



# CDS Training for Service Coordinators

## Understanding Consumer Direction in Managed Care

The following training is the product of a workgroup which includes representatives from MCOs, HHSC, DADS and FMSAs coming together with the common goal of creating comprehensive, consistent, and reliable CDS option training for the use of all who may benefit from it. The need for this training was identified through a larger workgroup facilitated by Texas Health and Human Services Commission.

# CDS Training for Service Coordinators

## Training Objectives

- To make you – the Service Coordinator – more comfortable explaining CDS to our members.

## Contents:

**What is CDS – Consumer Directed Services?**..... 2

    Services That Can Be Self-Directed ..... 2

    The Philosophy behind Consumer Direction ..... 3

**Glossary of Terms:**..... 3

**Explaining CDS to our members** ..... 5

    Form 1581- Consumer Directed Services (CDS) Option Overview ..... 5

    Form 1582 – Consumer Directed Services (CDS) Responsibilities ..... 8

    Form 1583 – Employee Qualification Requirements ..... 16

    Form 1584 – Consumer Participation Choice ..... 18

    Form 1585 – Acknowledgment for Exemption from Nursing Licensure for Certain Services Delivered through CDS ..... 19

    Form 1586 – Support Consultation..... 22

**Selecting a Financial Management Services Agency**..... 24

**Getting Started On CDS** ..... 25

    Initial Steps..... 25

    After Orientation..... 25

    Setting a Date for CDS Services to Start..... 25

**Sending the Service Authorization to the FMSA** ..... 26

**What to Expect from the FMSA** ..... 27

**Form 1740 – Service Backup Plan** ..... 28

**Form 1741 - Corrective Action Plan** ..... 29

**Electronic Visit Verification - EVV** ..... 30

**Transfer Process** ..... 30

**Complaints Process** ..... 30

    FMSA Record Keeping and Self-Reporting..... 30

**Appendix A** ..... 31

## What is CDS – Consumer Directed Services?

CDS is not a program. CDS is a service delivery option which allows persons who are older or those with disabilities who are receiving long term care services and supports through the Texas Medicaid Program to become the employers for their own service providers.

The member is responsible for recruiting, hiring, training, managing and, when necessary, firing their employees. They utilize an agency to provide them with the support they need to be an employer. This agency is called a financial management services agency – FMSA.

### WHAT DOES THE CDS SERVICE DELIVERY OPTION MEAN?

For the services the member chooses to self-direct, the member hires and manages the service provider rather than having a home care agency conduct the hiring and management activities. The services not chosen to self-direct remain with the home care agency.

The member selects a financial management services agency (FMSA) to assist with the service delivery option including conducting payroll functions on behalf of the CDS employer (the member), assisting with budgeting, human resource functions, and monitoring hours.

### **Services That Can Be Self-Directed in STAR+PLUS**

- Community First Choice (CFC) Attendant services
- CFC habilitation services
- Personal assistance services (PAS)
- Protective supervision
- Respite
- Nursing (LVN, RN, Spec. LVN, Spec. RN)
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Cognitive Rehabilitation Therapy (CRT)
- Community Work/ Community Integration (CRT)
- Supported Employment
- Employment Assistance

### WHY DO MEMBERS CHOOSE CDS?

Members choose CDS for a variety of reasons. Most want more control over how and when their care is delivered.

- **Self -Determination**
- **Empowerment**
- **Independence**

## WHO USES CDS?

As of 2015, statewide there are nearly 14,000 individuals using CDS. In STAR+PLUS about 3,500 members use CDS.

## **The Philosophy behind Consumer Direction**

Consumer direction is grounded in the philosophy of self-determination. Self-determination allows individuals to: exercise greater control over their own lives; develop and reach goals they have set for themselves; and take part more fully in the world around them.

***self-de·ter·mi·na·tion (s lf d -tûr m -n sh n); noun***

***1. Determination of one's own fate or course of action without compulsion; free will.***

## 5 Principles of Self-Determination

- 1) **Freedom** to exercise the same rights as all citizens, and with assistance when necessary, to establish where they want to live, with whom they want to live and how their time will be occupied
- 2) **Authority** over a targeted amount of dollars
- 3) **Support** to organize resources in ways that are life enhancing and meaningful to the individual
- 4) **Responsibility** for the wise use of public dollars and recognition of the contribution individuals with disabilities can make to society
- 5) **Confirmation** of the important leadership role that individuals with disabilities and their families must play and support for the self-advocacy movement

The CDS option moves toward a self-determination system by allowing individuals to have:

- Increased control over services and supports
- Increased control over the persons that provide services and supports
- Informed-choice for decision making
- Understanding of the risks and benefits of decisions

## What about our members?

More and more members are defining themselves by their “abilities” rather than their “dis”abilities. They want to be a part of the community and they are reaching out for activities that will accommodate them. CDS is a service delivery option that helps them reach their goals.

## **Glossary of Terms:**

- **CDS (Consumer Directed Services):** the member or his legal guardian is the employer of and retains control over the hiring, management, and termination of an individual providing certain services.
- **Service Coordinator:** the person with primary responsibility for providing service coordination and care management to STAR+PLUS members.
- **Legally Authorized Representative (LAR):** the member's representative defined by state or federal law, including Tex. Occ. Code § 151.002(6), Tex. Health & Safety Code § 166.164, and Tex. Estates Code Ch. 752.
- **Designated Representative (DR):** A willing adult appointed by the CDS employer to assist with or perform the employer's required responsibilities to the extent approved by the employer. A DR, usually a family member, is not a paid service provider and is at least 18 years of age.
- **CDS Employer:** an individual (or LAR, parent, or court appointed guardian) who chooses to participate in the CDS option and therefore is responsible for hiring and retaining service providers to deliver program services.
- **Employee (a.k.a. service provider):** An individual who is hired, trained, and managed by the employer to provide services authorized by the MCO.
- **Financial Management Services Agency (FMSA):** An agency contracting with the MCO that provides financial management services for an employer who participates in the Consumer Directed Services (CDS) option.
- **Managed care organization (MCO):** An insurer licensed by the Texas Department of Insurance that coordinates health care for Medicaid members in exchange for a monthly premium
- **Service Plan:** A plan of care developed by the MCO Service Coordinator authorizing tasks to be performed by the service provider (e.g. Individual Service Plan (ISP)).

## Explaining CDS to our Members

Some specific reasons members select the CDS delivery option are:

- 1) They can target job advertisements for specific needs.
- 2) They can hire nontraditional employees, such as friends and church members who may not otherwise apply for work in the general field of attendant care.
- 3) They can adjust pay rates or award bonuses based on employee performance and/or tenure.
- 4) They can schedule flexible hours of service to fit the member's lifestyle.

