Application for

Section 1915(b)(4) Waiver
Fee-for-Service
Selective Contracting Program

February 2020

v1.0

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Application for Section 1915(b)(4) Waiver
Fee-for-Service (FFS) Selective Contracting Program

Facesheet

The **State** of ___**Texas**_____ requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will directly operate the waiver.

The **name of the waiver program** is **Community First Choice (CFC) Selective Contracting.** (List each program name if the waiver authorizes more than one program.).

Type of request. This is:
___ an initial request for new waiver. All sections are filled.
___ a request to amend an existing waiver, which modifies Section/Part ____
_**X** __ a renewal request
Section A is:
___ replaced in full
___ carried over with no changes
_X__ changes noted in **BOLD**.
Section B is:
___ replaced in full
_X__ changes noted in **BOLD**.

Effective Dates: This waiver/renewal/amendment is requested for a period of _**5**__ years beginning **06/01/2020** and ending _**05/31/2025**_.
State Contact: The State contact person for this waiver is __**Kathi Montalbano**___ and can be reached by telephone at (**512**) **730-7409**, or fax at (**512**) **730-7477**, or e-mail at _Kathi.Montalbano **@hhsc.state.tx.us**_. (List for each program)

Section A – Waiver Program Description

Part I: Program Overview

Tribal Consultation:
Describe the efforts the State has made to ensure that Federally-recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal.

- Notifications to Federally-recognized tribal entities in Texas regarding this waiver application were submitted on **November 25, 2019** ~~**February 11, 2015**~~.

Program Description:
Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver.

The State **requests** ~~**proposes**~~ to **continue** ~~**implement**~~ selective contracting for CFC services for CFC recipients who are currently enrolled in the following 1915(c) waivers:

- Community Living Assistance and Support Services (CLASS) – A CFC recipient who is currently enrolled in CLASS will be restricted to contracted CLASS providers for CFC services.
- Deaf Blind with Multiple Disabilities (DBMD) – A CFC recipient who is currently enrolled in DBMD will be restricted to contracted DBMD providers for CFC services.
- Home and Community-based Services (HCS) – A CFC recipient who is currently enrolled in HCS will be restricted to contracted HCS providers for CFC services.
- Texas Home Living (TxHmL) – A CFC recipient who is currently enrolled in TxHmL will be restricted to contracted TxHmL providers for CFC services.

Provider choice for CFC recipients enrolled in these 1915(c) waivers **are** ~~**will be**~~ limited to the recipient's provider of 1915(c) waiver services. The recipient may choose any qualified 1915(c) provider for their specific waiver to receive 1915(c) and CFC services. Individuals are given a complete listing of qualified providers at enrollment, annually and upon request and may change providers at any time.

Waiver Services:

Please list all existing State Plan services the State will provide through this selective contracting waiver.

Community First Choice (CFC) Services

A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):

X **1915(b)(4) - FFS Selective Contracting program**

2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:

   a.___ Section 1902(a) (1) - Statewideness
   b.___ Section 1902(a) (10) (B) - Comparability of Services
   c._X_ Section 1902(a) (23) - Freedom of Choice
   d.___ Other Sections of 1902 – (please specify)

B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:

   X the same as stipulated in the State Plan
   ___ is different than stipulated in the State Plan (please describe)

2. **Procurement**. The State will select the contractor in the following manner:

   ___ Competitive procurement
   ___ Open cooperative procurement
   ___ Sole source procurement
   X Other (please describe)

   There is not a contractor selection process specific to CFC providers because 1915(c) waiver providers **provide ~~will~~** CFC services. The 1915(c) waiver providers are selected and contracted through the open enrollment processes outlined in their respective waivers.

C. Restriction of Freedom of Choice

1. **Provider Limitations**.

   ___ Beneficiaries will be limited to a single provider in their service area.
   X Beneficiaries will be given a choice of providers in their service area.

   (NOTE: Please indicate the area(s) of the State where the waiver program will be implemented)

   This waiver program **is ~~will~~** implemented statewide.

2. **State Standards.**

   Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents.

