



## HCBS-AMH Providers

### **How are HCBS-AMH program services provided to participants?**

HCBS-AMH services are provided through contracted Provider Agency (PA) and Recovery management Entity (RME). The PA provides all services offered within the program, except for recovery management. The latter is provided by the Recovery Manager (RM) from RME through a separate independent contract.

### **What is role and responsibilities of PA?**

A PA is an agency, organization, or person that meets credentialing standards defined by HHSC and enters into a Provider Agreement for HCBS-AMH program. The HCBS-AMH PA must ensure provision of all HCBS-AMH services, except for recovery management, directly or indirectly, by establishing and managing a network of subcontractors. The HCBS-AMH PA has the ultimate responsibility to comply with the Provider Agreement, Provider Manual, and Billing Guidelines regardless of service provision arrangement (directly or indirectly through subcontractors).

### **What is role and responsibility of the RME?**

The RME is an agency, organization, or person that meets credentialing standards defined by HHSC and enters into a Provider Agreement for HCBS-AMH program. The RME will, in turn, employ RMs who meet credentialing requirements to deliver recovery management services. RMs are responsible for direct delivery of recovery management services, which includes coordinating and monitoring of service delivery, as well as advocating and linking to services.

### **How does the participant select a PA and RME?**

The participant selects a PA and RME at the time of application to the program, which is completed by the referring entity. HHSC contacts the selected providers (i.e., PA and RME) to notify them of their selection if participant is determined eligible and enrolled in HCBS-AMH.

**Are HCBS-AMH PAs and RMEs guaranteed a certain number of enrolled participants?**

HCBS-AMH PA and RME are selected by the participant receiving services, therefore, HHSC is unable to guarantee a certain number of participants.

**If a participant is referred to a PA from a state hospital, who is responsible for transferring them to the PA housing/setting after discharge?**

Continuity of care is a coordinated effort among the PA, RME, state hospital, LMHA/LBHA, and other involved parties. However, ultimate responsibility belongs to the discharging state hospital.

**What is the ratio of RM to participants?**

Each RM shall be assigned no more than 15 participants, but the best practice is 10 participants or fewer.

**Can RMs share caseloads?**

RMs cannot share caseloads. Each participant will be assigned a primary RM and an alternative RM to provide coverage in the absence of the primary RM.

**Are PAs required to provide all services within the HCBS-AMH service array or can they choose preferred services?**

The HCBS-AMH PA is required to make available every service (excluding recovery management) within the service array and their contracted service region.

**Can the PA subcontract each service in the service array?**

Service provision of at least one required service must be delivered by the PA and not a subcontractor. For more information, refer to [How Do I Become an HCBS-AMH Provider?](#) for those delineated services. HHSC recently launched the following Provider Agency Subcontractor forms for use by HCBS-AMH Provider Agencies:

- [Form 8203 Subcontractor Attestation](#); and
- [Form 8204 Subcontractor Credentialing Attestation](#)

HCBS-AMH Provider Agency must complete and submit both forms within three months of being awarded a contract by HHSC and at the time of each Quality Management review conducted by HHSC.

### **How Do I Become an HCBS-AMH Provider?**

There are two types of HCBS-AMH Providers: HCBS-AMH Provider Agencies and HCBS-AMH Recovery Management Entities. To become an HCBS-AMH Provider, please refer to [How Do I Become an HCBS-AMH Provider?](#) to learn more about the open enrollment process.

### **Can the same agency apply for both the RME and PA Open Enrollments?**

Yes, the same agency can apply for both. However, that agency can't provide both service components (recovery management and PA services) to the same participant, unless they are the only RME and PA in that service region. The Center for Medicare and Medicaid Services mandates that the RM must be a separate entity from the HCBS-AMH service provider. HCBS-AMH RMEs may not be a provider of other HCBS-AMH services listed on the IRP, unless the RME is the only willing and qualified entity in a geographic area where the participant chooses to receive the services.

### **What if I have questions about the open enrollments?**

All contract-related questions should be referred to HHSC IDD-BHS Contracts Management Unit. Questions concerning requirements relating to the dates of submission and the completion of required forms may be submitted to [MHContracts@hhs.texas.gov](mailto:MHContracts@hhs.texas.gov).

### **Is the PA/RME required to have a Medicaid number prior to applying?**

No, the Medicaid number is not required at time of application. However, once application for PA and RME is approved, HCBS-AMH shares necessary documents with providers to apply to the Texas Medicaid & Healthcare Partnership (TMHP) for a Medicaid number.

### **When do I have to have a physical location?**

A physical location is not required in order to execute the contract, but it is required before the PA or RME can get referrals.

### **Can a service agency provide services from a home-based office?**

Home-based offices are allowed if they meet the CMS HCBS settings requirements.

**In the unlikely event that a provider is unable to provide the necessary/authorized services or goes out of business unexpectedly, who is responsible for filling that gap and providing the necessary services?**

The RM will work closely with the participant, LMHA/LBHA, and LAR (if applicable) to help them select a new PA.

**Can a contracted provider of a waiver program, such as the HCS Waiver Program, become a provider under the HCBS-AMH program?**

Yes, a provider of a waiver program (e.g., HCS) may become an HCBS-AMH contractor through a separate Open Enrolment.

**What is frequency and expectation of interaction with the Managed Care Organization?**

The MCO service coordinator is expected to participate in weekly phone calls with the RM and HCBS-AMH providers.

**What is Recovery Management Provider of last resort?**

HHSC anticipates that some service areas may not have separate PAs and RMEs that meet requirements of the program and provider agreement. In lieu of denying an individual the option to live in their community of choice due to lack of available HCBS-AMH PAs and RMEs, an HCBS-AMH PA of last resort may also provide recovery management services, but with certain conflict of interest protections in place.

**What is Administrative Firewall for providers of last resort?**

Agencies that are both an HCBS-AMH RME and an HCBS-AMH PA must have a clear administrative firewall that separates the two service entities. For example, supervision or administrative oversight of HCBS-AMH PA or subcontractors by any HCBS-AMH RM staff is not allowed. As such, supervision, or administrative oversight of HCBS-AMH RM staff by HCBS-AMH PA or subcontractors is also not allowed.

**What does the Administrative Firewall organizational chart look like?**

Generally, it will be a flowchart showing clear separation of management structures and responsibilities of the organization between the PA and RMEs. This is needed for companies that are both PAs and RMEs.

## **Is there a difference in Administrative Separation and Administrative Firewall?**

Yes, Administrative Firewall refers to the organization's overarching systemic structure. The Administrative Separation is more of the process by which the firewall is implemented.