## Forms 1581, 1582, 1583, 1584, 1585, and 1586

The Department of Aging and Disability Services (DADS) developed a series of forms that will help you explain and offer the CDS option to our members. They contain all of the basic information necessary for members to make an informed decision as to whether or not CDS is right for them. ***All forms in their entirety are in Appendix A.***

### **Form 1581- Consumer Directed Services (CDS) Option Overview**

**Purpose:** To provide an overview of the benefits and responsibilities of the Consumer Directed Services (CDS) option.

The Service Coordinator presents the overview to all initial applicants, individuals receiving ongoing services at scheduled annual reassessments, and individuals who request information on the CDS option. The Service Coordinator informs the individual of the right to choose service delivery through the Agency option or the CDS option.

### Consumer Directed Services (CDS) Option Overview

This information will help you decide if you want to participate in the **CDS** option for services available for delivery through CDS in your program.

If you or your legally authorized representative (LAR) chooses the CDS option, one of you must be the employer of your service providers for those services chosen to be delivered through CDS.

- The employer (individual or LAR) may appoint an adult as the designated representative (DR) to assist or to perform employer responsibilities in the CDS option. If the employer is not able to complete a self-assessment for CDS, a DR must be appointed.
- You may be eligible for Support Consultation Services to provide additional assistance and training for employer responsibilities in CDS.
- The employer or DR must:
  - o select a CDS agency to administer fiscal management services, provide orientation services to the employer and to act as the employer's agent with governmental agencies.
  - o hire, fire, train and manage your service providers. Service providers include employees, contractors and vendors. Some services may require that backup service providers be available to deliver services when the regular provider is not available.
  - o control how your allocated program funds for each service are spent on wages and benefits for your employee(s) and pay for services delivered by contractors and vendors.

## Form 1581 – What do you need to understand about this form?

First, the member needs to understand who will be the employer. You will help with this.

The employer can be:

- An INDIVIDUAL receiving services - who is at least 18 years of age and does NOT have a court-appointed guardian; or
- The PARENT or LEGALLY AUTHORIZED REPRESENTATIVE (LAR) of a minor-aged individual; or
- The COURT- APPOINTED GUARDIAN – regardless of the age of the individual receiving services.

The CDS employer (individual or LAR) may appoint an adult as the designated representative (DR) to assist or to perform employer responsibilities in the CDS option. **If the employer is not able to complete a self- assessment (Form 1582) for CDS, a DR must be appointed.**

The employer or the DR is responsible for:

- Selecting an FMSA from a choice list provided by the Service Coordinator.
- Hiring, firing, training and managing their service providers. Service providers include employees, contractors and vendors.

## Form 1581 – Page Two

The second page of the form is a comparison between the CDS option and the traditional homecare agency option. It shows some of the differences in responsibilities between the two. This is where the term FMSA is introduced – it means Financial Management Services Agency.

Form 1581  
Page 2 /06-2015-E

### Differences in CDS and Agency Service Delivery Options

Questions Regarding Payment Options	CDS Option	Agency Option
Who is the employer?	Individual receiving services or the individual's LAR	Provider agency
Who is responsible for recruiting, hiring, managing and firing employees and retaining contractors and vendors? Who is responsible for backup services?	Employer and, when applicable, the DR	Provider agency
Who determines the rate of pay and benefits, such as bonuses, for employees?	Employer or DR with assistance and verification by the FMSA	Provider agency
Who is responsible for paying taxes and payroll?	FMSA, the employer-agent	Provider agency
Who must ensure documented criminal history checks are completed and verify each service provider is eligible to provide specific services?	Employer/DR (with assistance and verification by the FMSA)	Provider agency

## Form 1581 – Page Two Cont'd.

There is a reference to criminal history checks. New rules require the employer to have the FMSA do all background checks. The employer and the prospective employee fill out a request to have the background checks completed.

Who is responsible for paying taxes and payroll?	FMSA, the employer-agent	Provider agency
Who must ensure documented criminal history checks are completed and verify each service provider is eligible to provide specific services?	Employer/DR (with assistance and verification by the FMSA)	Provider agency
Who is responsible for on-the-job injury and other liabilities of service providers?	Employer	Provider agency

This form also states that the employer is responsible for monitoring employment-related costs.

Who is responsible for monitoring program service delivery?	Employer/DR and case manager	Individual or LAR, provider agency and case manager
Who is responsible for monitoring employment-related costs?	Employer/DR and FMSA	provider agency

This means the employer is responsible for:

- Working with the FMSA to develop a budget to cover all expenses.
- Sticking to the hours authorized on the service plan.
- Not paying employees more than allocated in the budget.

The FMSA is responsible for recording all of these expenses and giving the employer and Service Coordinator a quarterly report.

The member and/or the LAR sign at the bottom. By obtaining the employer signature, you are acknowledging that a verbal overview was provided and the employer understands the requirements.

Who is responsible for monitoring employment-related costs?	Employer/DR and FMSA	provider agency
---	----------------------	-----------------

**Acknowledgement and Receipt of Form 1581**

 Signature - Individual/LAR	 Date
 Relationship of LAR to the Individual Receiving Services	
 Signature - Case Manager/Service Coordinator	 Date

**Form 1582 – Consumer Directed Services (CDS) Responsibilities**

**Purpose:** To build on the overview provided in Form 1581 and present a more detailed picture of the employer’s responsibilities in consumer direction.



If the member is worried about being able to fulfill all of these responsibilities, this is where the discussion about available support should be held.

There may be a family member or friend who can take on the responsibilities of a Designated Representative (DR) to help the member.

The “employer” in the CDS option is the individual receiving services or, when applicable, the individual’s legally authorized representative (LAR).

#### Employer Responsibilities

To participate in the CDS option, you must be able to perform all employer tasks required, or you may appoint a willing adult as your designated representative (DR) to assist you or to perform employer responsibilities and tasks for you.

As an employer, your responsibilities include:

- recruiting, hiring, training, managing and firing your employees and other service providers (service providers include employees, contractors and vendors);

**Service Backup Plan** – An important responsibility that is reference on this form is the development and implementation of a Service Backup Plan for the services determined by the individual’s planning team to be critical to the member’s health and welfare. The Service Backup Plan is designated on Form 1740. This form is explained later in this document.

- resolving employee and service provider concerns and complaints;
- maintaining a personnel file on each service provider; and
- developing and implementing backup service plans for services determined by the individual’s planning team to be critical to the individual’s health and welfare.

