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Welcome to the CLASS- DBMD Quarterly Webinar

Thank you for joining us for today's webinar!
June 8, 2023

Control Panel Features



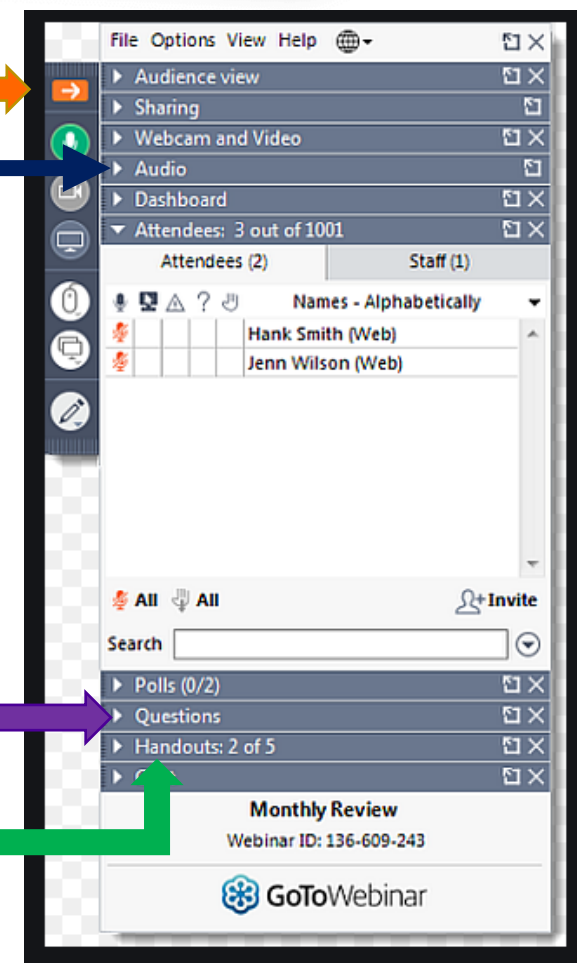
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Grab Tab

Audio

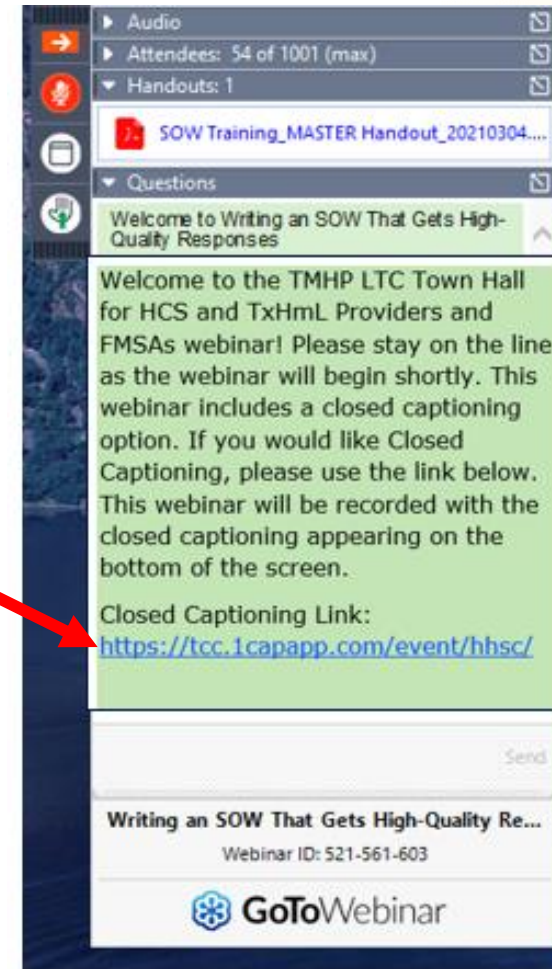
Questions

Handouts



Closed Captioning Option

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3. Link will open a new internet browser window displaying more lines of text.



