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# **CLASS and DBMID Quarterly Webinar**

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**06/07/2022**

# Agenda

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- **LTSS**
- **Utilization Review:**
  - Calculation of Services Amounts for the Year
  - Adverse Action & Request for a Fair Hearing
- **EVV**
  - EVV Updates
- **IDD PES**
  - How and When to complete Form 1746-A for Medicaid
- **Blind Children's Vocational Discovery and Development Program (BCP)**
  - Blind Children's Program Updates and Deafblind Services
- **CAPM**
  - Common DBMD Financial Errors
  - IPC Revision Deadline Errors in CLASS



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# Community Living Assistance and Support Services Program

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**Kayatta Thomas, CTCM**

***CLASS/DBMD Policy Specialist Lead***

**Long Term Services and Supports**

# DBMD Policy Updates

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## Individualized Skills and Socialization

- HHSC has developed the Individualized Skills and Socialization Provider Portal as an online source of information for providers of individualized skills and socialization.

[Individualized Skills and Socialization | Texas Health and Human Services](#)

**\*Note:** Individualized Skills and Socialization formal comment review period will begin late July.



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# DBMD Policy Updates

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## Individualized Skills and Socialization

- Rider 21 requires HHSC to develop a plan to replace day habilitation services in HCBS waiver programs for individuals with IDD with more integrated services that maximize participation and integration of individuals with IDD in the community.

[Transition of Day Habilitation Services \(texas.gov\)](https://www.texas.gov)

**\*Note:** Individualized Skills and Socialization formal comment review period will begin late July.



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# Calculation of Service Amounts

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**Lauren Chenoweth**

*Program Supervisor*

**CLASS/DBMD Utilization Review**

# The Issue

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- HHSC Utilization Review (UR) sees varying styles for reflecting services that occur weekly for the year, such as habilitation or intervener services.
- UR recognizes that the form does not specifically account for the fact that there are not exactly 52 weeks in one year.



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# A Look at the Math

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- If 365 is divided by 7 the resulting number is 52.142857.
  - UR would accept this amount or would allow providers to follow standard rounding procedure using, for example, 52.14 weeks.
- Another option is to do a schedule for 52 weeks and then an additional schedule for 1 day as  $52 \times 7 = 364$  so an additional day is needed.



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# A Look at the Math

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- When applying this method for a service that does not occur daily or occurs in varying amounts on different days the service planning team (SPT) would want to look at the extra day and add the specific amount needed for that extra day.
- For example, if the year ends on a Monday and the individual gets 10 hours of habilitation on Mondays, but 12 on the other days of the week, the SPT should only add 10 hours of habilitation for the additional day.



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# Examples CLASS

## Schedule 1. Type

Type of Service	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CFC PAS/HAB	8a-5p	8a-5p	8a-5p	8a-5p	8a-5p		
Add Line	Weekly Total PAS/Habilitation Hours:						45

- Below when 52.14 was multiplied by 45 the resulting amount was 2346.3.
- Standard rounding procedure may be used to the nearest whole number, in this case 2346.

## Totals Reflected on IPC (CLASS only)

Services	Number of Covered Weeks			Weekly Total Hours			Annual Total Cost		
	Schedule 1	Schedule 2	Schedule 3	Schedule 1	Schedule 2	Schedule 3	Schedule 1	Schedule 2	Schedule 3
Habilitation Attendant (SVC 10/CDS SVC 10V)									
CFC PAS/HAB (SVC 10CFC/CDS10CFV)	52.14			45			2346		
DSA Representation (SVC 10/SVC 10CFC)				5			5		
Habilitation Delegated Tasks (SVC 10A)									
Annual Total PAS/Habilitation Hours:								2351	



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# Examples CLASS

- In this example the individual plan of care (IPC) period is from 6/1/22-5/31/23.
- 5/31/23 is a Wednesday so 9 hours were added, consistent with the schedule.
- If 5/31/23 was a Saturday or Sunday no additional hours would be needed.



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Schedule 1. Type								
Type of Service	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
CFC PAS/HAB	8a-5p	8a-5p	8a-5p	8a-5p	8a-5p			
Add Line	Weekly Total PAS/Habilitation Hours:						45	

Totals Reflected on IPC (CLASS only)									
Services	Number of Covered Weeks			Weekly Total Hours			Annual Total Cost		
	Schedule 1	Schedule 2	Schedule 3	Schedule 1	Schedule 2	Schedule 3	Schedule 1	Schedule 2	Schedule 3
Habilitation Attendant (SVC 10/CDS SVC 10V)									
CFC PAS/HAB (SVC 10CFC/CDS10CFV)	52	1 day		45			2340	9	
DSA Representation (SVC 10/SVC 10CFC)				5			5		
Habilitation Delegated Tasks (SVC 10A)									
Annual Total PAS/Habilitation Hours:							2354		

# Examples CLASS

- If for some reason the SPT does not feel a weekly schedule best reflects the individuals needs, UR is providing an additional daily example.
- In this example the IPC period is 6/1/22-5/31/23 and a Monday, Wednesday, Friday schedule.

Schedule 1. Type								
Type of Service	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
CFC PAS/HAB	8a-5p		8a-5p		8a-5p			
Add Line							Weekly Total PAS/Habilitation Hours:	27

Totals Reflected on IPC (CLASS only)									
Services	Number of Covered Weeks			Weekly Total Hours			Annual Total Cost		
	Schedule 1	Schedule 2	Schedule 3	Schedule 1	Schedule 2	Schedule 3	Schedule 1	Schedule 2	Schedule 3
Habilitation Attendant (SVC 10/CDS SVC 10V)									
CFC PAS/HAB (SVC 10CFC/CDS10CFV)	157 days			9			1413		
DSA Representation (SVC 10/SVC 10CFC)				5			5		
Habilitation Delegated Tasks (SVC 10A)									
								Annual Total PAS/Habilitation Hours:	1418



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# Examples CLASS

An internet search can locate websites to help with the calculations.

**Calculate Number of Weekdays**

Enter the period of time for which you want to know the number of weekdays.

From    to

Weekdays calculation:

- Mondays: 52
- Tuesdays: 52
- Wednesdays: 53
- Thursdays: 52
- Fridays: 52
- Saturdays: 52
- Sundays: 52
- Working days: 261
- Days in total: 365



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# Examples DBMD

Intervener Schedule								
Intervener Name	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total Hours
Best Intervener	9a-8p	3p-8p	3p-8p	3p-8p	3p-8p	3p-8p		
								Total Hours: 36

- As in the CLASS example, 52.14 weeks did not result in an even number.
- Standard rounding procedure can be used to round to the nearest whole number, in this case 1877.

**W. Intervener Services (Service Codes 45, 45A, 45B, 45C, 45V, 45AV, 45BV, 45CV)**  Not applicable

Total units: 1877 1,875 units utilized during the last IPC year.