**Discrimination and Fraud** – A key section of employer responsibilities deals with discrimination and Medicaid fraud. Employers must not discriminate. Additionally some employers think of these authorized services as “their money.” This segment serves to remind them that it is not.

- developing and implementing backup service plans for services determined by the individual’s planning team to be critical to the individual’s health and welfare.

Note: The CDS option and the agency option are each funded by public funds, state and/or federal money. Discriminating against applicants and employees based on race, creed, color, national origin, sex, age, or disability is prohibited and against the law. The employer is accountable for the funds spent through the CDS option. DADS will report a CDS employer or DR who submits false or fraudulent service delivery documents to the appropriate authorities for investigation and possible prosecution as Medicaid fraud.

**Note: The CDS option and the agency option are each funded by public funds, state and/or federal money. Discriminating against applicants and employees based on race, creed, color, national origin, sex, age, or disability is prohibited and against the law. The employer is accountable for the funds spent through the CDS option. The FMSA will report a CDS employer or DR who submits false or fraudulent service delivery documents to the appropriate authorities for investigation and possible prosecution as Medicaid fraud.**

## Form 1582 – Page 1 – Service Coordinator Responsibilities

The bottom half of page one reminds the member/employer of your responsibilities as a Service Coordinator. It reinforces to your member that you are their primary contact when there are changes in their status or if they need additional assistance.

### Case Manager and Service Coordinator Responsibilities

Your case manager or service coordinator is responsible for informing you about the CDS option and reviewing the self-assessment tool with you to help you determine if the CDS option is right for you. In addition, the responsibilities of your case manager or service coordinator include:

- assessing your service level needs;
- coordinating the development of the service plan or plan of care;
- presenting a list of available FMSA providers from which to select;
- educating you on your rights, responsibilities and resources;
- revising your service plan when your needs change;
- being a resource if you have health, safety or exploitation concerns; and
- monitoring and reviewing your satisfaction with the services provided by the FMSA in accordance with the requirements of your program.

## Form 1582 – Page 2 – FMSA Responsibilities

The second page spells out the responsibilities of the FMSA. The FMSA will conduct a face-to-face orientation with the member. If the member has a guardian, the guardian must be present at orientation.

HERE IS SOME ADDITIONAL INFORMATION ON EACH OF THE RESPONSIBILITIES OF THE FMSA THAT MAY BE HELPFUL TO YOU IN REVIEWING THIS FORM WITH YOUR MEMBER.

### Responsibilities of the Financial Management Services Agency

The employer must select a FMSA before the CDS option can be started. You can expect your FMSA to perform the following services for you:

- orient and train the employer/DR about employer responsibilities for the CDS option to include legal requirements of various governmental agencies;
- assist and approve budgets for each service to be delivered through CDS;

- *orient and train the employer/DR about employer responsibilities for the CDS option to include legal requirements of various governmental agencies;*

This paragraph refers to the responsibilities of the FMSA to conduct a face to face orientation and explain fully the responsibilities the member/employer has when the CDS option is chosen. At orientation, all federal and state tax forms are reviewed and explained.

- *assist and approve budgets for each service to be delivered through CDS;*

This means that the FMSA will take the number of authorized hours of service and show the employer the amount of money that is available to pay for those hours. The FMSA will then assist the employer in determining what employer supports may be needed (like a fax machine and funds for criminal history and registry checks). The FMSA will show the employer the maximum they are able to pay per hour and discuss other options, such as bonuses, or paid vacation. The employer makes the decision on pay structure – not the FMSA. The FMSA’s role is to show the employer their options.

**IMPORTANT:** *The authorized rate is not the rate of pay. Out of the authorized rate, the employer must cover employer supports (that fax machine), state and federal unemployment taxes, as well as the employer match for FICA and Medicare. The rate of pay is also affected by the number of authorized hours and the number of employees who are hired.*

*Example: For an employer using only one employee the FMSA will pay only one unemployment tax. If two employees are used, two unemployment taxes must be paid, reducing the funds available for the per hour rate.*

- provide assistance in completing forms required to obtain an employer identification number (EIN) from federal and state agencies;
- conduct criminal history checks of applicants when requested by the employer or DR;
- verify each applicant's eligibility with program requirements, including Medicaid fraud exclusions, before an applicant is employed or retained by the employer;
- register as your employer-agent with the Internal Revenue Service (IRS) and assume full liability for filing reports and paying employer taxes on the CDS employer's behalf, to the IRS;

- *provide assistance in completing forms required to obtain an employer identification number (EIN) from federal and state agencies;*
- *register as your employer-agent with the Internal Revenue Service (IRS) and assume full liability for filing reports and paying employer taxes on the CDS employer's behalf, to the IRS;*

At orientation the FMSA will normally have the member/employer sign all of the state and federal forms that are needed by the FMSA to establish the member or the legally authorized representative (guardian) as the employer and to allow the FMSA to act as an agent for the employer. The FMSA will also educate the member/employer on the forms used to hire an employee

- provide assistance in completing forms required to obtain an employer identification number (EIN) from federal and state agencies;
- conduct criminal history checks of applicants when requested by the employer or DR;
- verify each applicant's eligibility with program requirements, including Medicaid fraud exclusions, before an applicant is employed or retained by the employer;
- register as your employer-agent with the Internal Revenue Service (IRS) and assume full liability for filing reports and paying employer taxes on the CDS employer's behalf, to the IRS;

- conduct criminal history checks of applicants when requested by the employer or DR;

- **verify each applicant's eligibility with program requirements, including Medicaid fraud exclusions, before an applicant is employed or retained by the employer;**

Once the orientation is complete, the member/employer should start the process of hiring an employee. It is important that the member remember that no employee can start working until **four criteria** have been met:

- 1) The member is Medicaid eligible;
- 2) Services have been authorized;
- 3) The start of care date on the authorization has been reached;
- 4) The FMSA has approved the employee to start work.

An important part of determining eligibility to work is conducting the criminal history checks, registry checks, Medicaid fraud exclusions and other program requirements. This is done by the FMSA.

- receive and process employee time sheets, compute and pay all federal and state employment-related taxes and withholdings, and distribute payroll at least twice a month;
- receive and process invoices and receipts for payment;
- maintain records of all expenses and reimbursement and monitor budget;
- provide written summaries and budget balances of payroll and other expenses at least quarterly;
- prepare and file employer-related tax and withholding forms and reports (this does not include filing personal income tax returns for you or your employees); and

- **receive and process employee time sheets, compute and pay all federal and state employment-related taxes and withholdings, and distribute payroll at least twice a month;**
- **prepare and file employer-related tax and withholding forms and reports (this does not include filing personal income tax returns for you or your employees);**

The employer is responsible for turning in timesheets and for making sure they are accurate.