CFC providers selectively contracted under this 1915(b)(4) waiver are held to the same standards for reimbursement, quality, and utilization as other providers of Medicaid State Plan services, and the standards are consistent with access, quality and efficient provision of covered care and services.

D. Populations Affected by Waiver

(May be modified as needed to fit the State's specific circumstances)

1. Included Populations. The following populations are included in the waiver:

___ Section 1931 Children and Related Populations
___ Section 1931 Adults and Related Populations
___ Blind/Disabled Adults and Related Populations
___ Blind/Disabled Children and Related Populations
___ Aged and Related Populations
___ Foster Care Children
___ Title XXI CHIP Children

Included Populations:
Other: Participants enrolled in the following 1915(c) home and community-based services waivers, who are also recipients of CFC services under 1915(k):

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

2. Excluded Populations. Indicate if any of the following populations are excluded from participating in the waiver:

___ Dual Eligibles
___ Poverty Level Pregnant Women
___ Individuals with other insurance
_**X**_ Individuals residing in a nursing facility or ICF/MR
___ Individuals enrolled in a managed care program
___ Individuals participating in a HCBS Waiver program
___ American Indians/Alaskan Natives
___ Special Needs Children (State Defined). Please provide this definition.
___ Individuals receiving retroactive eligibility
_**X**_ Other (Please define):

Any other Medicaid recipient who is eligible for CFC, but not enrolled in one of the 1915(c) waivers listed below, is excluded from this 1915(b)(4) application.

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

Part II: Access, Provider Capacity and Utilization Standards

A. Timely Access Standards

Describe the standard that the State will adopt (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has adopted) defining timely Medicaid beneficiary access to the contracted services, *i.e.,* what constitutes timely access to the service?

1. How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program?

   CFC providers selectively contracted under this 1915 (b)(4) waiver must adhere to 1915 (c) waiver program rules to ensure that enrollment, service planning, and service delivery occur in a timely manner.

   As 1915(c) waiver providers, CFC providers **are ~~will be~~** monitored in the **~~same~~** manner as described in the approved 1915 (c) waiver **applications.** HHSC conducts:

   - **Onsite ~~Annual onsite~~** certification surveys of **~~all~~** HCS **and TxHmL program** providers **every 9-15 months, averaging one survey per year. ~~and TxHmL program providers.~~**
   - Annual reviews of the administrative functions of the local **intellectual and developmental disability authorities (LIDDAs)~~authority~~,** including the provision of service coordination.
   - **~~At least b~~ B**iennial contract and fiscal compliance monitoring reviews of DBMD **program providers (DBMD providers)** and CLASS **direct service agencies and case management agencies (CLASS** providers**).**

   - Contract and fiscal monitoring reviews of **f~~F~~**inancial **m~~M~~**anagement **~~S~~services a~~A~~gency legal entities~~, at a minimum,~~** every three years.

   During contract and fiscal compliance monitoring reviews **of ~~for~~** DBMD and CLASS **providers**, HHSC **reviews whether the program providers complete ~~confirms the following: that~~** enrollment **~~was completed~~** within the required timeframes; **~~the service plan was~~** develop**~~ed~~** and approve**~~d~~ service plans** in accordance with program rules; and **provide** services **~~are being provided~~** according to the person-centered service plan.

   During annual reviews of LIDDAs, HHSC reviews whether the LIDDAs enroll ~~confirms enrollment of~~ individuals in the HCS and TxHmL waiver **programs ~~is completed~~** within the required timeframes **and ~~during annual onsite surveys of the administrative functions of the local authority. Oversight of~~** the service coordinator**s'** responsibilities for service plan development **are performed ~~is also reviewed annually for local authorities.~~**

During certification surveys of HCS and TxHmL **program** provider**s, HHSC reviews whether the program providers are performing their** responsibilities for service plan development and **are ensuring services are provided in accordance with program rules.** ~~**provision of services are monitored annually during certification surveys.**~~

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiaries are unable to access the contracted service in a timely fashion.