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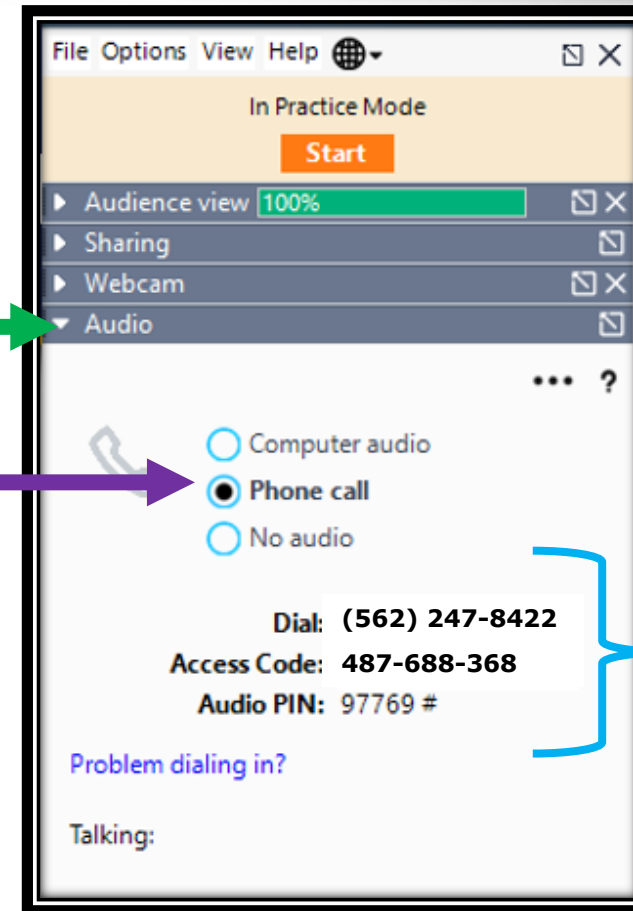


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1. Click
Audio tab

2. Select
Phone Call

3. Dial-in
Information



Have a Question?

