



COMMISSIONER
Jon Weizenbaum

Memorandum

To: Community Services Regional Directors
Community Services Program Managers

From: Lisa Akers-Owen
Section Manager
Community Services and Program Operations

Subject: Program Name Change and Regional Staff Responsibilities in the
Consumer Managed Personal Attendant Services Program

Issuance Date: September 26, 2013 CSPO 13-09-015

Effective Date: October 1, 2013

This memorandum applies to the Community Care for Aged and Disabled (CCAD) Program.

This memorandum advises Department of Aging and Disability Services (DADS) staff of a program name change from Client Managed Personal Attendant Services to Consumer Managed Personal Attendant Services (CMPAS). The memorandum also establishes responsibilities for DADS staff in the CMPAS program. A revision of the Title 40 Texas Administrative Code (TAC), Chapter 44, Consumer Managed Personal Attendant Services, rules has been published and is attached to this memorandum as a reference for regional staff.

DADS Regional CMPAS Designee

Effective with this memorandum, each Regional Director (RD) must appoint a regional designee or designees to act as the CMPAS specialist(s) for the region. The CMPAS specialist will be designated to work with the CMPAS provider and individuals receiving CMPAS. The CMPAS specialist's duties as assigned by the RD include:

- determining interest list releases;
- sending referrals for initial assessments to the CMPAS provider;
- Service Authorization System (SAS) data entry for initial enrollments, changes, annual reassessments and terminations; and
- being the DADS contact for the CMPAS provider.

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The DADS contract manager will continue to handle Request for Proposals (RFP), monitor the contracts, maintain the contract files, resolve complaints and co-payment issues, and perform other duties as assigned by contract management staff.

Request for Services

To request CMPAS, a person may contact a CMPAS provider, the DADS regional office, or call 2-1-1. If the person calls the DADS regional office, the intake staff completes Form 2110, Community Care Intake or enters the information in the NTK system. The intake is forwarded to the CMPAS specialist to determine if funds are available or if the person is placed on the CMPAS interest list.

Releases from the CMPAS interest list are on a first-come, first-served basis when funding is available. When a person's name is released from the CMPAS interest list, the CMPAS specialist checks SAS and the Client Assignment and Registration (CARE) System to see if the individual is receiving attendant services or is enrolled in a public program that offers attendant services. See Case Manager (CM) CCAD Handbook Section 7500, CARE Access, for information regarding the CARE system.

If the individual is receiving attendant services, he must be given a choice between CMPAS and the services he is receiving. If the individual elects to receive CMPAS, the CMPAS specialist sends a referral to the CMPAS provider. The CMPAS specialist must coordinate with the DADS case manager to terminate attendant services or other appropriate contacts to terminate the program that offers attendant services, if CMPAS is authorized.

The CMPAS specialist must refer the applicant to the contracted CMPAS provider in order to enroll in the CMPAS program and inform the CMPAS provider of any other DADS program services the applicant is receiving, the cost of those services and the approved service period for those services.

Provider Assessment of Need

The CMPAS provider's assessor of need must conduct an initial on-site assessment with an applicant by the 30th calendar day after the date the provider receives the DADS referral from the CMPAS specialist. The assessor of need is a CMPAS provider employee responsible for determining an applicant's or individual's need for CMPAS.

The CMPAS provider must:

- determine CMPAS program eligibility in accordance with the criteria in 40 TAC §44.201, relating to Eligibility Criteria;

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- enable the applicant to make an informed choice of whether to participate in the CMPAS Program by providing information on all applicable publicly funded programs that offer attendant services;
- allow the applicant to choose whether to participate in CMPAS and document the notification, the applicant's acknowledgement and the applicant's choice. The provider's assessor of need may contact the DADS regional office for information about public programs that offer attendant services;
- assess the applicant's service needs by using Form 2060, Needs Assessment Questionnaire and Task/Hour Guide;
- develop a service plan based on the results of Form 2060 that includes the number of hours and tasks negotiated between the applicant and the assessor of need, and is signed and agreed to by the applicant and assessor of need;
- determine with the applicant the applicant's co-payment under 40 TAC §44.501, relating to Determining an Individual's Co-Payment;
- explain orally and give written information to the applicant on the available service delivery options described in 40 TAC 41, Subchapter D, relating to Service Delivery Options and Enrollment, Transfer, Suspension, and Termination;
- address any health-related tasks in accordance with Title 22 TAC, Chapter 225, relating to RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions; or Government Code §531.051(e), relating to Consumer Direction of Certain Services for Persons with Disabilities and Elderly Persons; and
- notify each applicant of eligibility or ineligibility for services in writing using Form 2065-A, DADS Notification of Community Care Services.

