HHSC conducted 33 monitoring reviews of DBMD program providers during FY21. These reviews included a total of 119 sample individuals.
Standard III.3: Were all case manager reviews that were due during the review period completed as required?

All 33 program providers were reviewed for this standard. Among the 33 reviewed program providers, HHSC identified non-compliance for 21 of the reviewed providers.

Among the 21 cited program providers, 79 of the sample individuals had a case manager review due during their individual review periods.

Among these 79 sample individuals with a case manager review due during their individual review periods, HHSC identified non-compliance in 55 of those sample individuals’ records.

Summary of non-compliance:

41 individual records received a case manager review that did not include all required elements

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, a case manager must:

- review whether the DBMD Program services and CFC services are being provided as outlined in the IPC and IPP;
- review the individual's progress toward achieving the goals and objectives described in the IPP for each DBMD Program service and CFC service;
- determine if the services are meeting the individual's needs;
- determine if the individual's needs have changed;
- review assessments, evaluations, and progress notes prepared by service providers since the previous review;
- if the individual's IPC includes residential habilitation, nursing, specialized nursing, or CFC PAS/HAB, and none of these services are identified as critical to the individual's health and safety, discuss with the individual or LAR whether any of these services may now be critical to the individual's health and safety and needs a service backup plan; and
- if a service backup plan for residential habilitation, nursing, specialized nursing services, or CFC PAS/HAB has been implemented, discuss the implementation of the service backup plan with the individual or LAR to determine if the plan was effective.
20 individual records did not include documentation that a copy of the completed case manager reviews were provided to the individual/LAR within 10 business days after the review completion date.

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, a case manager must provide a copy of the completed IPP review form to the individual or LAR within 10 business days after the date of the review.

10 individual records did not include documentation that the case manager reviews were completed within the required timeframes.

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, beginning the effective date of service of an individual's IPC, as determined in accordance with §42.216(j) of this subchapter (relating to HHSC's Review of Request for Enrollment), a case manager must, in accordance with the schedule in the DBMD Program Manual, meet face-to-face with the individual or LAR at a time and place acceptable to the individual to conduct the case manager reviews.

9 individual records did not include documentation that the case manager reviews were completed.

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, beginning the effective date of service of an individual's IPC, as determined in accordance with §42.216(j) of this subchapter (relating to HHSC's Review of Request for Enrollment), a case manager must, in accordance with the schedule in the DBMD Program Manual, meet face-to-face with the individual or LAR at a time and place acceptable to the individual to conduct the case manager reviews.
Standard III.5: Were the annual renewal activities completed as required?

All 33 program providers were reviewed for this standard. Among the 33 reviewed program providers, HHSC identified non-compliance for 19 of the reviewed providers.

Among the 19 cited program providers, 56 of the sample individuals had their most recent IPC renewed by the program provider during the monitoring period.

Among these 56 sample individuals who had their most recent IPC renewed by the program provider during the monitoring period, HHSC identified non-compliance in 42 of those sample individuals’ records.

Summary of non-compliance:

23 individual records did not include documentation that their case manager submitted the proposed renewal IPC and supporting documentation to HHSC within the required timeframe.

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, a case manager must, within 10 business days after the date of the service planning team meeting, but at least 30 calendar days before the end of the current IPC period, submit to HHSC:

- a copy of the completed renewal IPC;
- a copy of the renewal IPP;
- a copy of the renewal ID/RC Assessment;
- results of an adaptive behavior screening assessment, which must be completed by an appropriate professional:
  - at least every five years after completion of the most current assessment; and
  - if significant changes occur in the individual’s functioning;
- a copy of the Related Conditions Eligibility Screening Instrument;
- a copy of the Non-Waiver Services form;
- a copy of the:
  - Documentation of Provider Choice form; and
  - Waiver Program Verification of Freedom of Choice form;
- a copy of the HHSC CLASS/DBMD Nursing Assessment form;
- a transportation plan, if required by paragraph (2)(A)(vi)(I) of this subsection; and
- the documentation described in subsection (a)(5)(B)(iv) - (viii) of this section.
16 individual records did not include documentation that the case manager provided copies of authorized renewal documents to the individual or LAR and the FMSA, when applicable, within 10 business days.

