

Community First Choice (CFC) Frequently Asked Questions

Why Community First Choice (CFC)?

Senate Bill 7 from the 2013 Texas Legislature requires the Health and Human Services Commission (HHSC) to put in place a cost-effective option for attendant and habilitation services for people with IDD and/or physical disabilities who have Medicaid coverage in a community-based setting.

Who can get CFC Services through Superior HealthPlan?

- Medicaid eligible individuals enrolled in STAR+PLUS or STAR Health, who are not enrolled in a 1915 (c) waiver.
- Need help with activities of daily living, such as dressing, bathing and eating.
- Need an institutional level of care for a hospital, Intermediate Care Facility for Individuals with an Intellectual Disability or Related conditions (ICF/IID), nursing facility (NF), or Institution for Mental Disease (IMD).
- STAR+PLUS Members currently receiving personal attendant services (PAS).
- STAR Health Members currently receiving personal care services (PCS).
- Individuals on a 1915(c) waiver interest list who meet eligibility and coverage requirements.

For Superior Members receiving services through a 1915(c) waiver, who will they receive their CFC Services through?

DADS will authorize, coordinate and reimburse CFC Services for individuals already getting services through a 1915(c) Members receiving services through one of the below waivers will continue to receive services as they do today through their waiver program. Superior will remain responsible for acute care services for individuals who are enrolled in one of the below waivers:

- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)

Who is excluded?

STAR+PLUS HCBS waiver members whose financial eligibility is established as Medical Assistance Only (MAO).

When does CFC start? Where will Superior HealthPlan manage CFC services?

Texas is planning to begin CFC on March 1, 2015. Superior HealthPlan will manage CFC in all STAR+PLUS Service Delivery Areas (SDA) and throughout the State of Texas through the STAR Health Program, except members who are enrolled in a 1915(c) waiver.

What will CFC services include?

- PAS/PCS: Help with daily living activities and health-related tasks through hands-on assistance, supervision or cueing.
- Habilitation: Services to help the individual learn the skills to be able to care for themselves.
- Emergency Response Services (ERS): Help for Members who live alone or are alone for a significant parts of the day
- *Support Management: Training on how to select, manage and dismiss attendants. *not a billable service.*

Who will perform functional, person-centered CFC assessments?

After a level of care (LOC) assessment is conducted, Superior HealthPlan will work with the Member to complete their CFC assessment. Superior will be partnering with the Local Authority for IDD to complete CFC assessments for certain individuals over 21 after the LOC has been approved. If a Provider feels that a Member should be assessed, Providers should contact Superior's Service Coordination team directly at 1-877-277-9772 (STAR+PLUS Members) or 1-800-218-7508 (STAR Health Members).

Who can provide CFC services?

Providers determined to be qualified by the State of Texas in a program already approved by Centers for Medicare & Medicaid Services (CMS). They include:

- Licensed home and community support services agencies for attendant care services.
- Certified HCS and TXHmL Providers.
- Licensed emergency response services agencies.
- Qualified financial management services agencies.
- Consumer Directed Services providers hired by the employer.

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What will the Local Authorities (LA) be responsible for?

- Collaborating with Superior HealthPlan in agreeing to and jointly presenting a service plan to adult Members.
- Conducting a Determination of Intellectual Disability (DID), if needed.
- Conducting the ID/RC assessment for ICF/IID LOC.
- Developing recommended service plans for adult Members who receive a DID and approved LOC.
- Transmitting DID and ID/RC information to DADS.

What will the DADS/TMHP be responsible for?

- DADs will determine whether members meet ICF/IID LOC criteria based on DID and ID/RC submitted by LAs and coordinating with the Superior HealthPlan and LAs as needed for LOC determinations.
- DADs will facilitate the fair hearing process when DADS staff denies LOC.
- TMHP will continue to determine Nursing Facility LOC based upon the MN/LOC assessment submitted by Superior.

What will Superior HealthPlan be responsible for?

- Assess Members at least annually if receiving state plan PAS, PCS or STAR+PLUS Waiver.
- Assess Members who request services or who Superior identifies as benefiting from CFC Services.
- Authorizing all CFC services for eligible Members.
- Collaborating with the LA for agreement on the service plan for STAR+PLUS members.
- Conducting the MN/LOC assessment and submitting it to the Texas Medicaid and Healthcare Partnership for a LOC decision for all STAR Health Members and STAR+PLUS Members with a physical disability.
- Considering the recommended service plan for STAR+PLUS adults with IDD that the LAs submit.
- Developing the service plans for all STAR Health Members and STAR+PLUS adults with a physical disability.
- Meeting jointly with the LA and the member to review the service plan for STAR+PLUS members.
- Providing ongoing service coordination or service management to members.
- Referring members with IDD or who potentially could have IDD to the LA for assessment.

I am a qualified Provider. Do I need to contract with Superior HealthPlan? How do I do this?

Qualified CFC Providers should contract with Superior HealthPlan to provide CFC services. Contact Network Development and request a contract at <http://www.superiorhealthplan.com/for-providers/provider-network/> or by calling 1-866-615-9399 ext. 22534. Out of network Providers will need to request a Prior Authorization before performing any services.

Do CFC Services need authorizations? How do I get one for Superior HealthPlan Members?

- Yes, CFC services require an authorization.
- STAR+PLUS: Contact the Member's Service Coordinator. You can find their name look at their eligibility information on the Web Portal at <https://provider.superiorhealthplan.com/sso/login> and then call 1-877-277-9772.
- STAR Health: Call 1-800-218-7508, submit a request online through the Web Portal, or send via fax on a Prior Authorization Request Form to 1-800-690-7030.

How do I bill for CFC services?

For Superior Members, CFC services should be billed directly to Superior either via paper, through the web portal or through your clearinghouse. Ensure your authorization number and appropriate procedure codes and modifiers are included as listed in the STAR+PLUS Handbook on the billing matrix. Visit: <http://www.dads.state.tx.us/handbooks/sph/appendix/XVI/index.htm>. If you need additional assistance with claims and payments, please call Provider Services, Monday - Friday, 8 a.m. - 6 p.m. CST. For STAR+PLUS: 1-877-391-5921 or STAR Health: 1-866-439-2042.

Does Superior HealthPlan offer Provider Trainings on billing and STAR Health or STAR+PLUS?

Yes, Superior HealthPlan offers targeted billing presentations depending on the type of services you provide and bill for including, LTSS Billing, Electronic Visit Verification (EVV), and General Billing Clinics. We also offer product specific training on STAR+PLUS and STAR Health. For dates and times visit: <http://www.superiorhealthplan.com/provider-calendar/>.