



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

ALBERT HAWKINS
EXECUTIVE COMMISSIONER

MEMORANDUM

TO: Office of the Governor
Legislative Budget Board
Senate Committee on Health and Human Services
House Committee on Human Services
House Committee on Public Health

FROM: External Relations Division, Health and Human Services Commission

DATE: March 21, 2008

SUBJECT: Amendment to the Community Based Alternatives waiver

Pursuant to the 2008-2009 General Appropriations Act (Article II, Health and Human Services Commission, Rider 31(a), H.B. 1, 80th Legislature, Regular Session, 2007), this memo serves as notification that the Health and Human Services Commission (HHSC) is submitting to the Centers for Medicare and Medicaid Services an amendment to the Community Based Alternatives (CBA) program waiver, under the authority of Section 1915(c) of the Social Security Act.

The current Section 1915(c) waiver is approved from September 1, 2007 to August 31, 2012. The CBA program provides home and community-based services to people who are elderly and to adults with disabilities as a cost-effective alternative to living in a nursing home.

This amendment removes the Dallas and Tarrant service areas from the geographical location in which the CBA program is offered. The CBA program will not be available in counties served by the Integrated Care Management (ICM) waiver, which was implemented on February 1, 2008. The Dallas ICM service area consists of Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties. The Tarrant ICM service area consists of Denton, Hood, Johnson, Parker, Tarrant, and Wise counties. This amendment also removes the prohibition on payment for routine dental services.

Participants who previously received CBA services and currently live in the ICM service delivery area will continue to receive the same services through the ICM 1915(c) waivers. ICM

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members who are determined eligible to receive CBA waiver services on or after February 1, 2008, will receive those services through an ICM 1915(c) waiver.

HHSC requests that the waiver amendment be approved for the period beginning February 1, 2008, through August 31, 2012. This amendment maintains cost neutrality of service costs for waiver years 2008 through 2012.

Please let me know if you have any questions or need additional information. Kay Ghahremani, Deputy Director for Medicaid and CHIP Policy Development serves as the lead staff in this matter and can be reached at 512-491-1339, or by e-mail at Kay.Ghahremani@hhsc.state.tx.us.

1. Major Changes

The Community Based Alternatives (CBA) program provides home and community-based services to persons age 21 and older who would qualify for nursing facility (NF) care. These services are provided as cost-effective alternatives to placement in NFs. The CBA program is funded by Title XIX (Medicaid) through a waiver, usually referred to as "1915(c)," which allows Texas to provide services that are not available under the regular Medicaid program.

The CBA waiver renewal includes several modifications to better serve consumers and allow cost effectiveness when possible. The modifications to the CBA waiver renewal add Nursing, Physical Therapy Services (PT), Occupational Therapy (OT), and Speech, Hearing and Language Therapy as consumer directed services (CDS). Additionally, Dental services is an independent category thus allowing the ability to track and monitor services. The Adaptive Aids list was removed from the waiver. Specific information concerning CBA services is documented in appendix C of the renewal application. Lastly, the cost ceiling for CBA is now 200 percent of institutional costs and the exemption process to exceed the cost ceiling was removed.

As mentioned above, establishing Dental as an independent category of service allows the State to track and monitor the service. Dental services are those services provided by a dentist to preserve teeth and meet the medical need of the participant. Allowable services include: emergency dental treatment procedures that are necessary to control bleeding, relieve pain and eliminate acute infection; preventative procedures that are required to prevent the imminent loss of teeth; treatment of injuries to the teeth or supporting structures; and dentures and cost of fitting and preparation for dentures, including extractions, molds, etc.

Payments for dental services are not made for cosmetic **dentistry**. The annual cost cap for this service is \$5,000 per waiver plan year. There are no exceptions to this cap. The case manager must identify all services needed, their necessity and relationship to the participant's disability/medical condition. In addition, the request must contain the cost estimate and an assurance that the Plan of Care is within the individual's overall cost ceiling and adequate to meet the needs of the individual. The DADS regional nurse reviews all materials submitted and consults with the case manager, the home and community support services agency (HCSSA), and other resources as appropriate, to make a professional judgment to approve or deny the request for dental services on a case-by-case basis.

Dental services are provided under this waiver when no other financial resource for such services is available or when other available resources have been used. Also as described above, the cost ceiling methodology was changed to 200 percent of institutional costs for all entrants to and participants in the waiver with no exceptions.

4. Waiver(s) Requested

A. Comparability. The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

B. Income and Resources for the Medically Needy. Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy (*select one*):

Not Applicable

No

Yes

not selected

C. Statewide. Indicate whether the State requests a waiver of the statewide requirements in §1902(a)(1) of the Act (*select one*):

No

Yes

1. If yes, specify the waiver of statewide that is requested (*check each that applies*):
2. Geographic Limitation. A waiver of statewide is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.
3. Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

CBA is available in all counties except those covered by STAR+PLUS managed care **and Integrated Care Management (ICM)**.

STAR+PLUS is available in the Bexar, Harris, Nueces, and Travis service areas. The Bexar service area consists of Atascosa, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson counties. The Harris service area consists of Brazoria, Fort Bend, Galveston, Harris, Montgomery, and Waller counties. The Nueces service area consists of Aransas, Bee, Calhoun, Jim Wells, Kleberg, Nueces, Refugio, San Patricio, and Victoria counties. The Travis service area consists of Bastrop, Burnet, Caldwell, Hays, Lee, Travis, and Williamson counties.

ICM is available in the Dallas and Tarrant service areas. The Dallas service area consists of Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall counties. The Tarrant service area consists of Denton. Hood. Johnson.

Appendix C-1/C-3: Service Specification

Appendix C: Participant Services

C-1/C-3: Service Specification

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State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Dental

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service is included in approved waiver. There is no change in service specifications.

Check button Service is included in approved waiver. The service specifications have been modified.

Uncheck button Service is not included in the approved waiver.

Service Definition (Scope):

Character Count: out of 12000

Dental services are those services provided by a dentist to preserve teeth and meet the medical need of the participant. Allowable services include:
Emergency dental treatment procedures that are necessary to control bleeding, relieve pain and eliminate acute infection;
Preventative procedures that are required to prevent the imminent loss of teeth;
Treatment of injuries to the teeth or supporting structures;
Dentures and cost of fitting and preparation for dentures, including extractions, molds, etc.; and
Routine dental procedures necessary to maintain good oral health.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Character Count: out of 6000

The annual cost cap of this service is \$5,000 per waiver plan year. There are no exceptions to this cost cap.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type
Agency	Dental

Manage Providers

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

The purpose of the amendment is to remove the Dallas and Tarrant service areas from the geographical location where CBA is offered. CBA is available in all counties except those covered by STAR+PLUS managed care and as of February 1, 2008, Integrated Care Management (ICM). The Dallas service area consists of Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall counties. The Tarrant service area consists of Denton, Hood, Johnson, Parker, Tarrant and Wise counties.

In addition, the service description for dental service is being revised to remove prohibition on routine dentistry.