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, if HHSC determines that a revision IPC or a renewal IPC meets the requirements:

- HHSC notifies the program provider, in writing, of its determination; and
- within ten business days after receiving the written notice, the case manager must:
  - provide to the individual or LAR a copy of the renewal IPC and renewal IPP, and if required by §42.407 of this chapter (relating to Service Backup Plans), any new or revised service backup plan; and
  - if the individual will receive a service through the CDS option, send to the FMSA a copy of the renewal IPC, the renewal IPP, and if required by this section, the transportation plan.

10 individual records did not include an IPP with observable and measurable goals and objectives.

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, a service planning team must develop a renewal IPC in accordance with §42.214(b)(1) - (6) of this subchapter and renewal IPP in accordance with §42.215(2)(A) - (D) and (3)(A) - (G) of this subchapter.

40 TAC §42.215 Development of Enrollment Individual Program Plan (IPP) states that a case manager must ensure the enrollment IPP describes goals and objectives for each DBMD Program service and each CFC service, other than CFC support management, listed on the IPC that:

- are supported by justifications;
- are outcome-based;
- are measurable; and
- have timelines;

9 individual records of program participants aged 18 years or older did not include documentation that the case manager provided voter registration options.

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, a case manager must provide an oral and written explanation of the topics described in §42.212(c)(1)(A) - (L) of this subchapter (relating to Process for Enrollment of an Individual) to the individual or LAR;
40 TAC §42.212 Process for Enrollment of an Individual states that a case manager must provide an oral and written explanation to the individual or LAR of the voter registration process, if the individual is 18 years of age or older.

6 individual records did not include a completed Form 1584, Consumer Participation Choice.

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, a case manager must provide an oral and written explanation of the topics described in §42.212(c)(1)(A) - (L) of this subchapter (relating to Process for Enrollment of an Individual) to the individual or LAR;

40 TAC §42.212 Process for Enrollment of an Individual that a case manager must provide an oral and written explanation to the individual or LAR of the CDS option as described in §42.217 of this division (relating to Consumer Directed Services (CDS) Option).

40 TAC 42.217 Consumer Directed Services (CDS) Option states that a program provider must ensure an individual’s case manager informs the individual or LAR:

- of the CDS option in accordance with Chapter 41, Subchapter D of this title (relating to Enrollment, Transfer, Suspension, and Termination)
- of the DBMD Program services and the CFC services that may be provided through the CDS option, as described in §41.108 of this title (relating to Services Available Through the CDS Option); and
- that the individual may elect to have one or more of those services provided through the CDS option.

4 individual records did not include documentation that the case manager addressed each remand request within 10 calendar days.

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, at HHSC’s request, a case manager must submit additional documentation supporting a revision IPC or a renewal IPC within 10 calendar days after the date of the request.

2 individual records did not include documentation that the case manager provided a written and oral explanation to the individual/LAR of the procedure for filing a complaint.

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, during the service planning team meeting, the case manager must provide an oral and written explanation of the topics described in §42.212(c)(1)(A) - (L) of this subchapter (relating to Process for Enrollment of an Individual) to the individual or LAR.
**40 TAC §42.212 Process for Enrollment of an Individual** states that a case manager must provide an oral and written explanation to the individual or LAR of the procedures for an individual or LAR to file a complaint regarding a DBMD Program provider as required by §49.309 of this title (relating to Complaint Process) and that the HHSC Complaint and Incident Intake toll-free telephone number at 1-800-458-9858 may be used to file a complaint.

2 individual records did not include documentation that the case manager provided a written and oral explanation to the individual/LAR of the right to transfer to a different program provider.

