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Welcome to the CLASS- DBMD Quarterly Webinar!

Housekeeping Presentation
Dawn M. Roland, Program Specialist, Program Policy
September 7, 2023

Control Panel Features



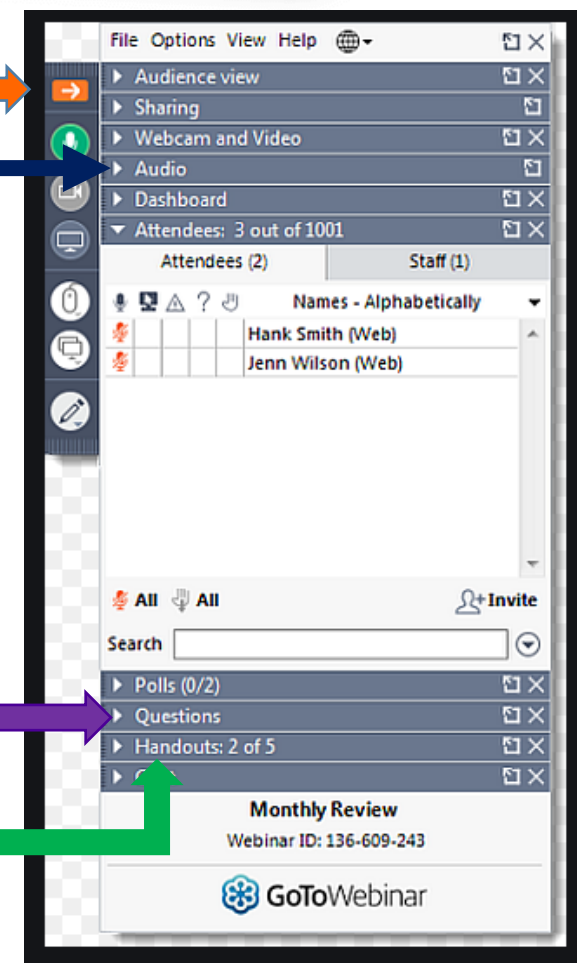
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Grab Tab

Audio

Questions

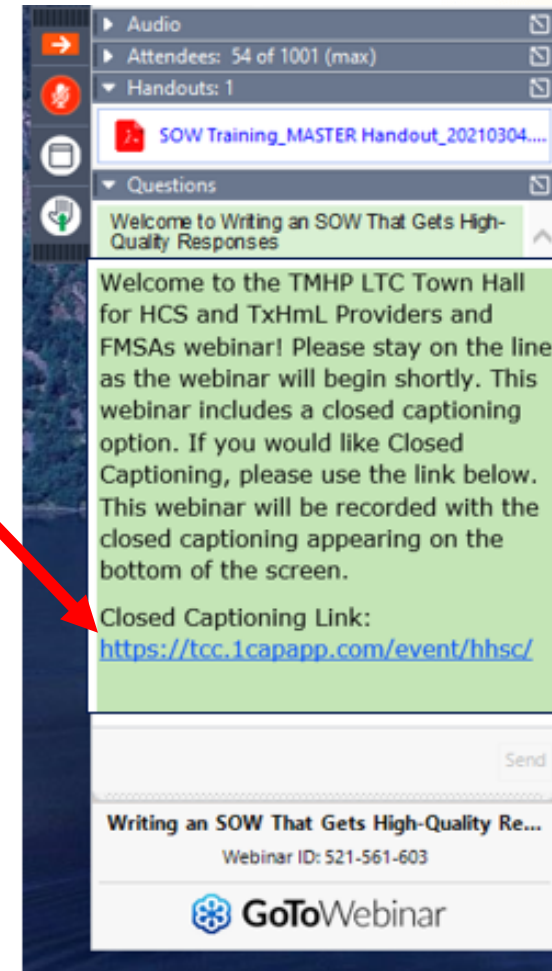
Handouts



Closed Captioning Option

1. Open your Questions tab located in your navigation pane.
2. Click on the closed captioning link provided.
3. Link will open a new internet browser window displaying more lines of text.