   DBMD and CLASS providers **must** ~~**are required to**~~ submit corrective action plans to address any problems identified during monitoring. HHSC reviews the corrective action plans to determine if the plans are acceptable.
   ~~**If an HCS or TxHmL provider is out of compliance, HHSC may conduct an on-site survey to determine if the provider is in compliance with the Texas Administrative Code. If the provider is not, HHSC may conduct an intermittent survey or recommend contract action against a provider such as, imposing a referral hold, recouping funds, placing a vendor hold on payment, denial of certification, or terminating the provider contract.**~~

   HCS and TxHmL **program** providers **must** ~~**are required to**~~ submit a plan of correction to address any **findings of noncompliance** ~~**problems**~~ identified during surveys. HHSC reviews the plan of correction to determine if the plans are acceptable **and will determine if a plan of correction is implemented.** ~~**If an issue is out of compliance two surveys in a row, the program provider is required to submit evidence of correction or pay an administrative penalty. HHSC reviews the submitted evidence of correction to determine compliance. If an HCS or TxHmL provider is out of compliance or a cited item is serious, HHSC will conduct a follow-up survey to ensure compliance within the next 30-45 days. If the provider remains out of compliance,**~~

   HHSC may impose the following sanctions to ensure compliance with program rules, depending on the type of provider and the circumstances of non-compliance ~~**may request**~~**:**

   - ~~**Evidence of Correction,**~~
   - ~~**V**~~**v**endor ~~**H**~~**h**old**,**
   - **administrative penalties;**
   - ~~**Contract D**~~**d**ecertification**; and**
   - contract termination.~~**, or**~~
   - ~~**Extension of administrative penalty.**~~

B. Provider Capacity Standards

Describe how the State will ensure (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has ensured) that its selective contracting program provides a sufficient supply of contracted providers to meet Medicaid beneficiaries' needs.

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program.

   The providers of CFC services ~~**are already**~~ deliver**~~ing~~** 1915 (c) services via the approved waivers. **HHSC does not know of any** ~~**has no known**~~ provider access issues **on a** statewide or ~~**on a**~~ regional basis with respect to the**~~se 1915(c)~~** waiver **program**s**.**

2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program.

   The following processes are employed to assure that all willing and qualified providers have the opportunity to enroll as 1915 (c) waiver providers as provided in Title 42 of the Code of Federal Regulations, Section 431.51:

   ~~**In order to obtain a Medicaid provider agreement for waiver services, a**~~ **An** ~~**provider**~~ applicant must apply **for a Medicaid waiver provider agreement** in accordance with state **rules** ~~**regulations**~~ and **other** requirements. HHSC accepts new provider applications on an ongoing basis through open enrollment.

   Providers ~~**agencies**~~ agree to provide **or ensure the provision of** all waiver services ~~**they are qualified to provide.**~~ This model of service delivery accomplishes the following:
   (1) ensures the availability of each service across the state, even in rural areas;
   (2) promotes effective response to temporary or permanent changes in individuals' service needs **because** ~~**as**~~ provider**s** ~~**agencies**~~ are **prepared to provide** ~~**required to make all**~~ services **when** ~~**available when and as**~~ they are needed by individuals; and
   (3) establishes a single point of accountability for **the** provision of needed services**.**

   Most ~~**In most cases,**~~ individuals have a choice among numerous waiver providers.

C. Utilization Standards

Describe the State's utilization standards specific to the selective contracting program.

1. How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective

contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above?

The established provider network for the delivery of 1915(c) Medicaid waiver services **in the CLASS, DBMD, HCS, and TxHmL programs** is adequate to meet the needs of individuals **who are enrolled** in **those programs and** ~~**1915(c) waivers who**~~ will receive CFC services. ~~**Individuals receiving CFC are served by the current network of providers in CLASS, DBMD, HCS, and TxHmL.**~~

2. During contract and fiscal compliance monitoring or certification surveys, or as a result of responding to complaints, **HHSC reviews whether** ~~**ensures all**~~ waiver and CFC services are delivered according to **an** ~~**the**~~ individual's assessed needs as identified in the individual's service plan. **In addition, HHSC conducts Utilization Review "face-to-face" (desk followed by on-site) reviews of samples of individuals per program to determine that the services being delivered comply with the assessments, are appropriate in scope and level, are delivered by the appropriate parties, and are paid for by the appropriate entities.** Describe the remedies the State has or will put in place in the event that Medicaid beneficiary utilization falls below the utilization standards described above.