**Requirement:** In accordance with **40 TAC §42.223, Periodic Review and Update of IPC and IPP**, during the service planning team meeting, the case manager must provide an oral and written explanation of the topics described in §42.212(c)(1)(A) - (L) of this subchapter (relating to Process for Enrollment of an Individual) to the individual or LAR. The case manager must educate the individual and LAR about protecting the individual from abuse, neglect, and exploitation.

2 individual records did not include documentation that the case manager provided a written and oral explanation to the individual/LAR of the right to transfer to a different program provider.

**Requirement:** In accordance with **40 TAC §42.223, Periodic Review and Update of IPC and IPP**, during the service planning team meeting, the case manager must provide an oral and written explanation to the individual or LAR that the individual or LAR may report an allegation of abuse, neglect, and exploitation to DFPS by calling the toll-free telephone number at 1-800-252-5400. The case manager must educate the individual and LAR about protecting the individual from abuse, neglect, and exploitation.

2 individual records did not include documentation that the case manager provided a written and oral explanation to the individual/LAR of the right to transfer to a different program provider.

**Requirement:** In accordance with **40 TAC §42.223, Periodic Review and Update of IPC and IPP**, during the service planning team meeting, the case manager must provide an oral explanation to the individual or LAR that the individual may transfer to a different program provider. The case manager must give the individual or LAR a **Documentation of Provider Choice form** and have the individual or LAR designate the selection of a DBMD program provider on the form.

2 individual records did not include documentation that the case manager provided a written and oral explanation to the individual/LAR of the individual’s rights and responsibilities.

**Requirement:** In accordance with **40 TAC §42.223, Periodic Review and Update of IPC and IPP**, during the service planning team meeting, the case manager must provide an oral and written explanation of the topics described in §42.212(c)(1)(A) - (L) of this subchapter (relating to Process for Enrollment of an Individual) to the individual or LAR.
40 TAC §42.212 Process for Enrollment of an Individual states that a case manager must provide an oral and written explanation to the individual or LAR of the individual's rights and responsibilities, including the right to request a Medicaid Fair Hearing as described in §42.251 of this chapter (relating to Individual's Right to a Fair Hearing).

2 individual records did not include documentation that the case manager provided a written and oral explanation to the individual/LAR of the available DBMD services.

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, during the service planning team meeting, the case manager must provide an oral and written explanation of the topics described in §42.212(c)(1)(A)-(L) of this subchapter (relating to Process for Enrollment of an Individual) to the individual or LAR.

40 TAC §42.212 Process for Enrollment of an Individual states that a case manager must provide an oral and written explanation to the individual or LAR of the DBMD Program services described in §42.104(d) of this chapter (relating to Description of Deaf Blind with Multiple Disabilities (DBMD) Waiver Program and CFC), including TAS if the individual is receiving institutional services.

A case manager must provide an oral and written explanation to the individual or LAR of the CFC services described in §42.104(f) of this chapter.

2 individual records did not include documentation that the case manager provided a written and oral explanation to the individual/LAR of the mandatory participation requirements.

Requirement: In accordance with 40 TAC §42.223, Periodic Review and Update of IPC and IPP, during the service planning team meeting, the case manager must provide an oral and written explanation of the topics described in §42.212(c)(1)(A)-(L) of this subchapter (relating to Process for Enrollment of an Individual) to the individual or LAR.

40 TAC §42.212 Process for Enrollment of an Individual states that a case manager must provide an oral and written explanation to the individual or LAR of the mandatory participation requirements as described in §42.252 of this chapter (relating to Mandatory Participation Requirements of an Individual).
**Standard IX.2: HHSC did not identify a financial error for intervener services?**

All 33 program providers were reviewed for this standard. Among the 33 reviewed program providers, HHSC identified non-compliance for 14 of the reviewed providers.

Among the 14 cited program providers, 33 of the sample individuals received intervener services during their individual review periods.

Among these 33 sample individuals who received intervener services during their individual review periods, HHSC identified non-compliance in 24 of those sample individuals’ records.