The provider must notify the CMPAS specialist, in writing, of the disposition of each referral no later than 30 calendar days after the provider's receipt of the referral. If the individual is eligible for services, the provider sends the CMPAS specialist, Form 2101, Authorization for Community Care Services, with the tasks and hours of service completed on the form. If the provider is unable to determine eligibility within the 30 calendar days after receipt of the referral, the provider must send documentation of the reasons for the delay, the provider's ongoing efforts to complete the assessment, and the anticipated date of completion. The reasons for delay must be beyond the provider's control. Documentation of delays must be sent to the CMPAS specialist by the due date. Failure to notify DADS of the disposition of referrals within the required timeframe could result in contract sanctions.

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SAS Data Entry

Upon receiving Form 2101 from the provider, the CMPAS specialist manually data enters the CMPAS service records in SAS following procedures in CM CCAD Handbook Section 8220, Client Managed Personal Attendant Services (CMPAS) Without the Wizards. The CMPAS specialist follows the same procedures in Section 8220 to manually create the service authorization record for Financial Management Services, Service Code 63V, for an individual who chooses to self-direct CMPAS. The CMPAS specialist follows procedures in Section 8300, Changes to CCAD Authorizations Without the Wizards, to data enter service plan changes.

Service Delivery Options

The CMPAS program empowers an individual to self-direct services to the greatest extent possible under one of three service delivery options: the traditional service option, the consumer directed services (CDS) option or the block grant option. In the traditional service option, the CMPAS provider is the employer of record of the attendant and substitute attendant. In the CDS option, the individual is the employer of record of the attendant and substitute attendant. In the block grant option, the individual is the employer of record of an attendant and the provider is the employer of record of a substitute attendant.

Effective September 1, 2013, the block grant option is no longer an available option for an applicant. An individual receiving CMPAS through the block grant option on September 1, 2013, may continue to receive services under this option but, if the individual chooses another service delivery option, the individual may not return to the block grant option.

Service Plan Changes

When there is a change to an individual's service plan, the CMPAS provider must, within seven days after the completion of the assessment for a service plan change, send the CMPAS specialist a copy of Form 2101 or an alternate single document that contains the:

- date the notification document was completed;
- contract number;
- service plan change and effective date of the service plan change;
- name of the individual;
- service tasks assigned to the individual's attendant;
- name of the assessor of need;

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- service schedule;
- signature of the assessor of need; and
- date the notification document was signed.

The CMPAS specialist data enters the change in the individual's service plan in SAS and sends the provider a copy of the updated Form 2101.

The CMPAS provider must implement any change in an individual's service plan within three calendar days after notification by the CMPAS specialist the change in the individual's service plan has been entered into SAS. The CMPAS provider sends the individual Form 2065-A and documents all service plan changes in the individual's file according to the terms of the contract.

Notification of Service Suspension

The provider must notify the individual and the CMPAS specialist in writing of any suspension within seven calendar days after suspension. The notice must include:

- the date of service suspension;
- the reason(s) for the suspension;
- the duration of the suspension, if known; and
- an explanation of the provider's attempts to resolve the problem that caused the suspension, including the reasons why the problem was not resolved.

If the provider suspends CMPAS because the individual or someone in the individual's home exhibits reckless behavior that may result in imminent danger to the health or safety of the individual, the attendant or another person, the provider is required to immediately report the situation to the CMPAS specialist.

The provider must hold an Interdisciplinary Team (IDT) meeting to resolve the issue. An IDT must include:

- the individual, the individual's representative, or both;
- a provider representative; and
- other persons as necessary or as requested by the individual.

If the issue is resolved during the IDT, the provider sends written notice to the CMPAS specialist that services have resumed within seven calendar days after the date services resume. If the issue is not resolved, the provider may begin termination of CMPAS.

Terminations

A provider may terminate CMPAS for the same reasons for suspending services, listed in 40 TAC §44.308, Suspension of Services. If a provider intends to terminate services, the provider must:

- send written notice of the termination to the individual;
- inform the individual in the written notice of:
 - the termination date;
 - the reason for termination;
 - the right to appeal the termination decision in accordance with 40 TAC §44.503 relating to Fair Hearing; and
 - the individual's right to continue to receive services pending a fair hearing; and
- send a copy of the written notice and Form 2101 to the CMPAS specialist to enter the termination into SAS.

If the individual appeals the termination decision, the provider must notify the CMPAS specialist within 24 hours of receiving the request for appeal by sending Form 4800D, DADS Fair Hearing Request Summary. The CMPAS specialist sends the Form 4800D to the regional designated data entry representative (DER) within one business day to enter the appeal request into the Texas Integrated Eligibility Redesign System (TIERS) Fair Hearings. The provider must also advise the CMPAS specialist if services are continuing pending a fair hearing decision. If services are continued, the CMPAS specialist reinstates services in SAS pending the outcome of the hearing officer's decision. The provider must notify the DADS regional designee of the fair hearing officer's decision and disposition of the appeal within 24 hours of receiving the hearing decision and any action to be taken based on the decision.

If you have any questions regarding this memorandum, your regional representative may contact Alfredo Cervantes at 512-438-5459.

LAO:cw

Attachment