   The State conducts provider outreach when necessary if there is an area of the state without a sufficient provider network. In some of the waivers, there are very specialized services and in some areas of the state a small number of providers. The State monitors the provider network in these waivers and sends out requests to providers via the internet in order to solicit additional providers for a specific area of the state.

Part III: Quality

A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program.

   HHSC monitors providers for quality standards as **described** ~~**outlined**~~ in Section A (1) and (2) of Part II. Data **from** ~~**collected during**~~ these reviews **provides** ~~**forms**~~ the basis for many of the performance measures reported in Appendices B, C, D, E, **G,** and I of the 1915(c) waiver template. Examples of measures related to quality include:
   - ~~**Number and percent of individuals for whom medical necessity/level of care is determined prior to enrollment.**~~ **Number and percent of applicants who accepted an offer to participate in the enrollment eligibility process and received a level-of-care evaluation.**
   - ~~**Number and percent of newly enrolled licensed &/or certified providers that initially met required licensure, certification, & other standards prior to furnishing waiver services.**~~ **Number and percent of newly enrolled,**

licensed/certified (or contracted) providers that initially met contract requirements before providing services.

- ~~**The number and percent of individuals' service plans that reflect the service plan was developed in accordance with the States policies and procedures.**~~ **Number and percent of individuals with service plans that address their assessed needs, including health and safety risk factors and personal goals.**
- ~~**Number and percent of individuals who received information on how to report abuse, neglect, or exploitation.**~~ **Number and percent of individuals who were free from confirmed allegations of abuse.**

a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.

CFC providers selectively contracted under this 1915 (b)(4) waiver must adhere to 1915 (c) waiver program rules to ensure that enrollment, service planning, and service delivery occur in a timely manner.

As 1915(c) waiver providers, CFC providers are monitored in the ~~**same**~~ manner as described in the approved 1915 (c) waiver **applications.** HHSC conducts:

- **Onsite** ~~**Annual onsite**~~ certification surveys of ~~**all**~~ HCS **and TxHmL program** providers **every 9-15 months, averaging one survey per year.** ~~**and TxHmL program providers.**~~
- Annual reviews of the administrative functions of the local **intellectual and developmental disability authorities (LIDDAs)**~~**authority,**~~ including the provision of service coordination.
- ~~**At least b**~~ **B**iennial contract and fiscal compliance monitoring reviews of DBMD **program providers** and CLASS **direct service agencies and case management agencies (CLASS** providers**).**

- Contract and fiscal monitoring reviews of **f**~~**F**~~inancial **m**~~**M**~~anagement ~~**S**~~**services a**~~**A**~~**gency legal entities**~~**, at a minimum,**~~ every three years.

During contract and fiscal compliance monitoring reviews **of** ~~**for**~~ DBMD and CLASS **providers**, HHSC **reviews whether the program providers complete** ~~**confirms the following: that**~~ enrollment ~~**was completed**~~ within the required timeframes; ~~**the service plan was**~~ develop~~**ed**~~ and approve~~**d service plans** in accordance with program rules; and **provide** services ~~**are being provided**~~ according to the person-centered service plan.

During annual reviews of LIDDAs, HHSC reviews whether the LIDDAs enroll ~~**confirms enrollment of**~~ individuals in the HCS and TxHmL waiver **programs** ~~**is completed**~~ within the required timeframes **and** ~~**during annual onsite surveys of the**~~

~~**administrative functions of the local authority. Oversight of**~~ the service coordinator**s'** responsibilities for service plan development **are performed.**~~**is also reviewed annually for local authorities.**~~

During certification surveys of HCS and TxHmL **program** provider**s, HHSC reviews whether the program providers are performing their** responsibilities for service plan development and **are ensuring services are provided in accordance with program rules.** ~~**provision of services are monitored annually during certification surveys.**~~

~~**See above.**~~

ii. Take(s) corrective action if there is a failure to comply.

HHSC verifies provider qualifications prior to **entering into** ~~**awarding**~~ **a** Medicaid provider agreement and on an ongoing basis as follows.

