

Community First Choice (CFC)



TEXAS
Health and Human
Services

**Billing Requirements for
Home and Community-
based Services and Texas
Home Living Program
Providers**

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Section 1000: Introduction

1100 General Information

Revision 21-3; Effective September 1, 2021

The CFC Billing Requirements contain the requirements for Home and Community based-Services (HCS) and Texas Home Living (TxHmL) program providers to be paid for a CFC service, including:

1. service documentation requirements;
2. service claim requirements;
3. restrictions regarding submission of claims;
4. billable and non-billable activities; and
5. service provider qualifications.

1200 CFC Services

Revision 19-1; Effective November 15, 2019

(a) CFC services consist of the following:

- (1) CFC personal assistance services/habilitation (PAS/HAB); and
- (2) CFC emergency response services (ERS)

(b) CFC PAS/HAB allows an individual to reside successfully in a community setting by:

- (1) assisting an individual in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs);
- (2) assisting the individual in acquiring, retaining, and improving self-help, socialization, and daily living skills; and
- (3) assisting with and training the individual on ADLs and IADLs.

CFC ERS are backup systems and supports used to ensure continuity of services and supports for individuals who live alone, who are alone for significant parts of

the day, or have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. CFC ERS includes electronic devices and an array of available technology, personal emergency response systems, and other mobile communication devices.

1300 Provider Fiscal Compliance Reviews

Revision 24-1; Effective March 1, 2024

Provider Fiscal Compliance reviews are conducted to determine if a program provider has complied with HHSC rules and these billing requirements. Provider Fiscal Compliance reviews are distinct from the reviews described in [26 TAC §565.41](#) and [§566.19](#), which are performed to determine a program provider's compliance with the program certification standards contained in 26 TAC [§565](#) and [§566](#). Appendix I, Provider Fiscal Compliance Review Protocol, describes how provider fiscal compliance reviews are conducted.

Section 2000: Definitions

Revision 24-1; Effective March 1, 2024

The following words and terms, when used in these billing requirements, have the following meanings unless the context clearly indicates otherwise:

- (1) **ADLs or activities of daily living** — Basic personal everyday activities including, but not limited to, tasks such as eating, toileting, grooming, dressing, bathing, and transferring.
- (2) **Adult** — A person who is 18 years of age or older.
- (3) **Billable activity** — An activity for which a service claim may be submitted for CFC PAS/HAB as listed in [Section 3300](#), Billable **Activity**.
- (4) **Calendar day** — Midnight through 11:59 p.m.
- (5) **Calendar week** — Sunday through Saturday.
- (6) **Calendar year** — January through December.
- (7) **DFPS** — The Department of Family and Protective Services.
- (8) **EVV** - Electronic visit verification.
- (9) **Guardian** — A guardian of the person or estate appointed for a person in accordance with state law.
- (10) **Health-related tasks** — Specific tasks related to the needs of an individual, which can be delegated or assigned by licensed health-care professionals under State law to be performed by a service provider of CFC PAS/HAB. These include tasks delegated by an registered nurse, health maintenance activities as defined in 22 Texas Administrative Code (TAC) §225.4 (relating to Definitions), and activities assigned to a service provider of CFC PAS/HAB by a licensed physical therapist, occupational therapist, or speech-language pathologist.
- (11) **HHSC** - The Health and Human Services Commission.
- (12) **IADLs or instrumental activities of daily living** — Activities related to living independently in the community, including meal planning and

preparation; managing finances; shopping for food, clothing, and other essential items; performing essential household chores; communicating by phone or other media; traveling around and participating in the community.

(13) **ID/RC assessment** — A form used by HHSC for making a Level of Care (LOC) determination and Level of Need (LON) assignment.

(14) **Implementation plan** — A written document developed by the program provider for an individual that, for each HCS or TxHmL program service and CFC service on the individual's Individual Plan of Care (IPC) not provided through the Consumer Directed Services (CDS) option, includes:

(A) a list of outcomes identified in the person-directed plan (PDP) that will be addressed using HCS or TxHmL program services and CFC services;

(B) specific objectives to address the outcomes required by subparagraph (A) of this paragraph that are:

(i) observable, measurable, and outcome-oriented; and

(ii) derived from assessments of the individual's strengths, personal goals, and needs;

(C) a target date for completion of each objective;

(D) the number of HCS or TxHmL program and CFC units of service needed to complete each objective;

(E) the frequency and duration of HCS or TxHmL program services and CFC services needed to complete each objective; and

(F) the signature and date of the individual, legally authorized representative (LAR), and the program provider.