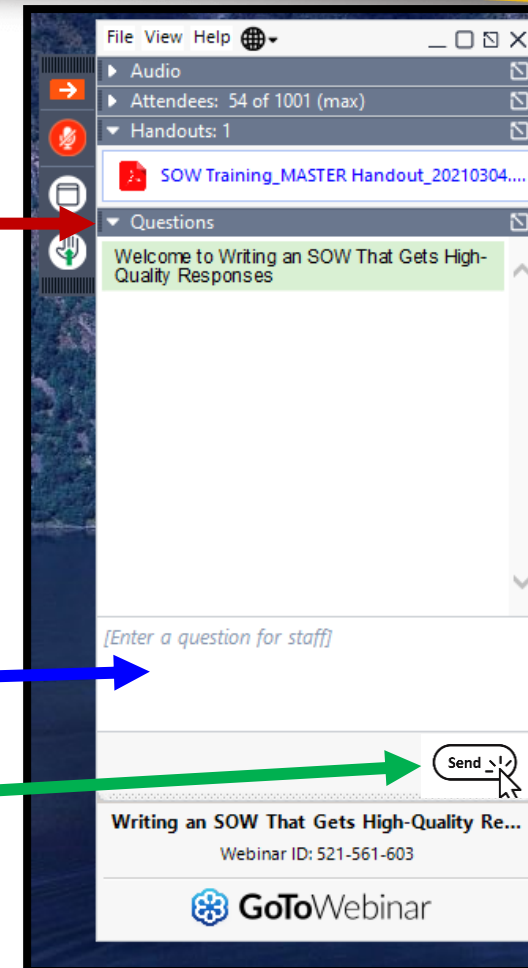


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1. Open your Questions Tab

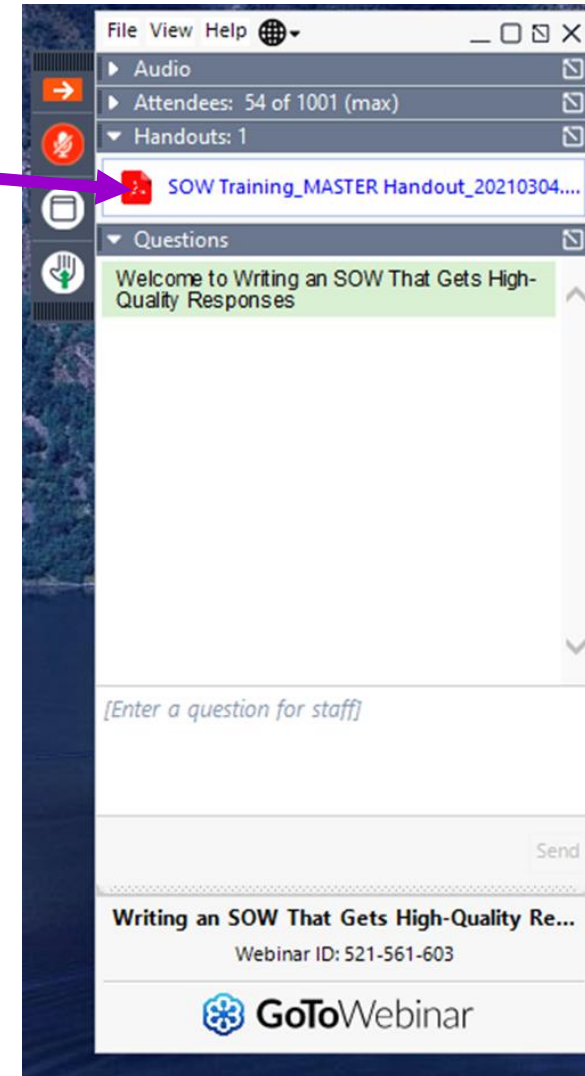
2. Type your question in the box provided.

3. Click **Send**



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Please complete our Survey!



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- **Questions?**
 - **Suggestions?**
 - **Comments?**
- Let us know!
- Please take a moment to complete the Post Survey! Your responses will provide valuable input to the development of future webinars!





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Thank you

Technical questions?

Email: Dawn.Roland@hhs.texas.gov



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CLASS and DBMD Quarterly Webinar

**Kaili Hintz, Manager V
Long-Term Services and Supports Policy
Texas Health and Human Services Commission
June 8, 2023**

Objectives

Review the purpose of the Community Living Assistance & Support Services (CLASS) and Deaf Blind with Multiple Disabilities (DBMD) HCBS rule changes

Review substantive changes to existing requirements in the CLASS and DBMD rules

CLASS and DBMD service planning team requirements

DBMD Individualized Skills and Socialization rule

Common Non-Compliance Findings Fiscal Year 23, Q1 and Q2



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Federal HCBS Settings Rule

- Federal regulations issued by the Centers for Medicare and Medicaid Services (CMS) in 2014.
- Adds new requirements for the settings where Medicaid Home and Community-Based Services (HCBS) are delivered.
- Regulations aim to enhance the quality of HCBS, provide additional protections to people who receive services under Medicaid, and ensure HCBS settings support full access to the community.
- Deadline for state compliance: March 17, 2023



Federal HCBS Settings Rule

Texas Medicaid Waiver Programs that must comply with HCBS Settings Rule:

- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Medically Dependent Children Program (MDCP)
- STAR+PLUS Home and Community-Based Services (HCBS)
- Community First Choice (CFC)
- HCBS – Adult Mental Health (HCBS-AMH)
- Youth Empowerment Services (YES)



Federal HCBS Settings Rule

(Slide 3 of 4)

CLASS rules are now located in [Title 26 Chapter 259](#)

