a result of the new business rules and the new reason codes; free text reviews are not part of the grace period.
- If you do not meet any of the EVV compliance requirements during the compliance grace period, payers will not initiate enforcement action.



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# Other EVV Updates

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# EVV Claims Matching Resumes January 1



- This is a reminder that Electronic Visit Verification claims matching for all services required to use EVV will begin on Jan. 1, 2024. EVV claims with dates of service on or after January 1 that do not have an EVV visit match, will be denied.
- Email TMHP at [EVV@tmhp.com](mailto:EVV@tmhp.com) to request assistance with EVV claims mismatch results.
- Email EVV Operations at [EVV@hhs.texas.gov](mailto:EVV@hhs.texas.gov) for questions.



# HHSC EVV GovDelivery Notice Published in November 2023



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**November 10<sup>th</sup>, 2023** – [HHSC posted Updates to the Long-Term Care HCS and TxHML Bill Code Crosswalks for EVV Home Health Care Services Implementation.](#)

# Reminders: Preparing for EVV Cures Act Home Health Care Services Implementation

## HHCS Claims for EVV Required Services Must be Submitted to TMHP Starting Dec. 1

- Program providers and financial management services agencies (FMSAs) must submit all HHCS EVV claims to Texas Medicaid & Healthcare Partnership (TMHP) using TexMedConnect, or through Electronic Data Interchange (EDI) using a Compass 21 (C21) Submitter ID starting with dates of service on or after Dec. 1, 2023.
- Managed care organizations (MCOs) will reject any HHCS managed care claims with EVV services and dates of service on or after Dec. 1, 2023, back to the program provider and FMSA, directing them to submit the claim to TMHP for EVV claims matching.



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# Reminders: Prepare for EVV Cures Act Home Health Care Services Implementation

## Register for TexMedConnect

- To access TexMedConnect through the TMHP website you must already have an account. If you don't have an account, set one up using the information provided in the TMHP Website Security Provider Training Manual.
- Program providers and FMSAs that need help setting up C21 or CMS Submitter IDs should contact the EDI Help Desk at 888-863-3638, Option 4, or visit the TexMedConnect webpage for additional information.

# Reminders: Prepare for EVV Cures Act Home Health Care Services Implementation

## Complete Onboarding and EVV Portal Training by **December 31**

- Program providers and FMSAs must complete the following before December 31 to avoid impacts to EVV claims payment:
  - Onboard with the state-funded EVV vendor system, HHAeXchange by submitting the HHAeXchange Provider Onboarding Form.
  - Complete the TMHP Learning Management System (LMS) to complete annual EVV Portal training requirements.
  - Visit the TMHP EVV Training webpage for more information.



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# Reminders: Prepare for EVV Cures Act Home Health Care Services Implementation

## **EVV Home Health Care Services Practice Period:** **Oct. 1-Dec. 31, 2023**

- The practice period allows program providers and FMSAs, to practice using the EVV system, using the EVV Portal and submitting EVV claims before the Jan. 1, 2024, implementation date. EVV claims will be paid by the payers (HHSC or MCO) even if the EVV visit transactions do not match the EVV claims.
- Consumer Directed Services (CDS) employers can practice using the EVV system selected by their FMSA.
- Service providers and CDS employees can practice clocking in and clocking out using their program provider's or FMSA's selected EVV system, and the visit data will be transmitted to the EVV Aggregator.



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# Reminders: Prepare for EVV Cures Act Home Health Care Services Implementation

## EVV Claims Matching with Denials

- Effective Jan. 1, 2024, and after, when an HHCS EVV claim is submitted without a matching EVV visit transaction, the EVV claim will be denied. This applies to all program providers and FMSAs required to use an EVV system. Program providers and FMSAs will be able to view EVV claim match results in the EVV Portal.



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# EVV Resources Summary

- [HHSC EVV webpage](#)
  - [Sign up to receive EVV email updates](#)
  - [Next Steps and Timeline for Transition to New EVV Vendor System](#)
  - [Personal Care Services Required to Use EVV](#)
  - [Home Health Care Services Required to Use EVV](#)
  - [HHSC EVV Policy Handbook](#)
  - [Policies Effective Oct. 1, 2023 \(PDF\)](#)
  - [HHSC EVV Training Resources webpage](#)
  - [FAQs about the EVV HHCS Implementation \(PDF\)](#)

## HH AeXchange

- [Texas EVV Vendor Information Center](#)



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# Thank You

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**Please submit questions to:**  
**[EVV@hhs.texas.gov](mailto:EVV@hhs.texas.gov)**