The FMSA is responsible for making sure the hours reported are within the member's service authorization; for adhering to state and federal regulations in processing payroll; for paying all taxes due; and for completing and filing all state and federal tax returns associated with the CDS services.

**OTHER FMSA RESPONSIBILITIES LISTED INCLUDE:**

- receive and process invoices and receipts for payment;
- maintain records of all expenses and reimbursement and monitor budget;
- provide written summaries and budget balances of payroll and other expenses at least quarterly;
- provide ongoing training and assistance as needed or requested.

Both you and the member/employer should receive quarterly reports which show hours and funds used for payroll, employer expenses, etc.

## Form 1582 – Page 2 – Additional Employer Responsibilities

The last section of page two covers additional employer responsibilities. It is important that the member/employer understand that if they are not happy with the CDS option, they can return to the agency option at any time.

If they are not happy with their FMSA, and have not been able to resolve their issues with their FMSA, they should call you, the Service Coordinator, for assistance. *(See Appendix B for more information on how the member files a complaint against the FMSA.)*

### Additional Employer Responsibilities

If you feel that your FMSA is not fulfilling responsibilities or meeting your needs, you must:

- address those issues directly with the FMSA;
- contact your case manager or service coordinator if you and the FMSA are not able to resolve your concerns and issues;
- select another FMSA to provide your CDS services if concerns and issues are still not resolved; and
- notify your case manager or service coordinator if you decide you want to transfer from one FMSA to another. Your case manager or service coordinator will make all the necessary arrangements for the transfer.

You may begin or end the CDS option at any time by contacting your case manager or service coordinator. If you end the CDS option, you must remain in the "agency" option for at least 90 days before returning to the CDS option.

You may change any provider agency at any time, including a FMSA or a program "agency" provider, by contacting your case manager or service coordinator.

## Form 1582 – Page 3 – CDS Option Advantages vs. Potential Risks

Page three of this form lists the advantages and risks associated with the CDS option. Read through this carefully with the member.

**CDS Option Advantages vs. Potential Risks****Advantages in the CDS option**

- You select and manage the people who provide your services.
- You schedule who provides program services and when they are delivered.
- You train your service providers and supervise the services delivered by your service providers (service providers include employees, contractors and vendors).
- You control the rate of pay for your employee(s) within the spending limits of the unit rate for the service.
- You can offer benefits, such as bonuses, vacation pay, sick pay and insurance, to your employees.
- You select an FMSA that will pay your service providers, make deposits and file reports with governmental agencies on your behalf.
- You may be able to recruit eligible service providers, including family members, friends and other persons you know to work for you. The person selected must meet all eligibility requirements of your program to be hired or retained.
- You may appoint someone to assist with employer responsibilities or to perform employer responsibilities for you.

**NOTE: An important advantage that is not listed is that generally, the CDS employer is able to pay more per hour than the traditional home care agency.**

**Potential Risks in the CDS option**

- You are responsible for backup arrangements for services to be delivered if your employee or service provider does not show up for work.
- Your service providers are **not** the employees of the FMSA, the Department of Aging and Disability Services (DADS), any other state or federal agency or any other contracted provider agency.
- **As the employer, you are solely responsible and liable for any negligent acts or omissions by you, your employees, other service providers and your DR.**
- You are responsible for handling all conflicts with service providers. The FMSA and the individual's other program provider agencies are not involved in these situations.
- You are required to keep and store paperwork for up to five years or possibly longer.
- **The employer is ultimately responsible for payroll taxes owed to the Texas Workforce Commission (TWC), and is liable if the FMSA fails to pay.** The FMSA assumes full responsibility for payment of payroll taxes owed to the IRS.
- The employer is responsible for meeting all requirements as any employer in any business and can be held liable for failure to meet those requirements.

- 1) The first highlighted risk deals with the risk to the employer directly:
  - ***As the employer, you are solely responsible and liable for any negligent acts or omissions by you, your employees, other service providers and your DR.***
    - **Example: an employer may be liable for the cost of medical care for an employee injured on the job.**
- 2) The second highlighted risk that may cause concern to a member has to do with tax liability:
  - ***The employer is ultimately responsible for payroll taxes owed to the Texas Workforce Commission (TWC), and is liable if the FMSA fails to pay.***
    - **The employer may request proof from their FMSA that the TWC quarterly report has been filed and paid on time.**

## Form 1582 – Page 4 – Consumer Self-Assessment

Page four contains an employer self-assessment designed to show you whether the member is ready to self-direct their services.

- If the member cannot complete this form on their own, it does not mean that they cannot use the CDS option. It does mean that they must utilize a Designated Representative (DR). This is important to the FMSA. If the member will be using a DR, the FMSA needs to know that at the time of referral, so that they can make sure the DR is present at orientation. If the member will need a DR, the DR should be identified before the referral is made to the FMS agency. The Service Coordinator should then include this information on the referral along with the contact information for the Designated Representative.

Texas Department of Aging and Disability Services	<b>Consumer Directed Services (CDS) Consumer Self-Assessment</b>	Form 1582 Page 4/11-2013-E
Name of the Individual Receiving Services	Date	
<b>1. If you decide to direct your services:</b>		
a. Can you train and supervise attendants to perform each of the tasks on your service plan that will be delivered through the CDS option?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can you locate and arrange for out-of-home respite services if needed?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. If you select the people you want to help you live in the community:</b>		
a. How will you find and select people, including backup staff, to help you in your home? .....		
How will you find and select an out-of-home respite provider if needed? .....		
b. How will you train and supervise the people who work in your home? .....		
c. How will you tell your employees what you like or don't like about their work? .....		
d. If you are not satisfied with the work of the employee you hire, how will you handle the situation? .....		

## Form 1583 – Employee Qualification Requirements

**Purpose:** To provide information to the Member/LAR of additional responsibilities of being an employer in the CDS option, including who may or may not be hired in CDS. To hire an ineligible employee could be considered Medicaid fraud.

Consumer Directed Services (CDS)  
**Employee Qualification Requirements**

The **employer** in the CDS option is either:

- the individual receiving services; or
- the individual's **legally authorized representative** (LAR).

The employer may appoint a **designated representative** (DR) to assist or to perform employer responsibilities on behalf of the employer.

The employer is responsible for recruiting, hiring and supervising the service providers delivering program services through the CDS option.

Service providers include employees, contractors and vendors. Each service provider must meet the eligibility requirements of the individual's program for each service the provider will deliver.

