

Home and Community-Based Services (HCBS) Spending Plan Update

Section 9817 of the American Rescue Plan Act June 8, 2022



Agenda

- Updates to the HHSC spending plan
- Provider recruitment and retention bonus payments
- Questions



Spending Plan Updates (1 of 3)

Projects Added

- Direct care employer registry
 - HHSC will contract to develop a Texas-specific employer registry allowing direct care attendants and employers, including consumer-directed employers, to find the best fit for open positions
- Efficiency for program enrollment
 - HHSC will improve processes related to client enrollment in STAR+PLUS Home and Community Based Services through automation of manual processes



Spending Plan Updates (2 of 3)

Projects Updated

- Additional scope to existing activities:
 - Updating the licensing system for individualized skills and socialization will include updates needed for the STAR+PLUS Pilot program
 - Creating electronic data interfaces with Local Intellectual and Developmental Disability Authorities will include changes needed on the state side
 - Digitizing state oversight tools is split into two projects to improve reporting



Spending Plan Updates (3 of 3)

Projects Removed

- Projects removed:
 - Expand an existing pilot
 - Assistance with project management
 - Mitigate impacts of COVID-19 on provider monitoring



- Temporary rate add-on for eligible direct care home and community based services with dates of service March 1, 2022 through August 31, 2022
- Program is outlined in 1 Texas Administrative Code Section 355.207 and applicable in fee-for-service and managed care programs
- HHSC's intent is for a provider to accrue the additional funds and use them for one-time compensation for their direct care workforce



- HHSC updated the fee schedule on May 1, 2022
- Updates include:
 - The addition of codes and modifiers for state plan personal assistance services and community first choice
 - Updates to codes and modifiers to reflect the most current managed care billing matrices



Attestation and Reporting

- Providers must attest they will spend at least 90 percent of the rate add-on for one-time financial compensation for direct care staff
- Providers must attest funds will not be used to increase hourly wages paid to direct care staff on an ongoing basis and to limit use of the funds to types of compensation that will not result in future reductions to hourly wages when the payments are discontinued
 - May include lump-sum bonuses, retention bonuses, paid time off for a COVID-19 vaccination or to isolate following a positive COVID-19 test



Attestation and Reporting

- Providers must attest by July 1, 2022
 - Attestation portal: <u>https://www.surveymonkey.com/r/2QG7NSB</u>





Attestation and Reporting

- Providers must report the number of filled and vacant direct care attendant and HCBS nursing staff as of March 1, 2022
 - This report is due by July 1, 2022
- At the end of the payment program, providers must report the number of filled and vacant direct care attendant and HCBS nursing staff as of August 31, 2022
 - HHSC will notify providers through GovDelivery when the second report is due
 - Providers will have 30 days from the first notification to submit the report
- Providers that fail to attest or fail to complete both reports are eligible for recoupment



- Additional information and resources for providers:
- All information is posted to the HHSC Provider Finance Department Long-term Services and Supports website:
 - https://pfd.hhs.texas.gov/long-term-services-supports
 - Including:
 - The fee schedule
 - A Provider Information Letter
 - Frequently asked questions
 - <u>PFD-LTSS@hhs.texas.gov</u> for questions about attestation and reporting



Services

Provider Recruitment and Retention Bonus Payments

Managed Care Implementation

- MCOs received a capitation increase that reflects changes to the fee-for-service fee schedule effective March 1, 2022
- This is not a directed payment program
- MCOs will receive a capitation adjustment to reflect the May 1, 2022 fee-schedule changes effective July 15, 2022



Fee-for-Service Implementation

- Payments are processed by three distinct systems between March 1, 2022 and August 31, 2022
 - Client Assignment and Registration (CARE) System
 - Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal
 - TMHP acute care system (Compass 21)
- No changes to claims filing
- HCBS ARPA add-on will be applied as the claim is paid
- Paid claims will be reprocessed to add the rate add-on



Claims through CARE

- Claims for dates of service March 1, 2022 through April, 30 2022
 - System updates are being programmed
 - Claims already processed will have the add-on applied by July 31, 2022
 - Claims filed after that date will have the add-on applied
 - Add-on amounts will not be reflected in the CARE system

Claims through TMHP LTC

- System updates are being programmed and, as updates are initiated, the add-on is applied and claims are reprocessed
- Claims for Day Activity and Health Services
 (DAHS) and Community Living Assistance and
 Support Services (CLASS) were initiated in the last
 two weeks





Claims through TMHP LTC

- Claims for Deaf-Blind with Multiple Disabilities (DBMD), Home and Community-based Services (HCS), and Texas Home Living (TxHmL) initiated this week
- Claims for Primary Home Care (PHC) and Community Attendant Services (CAS) initiate the week of June 13, 2022
 - Due to volume limitations in the system, reprocessing of paid claims for CAS (level-1, non-priority) will be staggered and are scheduled to be completed in July 2022



Claims through Compass 21

- System updates are being programmed
- Current timeline:
 - Claims for personal care services, community first choice (non-waiver), and HCBS Adult Mental Health are currently slated to begin reprocessing in August 2022
- HHSC is working with TMHP to try and expedite as much work as possible



Questions?

Medicaid HCBS Rule@hhsc.state.tx.us PFD-LTSS@hhs.texas.gov