Note: Closed Captioning Link today:
<https://tcc.1capapp.com/event/ltss/>



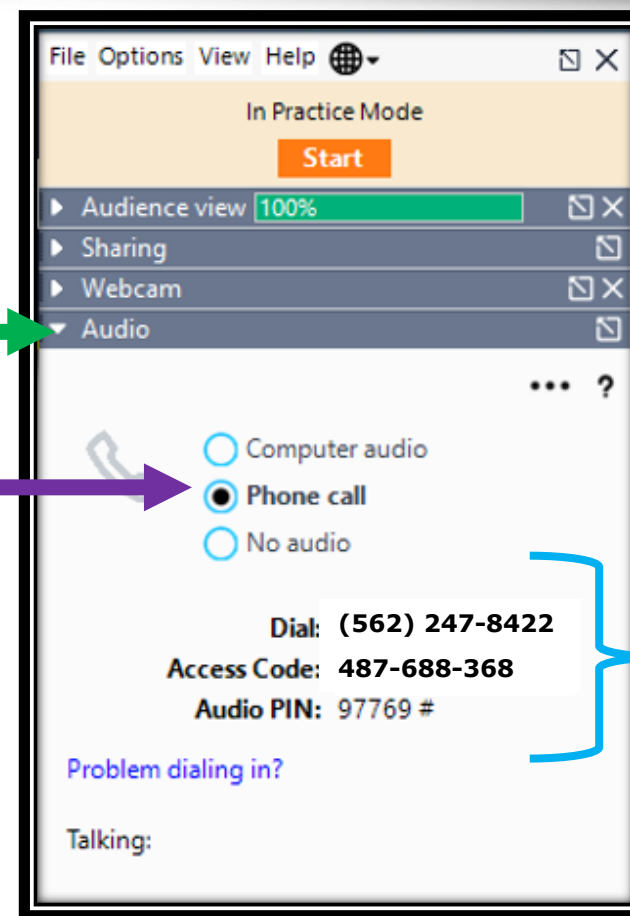
Telephone Audio Option



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1. Click
Audio tab

2. Select
Phone Call



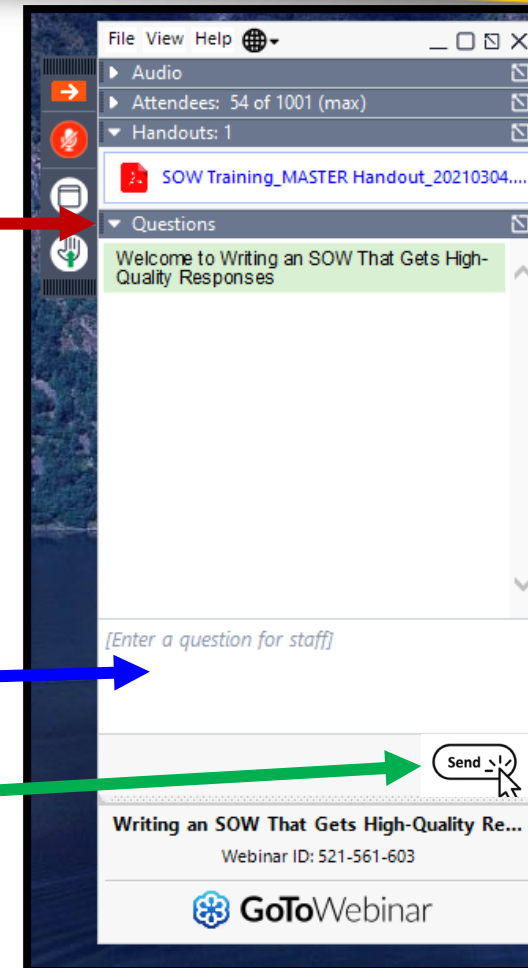
3. Dial-in
Information

Have a Question?



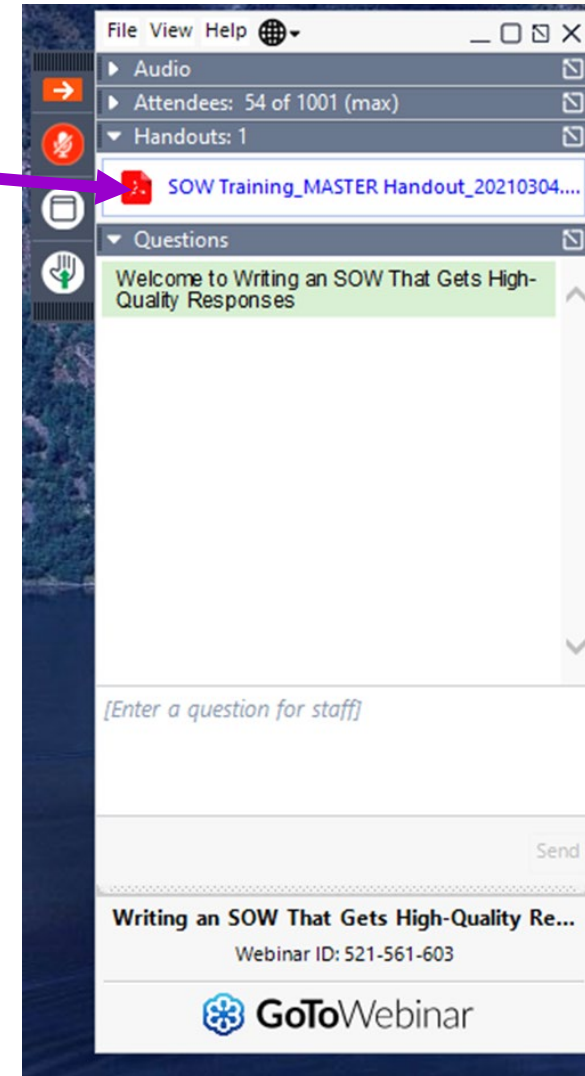
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1. Open your Questions Tab
2. Type your question in the box provided.
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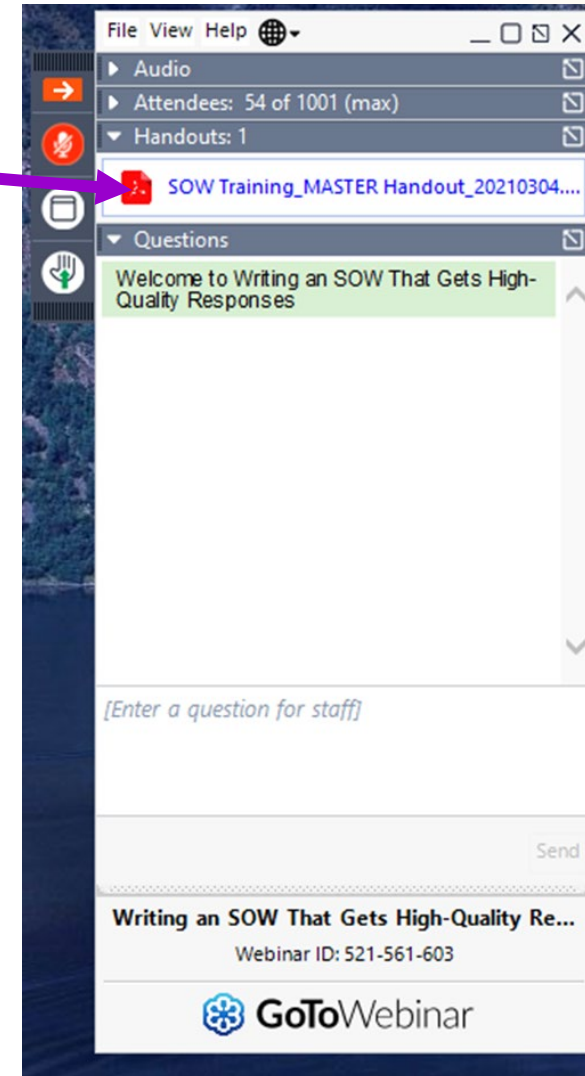
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Please complete our Survey!