Services to be provided by: Best Intervener (Name/Title)

Base 36 hours/weeks X 52.14 weeks = 1877.04 annual units CDS?  Yes  No



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# Examples DBMD

- In this example the IPC period is 6/1/22-5/31/23.
- 5/31/23 is a Wednesday so 9 hours were added, consistent with the schedule.
- If 5/31/23 was a Saturday 11 hours would be needed or Sunday, no additional hours would be needed.
- If the form is completed electronically, corrections to the annual units amount may be needed due to the form auto calculating.
- Here Adobe Pro was used, but the corrections could also be made by hand.



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<b>W. Intervener Services (Service Codes 45, 45A, 45B, 45C, 45V, 45AV, 45BV, 45CV)</b>		<input type="checkbox"/> Not applicable
Total units: 1,877	1877	units utilized during the last IPC year.
Services to be provided by: Best Intervener (Name/Title)		
Base 36	hours/weeks X 52 + 1 day	weeks = 1877 annual units
		CDS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

# Examples DBMD

- Yet another possibility, that would not involve correcting the amount would be to calculate by days only.
- This might be a preferred method if for example the individual is only requesting the service on certain days of the week.
- Utilizing the schedule below the yearly amount has been calculated using days.

Intervener Schedule								
Intervener Name	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total Hours
Best Intervener		3p-8p		3p-8p		3p-8p		
								Total Hours: 15

W. Intervener Services (Service Codes 45, 45A, 45B, 45C, 45V, 45AV, 45BV, 45CV)							<input type="checkbox"/> Not applicable
Total units: 785						780	units utilized during the last IPC year.
Services to be provided by: Best Intervener (Name/Title)							
Base	5	hours/weeks	X	157	days	weeks	= 785 annual units
							CDS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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# Leap Year

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- The next leap year is 2024.
- When completing a renewal or revision IPC which spans February 29, 2024, the SPT should account for 366 days.
- When calculated, 366 days divided by 7 the result is 52.285714 weeks or 52 weeks and 2 additional days.
- The SPT should follow the same steps as in a non-leap year and again UR would allow providers to follow standard rounding procedure using, for example, 52.29 weeks or 2 additional days.



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# Unacceptable Submissions

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- UR will not accept plans requesting services for more days/weeks than in an IPC period.
- When utilizing a decimal to represent weeks in a year, standard rounding procedure should be utilized.
- If a circumstance arises where neither of these methods work, the SPT could contemplate providing a daily schedule as shown in the 3rd examples for each program.



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# Questions?





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# **Adverse Action & Request for a Fair Hearing**

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**Patrick Koch,**

***Program Supervisor***

**CLASS/DBMD Utilization Review**

# Adverse Action

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## Adverse action may consist of the following:

- Reduction
- Denial
- Suspension
- Termination



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# Format of Adverse Action Issued

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**HHSC UR staff may issue adverse action per designated HHSC letter:**

- Reduction
- Denial (various versions / purposes)
- Reduction & denial
- Suspension
- Terminations (various versions / purposes)



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# Individual's Right to a Fair Hearing

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- HHSC will issue these letters to CLASS and DBMD Case Managers (CM).
  - The CMs are expected to forward this information to individuals / Legally Authorized Representatives (LAR).
- Individuals impacted by the issuance of adverse action will be afforded the right to appeal the action taken.
  - Their LARs may assist in those case.
- Information concerning the adverse action must be shared between CMs and assigned Direct Services Agencies (DSA) as well as the Financial Management Services Agencies (FMSA) if Consumer Directed Services (CDS) has been selected as a service delivery method.



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# Individual's Right to a Fair Hearing

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- An individual is entitled to a fair hearing in accordance with 1 TAC Chapter 357, Subchapter A, (relating to Uniform Fair Hearing Rules), if the individual's:
  - Request for eligibility for the program is denied or is not acted upon with reasonable promptness; or
  - Program services or CFC services have been denied, suspended, reduced, or terminated by HHSC.



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# Individual's Right to a Fair Hearing

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- If the individual impacted by the issuance of adverse action requests to exercise their appeal rights, the CLASS or DBMD CM must complete and send Form 4800-D within three calendar days of the date the request for appeal is received to HHSC.
- The IDD Operations Portal is the preferred submission route for Fair Hearing Request.
- Please include in your submission:
  - Fair Hearing Request Summary (Form 4800D)
  - HHSC letter conveying the adverse action taken



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# Form 4800-D: Common Issues

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- Form 4800D missing;
- Incomplete information reflected on 4800D;
- Information concerning the LAR or Guardian is not provided;
- Address information for appellant / LAR is not accurate;
- Inaccurate information concerning the legal status of an adult appellant;
- “Agency” refers to the agency that issued the adverse action – HHSC, and not the Case Management Agency.



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# Next Steps...

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- HHSC staff will apply information submitted by the CMs to request an informal fair hearing per Texas Integrated Eligibility Redesign System (TIERS).
- HHSC Hearings Division will set hearings date and time.
- A written notification of hearing will be issued to the appellant / LAR and the agency (HHSC).
- Appellant / LAR and the agency may provide evidence information to the assigned hearing officer and the other party involved in the hearing.



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# Next Steps...

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- The appellant / LAR may obtain legal representation prior to the set hearings date.
- Appellant / LAR, agency representative, and hearing officer will meet per teleconference on set date and time as outlined in the hearing notice.



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# Questions?





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# **Electronic Visit Verification (EVV) Updates**

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**Tricia Barrett**

***EVV Training Specialist***

**HHSC EVV Operations**

# Home Health Care Services Implementation Update

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- [HHSC to Request Extension of EVV Cures Act Home Health Care Services Implementation to Jan. 1, 2024](#)
- Those affected by the Cures Act Home Health Care Services implementation do not need to act now.
- For CLASS and DBMD, this includes:
  - In-Home Skilled Nursing Visits
  - In-Home Occupational Therapy
  - In-Home Physical Therapy



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# EVV Policy Handbook Updates

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- [EVV Policy Handbook](#) – located on the [HHSC EVV webpage](#): EVV standards and policy requirements program providers contracted with the Texas Health and Human Services Commission (HHSC) and managed care organizations (MCOs) must follow
- Latest update June 1, 2022
- Updates are listed in the EVV Policy Handbook Revision Log section on the [HHSC EVV webpage](#)
- Annual updates are expected Sept. 1, 2022



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# Annual EVV Policy Training

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- HHSC provides training on the EVV Policy Handbook.
- HHSC EVV Policy Training Options:
  - Webinars: Sept. 2022
    - [Sign up to receive EVV email updates](#) and receive an email when registration is available
  - Computer-based training: [HHS Learning Portal](#)
    - **EVV Policy Training for Program Providers and FMSAs** course



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# EVV Compliance Training Resources

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- [HHSC EVV webpage: EVV Compliance Job Aid for Program Providers and FMSAs \(PDF\)](#) – Provides guidance on how to stay in compliance with EVV
- [HHS Learning Portal: EVV Compliance for Program Providers Webinar Recording](#) – Provides training on EVV compliance requirements and EVV compliance reviews
  - [PDF version of the webinar](#)
  - [Q&As from the webinar](#)



