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Community First Choice provider training

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

Managed care

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What is managed care?

- Managed care is healthcare provided through a network of doctors, hospitals and other healthcare providers responsible for managing and delivering quality, cost-effective care.
- The state pays a managed cared organization (MCO) a capped rate for each member enrolled, rather than paying for each unit of service provided.

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Community First Choice

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What is Community First Choice?

Community First Choice (CFC) provides certain services and supports to individuals living in the community who are enrolled in the Medicaid program and meet CFC eligibility requirements. Services and supports may include:

- Activities of daily living (eating, toileting and grooming), activities related to living independently in the community and health-related tasks (personal assistance services).
- Acquisition, maintenance and enhancement of skills necessary for the individuals to care for themselves and to live independently in the community (habilitation).
- Providing a backup system or ways to ensure continuity of services and supports (emergency response services).
- Training people how to select, manage and dismiss their own attendants (support management).

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CFC implementation

- Effective June 1, 2015, Amerigroup began managing CFC benefits for eligible STAR+PLUS members.

- If you are a habilitation provider in good standing with the state of Texas, you are deemed credentialed to participate with Amerigroup in the CFC program.

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CFC implementation (cont.)

- Senate Bill *(S.B.) 7, 83rd Texas Legislature, Regular Session, 2013*, requires the Health and Human Services Commission (HHSC) to:

  "implement the most cost-effective option for the delivery of basic attendant and habilitation services for individuals with disabilities under the STAR+PLUS Medicaid managed care program that maximizes federal funding for the delivery of services for that program and other similar programs."

- Pursuant to *S.B. 7*, HHSC and Department of Aging and Disability Services (DADS) worked to implement Community First Choice (CFC).
- CFC is a federal option that allows states to provide home- and community based attendant services and supports to Medicaid recipients with disabilities.
- This option provides states with a 6% increase in federal matching funds for Medicaid for these services.

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Program definitions

- **OCC — Other community care:** STAR+PLUS long-term services and supports (LTSS), and acute services for individuals who may need additional home- and community based support (HCBS)
- **SPW — STAR+PLUS Waiver:** Expanded STAR+PLUS LTSS services for individuals who demonstrate a skilled nursing need and meet medical necessity criteria
- **CFC — Community First Choice:** An expanded array of services that OCC and SPW members may qualify for in addition to their existing coverage
- **LA — Local authority:** designated centers in Texas for supporting individuals with intellectual or developmental disability (IDD) and related conditions
- **MN — Medical necessity:** One-year determination issued by Texas Medicaid & Healthcare Partnership (TMHP) based on MCO submission of medical necessity and level of care assessment (MNLOC)
- **LOC — Level of care:** One-year determination issued through CARE system based on LA submission of assessment for members with IDD conditions
- **ID/RC — Intellectual disability or related condition**

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Program definitions (cont.)

- **Form H6516 – CFC assessment:** Assessment to be completed for prospective and current CFC members; at least once annually
- **PCAF Addendum – CFC assessment:** Assessment tool for pediatric members ages 1 to 20
- **Interest list:** Members who are enrolled in STAR+PLUS and waiting on an interest list for enrollment into the state's four IDD waiver programs will be evaluated systematically by LA's for possible CFC enrollment
- **MAO — Medical assistance only:** Members who are enrolled in STAR+PLUS Waiver only based on qualification through interest list referral, Money Follows the Person (MFP)
- **IDD waiver — Intellectual/developmental disability waivers:** Four HCBS waiver programs for individuals with IDD in Texas; LTSS services are provided through HHSC; MCOs manage acute benefits

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STAR+PLUS

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What is STAR+PLUS?

- Designed to integrate the delivery of acute care and LTSS through a managed care system
- Serves people with disabilities who receive SSI Medicaid and those who are eligible for Medicaid because they qualify for STAR+PLUS home- and community based waiver services
- Specialized care management service that is available to all members and provided by an MCO service coordinator
- Main feature — service coordination

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STAR+PLUS program expertise

- Amerigroup has participated in Texas Managed Care Medicaid and CHIP programs since 1996 and is currently one of the largest Medicaid managed care organizations in Texas.
- We have participated in the state's STAR+PLUS pilot program from its inception over 20 years ago.
- Amerigroup serves nearly 775,000 members in the Austin, Beaumont, Dallas, El Paso, Fort Worth, Houston, Lubbock and San Antonio areas, including over 118,400 STAR+PLUS members.