~~**For**~~ **A** DBMD ~~**and CLASS providers, the**~~ provider **and for CLASS, a direct service agency,** must be licensed as a home and community support services agency (HCSSA) **before** ~~**prior to**~~ contracting with HHSC.

An HCS **or** ~~**and**~~ TxHmL program provider**s is** ~~**are**~~ issued a provisional contract and ~~**are**~~ certified after **its** ~~**their**~~ initial certification survey**,** which occurs within 120 calendar days after the date HHSC approves the enrollment or transfer of the first individual to receive services from the program provider.

2. Describe the State's contract monitoring process specific to the selective contracting program.

a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.
ii. Take(s) corrective action if there is a failure to comply.

For DBMD **program providers** and CLASS **providers that** ~~**will**~~ **provide CFC** ~~**HCSSAs that provide CFC services,**~~ HHSC Contracts staff conducts at least biennial monitoring reviews. Contract staff may conduct ~~**an**~~ intermittent review**s** for providers that do not meet an acceptable compliance level during routine reviews. Contracts staff respond~~**s**~~ to complaints received **about** ~~**against**~~ a CLASS or DBMD provider for failure to maintain provider qualifications. HHSC **takes** ~~**levies**~~ appropriate **actions or imposes** ~~**Medicaid provider agreement actions and**~~ sanctions **if HHSC determines that a CFC provider is not in compliance with its** ~~**for failure to follow the**~~ Medicaid provider agreement ~~**requirements based on the**~~

~~results of the monitoring activity~~**.** Complaint investigations involving staff qualifications and services **provided** ~~rendered~~ **are prioritized based on the nature of the complaint** ~~conducted according to the priority of the allegations.~~

DBMD **program providers** and CLASS **direct service agencies** ~~providers~~ must be licensed as HCSSAs. HHSC **Long-term Care** Regulatory Services licenses HCSSAs and is responsible for ensuring that **they** ~~providers~~ meet licensing requirements. HHSC conducts an initial HCSSA licensing survey, a survey of the HCSSA within 18 months after conducting the initial survey, and ~~conducts~~ subsequent licensing surveys every 36 months. HCSSAs are exempt from licensing surveys if the agency maintains accreditation status by the Joint Commission on Accreditation of Healthcare Organizations, the Community Health Accreditation Program, or by the Accreditation Commission for Health Care. ~~Upon license renewal,~~ HHSC Long-term Care Regulatory Services verifies that an accredited HCSSA has maintained its accreditation **before renewing a HCSSAs license** ~~prior to issuing a new license.~~ The accrediting body **conducts** ~~performs~~ surveys to ensure that accreditation standards are met. For the Joint Commission on Accreditation of Healthcare Organizations, the Community Health Accreditation Program, and the Accreditation Commission for Health Care, the State of Texas recognizes the accreditation standards to meet or exceed the state licensing standards. Complaint investigations involving allegations against HCSSAs of non-compliance with state licensing standards are conducted by HHSC Long-term Care Regulatory Services staff according to the priority and triage of the allegations, including **HCSSAs** ~~those~~ that are accredited by the Joint Commission on Accreditation of Healthcare Organizations, Community Health Accreditation Program, or by the Accreditation Commission for Health Care. These surveys and complaint investigations conducted by HHSC Long-term Care Regulatory Services **review compliance with** ~~are only reviewed based on~~ licensure requirements**,** ~~and~~ not contractual obligations of the HCSSA **as a waiver provider.**

HHSC has an internal policy to coordinate communications and operations between all **relevant** ~~involved~~ HHSC departments when **a HCSSA license is revoked or other enforcement** action is taken ~~in regard to licensure revocations or enforcement.~~ This policy ensures that authorized services are provided by ~~the appropriate~~ licensed**/certified** ~~and~~ **(or** contracted providers**).**