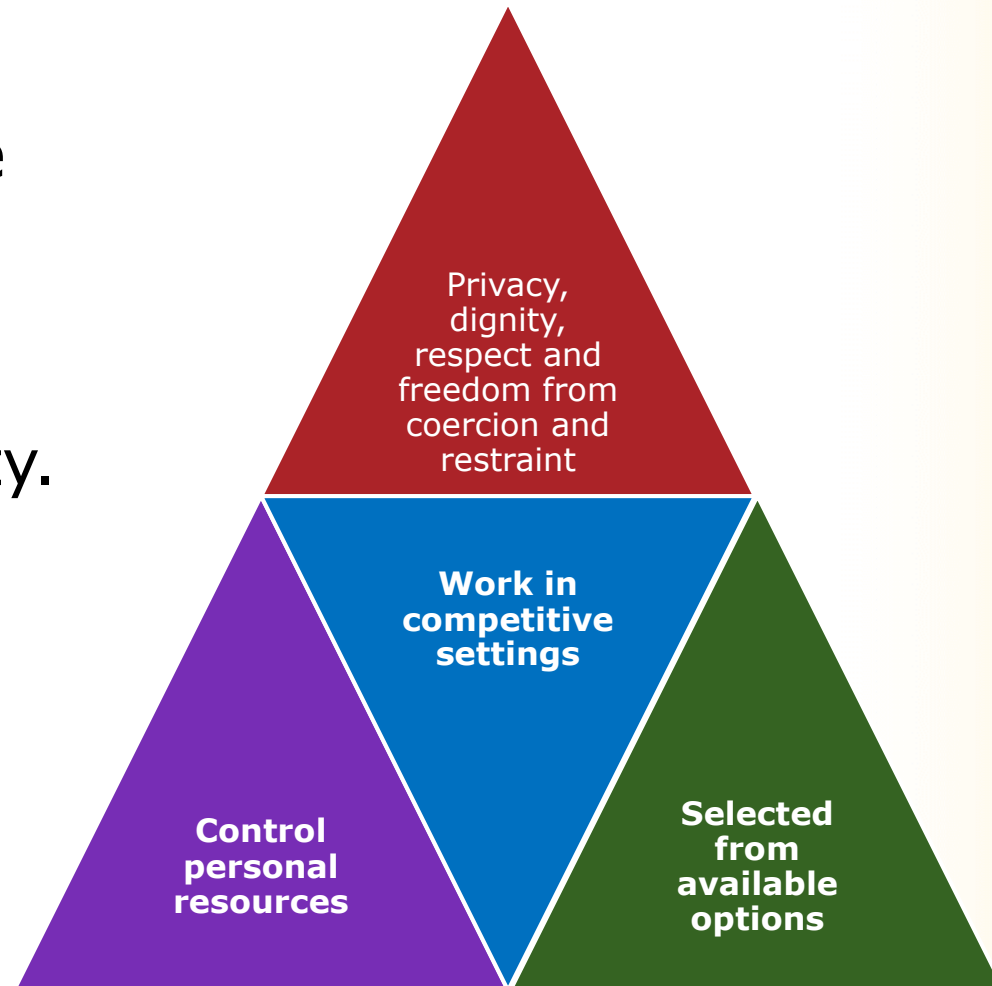
DBMD rules are now located in [Title 26 Chapter 260](#)



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Federal HCBS Settings

The HCBS Settings Rule requires that a Medicaid HCBS setting supports a person's full access to the community.



