

FMSA Quarterly Webinar, 6/29/2021, Questions and Answers

1. Can a program service be changed once approved by the FMSA?

Answer: a program service can only change if the service coordinator or case manager have approved the change. The FMSA only approves based on whether there is funding in the employer's budget.

2. How can we correct a denial for the MCO's since we are no longer able to bill on the MCO's portal?

Answer: Contact TMHP for assistance at evv@tmhp.com.

3. What is the overall impact of Consumer Directed Services in the HHS service delivery system?

- a. How many people are served in the traditional Medicaid waivers (HCS, TXHML, CLASS, etc.)?

Answer: Data on the number of people served by program is available on the HHSC website in the Texas Council on Consumer Direction (TCCD) [agenda](#) for June 17, 2021. Click on Item # 7, CDS utilization data.

- b. How many people are served under Managed Care CDS option?

Answer: approximately 15,000

4. Overall during COVID did CDS participation increase? About how many employers use the CDS option vs. Agency?

Answer: The public health emergency is ongoing. HHSC continues to monitor the impact of COVID-19 on services including the CDS Option. Additional data may be available in the future.

FORMS

1. What date are the new forms 1725, 29 and 34 going to be released?

Answer: There is not a definite date yet; these forms are still in the review process.

2. What is the newest version for form 1725, 1729, 1734? HHS website shows the latest version is eff. 2015. Will the new version update in the website soon?

Answer: The revised versions of the forms have not been posted on the website yet. We will send an alert to let you know when they are posted.

3. If FMSA doesn't receive forms 1581-1584, 1586, should we hold the service until FMSA receive it?

Answer: No, you do not need to receive copies of Forms 1581-1584 or 1586. The service coordinator/case manager and individual or LAR are required to maintain copies. The service coordinator/case manager then assists the individual or LAR in selecting an FMSA.

4. Is the FMSA responsible for the forms 1581-1584 and 1586?

Answer: No, the service coordinator/case manager reviews Forms 1581-1584 and 1586 with the individual.

TRAINING

1. Do DR's need to attend the yearly EVV employer training?

Answer: Yes, if they are performing EVV responsibilities on the CDS employer's behalf.

2. For support consultation services, can an entity provide the services by having their staff take the HHSC Support Advisor training?

Answer: Texas Administrative Code (TAC) §41.601 (b) states the following:

Support consultation is provided by a person who meets the qualifications of a support advisor. A support advisor may be:

- (1) a contractor of the employer; or
- (2) an employee or contractor of:
 - (A) a CDSA; or
 - (B) another entity.

3. How do we do a correction on the TMHP website for the MCO's?

Answer: Contact TMHP for assistance at evv@tmhp.com.

4. I have cases that selected the CDS option back in 2010, other forms were added to the required forms, FMSA states since they were not available when the CDS was selected, they are not required to complete the new forms. please advise

Answer: According to TAC rules, the forms are completed at enrollment and at least annually thereafter. If the employer enrolled in 2010, then beginning at the annual re-enrollment cycle, any new forms that were adopted by HHSC must be completed.

See [40 TAC §41.109](#). Enrollment in the CDS Option.

- [Form 1581](#), Consumer Directed Services Option Overview.
- [Form 1582](#), Consumer Directed Services Responsibilities;
- [Form 1583](#), Employee Qualification Requirements;
- [Form 1584](#), Participant Choice for Consumer Directed Services;
- [Form 1585](#), Acknowledgement of Responsibility for Exemption from Nursing Licensure for Certain Services through Consumer Directed Services, or Form 1733, Employer and Employee Acknowledgement of Exemption from Nursing License for Certain Services Delivered through Consumer Directed Services, if required by the policies of the individual's program; and
- [Form 1586](#), Acknowledgement of Information Regarding Support Consultation Services in the Consumer Directed Services (CDS) Option, if the service is available in the individual's program.
- [Form 1724](#), New Employee Packet Coversheet.

5. Which documents would the service coordinator need to develop for the new CDS clients to turn in to the FMSA?

Answer: See [Form 1724](#), New Employee Packet Coversheet, for the checklist.

6. Is there a way we can communicate with other FMSA to share info?

Answer: FMSAs are welcome to contact each other for information sharing. HHSC maintains a list of the active FMSAs at this [link](#).

COST SURVEY

1. Was there anywhere on the data collection where the FMSA could indicate really large budgets and multiple employees?

Answer: HHSC collected all staff wages and hours and operating costs associated with providing FMSA services to CDS employers.

2. Why does it take so long for the cost budget, May 2022?

Answer: HHSC Provider Finance Department has established a process to review all rates on a biennial basis. This process includes an initial stakeholder engagement process; rate development; briefings with executive leadership; a rate proposal process which includes public notice requirements per state and federal rules; a public rate hearing; and an HHSC rate adoption process which includes communication with providers and managed care organizations.

3. Due to EVV added administrative duties and cost is there a consideration for FMSA rate increases?

Answer: The cost survey collected current and anticipated costs associated with EVV. HHSC anticipates incorporating these costs into any rates recommended to HHSC executive leadership for their consideration.