While the employer has the option of who to use as service providers, there are some persons who do not qualify to be a service provider in the individual's program. Each program has specific requirements that an applicant must meet and maintain to be a service provider. It is the employer's responsibility to assure that each applicant meets and maintains the qualification requirements. The **Financial Management Services Agency** (FMSA) will verify each applicant's

## Form 1583 – Page 1 – Who Can Be the Employer?

The top of page one spells out who will be the employer. The Service Coordinator will need to help the member determine who this will be.

### THE EMPLOYER IN THE CDS OPTION IS EITHER:

1) the individual receiving services.

**OR**

2) the individual's legally authorized representative (LAR).

- If the member is under 18, the parent, court appointed guardian, or LAR is the employer. If the member is over 18 and does not have a court appointed guardian, they will be the employer.
- If the member does not have the ability to manage CDS employer responsibilities *and does not have a court appointed guardian*, the member is the employer **AND** must have a Designated Representative (DR).
- If the member has a court appointed guardian, the guardian is the employer.

## Form 1583 – Page 1 – Who Can Be the Employee?

The rest of page one lists who can and cannot work and what qualifications a prospective employee must meet. It also lists those individuals who, because of their relationship to the member, the employer, the Designated Representative, or other Legally Authorized Representative may not work.

In each program, a service provider must:

- be 18 years old or older;
- have no criminal convictions listed by state law that prohibits employment in a health care setting;
- have no conviction of Medicaid fraud or abuse;
- not be listed on the Employee Misconduct Registry (EMR) or Nurse Aide Registry (NAR);
- meet and maintain provider qualifications as required by the program and/or by state or federal law;
- be able and willing to meet the needs of the individual receiving services and, with training, be able to follow direction from the employer and the designated representative; and
- have a valid Social Security number, regardless of residence, and provide appropriate documentation required for completion of Form I-9 for citizenship and immigrant status as required by the federal government.

Additionally, a service provider must meet the requirements of the CDS option and individual's program for employer-employee relationships. Under these provisions, the employee must not be:

- the spouse of the individual receiving services, except in the Consumer Managed Personal Attendant Services (CMPAS) program.
- the individual's legally authorized representative, which would include a parent, guardian, managing conservator or stepparent of a minor-age individual or the guardian of an individual of any age.
- the legally authorized representative's spouse, the designated representative or the designated representative's spouse.
- any caregiver not eligible for hire under the Community Care for Aged and Disabled (CCAD) unmet need policy.
- a person who lives with the individual, related or not, in the Home and Community-based Services (HCS) (Supported Home Living and Respite), Texas Home Living (TxHmL) (Community Support and Respite), Community Living Assistance and Support Services (CLASS) (Respite) and Community Based Alternatives (CBA) (Respite) programs.
- a Texas Department of Family and Protective Services' foster parent in the HCS and TxHmL programs.
- a person who is related to the individual within the fourth degree of consanguinity or within the second degree of affinity in the TxHmL program (Behavioral Support and Adaptive Aids).

Refer to the attached list for definitions regarding relationships.

## Form 1583 – Page 2 – Relationship Definitions

Page two defines the relationships that are referenced on page one.

Form 1583  
Page 2/06-2015-E

### Employer and Employee Relationship Determination

#### Definitions:

1. The **individual** is the *individual receiving services* who is either:

- a **minor**, a person who is under age 18 (17 and younger); or
- an **adult** who is a person age 18 or older.

2. An **employer** is defined as:

- an individual who is an **adult** with no legally appointed guardian;
- a parent or guardian of an individual who is a **minor**;
- a natural parent, legal/adopted parent, stepparent and/or a court-appointed guardian is the **legally authorized representative (LAR)** of the individual;
- a foster parent who must also have written authorization from the Department of Family and Protective Services (DFPS) to be the employer; or
- the legally appointed guardian of an individual of any age is the **legally authorized representative (LAR)** for the individual.

3. A **designated representative (DR)** is:

## Form 1584 – Consumer Participation Choice

**Purpose:** Form 1584 is where the member chooses to participate in the CDS option or declines CDS and selects the agency option.

After you have reviewed forms 1581, 1582 and 1583 with your member, and they have chosen the CDS option. The next step is to select an FMSA. At this point, you provide the member with a list of CDS agencies. (Remember, the agency does not have to be physically located in the city where the member lives.) See the next section for information on how to choose an FMSA.



**Consumer Participation Choice**

Individual's Name	Individual's No.
-------------------	------------------

My case manager/service coordinator has presented adequate information for me to make an informed choice between services through the Agency Option (AO), the Consumer Directed Services (CDS) option or the Service Responsibility Option (SRO). I understand my rights and responsibilities in each option. My signature below documents my choice of how I want my services to be delivered. I understand I can contact my case manager/ service coordinator if I wish to change my selection at a later date.

**Options Available**

**Agency Option**

I elect to have *all* of my direct services delivered by the provider.

\_\_\_\_\_

**Name of Provider**

**CDS Option**

I elect to receive my services available through the CDS option.

I have selected \_\_\_\_\_ as my Financial Management Services Agency (FMSA).

**Name of Provider**

**Service Responsibility Option (only if available in your program)**

I elect to receive my services available through the SRO. This option is only available for individuals receiving services through Primary Home Care, Family Care or Community Attendant Services.

I have selected \_\_\_\_\_ as my SRO provider.

**Name of Provider**

## Form 1585 – Acknowledgment for Exemption from Nursing Licensure for Certain Services Delivered through CDS

**Purpose:** To record the employer’s agreement to assume the responsibility for the training, directing and supervising of employees to provide some nursing tasks

In reviewing the Service Plan, the Service Coordinator **must** be able to identify whether there are any services which can be performed without a nursing license or nursing delegation. These services are spelled out in the Form 1585.

Those services which may be provided by an attendant without nursing delegation are classified as health maintenance activities. While the Form 1585 lists those tasks which can be done without nursing delegation, the Service Coordinator must be confident of the health status of the member, and the ability of the member or member’s family to train the attendant in the required service.

If any of the services your member will need fall into this category, you must review this form with the member before making the referral for CDS services. If you are not an RN, you should reach out to an

RN for assistance in determining whether it is appropriate for any of the tasks on the member's service plan to be exempt from nursing delegation.