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# Visit Maintenance Unlock Request Update

HHSC updated the [Visit Maintenance Unlock Request for Program Providers and FMSAs](#) located on the HHSC EVV webpage in May and added:

- **N/A – Export Only** to the **Incorrect Data Element** drop-down list
  - May be selected when a visit has been corrected but not exported to the EVV Aggregator because the visit is locked

Correction Request Information	
Incorrect Data Element	Incorrect Data Element Information
N/A - Export Only	N/A
N/A - Export Only	N/A
N/A - Export Only	N/A



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# Visit Maintenance Unlock Request Training Resource

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- [Visit Maintenance Unlock Request Job Aid for Program Providers and FMSAs](#)
- Provides step-by-step instructions to follow when completing a Visit Maintenance Unlock Request and includes common examples:
  - Request to change bill hours
  - Request to document actual clock in/clock out times (times are incorrect on the visits)
  - Request to enter a visit manually (\*visits can only be entered manually after the visit maintenance timeframe if it's due to a payer or EVV system error)
  - Request to export a visit



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# EVV Training Resources

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- The [EVV Training Resources webpage](#) on the HHSC EVV webpage includes information on all required EVV training, including:
  - EVV Policy training
  - EVV Portal training
  - EVV System training
- Refer to the [EVV Training Requirements Checklists](#) for detailed information on training requirements and options.



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# Thank You!

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[EVV@hhs.texas.gov](mailto:EVV@hhs.texas.gov)



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# **H1746A**

# **MEPD Referral Cover Sheet**

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**Magali Perez**

***Program Specialist VI***

**IDD Program Eligibility and Support**

# Agenda

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## Form H1746-A

- Purpose
- Preparation
- Statement



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# Form 1746-A

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## Purpose

- To request services, share information or provide supporting documentation with AES eligibility staff for applicants and recipients of Community Attendant Services (CAS) or Home and Community-Based Services (HCBS) waiver programs.



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# Form 1746-A (1 of 3)

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## When to Prepare

- Community Living Assistance and Support Services (CLASS) case management agencies (CMA) submit Form H1746-A, MEPD Referral Cover Sheet, for persons applying for MEPD who are enrolling into the CLASS Waiver.
- 1746-A is submitted to MEPD after the **Level of CARE** has been approved.



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# Form 1746-A (2 of 3)

## Statement

- CLASS CMAs should add the following statement in the Additional Comments section on Form H1746-A:
  - “Please test for Medicaid Waivers.
  - Level of Care Authorized.
  - Medical Necessity and Individual Service Plan questions below are not applicable for the CLASS program.”

**Additional Comments:**

PLEASE TEST FOR MEDICAID WAIVERS. LEVEL OF CARE AUTHORIZED. MEDICAL NECESSITY AND INDIVIDUAL SERVICE PLAN QUESTIONS BELOW ARE NOT APPLICABLE FOR

THE CLASS PROGRAM.



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# Form 1746-A (3 of 3)

- Do not complete any information after the Additional Comments section as this does not apply to CLASS individuals.

~~Medical Necessity (MN):  Approved  Denied  Pending Individual Service Plan (ISP):  Approved  Denied  Pending  
Start of Care Date: \_\_\_\_\_ Functional Assessment for CAS:  YES  NO  
Was applicant made aware of choosing between services and QI-1:  YES  NO~~



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# **Thank you!**

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**IDD PES Contact Information**

**Message Line: (512) 438-2484**

**Fax: (512) 438-5135**



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# **Blind Children's Vocational Discovery and Development Program (BCP)**

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**Sarah Karmacharya**

***Policy and Program Development Manager***

**Health, Developmental & Independence Services**

# Who We Are (1 of 3)

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- The Blind Children's Vocational Discovery and Development Program (BCP) helps children who are blind or visually impaired find their vocation and gives them the tools to achieve self-sufficiency.
- Through BCP, families get information and services that contribute to a successful future for their children.



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# Who We Are (2 of 3)

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- The Blind Children's Vocational Discovery and Development Program (BCP) is part of the Health, Developmental, and Independence Services department in Health and Human Services' Medical and Social Services Division.



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# Who We Are (3 of 3)

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## Our Roles

- **Blind Children's Specialist (BCS)**
  - Assists a family in assessing needs and developing a plan for services to increase independence.
  - Provides direct skills training and education to children and families.
- **Blind Children's Service Specialist (BCSS)**
  - Completes referrals and intake process.
  - Assists BCS to ensure service delivery of resources and planned equipment.
  - Obtains medical and educational records to ensure case compliance.



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# Our Process

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## **BCP Referral and Intake Process:**

- The BCP can receive a referral from any source
- What do we need in a referral?
- BCSSs complete referral entry and intake process (application and eligibility).
- If eligible for the BCP, BCSS will contact parent and set up home visit between family and BCS.



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# Eligibility Criteria

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## A Person Must:

- Have a documented visual impairment.
- Be 21 or younger.
  - If older than 18, must be registered in school
- Be a Texas resident



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# What We Provide (1 of 4)

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## Types of Services:

- Direct Skills Training
- Parent Education
- Case Management

Individualized services are provided based upon each child's needs.



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# What We Provide (2 of 4)

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## Direct Skills Training

- Food preparation
- Money management
- Chore modifications
- Grooming
- Non-visual techniques for increased independence

Direct Skills Trainings (DSTs) can be provided in a group or individual setting.



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# What We Provide (3 of 4)

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## Parent Education:

- Assistance in development of the confidence and competencies needed to be an active part of their community and child's educational team.
- Education about child's vision impairment.
- Hands-on education provided so parent's can be confident teaching their child to be independent.



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# What We Provide (4 of 4)

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## Case Management:

- Linkage and access to recreational activities
- Assistance coordinating medical services for families
- Information about additional community resources
- Educational support



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# What We Don't Provide

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- Educational items or services that the school district is responsible for.
- Respite Care Services
- Routine Eye Exams and ongoing treatments
- Ongoing services
- Basic Needs
  - Meals, rent, utilities, cable, internet service.



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# How We Provide Services (1 of 2)

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## Virtual Services:

- Services can be provided by:
  - Phone
  - FaceTime
  - Microsoft Teams
  - Videos

## In-person Services:

- Services can be provided in the home.
- Must be requested by the family.
- Can be rescheduled to virtual visits.



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# How We Provide Services (2 of 2)

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- We will continue to provide services through both a virtual and in-person model.
- This can include:
  - Direct skills training
  - Parent education
  - Case management.



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# Program Outcomes

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- Children and families will have access and/or have the skills to access needed services.
- Parents will actively engage in their child's development, educational system, medical system, and social system.
- Children will actively engage in their community and daily living skills to their unique capacity.



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# Post Closure

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## **Post closure services are provided when:**

- The case is in successful closure status
- A new need(s) and barrier(s) has been assessed and documented in case note
- The needed service doesn't require an assessment or a diagnostic
- The services required for the new need will be completed in less than 6 months.

