

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 Intellectual and Developmental Disabilities (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, STAR Kids, or STAR Health, who are not enrolled in the following 1915 (c) waivers:
 - Community Living Assistance and Support Services (CLASS)
 - Deaf Blind with Multiple Disabilities (DBMD)
 - Home and Community-based Services (HCS)
 - Texas Home Living (TxHmL)
- Need help with activities of daily living, such as dressing, bathing and eating.
- an institutional Level of Care (LOC) 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 Kids or 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 the below 1915 (c) waivers, who will they receive their CFC Services through?

The HHSC helps authorize, coordinate and reimburse CFC Services for individuals already getting services through one of the below identified 1915(c) members receiving services through one of the below waivers will continue to receive services as they do today through waivers. 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). STAR Kids members with MAO Medicaid who is not enrolled in MDCP. STAR Kids members with MAO Medicaid enrolled in MDCP and does not receive at least one MDCP waiver service each month.

Members who do not meet the required level of need for Intermediate Care Facility, Nursing Facility, or Institution for Mental Disease.

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 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?

Assessment of the medical necessity level of care for a Nursing Facility will be completed by Superior. Assessment for LOC for Intermediate Care Facility of Institution for Mental Disease will be completed by the Local Intellectual and Developmental Disabilities Authorities (LIDDA) or the Local Mental Health (LMHA). If a provider feels that a member should be assessed, the Provider should contact the Superior's Service Coordination team directly at:

- STAR+PLUS: [1-877-277-9772](tel:1-877-277-9772)
- STAR Health: [1-866-912-6283](tel:1-866-912-6283)
- STAR Kids: [1-844-433-2074](tel:1-844-433-2074)

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 if you choose the Consumer Directed Service (CDS) option.

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

- Collaborating with Superior 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 HHSC.

What will HHSC/ Texas Medicaid and Healthcare Partnership (TMHP) be responsible for?

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

What will Superior be responsible for?

- Assess members at least annually if receiving state plan PAS, PCS, MDCP 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 TMHP for a LOC decision for all STAR Kids, STAR Health 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 Kids members, 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? How do I do this?

Qualified CFC providers should contract with Superior to provide CFC services. Contact Network Development and request a contract at [Superior's Network Request or Update webpage](#) by calling [1-866-615-9399](tel: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 members?

- Yes, CFC services require an authorization.
- **STAR+PLUS:** You can find the members name and look at their eligibility information on [Superior's Secure Provider Portal](#) then to obtain and authorization for CFC services contact Member Service Coordination at [1-877-277-9772](tel:1-877-277-9772).
STAR Health: Contact the Member's Service Coordinator at [1-866-912-6283](tel:1-866-912-6283).
- **STAR Kids:** Contact the Member's Service Coordinator at [1-844-433-2074](tel:1-844-433-2074).

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 or STAR Kids Handbook on the billing matrix. To review the current matrices, please visit [HHSC's Appendix XVI, Long Term Services and Supports Codes and Modifiers](#).

If you need additional assistance with claims and payments, please call Provider Services, Monday - Friday, 8 a.m. - 5 p.m. CST at [1-877-391-5921](tel:1-877-391-5921).

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

Yes, Superior 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 [Superior's Provider Training Calendar](#).