The first part of the form explains the employer's responsibilities and outlines the qualifications necessary for an unlicensed individual to perform the exempt tasks

**Acknowledgement of Responsibility for Exemption from  
Nursing Licensure for Certain Services Delivered through Consumer Directed Services (CDS)**

*The following text is from Section 531.051, Government Code, Consumer Direction of Certain Services for Persons with Disabilities and Elderly Persons, Subsections (e) and (f):*

The consumer in the CDS option acknowledges that, as "the consumer who receives the service," he or she (e)(2) (A) "has a functional disability and the service would have been performed by the consumer, or the parent or guardian for the consumer, except for that disability; and if:

(e)(2)(B)(i) the consumer is capable of training the person in the proper performance of the service, the consumer directs the person to deliver the service; or

(e)(2)(B)(ii) the consumer is not capable of training the person in the proper performance of the service, the consumer's parent or guardian is capable of training the person in the proper performance of the service and directs the person to deliver the service.

(f) If the person delivers the service under Subsection (e)(2)(B)(ii), the parent or guardian must be present when the service is performed or immediately accessible to the person who delivers the service. If the person will perform the service when the parent or guardian is not present, the parent or guardian must observe the person performing the service at least once to assure the parent or guardian that the person performing the service can competently perform that service.

The person who delivers the service:

(A) has not been denied a license under Chapter 301, Occupations Code;

(B) has not been issued a license under Chapter 301, Occupations Code, that is revoked or suspended; and

(C) performs a service that is **not expressly prohibited from delegation by the Texas Board of Nursing.**

Per Texas Administrative Code, §225.12, **Tasks Prohibited From Delegation, the following are nursing tasks**

The next section details those tasks expressly prohibited from delegation:

Per Texas Administrative Code, §225.12, **Tasks Prohibited From Delegation, the following are nursing tasks that cannot be delegated:**

- (1) physical, psychological, and social assessment, which requires professional nursing judgment, intervention, referral, or follow-up;
- (2) formulation of the nursing care plan and evaluation of the client's response to the care rendered;
- (3) specific tasks involved in the implementation of the care plan that require professional nursing judgment or intervention;
- (4) the responsibility and accountability for client or client's responsible adult health teaching and health counseling which promotes client or client's responsible adult education and involves the client's responsible adult in accomplishing health goals; and
- (5) the following tasks related to medication administration:
  - (A) calculation of any medication doses except for measuring a prescribed amount of liquid medication and breaking a tablet for administration, provided the RN has calculated the dose;
  - (B) administration of medications by an injectable route except for subcutaneous injectable insulin as permitted by §225.11(b) of this title (relating to Delegation of Administration of Medications From Pill Reminder Container and Administration of Insulin);
  - (C) administration of medications by way of a tube inserted in a cavity of the body except as permitted by §225.10(10) of this title (relating to Task That May Be Delegated);
  - (D) responsibility for receiving or requesting verbal or telephone orders from a physician, dentist, or podiatrist; and
  - (E) administration of the initial dose of a medication that has not been previously administered to the client.

The third section lists examples of those tasks which can be performed by an unlicensed employee:

Form 1585  
Page 2/10-2013-E

Under §531.052(e), (f) of the Government Code, there are certain services that may be exempt from nursing licensure and can be included in the Individual Service Plan for the CDS option if all the qualifying conditions are met.

**Examples** include:

- (1) bathing, including feminine hygiene;
- (2) grooming, including nail care, except for consumers with medical conditions like diabetes;
- (3) feeding, including feeding through a permanently placed feeding tube;
- (4) routine skin care, including decubitus Stage 1;
- (5) transferring, ambulation or positioning;
- (6) exercising and range of motion;
- (7) the administering of a bowel and bladder program, including suppositories, catheterization, enemas, manual evacuation and digital stimulation;
- (8) administering oral medications that are normally self-administered, including administration through a gastrostomy tube; and
- (9) non-invasive and non-sterile treatments with low risk of infection.

And the last section contains the acknowledgement and agreement of the employer and/or the LAR that they are willing and capable of taking the responsibility for training and supervision of any employee.

**CDS Consumer**

I **elect** to take responsibility for some nursing tasks. I have read the excerpt provided from Government Code §531.051 and under those terms, I **certify the following**:

As the individual who receives the service, I certify that I have a functional disability and I am able to perform this service for myself, except for that disability.

As the individual of the service, I am capable of training the attendant (employee) in the proper performance of the service and take full responsibility in directing and supervising the attendant. I understand that those services that cannot be provided by anybody except a licensed nurse, according to Texas Administrative Code, §225.12, **Tasks Prohibited From Delegation**, must not be provided by the employee.

**Legally Authorized Representative (LAR) Directed Services**

I **elect** to take responsibility for some nursing tasks for the individual. I have read the excerpt provided from Government Code §531.051 and under those terms, I **certify the following**:

As the LAR of the individual, I am capable of training the attendant (employee) in the proper performance of the service and take full responsibility in directing and supervising the attendant. I will either be present or immediately accessible when the service is performed or will observe the attendant performing the service until I am assured he is able to competently perform the service without my immediate supervision. I understand that those services that cannot be provided by anybody except a licensed nurse, according to Texas Administrative Code, §225.12, **Tasks Prohibited From Delegation**, must not be provided by the employee.

Form 1585  
Page 3/10-2013-E

**Delegated Service to be Delivered**

Under the terms of this provision, I take full responsibility for these tasks. I will train and supervise the attendant in the performance of the task(s) listed below:


In assuming this responsibility, I understand that my home and community support services nurse will no longer supervise or assume any responsibility for the performance of this task(s).

 Signature - Individual	 Date
 Signature - LAR	 Date
 Signature - Case Manager/Service Coordinator	 Date

If this form is completed, a copy of it should be provided to the FMSA when the referral for CDS services is made.

**Form 1586 – Support Consultation**

**Purpose:** To educate the employer on the availability of support consultation to employers who feel they need extra support in recruiting, training, or managing their employees or with other elements of being an employer.

Support Consultation Services must not duplicate or replace services to be delivered through a Service Coordinator, the Financial Management Services Agency (FMSA) or other sources. A support advisor is a

job coach who provides skills-specific training, assistance and supports to the employer or the employer's designated representative (DR) to meet responsibilities of the CDS option.

**Acknowledgement of Information Regarding  
Support Consultation Services in the  
Consumer Directed Services (CDS) Option**

**Support Consultation Services**

Support Consultation Services are only available to individuals participating in certain programs offering the CDS option. It is an optional service. An individual's service planning team may recommend that an individual access the service when the employer (the individual or legally authorized representative (LAR)) or the designated representative (DR) would benefit from additional support with employer responsibilities.

Support Consultation Services must not duplicate or replace services to be delivered through a case manager, a service coordinator, the Financial Management Services Agency (FMSA) or other sources. A support advisor provides skills-specific training, assistance and supports to the employer or the employer's designated representative (DR) to meet responsibilities of the CDS option.