(15) **Individual** — A person enrolled in the HCS or TxHmL program receiving a CFC service.

(16) **In person or in-person** - Within the physical presence of another person who is awake. In person or in-person does not include using videoconferencing or a telephone.

(17) **IPC or individual plan of care** — A written plan that:

(A) states the type and amount of each HCS or TxHmL program service and CFC service to be provided to the individual during an IPC year;

(B) states the services and supports to be provided to the individual through resources other than the HCS or TxHmL programs or CFC services, including natural supports, medical services, and educational services; and

(C) is authorized by HHSC.

(18) **IPC year** — A 12-month period of time starting on the date an authorized initial or renewal IPC begins.

(19) **LAR or legally authorized representative** — A person authorized by law to act on behalf of an individual and may include a parent, guardian or managing conservator of a minor, or the guardian of an adult.

(20) **LEIE** -- List of excluded individuals and entities. In this context, "individual" does not have the meaning as defined in this section.

(21) **Licensed vocational nurse** — A person licensed to practice vocational nursing in accordance with Texas Occupations Code, Chapter 301.

(22) **LIDDA or local intellectual and development disabilities authority** — An entity designated by the Executive Commissioner of the Texas Health and Human Services Commission (HHSC), in accordance with Texas Health and Safety Code §533.035.

(23) **LOC or level of care** — A determination given to an individual by HHSC as part of the eligibility determination process based on data submitted on the Intellectual Disability/Related Condition (ID/RC) Assessment.

(24) **LON or level of need** — An assignment given to an individual by HHSC upon which reimbursement for on-site individualized skills and socialization, off-site individualized skills and socialization, in-home individualized skills and socialization, host home/companion care, residential support and supervised living is based. The LON assignment is derived from the service level score obtained from the administration of the Inventory for Client and Agency Planning (ICAP) to the individual and from selected items on the ID/RC Assessment.

(25) **Managing conservator** — An adult appointed for a minor in accordance with state law.

- (26) **Minor** — An individual under 18 years of age.
- (27) **PDP or person-directed plan** — A written plan, based on the person-directed planning process, developed with an applicant or individual in accordance with Form 8665, Person-Directed Plan. The PDP describes the supports and services necessary to achieve the desired outcomes identified by the applicant or individual (and LAR on the applicant's or individual's behalf) and ensure the applicant's or individual's health and safety.
- (28) **Program provider** — A person, as defined in §49.102 of this title (relating to Definitions), that has a contract with HHSC to provide HCS or TxHmL program services, excluding an Financial Management Services Agency (FMSA), in accordance with Chapter 49 of this title (relating to Contracting for Community Services).
- (29) **Registered nurse** — A person licensed to practice professional nursing in accordance with Texas Occupations Code, Chapter 301.
- (30) **Residence** — An established place of bona fide and continuous habitation that is a single structure, except if the structure contains more than one dwelling such as an apartment complex or duplex, "residence" means a dwelling within the structure. A person may have only one residence.
- (31) **Service claim** — A request submitted by a program provider to be paid by HHSC for a CFC service.
- (32) **Service coordination** — A service as defined in [26 TAC §331.5](#) (relating to Definitions).
- (33) **Service coordinator** — An employee of a LIDDA who provides service coordination to an individual.
- (34) **Service planning team** — As defined in [26 TAC §263.3\(89\)](#) and [§262.3\(78\)](#), a planning team consisting of an applicant or individual, LAR, service coordinator and other persons chosen by the applicant or individual or LAR on behalf of the applicant or individual (for example, a program provider representative, family member, friend or teacher).
- (35) **Service provider** — A staff member or contractor of the program provider who performs billable activity.
- (36) **Staff member** — A full-time or part-time employee of the program provider.

(37) **TAC** — Texas Administrative Code.

(38) **TMHP** - Texas Medicaid Health Partnership.

(39) **TMPPM** – Texas Medicaid Provider Procedures Manual.