For HCS and TxHmL ~~certified~~ providers**,** ~~HHSC~~ HHSC's Waiver Survey and Certification unit conducts an initial on-site certification survey and annual on-site certification surveys to evaluate a ~~HCS/TxHmL~~ provider's compliance with the ~~HCS/TxHmL~~ certification principles **of the waiver program. Through interviews with individuals and their legally authorized representatives (LARs) and a review of records,** HHSC examines evidence **that a provider has safeguarded** ~~of compliance with safeguarding~~ the right of individuals and **LARs** ~~legally authorized representatives~~ to **have a** ~~exercise~~ free choice of providers and ~~the right~~ to transfer to a new provider **at any time** ~~through interviews with individuals and legally authorized representatives and through a review of individuals' records.~~ During

any survey, including a follow-up visit or a survey in which corrective action from a previous survey is being evaluated, HHSC may review the HCS **or TxHmL** services provided to any individual to determine if the HCS **or TxHmL** provider is in compliance with **the program's** ~~**HCS**~~ certification principles, at which time HHSC certifies a HCS provider for a period of no more than 365 calendar days ~~**after completion of an initial or annual certification survey.**~~

HCS and TxHmL providers are required to submit corrective action plans to address any problems identified during surveys**.** ~~**unless items are cited as being serious in nature.**~~ HHSC reviews the submitted corrective action plans to determine if the plans are acceptabl**e.** If an issue is cited two years in a row and remains in non-compliance, the program providers are required to submit evidence of correction. HHSC reviews the submitted evidence of correction to determine compliance. If a provider is out of compliance, does not submit **a** ~~**their**~~ corrective action plan, or an item is cited as serious, HHSC may pursue adverse action against a provider**, including** ~~**such as;**~~ recouping funds**, imposing** ~~**placing**~~ a vendor hold**, denying** ~~**denial of**~~ certification**,** ~~**requiring evidence of correction**~~ or **terminating** ~~**termination of**~~ the provider **agreement** ~~**contract.**~~

B. Coordination and Continuity of Care Standards

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program.

This 1915(b)(4) waiver does not impact the manner in which the services are delivered for current 1915 (c) waiver enrollees. Through this 1915(b)(4) waiver, ~~**current**~~ 1915 (c) waiver recipients ~~**will**~~ receive CFC services through their waiver provider and the case managers **and** /service coordinators for these programs will continue to coordinate ~~**their**~~ waiver and CFC services. The case manager or service coordinator ~~**for**~~ **in a** ~~**the respective**~~ waiver **program** is responsible for **developing** ~~**the development of a**~~ person-centered plan**s** for all individuals **receiving** ~~**served by**~~ CFC **services.** The person-centered plan must be **based on** ~~**grounded in**~~ assessments and must identify all CFC services to be provided to the individual. Because coordination and continuity of care have already been demonstrated in the 1915 (c) waivers, coordination and continuity of care will **continue** ~~**be assured**~~ in this 1915(b)(4) waiver.

Part IV: Program Operations

A. Beneficiary Information

Describe how beneficiaries will get information about the selective contracting program.

1915 (c) waiver recipients who qualify for CFC services will **continue to** access **the CFC** ~~**those**~~ services through their ~~**existing**~~ waiver **provider** ~~**infrastructure.**~~

Notification **to CFC recipients regarding** ~~**about**~~ provider choice ~~**will**~~ use**s** the ~~**existing**~~ process **that notifies** ~~**to notify**~~ 1915 (c) waiver recipients about provider choice. Specifically, HHSC notifies an individual or **LAR that** ~~**legally authorized representative**~~ he or she can begin the process of eligibility determination and 1915 (c) waiver enrollment, by sending the individual or **LAR** ~~**legally authorized representative**~~ a complete list of providers in the geographic area in which the individual resides. The individual or **LAR** ~~**legally authorized representative**~~ is encouraged to research or contact providers to determine which provider best meets his or her needs. **After enrollment, s**~~**S**~~**ervice coordinators and case managers inform individuals and **LARs** ~~**legally authorized representatives**~~ of provider choice annually, and more often if **the individual or LAR** request**s** ~~**ed**~~ **information about provider choice.**

B. Individuals with Special Needs.

_X__ The State has special processes in place for persons with special needs (Please provide detail).