If services require more than 6 months to complete a new case will be opened.



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# Partnerships

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- BCP Specialists and Service Specialist work with parents and guardians to plan and provide services that meet the unique needs of their child and family.
  - Services are designed to help a child and their family achieve maximum independence and self-sufficiency.
- We also work closely with:
  - School staff and educational service centers
  - Medical providers
  - Early Childhood Intervention (ECI) providers
  - Community partners



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## **Blind Children's Vocational Discovery and Development Program Services are available Statewide**

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**BCP email:**

**[BlindChildrensProgram@hhs.texas.gov](mailto:BlindChildrensProgram@hhs.texas.gov)**

**BCP website:**

**<https://hhs.texas.gov/services/disability/blind-visually-impaired/blind-childrens-vocational-discovery-development-program>**



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# Common DBMD Financial Errors

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**Cynthia Villarreal, *Program Specialist VI***

**Lori Camacho, *Manager IV***

**Contract Administration & Provider  
Monitoring (CAPM)**

# Common Financial Errors

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## **Financial errors occur when the program provider does not:**

- Provide services in accordance with an IPC and IPP
- Employ or contract with a service provider that meets the minimum qualifications for their position
- Document the provision of services in accordance with all applicable program rules
- Submit a claim for reimbursement in accordance with all applicable contracting and program rules



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# Glossary of Examples

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- No timekeeper signature
- Timekeeper pre-signed
- Service provider also signed as the timekeeper
- Billing prior to timekeeper verification
- Incorrect service date
- Incorrect service date cont.
- Overbilling the unit rate
- Billing when no billable contact occurred
- Not following the documented schedule
- Unallowable simultaneously delivered services
- Billing a span of time on a single day
- Unqualified service provider



# Example 1: No Timekeeper Signature

**Section 11100 DBMD Program Manual:** A service provider must complete Form 6503 according to the form's instructions.  
**Form 6503 Instructions:**

*Timekeeper Signature* — The timekeeper for the agency signs the form.  
The timekeeper should verify the accuracy of the total hours.

**40 TAC §49.311:** A contractor must ensure a claim for service is complete and accurate.

Best Case Manager in Texas Service Provider Name	<i>Best Case Manager in Texas</i> Signature — Service Provider	1/21/2021 Date
Timekeeper Name	Signature — Timekeeper	Date

**Error:** If Form 6503 does not contain a valid timekeeper signature and date, the monitoring team cannot determine that the accuracy of the information has been verified, resulting in a recoupment for that claim.



# Example 2: Timekeeper Pre-Signed

**40 TAC §42.405:** A program provider must ensure that, **after** a service provider makes the last entry on an HHSC DBMD Summary of Services Delivered form, a staff person other than the service provider signs and dates the form as a timekeeper as verification of the accuracy of the information on the form.

Best Case Manager in Texas Service Provider Name	<i>Best Case Manager in Texas</i> Signature — Service Provider	1/21/2021 Date
Best Timekeeper in Texas Timekeeper Name	<i>Best Timekeeper in Texas</i> Signature — Timekeeper	1/20/2021 Date

## Error:

- The timekeeper signed in the example above, prior to the case manager completing the service delivery information.
- If the timekeeper signed before service delivery was documented, how have they verified that the information is accurate?



# Example 3: Service Provider Signed as the Timekeeper

**40 TAC §42.405:** A program provider must ensure that, after a service provider makes the last entry on an HHSC DBMD Summary of Services Delivered form, a staff person **other than the service provider** signs and dates the form as a timekeeper as verification of the accuracy of the information on the form.

Best Case Manager in Texas Service Provider Name	<i>Best Case Manager in Texas</i> Signature — Service Provider	1/21/2021 Date
Best Case Manager in Texas Timekeeper Name	<i>Best Case Manager in Texas</i> Signature — Timekeeper	1/21/2021 Date

**Error:** The case manager signed as both the service provider **and** the timekeeper.



# Example 4: Billing Before Timekeeper Verification

Month: April	Year: 2021	Program Provider Name Best DBMD Provider in Texas	Hours Worked (to be completed by employee)				
Individual's Name Sample Individual One			Date	Time In	Time Out	Time In	Time Out
			1	8:00 AM	2:00 PM		

Best Respite Provider in Texas Service Provider Name	<i>Best Respite Provider in Texas</i> Signature — Service Provider	4/6/2021 Date
Best Timekeeper in Texas Timekeeper Name	<i>Best Timekeeper in Texas</i> Signature — Timekeeper	4/16/2021 Date

- For the service date 4/1/2021, the timekeeper signed on 4/16/2021
- Billing was submitted on 4/12/2021

**40 TAC §49.311:** A contractor must ensure that submitted claims are complete and **accurate**

**Error:** Billing was submitted prior to the timekeeper verifying the accuracy of the information on the form, as evidenced by their signature date.

Individual ID	Last Name	First Initial	Submit Date	Service Code	Billing Cd	Service Begin Date	Service End Date	Units Paid
123456789	INDIVIDUAL ONE	S	4/12/2021	11A	G0128	4/1/2021	4/1/2021	0.25
123456789	INDIVIDUAL ONE	S	4/26/2021	11A	G0128	4/21/2021	4/21/2021	0.19



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# Example 5: Incorrect Service Dates (1 of 2)

Month: April	Year: 2021	Program Provider Name Best DBMD Provider in Texas
Individual's Name Sample Individual One		

Hours Worked (to be completed by employee)						
Date	Time In	Time Out	Time In	Time Out	Time In	Time Out
1	8:00 AM	2:00 PM				
2						
3						

<input type="checkbox"/>	10 CFC-CFC PAS/HAB
<input type="checkbox"/>	7-Occupational Therapy
<input checked="" type="checkbox"/>	45-Intervener
<input type="checkbox"/>	45A-Intervener I
<input type="checkbox"/>	45B-Intervener II
<input type="checkbox"/>	45C-Intervener III

**Error:** Intervener services were provided on 4/1/2021. Billing was submitted with a service begin/end date of 4/3/2021

**40 TAC §49.305:** Before a contractor submits a claim for services under its contract, the contractor's records must support the claim.