- **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?

Please email: Dawn.Roland@hhs.texas.gov



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CLASS and DBMD Quarterly Webinar

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

September 7, 2023

Objectives

LTSS

- DBMD Case Management Rate Change
- HHSC Attendant Rate
- CPR Training

LTCR

- New ANE Reporting Process for HCSSA

PES

- CLASS Letters
- Suspension Procedures
- Fair Hearings

EVV

- EVV Contract Transition
- EVV Home Health Care Services Expansion

Policy

- First Employment Assessment Tool

PCS

- Error Correction to IPC



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DBMD Case Management Rate Change

Effective September 1, 2023

DBMD Case Management Rate Change



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88th Legislative
Session

Support
changes to
DBMD

Does not
impact billable
activities

[Information Letter 2023-37](#)

DBMD Case Management Rate Change



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Rate Amount
\$251.30

Effective Date
09/01/23

Note: Rate will be changing from hourly to monthly

Form Updates

Form 6500
Individual Plan of
Care (IPC)



Form 6500-T
IPC Service
Delivery Transfer
Worksheet

- ★ Updated versions include Service Code 12 and Service Code 12D.
- ★ Service Code 12 will no longer be Medicaid billable for dates of service after Sept. 1st.



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Questions?



Policy changes:

DBMD Policy

dbmdpolicy@hhs.texas.gov

IPC Submissions to HHSC:

Utilization Review

(512) 438-4896

Provider Rates:

Provider Finance Department

providerfinancedept@hhs.texas.gov



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CPR Requirements



- A service provider of CFC PAS/HAB must complete training prior to providing services to an individual
- Includes training in cardiopulmonary resuscitation (CPR) and choking prevention
- In-person evaluation by a qualified instructor of service providers ability to perform these actions



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HHSC Attendant Rate

- [Information Letter 2023-33](#) related to increased payment rates
- New rates are effective Sept. 1
- Alert issued Aug. 31 to providers
- Upcoming information letter with additional guidance



Form Updates-Rates

- HHSC is updating forms to reflect rates effective Sept. 1
- Form 3621 and Form 3621-T have been updated effective Sept. 1
- Form 6500 and 6500-T updates soon
- Providers should use updated forms for all service planning activities.



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CLASS Services



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Habilitation - Prevocational Services

Respite In-Home

Community First Choice (CFC)
Personal Assistance Services or Habilitation (PAS/HAB)

Habilitation

Transportation - Habilitation

DBMD Services



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Respite In-Home

Licensed Assisted Living Services – 24-Hr.

Licensed Home Health Assisted Living

18-Hour Assisted Living

Community First Choice (CFC)
Personal Assistance Services or Habilitation (PAS/HAB)

Transportation – Residential Habilitation



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Thank you

DBMD questions: DBMDPolicy@hhs.texas.gov

CLASS questions: CLASSPolicy@hhs.texas.gov



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Abuse, Neglect, and Exploitation Reporting for HCSSA

Jennifer Morrison
Long-Term Care Regulatory (LTCR) Policy

New Process

Previously a HCSSA provider reported to both DFPS and HHSC (Complaint and Incident Intake—CII)

A new process streamlines and enhances efficiency of reporting and investigation of alleged Abuse, Neglect and Exploitation (ANE) by a HCSSA.

Reporting alleged ANE by a HCSSA provider changed

Phase One

July 1, 2023

Phase Two

September 1, 2023



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As of September 1, 2023

HCSSA's are to report **all** abuse, neglect and exploitation to HHSC CII, if there is cause to believe alleged ANE was committed by an employee, volunteer, contractor or subcontractor of the HCSSA, including family members employed by a HCSSA the agency must self report by doing **one** of the following:

- **Submit on-line:**
<https://txhhs.force.com/TULIP/s/>
- **Email CII at:**
ciicomplaints@hhs.Texas.gov
- **Call by Phone:**
800-458-9858



As of 9/1, DFPS will no longer investigate allegations involving HCSSA providers.

Reminder



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A provider still needs to report to DFPS if the agency has cause to believe that a consumer is in a state of self-neglect.

This requirement has not changed.



Sign-up for GovDelivery

- Go to: <https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>
- Enter your email address.
- Confirm your email address, select your delivery preference, and submit a password if you want one.
- At a minimum, select HCSSA or your preferred topics.
- When done click "Submit."

☐ **Provider Alerts**

- ☐ Assisted Living Facilities (ALF) Resources
- ☐ Assisted Living and Residential Care (ALRC) Resources
- ☐ Community Living Assistance and Support Services (CLASS) Resources
- ☐ Consumer Directed Services (CDS) Resources
- ☐ Consumer Managed Personal Assistance Services (CMPAS) Resources
- ☐ Electronic Visit Verification
- ☐ Local Authorities Resources
- ☐ Texas Minimum Data Set (MDS) Resources
- ☐ Day Activity and Health Services (DAHS) Resources
- ☐ Deaf-Blind with Multiple Disabilities (DBMD) Program Resources
- ☐ Employment First
- ☐ Family Care (FC) Resources
- ☐ Federal Survey and Certification (S&C) Letters
- ☒ Home and Community Support Services Agencies (HCSSAs) Resources



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Resources

Long-term Care Regulation Policy Mailbox

LTCRPolicy@hhs.texas.gov

Questions about incidents?