Each **HHSC** program, activity, and provider must offer a variety of methods to ensure access to services in a timely manner by providing language assistance services to applicants, recipients, and stakeholders with limited English proficiency. ~~**or who are illiterate.**~~

~~**The Executive Staff Office, Support Services Coordination Unit, assists the program areas in obtaining translations into other languages and interpreter services (face-to-face or over-the phone) through a number of third-party vendors for HHSC.**~~

~~**DADS**~~ **HHSC Translation** ~~**Communications Office, Language**~~ Services Unit~~,~~ **coordinates** ~~**provides the following:**~~ translation **for HHSC. HHSC routinely provides** ~~**of written materials from English to**~~ Spanish ~~**or vice versa for state office and the regions; review and evaluation of Spanish**~~ translation**s of forms and letters and is responsive to other translation needs.** ~~**that were prepared elsewhere; proofreading translated copy to ensure accuracy; translating correspondence sent by individuals to state office; providing voice talent for audio and video productions; coordinating translation and interpretation for languages other than Spanish.**~~

Section B – Waiver Cost-Effectiveness & Efficiency

Efficient and economic provision of covered care and services:

1. Provide a description of the State's efficient and economic provision of covered care and services.

   Selective contracting with existing waiver providers for the provision of CFC **services** will not increase the costs of those services.

   The estimates provided below are based upon service utilization and expenditure data from State Fiscal Year 201**~~3~~ and 2018 (with claims paid through August 2019)** for four IDD 1915(c) waivers operated by the State: CLASS, DBMD, HCS, and TxHmL. **Waiver-specific trend factors were applied to the average monthly expenditures per person (the state used the average of SFYs 2017 and 2018 as baseline) to estimate the costs for ~~It was assumed that the waiver-specific average monthly expenditures per person for~~** CFC-like services (1915 (c) waiver habilitation). **~~experienced in fiscal year 2013 would continue in future years.~~**

   The **~~actual~~** monthly number of individuals served through **August 2019 were actual and September 2019-August 2021 ~~December 2014~~ were estimated based on 20-21 appropriations which included funding for additional slots and rate increases. ~~was trended forward through August 2015 (the last month of our current state Appropriations).~~** For future years, assumed a 10% increase in appropriated waiver slots per biennium.

2. Project the waiver expenditures for the upcoming waiver period.

   Year 1 from: 6 / 01 / 20**20 ~~15~~** to 5 / 31 / 20**21 ~~16~~**

   Trend rate from current expenditures (or historical figures): **2.1 ~~9.3~~ %**

   Projected pre-waiver cost **$378,468,991 ~~262,478,310~~**
   Projected Waiver cost **$378,468,991 ~~262,478,310~~**
   Difference: 0

   Year 2 from: 06 /01 / 20**21 ~~16~~** to 05 / 31 / 20**22 ~~17~~**

   Trend rate from current expenditures (or historical figures): **3.5 ~~7.2~~, %**

   Projected pre-waiver cost **$391,717,046 ~~281,486,446~~**
   Projected Waiver cost **$391,717,046 ~~281,486,446~~**
   Difference: 0

   Year 3 (if applicable) from: 06 / 01 / 20**22 ~~17~~** to 05 / 31 / 20**23 ~~18~~**

(*For renewals, use trend rate from previous year and claims data from the CMS-64*)
Projected pre-waiver cost **$418,220,530 ~~299,111,941~~**
Projected Waiver cost **$418,220,530 ~~299,111,941~~**
Difference: 0

Year 4 (if applicable) from: 06 / 01 / 20**23 ~~18~~** to 05 / 31 / 20**24 ~~19~~**
(*For renewals, use trend rate from previous year and claims data from the CMS-64*)

Projected pre-waiver cost **$446,210,690 ~~314,045,995~~**
Projected Waiver cost **$446,210,690 ~~314,045,995~~**
Difference: 0

Year 5 (if applicable) from: 06 / 01 / 20**24 ~~19~~** to 05 / 31 / 20**25 ~~0~~**
(*For renewals, use trend rate from previous year and claims data from the CMS-64*)

Projected pre-waiver cost **$475,360,652 ~~328,895,938~~**
Projected Waiver cost **$475,360,652 ~~328,895,938~~**
Difference: 0