**Summary of non-compliance:**

15 individual records did not include documentation that the individual received intervener services in accordance with the schedule documented on the IPP.

**Requirement:** In accordance with 40 TAC §42.404 Service Delivery, a program provider must provide each DBMD Program service and CFC service authorized in an individual's IPC in accordance with:

- the individual's current IPC;
- the individual's current IPP; and
- the requirements in this chapter

13 individual records did not include complete service delivery documentation to support all billed claims.

**Requirement:** In accordance with 40 TAC §42.405 Documentation of Services Delivered and Recordkeeping, a program provider must:

- document:
  - the type of service provided;
  - the date and the time the service begins and ends;
  - the type of contact (phone or face-to-face);
  - the name of the person with whom the contact occurred;
  - a description of the service activity performed, unless the activity is a non-delegated task provided by an unlicensed service provider that is documented on the IPP; and
  - the signature and title of the service provider; and
- completes an HHSC DBMD Summary of Services Delivered form to document the provision of a service that is supported by the documentation required in paragraph (1)(A) - (F) of this subsection.
Section 11000 of the DBMD Program Manual, in accordance with 40 TAC §42.405 Documentation of Services Delivered and Recordkeeping, states that a program provider must ensure that, after a service provider makes the last entry on an HHSC DBMD Summary of Services Delivered form, a staff person other than the service provider signs and dates the form as a timekeeper as verification of the accuracy of the information on the form.

Section 11100 of the DBMD Program Manual requires a service provider to complete Form 6503 according to the form’s instructions.

40 TAC §49.305 Records states that a contractor must develop and maintain records in accordance with its contract, this subchapter, and HHSC rules governing services provided under the contract. A contractor must use forms required by HHSC or, if a specific form is not required by HHSC, develop records that include elements required by HHSC, and ensure that:

- a beginning time for a service is not documented until after the service being documented has been initiated; and
- an ending time or a time period for a service is not documented until after the service has been provided

Before a contractor submits a claim for services under its contract, the contractor's records must support the claim.

40 TAC §49.311 Claims Payment states that a contractor must ensure that a claim for service is:

- for a service that has been provided by a contractor
- a clean claim;
- complete and accurate

A contractor must ensure that a claim for service is supported by records required by the contract and HHSC rules governing services provided under the contract.

6 individual records did not include documentation that the individual received intervener services from a qualified service provider.

Requirement: In accordance with §42.103 Definitions, an Intervener is a service provider with specialized training and skills in Deafblindness who, working with one individual at a time, serves as a facilitator to involve an individual in home and community services and activities, and who is classified as an "Intervener", "Intervener I", "Intervener II", or "Intervener III" in accordance with Texas Government Code, §531.0973

40 TAC §42.402 Qualifications of Program Provider Staff states that the program provider must ensure that an Intervener I:
• meets the requirements for an intervener as described in paragraph (1) of this subsection;
• has a minimum of six months of experience working with persons who have Deafblindness or function as persons with Deafblindness;
• has completed a minimum of eight semester credit hours in deafblind-related course work at a college or university accredited by:
  o a state agency recognized by the United States Department of Education; or
  o a non-governmental entity recognized by the United States Department of Education;
• a one-hour practicum in deafblind-related course work at a college or university accredited by a state agency or a non-governmental entity recognized by:
  o a state agency recognized by the United States Department of Education; or
  o a non-governmental entity recognized by the United States Department of Education

An Intervener II must:
• meet the qualifications of an Intervener I;
• have a minimum of nine month of experience working with persons who have Deafblindness or function as persons with Deafblindness;
• has completed an additional 10 semester hours in deafblind-related course work at an accredited college or university

An Intervener III must:
• meet the qualifications for an Intervener II;
• have a minimum of one year experience working with persons who have Deafblindness or function as persons with Deafblindness;
• holds an associates or bachelor’s degree in a course of study with a focus on deafblind related course work from an accredited college or university

