

**Long-term Services and Supports Available Through the Texas Medicaid State Plan
(Revised August 15, 2018)**

	<u>Community Attendant Services (CAS)¹</u>	<u>Community First Choice (CFC)</u>	<u>Day Activity and Health Services (DAHS)²</u>	<u>Hospice</u>	<u>Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)</u>	<u>Nursing Facility (NF)</u>	<u>Primary Home Care (PHC)³</u>	<u>Programs of All-Inclusive Care for the Elderly (PACE)</u>
Age served	All ages	All ages	18 years of age and older (per DAHS licensure)	All ages	All ages	All ages	21 years of age and older	55 years of age and older
Licensure/Certification by Texas Health and Human Services Commission (HHSC)	Licensed as a Home and Community Support Agency (HCSSA)	Licensed as a HCSSA; or certified as a Home and Community-based Services or Texas Home Living waiver program provider	Licensed as a DAHS facility	Licensed as a HCSSA	Certified and licensed (except for ICFs/IID owned by the State or a community center which are exempt from licensure)	Licensed (for purposes of Medicaid) and certified (for purposes of Medicare)	Licensed as a HCSSA	Licensed as a DAHS facility and as applicable: licensed as (or have a contract with) a licensed HCSSA; and licensed as (or have a contract with) a licensed ALF

¹ Community Attendant Services (CAS) is referred to as Home and Community Care Services in the Texas Medicaid State Plan (see Supplement 2 to Attachment 3.1-A, TX MCD State Plan Attachments)

² Day Activity and Health Services (DAHS) is available as both a Title XIX and Title XX service. DAHS may be provided as a Title XIX entitlement service for individuals who are Medicaid recipients through managed care and Medicaid recipients not eligible for managed care through fee for services contracts with HHSC. Individuals who are not Medicaid recipients may be placed on an interest list to receive DAHS as a Title XX service.

³ Primary Home Care (PHC) is listed in the services section of the Texas Medicaid State Plan Attachments as Personal Care Services (PCS) (see Appendix 1 to Attachment 3.1-A/B). PHC is listed as PHC in the reimbursement pages of the Texas Medicaid State Plan Attachments (see Attachment 4.19-B Pages 6-6e).

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Functional eligibility	Statement by a medical practitioner that the individual's medical condition causes a functional limitation with at least one personal care task	Need help with activities of daily living, such as dressing, bathing and eating; and meet an institutional level of care including: a hospital, NF, ICF/IID, institution providing psychiatric services for individuals under age 21, or institution for mental diseases for individuals age 65 or over	Physician's order that the individual has a chronic medical condition and a nursing assessment that the individual has a functional limitation and potential of receiving therapeutic benefit from DAHS	Certification by a physician that the individual has a prognosis of six months or less to live if the condition runs its normal course	ICF/IID Level of Care (LOC) I ⁴ or VIII ⁵ and be in need of and able to benefit from active treatment	Physician's order that individual has a medical condition requiring skilled nursing care on a regular basis and physician's certification individual continues to require care	Statement by a medical practitioner that the individual's medical condition causes a functional limitation with at least one personal care task	Meet the medical necessity criteria for NF care, live in a PACE service area, and be determined by the PACE interdisciplinary team as able to be safely served in the community

⁴ Mild to extreme deficits in adaptive behavior and (a) a full scale IQ of 69 or below; or (b) an IQ of 75 or below with a primary diagnosis by a licensed physician of a related condition. A related condition must occur before the age of 22 and the individual must have substantial functional limitations in at least three of the six major life skill areas assessed. For more information see [HHSC Approved Diagnostic Codes for Persons with Related Conditions](#).

⁵ Primary diagnosis by a licensed physician of a related condition and moderate to extreme deficits in adaptive behavior.

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Financial eligibility	Up to 300% of SSI income limit	Up to 300% of SSI income limit ⁶	Eligible for SSI or up to 300% of SSI income limit	Eligible for SSI or up to 300% of SSI income limit	Eligible for SSI or up to 300% of SSI income limit	Up to 300% of SSI income limit	Eligible for SSI	Eligible for SSI or up to 300% of SSI income limit
Individual annual maximum cost allowed	\$34,397.00 per year based on a maximum 50 hours per week for individuals with non-priority status \$29,427.72 per year based on a maximum 42 hours per week for individuals with priority status	N/A	\$8,346.00 per year based on a maximum 10 units of DAHS per week	N/A	N/A	N/A	\$34,397.00 per year based on a maximum 50 hours per week for individuals with non-priority status \$29,427.72 per year based on a maximum 42 hours per week for individuals with priority status	Has a capitated rate per individual per month regardless of amount or type of services delivered PACE rates are regionally negotiated
Eligibility creates an entitlement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

⁶ CFC services are not available to individuals who receive Medicaid assistance only (MAO).