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# **Post 88<sup>th</sup> Session CLASS & DBMD Provider Rate Increases**

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**Christin Durham, Reimbursement Analyst III  
Provider Finance Department (PFD)  
Long-Term Services and Supports (LTSS)  
Health and Human Services Commission (HHSC)**

# Post 88th Session: CLASS & DBMD Provider Rate Increases

## Presenters:

- Christin Durham, Reimbursement Analyst III
- Research, Development & Methodology Team
- **Community Attendant wage increase**
  - CLASS services affected
  - DBMD services affected
- **DBMD Case Management rate increase and unit change**



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# Community Attendant Wage Increase

- Article II, Rider 30(a) of 2024-25 General Appropriations Act (GAA) increased base wage for personal attendants from \$8.11 to \$10.60 per hour
- Appropriations for the 2024-25 biennium
  - \$773,185,216 in General Revenue
  - \$1,176,676,992 in Federal Funds
- PFD allocated appropriations to ensure attendant rate component of \$10.60 plus payroll taxes & benefits (PTB) factor of 10.75 percent for hourly attendant services



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# Community Attendant Wage Increase (cont.)



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## **CLASS services affected**

- In-Home Respite
- Habilitation (Hab) Transportation
- CFC Personal Attendant Services and Habilitation (PAS/Hab)

## **• DBMD services affected**

- Assisted Living
- Chore Services
- In-Home Respite
- Residential Habilitation/Hab Transportation
- CFC PAS/Hab



# DBMD Case Management

- Article II, Rider 29 of 2024-25 GAA appropriated funds for DBMD case management billing reform, including developing a monthly rate for the service (previously billed per hour)
- **Appropriations**
  - **Fiscal Year 2024**
    - \$181,994 in General Revenue
    - \$281,214 in Federal Funds
  - **Fiscal Year 2025**
    - \$184,588 in General Revenue
    - \$278,620 in Federal Funds
- Adopted monthly rate includes appropriated funds and resulted in a 217 percent rate increase (based on change in average monthly service cost per client)





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# Questions?

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**Contact HHSC PFD LTSS**

**[PFD-LTSS@hhs.texas.gov](mailto:PFD-LTSS@hhs.texas.gov)**



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# Rate Changes

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**CLASS/DBMD Utilization Review**

# Information Letter No. 2023-38

- HHSC approved increased attendant payment rates in CLASS and DBMD effective **September 1, 2023**.
- Payment rate information can be found on the [Provider Finance Department website](#).
- Action is required ONLY for authorized IPCs that include one or more of the following service codes:

Waiver Program	Service Code	Service Type
CLASS	10B	Habilitation - Prevocational Services
	10CFV	Consumer Directed Services (CDS) Community First Choice (CFC) Personal Assistance Services or Habilitation (PAS/HAB)
	11PV	Respite In-Home (CDS Option)
	48V	Transportation - Habilitation
DBMD	11PV	Respite In-Home (CDS Option)
	10CFV	CDS CFC PAS/HAB
	48V	Transportation – Residential Habilitation



# Rate Change Revisions



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- The SPT will need to determine the number of units used prior to September 1 for each of the service codes listed in IL 2023-38.
  - Those units must remain funded at the previous rates.
- Units expected to be used on or after September 1 must be adjusted to reflect the increased rate.
- Case managers should use the IPC and IPP to show the breakdown of units being requested at the old and new rates.

# Rate Change Revision Submissions



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- The preferred submission method for rate change revisions is the IDD Operations Portal.
- When creating a packet, select **RATE CHANGE** as the submission type.
- Upload a copy of the IPC that:
  - States “**2023 Rate Change**” on the first page, and
  - Reflects the breakdown of units being requested at the old and new rates.
- Upload IPP(s) that show the breakdown of units being requested at the old and new rates.



# Rate Change Revisions – CLASS Example

- A CLASS individual's renewal IPC was authorized with **2080 units** of prevocational services effective **08/01/2023**.
- The DSA notified the case manager that the individual used **160 units** of prevocational services prior to the rate change (from 08/01/2023 – 08/31/2023).
  - 160 units of prevocational services were delivered at the old rate.
- **1920 units** of prevocational services are left to be delivered after the rate change (09/01/2023 – 07/31/2024).
  - 1920 units of prevocational services will be delivered at the new rate.