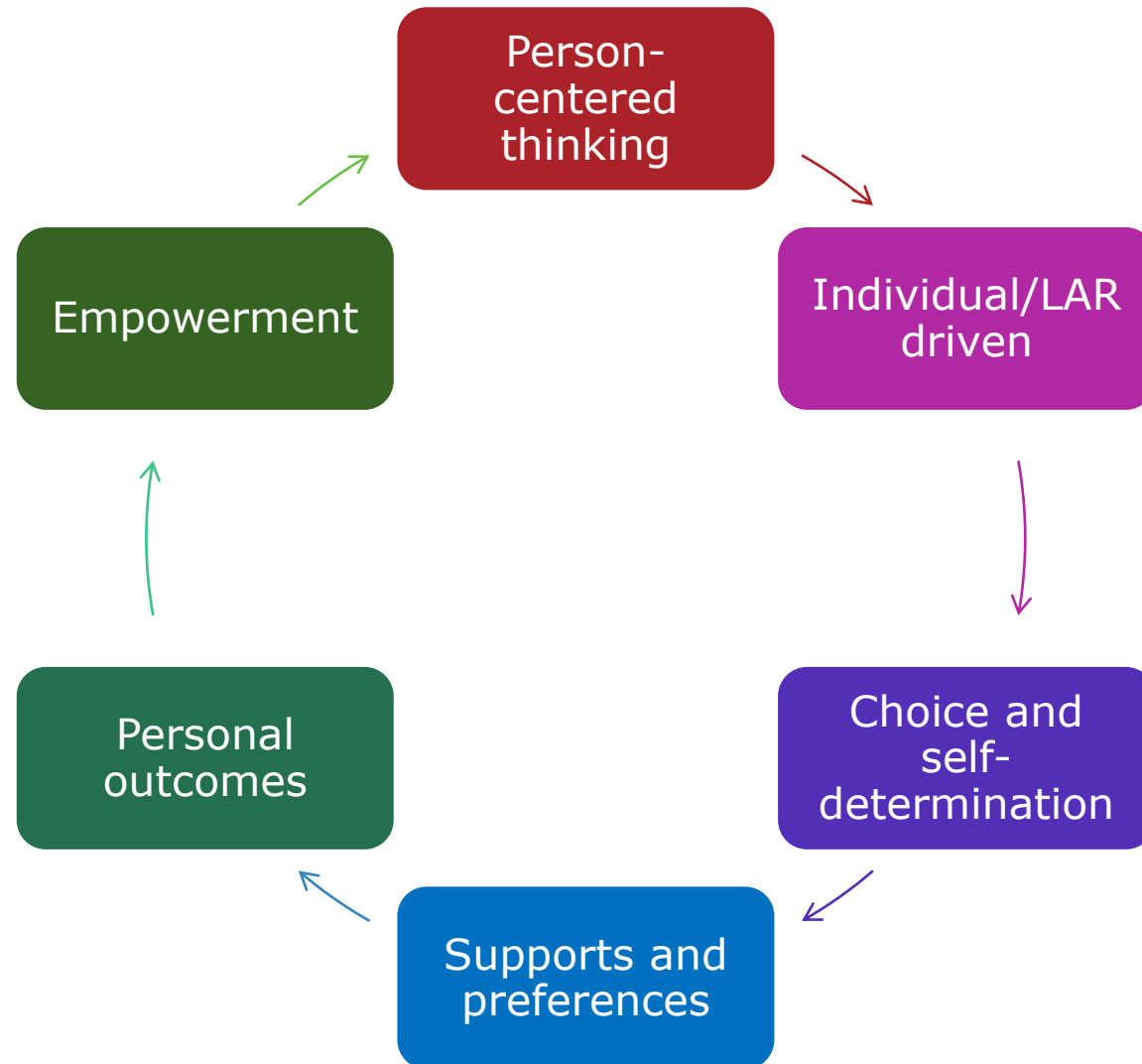
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Person-Centered Planning

Person-Centered Planning





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Provider-Owned or Controlled Residential Settings

Provider-Owned or Controlled Residential Settings

Privacy

Access

Choice

Safety

Activity

Space



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Residential Agreements



Lease
Information

Required
Provisions

Room and Board



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Licensed Home Health Assisted Living

A program provider must ensure an individual living in a licensed home health assisted living residence has a written lease.

The lease must provide the same responsibilities and protections against eviction that tenants have under state law governing residential tenancies.



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Prevocational Services



Prevocational Services

- New guidance from CMS has clarified that prevocational services are provided in a provider-owned or controlled setting
- HHSC will be requesting information on where individuals in the CLASS Program currently receive prevocational services
- More information is forthcoming





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Service Planning Team

Service Planning Team

CLASS

Enrollment, revisions and renewals may be conducted in-person or via videoconferencing.



The SPT should be completed using person-centered planning practices.