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STAR+PLUS benefit structure

- **Community First Choice (CFC)***
  - **PAS, habilitation, DAHS**, ERS, support management**
- **Other community care (OCC):**
  - Personal attendant services**— Day Activity Health Services (DAHS)**

* State Plan benefit — becomes a CFC benefit if member qualifies for CFC

** Requires MN or Institutional LOC

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STAR+PLUS benefit structure (cont.)

- **STAR+PLUS Waiver:**
  - PAS*
  - ERS*
  - Assisted living facility (ALF)-including Dietician/Nutritional Services
  - Adult Foster Care
  - DAHS:*
  - Dental Services
  - Physical, Speech and Occupational Therapy
  - Cognitive Rehabilitation Therapy
  - Transitional Assistant Services
  - Financial Management Services
  - Employment Assistance; Supported Employment
  - Habilitation; Support Management

*Requires MN or Institutional LOC

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CFC services

Texas CFC services are available in managed care, fee for service and the *1915(c)* waivers and include:

- Personal assistance services.
- Habilitation services.
- ERS.
- Support management.

Personal assistance services

- Assistance with ADLs and instrumental activities of daily living (IADLs) through hands-on assistance, supervision or cueing
- CFC personal assistance services provide assistance to an individual in performing the ADLs and IADLs based on the person-centered service plan
- Personal assistance services (PAS) include:
  - Nonskilled assistance with ADLs and IADLs
  - Household chores
  - Escort services
  - Assistance with health-related tasks, including:
    - Delegated nursing
    - Heath maintenance activities
    - Extension of therapy

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Habilitation services

- Assists individuals in acquiring, maintaining and enhancing skills to accomplish ADLs, IADLs and health-related tasks
- May also include components of personal assistance services
- Self-care
- Personal hygiene
- Household tasks
- Mobility
- Money management
- Community integration
- Use of adaptive equipment
- Restoring or compensating for reduced cognitive skills
- Personal decision-making
- Interpersonal communication
- Socialization
- Leisure activity participation
- Self-administration of medication
- Use of natural supports/community services

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Emergency response services

A service for individuals who would otherwise require extensive routine supervision and who:

- Live alone.
- Are alone for significant parts of the day.
- Do not have regular caregivers for extended periods of time.

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Support management services

- Provides voluntary training on selecting, managing and dismissing attendants
- Offered to all individuals regardless of service delivery model

Provider qualifications

Providers delivering CFC services include:

- Licensed home- and community support services agencies (HCSSAs).
- Certified HCS and TxHmL providers.
- Licensed personal emergency response services agencies.
- Financial management service agencies (FMSA).
- Providers hired by individuals using the CDS option who meet qualifications.

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Settings and providers

All CFC services will be provided in a home- or community based setting, which does not include:

- Nursing facility.
- Hospital.
- Institution for mental disease.
- Intermediate care facility for individuals with intellectual disabilities.
- Setting with the characteristics of an institution.

Habilitation providers

- Amerigroup has contacted with habilitation providers licensed through HHSC to provide habilitation services.
- Amerigroup will require habilitation and PAS services to be provided by the same agency/provider (unless CDS)

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CFC provider network

- Emergency response systems
- Habilitation
- Personal attendant
- Members must be offered a choice of providers. If a member already receiving PAS becomes eligible for HAB services, the member may desire to switch to a HAB-contracted provider if necessary or decline HAB services.

Monitoring habilitation services

- Through service coordination, scheduled assessments, EVV monitoring and quarterly provider updates, MCO service coordinator will monitor progress toward member's habilitation goals.
- Provider is responsible for documenting strategies and progress toward member's goal achievement.
- Provider is responsible for incorporating feedback from MCO and/or Texas member's choice and preferences into individual plan of care (IPC) implementation plan.
- MCO may request provider records and/or discussion with member or authorized representative to confirm service delivery and adherence to IPC.

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CFC member eligibility

To be eligible for CFC services delivered in managed care, a member must:

- Be enrolled in managed care through STAR+PLUS, STAR Kids and STAR Health.
- Meet the institutional level of care for a hospital, an intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID), nursing facility (NF) or institution for mental disease (IMD).
- Due to a federal limitation, STAR+PLUS HCBS waiver members, whose financial eligibility is established as MAO are excluded from CFC.

