

## CFC Frequently Asked Questions

### Community First Choice (CFC)

**Question: How will CFC work in Texas?**

Answer: CFC services will be available across all service models for children and adults who qualify for this benefit. See the attached CFC Provider Summary Tool table for more information on parties responsible for CFC activities.

**Question: What is CFC?**

Answer: CFC is a state plan option that allows states to provide home and community-based attendant services and supports to eligible Medicaid enrollees under their state plan.

**Question: How will CFC affect individuals currently on an interest list?**

Answer: Individuals on the interest list may be eligible to receive services through CFC, provided they meet eligibility criteria. Individuals on an interest list can continue to be on the interest list of waiver services while receiving CFC.

**Question: Who is eligible for CFC?**

Answer:

1. To be eligible for CFC, an individual must:
  - Be a child or an adult who is eligible for Medicaid.
  - Meet an institutional level of care, including:
    - i. hospital,
    - ii. a nursing facility,
    - iii. an intermediate care facility for individuals with an intellectual or developmental disability,
    - iv. an institution providing psychiatric services for individuals under age 21, or
    - v. an institution for mental diseases for individuals age 65 or over.
  - Need help with activities and instrumental activities of daily living (ADLs and IADLs), such as dressing, bathing and eating.

**Question: Is there an interest list for CFC or is it an "entitlement" like Personal Care Services (PCS)?**

Answer: No, there is not an interest list for CFC. CFC is a Medicaid State Plan entitlement service and must be provided to those individuals that meet the eligibility criteria.

**Question: Will people with intellectual or developmental disabilities (IDD) who meet the eligibility criteria for CFC have access to CFC services, regardless of whether they are currently enrolled in STAR+PLUS or receiving/not receiving services through one of the four IDD waivers?**

Answer: Yes. Individuals with IDD that meet the coverage criteria and are being served in a home or community setting will have access to CFC. CFC is available to individuals that reside in their own home, or the home of a family member (own home, family home setting).

**Question: Will people that are dual eligible, meaning they have both Medicaid & Medicare, be eligible to receive CFC?**

Answer: Yes, individuals who are eligible for "full" Medicaid state plan benefits and meet the other eligibility criteria for CFC will be able to receive CFC services. Full dual-eligible means an individual who is enrolled in Medicare and Medicaid and is eligible to receive full Medicaid state plan benefits, and is not limited to payment of Medicare premiums and cost-sharing.

**Question: Will habilitation be accessible to all individuals regardless of their level of functioning?**

Answer: All individuals who meet the eligibility criteria for CFC are eligible to receive habilitation if the individual has an identified unmet need for the service as determined by the individual and the service planning team using a person-centered planning process.

**Question: As current PCS (or Personal Assistant Services (PAS)) providers can also become the CFC providers, does this not create a conflict of interest as they are now providing habilitation services to teach clients increased independence and therefore would decrease their paid hours to provide PAS/PCS which is helping them with ADLs/IADLs for which they require assistance?**

Answer: The goal of CFC is increase access to long-term care services and supports that enable individuals to remain in a community setting even though a medical condition or disability would warrant placement in a long-term care facility. Habilitation helps members acquire, maintain, and enhance skills to accomplish ADLs, IADLs and health-related tasks. Individuals that receive habilitation services may have less of a need for attendant services. Authorization of services will be based on an individual's functional assessment and service needs.

**Question: Do children have to choose a managed care plan in order to access the CFC benefit?**

Answer: No. Currently, children who meet the requirements may access CFC through the Fee-For-Service (FFS) model if they are enrolled in FFS or STAR, or managed care if they are enrolled in STAR+PLUS or STAR Health.

**Question: Please clarify the availability of CFC to children in foster care.**

Answer: Children in Department of Family and Protective Services (DFPS) conservatorship can receive CFC if they meet the criteria.

**Question: Will you be holding trainings in person, non-webinar?**

Answer: DADS and HHSC conducted in person trainings across the state beginning in December 2014-February 2015. Additional in-person trainings are not planned.

## Services

**Question: What is the definition of cueing with regards to habilitation services?**

Answer: Cueing could include reminders for activities such as personal hygiene, diet, dressing, toileting, and social behavior.