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Service Planning Team

CLASS

CLASS Handbook Section 2350

While individuals or their LAR may request the case manager meet in locations other than their own home/family home, case managers should remind them that meeting in the home allows the SPT the opportunity to determine if other needs of the individual may be met by through CLASS or CFC services.



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Service Planning Team

DBMD

Enrollment and renewal must be conducted in-person



Revision IPC development does not require in-person meeting



The SPT should be completed using person-centered planning practices.



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SPT Signatures

CLASS SPT members

- Individual
- LAR (if applicable)
- Case Manager
- DSA

DBMD SPT members

- Individual
- LAR (if applicable) or actively involved person
- Case Manager
- Program Director or RN (that is not a CM)

Signature requirements

- Written signatures for all meetings held in person
- For SPT meetings held via videoconferencing, signatures may be obtained:
 - Electronically
 - By fax
 - By United States mail



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IPP Service Review

- HHSC released [Information Letter 2023-11](#) in March to notify CLASS and DBMD providers that the temporary allowances related to the COVID-19 public health emergency end on May 11, 2023
- This includes the allowance for case manager visits to be conducted via videoconference



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IPP Service Review - CLASS

(1 of 3)

- Meet with the individual and LAR in-person to conduct an IPP service review meeting:
 - In the individual's home (at least once per IPC period)
 - At another location chosen by the individual/LAR
- Scheduled in accordance with CLASS Provider Manual



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IPP Service Review – DBMD

(Slide 3 of 4)

- Meet with the individual and LAR (if applicable) in-person to conduct an IPP service review meeting:
 - In the individual's home
 - At another location as requested by the individual/LAR
- Scheduled in accordance with *DBMD Provider Manual*



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IPP Service Review

- The purpose of meeting in the setting where services are delivered is to allow the case manager to verify that services listed on the IPC are delivered as described in the IPP.
- This function is best accomplished by the case manager observing CLASS services in the setting in which they are provided.





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Individualized Skills and Socialization

DBMD Program

Individualized Skills & Socialization



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Day Habilitation

- Limited opportunities for community integration
- Most services provided in facility-based congregate setting
- Unlicensed providers

Individualized Skills and Socialization

- Increased opportunities for community integration through off-site delivery model
- Increase alignment between activities and individualized goals
- Licensed providers

Individualized Skills & Socialization



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Person
Centered
Activities



Support
pursuit and
achievement
of
employment



Personal
Assistance

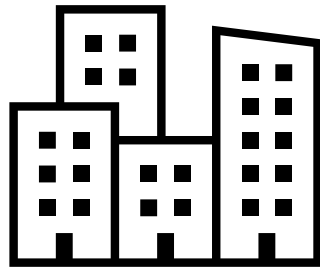


Medication
and nursing
tasks



Individualized Skills & Socialization

Types of Individualized Skills and Socialization:



On-Site

In a building or a portion of a building owned or leased by provider



Off-Site

In a community-based setting chosen by the person receiving services



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Individualized Skills and Socialization

Program Provider Requirements



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Must make both on-site and off-site available to individual.

In accordance with IPC and IPP

Staffing Ratios: DBMD

Includes persons enrolled in other waiver programs receiving individualized skills and socialization or persons receiving a similar services

On-Site 1:3

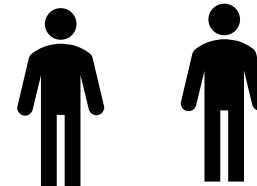


Individual



Service
Provider

Off-Site 1:2





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Common Non-Compliance Findings: Fiscal Year 23, Q1 and Q2

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

Non-Compliance

Frequently Cited Areas of Non-Compliance:

- **CMA:** IPP Service Reviews
- **DSA:** ID/RC Submissions
- **DBMD:** Required Staff Training



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CMA: Ongoing Monitoring

Case Management Activities

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 CDS service delivery option when completing the PAS/Hab Plan;



CMA: Ongoing Monitoring (cont.)

Case Management Activities (cont.)