Call the CII hotline at 800-458-9858.

Incident Submission Portal Page

<https://www.hhs.texas.gov/services/your-rights/complaint-incident-intake/provider-self-reporting/incidents-submission-portal-long-term-care-providers>



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Please send questions to:
LTCRPolicy@hhs.texas.gov



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CLASS Program Eligibility and Support

Edgar Quinteros
CLASS/CFC Unit Manager
IDD Program Eligibility and Support

CLASS Suspension Submitting Documentation



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CMA:

- **Suspension Request** – Form 2067, Case Information
 - CMA completes and submits the request via the IDD Portal
 - Request is authorized and returned to CMA
 - Submission **Packet Status** is set to **Return For Revision** when only the suspension begin day is reported
 - CMA submits the suspension end date request using the original packet number
- Request is authorized, returned to CMA, and **Packet Status** is set to **Complete**
- When CMA submits the suspension begin and end dates together, the request is authorized, returned to CMA, and the **Packet Status** is set to **Complete**

CLASS Suspension Submitting Documentation (cont.)



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CMA:

- **Continuation of suspension** – Form 2067, Case Information
 - CMA ends the open six-month suspension by submitting Form 2067 via the IDD Portal
 - CMA submits Form 2067 via the IDD Portal to request for continuation of suspension in accordance with the 30-calendar-day timeframe
 - The submission type is **Request for Continuation of Suspension**
 - Form 2067 is authorized and returned to CMA
 - When extenuating circumstances exist and individual anticipates resuming participation in the CLASS Program during the extension, CMA submits additional request(s) for the continuation of the suspension

CLASS Letters



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- In July 2023, HHSC published communication related to enrollments, denials, suspensions, and terminations on the CLASS webpage.
- The letters are in accordance with the actions taken by HHSC and the current rule.
- In most instances, the Case Management Agency is the one retrieving the dedicated letter from the IDD Portal and sharing it with other providers, to include the individual and/or Legally Authorized Representative (LAR). These letters are due to:
 - Enrollment Approvals
 - Enrollment Denials
 - Suspensions
 - Terminations

CLASS Letters (cont.)



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- For enrollment denials, the Program mails the letter to the individual or LAR and uploads a copy of the letter for the CMA to distribute it to the DSA, and FMSEA, if selected.

CLASS Pipeline



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- At the beginning of April 2023, the CLASS Program began working the pending CLASS enrollment pipeline with the aim of contacting Case Management Agency (CMA) and Direct Service Agency (DSA) to facilitate the enrollment process.
- Providers are continuing to receive emails, faxes, and telephone communications to contact the individual or Legal Account Representative (LAR) to complete any missing enrollment form in a timely manner and to continue with the enrollment process.

CLASS Pipeline (cont.)



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- If clients can't be located after several attempts, CMA and/or DSA contact the CLASS reviewer to obtain further guidance.
- If an individual or LAR is already enrolled, would be enrolling in another waiver program, or would like to withdraw from the CLASS enrollment procedure, the CMA or DSA requests the individual or LAR to complete Form 1351.



Fair Hearing Process

**Proposed CLASS Termination due to
Loss of Financial Eligibility**

Fair Hearing Process



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Proposed CLASS Termination due to Loss of Financial Eligibility

- On the third week of every month, the Fair Hearing Coordinator (FHC) generates a report detailing which individuals lost or would lose financial eligibility.
- FHC contacts CMA and supplies them the proposed termination, appeal request, Form 4800D, and H1003.
- CMA contacts the individual, DSA and FMSA (if applicable).
- If individual/LAR wants an appeal, they sign the appeal request and return it to the CMA.

Fair Hearing Process (cont.)



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- CMA completes Form 4800D and returns it with the signed appeal request.
- FHC enters the appeal request received into TIERS to schedule the appeal.
- The Fair Hearing office sends the Hearing Notice (H4803) to the FHC and the appellant/LAR
- A CLASS Reviewer is invited to the hearing, and the fair hearing evidence packet is distributed to all stakeholders
- If individual is already enrolled in CLASS, they will continue to receive services until a hearing officer issues a formal decision, if individual/LAR or CMA requests a fair hearing within 10 days of the day the Loss of Financial Eligibility is completed.

Fair Hearing Process (cont.)



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When CMA has learned individual lost or would lose eligibility

- CMA emails Form 2067 to FHC Sunday.Williams@hhs.texas.gov
- FHC checks to see if a proposed termination letter was already sent to CMA
- FHC confirms loss of individual's Medicaid.
- FHC furnishes the CMA with the proposed termination, appeal request, 4800D, and H1003.



Section 1000 Fair Hearings

- [1000, Fair Hearings | Texas Health and Human Services](#)

Fair Hearings TAC (Title 1, Part 15, Chapter 357, Subchapter A)

- [\[https://texreg.sos.state.tx.us/public/readtac\\\$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=166787&p_tloc=&p_ploc=1&pg=8&p_tac=&ti=1&pt=15&ch=357&rl=11\]\(https://texreg.sos.state.tx.us/public/readtac\$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=166787&p_tloc=&p_ploc=1&pg=8&p_tac=&ti=1&pt=15&ch=357&rl=11\)](#)

Form H1003, Appointment of an Authorized Representative

- [<https://www.hhs.texas.gov/regulations/forms/1000-1999/form-h1003-appointment-authorized-representative>](#)

Resources (cont.)



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Form 4800-D Fair Hearing Request Summary

- [Form 4800-DA, 4800-D Addendum | Texas Health and Human Services](#)

HHSC Updates to Communication Related to Enrollment, Denials, Suspensions and Terminations

- [HHSC Updates to Communication Related to Enrollment, Denials, Suspensions and Terminations | Texas Health and Human Services](#)

Form 2067

- [Form 2067, Case Information | Texas Health and Human Services](#)



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Thank you

Please send questions to
IddProgEligSpt@hhs.texas.gov



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Electronic Visit Verification (EVV): Where Are We Now?