**Question: What services are included in the CFC benefit?**

Answer:

- PAS: assistance with ADLs and IADLs through hands-on assistance, supervision, and/or cueing.
- Habilitation (HAB): acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks
- Emergency response services (ERS): backup systems and supports to ensure continuity of services and supports. Backup systems and supports include electronic devices to ensure continuity of services and supports and are available for individuals who live alone, who are alone for significant parts of the day, or have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.
- Support Management: voluntary training on how to select, manage, and dismiss attendants. This is a voluntary service that offers practical skills training and assistance related to recruiting, screening, hiring, managing, and dismissing attendants.
- Support Consultation: An optional service for those who use the CDS option that is provided by a support advisor and provides a level of assistance and training beyond that provided by the Financial Management Services Agency (FMSA) through Financial Management Services (FMS). Support consultation helps an

- employer to meet the required employer responsibilities of the CDS option and to successfully deliver program services.
- PAS and HAB will be available through the CDS option.

**Question: For children receiving personal care services (PCS) in FFS and STAR, must the client choose either PCS or CFC or can they receive both at the same time?**

Answer: Clients will be assessed for CFC services at the time of their PCS reassessment. In cases where children qualify for CFC services, CFC will replace the PCS benefit for children who meet the CFC eligibility criteria. Individuals who do not meet the CFC eligibility criteria, but meet the criteria for PCS, will be eligible to receive PCS consistent with current PCS policy requirements.

**Question: Will CFC PAS/HAB be provided long term, since it includes habilitation and a child may need ongoing support to complete tasks such as eating, bathing, and dressing? If the child continues to need CFC year after year, would they have to consider using PCS as they have not gained sufficient skills to complete tasks by themselves?**

Answer: CFC services are not time or age limited. Eligible individuals will be able to access CFC services as long as needs are present.

**Question: Is there a limit on the amount of CFC services an individual may receive?**

Answer: There is not a defined annual cost limit for CFC. However, the amount of CFC services an individual receives is based on an assessment of an individual's need for the service as developed by the service planning team, using a person centered planning process.

**Question: What are ADLs and IADLs?**

Answer:

- ADLs means basic personal everyday activities including, but not limited to, tasks such as eating, toileting, grooming, dressing, bathing, and transferring.
- IADLs means activities related to living independently in the community, including but not limited to, meal planning and preparation, managing finances, shopping for food, clothing, and other essential items, performing essential household chores, communicating by phone or other media, and traveling around and participating in the community.

**Question: What is support management, how will it be provided, and will the provider be compensated?**

Answer: Support management is voluntary training on how to select, manage, and dismiss attendants. If an individual requests this service, the CFC provider will be expected to provide the individual with information about support management through a toolkit which will soon be available on the DADS and HHSC websites. There is not a separate rate for support management.

**Question: In general, what is the difference between PCS, PAS, and CFC?**

Answer:

PAS and PCS provide personal assistance services in completing tasks related to ADLs/IADLs. CFC will provide personal assistance services and habilitation. Habilitation includes acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks. In addition, individuals receiving CFC must meet institutional level of care requirements.

**Question: Is there a limit on the amount of CFC services individuals may receive?**

Answer: There is not a defined annual cost limit for CFC. However, the amount of CFC services an individual receives is based on an assessment of an individual's need for the service and consideration of unmet needs as developed by the service planning team, using a person-centered planning process.

**Question: Does CFC replace respite?**

Answer: No. CFC does not replace respite. Respite will remain a service in the waiver programs. Respite is not changing as part of this initiative. Respite cannot be provided at the same time as CFC PAS/HAB.

**Question: Does the state plan include respite?**

Answer: No, respite is not a state plan benefit. The CFC benefit that will implement on June 1, 2015 does not include respite.

**Question: Does CFC have an impact on day habilitation?**

Answer: Day habilitation is not a CFC service, and will remain a service in the IDD waiver programs. Day habilitation is not changing as part of this initiative. Day habilitation may not be provided at the same time as CFC PAS/HAB.

**Question: Will CFC ERS be available for individuals who do not live in their own home, or a family home setting (e.g., an assisted living facility)?**

Answer: No. CFC ERS will be available only to individuals who reside in their own home or family home setting.