- **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 through the employment of person-centered planning techniques.



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CMA: IPP Service Reviews

Required Elements

During an IPP Service Review, the case manager must complete Form 3595 to:

- review the services received as documented on the IPC;
- document **progress** or **lack of progress** toward goals and objectives (outcomes) as described on the IPP for **each** service listed on the individual's IPC;
- assess the individual's satisfaction with the provision of CLASS program services;
- determine if the service backup plan was implemented and if it met the needs of the individual; and
- identify any changes to the individual's needs to include any needed revisions to the service backup plan.

CMA: Form Completion

Form 3595 Completion

Complete all sections of Form 3595 for each authorized service. Incomplete sections or missing elements will result in a non-compliance finding.



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10CFC – Community First Choice (CFC) – Personal Assistance Services (PAS) Habilitation

Is this service authorized on the IPC? ☒ Yes ☐ No If yes, number of authorized units: 2400

- | | | | |
|--|---|--|---|
| 1. Was this service category delivered in accordance with IPP/IPC? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 2. Is this service meeting the individual's needs? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Did (SPT) identify a need for a backup plan? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4. Did SPT create a backup plan for this service? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5. Was backup plan implemented? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 6. Did backup plan meet the individual's needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

CMA: Status vs. Progress

Status is a broad overview of the service.

7. Status of services provided:	Services were provided this quarter without interruption. John received services from 8am-4pm, M-F.
	PAS/Hab staff provided assistance with ADLs and community integration as outlined in his IPP. John expressed satisfaction with
	this service.
Follow-up:	John's family is going on vacation June 5-9. John will not receive services while he is away. Will resume on 6/12/2023.

Progress focuses more on specific tasks and milestones.

Document the progress of each service, goal or objective as indicated on the IPP:	
Goal 1 - Fold one load of clean towels weekly:	John made progress towards this goal throughout the quarter. With prompting, John was
	able to fold at least two towels each week. Will continue to work towards folding a full load of towels.
Goal 2 - Participate in at least 2 community gatherings/outings each month:	John was hospitalized with pneumonia in March and his LAR
	wanted to put this goal on hold while he recovered. Outings resumed this month and John attended a local Cinco de Mayo parade.
	Little progress was made this quarter. Will continue to work on this goal.
Follow-up:	None



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DSA: ID/RC Completion

Form Completion

A DSA must ensure that no more than 120 calendar days before IPC expiration, an RN completes:

- the HHSC Related Conditions Eligibility Screening Instrument (RCESI) [Form 8662](#);
- the ID/RC Assessment [Form 8578](#); and
- the HHSC CLASS/DBMD Nursing Assessment [Form 6515](#).



DSA: ID/RC Submission

Form Submission

A DSA must ensure that at least 60 calendar days before IPC expiration, they submit:

- the results of the most current adaptive behavior screening assessment
- the completed RCESI; and
- the completed ID/RC assessment.



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DSA: ID/RC Tracking

Reminder

A DSA must have and implement written policies and procedures to ensure compliance with the submission requirements outlined in [26 TAC §259.75](#).

A DSA's written policies and procedures must include using a written or electronic tracking system that alerts the DSA to activities that must occur for the DSA to timely submit documentation to HHSC as required by §259.75(a)(2).



DBMD: General Orientation Training

General Orientation Training

A program director and a service provider must complete the following curriculum **before** assuming job duties and **annually** thereafter:

- the rights of an individual;
- confidentiality;
- the program provider's complaint process; and
- the DBMD Program and CFC requirements




DBMD: General Orientation Training (cont.)

Documentation Requirements

A program provider must document:

- the name of the person who received the training;
- the date the training was conducted; and
- the name of the person who conducted the training.

[HHSC Form 6519](#) can be used to document the completion of General Orientation Training.