**Jordan Nichols, Deputy Associate Commissioner for Medicaid/CHIP
Operations Management**
Patrick Kampan, Director EVV Operations
James Brady, EVV Contract Oversight and Finance Manager
Alex Nicholas, EVV Contract Specialist

Topics



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Contract Transition

- Background
- Key Changes
- EVV Proprietary System Onboarding Update
- Timeline of Transition
- EVV Compliance

EVV Home Health Care Services Expansion

- Background
- Timeline of Implementation
- Requirements for Implementation

Other EVV Updates



Contract Transition

Background on Contract

- In 2016, the Centers for Medicare & Medicaid Services (CMS) recommended states adopted a modular strategy for Medicaid Management Information System (MMIS)
- Texas Medicaid & Healthcare Partnership (TMHP) current oversight:
 - Claims management
 - Provider enrollment and management
 - Prior authorizations
 - Encounters processing
 - Electronic visit verification
 - Rates adoption
 - Data analytics and integration
 - Third-party liability
 - Call center operations
 - Program integrity



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Request for Proposal

- HHSC was required to reprocure these services as a result of the current TMHP (Accenture) contract expiring.
 - This includes the contract for the current EVV vendor systems (AuthentiCare and Vesta EVV).
- CMS directive – reprocure and reduce costs
- April 26, 2022:
 - HHSC posted a public competitive solicitation for [EVV System Management Services](#).
 - Competitive bid and selection process
- October 12, 2022:
 - HHSC notified EVV stakeholders of [Potential Electronic Visit Verification Changes Coming in 2023](#).



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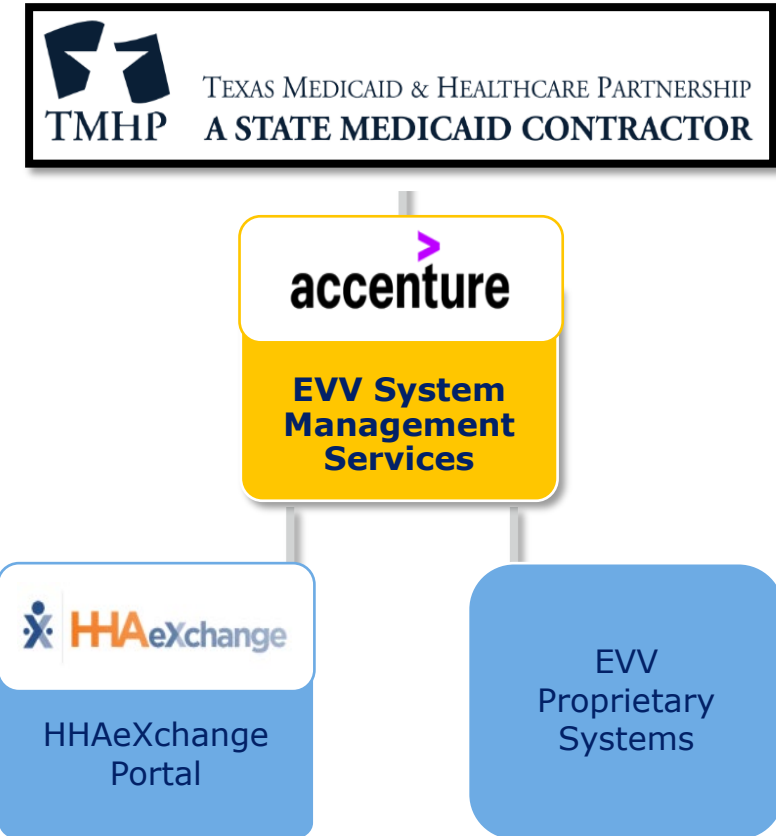
EVV System Management Services Contract Award Announced in May



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May 5, 2023

HHSC announced the selection of Accenture State Healthcare Services LLC for the EVV System Management Services contract: [EVV Contract Awarded to Accenture and HHAeXchange](#)



Key Changes



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- One EVV vendor system instead of two
- TMHP will oversee EVV proprietary systems and manage the Proprietary System Operator (PSO) onboarding process
- Reduction in Alternative Devices (ADs)
 - 7.5% of census provided free per program provider/FMSA if using HHAeXchange
 - Additional ADs may be purchased for qualifying members
 - HHSC will announce an AD reduction policy to reduce AD usage across both the state vendor and PSOs over time

Update on Proprietary System Onboarding



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- In response to high demand, HHSC streamlined its PSO onboarding process and scheduled additional sessions to enable as many Providers as possible to onboard as PSOs.
- Number of PSOs onboarded through August 2023:

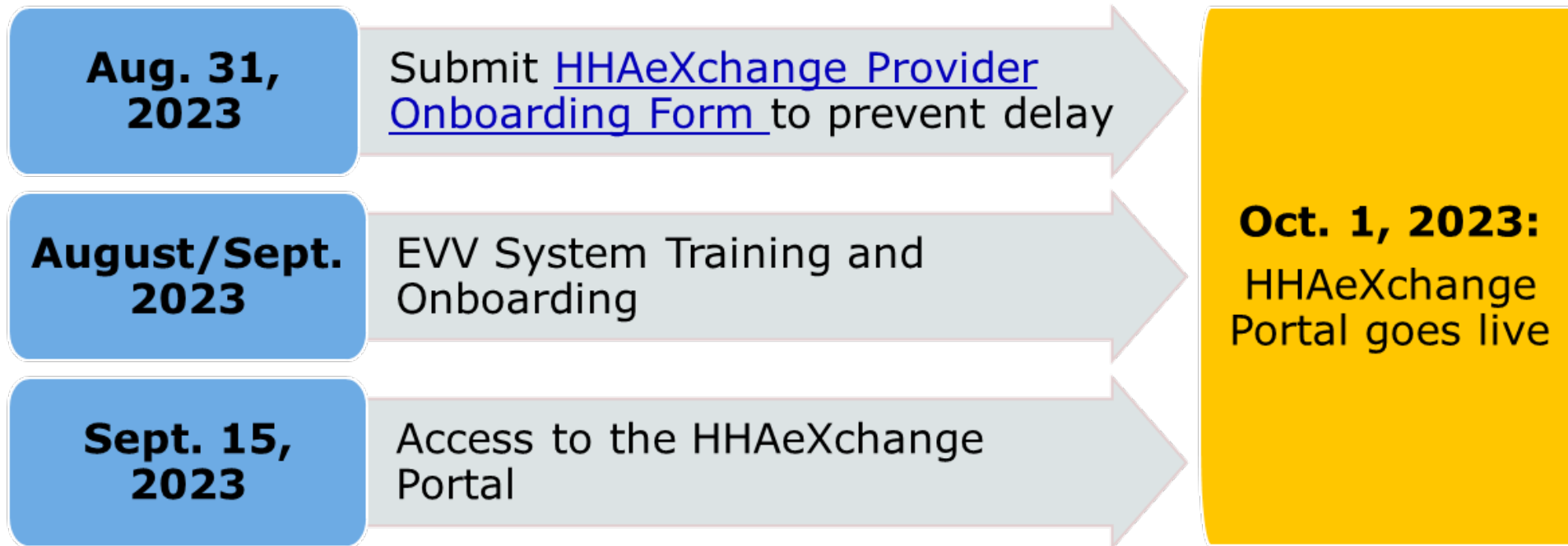
	2020	2021	2022	2023
Standard Path	4	5	2	7
Expedited Path			22	5
Special Abbreviated Path				388
Total	4	5	24	400

- HHSC and TMHP will provide more information about future PSO opportunities

Timeline for Transition to the New EVV Vendor System: HHAeXchange Portal



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Refer to the [HHAeXchange Welcome Packet](#) to register for training and for more details.



Third-Party Integration

- HHAeXchange supports the following APIs for third-party integration:
 - Service Provider (Create, Update, Search, Get)
 - Member (Create, Update, Search, Get)
 - Schedule (Create, Update, Search, Get)
 - Visit (Search, Get)
 - Authorization (Create, Update)
- HHSC published a notice about the HHAeXchange integration capabilities August 2, 2023: [EVV System Integration to HHAeXchange | Texas Health and Human Services](#)
- Once a program provider or FMSA is ready to kick-off integration, they can get started by submitting a ticket through the [HHAeXchange Client Support Portal](#).

Visit Maintenance Requirements



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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 PCS Compliance Grace Period

July 1, 2023 – Dec. 31, 2023

- HHSC is implementing an EVV compliance grace period during the transition to the HHAeXchange EVV system for:
 - EVV Usage Reviews
 - EVV Landline Phone Verification Reviews
- Payers will continue to conduct EVV Compliance reviews and send compliance notifications.
- Payers will not take enforcement action for EVV Usage and home phone landline reviews.

[Grace period July 1 – December 31 for HHAeXchange transition](#)



EVV Home Health Care Services Expansion

21st Century Cures Act: Background



Jan. 1, 2021

HHSC fully implemented EVV for Medicaid personal care services in accordance with the Cures Act requirements.

Jan. 1, 2024

- Per federal law, HHSC must implement EVV for Medicaid home health care services.
- Failure to implement EVV will result in a significant reduction in federal Medicaid funding for these services.
- A Good Faith Exemption to extend the deadline for go-live to Jan. 1, 2024, was approved by the Centers for Medicaid & Medicare Services (CMS) on Oct. 18, 2022.

Cures Act Home Health Care Services

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



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Nursing Services



Occupational Therapy



Physical Therapy

EVV Optional Services

- Definition: Services which are commonly delivered in situations similar to EVV required services. HHSC allows, but does not require, these services to be documented using the EVV system.
- Service providers may use the EVV system to capture EVV visits for these services. EVV claims matching is not performed on claims for EVV Optional services.
- Noted in the [EVV HHCS Service Bill Codes Table](#) in the "EVV Required/Optional?" column; for example:

Service	EVV Required /Optional?
Private Duty Nursing (PDN)	Optional



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Home Health Care Services (HHCS) EVV Expansion Steps if New to EVV



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**Step
1**

Select an EVV system.

**Step
2**

Complete all EVV training.

**Step
3**

Complete EVV system onboarding.

**Step
4**

Practice using the EVV system.

**Step
5**

Submit claims to TMHP and practice claims matching.

**Jan. 1, 2024:
Go-Live for
HHCS**

HHSC must implement the Cures Act for Medicaid home health care services.

Home Health Care Services (HHCS) EVV Expansion – Step 1

Step 1

Select an EVV system.

- Program providers and FMSAs new to EVV for HHCS should submit the [HHAeXchange Provider Onboarding Form](#) ASAP to select the HHAeXchange EVV vendor system.
- Please ensure all data entered is accurate as it will be used to create and configure your Portal.

**Deadline to
Submit
HHAeXchange
Provider
Onboarding
Form:**

Oct. 31, 2023



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Home Health Care Services (HHCS) EVV Expansion – Step 2

Step 2

Complete all EVV training.

- EVV System: Refer to [HHAeXchange Welcome Packets](#) to register; access to system is granted after training is complete
- EVV Policy: Complete training on the [HHS Learning Portal](#) or attend a webinar this fall
- EVV Portal: Complete training on the [TMHP Learning Management System \(LMS\)](#)

**Deadline
to
Complete
Training:**

**ASAP, but no
later than
Dec. 31, 2023**

Resource: [EVV Required Training Checklists](#)



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Home Health Care Services (HHCS) EVV Expansion – Step 3

Step 3

Complete EVV system onboarding.