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Entity responsible for coordination of services	Case worker employed by HHSC	Service coordinator (SC) employed by a managed care organization (MCO) or waiver case management Authority (LIDDA)	Case worker employed by HHSC or an MCO	A registered nurse employed by a hospice provider	Qualified Intellectual Disability Professional employed by ICF/IID provider	NF staff (e.g., director of nursing or dietician) depending on a resident's plan of care	Case worker employed by HHSC or an MCO	An interdisciplinary team associated with a PACE provider
Services may be provided by a legal guardian or relative	Yes, excluding a parent of a minor child or spouse of a CAS individual	Yes, excluding a parent or legally responsible individual for a minor child or spouse of individual receiving CFC	No	No	No	No	Yes, excluding the spouse of a PHC individual	No
Consumer Directed Services (CDS) option available	Yes	Yes	No	No	No	No	Yes	No

**Long-term Services and Supports Available Through the Texas Medicaid State Plan
(Revised August 15, 2018)**

	General Description⁷	Limit
<p><u>Community Attendant Services (CAS)</u></p>	<p>CAS is a Medicaid state plan program that provides personal attendant services to an individual who needs assistance with Activities of Daily Living (ADLs) which includes personal care tasks. To qualify for CAS an individual must have an approved medical need resulting in a functional limitation. These services are considered non-technical, non-skilled, and are performed by an in-home personal attendant. CAS is authorized under Title XIX, §1929(b) of the Social Security Act. CAS is an entitlement program and individuals may request an intake to determine if they meet qualifications for the program at any time.</p>	<p>\$34,397.00 per year based on a maximum 50 hours per week for individuals with non-priority status</p> <p>\$29,427.72 per year based on a maximum 42 hours per week for individuals with priority status</p>
<p><u>Community First Choice (CFC)</u></p>	<p>CFC is a state plan option governed by Code of Federal Regulations, Title 42, Chapter 441, Subchapter K, regarding Home and Community-Based Attendant Services and Supports State Plan Option (Community First Choice) that provides the following services to individuals:</p> <ol style="list-style-type: none"> 1. CFC Personal Assistance Services (PAS)/Habilitation (HAB) which consists of: <ol style="list-style-type: none"> a. PAS - personal assistance services that provide assistance to an individual in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs); b. HAB - 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; 2. CFC Emergency Response Services (ERS), a backup systems and supports used to ensure continuity of services and supports which includes electronic devices and an array of available technology, personal emergency response systems, and other mobile communication devices.; and <p>CFC support management, a service for an individual receiving CFC PAS/HAB that provides training regarding how to select, manage, and dismiss an unlicensed service provider of CFC PAS/HAB.</p>	<p>N/A</p>

⁷ This part of the document provides a generic description for each of the long-term services and supports available through the Texas Medicaid state plan as identified on pages 1-4 of this document. This document does not cover other services and supports available through the Texas Medicaid state plan.

**Long-term Services and Supports Available Through the Texas Medicaid State Plan
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	General Description⁷	Limit
<u>Day Activity and Health Services (DAHS)</u>	DAHS facilities provide daytime services Monday through Friday to individuals 18 years or older residing in the community in order to provide an alternative to placement in nursing homes or other institutions. Services are designed to address the physical, mental, medical, and social needs of individuals. DAHS program services must be provided under the supervision of a licensed nurse. DAHS must be prescribed to Individuals who have a chronic medical condition with an associated functional impairment and have the potential for receiving therapeutic benefit from DAHS as established by an assessment of the recipient's medical need. DAHS services include a noon meal and snacks, nursing and personal care, physical rehabilitation, social, educational, recreational activities, and transportation. DAHS may be provided as a Title XIX entitlement service for individuals who are Medicaid recipients through managed care and Medicaid recipients not eligible for managed care through fee for services contracts with HHSC. Individuals who are not Medicaid recipients may be placed on an interest list to receive DAHS as a Title XX service.	\$8,346.00 per year based on a maximum 10 units of DAHS per week
<u>Hospice</u>	A program of palliative care which allow for care to be provided at the individual's place of residence and consists of medical, social and support services to a terminally ill patient, when curative treatment is no longer possible.	N/A
<u>Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)</u>	The ICF/IID program provides residential and habilitation services to individuals with a diagnosis of intellectual disability or a related condition.	365 days/year per diem rate associated with the individual's Level of Need
<u>Nursing Facility (NF)</u>	A program that provides institutional care to Medicaid recipients whose medical condition regularly requires the skills of licensed nurses. The nursing facility must provide for the total medical, social and psychological needs of each client, including room and board, social services, over-the-counter drugs, medical supplies and equipment, and personal needs items.	365 days/year per diem rate associated with the individual's Resource Utilization Group
<u>Primary Home Care (PHC)</u>	PHC is a Medicaid state plan program that provides personal attendant services to an individual who needs assistance with Activities of Daily Living (ADLs) which includes personal care tasks. To qualify for PHC an individual must have an approved medical need resulting in a functional limitation. These services are considered non-technical, non-skilled, and are performed by an in-home personal attendant. PHC is a Title XIX program for individuals with a specific type of SSI-Medicaid. PHC is an entitlement program and individuals may request an intake to determine if they meet qualifications for the program at any time, however unless the individual meets the criteria for immediate assistance, individuals with the type of Medicaid required for managed care referred to enroll in Managed Care to personal attendant services through their managed care health plan.	\$34,397.00 per year based on a maximum 50 hours per week for individuals with non-priority status \$29,427.72 per year based on a maximum 42 hours per week for individuals
<u>Programs of All-Inclusive Care for the Elderly (PACE)</u>	PACE provides community-based services to older individuals who qualify for nursing facility level of care and placement who desire to live in the community. PACE uses a comprehensive care approach, providing an array of services for a capitated monthly fee that is below the cost of comparable institutional care.	N/A