

ATTACHMENT Q
Community First Choice (CFC):
Assessments, Service Planning, and Service Coordination

The LIDDA must have an executed Memorandum of Understanding (MOU) with the Medicaid management care organizations (MCOs) serving STAR+PLUS and STAR Health members in the LIDDA's local service area.

I. Initial Eligibility Determination Activities

- A. For members referred to the LIDDA for assessments for eligibility for CFC services on the basis of IDD, the LIDDA must complete all assessment activities required by DADS to determine whether the member meets an ICF/IID level-of-care (LOC), including the Intellectual Disability/Related Condition (ID/RC) Assessment for CFC (Form 8578-CFC) and Form 8662 (Related Conditions Eligibility Screening Instrument or (RCESI), if the member's primary diagnosis is a related condition. The LIDDA may have to conduct a Determination of Intellectual Disability (DID) or endorse an existing DID. (See [DID: Best Practice Guidelines](#) for additional information about conducting DIDs.) The LIDDA shall submit the assessment information to DADS using the CARE system for an LOC determination. If a member's primary diagnosis is a related condition, the LIDDA must:
1. retain a physician's attestation that the member has a condition listed on the DADS-approved list of related conditions; and
 2. confirm on CARE screen K23 that the LIDDA has a physician's attestation.
- B. For all members under the age of 21 years and those members 21 years of age or older for whom DADS has determined does not meet the criteria for an ICF/IID LOC, the LIDDA must compile a packet with the following documentation and submit it to the MCO via the secure FTP site:
1. completed Contact Information Sheet and CFC Packet Checklist (Form 1040);
 2. completed ID/RC Assessment for CFC (Form 8578-CFC); and
 3. copy of the DID report.

II. Initial service planning and assignment of service coordinator for members 21 years of age or older with an ICF/IID LOC

- A. For members 21 years of age and older with an ICF/IID LOC, the LIDDA must conduct the activities described in Section II.B-C of this Attachment Q no later than 30 days after DADS authorizes the member's ICF/IID LOC.
- B. The LIDDA conducts person-centered service planning with the member and the LAR. The LIDDA contacts the member or LAR to schedule a time to meet and complete the CFC assessment (Form H6516). The meeting is conducted face-to-face with the member and the LAR. The LAR may attend by telephone if the LAR is unable to attend in person. The time and location of the meeting must be

convenient to the member and the LAR. At the scheduled meeting, the LIDDA shall:

1. complete the CFC Assessment (Form H6516);
2. complete the Needs Assessment Addendum (Form 2060-B);
3. complete the Consumer Directed Services Option Overview (Form 1581);
4. identify with the member and the LAR, a date, time, and location for the joint meeting with the MCO service coordinator, that is approximately three weeks after the completion of Form H6516;
5. provides a copy of the brochure titled "Community First Choice: Choosing a Provider" available at <https://www.dads.state.tx.us/providers/cfc/> on the navigation tab on left side of the screen;
6. tells the member/LAR to expect a list of CFC providers from the MCO within the next two weeks;
7. encourages the member/LAR to be prepared to identify the selected CFC provider at the joint meeting; and
8. tells the member/LAR to contact the MCO with questions about providers.

C. The LIDDA must compile a packet with the following documentation and submit it to the MCO via the secure FTP site:

1. a completed DADS Form 1040 (Contact Information Sheet and CFC Packet Checklist) that includes the date, time, and location of the scheduled joint meeting, and where the MCO sends a list of CFC providers;
2. a copy of the DID report;
3. the completed ID/RC Assessment for CFC (Form 8578-CFC);
4. the completed CFC Assessment (Form H6516);
5. the completed Needs Assessment Addendum (Form 2060-B);
6. completed Consumer Directed Services Option Overview (Form 1581); and
7. any other related documentation that may need to be submitted.

D. When the MCO receives the packet from the LIDDA, the MCO determines if the member has a need for CFC services.

1. If no services are on the recommended service plan (i.e., Form H6516 completed by the LIDDA), the MCO denies the request for services and sends the member an adverse determination letter, which includes an offer for a fair hearing. In accordance with Section V of this Attachment, the LIDDA must participate in a fair hearing, if requested by the member or LAR, to explain why no services were recommended.
2. If there are services on the recommended service plan, but the MCO does not agree with the services being recommended, the MCO service coordinator contacts the LIDDA to discuss the service plan and to reach an agreement about changes to the service plan that will be presented to the member. Following an agreement, the MCO service coordinator, the member, the LAR, and LIDDA meet to jointly review the services for which the member will be authorized. The MCO then authorizes services and notifies the member. The MCO also notifies the LIDDA of the selected provider.