Section 3000: Requirements for CFC PAS/HAB

3100 Service Claim Requirements

Revision 24-1; Effective March 1, 2024

A program provider must submit an electronic service claim for CFC PAS/HAB that meets the following requirements. CFC PAS/HAB included on the claim must:

- (1) be included on an authorized IPC;
- (2) be identified in an individual's PDP that is provided in accordance with the individual's implementation plan, as required by [26 TAC §263.104\(q\)](#) and [§566.7\(c\)\(2\)](#);
- (3) be provided during a period of time for which the individual has an LOC;
- (4) be based on billable activity, as described in [Section 3300](#), Billable Activity;
- (5) not be based on activity that is not billable, as described in [Section 3400](#), Activity Not Billable;
- (6) be based on activity performed by a qualified service provider as described in [Section 3700](#), Qualified Service Provider Requirements;
- (7) be provided to only one individual;
- (8) be provided on only one date;
- (9) be for the date the CFC PAS/HAB was actually provided;
- (10) be for units of service determined in accordance with [Section 3830](#), Calculating Units of Service for Service Claim;
- (11) be supported by written documentation, as described in [Section 4000](#), Written Documentation;
- (12) be in compliance with 40 TAC §49.311 (relating to Claims Payment);
- (13) match the EVV visit transaction as required by 1 TAC §354.4009(c) (relating to EVV Visit Transaction and EVV Claim); and

(14) identify the service provider who provided the CFC PAS/HAB.

3200 Description of Service

Revision 19-1; Effective November 15, 2019

CFC personal assistance services/habilitation (PAS/HAB) – a service that consists of:

- (a) assistance to an individual in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs) based on the individual's person-centered service plan, including:
 - (1) non-skilled assistance with the performance of the ADLs and IADLs;
 - (2) household chores necessary to maintain the home in a clean, sanitary, and safe environment;
 - (3) escort services, which consist of accompanying, but not transporting, and assisting an individual to access personal assistance services or activities in the community; and
 - (4) assistance with health-related tasks; and
- (b) assistance to an individual in acquiring, retaining, and improving self-help, socialization, and daily living skills and training the individual on ADLs, IADLs, and health-related tasks, such as:
 - (1) personal hygiene;
 - (2) household tasks;
 - (3) mobility;
 - (4) money management;
 - (5) community integration;
 - (6) use of adaptive equipment;
 - (7) self-advocacy;
 - (8) personal decision making;

- (9) interpersonal communication;
- (10) reduction of challenging behaviors;
- (11) socialization and the development of relationships;
- (12) participating in leisure and recreational activities;
- (13) use of natural supports and typical community services available to the public;
- (14) self-administration of medication; and
- (15) strategies to restore or compensate for reduced cognitive skills.

3300 Billable Activity

Revision 22-2; Effective September 1, 2022

The only billable activities for CFC PAS/HAB are:

- (a) interacting in person with an individual to:
 - (1) assist the individual with activities of daily living including:
 - (A) bathing, dressing and personal hygiene;
 - (B) eating;
 - (C) meal planning and preparation; and
 - (D) housekeeping;
 - (2) assist the individual with ambulation and mobility;
 - (3) reinforce any professional therapies subcomponent provided to the individual;
 - (4) assist with the administration of the individual's medication or to perform a task delegated by a registered nurse in accordance with rules of the Texas Board of Nursing at 22 TAC, Chapter 225 (relating to RN Delegation to Unlicensed Personnel and Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions) or the Human Resources Code, §161.091-.093, as applicable;

- (5) conduct habilitation activities that teach the individual to:
 - (A) develop or improve skills that allow the individual to live more independently;
 - (B) develop socially valued behaviors;
 - (C) integrate into community activities;
 - (D) use natural supports and typical community services available to the public; and
 - (E) participate in leisure activities;
- (6) escort services, which consist of accompanying and assisting an individual to access services or activities in the community, but do not include transporting an individual;
- (7) interacting in person or by telephone with an individual or an involved person regarding an incident that directly affects the individual's health or safety;
- (b) performing one of the following activities that does not involve interacting in person with an individual:
 - (1) shopping for the individual;
 - (2) planning or preparing meals for the individual;
 - (3) housekeeping for the individual;
 - (4) procuring or preparing the individual's medication; or
 - (5) securing transportation for the individual;
- (c) participating in a service planning team meeting;
- (d) participating in the development of an implementation plan; and
- (e) participating in the development of an IPC.

3400 Activity Not Billable

Revision 19-1; Effective November 15, 2019

(a) **Activities Not Listed in Section 3300**

Any activity not described in [Section 3300](#), Billable Activity, is not billable for CFC PAS/HAB;

(b) **Examples of Non-billable Activities**

The following are examples of activities that are not billable for CFC PAS/HAB;

- (1) transporting the individual;
- (2) traveling by a service provider if the service provider is not accompanied by an individual, except as allowed by [Section 3300](#);
- (3) documenting the delivery of CFC PAS/HAB (for example, writing written narratives, completing forms and entering data);
- (4) reviewing an individual's written record;
- (5) drafting an implementation plan;
- (6) performing an activity regarding a staff member's employment or contractor's association with the program provider (for example, attending conferences and participating in the performance evaluation of a staff member or contractor); and
- (7) performing an activity regarding the preparation, submission, correction or verification of service claims.