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Level(s) of care

Institutional level of care

- Uses the medical necessity/level of care (MN/LOC) assessment
- For CFC, the MN/LOC may be performed on adults and children
- Used to assess members who require the services offered in a hospital or NF
- The MN/LOC must be completed by a RUG-certified registered nurse
- The MN/LOC is always the responsibility of the MCO

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ICF/IID level of care

- Determined based on intellectual disability/related condition (ID/RC) assessment and determination of intellectual disability (DID)
- Used to assess members with an intellectual disability or a related condition
- The ID/RC and DID assessments are always the responsibility of the Local Authority (LA)

IMD level of care

- Uses the psychiatric inpatient LOC for members age 20 and younger, or institution for mental disease (IMD) level of care for members age 65 or older
- For members age 20 and younger, a licensed practitioner completes the child and adolescent needs and strengths assessment (CANS)
- For member age 65 or older, a licensed practitioner completes the adult needs and strengths assessment (ANSA)
- The CANS and ANSA assessments are always the responsibility of the LMHA

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Local authorities

Under *S.B. 7*, local authorities provide:

- Service coordination to individuals with intellectual and developmental disabilities (IDD) receiving CFC services
- Assessments for CFC:
  - Eligibility
  - Functional needs
- Proposed plans of care for individuals with IDD
- Local authorities may not provide CFC services and perform service coordination

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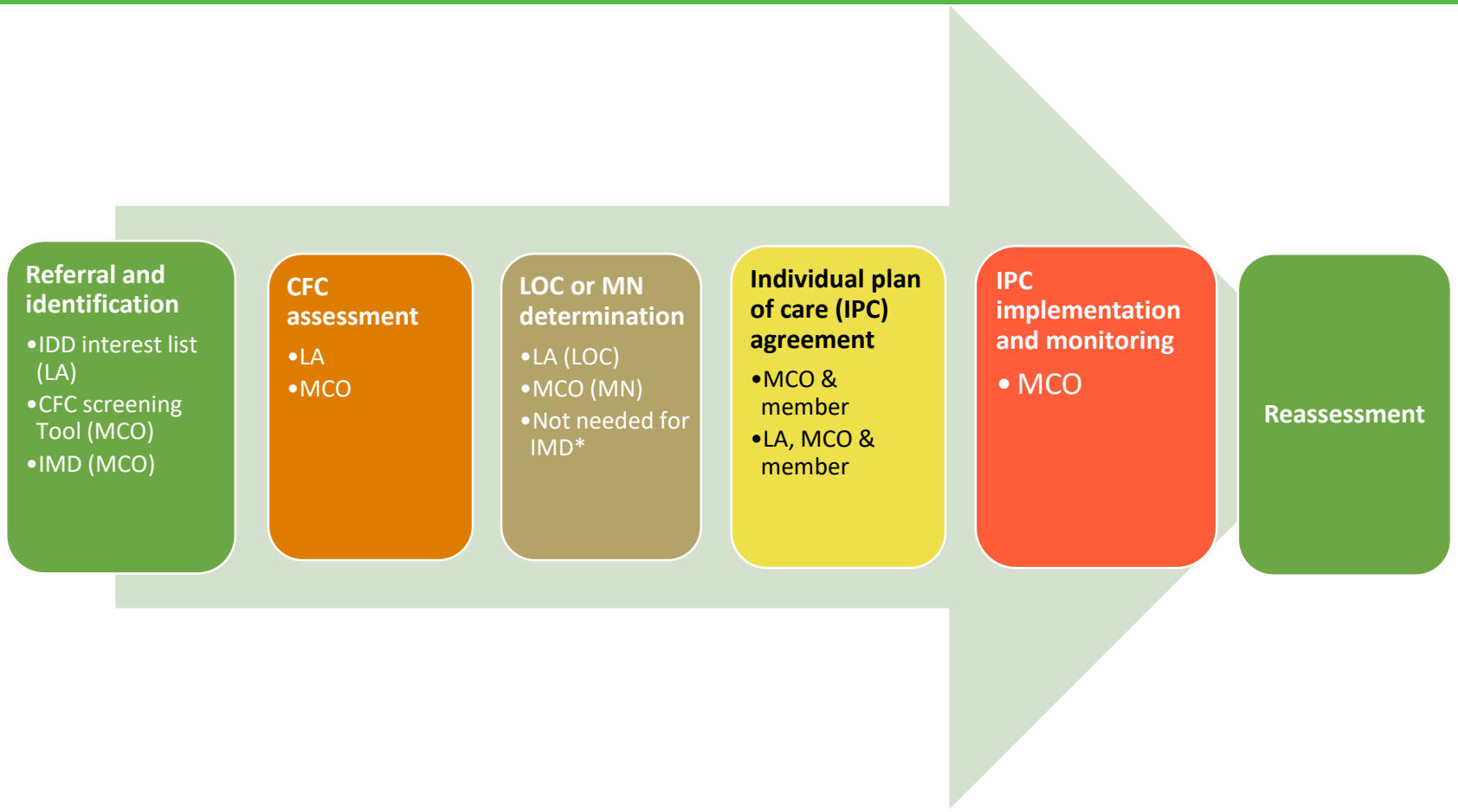
CFC workflow overview