3. If there are services on the recommended service plan and the MCO service coordinator agrees with the services being recommended, the MCO service coordinator, the member, the LAR, and LIDDA meet to jointly review the services for which the member will be authorized. The MCO then authorizes services and notifies the member. The MCO also notifies the LIDDA of the selected provider.
- E. The LIDDA must ensure an assigned service coordinator provides service coordination to the member while the member is receiving CFC services through an MCO in the LIDDA's local service area.

III. Annual Reassessment

- A. No later than 60 calendar days prior to the expiration of the ICF/IID LOC for a member, the LIDDA must communicate with the appropriate MCO to determine whether the member is receiving CFC services. For members who are receiving CFC services, the LIDDA must conduct the reassessment activities described in this section and communicate with the MCOs as directed by DADS. For members who are not receiving CFC services, the LIDDA has no reassessment responsibilities.
- B. The LIDDA completes the ID/RC Assessment for CFC (Form 8578-CFC) for DADS to determine if the member continues to meet the ICF/IID LOC criteria. The LIDDA may have to complete a new Determination of Intellectual Disability (DID), if warranted or if the member's current DID was completed when the member was under the age of 22 years and the testing was done more than five years ago. (See [DID: Best Practice Guidelines](#) for additional information about conducting DIDs.) The LIDDA submits the assessment information to DADS using the CARE system for a level of care determination.
- C. For all members under the age of 21 years and those members 21 years of age or older for whom DADS has determined does not continue meet the criteria for an ICF/IID LOC, the LIDDA must compile a packet with the following documentation and submit it to the MCO via the secure FTP site:
 1. completed Contact Information Sheet and CFC Packet Checklist (Form 1040);
 2. completed ID/RC Assessment for CFC (Form 8578-CFC); and
 3. DID report, if a new DID was completed.

IV. Annual service planning and continuation of service coordinator for members 21 years of age or older who continue to have an ICF/IID LOC

- A. For a member 21 years of age or older who continues to have an ICF/IID LOC, the LIDDA conducts person centered service planning to determine what services the member needs. The LIDDA contacts the member or LAR to schedule a time to meet and complete the CFC assessment (Form H6516). The meeting is conducted face-to-face with the member and LAR and occurs at a

time and location convenient to the member and LAR. At the scheduled meeting, the LIDDA:

1. completes the CFC Assessment (Form H6516);
2. completes the Needs Assessment Addendum (Form 2060-B);
3. completes the Consumer Directed Services Option Overview (Form 1581);
4. identifies with the member and the LAR, a date, time, and location for the joint meeting with the MCO service coordinator, that is approximately three weeks after the completion of Form H6516; and
5. determines if the member or LAR wants to change providers, and if so, requests that the MCO send the member a list of providers using Form 1040.

B. No later than 45 calendar days prior to the expiration of a member's ICF/IID LOC, the LIDDA must compile a packet with the following documentation and submit it to the MCO via the secure FTP site:

1. completed Contact Information Sheet and CFC Packet Checklist (Form 1040) that includes the date, time, and location of the joint meeting, and where to send provider information, if applicable;
2. completed ID/RC Assessment for CFC (Form 8578-CFC);
3. copy of the DID report, if a new DID was completed;
4. completed CFC Assessment (Form H6516);
5. completed Needs Assessment Addendum (Form 2060-B); and
6. completed Consumer Directed Services Option Overview (Form 1581).

C. When the MCO receives the packet from the LIDDA, the MCO determines if the member continues to have a need for CFC services.

1. If no services are on the recommended service plan (i.e., completed H6516), the MCO denies the request for services and sends the member an adverse determination letter, which includes an offer for a fair hearing. In accordance with Section V of this Attachment Q, the LIDDA must participate in a fair hearing, if requested by the member or the LAR, to explain why no services were recommended.
2. If there are services on the recommended service plan, but the MCO does not agree with the services being recommended, the MCO service coordinator contacts the LIDDA to discuss the service plan and to reach an agreement about changes to the service plan that will be presented to the member. Following agreement, the MCO service coordinator, the member, the LAR, and LIDDA meet to jointly review the services for which the member will be authorized. The MCO then authorizes services and notifies the member.
3. If there are services on the recommended service plan and the MCO service coordinator agrees with the services being recommended, the MCO service coordinator, the member, the LAR, and LIDDA meet to jointly review the services for which the member will be authorized. The MCO then authorizes services and notifies the member.
4. If the member selected a different provider, the MCO notifies the LIDDA of the name of the selected provider.

D. The LIDDA continues to provide service coordination to the member while the member is receiving CFC services through an MCO in the LIDDA's local service area.

V. LIDDA Responsibilities When a Member Appeals an MCO's Denial of Services

If an MCO denies a member's request for service because there were no services on the member's recommended service plan (i.e., Form H6516 completed by the LIDDA) and the member requests a fair hearing to appeal the denial, the LIDDA must participate in the fair hearing to explain why no services were recommended.