Don't wait until Dec. 31, 2023. **The sooner you onboard, the more time you get to practice.** Onboarding activities include:

- Entering/importing identification data
- Entering/confirming service authorizations
- Setting up member schedules (if required)
- Creating profiles and credentials

**Deadline to
Complete EVV
System
Onboarding:**

**ASAP to
Participate in
Practice Period
Oct. 1 – Dec. 31,
2023**



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Home Health Care Services (HHCS) EVV Expansion – Step 4

Step 4

Practice using the EVV system.

- Service providers practice clocking in/out
- Data is transmitted to the EVV system, then to the EVV Aggregator for claims matching
- Claims matching bypass during practice period
 - Informational match results (if EVV claims submitted to TMHP)
 - Payers pay EVV claims even if mismatch results
- Jan. 1, 2024: Payers will not pay EVV claims that do match EVV visit transactions

Practice Period:

**Oct. 1, 2023 –
Dec. 31, 2023**



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Home Health Care Services (HHCS) EVV Expansion – Step 5

Step 5

Submit claims to TMHP and practice claims matching.

- **Dec. 1, 2023:** MCOs will reject EVV claims submitted to them and instruct program providers and FMSAs to submit the EVV claims to TMHP for claims matching.
- Sign up with TMHP claims submission NOW/ASAP. The sooner you start submitting claims to TMHP, the sooner you will get informational claims matching results.
- DO NOT WAIT FOR THE DUE DATE.
- For account setup: call the TMHP EDI Help Desk at 1-888-863-3638, Option 4.

Dec. 1, 2023

HHCS
Managed Care
claims must be
submitted to
TMHP

Jan. 1, 2024

All HHCS EVV
claims must be
submitted to
TMHP



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Home Health Care Services (HHCS) EVV Expansion Key Dates Summary

Sept. 15, 2023

HHaEXchange Portal Available
(Access is Granted When System
User Training is Complete)

Oct. 31, 2023

Deadline to Submit [HHaEXchange
Provider Onboarding Form](#)

**Oct. 1 – Dec. 31,
2023**

Practice Period

Dec. 1, 2023

HHCS Managed Care Claims Must
be Submitted to TMHP

Dec. 31, 2023

Deadline to Complete EVV
Required Training and
Onboarding

**Jan. 1, 2024:
Go-Live for
HHCS**

HHSC must
implement the
Cures Act for
Medicaid home
health care
services.



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Jan. 1, 2024: HHCS Implementation Date

- All service providers providing EVV-required home health care services must use an EVV method to clock in and clock out when providing service delivery.
- EVV claims submitted for these services on or after this date will go through the claims matching process and the EVV claims will be paid or not by the payers depending on the match results.



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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.





Other EVV Updates

HHSC EVV GovDelivery Notice Published in July 2023

July 27, 2023 – HHSC posted [EVV Updates Now Available for Policy, Reason Codes, Visit Maintenance Unlock Requests and EVV Policy Training](#) informing of updates made to:

- Policy
- Reason Codes
- Visit Maintenance Unlock Request Templates/Job Aids
- EVV Policy Training on the HHS Learning Portal



EVV Policy Updates

HHSC posted an advance notice of new and revised policies that will be added to the EVV Policy Handbook, effective Oct. 1. These revisions are outlined in the [Policies effective Oct. 1, 2023 \(PDF\)](#), located on the [EVV webpage](#). Revisions include:

- Section 9000 Reason Codes updated to address new Reason Codes
- New policy added covering the new “bill time in” and “bill time out” data fields
- Section 8090 Rounding updated
- Free text requirements updated



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EVV Reason Code Updates

HHSC published [EVV Reason Codes Effective Oct. 1, 2023, and after \(PDF\)](#) and the [EVV Reason Codes Crosswalk \(PDF\)](#), to compare the different versions of reason codes, on the EVV webpage.

- Effective August 1, 2023, in EVV proprietary systems
- Effective Oct. 1, 2023, in HHAeXchange
- Includes changes to free text requirements
 - Reason codes that require free text:
 - 210 I (Emergency)
 - 600 (Other)
 - **Note:** Missing clock in times must be entered in the Bill Time In field and missing clock out times entered in the Bill Time Out field



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Updates to VMUR Templates and Job Aids

HHSC published updated EVV VMUR templates [for Program Providers and FMSAs \(Excel\)](#) and [for CDS employers \(Excel\)](#), on the EVV webpage.

- A new option is now available in the Incorrect Data Element drop-down list. "Bill Time In" and "Bill Time Out" was added to document the actual clock in time of the service and the actual clock out time of the service.
- An example of a request to document the "Bill Time In" and "Bill Time Out" can be found in the [EVV VMUR Job Aid for Program Providers and FMSAs \(PDF\)](#) and [EVV VMUR Job Aid for CDS employers \(PDF\)](#).



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Updates to EVV Policy Training on the HHS Learning Portal

HHSC updated training on the [HHS Learning Portal](#) to align with the policies effective Oct. 1, 2023:

- EVV Policy Training for Program Providers and FMSAs:
 - Module 2: EVV System
 - Module 4: Clock In and Clock Out Methods
 - Module 5: Visit Maintenance
 - Module 5.1: Reason Code Practice (Added to provide training on the EVV Reason Codes Effective Oct. 1, 2023)
- EVV Policy Training – Webinar Recordings:
 - HHSC added the webinar recording videos and handouts from the summer 2023 annual and initial training webinars

EVV Resources Summary



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- [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 \(PDF\)](#)
- HHAeXchange
 - [Texas EVV Vendor Information Center](#)



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Thank You

Please submit questions to:
EVV@hhs.texas.gov



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Employment First Discovery Tool

**John Huffine, Senior Policy Advisor
Office of Policy**

Background

Senate Bill 50, 87th Legislature, Regular Session, 2021

Relating to a competitive and integrated employment initiative for certain Medicaid recipients.