**Support Advisor**

Support Consultation Services are delivered by a support advisor. A support advisor must be certified by the Texas Department of Aging and Disability Services (DADS).

A support advisor must meet the eligibility requirements and provide services in accordance with Subchapter F, Support Consultation Services and Support Advisor Responsibilities, of the Texas Administrative Code (TAC), Title 40, Part 1, Chapter 41, Consumer Directed Services Option.

Examples of services a support advisor may provide include training related to recruiting and screening applicants for employment and verifying employment eligibility; assistance with developing job descriptions; coaching on problem solving and coordinating employee management activities; training on developing and implementing service backup and corrective action plans; and coaching on handling other employer responsibilities.

Every FMSA is required to have a support advisor on staff or under contract. The support advisor does not take on any of the responsibilities of the employer. Typically, if needed, 5 to 10 hours of support consultation will be allocated per year. These funds are to be budgeted out of the total unit amount available to the member. The allocation of funds for a support advisor should not increase the total authorized Service Plan.

The member does not have to use the support advisor under contract or on the staff of the FMSA. The member may choose their own support advisor from the list available on the DADS' CDS website: <http://www.dads.state.tx.us/providers/cds/advisors.cfm>.

The support advisor will be an employee of the member and will have to fill out all employee paperwork. They do not have to be under contract with the MCO. They will be paid by the FMSA.

## Selecting a Financial Management Services Agency

The Service Coordinator provides the member with a list of FMSAs. But, how does the member choose which one to use? The best method is to call and interview several agencies.

### *Questions the member may use to interview the FMSAs:*

- ❖ How long have you been in business?
- ❖ What exactly will you do for me?
- ❖ How often do you pay? Do you offer direct deposit?
- ❖ If I move to another program or another city, can you continue to support me on CDS?
- ❖ How many people in CDS does your company currently serve?
- ❖ How many people within your company are familiar with CDS and when did those individuals last attend a FMSA training presented by DADS?
- ❖ Have you had any complaints about handling payroll taxes and employer related taxes?
- ❖ Have you been monitored by the State?
- ❖ How long does it take you to process a new employee?
- ❖ How would you say your agency is different from other FMSAs?
- ❖ Do you have a website?
- ❖ Can you give me 2-3 names of people I can contact as references?
- ❖ Have you ever paid penalties for late payment of payroll?

# Getting Started On CDS

## Initial Steps

Once your member has decided on the CDS option and selected an FMA, you will make the referral. This is the information that you need to send to the FMSA when the initial referral is made:

- 1) Member's name, date of birth, Medicaid number, and contact information; if the member has a family member or friend who speaks for them that contact name and number is needed.
- 2) If the member has a guardian or someone holding a power of attorney, the FMSA needs that information.
- 3) When services should start. (or an estimate, or notation that member is currently receiving services from a home care agency or another FMSA)
- 4) The type of service and number of hours that will be authorized. (or an estimate)
- 5) Copies of the Forms 1582, 1584, and 1740 (service back up plan)

When a referral is made, these are generally the steps taken by the FMSA:

- 1) An initial phone contact to answer the member's questions; obtain some basic information; and arrange to schedule the orientation.
- 2) A face to face orientation to give the member an overview of what is required in the CDS option and to obtain the materials necessary to set them up as employers.
- 3) Provide the materials they need to learn more about CDS, including the CDS employer's manual from DADS.

**NOTE:** Members are given the DADS Employer Handbook which covers many aspects of being an employer.

## After Orientation

After orientation the FMSA should notify you that orientation is complete. Then, the following tasks must be completed:

- 1) You and the FMSA will decide on a start date if one has not already been set.
- 2) The FMSA will work with the member in preparing a budget so they know how much they can pay their employees.
- 3) The FMSA will assist the member in qualifying their employees to work, including doing the criminal history check and other registry checks.

## Setting a Date for CDS Services to Start

When to start CDS services? This is less important when a member is not currently receiving LTS services. If they are using the agency option and are receiving attendant or nursing services, the Service Coordinator **should not set a start date until the member has completed orientation and the individuals they intend to use as employees have been cleared to work.**

Employers are told that they may not allow someone to start working until the FMSA has cleared them to work. Members frequently overlook this and do not send in the forms that are needed to clear an employee to work right away.

If a member allows an employee to work before clearance is given, the FMSA cannot pay for those hours, and the employer is responsible for those wages.

## Sending the Service Authorization to the FMSA

The services listed below can be provided under the CDS option.

When issuing the authorization for CDS services, it is important that the appropriate codes are listed. Please refer to the appropriate codes when you make your referral. You will notice that the primary difference from a home care agency referral is in the modifiers. It is very important that the modifiers be correct. It is time-consuming for Service Coordinators to have to correct authorizations issued with incorrect HCPC codes or modifiers.

See the chart below:

Service	STAR+PLUS	HCBS STAR+PLUS Waiver	HCPCS Code	CPT Code	Modifiers			
					Mod 1	Mod 2	Mod 3	Mod 4
PHC	X		S5125		99	99	99	UC
PAS		X	S5125		U3	99	99	UC
PAS CFC/non-SPW	X		S5125		99	99	U7	UC
PAS CFC/SPW		X	S5125		U3	99	U3	UC
Habilitation CFC/non-SPW	X		T2021		U7	U7	U7	UC
Habilitation CFC/SPW		X	T2021		U3	U3	U3	UC
Protective Supervision		X	S5125		U3	U5	99	UC
Respite		X	S5151		U3	99	99	UC
Nursing Service RN		X	S9123		U3	99	99	UC
Nursing Service LVN		X	S9124		U3	99	99	UC
Nursing Service Specialized RN		X	S9123		U3	99	99	UC

Service	STAR+PLUS	HCBS STAR+PLUS Waiver	HCPCS Code	CPT Code	Modifiers			
					Mod 1	Mod 2	Mod 3	Mod 4
Nursing Service Specialized LVN		X	S9124		U3	99	99	UC
PT		X	S9131		U3	99	99	UC
OT		X	S9129		U3	99	99	UC
ST		X	S9128		U3	99	99	UC
Cognitive Rehabilitation Therapy (CRT)		X		97532	U3	99	99	UC
Community/Work Reintegration (CRT)		X		97537	U3	99	99	UC
Supported Employment		X	H2025		U3	99	99	UC
Employment Assistance		X	H2023		U3	99	99	UC
Support Consultation	X	X	G0757		U3	99	99	UC
FMSA Service Fee		X	T2040		U3			
FMSA Service Fee	X		T2040		U7			

## What to Expect from the FMSA

- The FMSA is expected to keep track of hours and funds spent and send both members (the employers) and Service Coordinators quarterly reports that show how many hours have been used for what services, and how much money has been spent.
- The FMSA should show how funds have been allocated; i.e. funds for employer supports, employee benefits, overtime allocations, bonuses, taxes paid, etc.
- The FMSA should notify the employer and the Service Coordinator of any problems, such as not hiring an employee, or not following rules.
- The FMSA should be a resource to members. For example: assisting them in identifying potential employee recruitment techniques; helping them develop a weekly schedule; helping them in counseling employees.