		Form 6519 February 2023
Deaf Blind with Multiple Disabilities Record of Completion for General Orientation Training		
Name of Service Provider: John Smith		
Name of Trainer: Jane Smith	Date Training Completed: 4/3/2023	



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DBMD: Service Provider Training

DBMD Program Service Provider Training

All service providers, must complete the DBMD Program Service Provider Training within:

- Six months after assuming job duties for case managers
- 90 calendar days after assuming job duties for all other service providers

The following service providers are excluded from this training requirement:

Audiology, Behavioral Support, Chore Services, Dietary, Orientation & Mobility, Occupational Therapy, Physical Therapy and Speech, Hearing and Language Therapy.



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DBMD: Service Provider Training (cont.)

HHS Learning Portal

Service providers may fulfill this requirement by taking the DBMD Provider Training located in the [HHS Learning Portal](#).

If a program provider develops and conducts their own training, they must ensure that the staff person who develops and conducts the training has successfully completed the DBMD Program Service Provider training provided by HHSC before developing or conducting training.



DBMD: Service Provider Training (cont.)

Curriculum Requirements

Training developed by the program provider must include:

- methods and strategies for communication;
- active participation in home and community life;
- orientation and mobility;
- behavior as communication;
- causes and origins of deafblindness; and
- vision, hearing, and the functional implications of deafblindness.

DBMD: Service Provider Training (cont.)

Documentation Requirements

A copy of the certificate issued by HHSC must be maintained for a training completed in the HHS Learning Portal.

For training developed and conducted by the program provider, documentation must include:

- the name of the person who received the training;
- the date the training was conducted; and
- the name of the person who conducted the training.

[HHSC Form 6520](#) can be used to document the completion of DBMD Program Service Provider Training



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DBMD: Training on Needs of an Individual

Individual Specific Training

Training on the needs of an individual must be completed:

- before providing services to the individual
- at least annually; and
- If the individual's needs change.

This applies to service providers of:

Licensed assisted living, licensed home health assisted living, employment assistance, individualized skills and socialization, respite, supported employment, transportation and CFC PAS/Hab.



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DBMD: Training on Needs of an Individual (cont.)

Required Elements

Training on the needs of an individual must include:

- the special needs of the individual, including the individual's:
 - methods of communication;
 - specific visual and audiological loss; and
 - adaptive aids;
- managing challenging behavior, including training in:
 - prevention of aggressive behavior; and
 - de-escalation techniques; and

Instruction must occur in the individual's home with full participation by the individual, LAR, or other actively involved person, as appropriate, concerning the specific tasks to be performed.



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DBMD: Training on Needs of an Individual (cont.)

Documentation Requirements

A program provider must document:

- the name of the person who received the training;
- the date the training was conducted;
- the name of the individual;
- the topic of the training; and
- the name of the person who conducted the training.

[HHSC Form 6518](#) can be used to document the completion of Individual Specific Training.



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CLASS CMA Rules

- [26 TAC §259.79](#): Renewal and Revision of an IPC
- CLASS Provider Manual: [Section 2350 IPP Service Review](#)
- CLASS Provider Manual: [Section 7210 Case Management](#)
- CLASS Provider Manual: [Appendix X IPP Service Summary/IPP Service Review due Dates Chart](#)



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CLASS DSA Rules

- [26 TAC §259.75](#): Annual review by HHSC of Whether an Individual Meets LOC VIII Criteria
- [26 TAC §259.85](#): Tracking Annual Renewal of an ID/RC Assessment by a DSA
- CLASS Provider Manual: [Section 3320 DSA Renewal of Level of Care](#)
- CLASS Provider Manual: [Appendix V, ID/RC Professing, for additional information and detailed instructions for DSAs](#)



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DBMD Rules/Resources

- [26 TAC §260.205](#): Training
- [HHSC Form 6518](#): Record of Completion for Individual Specific Training
- [HHSC Form 6519](#): Record of Completion for General Orientation Training
- [HHSC Form 6520](#): Record of Completion for the DBMD Program Service Provider Training
- [HHS Learning Portal](#)



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Thank you

For additional questions 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)

Questions?



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Thank you

For additional LTSS Policy questions please contact:

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DBMDPolicy@hhs.texas.gov