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Referrals and identification

Local authority:

- IDD interest list referrals
- MCO referrals to LA
- External referrals to LA

MCO:

- Via service coordination and assessment for STAR+PLUS and SPW members
- State referrals to MCO
- External referrals to MCO

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When do I make a referral?

- Local authorities began performing CFC assessments for IDD waiver interest list members June 1, 2015. No referral is needed from the MCO for these members.
- OCC and SPW members with suspected IDD, MCOs can use the CFC screening tool to make referrals.
- All reassessments for OCC and SPW members will include the CFC screening tool.

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CFC screening tool for MCOs

- Two-question survey to help MCO identify if a STAR+PLUS member has been diagnosed or may have required supports for IDD or related conditions
- Each STAR+PLUS member must be screened during initial or annual assessment at least once:
  - If yes: MCO refers member to LA for LOC CFC assessment process
  - If no: MCO may complete MNLOC CFC assessment process if potential skilled need

* MCO and LA processes may be completed concurrently

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CFC assessment

- Once a member has been referred for CFC services and expresses interest in the services, a functional assessment will be performed to determine the level of need for CFC services.
- This will be completed by various entities, depending on the member's situation.
- The CFC assessment instrument is *Form H6516* (for adults) or the *PCAF* addendum (for children).

Who performs the CFC assessment?

- For STAR+PLUS members with physical disabilities, the MCO will complete the CFC assessment and the MNLOC (adults and children).
- For STAR+PLUS members with IDD, the local authority will complete the CFC assessment and the **ID/RC and DID instruments**.
- For STAR+PLUS members with IMD LOC determinations the MCO will complete the CFC assessment.

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Annual reassessment tracking

- Members with MN:
  - MCO will track MN expiration date in TMHP for adults and children
  - MCO will complete new MNLOC between 45 to 90 days prior to MN expiration date in order to maintain CFC eligibility
- Members with LOC:
  - MCO will track LOC expiration date in CARE for adults and children
  - LA will complete new ID/RC within 45 days of MN expiration date in order to maintain CFC eligibility
- Members with IMD:
  - MCO will track LOC expiration date and request new CANS/ANSA from LMHA prior to expiration in order to maintain CFC eligibility:
    - Children: approximately 90 days
    - Adults: up to six months

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SPW members – special considerations

- All SPW members meet MN as part of program requirements
- For non-MAO SPW members with PAS and/ or ERS on ISP:
  - PAS and ERS will be removed from H1700-1 before submission to PSU
- For Non-MAO SPW members with no remaining services on *H1700-1*:
  - MCO will send a blank ISP and *2067* to PSU requesting *2065D* to initiate SPW closure
  - Member and MCO will receive a *2065D SPW* denial from PSU
  - Member will become STAR+PLUS non-waiver but retain MN for potential CFC service eligibility
  - MCO may request restoration of member back to SPW status within 120 days of MN approval by sending *H1700-1* and 2067 to PSU
  - After 120 days, new MNLOC must be completed in order to upgrade to SPW

MAO members are excluded from CFC. PAS and ERS services will remain on MAO members' ISPs.

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Functional assessment

- A functional assessment will be performed to determine the level of need for CFC services.
- This will be completed by various entities, depending on the member's situation.
- For STAR+PLUS members with IDD, the local authority will complete the assessment.
- For STAR+PLUS members with physical disabilities, the MCO will complete the assessment.
- Assessments will be person-centered.

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Person-centered plan

- The person-centered service planning process results in a plan reflecting the member's needs and goals.
- The plan includes the member's:
  - Chosen service setting.
  - Strengths and preferences.
  - Support needs.
  - Goals and desired outcomes.