3500 Residential Location

Revision 19-1; Effective November 15, 2019

A program provider may provide CFC PAS/HAB to an individual only if the program provider has documented a residential location of "own/family home" on the individual's IPC.

3600 Restrictions Regarding Submission of Claims for CFC PAS/HAB

Revision 24-1; Effective March 1, 2024

A program provider may not submit a service claim for:

- (a) CFC PAS/HAB provided to an individual whose IPC does not have a residential location of "own/family home;"
- (b) the sole activity of supervising the individual's safety and security;
- (c) transporting an individual; or
- (d) CFC PAS/HAB provided to an individual:
 - (1) in a residence in which HCS residential support or supervised living is provided to another individual;
 - (2) by a service provider who is simultaneously providing residential support, supervised living or host home/companion care to another individual;
 - (3) if the on-site individualized skills and socialization, off-site individualized skills and socialization, or in-home individualized skills and socialization service component is simultaneously provided to the individual by another service provider except as described in [Section 3920](#), Multiple Service Providers,(See No.1);
 - (4) if the respite or in-home respite service component is simultaneously provided to the individual by another service provider;
 - (5) if the service provider regularly sleeps overnight in the individual's residence for more than one night in a calendar month even if the service provider's identification or other documentation reflects a different address from the individual's residence;
 - (6) if the individual regularly sleeps overnight in the service provider's residence more than one night in a calendar month even if the individual's identification or other documentation reflects a different address from the service provider's residence; or
 - (7) while the service provider is performing an activity not listed in [Section 3300](#), such as:
 - (A) providing care to a person not enrolled in the HCS or TxHmL Program;
 - (B) running a personal errand of the service provider; or
 - (C) performing a household chore not related to assisting the individual.

3700 Qualified Service Provider Requirements

Revision 20-1; Effective September 1, 2020

- (a) A qualified service provider of CFC PAS/HAB must meet the following minimum qualifications:
 - (1) have a residence with a different address than the individual's residence;
 - (2) be an adult;
 - (3) have:
 - (A) a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma; or
 - (B) documentation of a proficiency evaluation of experience and competence to perform the job tasks that includes:
 - (i) a written competency-based assessment; and
 - (ii) at least three written personal references from persons not related by blood to the service provider that indicate the ability to provide a safe, healthy environment for the individuals being served.
 - (4) be the program provider or a staff member or contractor of the program provider;
 - (5) be paid by the program provider to provide CFC PAS/HAB being claimed;
 - (6) not be disqualified by this section to provide CFC PAS/HAB being claimed;
 - (7) not have been convicted of an offense listed under §250.006 of the Texas Health and Safety Code;
 - (8) not be designated in the *Employee Misconduct Registry* as unemployable or the *Nurse Aid Registry* as revoked or suspended;
 - (9) not be listed on the LEIE maintained by the United States Department of Health and Human Services, Office of Inspector General or the LEIE maintained by the Texas Health and Human Services Commission, Office of Inspector General;

(10) not be:

(A) the parent of the minor receiving services; or

(B) the spouse of the individual receiving services; and

(11) meets any other qualifications requested by the individual or LAR based on the individual's needs and preferences.

(b) An HCS or TxHmL program provider must, if requested by an individual:

(1) allow the individual to train a CFC PAS/HAB service provider in the specific assistance needed by the individual and to have the service provider perform CFC PAS/HAB in a manner that comports with the individual's personal, cultural, or religious preferences; and

(2) ensure that a CFC PAS/HAB service provider attends training by HHSC so that the service provider can meet any additional qualifications desired by the individual.

3710 Service Provider Not Qualified

Revision 19-1; Effective November 15, 2019

Service Coordinator Not Qualified as Service Provider

(a) **Service Coordinator On Duty**

During the time a service coordinator is on duty as a service coordinator, the service coordinator is not qualified to provide CFC PAS/HAB to an individual.

(b) **Service Coordinator Off Duty**

During the time a service coordinator is off duty as a service coordinator, the service coordinator is not qualified to provide CFC PAS/HAB to an individual if the individual is receiving service coordination from the service coordinator.

(c) **Parent, Spouse of Parent or Contractor Not Qualified as Service Provider for Minor**

A service provider of CFC PAS/HAB is not qualified to provide CFC PAS/HAB to a minor if the service provider is:

(1) the minor's parent; or

(2) a person contracting with DFPS to provide residential child care to the minor, or is an employee or contractor of such a person.