Individual ID	Last Name	First Initial	Submit Date	Service Code	Billing Cd	Service Begin Date	Service End Date	Units Paid
123456789	INDIVIDUAL ONE	S	4/12/2021	45	G0232	4/3/2021	4/3/2021	6
123456789	INDIVIDUAL ONE	S	4/26/2021	45	G0232	4/21/2021	4/21/2021	6

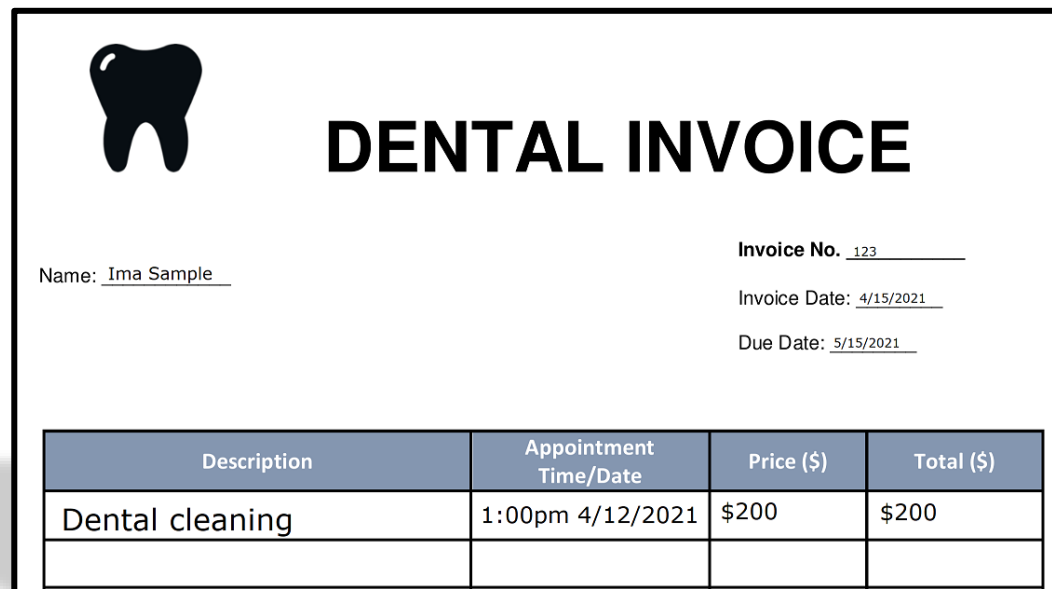


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# Example 5:

## Incorrect Service Dates (2 of 2)

- Dental services were provided to the individual on 4/12/2021 at 1:00pm
- The invoice was submitted by the dentist on 4/15/2021



The image shows a dental invoice form. At the top left is a black silhouette of a tooth. To its right is the title "DENTAL INVOICE" in bold black letters. Below the tooth icon, the text "Name: Ima Sample" is displayed. To the right of the name, the text "Invoice No. 123" is shown. Below the name, the text "Invoice Date: 4/15/2021" is displayed. To the right of the invoice date, the text "Due Date: 5/15/2021" is shown. At the bottom of the form is a table with four columns: "Description", "Appointment Time/Date", "Price (\$)", and "Total (\$)". The table contains one row of data: "Dental cleaning", "1:00pm 4/12/2021", "\$200", and "\$200".

Description	Appointment Time/Date	Price (\$)	Total (\$)
Dental cleaning	1:00pm 4/12/2021	\$200	\$200



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# Example 6:

## Incorrect Service Dates

- Dental services were provided to the individual on 4/12/2021 at 1:00pm
- The invoice was submitted by the dentist on 4/15/2021

Individual ID	Last Name	First Initial	Submit Date	Service Code	Billing Cd	Service Begin Date	Service End Date	Units Paid	Amount Paid
123456789	INDIVIDUAL ONE	S	4/15/2021	5A	N0601	4/15/2021	4/15/2021	200	200.00

Service Begin Date
4/15/2021

### Error:

- The actual date of service was 4/12/2021 but the service begin date entered was 4/15/2021.
- This date is not supported by the dental invoice.



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# Example 7:

## Overbilling the Unit Rate (1 of 3)

- One unit of Out-of-Home Respite = 1 day
- One unit of Out-of-Home Respite = 24 hours

DEAF-BLIND WITH MULTIPLE DISABILITIES (DBMD) WAIVER PROGRAM		
Payment Rates Effective March 1, 2022		
Service	Payment Rate	Unit
Case Management Services	\$57.97	1 hour
Pre-Enrollment Assessment	\$40.43	1 hour
Day Habilitation	See page 3	
Residential Habilitation Services	See page 3	
In-Home Respite	\$261.15	1 day
Out-of-Home Respite	\$258.49	1 day



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# Example 7: Overbilling the Unit Rate (2 of 3)

Hours Worked (to be completed by employee)								
Date	Time In	Time Out	Time In	Time Out	Time In	Time Out	Total Time	Comments
1								
2								
3								
4								
5								
6	8:00am	4:00pm					8 hours	
7	8:00am	4:00pm					8 hours	
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
							Pay Period Total Hours	16

The DBMD Out-of-Home Respite service provider documented a total of 16 hours

Pay Period Total Hours 16



# Example 7:

## Overbilling the Unit Rate (3 of 3)

- 1 unit of Out-of-Home respite = \$258.49
- 16 hours of service = 16/24 (.67) units
- .67 units = \$173.19

Individual ID	Last Name	First Initial	Submit Date	Service Code	Billing Cd	Service Begin Date	Service End Date	Units Paid	Amount Paid
123456789	INDIVIDUAL ONE	S	4/1/2020	11A	G0128	3/1/2020	3/31/2020	16	4135.84
123456789	INDIVIDUAL ONE	S	5/1/2020	11A	G0128	4/1/2020	4/30/2020	2	20.68
123456789	INDIVIDUAL ONE	S	6/1/2020	11A	G0128	5/1/2020	5/31/2020	2	20.68

### Error:

- The DBMD program provider billed 16 days of service instead of 16 hours.
- This resulted in a \$3,962.65 overage.



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# Example 8: No Billable Contact

## Best DBMD Agency in Texas

**Month:** January 2021

**Name:** Sample Individual One:

<b>Date of Contact:</b> 1/4/2021 <b>Time:</b> 9:01am-9:04am	Called Sample Individual One to follow up about their new CFC PAS/Hab attendant. No answer, left a voice message.
<b>Date of Contact:</b> 1/12/2021 <b>Time:</b> 2:05pm-2:07pm	Missed a call from Sample Individual One's LAR. Attempted to call back, but there was no answer. Left a voice message.
<b>Date of Contact:</b> 1/28/2021 <b>Time:</b> 4:00pm-4:03pm	Received a voice message from Best FMSA in Texas about Sample Individual One's budget. Called Sample Individual One's LAR to discuss a possible revision, but there was no answer. Left a voice message.

*Best Case Manager in Texas*

1/28/2021

Service Provider:

Date:

<b>Month:</b> January	<b>Year:</b> 2021
--------------------------	----------------------

Date	Time In	Time Out
4	9:01 AM	9:04 AM
12	2:05 PM	2:07 PM
28	4:00PM	4:03 PM

**Error:** The case management notes do not document any billable contact for the month of January 2021, but the DBMD program provider still submitted a claim for services.