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Person-centered planning process

- Includes people chosen by the member
- Is directed by the member whenever possible, enabling him or her to make informed choices and decisions
- Is timely and occurs at times and locations convenient to member
- Reflects the member's cultural considerations
- Includes strategies for solving conflicts
- Offers choices to a member about the services and supports received and from whom
- Includes a method for a member to request updates to the plan
- Records alternative settings that the member considers

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Service delivery model

- Agency model or service responsibility option – services provided by entities contracted with the MCO
- Consumer directed services – member has a service budget based on need

DADS activities for IDD LOC determination

DADS is responsible for :

- Determining whether members meet ICF/IID level of care criteria based on DID and ID/RC submitted by LAs.
- Coordinating with the MCOs and LAs as needed for LOC determinations.
- Communicating decisions to LAs and MCOs.
- Facilitating the fair hearing process when DADS staff denies LOC.

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MCO activities for members with IDD

MCO is responsible for :

- Referring members with IDD or who potentially could have IDD to the LA for assessment.
- Considering the recommended service plan for adults the LAs submit or developing service plans for children.
- Collaborating with the LA for agreement on the service plan for STAR+PLUS members.
- Meeting jointly with the LA and the member to review the service plan for STAR+PLUS members.
- Authorizing services.
- Providing ongoing service coordination to member.

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MCO activities for members with physical disabilities

The MCO is responsible for the following:

- Conducting the MN/LOC assessment and submitting it to the Texas Medicaid and Healthcare Partnership for an LOC decision
- Developing the service plans
- Authorizing services
- Providing ongoing service coordination or service management to members

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Implementation plan in managed care

- Assess Medicaid members on an IDD interest list
- Assess members at least annually if receiving state plan PAS, personal care services or HCBS STAR+PLUS Waiver.
- Assess members who request services or who MCO identifies as benefiting from CFC services

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Implementation plan in DADS waivers

CFC services for people in the *1915(c)* waiver programs will be provided through DADS comprehensive waiver providers in a similar manner to waiver services that are “CFC-like.”

This includes:

- Home- and Community-Based Services Waiver program.
- Texas home living (TxHmL).
- Community living assistance and support services (CLASS).
- Deaf blind with multiple disabilities (DBMD).

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Implementation plan in FFS

- CFC services for children delivered through FFS will be accessed through the current personal care services (PCS) structure, which are state-plan attendant care services administered in conjunction with HHSC and the Department of State Health Services (DSHS).

- A level of care determination will be completed by the appropriate entity (nurse, local authority, etc.) and the DSHS caseworker will then perform the functional assessment to determine member need for habilitation and/or other CFC benefits.

- As of June 1, 2015, current PCS providers deliver the CFC attendant and habilitation services.

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When are CFC authorizations sent?

- HHSC is not assigning CFC members to a formal risk group. Amerigroup is responsible for tracking which STAR+PLUS members are eligible for CFC benefits.
- Authorizations may be entered at any time after the Amerigroup system reflects eligibility for CFC and the member agrees to an IPC. In order for the Amerigroup system to be updated, an approved MNLOC, LOC or IMD must be confirmed by the SPW administration team.
- SPW administration team will ensure the Amerigroup system is up-to-date for all member CFC eligibility and task the appropriate service coordination team member/queue for authorizations once eligibility is confirmed.

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Billing

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CFC Billing

- Providers serving CFC members will bill using the modifier combinations for PAS, habilitation and ERS.
- If a CFC member is receiving a combination of habilitation and PAS, all hours will be billed using the habilitation modifier combination.
- If a CFC member is receiving PAS with no habilitation, PAS will be billed using the CFC PAS modifier combination.
- Support management is not a billable service and must be provided by agencies upon request by CFC members.
- All STAR+PLUS OCC, SPW, MMP members not enrolled in CFC, will use existing modifier combinations for PAS and ERS.

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Billing and reimbursement

Billing requirements:

- Check eligibility, at a minimum, the first of every month.
- Be sure you have an authorization to provide for the service for which you are billing.
- Bill within 95 days of the date of service.
- LTSS are billed on a *CMS-1500* or as otherwise noted in the provider's contract using the coding defined per the uniform billing code set.
- Use a valid ICD-10 diagnosis code.

