



Top 5 Most Frequently Cited Standards in DBMD

DBMD Monitoring Reviews Completed During Fiscal Year 2022 (FY22)

Rank	Standard	Description	Total Program Providers Cited
1	Standard III.3	Case Manager's Reviews	15 out of 30 cited
2	Standard II.3	Hands-On Skills Training (CPR/First Aid/Choking)	12 out of 30 cited
3	Standard III.5	Renewal Activities	10 out of 30 cited
4	Standard II.2	General Orientation and Post-Hire Training	7 out of 30 cited
5	Standard II.8	Case Management Billing Activities	5 out of 30 cited

HHSC conducted 30 monitoring reviews of DBMD program providers during FY22. These reviews included a total of 103 sample individuals.

Standard III.3: Were all case manager's reviews that were due during the review period completed as required?

All 30 program providers were reviewed for this standard. Among the 30 reviewed program providers, HHSC identified non-compliance for 15 of the reviewed providers.

Among the 15 cited program providers, 54 of the sample individuals had a case manager's review due during their individual review periods.

Among these 54 sample individuals with a case manager's review due during their individual review periods, HHSC identified non-compliance in 35 of those sample individuals' records.

Summary of non-compliance:

32 individual records received a case manager's 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.

4 individual records did not include documentation that the case manager's 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.

3 individual records did not include documentation that the case manager's 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.

3 individual records did not include documentation that a copy of the completed case manager's review was 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.

Standard II.3: Did staff who were required to complete hands-on-skills training maintain the required certification for the entire monitoring period?

All 30 program providers were reviewed for this standard. Among the 30 reviewed program providers, HHSC identified non-compliance for 12 of the reviewed providers.

Among the 12 cited program providers, 70 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 70 employees reviewed, HHSC identified non-compliance in 37 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.

- 25 Direct Care Workers (DCWs)
- 7 Case Managers
- 4 Interveners
- 1 Program Director

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
- choking prevention.

Standard III.5: Were the annual renewal activities completed as required?

All 30 program providers were reviewed for this standard. Among the 30 reviewed program providers, HHSC identified non-compliance for 10 of the reviewed providers.

Among the 10 cited program providers, 32 of the sample individuals had their most recent IPC renewed by the program provider during the monitoring period.

Among these 32 sample individuals who had their most recent IPC renewed by the program provider during the monitoring period, HHSC identified non-compliance in 23 of those sample individuals' records.

Summary of non-compliance:

21 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.

6 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.

4 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 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.

1 individual record 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.

1 individual record did not include documentation that the case manager provided a written and oral explanation to the individual/LAR of the reporting procedure for abuse, neglect, and exploitation.

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.

[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 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.

1 individual record 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)

1 individual record 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 II.2: Were all staff who were employed during the monitoring period trained on the required topics within the required timeframe(s)?

All 30 program providers were reviewed for this standard. Among the 30 reviewed program providers, HHSC identified non-compliance for 7 of the reviewed providers.

Among the 7 cited program providers, 61 training records were reviewed to verify that these employees received general orientation, training on abuse, neglect and exploitation, and post-hire training as required.

Among these 61 records reviewed, HHSC identified non-compliance in 34 of those training records for employees who were required to complete general orientation and training on abuse, neglect, and exploitation. HHSC also identified non-compliance in 7 of those training records for employees who were required to complete post-hire training.

Summary of non-compliance:

For the following service provider types, the employees failed to complete general orientation training annually.

- 23 Direct Care Workers (DCWs)
- 4 Case Managers
- 4 Program Directors
- 3 Interveners

Requirement: In accordance with [40 TAC §42.403 Training](#), a program provider must ensure that a program director and a service provider complete a general orientation curriculum before assuming job duties and annually thereafter. The general orientation curriculum must include training on:

- The rights of an individual
- Confidentiality
- The program provider's complaint process; and
- DBMD Program and CFC requirements.

A program provider must document:

- The name of the person who received the training
- The date the training was conducted; and
- The name of the person who conducted the training.

[40 TAC §42.403 Training](#) in conjunction with [Appendix XI of the DBMD Program Manual](#), requires a program provider to ensure their program directors, service providers, staff persons, and volunteers:

- are trained on and knowledgeable of:

- acts that constitute abuse, neglect, and exploitation
- signs and symptoms of abuse, neglect, and exploitation
- methods to prevent abuse, neglect, and exploitation
- instructed to report to Department of Family and Protective Services (DFPS) immediately, but not later than 24 hours, after having knowledge or suspicion that an individual has been, or is being, abused, neglected, or exploited by:
 - calling the DFPS Abuse Hotline toll-free telephone number, 1-800-252-5400; or
 - using the [DFPS Abuse Hotline website](#)
- provided with these instructions in writing

These activities, as they are described above, must be completed before assuming job duties and annually thereafter.