(d) **Contractor Not Qualified as Service Provider for an Adult Individual**

A service provider is not qualified to provide CFC PAS/HAB to an adult individual if the service provider is a person contracting with DFPS to provide residential child care to the individual, or is an employee or contractor of such a person.

3720 Relative, Guardian or Managing Conservator Qualified as Service Provider

Revision 21-3; Effective September 1, 2021

If a relative, guardian or managing conservator is not otherwise disqualified to be a service provider of CFC PAS/HAB as described in [Section 3710](#), Service Provider Not Qualified, the relative, guardian or managing conservator may provide CFC PAS/HAB if the relative, guardian or managing conservator is a qualified service provider for CFC PAS/HAB.

3730 Requirement for Service Provider who Becomes Spouse to Inform Program Provider

Revision 20-1; Effective September 1, 2020

A program provider must require a service provider of any CFC PAS/HAB to immediately inform the program provider if the service provider:

- (1) becomes the spouse of the individual receiving services; or
- (2) has the same address as the individual receiving services

3800 Unit of Service

3810 Hourly Unit of Service

Revision 22-2; Effective September 1, 2022

A unit of service of for CFC PAS/HAB is one hour.

3820 Fraction of a Unit of Service

Revision 22-2; Effective September 1, 2022

A service claim for CFC PAS/HAB may include a fraction of a unit of service, but the fraction must be .25, .50, or .75.

3830 Calculating Units of Service for Service Claim

Revision 22-1; Effective May 2, 2022

(a) **Service Event**

For CFC PAS/HAB, a service event:

- (1) is a discrete period of continuous time during which billable activity for CFC PAS/HAB is performed by one service provider;
- (2) consists of one or more billable activities; and
- (3) ends when the service provider stops performing the billable activity.

Example:

If a service provider performs billable activity for CFC PAS/HAB from 12:00- 12:30, performs activity that is not billable from 12:30-12:36, then performs additional billable activity from 12:36-12:48, two service events have occurred, one for 30 minutes (12:00-12:30), and another for 12 minutes (12:36-12:48).

(b) **Service Time**

For CFC PAS/HAB, a program provider must:

- (1) use the following formula for calculating the service time for CFC PAS/HAB:

(Number of service providers x length of service event) divided by the number of persons served = service time.

In this formula, "person" means a person who receives a service funded by HHSC, including an individual and a person enrolled in the intermediate care facilities for individuals with an intellectual disability or related conditions (ICF/IID) program or a waiver program other than HCS or TxHmL

Examples

No. of Service	X	Length of Service	÷	No. of Persons	=	Service Time per
1	X	20 min.	÷	3	=	6.66 min.
1	X	30 min.	÷	2	=	15 min.
2	X	30 min.	÷	2	=	30 min.
2	X	30 min.	÷	1	=	60 min.
1	X	45 min.	÷	4	=	11.25 min.
1	X	60 min.	÷	1	=	60 min.
1	X	60 min.	÷	2	=	30 min.
1	X	60 min.	÷	3	=	20 min.
2	X	120 min.	÷	6	=	40 min.

(2) and convert a service time to a unit(s) of service for a service claim in accordance with Appendix III, Conversion Table of the HCS Program Billing Requirements or Appendix III, Conversion Table of the TxHmL Program Billing Requirements.

3900 Billing CFC PAS/HAB Provided at the Same Time as HCS Program Services

3910 One Service Provider

Revision 19-1; Effective November 15, 2019

A service provider of CFC PAS/HAB may not provide CFC PAS/HAB at the same time the service provider provides an HCS or TxHmL program service to the same individual.

3920 Multiple Service Providers

Revision 24-1; Effective March 1, 2024

(a) **Providing CFC PAS/HAB at the Same Time as an HCS or TxHmL Program Service**

A service provider of CFC PAS/HAB may provide CFC PAS/HAB at the same time the individual is receiving an HCS or TxHmL program service only as described below:

A service provider of CFC PAS/HAB may perform an in-person service for an

individual at the same time an HCS or TxHmL program service provider of professional therapies, registered nursing, licensed vocational nursing, specialized registered nursing, specialized licensed vocational nursing, and transportation as a supported home living or community support provides a service to the same individual. A service provider of CFC PAS/HAB may perform an activity that does not involve interacting in person with an individual, as described in [Section 3300](#) at the same time an HCS or TxHmL program service provider of professional therapies, registered nursing, licensed vocational nursing, specialized registered nursing, specialized licensed vocational nursing, on-site individualized skills and socialization, off-site individualized skills and socialization, in-home individualized skills and socialization, employment assistance, supported employment, and transportation as a supported home living or community support activity provides a service to the individual.