Two programs meet the criteria for Intervener I in DBMD
• Deafblind Intervener Training Certificate – Utah State University Online
• Deafblind Central National Credential for Interveners – Central Michigan University

40 TAC §42.627 Intervener states that a program provider must ensure that an intervener is reimbursed in accordance with the career ladder described in §42.402(d) of this chapter (relating to Qualifications of Staff)

40 TAC §49.305 Records states that a contractor must develop and maintain records for an employee, subcontractor, or volunteer that records that the employee, subcontractor, or volunteer is qualified for the position for which the person is employed, contracting, or volunteering, in accordance with rules governing services provided under the contract.
**Standard II.3: Did staff who were required to complete hands-on-skills training maintain the required certification for the entire monitoring period?**

All 33 program providers were reviewed for this standard. Among the 33 reviewed program providers, HHSC identified non-compliance for 11 of the reviewed providers.

Among the 11 cited program providers, 115 personnel files were reviewed to verify that these employees received hands-on-skills training as required. This training includes CPR, First Aid & Choking Prevention and is assessed for all employees who do not have a medical license (RN/LVN).

Among these 115 employees reviewed, HHSC identified non-compliance in 43 of those personnel records.

**Summary of non-compliance:**

For the following service provider types, the employees failed to maintain their hands-on-skills training certification for the entire monitoring period.

- 18 Direct Care Workers (DCWs)
- 10 Case Managers
- 8 Program Directors
- 7 Interveners

**Requirement:** In accordance with 40 TAC 42.403, a program provider must ensure that a program director, a case manager, an intervener, and a service provider of licensed assisted living, licensed home health assisted living, day habilitation, employment assistance, residential habilitation, respite, supported employment, and CFC PAS/HAB have current certification in:

- cardiopulmonary resuscitation;
- basic first aid; and
- choking prevention.
**Standard II.5: Did each direct care worker receive specific training before providing services and on an annual basis?**

All 33 program providers were reviewed for this standard. Among the 33 reviewed program providers, HHSC identified non-compliance for 11 of the reviewed providers.

Among the 11 cited program providers, 43 individual records were reviewed to verify that individual specific training was completed as required.

Among these 43 sample individuals who received a DBMD or CFC service from a direct care worker, HHSC identified non-compliance in 30 of the sample individuals’ records.

**Summary of non-compliance:**

27 individual records did not include documentation that the direct care worker providing a DBMD, or CFC service completed individual specific training as required.

**Requirement:** In accordance with 40 TAC 42.403, a program provider must ensure an intervener and a service provider of licensed assisted living, licensed home health assisted living, day habilitation, employment assistance, residential habilitation, respite, supported employment, and CFC PAS/HAB, complete training on the needs of an individual:

- before providing services to the individual;
- at least annually; and
- if the individual’s needs change.

9 individual records had a direct care worker who received training that did not include all required training elements.

**Requirement:** In accordance with 40 TAC 42.403, training on the needs of an individual must include:

- the special needs of the individual, including the individual's:
  - methods of communication;
  - specific visual and audiological loss; and
  - adaptive aids;
- managing challenging behavior, including training in:
  - prevention of aggressive behavior; and
  - de-escalation techniques; and
- instruction in the individual's home with full participation by the individual, LAR, or other involved persons, as appropriate, concerning the specific tasks to be performed.

**Resource available:** New Form 6518, Record of Completion for Individual Specific Training.
Contact Program Staff:

DBMD program providers may request a one-on-one informational session with a member of the monitoring team to discuss applicable rules and regulations related to any non-compliance identified during a contract and fiscal compliance monitoring review.

To request this session, please send an email to: CAPM_CLASS_DBMD_Monitoring@hhs.texas.gov and include your contract number and standard or relevant rule you would like to discuss.

For any questions related to DBMD program policies, contact the Long Term Services and Supports (LTSS) Policy team via e-mail at: DBMDPolicy@hhs.texas.gov.