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LTSS billing grid

- Both the STAR+PLUS and STAR Kids LTSS billing grids can be found on the HHSC website:
  - For STAR+PLUS: See *Appendix XVI* in the STAR+PLUS Handbook at https://hhs.texas.gov/laws-regulations/handbooks/sph/appendices
  - For STAR Kids: See the Provider Resources section at https://hhs.texas.gov/services/ health/medicaid-chip/ programs/star-kids

- LTSS billing information, including Amerigroup fee schedules, are on the Availity* Portal.

* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup.

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Electronic Visit Verification (EVV)

- EVV is a computer-based system that electronically verifies that service visits occur, including documentation of the date and time that service delivery begins and ends.
- EVV replaces paper timesheets for EVV required services.
- EVV visit transactions are required for EVV claim payment and must fully match the claim.
- Before serving an Amerigroup member, all providers must be fully on boarded and using an HHSC-approved EVV system. Please refer to the *EVV System Selection Policy* for more information at https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-systems-selection-policy.pdf.

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EVV (cont.)

The following services are currently required to use EVV.
All claims for the services listed below must be submitted directly to Texas Medicaid & Healthcare Partnership (TMHP) starting on and after September 1, 2019.

Amerigroup STAR+PLUS and MMP (Medicare-Medicaid Plan):

- In-home respite care (agency model)
- Personal Assistance Service (PAS) (agency model)
- Personal Assistance Service Protective Supervision (PAS-PS) (agency model)
- Community First Choice (CFC) Personal Assistance Service (agency model)
- CFC Habilitation (HAB) (agency model)

STAR Kids:

- CFC Personal Care Service (PCS) (agency model)
- CFC Habilitation (agency model)
- PCS (agency model)
- PCS Behavioral Health (BH) Condition (agency model)
- In-home Respite Care (agency model)
- Flexible Family Support Services (agency model)

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EVV (cont.)

The following services will be required for EVV under the *21st Century Cures Act EVV Expansion*.

- Effective October 1, 2020, claims with dates of service on or after October 1, 2020, must be submitted directly to TMHP. Amerigroup will reject claims submitted for the services listed below on or after date of service October 1, 2020, and the provider will be informed to submit the claim to TMHP.
- Effective January 1, 2021, claims with dates of service on or after January 1, 2021, will be denied if there is no match to an EVV visit transaction for the services listed below.
  - Amerigroup STAR+PLUS and MMP:
    - In-home Respite Care (CDS and SRO)
    - Personal Assistance Service (PAS) (CDS and SRO)
    - Personal Assistance Service Protective Supervision (PAS-PS) (CDS and SRO)
    - Community First Choice (CFC) Personal Assistance Service (CDS and SRO)
    - CFC Habilitation (HAB) (CDS and SRO)
  - STAR Kids
    - CFC Personal Care Service (PCS) (CDS and SRO)
    - CFC Habilitation (CDS and SRO)
    - PCS (CDS and SRO)
    - PCS, Behavioral Health (BH) Condition (CDS and SRO)
    - In-home Respite Care (CDS and SRO)
    - Flexible Family Support Services (CDS and SRO)

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EVV (cont.)

- Visit maintenance must be completed within 60 days from date of service.
- Amerigroup offers EVV provider training once a month covering:
  - EVV policies.
  - EVV provider (FMSA) and CDS employer requirements.
  - EVV claims.
  - EVV claims matching process and much more.
- To meet the EVV training policy requirements, providers are encouraged to register and attend one of the monthly Amerigroup EVV provider training sessions.
- Providers are encouraged to frequently check the Amerigroup EVV provider website at https://providers.amerigroup.com/Pages/tx-electronic-visit-verification.aspx, changes and alerts on:
  - The EVV provider training schedule, found under the *EVV Training Schedule and Materials* section.
  - All EVV policies and procedures, posted under the *EVV Policies & Procedures* section. Please read all *EVV Policies & Procedures*.

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EVV (cont.)

- Training is mandatory for all attendants and other assigned staff prior to beginning services with members. The program provider, Financial Management Services Agencies (FMSA), and Consumer Directed Services (CDS) employers are responsible for keeping track of details of training for staff. This documentation may be reviewed by Amerigroup upon reasonable request. To read the full EVV training requirements, please refer to the *EVV Training Policy* at: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-training-policy.pdf.
- Sign up for HHSC GovDelivery email notices and receive EVV alerts at https://public.govdelivery.com/accounts/TXHHSC/subscriber/new?topic_id=TXHHSC_247.
- All visits must be electronically documented in the EVV system, and the EVV visit transaction must be verified to confirm the service was provided to an Amerigroup member.

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Questions and answers