(b) Multiple Service Providers of CFC PAS/HAB

(1) Performance of the Same Activity

Multiple service providers of CFC PAS/HAB may perform an activity at the same time for the same individual if multiple service providers are needed to perform the activity.

(2) Performance of a Different Activity

A service provider of CFC PAS/HAB may perform an activity that does not involve interacting in person with an individual, as described in [Section 3300](#), Billable Activity, at the same time another service provider of CFC PAS/HAB performs an activity that involves interacting in person with the individual.

Section 4000: Written Documentation

4100 General Requirements

Revision 22-1; Effective May 2, 2022

(a) Legible

A program provider must have written legible documentation to support a service claim.

(b) Required Content

The written documentation to support a service claim for CFC PAS/HAB must include:

- (1) the name of the individual who was provided the CFC PAS/HAB;
- (2) the day, month and year the CFC PAS/HAB was provided; and
- (3) a written service log for each individual, as described in [Section 4200](#) , Written Service Log , by a service provider who delivered the CFC PAS/HAB

4200 Written Service Log

Revision 20-1; Effective September 1, 2020

(a) **Required Content and Timeliness**

(1) **Written Service Log**

A written service log must:

(A) be written after the CFC PAS/HAB is provided;

(B) include:

- (i) a description or list of activities performed by the service provider and the individual that evidences the performance of one or more of the billable activities described in [Section 3300](#); and

- (ii) a brief description of the location of the service event, as described in [Section 3830\(a\)](#), Calculating Units of Service for Service Claim, such as the address or name of business; and
 - (iii) the exact time a service began and the exact time the service event ended documented by the service provider making the written documentation, and
- (C) be supported by information that justifies the length of the service event, such as an explanation in the written service log or implementation plan of why a billable activity took more time than typically required to complete;
- (D) be made within 14 calendar days after the activity being documented is provided; and
- (E) include the signature and title of the service provider making the written service log.

(2) Unusual Incidents or Progress Toward Objectives

The description of the activities in a written service log must include a description of any unusual incident that occurs such as a seizure, illness or behavioral outburst, and any action taken by the service provider in response to the incident.

(3) Unacceptable Content

The following are unacceptable as a description of the activities in a written service log:

- (A) ditto marks;
- (B) references to other written service logs using words or symbols;
- (C) non-specific statements such as "had a good day," "did ok," or "no problem today;"
- (D) a statement or other information that is photocopied from other completed or partially completed written service logs; and
- (E) a medication log.

(4) Separate Written Service Log for Service Event

A program provider must have a separate written service log for each

service event as described in [Section 3830\(a\)](#), Calculating Units of Service for Service Claim.

(5) Correction of Written Service Log

A program provider must comply with 40 TAC §49.305(i)(5) in making a correction to a written service log.

4300 Proof of Service Provider Qualifications

Revision 21-3; Effective September 1, 2021

A program provider must have the following documentation as proof that a service provider is qualified:

- (a) to prove the age of a service provider, a government issued document, such as a driver's license or birth certificate;
- (b) to prove the level of education of a service provider:
 - (1) a written document from an educational institution, such as a diploma; or
 - (2) a high school equivalency certificate issued in accordance with the law of the issuing state;
- (c) to prove the job experience of a service provider, a written record of where the job experience was obtained;
- (d) to prove competency to perform services:
 - (1) a successfully completed written competency-based assessment demonstrating the ability to provide the applicable service and document the provision of such service as required by the CFC PAS/HAB Billing Requirements; and
 - (2) written personal references from at least three persons not related by blood to the service provider which evidence the service provider's ability to provide a safe and healthy environment for the individuals being served.

4400 Determining Location of Residence of Service Provider

Revision 19-1; Effective November 15, 2019

(a) **Photo ID, Voter's Registration Card, Lease or Utility Bill**

Except as provided in subsection (b) of this section, a program provider must have two documents from the following categories to assist HHSC in determining the location of the residence of a service provider of CFC PAS/HAB:

- a driver's license or other government issued photo identification of the service provider;
- a voter's registration card of the service provider;
- a lease agreement for the time period in question with the name of the service provider as the lessee or an occupant; or
- a utility bill for the time period in question in the name of the service provider.