# Rate Change Revisions - CLASS IPC Example



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## 2023 RATE CHANGE

Form 3621  
November 2023

Community Living Assistance and Support Services (CLASS) and Community First Choice (CFC)  
Individual Plan of Care

1. Name of Individual (Last, First, MI)		2. Social Security No.		3. Medicaid No. (9 digits)		4. Date of Birth	
5. Mailing Address of Individual (Street or P.O. Box, City, State, ZIP Code)				6. County Name		7. ABL	8. Primary DX Code
9. LOC Effective Date		10. IPC Effective Period <i>08/01/2023 to 07/31/2024</i>		11. Effective Date <i>09/01/2023</i>		12. Enrolled from Code	
13. For HHS Use Only Initial:      Date:			14a. Authorization Type: <input type="checkbox"/> Enrollment IPC <input checked="" type="checkbox"/> IPC Revision <input type="checkbox"/> IPC Renewal <input type="checkbox"/> Termination Code: _____				



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# Rate Change Revisions – CLASS IPC Example




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Direct Services Agency						
15a. DSA Vendor Name:			15b. DSA Vendor No:			
16a. Type	16b. Backup Plan	17. Svc. Code	18. Svc. Category	19. Est. Units	20. Unit Rate	21. Est. Annual Cost
		5A	Dental Services			
		5B	Dental Sedation			
		7	Occupational Therapy		\$72.95	
		8	Physical Therapy		\$77.43	
		9	Speech and Language Pathology		\$76.29	
<i>C</i>		10B	Habilitation – Prevocational Services <i>1.60 @ \$13.85</i>	<i>1.920</i>	<i>\$14.96</i>	<i>\$30,939.20</i>



# Rate Change Revisions – CLASS IPP Example



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Community Living Assistance and Support Services (CLASS) and Community First Choice (CFC)  
**Individual Program Plan (IPP)**

Form 8606  
June 2015-E

Program Type (Check one): ☐ CLASS ☐ CFC

1. Individual	2. Medicaid No.	3. Individual Plan of Care (IPC) Effective Date	4. IPC Type <input type="checkbox"/> Enrollment <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Revision
5. Description of Authorized Service Category (for Service Code 42, list the specialized therapy) or Adaptive Aid/Minor Home Modification <i>108 - Habilitation - Prevocational Services</i>			

	Units	Cost	Req. Fee	Specs	Inspection Fee (MHM Only)	Frequency	Duration of Service (if not ongoing, enter total number of hours planned)
6. Old (for IPC change only)	<i>2080</i>	<i>\$28,808.00</i>					
7. Added/Reduced (for IPC change only)	<i>0</i>	<i>\$2131.20</i>					<i>Added funding due to 2023 rate change</i>
8. New /Renewal	<i>2080</i>	<i>\$30,939.20</i>					

9. Need for Service:

*08/01/2023 - 08/31/2023: 160 units X old rate of \$13.85 = \$2216.00*

*09/01/2023 - 07/31/2023: 1920 units X new rate of \$14.96 = \$28,723.20*

**> Total cost = \$30,939.20**

☐ Additional information attached.



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# Rate Change Revisions – DBMD Example



- A DBMD individual's renewal IPC was authorized with **2080 units** of CDS CFC PAS/HAB services effective **08/01/2023**.
- The FMSA notified the case manager that the individual used **160 units** of CDS CFC PAS/HAB services prior to the rate change (from 08/01/2023 – 08/31/2023).
  - 160 units of CDS CFC PAS/HAB services were delivered at the old rate.
- **1920 units** of CDS CFC PAS/HAB are left to be delivered after the rate change (09/01/2023 – 07/31/2024).
  - 1920 units of CDS CFC PAS/HAB services will be delivered at the new rate.

# Rate Change Revisions – DBMD IPC Example



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CFC CDS Services						
Type	Backup Plan	Service Code	Service Category	Estimated Units	Unit Rate	Estimated Annual Cost
C	<input type="checkbox"/>	10CFV	CDS CFC PAS/HAB 160 @ \$15.30	1920	\$16.48	\$34,089.60
		63CFV	CFC Financial Management Services		\$229.93	
CFC CDS Subtotal:						\$34,089.60



# Rate Change Revisions – DBMD IPP Example



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XIX. Community First Choice Services			
CFC PAS/HAB (Svc Code 10 CFC)			<input type="checkbox"/> Not applicable
This service cannot be provided for an individual who is receiving Service Codes 19, 19E or 19F.			
Total Units:	<input type="text" value="2080"/>		
Units utilized during the last IPC year:	<input type="text" value="2080"/>		
Services to be provided by (name and title):	<input type="text"/>		
<input type="text" value="40"/> Hours per week	X	<input type="text" value="52"/> Weeks	= <input type="text" value="2080"/> Annual Units (schedule 1)
<input type="text"/> Hours per week	X	<input type="text"/> Weeks	= <input type="text"/> Units (second schedule)
Is this service being provided through the CDS option? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Is this service critical to health and safety? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, a backup plan must be completed.			
Justification for the units:			
<input type="text" value="08/01/2023 - 08/31/2023: 160 units X old rate of \$15.30 = \$2448.00"/> <input type="text" value="09/01/2023 - 07/31/2024: 1920 units X new rate of \$16.48 = \$31,641.60"/> > Total cost = \$34,089.60			
If the hours have increased from the last plan, what has changed to cause the increase?			
<input type="text" value="Added funding due to 2023 rate change."/>			
What would the individual like to gain from this service?			
<input type="text"/>			