Individual ID	Last Name	First Initial	Submit Date	Service Code	Billing Cd	Service Begin Date	Service End Date	Units Paid	Amount Paid
123456789	INDIVIDUAL ONE	S	2/3/2021	12	G0200	1/1/2021	1/31/2021	0.5	28.99
123456789	INDIVIDUAL ONE	S	3/3/2021	12	G0200	2/1/2021	2/28/2021	0.5	28.99



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# Example 9:

## Schedules (1 of 3)

- The SPT determined that the individual would need 18 hours of CFC PAS/Hab services per week
- The justifications were submitted to HHSC Utilization Review, and the schedule documented on the IPP was authorized as indicated below

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total Hours
	3:30 PM	3:30 PM	3:30 PM	3:30 PM	3:30 PM		
	6:30 PM	8:00 PM	6:30 PM	8:00 PM	6:30 PM		
Total Hours:							18



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# Example 9: Schedules (2 of 3)

- Services are authorized from 3:30pm-6:30pm on Wednesday
- No services are authorized for Sunday

Visit ID	Service Code	Date	In	Schedule Out	Hours	Location	Date	In	Out	Actual Hours	Pay Hours	Location
123456789	10 CFC	4/5/2021	3:30 PM	6:30 PM		MEMBER HOME	4/5/2021	3:28 PM	6:31 PM	3 HRS 3 MIN	3.00	Member Home
	Reason Code 100											
234567891	10 CFC	4/7/2021	3:30 PM	6:30 PM		MEMBER HOME	4/7/2021	3:55 PM	7:02 PM	3 HRS 6 MIN	P 3.00	Member Home
567891234	10 CFC	4/11/2021	12:00 PM	5:30 PM		MEMBER HOME	4/11/2021	12:02 PM	5:26 PM	5 HRS 24 MIN	P 5.50	Member Home

100 Staff hours worked differ from schedule

## Error:

- The service provider stayed late to make up .50 hours on Wednesday (4/7/2021), after arriving past the scheduled start time.
- The service provider worked on Sunday (4/11/2021), which was not an authorized day.
- No justifications were provided.



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# Example 9:

## Schedules (3 of 3)

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- Services **must** be provided in accordance with the individual's IPC and IPP
- Individual/LAR requests to deviate from the authorized schedule on a single day must be documented
- Overages may occur if the service provider had to stay late to ensure the individual's health and safety. These should be exceptions, **not** the rule and must be documented
- Schedules that no longer meet the individual's needs must be revised by the SPT



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# Example 10:

## Overlapping Services (1 of 2)

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### 40 TAC §42.626:

A program provider must ensure CFC PAS/HAB is not provided to an individual receiving licensed assisted living or licensed home health assisted living.

(2) A program provider must ensure CFC PAS/HAB is **not provided** to the individual **at the same time** that one of the following services are provided:

- (A) employment assistance with the individual present;
- (B) supported employment with the individual present;
- (C) day habilitation;
- (D) **respite**; or
- (E) residential habilitation.



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# Example 10: Overlapping Services (2 of 2)

## CFC PAS/Hab Services provided 2/1/2021 at 8am-4pm

Month: February	Year: 2021	Program Provider Name Best DBMD Provider in Texas				
Individual's Name Sample Individual One						
Service Provider Name Best CFC Attendant in Texas		Contract <input type="checkbox"/> Yes				
<b>Authorized Service (check only one)</b>						
<input checked="" type="checkbox"/> 10 CFC-CFC PAS/HAB	<input type="checkbox"/> 12-Case Management					
<input type="checkbox"/> 7-Occupational Therapy	<input type="checkbox"/> 8-Physical Therapy					
<input type="checkbox"/> 45-Intervener	<input type="checkbox"/> 9-Speech Therapy					
<input type="checkbox"/> 45A-Intervener I	<input type="checkbox"/> 10-Day Habilitation					
<input type="checkbox"/> 45B-Intervener II	<input type="checkbox"/> 11-Respite (In-Home)					
<input type="checkbox"/> 45C-Intervener III	<input type="checkbox"/> 11A-Respite (Out-of-Home)					
<input type="checkbox"/> 54-Employment Assistance						
<b>Hours Worked (to be completed by employee)</b>						
Date	Time In	Time Out	Time In	Time Out	Time In	T
1	8:00 AM	4:00 PM				
2						
3						

## In-Home Respite Services provided 2/1/2021 at 12pm-8pm

Month: February	Year: 2021	Program Provider Name Best DBMD Provider in Texas				
Individual's Name Sample Individual One						
Service Provider Name Best CFC Attendant in Texas		Contract <input type="checkbox"/> Yes				
<b>Authorized Service (check only one)</b>						
<input type="checkbox"/> 10 CFC-CFC PAS/HAB	<input type="checkbox"/> 12-Case Management					
<input type="checkbox"/> 7-Occupational Therapy	<input type="checkbox"/> 8-Physical Therapy					
<input type="checkbox"/> 45-Intervener	<input type="checkbox"/> 9-Speech Therapy					
<input type="checkbox"/> 45A-Intervener I	<input type="checkbox"/> 10-Day Habilitation					
<input type="checkbox"/> 45B-Intervener II	<input checked="" type="checkbox"/> 11-Respite (In-Home)					
<input type="checkbox"/> 45C-Intervener III	<input type="checkbox"/> 11A-Respite (Out-of-Home)					
<input type="checkbox"/> 54-Employment Assistance						
<b>Hours Worked (to be completed by employee)</b>						
Date	Time In	Time Out	Time In	Time Out	Time In	T
1	12:00 PM	8:00 PM				
2						
3						

**Unallowable  
overlap  
12pm-4pm**



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# Example 11: Billing a Span of Time on a Single Day

Month: February	Year: 2021	Program: Best D
Individual's Name Sample Individual One		
Service Provider Name Best Intervener in Texas		
Authorized Service (check only one)		
<input type="checkbox"/> 10 CFC-CFC PAS/HAB		
<input type="checkbox"/> 7-Occupational Therapy		
<input checked="" type="checkbox"/> 45-Intervener		
<input type="checkbox"/> 45A-Intervener I		

Hours Worked (to be completed)		
Date	Time In	Time Out
1	3:00 PM	8:02 PM
2	3:05 PM	8:01 PM
3	3:01 PM	7:58 PM
4	3:00 PM	8:01 PM
5	2:59 PM	7:57 PM

25 hours of intervener services were provided during the time period of February 1-5<sup>th</sup>, 2021

Individual ID	Last Name	First Initial	Submit Date	Service Code	Billing Cd	Service Begin Date	Service End Date	Units Paid	Amount Paid
123456789	INDIVIDUAL ONE	S	2/6/2021	45	G0232	2/1/2021	2/1/2021	25	550.75

**Error:** The program provider billed 2/1/2021 to 2/1/2021 as the service begin/end date.

The program provider should have been billed 2/1/2021 – 2/5/2021 **or** 2/1/2021 – 2/28/2021 to include all documented service dates.