## Level of Care Determinations and Assessments

**Question: Who is responsible for determining level of care for CFC eligibility?**

Answer: There are three levels of care determinations which include: nursing facility/hospital, ICF/IID, and IMD (for individuals under 21 and over 64). Different entities are responsible for completion and approval of the LOC depending on the program through which CFC is being delivered. For individuals in STAR+PLUS, who meet medical necessity, the MCO will be responsible for assessing and authorizing CFC services. Individuals with IDD will be assessed by the Local Intellectual and Developmental Disability Authorities (LIDDA). See the attached CFC Provider Summary Tool for more information on parties responsible for CFC activities.

**Question: Who is responsible for completing the functional assessment?**

Answer: Different entities are responsible for completion of the functional assessment depending on the program through which CFC is being delivered. See the attached CFC Provider Summary Tool for more information on parties responsible for CFC activities.

**Question: Will LOC reassessment still be required annually?**

Answer: Yes, LOC determinations are required annually or if there is a significant change in condition.

## Person-Centered Planning

**Question: What is person-centered planning?**

Answer: A documented service planning process that includes people chosen by the individual, is directed by the individual to the maximum extent possible, enables the individual to make informed choices and decisions, is timely and occurs at times and locations convenient to the individual, reflects cultural considerations of the individual, includes strategies for solving conflict or disagreement within the process, offers choices to the

individual regarding the services and supports they receive and from whom, includes a method for the individual to require updates to the plan, and records alternative settings that were considered by the individual.

**Question: Who must receive person-centered planning training?**

Answer: All persons completing the functional assessment and service plan must receive person-centered planning training. HHSC and DADS are working on disseminating further details about the training, timeframe to complete, and policy.

**Question: How long do assessors have to complete the training?**

Answer: Assessors have two years from CFC implementation or date of hire to complete the training.

**Question: If someone has already attended the two-day person-centered planning training, will they be able to use that past training to qualify for the training requirement for CFC?**

Answer: Provider staff will need to send inquiries about person-centered training qualifying for CFC to the appropriate agency overseeing the benefit for that provider (HHSC, DADS). For HHSC, the inquiry should be sent to [MCD\\_CFC@hhsc.state.tx.us](mailto:MCD_CFC@hhsc.state.tx.us). For DADS, the inquiry should be sent to [CFCpolicy@dads.state.tx.us](mailto:CFCpolicy@dads.state.tx.us).

## CFC Appeals Process

**Question: Is the individual going to have appeal rights for CFC eligibility denials?**

Answer: Yes, individuals will have the right to appeal any adverse action related to CFC (reductions and denials of services, suspensions, denial of eligibility, terminations). For CFC, the appeals will follow the same process they do today depending on the service delivery model.

## CFC and Electronic Visit Verification (EVV)

**Question: Will providers have to use Electronic Visit Verification (EVV)?**

Answer: If you are a provider in a waiver program that currently uses EVV you will continue to use EVV for CFC services. If you are contracting to provide CFC services to an individual through an MCO (e.g. non-waiver), you will be required to use EVV even if you are not required to use EVV for DADS waiver programs. For more information about EVV, please reference the HHSC EVV website at:

[http://www.tmhp.com/Pages/Medicaid/Medicaid\\_home.aspx](http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx)

For more information on EVV please see:

<http://www.dads.state.tx.us/evv/index.html>

## CFC and Managed Care Organizations (MCOs)

**Note: Additional information on managed care processes will be published in the near future.**

**Question: What does MCO stand for and please give an example.**

Answer: MCO stands for Managed Care Organization. There are five MCOs that will be contracting with providers for CFC: Amerigroup, Molina, Cigna HealthSpring, Superior, and United Healthcare.

**Question: Will CFC be available in all the managed care models?**

Answer: No, children in STAR receive CFC through FFS. CFC is available in STAR+PLUS, STAR Health, and the Dual Demonstration.