# Rate Change Revisions – FAQ



**The funds that would be added with the rate change are minimal. Do I really have to go through all the work of submitting a rate change revision?**

- **Yes.** Employers may encounter payroll issues if insufficient funds are available.

# Rate Change Revisions – FAQ

(cont.)



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**Can I combine the rate change revision with a revision to other services that were not involved in the rate change?**

- **No.** Rate change revisions can be authorized retroactively (for example, with a 09/01/2023 effective date) - even if an individual's IPC period has already ended.
- Revisions to other services that were not involved in the rate change **cannot be authorized retroactively.**

# Rate Change Revisions – FAQ

(cont.)



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**What do I do if the FMSA will not disclose the amount of units an individual used prior to the rate change?**

- **Document** your attempts to communicate with the FMSA.
- Involve the **employer** of record.
- Complaints may be addressed with the HHSC Office of the Ombudsman (**1-877-787-8999**) and it will get logged and routed to CAPM.

# Rate Change Revisions – FAQ

(cont.)



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**What if a rate change revision causes an individual's cost for waiver services to exceed \$114,736.07?**

- The SPT will need to adjust services so that the individual maintains waiver eligibility (see [TAC §259.51](#) for CLASS / [TAC §260.51](#) for DBMD).

# Rate Change Revisions – FAQ

(cont.)

## What is the deadline for submitting rate change revisions?

- All revised IPCs related to increase rates must be submitted by **December 31, 2023**
- Link: [Information Letter No. 2023-38](#)



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# Rate Change Revisions – FAQ

(cont.)

## What if I don't receive a signed copy of the authorized IPC?

- CMAs, DSAs, Provider Agencies, and FMSAs should use **MESAV** to verify that rate changes have been completed.



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# Rate Change Revisions – FAQ

(cont.)

**What if I need to revise other services after the rate change revision has been authorized, and I cannot get costs to align between the electronic and paper IPCs?**

- The SPT must **maintain the calculation** of old vs. new services units as establish during the previous rate change.
- Additional service units may be added as new service units.
- UR will manually authorize the paper version of the IPC.
- Submissions can be made by fax or in the IDD portal as **RATE CHANGE** or **REVISION** submission types.



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# Thank You

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# **Documenting Case Information: CMA & DSA**

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**Cynthia Villarreal, Contract Specialist V**  
**Contract Administration & Provider Monitoring (CAPM)**

# CMA Responsibilities

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## Ongoing Responsibilities:

The CMA is required to provide the following case management services on an ongoing basis:

- assist the individual as necessary to maintain Medicaid eligibility;
- conduct various tasks related to enrollment;
- perform functions related to service planning;
- provide technical assistance to individuals using the CDS service delivery option when completing the PAS/Hab Plan;



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# CMA Responsibilities (cont.)

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## Ongoing Responsibilities:

The CMA is required to provide the following case management services on an ongoing basis:

- monitor the provision of CLASS services;
- protect the individual's rights;
- intervene to assist individuals in crisis; and
- coordinate the individual's CLASS services with non-CLASS services as necessary using person-centered planning techniques.



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# Case Management Notes

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## Billable Contact:

Each case manager must have at least one face-to-face or telephone contact with the individual or LAR or other persons acting on behalf of the individual, such as an advocate or family member, per month to provide case management.

- Assessing the individual's needs
- Enrolling the individual into the CLASS Program
- Developing the individual's service plan
- Coordinating the provision of CLASS services
- Monitoring the effectiveness of the CLASS services and the individual's progress toward achieving the outcomes identified



# Case Management Notes (cont.) Slide 2 of 2

## Billable Contact:

Each case manager must have at least one face-to-face or telephone contact with the individual or LAR or other persons acting on behalf of the individual, such as an advocate or family member, per month to provide case management.