(b) **Other Proof**

At its discretion, HHSC may accept other written documentation as proof of the location of the residence of a service provider of CFC PAS/HAB.

Example Forms

Form 4121, Community First Choice Personal Assistance Services/Habilitation, may be used to document CFC PAS/HAB in accordance with this section. These documents are only examples. A program provider may document CFC PAS/HAB in any way that meets the requirements of this section.

Section 5000: Requirements for CFC Emergency Response System (ERS)

5100 General Description of CFC ERS

Revision 19-1; Effective November 15, 2019

Backup systems and supports used to ensure continuity of services and supports for individuals who live alone, who are alone for significant parts of the day, or have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. CFC ERS includes electronic devices and an array of available technology, personal emergency response systems, and other mobile communication devices.

5200 Service Claim Requirements

Revision 24-1; Effective March 1, 2024

A program provider must submit an electronic service claim for CFC ERS that meets the following requirements. CFC ERS included on the claim must:

- (1) be included on an authorized IPC;
- (2) be identified in an individual's PDP that is provided in accordance with the individual's implementation plan, as required by [26 TAC §263.104\(q\)](#) and [§566.7\(c\)\(2\)](#);
- (3) be provided during a period of time for which the individual has an LOC;
- (4) be provided to only one individual;
- (5) only be provided to an individual who has a residential location of "own/family home" on the individual's IPC;
- (6) be for the month the CFC ERS was actually provided; and
- (7) be in compliance with 40 TAC §49.311 (relating to Claims Payment).

5300 Monthly Unit of Service

Revision 19-1; Effective November 15, 2019

A unit of service for CFC ERS is one month.

5400 CFC ERS Billing Amount

Revision 24-1; Effective March 1, 2024

(a) An HCS or TxHmL program provider must bill one of the following amounts for CFC ERS, whichever is less:

(1) the actual monthly cost of the CFC ERS; or

(2) the monthly reimbursement rate of \$37.61 for CFC ERS established by the Health and Human Services Commission.

(b) If the program provider contracts for the provision of CFC ERS, the actual monthly cost, as described in subsection (a)(1) of this section, is the amount the program provider paid the contractor for CFC ERS.

Revisions

CFCBR Revision 24-1, Updating TAC References and Removing Day Habilitation

CFCBR Revision 24-1; Effective March 1, 2024

Revised	Title	Change
Entire Handbook	Various Sections	Updated TAC references from Title 40 to Title 26
Section 2000	Definitions	Replaced “day habilitation” and “in-home day habilitation” with “on-site individualized skills and socialization, off-site individualized skills and socialization, and in-home individualized skills and socialization” in the definition of LON or level of need.
Section 3100	Service Claim Requirements	Updated EVV rules’ citation from “1 TAC §354.4009(a)(4), relating to Requirements for Claims Submission and Approval” to “1 TAC §354.4009(c), relating to EVV Visit Transaction and EVV Claim.”
Section 3600	Restrictions Regarding Submission of Claims for CFC PAS/HAB	Replaced “day habilitation” or “in-home day habilitation” with “on-site individualized skills and socialization, off-site individualized skills and socialization, or in-home individualized skills and socialization” in the restriction regarding submission of service claims.

Revised	Title	Change
Section 3920	Multiple Service Providers	Replaced “day habilitation” and “in-home day habilitation” with “on-site individualized skills and socialization, off-site individualized skills and socialization, and in-home individualized skills and socialization” as examples of services that can be provided at the same time as a CFC PAS/HAB activity that does not involve interacting in person with an individual, as described in Section 3300.
Section 4200	Written Service Log	Added the requirements for correcting a written service log.
Section 5400	CFC ERS Billing Amount	Updated the monthly reimbursement rate for CFC ERS from \$29.76 to \$37.61.

CFCBR Revision 22-2, HB4, TMHP Updates

CFCBR Revision 22-2; Effective September 1, 2022

Revised	Title	Change
Entire Billing Requirements	Various Sections	Replaced “face-to-face” with “in person or in-person” throughout.
Section 3810	Hourly Unit of Service	Replaced “15-minutes” with “Hourly” and “One Hour.”

Revised	Title	Change
<u>Section 3820</u>	Fraction of a Unit of Service	Removed "not" and added "but the fraction must be .25, .50, or .75."