For the following service provider types, the employees failed to complete post-hire training within the required timeframe.

- 3 Direct Care Workers (DCWs)
- 2 Case Managers
- 2 Nurses

Requirement: In accordance with [40 TAC §42.403 Training](#), a program provider must ensure that a program director and case manager complete the HHSC Deaf Blind with Multiple Disabilities Waiver Computer Based Training and receive a score of at least 80 percent on the examination included in the training within 90 calendar days of assuming job duties and annually thereafter.

A program provider must ensure that a program director and case manager complete, within six months after assuming job duties, the DBMD Program Case Management Training provided by HHSC, or training developed by the program provider. A program provider that develops and conducts its own training must ensure that:

- the training addresses the following elements from the HHSC DBMD Program Case Management Training:
 - the DBMD Program service delivery model, which includes:
 - the role of the case manager and DBMD Program provider
 - the role of the service planning team
 - person-centered planning
 - the CDS option
 - DBMD Program services, including how these services:
 - complement other Medicaid services
 - supplement family supports and non-waiver services available in the individual's community
 - prevent institutionalization

- DBMD Program process and procedures for:
 - eligibility and enrollment
 - service planning, service authorization, and program plans
 - access to non-waiver resources
 - complaint procedures and the fair hearing process
- rules, policies, and procedures about:
 - prevention of abuse, neglect, and exploitation of an individual
 - reporting abuse, neglect, and exploitation to local and state authorities; and
 - financial improprieties involving an individual.

A program provider must ensure that the DBMD Program Service Provider Training is completed by:

- a case manager, within six months after assuming job duties
- a program director, if providing intervener, licensed assisted living, licensed home health assisted living, case management, day habilitation, employment assistance, nursing, specialized nursing, residential habilitation, respite, supported employment, or CFC PAS/HAB to an individual, within six months after assuming job duties
- an intervener and a service provider of licensed assisted living, licensed home health assisted living, day habilitation, employment assistance, nursing, specialized nursing, residential habilitation, respite, or supported employment, within 90 calendar days after assuming job duties; and
- a CFC PAS/HAB service provider within 90 calendar days after assuming job duties.

The DBMD Program Service Provider Training is provided by HHSC or developed by a program provider. If the training is developed by the program provider, the training must address the following elements from the HHSC DBMD Program Service Provider Training curriculum:

- methods and strategies for communication
- active participation in home and community life
- orientation and mobility
- behavior as communication
- causes and origins of Deafblindness
- vision, hearing, and the functional implications of Deafblindness.

A program provider that develops and conducts its own training, as described in [40 TAC §42.403 Training\(e\)\(f\)](#), must ensure that the staff person who develops and conducts the training successfully completes the DBMD Program Case Management Training and/or the DBMD Program Service Provider Training provided by HHSC before developing or conducting training.

Resource available: [Form 6519, Record of Completion for General Orientation Training](#)

Standard III.8: HHSC did not identify a financial error for case management services?

All 30 program providers were reviewed for this standard. Among the 30 reviewed program providers, HHSC identified non-compliance for 5 of the reviewed providers.

Among the 5 cited program providers, 21 of the sample individuals had case management billing activities occur during their individual review periods.

Among these 21 sample individuals who had case management billing activities occur during their individual review periods, HHSC identified non-compliance in 15 of those sample individuals' records.

Summary of non-compliance:

8 individual records did not include a DBMD Summary of Services Delivered form that was signed by an agency timekeeper. 7 individual records did not include a DBMD Summary of Services Delivered form that was signed by the case manager.

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
 - the signature and title of the service provider
- complete 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.

6 individual records had billing activities occur prior to obtaining the signatures of both the case manager and the agency timekeeper.

[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.

[Form 6503, DBMD Summary of Services Delivered Form Instructions](#), in accordance with [40 TAC §42.405 Documentation of Services Delivered and Recordkeeping](#), state 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.

[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.

2 individual records did not include documentation that a billable contact had occurred on the date of service billed by the program provider.

In accordance with [40 TAC §49.305 Records](#), 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.

1 individual record included a claim for reimbursement that exceeded the total number of units documented on the DBMD Summary of Services Delivered form.

[Section 11210 of the DBMD Program Manual](#) explains that one unit of case management services is equal to one hour.

For a service that has a billable unit of one hour, a program provider must determine the billable units using the amount of time that a service provider spent providing the service in accordance with the table located in [Section 11300 of the DBMD Program Manual](#).

The time spent providing the service is documented on [Form 6503, DBMD Summary of Services Delivered](#). Claims that have been verified as complete and accurate must be submitted in accordance with the [DBMD Payment Rates](#).

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.