- Revising the individual's service plan, (limited to time spent meeting with the SPT)
- Accessing non-waiver services, including Medicaid State Plan services
- Resolving crisis situations in the individual's life
- Advocating for the individual
- Pre-enrollment assessment before the individual is enrolled in the CLASS program

# DSA Responsibilities

## Ongoing Responsibilities:

The individual's selected DSA is required to perform the following tasks on behalf of an individual in CLASS on an ongoing basis:

- provide required documentation to HHSC to assess and renew the LOC;
- participate in developing a PAS/Hab Plan for individuals receiving CFC PAS/HAB services through the DSA option;
- participate in developing an IPC that addresses the individual's needs that will be met through the provision of CLASS or CFC services;
- participate in developing the IPP-A using person-centered planning processes;



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# DSA Responsibilities (cont.)

## Ongoing Responsibilities:

The individual's selected DSA is required to perform the following tasks on behalf of an individual in CLASS on an ongoing basis:

- provide all CLASS and CFC provider-managed services according to the IPP-A and the IPP;
- monitor the DSA's service provision processes to ensure all services are delivered by qualified service providers in accordance with the IPP-A and IPP; and
- coordinate with the CMA and other service providers as necessary to ensure IPP-A and IPC revisions are initiated as necessary in response to changes in the individual's needs.

# Why Should Non-Billable Activities Be Documented?

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IF IT'S NOT  
DOCUMENTED  
IT DIDN'T  
*Happen*

Documenting communication between the CMA and DSA provides a record of actions. This documentation can be used to demonstrate compliance with program rules and regulations.



# CMA Documentation

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## **Non-Billable Contact with the DSA:**

- ✓ Coordinating schedules for the SPT meeting
- ✓ Requesting supporting documentation, such as a completed Form 8606-A or Form 3660
- ✓ Sending an IPC/IPP to obtain signatures
- ✓ Providing copies of proposed or authorized IPCs with supporting documents
- ✓ Providing copies of Quarterly IPP Service Reviews
- ✓ Termination, suspension, reduction or denial notifications
- ✓ Coordinating the completion of Form 4800-D



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# DSA Documentation

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## **Non-Billable Contact with the CMA:**

- ✓ Coordinating schedules for the SPT meeting
- ✓ Notifying the CMA of a needed revision
- ✓ Returning signed IPC/IPPs and/or supporting documentation such as a completed Form 8606-A or Form 3660
- ✓ Providing copies of IPP Service Summaries completed by contracted service providers
- ✓ Notifying that a situation occurred which would require a service suspension
- ✓ Submitting fair hearing evidence

# How Should Non-Billable Activities Be Documented?

(Slide 1 of 3)

## What Kind of Documentation Does HHSC Review?

- Case Management Notes
- DocuSign Envelope History
- E-Mails
- Fax Confirmation Sheets
- Form 2067 Communication
- Journal Entries
- Mail Logs
- Signed/Dated Submission Coversheets/Checklists



# How Should Non-Billable Activities Be Maintained? (cont.) (Slide 2)

## 40 TAC §49.305(h) Records

A contractor must develop and implement written procedures to:

- prevent falsification or unauthorized access, disclosure, modification, or destruction of records and data
- ensure the availability, integrity, authenticity, completeness, and confidentiality of records and data
- ensure that appropriate audit trails and sufficiently complete transaction histories are maintained to identify the person or position that makes an entry, modification, or correction to records or data that supports a claim for services under its contract.

# How Should Non-Billable Activities Be Maintained? (cont.) (Slide 3 of 3)

## 40 TAC §49.305(j)(2) Records

A contractor must develop and implement written procedures governing the use of electronic signatures that:

- ensure authenticity of an electronic signature
- describe the method of authentication used, such as password, personal identification number, digital signature, or other unique identifier, by document type
- identify the person or position who is authorized to sign electronically by document type
- describe security measures used to prevent unauthorized use of electronic signatures

# Applicable CLASS Rules

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- CLASS Provider Manual: [Section 2100](#) Case Management Responsibilities
- CLASS Provider Manual: [Section 3100](#) DSA Responsibilities
- CLASS Provider Manual: [Section 7210](#) Case Management
- CLASS Provider Manual: [Section 7300](#) Non-Billable Time and Activities
- CLASS Provider Manual: [Section 7700](#) Record Keeping Requirements
- CLASS Provider Manual: [Section 7800](#) Service Delivery Records
- [40 TAC §49.305](#): Records



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# Thank you

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For additional questions related to provider monitoring, or to request a one-on-one informational session with the monitoring team, please send an e-mail to:

**[CAPM CLASS DBMD Monitoring@hhs.texas.gov](mailto:CAPM_CLASS_DBMD_Monitoring@hhs.texas.gov)**



# Contact Information

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