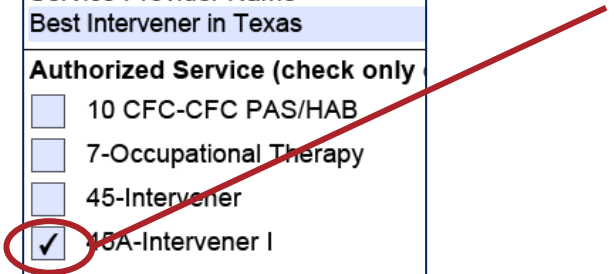


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# Example 12: Service Provider Qualifications (1 of 4)

Month: February	Year: 2021	Proj Bes
Individual's Name Sample Individual One		
Service Provider Name Best Intervener in Texas		
<b>Authorized Service (check only)</b>		
<input type="checkbox"/> 10 CFC-CFC PAS/HAB		
<input type="checkbox"/> 7-Occupational Therapy		
<input type="checkbox"/> 45-Intervener		
<input checked="" type="checkbox"/> 45A-Intervener I		
<input type="checkbox"/> 45B-Intervener II		
<input type="checkbox"/> 45C-Intervener III		
<input type="checkbox"/> 54-Employment Assistance		

45A-Intervener I



**40 TAC §49.311:** a contractor must ensure a claim for services is provided by a qualified service provider in accordance with HHSC rules governing services provided under the contract.



# Example 12: Service Provider Qualifications (2 of 4)

---

## Intervener I Qualification:

- Meets the minimum qualifications for an intervener
- Has a minimum of 6 months experience working with persons who have Deafblindness or function as a person with Deafblindness
- Has completed a minimum of 8 semester credit hours in deafblind-related course work at a college or university accredited by:
  - A state agency recognized by the US Dept. of Education; or
  - A non-governmental agency recognized by the US Dept. of Education



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# Example 12: Service Provider Qualifications (3 of 4)

---

## Intervener I Qualification:

- Have a one-hour practicum in deafblind-related course work at a college or university accredited by:
  - A state agency recognized by the US Dept. of Education; or
  - A non-governmental agency recognized by the US Dept. of Education

# Example 12: Service Provider

## Qualifications (4 of 4)

### EXPERIENCE

AUGUST 2009 - PRESENT

**HISTORY TEACHER**, BEST HIGH SCHOOL IN TEXAS

Tenth grade course, emphasis on world history.

JUNE 2005 – JUNE 2009

**JOB TITLE**, BEST DAYHAB IN TEXAS

Provided direct care to individuals with intellectual and developmental disabilities who attended the day habilitation program.

### EDUCATION

GRADUATED JUNE 1, 2005

**DIPLOMA**, TEXAS HIGH SCHOOL

General studies

GRADUATED JUNE 1, 2009

**BACHELOR OF SCIENCE IN WORLD HISTORY**, TEXAS COLLEGE

Minor in French

### SKILLS AND CERTIFICATIONS

- Fluent in American Sign Language
- CPR/First Aid Certified
- Fluent in French

Two programs meet the criteria for Intervener I in DBMD:

- [Deafblind Intervener Training Certificate – Utah State University Online](#)
- [Deafblind Central National Credential for Interveners – Central Michigan University](#)

It is unclear whether the employee's work history included working with individuals who have Deafblindness or who function as a person with Deafblindness.

The education history documented on the resume does not include any information about the required deafblind-related coursework.



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# Applicable Rules

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- [Rule §42.404](#): Service Delivery
- [Rule §42.405](#): Documentation of Services Delivered and Recordkeeping
- [Rule §49.305](#): Records
- [Rule §49.311](#): Claims Payment
- [DBMD Program Manual](#): Section 11000 Billing/Record Keeping Requirements
- [Form 6503](#): Instructions
- [Rate Analysis](#): DBMD



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# Thank you

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**For additional questions, please contact:**

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





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# IPC Revision Deadline Errors in CLASS

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**Cynthia Villarreal, *Program Specialist VI***

**Lori Camacho, *Manager IV***

**Contract Administration & Provider  
Monitoring (CAPM)**

# Awareness Timeframes

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## Awareness:

- A DSA who becomes aware of an individual's need for an IPC revision must contact/notify the CMA within **1 calendar day**
- After becoming aware of the individual's need for a revision, the CMA **must** convene the Service Planning Team (SPT) within **5 business days** of awareness to develop a proposed revised IPC, new or revised IPP(s) and supporting documentation

**Effective Dates:** Consider all necessary activities and then work with the SPT to set a realistic effective date.



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# Submission Timeframes

---

## Submissions:

- Within **5 business days** after receipt of the proposed revised IPC, IPP and IPP-A, the DSA must sign and return the documents to the CMA
- Revision packets must be submitted by the CMA to HHSC at least **30 calendar days** before the proposed effective date.
  - There are no “beyond your control” exceptions in compliance monitoring

A proposed revision packet must follow all submission standards. Failure to provide all requested documentation may result in a remand.



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# Immediate Jeopardy

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- When a DSA provides additional services to an individual as the result of a risk to their health and safety, the DSA **must** submit all required documentation to the CMA within **7 calendar days** after providing the service
- Within **7 calendar days** after the CMA receives the documentation from the DSA, the CMA must:
  - Based on the documentation, develop a proposed revised IPC and revise the IPP; and
  - Submit the proposed revised IPC, revised IPP, and documentation to HHSC

Failure to provide all requested documentation may result in a remand.



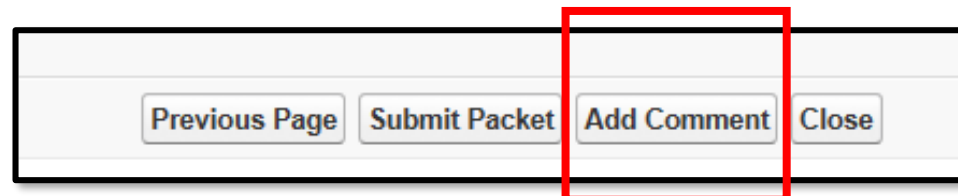
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# Remands

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## Addressing a remand:

- HHSC requests additional documentation to support the units on a proposed service plan by issuing a remand request
- Requested documentation must be provided within **10 calendar days** of **each** request
- If the case manager does not have all required documentation, the submitter may enter a comment to the packet in the [IDD Operations Portal](#) prior to a missed deadline



# After Authorization

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- Within **5 business days** of HHSC's authorization, the CMA must provide copies of the new/revised IPC and IPP to all members of the SPT.
  - When applicable, the CMA must also provide copies of the IPP-A, Form 8606-A, Form 3660, SPT Notes, and any additional documentation as agreed upon by the SPT
- The CMA must electronically access MESAV to verify that the services authorized on the renewal IPC are consistent with those authorized in MESAV by HHSC
- A DSA is responsible for verifying in MESAV that each individual's enrollment, renewal, or revised IPC has been authorized by HHSC as documented on the IPC signed by the SPT



# Terms to Remember

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**Business Day:** Any day except a Saturday, a Sunday, or a national or state holiday listed in [Texas Government Code 662.003\(a\) or \(b\)](#)

**Calendar Day:** Any day, including weekends and holidays



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# Applicable CMA Rules

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- [CLASS Provider Manual](#): Section 2300 Service Planning
- [CLASS Provider Manual](#): Section 2330 Revision
- [CLASS Provider Manual](#): Section 2331 Immediate Jeopardy of CLASS Individual
- [40 TAC §45.223](#): Renewal and Revision of an IPC
- [40 TAC §45.224](#): Revised IPC and IPP for Services Provided to Prevent Immediate Jeopardy