CFCBR Revision 22-1, TMHP, Adaptive Aids Updates

CFCBR Revision 22-1; Effective May 2, 2022

Revised	Title	Change
<u>Section 2000</u>	Definitions	Added definition: TMHP, TMPPM.
<u>Section 3830</u>	(Unit of Service) Calculating Units of Service for Service Claim	Deleted "The conversion table in appendix III is located at the following link: https://www.hhs.texas.gov/sites/default/files/documents/doing_business_with_hhs/providers/resources/hcs/hcs_billing_guidelines.pdf ."
<u>Section 3830</u>	(Unit of Service) Calculating Units of Service for Service Claim	For (b), changed "For CFC PAS/HAB, a program provider must:"
<u>Section 3830</u>	(Unit of Service) Calculating Units of Service for Service Claim	Added "(2) and convert a service time to a unit(s) of service for a service claim in accordance with Appendix III, Conversion Table of the HCS Program Billing Requirements or Appendix III, Conversion Table of the TxHmL Program Billing Requirements."

Revised	Title	Change
<u>Section 4100</u>	General Requirements	For (3), replaced "Section 4020" with "4200."

CFCBR, Revision 21-3, Billing Requirements and Provider Fiscal Compliance Update

CFCBR, Revision 21-3; Effective September 1, 2021

Revised	Title	Change
Entire Billing Requirements	Various Sections	Changed "Billing Guidelines" to "Billing Requirements". Changed "Billing and Payment" to "Provider Fiscal Compliance". Changed "CFCBG" to "CFCBR"
<u>Title Page</u>	Community First Choice (CFC)	Added "Program" before "Providers"
<u>Section 3100</u>	(Service Claim Requirements) General Requirements	Added requirement that a service claim must identify the service provider delivering the service component or subcomponent.
<u>Section 3720</u>	Relative, Guardian, or Managing Conservator Qualified as Service Provider	Changed reference from Section 3720 to Section 3710.
<u>CFCBR Contact Us</u>	Contact Us	Removed direction to contact the accessibility department for accessibility issues. Updated email addresses.

CFCBR, Revision 21-1, EVV Update

CFCBR, Revision 21-1; Effective January 1, 2021

Revised	Title	Change
Entire Billing Requirements	Various Sections	Updated references to day habilitation and respite to include in-home day habilitation and in-home respite
<u>Section 3100</u>	Service Claim Requirements	Added requirement that a service claim for CFC PAS/HAB must match the EVV visit transaction

CFCBR, Revision 20-1, Miscellaneous Changes

Revision 20-1; Effective September 1, 2020

Revised	Title	Change
<u>3700</u>	Qualified Service Provider Requirements: CFC PAS/HAB Service Provider Requirements	Revised requirements for qualified service provider regarding the Employee Misconduct Registry and Nurses Aid Registry
<u>3730</u>	Qualified Service Provider Requirements: Requirements for Service Provider who Becomes Spouse to Inform Program Provider	Added new section 3730 Requirement for Service Provider Who Becomes Spouse of Individual To Inform Program Provider
<u>4200</u>	Written Documentation: Written Service Log	Added requirement that prohibits a statement or other information photocopied from another service log

Revised	Title	Change
<u>4300</u>	Written Documentation: Proof of Service Provider Qualifications	Deleted requirement that a program provider have a documentation that a service provider is properly licensed and a written document from the licensing board

CFCBR, Revision 19-1, Miscellaneous Changes

Revision 19-1; Effective November 15, 2019

The following changes were made:

Revised	Title	Change
Entire Handbook	Various Sections	Changes Department of Aging and Disability Services (DADS) to Texas Health and Human Services Commission (HHSC) and makes formatting changes.
<u>1100</u>	General Information	Deleted background information for CFC and summarized requirements for reimbursement
<u>2000</u>	Definitions	Revised Definition of Residence
<u>3600</u>	Restriction Regarding Submission of Claims for CFC PAS/HAB	Adds restriction that a service provider cannot regularly sleep overnight at an individuals residence or an individual cannot regularly sleep overnight at a service providers residence.

Revised	Title	Change
3600	Restriction Regarding Submission of Claims for CFC PAS/HAB	Adds restriction that a service provider cannot provide care to a person not enrolled in the HCS or TxHmL program, run a personal errand, perform a household chore not related to assisting the individual.
3700	Qualified Service Provider	Revised requirement that a service provider must have a residence with a different address than the individual's address
4200	Written Service Log	Added requirement that a service log must include the exact time a service began and ended.
4200	Written Service Log	Deleted Written Summary Log
4400	Determining Location of Residence of Service Provider	Added the Section Location of Residence of Service Provider

CFCBR, Contact Us,

For questions about the Community First Choice Billing Requirements, email:
hcpolicy@hhs.texas.gov or txhtmlpolicy@hhs.texas.gov.