# Form 1740 – Service Backup Plan

In the service planning process, the Service Coordinator, the member, and any other participants of the Service Planning Team will determine what services are critical to the member’s health and welfare. Those services will need a backup plan in case of emergency. This plan is designated on Form 1740.

Name of Individual	Program	Service*
Employer	Designated Representative (if applicable)	Support Advisor (if applicable)

\* A service backup plan is required for each program service delivered through the CDS option that the case manager (CM) or service coordinator (SC) has determined to be critical to the health and welfare of the individual or that is required by program specifications. The service backup plan must be reviewed by the case manager or service coordinator initially and annually thereafter.

Type of Service Backup Plan <input type="checkbox"/> Initial Backup Plan <input type="checkbox"/> Revision to Backup Plan	Date of Service Planning Team Meeting	Effective Date of Service Backup Plan
--	---------------------------------------	---------------------------------------

Reason(s) a service backup plan is required for this service:

1.
2.
3.

Backup Plan Strategies and Sequence	Specific Action(s) to Be Taken in Absence of Service Delivery	Resource Person, Area Code and Telephone Number
1. <input style="width: 500px; height: 30px;" type="text"/>	<input style="width: 500px; height: 30px;" type="text"/>	<input style="width: 500px; height: 30px;" type="text"/>
2. <input style="width: 500px; height: 30px;" type="text"/>	<input style="width: 500px; height: 30px;" type="text"/>	<input style="width: 500px; height: 30px;" type="text"/>

- The service backup plan must list the steps the member, LAR or DR implements in the absence of the service provider. If not completed at the annual meeting, the member, LAR or DR should complete within 7 days and return to the Service Coordinator.
- The service backup plan may include the use of paid service providers, unpaid service providers such as family members, friends or non-program services, or respite (if included in the authorized service plan).
- The member, LAR or DR completes a backup plan to assure that all authorized services are delivered without a service break.
- The Service Backup Plan should be reviewed annually and if there are no changes, both the member and the Service Coordinator should initial and date it.
- The Service Backup Plan should also be reviewed any time there is a change in the member’s status that would require revision, or any time a revision to the service backup plan is needed based on problems with implementation of the plan or changes in the resources required to carry out the plan.
- The Backup Plan must be approved by the member and the Service Coordinator. Both should keep a copy and a copy should go to the FMSA. **The Service Backup Plan should be in place before initiation of services in CDS.**

## Form 1741 - Corrective Action Plan

If the member is not following program or CDS rules, the FMSA should bring these problems to the attention of the employer and assist them in correcting the deficiencies. If problems continue, the FMSA should use the Corrective Action Plan (CAP) to draw the member's attention to rules that must be followed, and the FMSA should involve you, the Service Coordinator, in this process.

Texas Department of Aging and Disability Services		Consumer Directed Services <b>Corrective Action Plan</b>		Form 1741 August 2014-E
Name of Individual		Program		
Employer	Designated Representative	Support Advisor (if applicable)		
Corrective Action Plan Requested By				
Position		Agency		
Date of Request		Due Date (10 Calendar Days)		
Reason(s) for Requested Corrective Actions:				
1. _____				
2. _____				
3. _____				
Corrective Action Plan	Specific Action(s) to Be Taken	Responsible Person	Due Date	
1.				
2.				
3.				

### A Corrective Action Plan:

- 1) describes the problem;
- 2) lists the actions that must be taken to solve the problem;
- 3) describes who is responsible for the actions to be taken and a timeframe to correct the problem.

A sample CAP which was successful is in Appendix A. The FMSA should send a copy of the CAP to the Service Coordinator when first developed and a copy of the completed CAP so that the Service Coordinator knows the outcome.

If the member/employer does not respond to the CAP, the FMSA should call the Service Coordinator to discuss the next action, which might be a 3-way telephone conference, or the Service Coordinator may wish to speak privately to the member, or to other involved family members.

***The goal is to bring the member into compliance. However, if the member will not follow CDS rules, they may need to be returned to the agency option.***

## Electronic Visit Verification - EVV

At the present time a member's participation in Electronic Visit Verification in the CDS service delivery option is voluntary.

The FMSA will educate the member on EVV and offer it as an option.

## Transfer Process

From time to time a member may wish to transfer from one FMSA to another or from an FMSA back to the agency option.

When this happens the Service Coordinator should notify the FMSA. The FMSA must then:

- 1) Determine the funds/hours needed to cover payroll costs to the date of transfer.
- 2) Advise the SC of the number of hours left in the service plan.
- 3) Pay all taxes due and file all tax reports that are due.
- 4) If transferring to another FMSA, provide the receiving FMSA with tax identification numbers and tax deposit information.
- 5) Send a closing quarterly report to the member and the SC.
- 6) Send a discharge satisfaction survey to the member.
- 7) Close out TWC and IRS representation.

## Complaints Process

Occasionally, a member becomes dissatisfied with their FMSA. If the problem is recurring, the member should first try to resolve the issue with the FMSA. If no resolution can be reached, the member should call their Service Coordinator and file a complaint. Then, the Service Coordinator and the member will decide whether to attempt further resolution with the FMSA or whether to transfer to another FMSA.

In addition to filing a complaint with the Service Coordinator, the member may also file a complaint against the FMSA by:

Calling the Complaint line: 1-800-252-8263 (Toll-Free)

Or write: HHSC Medicaid/CHIP  
Health Plan Management  
Mail Code H-100  
P.O. Box 85200  
4900 N. Lamar  
Austin, Texas 78708-5200

Or email: [HPM\\_Complaints@HHSC.state.tx.us](mailto:HPM_Complaints@HHSC.state.tx.us).

## FMSA Record Keeping and Self-Reporting

FMSAs should keep a log of complaints, documenting date, time, narrative of the complaint, who conducted the investigation, steps of the investigation, and resolution. The member should sign a copy

of the complaint form. Copies of the complaint should be forwarded to the MCO Service Coordinator, the member and a copy placed in the Complaint Log.

## **Appendix A**

### Forms

This appendix will contain the forms once they are available.