# Applicable DSA Rules

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- [CLASS Provider Manual](#): Section 3100 DSA Responsibilities
- [CLASS Provider Manual](#): Section 3330 Service Planning
- [CLASS Provider Manual](#): Section 3330 Revision
- [CLASS Provider Manual](#): Section 3331 Immediate Jeopardy
- [40 TAC §45.223](#): Renewal and Revision of an IPC
- [40 TAC §45.224](#): Revised IPC and IPP for Services Provided to Prevent Immediate Jeopardy



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# Thank you

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**For additional questions, please contact:**

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



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# **Community Living Assistance and Support Services**

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**Justine Jarvis, *Program Specialist***

**Intellectual Developmental Disability Program  
Eligibility and Support (IDD PES)**

# Agenda

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- Common Form Mistakes
- Suspensions
- Error Corrections - PCS
- General Information
- Critical Incident Submission
- IDD Operations Portal



# Common Form Mistakes (1 of 9)

---

## Form 3625, CLASS/CFC Documentation of Services Delivered

- This form serves as the primary billing document for services provided to eligible individuals enrolling and in the CLASS program.
- Section C – This section will be completed by the CMA or DSA when billing for pre-enrollment assessment fees.



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# Common Form Mistakes (2 of 9)

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[Form 3625](#), CLASS/CFC Documentation of Services Delivered

- Missing individual demographic information
- Missing type of assessment (Section C)
- Authorized services fields incorrect (Fields 13, 15, 16)
- The total units/amount are incorrect (Section F)



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# Common Form Mistakes (3 of 9)

Bill Codes: [LTC Bill Code Crosswalk](#)

Provider Finance: [CLASS Payment Rates](#)

Service Description	Service Code	Bill Code	Unit
CMA Partial Assessment	40	G0203	1
CMA Full Assessment	40	G0204	1
DSA Full Assessment	40B	G0208	1



# Common Form Mistakes (4 of 9)

---

[Form 8578](#), Intellectual Disability/Related Condition Assessment

- Request a level of care assignment (Purpose Code 2)
- Comply with continued-stay review (Purpose Code 3)



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# Common Form Mistakes (5 of 9)

---

## Form 8578, Intellectual Disability/Related Condition Assessment

- Diagnostic description is incorrect
- Diagnostic description spacing issues
- ID/RC submission consistency
- ABL conversion



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# Common Form Mistakes (6 of 9)

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- Diagnosis must match the [HHSC Approved Diagnostic Codes for Persons with Related Conditions List](#) with the exact wording, spelling and punctuation.
- If the diagnosis does not fit in the applicable field, please write See Provider Comments in the field and add the diagnosis to the Provider Comments section on the last page of the ID/RC.
- The scanned/paper ID/RC and electronic ID/RC must match exactly.



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# Common Form Mistakes (7 of 9)

Form 8578, ICAP Conversion

Service Level	Adaptive Behavior Level
7,8,9	I
4,5,6	II
2,3	III
1	IV

\* §45.201(a)(2), §45.213, §45.221, §261.239 (2)



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# Common Form Mistakes (8 of 9)

## Form 8578, SIB-R Conversion

RMU Range	Adaptive Behavior Level
82/90 – 100/90	I
34/90 – 81/90	II
5/90 – 33/90	III
0/90 – 4/90	IV

\* §45.201(a)(2), §45.213, §45.221, §261.239 (2)



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# Common Form Mistakes (9 of 9)

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[Form 3621-T](#), CLASS/CFC IPC Service Delivery Worksheet

- Services cannot be changed on a transfer IPC
- Incorrect amounts/units indicated on 3621-T
- Miscalculated total estimated costs
- Missing total estimated costs
- Illegible 3621-T



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# Suspensions

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## Requesting a Suspension

- Submit one request per suspension
- Submitting a new IDD Operations Portal request to close an open suspension
- Submitting duplicate suspension requests via different channels



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# Error Corrections - PCS

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If an approved submission does not match what is reflected in MESAV, please contact Provider Claims Services (PCS) and:

- Fax a Form 2067 to PCS requesting an error correction explaining what needs to be changed,
- Include a copy of the HHSC signed authorized record, and
- Include a copy of MESAV reflecting the issue.

PCS Fax Number: 512-438-4380



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# General Information (1 of 4)

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- If a correction on a document is required, please follow TAC §49.305(i) by drawing a single line through the error, inserting the correct data, initialing and dating next to the correction.

Do not use correction fluid or tape or otherwise obliterate the original entry.

- Please send a clear copy form if the form appears illegible.



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# General Information (2 of 4)

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- IDD PES reviewer will sign the paper copy Form 3621-T and add the authorized record in the portal, if applicable.
- The CMA must electronically access the Medicaid Eligibility Services Authorization Verification (MESAV) to determine if the information is consistent with Form 3621-T.



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# General Information (3 of 4)

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- Check HHSC website for the most current [forms](#).
- Verify the submission type is correct in the IDD Operations Portal.
- Verify individual's demographic information.
- Indicate the type of admitted facility for suspension requests.



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# General Information (4 of 4)

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TAC requires providers to return remands no later than 10 calendar days from the date on the remand letter.

- TAC §45.213(b), "HHSC may request current data obtained from standardized evaluations and formal assessments related to the LOC VIII criteria.
  - If HHSC makes such a request, a DSA must submit the information to HHSC within 10 calendar days after the date of the request."
- TAC §45.216(b), "At HHSC's request, the CMA must submit additional documentation supporting the proposed enrollment IPC to HHSC within 10 calendar days after HHSC's request."



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# Critical Incident Submission

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If an electronic Critical Incident submission is not possible, please submit the completed HHSC CLASS/DBMD Notification of Critical Incidents Form to HHSC:

- Fax: 512-206-3975
- Email: [CLASSPolicy@hhs.texas.gov](mailto:CLASSPolicy@hhs.texas.gov)
- Email: [DBMDPolicy@hhs.texas.gov](mailto:DBMDPolicy@hhs.texas.gov)



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# IDD Operations Portal

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To learn more about the IDD Operations Portal, you can go the IDD Operations Portal:

- [IDD Operations Portal website](#),
- [IDD Operations Portal Flyer \(PDF\)](#), or
- [IDD Operations Portal User Guide \(PDF\)](#).

To access the portal login:

- [IDD Operations Portal Login Page](#)

For technical issues, contact the IDD Operations Portal Team at [IDD\\_Ops\\_Portal@hhs.texas.gov](mailto:IDD_Ops_Portal@hhs.texas.gov).



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# Thank You!

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**IDD PES Message Line: 512-438-2484**

**IDD PES Fax No.: 512-438-5135**

**CLASS/CFC NW Manager:  
Edgar.Quinteros@hhs.texas.gov**



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# CLASS / DBMD Quarterly Webinar Questions and Answers?





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# Thank you for Attending!

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**Don't forget to take the Post-Webinar Survey!**