Directs HHSC to:

- Implement rules specific to improving access to employment services for individuals in home and community-based waiver programs; and
- Submit a report of findings, not later than December 31 of each even-numbered year, with the first report due 12/31/2024.



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Background

- HHSC must ensure an individual who indicates a desire to work is referred to receive employment services from the Texas Workforce Commission (TWC) or through the waiver program in which the individual is enrolled.
- Goal is to improve access to Medicaid waiver employment services or employment services available through TWC by identifying and developing strategies to increase employment opportunities to those not already receiving employment services.

Employment First Discovery Tool

- To ensure that an individual who indicates a desire to work is afforded the opportunity, a standardized, person-centered tool has been developed.
- The tool will guide the service planning team's discussion of an individual's employment goals.
- The tool will be used to inform the person-centered care plan.



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Employment First Discovery Tool

- The tool is designed to prompt the case manager to help the individual:
 - Identify core interests and develop a plan that informs future actions towards employment;
 - Discover personal strengths, interests and conditions for employment so that work goals may be set;
 - Identify current supports and sources for additional supports; and
 - Arrive at a job opportunity that meets the individual's strengths, interests and condition for employment.



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Impacted Programs

- Community Living Assistance and Support Services (CLASS)
<https://www.hhs.texas.gov/handbooks/community-living-assistance-support-services-class-provider-manual/forms>
- Deaf Blind with Multiple Disabilities (DBMD)
<https://www.hhs.texas.gov/handbooks/deaf-blind-multiple-disabilities-dbmd-program-manual/forms>



Process

- The CLASS Program case manager will ask the individual about their desire to work while completing the Individual Program Plan Addendum.
- The DBMD Program case manager will ask the individual about their desire to work while completing the Individual Program Plan.
- In either program, if the individual indicates a desire to work, the case manager must complete the Employment First Uniform Discovery Tool and refer the person to the Texas Workforce Commission or the waiver program in which the person is enrolled.



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Reminder

To make a referral for VR Services through TWC, visit the web address below:

<https://www.twc.texas.gov/jobseekers/vocational-rehabilitation-services>



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Project Status



- Per IL 2023-22, HHSC is currently encouraging use of the form in all impacted programs.
- Anticipate rules will be effective in November 2023. Use of the form will be mandatory once rules are effective. An updated information letter will be published at that time.
- Update the tool based on feedback received through its voluntary use.
- Complete updates to provider handbooks for the impacted programs.



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Thank you



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Error Correction to IPCs

Miramar Lozano

Program Supervisor, Provider Claims Support

Error Correction to IPCs

As soon as HHSC has established a services authorization for any IPC authorization type, all involved CLASS providers should use MESAV (Medicaid Eligibility and Service Authorization Verification) functionality in TMHP's (Texas Medicaid & Healthcare Partnership) TexMedConnect application to verify the accuracy of the established services authorization.



Error Correction to IPCs

Outcome "A":

- You find that the service amount (dollars or units) for each individual service code in MESAV matches the corresponding amount on the individual's IPC. AND ...
- The service amount is exactly what the individual needs to complete the IPC period.



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Error Correction to IPCs

Outcome “B”:

- You find that the service amount (dollars or units) for one or multiple service code in MESAV does not match the corresponding amount(s) as documented on the individual’s IPC.
- What to do?

Error Correction to IPCs

Resolution - Outcome "B":

- Contact HHSC PCS (Provider Claims Services) by faxing a 2067 to:
 - Fax: (512) 438-4380
- Provide details to identify the individual (Name, Medicaid number) as well as information that substantiates the discrepancy between the IPC authorized by HHSC UR and the service authorization captured in MESAV and include the IPC in question.



Error Correction to IPCs

Outcome “C”:

- You find that the service amount(s) for all service code in MESAV match the corresponding amount(s) as documented on the individual’s IPC, but you realize that the individual’s IPC is not reflecting sufficient funds/units to meet the needs of the individual for the remainder of the IPC period.
- What to do?

Error Correction to IPCs

Resolution - Outcome "C":

- Convene the SPT (Service Planning Team) to discuss your findings/concerns.
- The SPT may choose to make error corrections to the IPC if the initial service planning effort documents that the SPT intended to propose a different service amount.
- The SPT must perform those error corrections in a timely manner.

Error Correction to IPCs

Resolution - Outcome "C" (cont.):

- The Case Manager (CM) must use the HHSC approved version of the IPC to perform the error correction.
- Modifications to the IPC must be performed in alignment with 40 TAC 49.305 (i) (5).
- All SPT members must initial and date each modification performed on the IPC.
- A written statement summarizing the action taken must be placed on the last page of the IPC.

Error Correction to IPCs

Resolution - Outcome "C" (cont.):

- The Case Manager (CM) must use the HHSC approved version of the IPC to perform the error correction
- Modifications to the IPC must be performed in alignment with 40 TAC 49xxx.
- All SPT members must initial and date each modification performed on the IPC.
- A written statement summarizing the action taken must be placed on the last page of the IPC.
- Record(s) evidencing that the SPT intended to propose a different services amount must be included.
- The modified IPC must be submitted to HHSC UR per established submission methods.

Error Correction to IPCs

Resolution - Outcome "C" (cont.):

If a timely error correction to the IPC was not pursued, or a record evidencing that the SPT intended to propose a different services amount is not available, the SPT may consider an IPC revision in alignment with 40 TAC 45.223.



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*Thank You for
joining us today!*