**Question: Can an individual receive both STAR+PLUS waiver and CFC since both offer PAS services?**

Answer: An individual can be enrolled in STAR+PLUS waiver and receive CFC services as long as the individual has a need for at least one waiver service. While it is true both STAR+PLUS waiver and CFC include PAS, STAR+PLUS waiver PAS includes protective supervision, while CFC PAS does not. However, an individual can receive Protective Supervision through the STAR+PLUS waiver and continue to receive CFC PAS.

## Rates for CFC

**Question: What is the pay rate for CFC for those not already in a waiver?**

Answer: The rates for CFC services will be published in May 2015.

## Provider Types

**Question: Who can deliver CFC? What are the qualifications of CFC service providers?**

Answer: CFC services will be provided by long-term services and supports (LTSS) providers and state plan service providers that are determined to be qualified by the State of Texas in a program already approved by CMS. This includes: licensed Home and Community Support Service Agencies, Personal Care Service providers, and certified DADS waiver providers.

**Question: What do the Local Intellectual and Development Disability Authorities (LIDDA) provide?**

Answer: Under Senate Bill 7, 83rd Texas Legislature, Regular Session, 2013, LIDDA provide: Service coordination to individuals with Intellectual and Developmental Disabilities (IDD) receiving CFC services, assessments for CFC eligibility and functional needs, and proposed plans of care for individuals with IDD. LIDDA may not provide CFC services *and* perform service coordination.

**Question: Will CFC require licensure as a HCSSA or certification as an HCS or TxHmL Program provider—does a provider need both?**

Answer: The provider can qualify to deliver CFC as a HCSSA or as a certified HCS or TxHmL Program provider.

**Question: What type of Home and Community-based Support Services Agency (HCSSA) license does a provider need to participate in CFC?**

Answer: Providers need PAS or a Home Health HCSSA licensure.

**Question: Are there any Significant Traditional Providers (STPs) in CFC?**

Answer: SB7 requires MCOs to extend a contract to STPs. STPs include CLASS licensed home and community support service agencies (HCSSAs) and certified Home and Community-based Services and Texas Home Living providers. HHSC has also included Deaf Blind with Multiple Disabilities (DBMD) HCSSAs as qualified providers. STPs can contract with MCOs to deliver CFC services to non-IDD waiver individuals under contract with the MCOs.

**Question: How can an agency contract with an MCO to provide CFC services?**

Answer: State law requires MCOs extend provider contracts and include significant traditional providers in the CFC provider network. Significant traditional providers include providers who currently delivery services under the following waiver programs: DBMD, CLASS, HCS and TxHmL. Providers have the choice to participate in the managed care network.

To contract with an MCO a provider may contact the MCO.

Amerigroup	1-713-218-5100 Ext. 55446
Molina	1-866-449-6849
Cigna HealthSpring	1-877-653-0331
United Healthcare	1-888-787-4107
Superior	1-866-615-9399 Ext. 22534

## Settings

### **Question: Where can CFC be provided?**

Answer: All CFC services are provided in a home or community-based setting, which does **not** include a nursing facility, hospital providing long-term care services, institution for mental disease, intermediate care facility for individuals with an intellectual disability or related condition, or setting with the characteristics of an institution.

### **Question: Can individuals in group homes receive CFC?**

Answer: An individual must live in their own home or family home to receive CFC services.

### **Question: Will individuals leaving a nursing facility (NF) and going into the community qualify for CFC?**

Answer: If an individual is transitioning from a nursing facility and continues to meet the eligibility criteria for CFC (outlined in question 1), they would be able to receive CFC services if they have an identified need.

### **Question: How is the term “community based setting” defined?**

Answer: Federal requirements for home and community-based settings can be found at the following link: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/requirements-for-home-and-community-settings.pdf>

## Consumer Directed Services Option

### **Question: If an individual chooses the Consumer Directed Services (CDS) service delivery option, does the individual hire a provider to provide Support Management and pay that service provider, similar to how Support Consultation works?**

Answer: Support Management is a voluntary training benefit rather than a service. There will be no reimbursement rate for it. Provider agencies or Financial Management Services Agency (FMMSA) are responsible to offer support management. Support consultation is available for CDS employers who choose additional support for hiring, dismissing and training attendants.

### **Question: Will CFC be available under the SRO service delivery option?**

Answer: Yes.