4. We received a notice from Cook indicating that we have to perform 'pop up' audits for our clients. Are FMSAs now required to just show up at our clients to see if the employees are present and working? Was this included in the cost survey?... costs to revisit clients

Answer: The cost survey should have included all staff costs associated with allowable services provided by an FMSA to a CDS employer.

Electronic Visit Verification

1. Since EVV, what is the correct way to bill for HHSC?

Answer: Before billing a service which requires EVV, an EVV visit must be on file.

2. (Provider requests) Demonstration or provide ability for FMSA to use the CDV system that employers use to have employee's clock in and out as we are unable to see this therefore are limited in explaining to an employer on how to navigate this system. This inability increases frustration for the employers and employees when payroll is then delayed.

Answer: The FMSA should contact their EVV vendor for training per this [link](#) and the information below:

EVV vendors:

- DataLogic/Vesta:

Program providers: Phone: 1-844-880-2400, info@vestaevv.com

FMSAs: Phone: 1-877-329-3574, info@vestaevv.com

- First Data/AuthentiCare: Phone: 1-877-829-2002

AuthentiCareTXSupport@firstdata.com

3. EVV is required for CDS respite and CFC, some employers/employee are still not compliant with the clocking in or out. What's the compliance date for CDS employee to be compliant? What is the timeframe for employers or employee to do their training and for them to fill out the form 1722?

Answer: The HHSC EVV Training Policy requires program providers, FMSAs, and CDS employers to complete all required EVV training prior to using either an EVV vendor system or an EVV proprietary system, and yearly thereafter. CDS

employers are required to train their CDS employee(s) on how to clock in / clock out.

The FMSA and CDS employer must complete [Form 1722](#) (Employer's Selection for Electronic Visit Verification Responsibilities) at the time of EVV implementation for a program or service delivered through the CDS option, upon enrollment in the CDS option, and any time the CDS employer requests a change in designation of EVV responsibilities.

4. If the grace period to use the EVV to clock in and out in up till the end of Dec, are FMSA's required to keep documentation of contacts with employers about being compliant with the EVV or training provided to employers about the EVV requirement?

Answer: Yes, FMSAs should maintain documentation of their contacts with employers regarding compliance and training related concerns.

5. What do you do about claims not being paid when the agency is billing from the TMHP EVV Accepted Visit Report?

Answer: FMSAs need to review EOBs associated with denied claims and update their visits or billing as necessary.

6. What is the date that employers must use EVV Option to clock in and out (mandatory effective date)?

Answer: The mandatory effective date is 01/01/2021 – See the information at this [link](#).

7. Will the employer EVV training be held via a live webinar or through the TMHP Learning Portal?

Answer: EVV training will be held via a live webinar.

8. Will CDS employer EVV noncompliance affect FMSA's overall EVV compliance score?

Answer: CDS employer and FMSA compliance will be separate. CDS employers are responsible for their usage of the EVV system, while FMSAs are responsible for ensuring the visits they submit to the Aggregator contain the proper data elements.

9. How are visits being validated for billing on the aggregator, when we don't bill units but dollar amounts?

Answer: See the Claims Matching Policy at this [link](#).

10. If an employer is not using the EVV. and we have reviewed it with them, re-trained them etc., what do we as an FMSA do from there.

Answer: Please refer to the guidance published in [Information Letter 2020-33](#), Electronic Visit Verification (EVV) Guidance for FMSAs and Notice for Consumer Directed Services (CDS) Employers.

11. Will there be a negative impact on the FMSA's if the CDS employers do not force their employees to use the EVV?

Answer: Please refer to the guidance published in Information Letter 2020-33, Electronic Visit Verification (EVV) Guidance for FMSAs and Notice for Consumer Directed Services (CDS) Employers.

12. Why are we being told there needs to be a schedule in VESTA before we can bill?

Answer: Effective Jan. 1, 2020, program providers must enter schedules in the EVV system if program policy or rule requires the use of schedules. Schedules are optional for members who selected the consumer directed services (CDS) option regardless of the program requirement. The EVV vendor will provide instructions on the use of the EVV system with or without schedules.

13. MCOs are accepting timesheets. Is this okay?

Answer: Please see the [policy](#) regarding Claims Submission.

14. What should FMSAs do if employers refuse to use the EVV system?

Answer: Please refer to the guidance published in [Information Letter 2020-33](#), Electronic Visit Verification (EVV) Guidance for FMSAs and Notice for Consumer Directed Services (CDS) Employers.

15. If the employees do not have to clock in on EVV at the moment, and they send in a timesheet. If we can only pay for what TMHP is accept as a match in TMHP, how do we bill for something that is not in Vesta/TMHP?

Answer: If there is not a clock in and clock out in the EVV vendor system for each required EVV service delivery, then visit maintenance must be performed to create that visit prior to submitting a claim. Visit maintenance is the process used by the program provider, FMSA or CDS employer to correct the identification and visit data in the EVV system to accurately reflect the delivery of service. EVV visit maintenance is similar to correcting a paper timesheet. Instead of making the correction on the paper timesheet, the program provider, FMSA or CDS employer will make the correction in the EVV system