



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

CHRIS TRAYLOR
EXECUTIVE COMMISSIONER

Memorandum

To: Program Support and Utilization Review
Managed Care Program Oversight
Enrollment Resolution Services
Managed Care Organizations

From: Emily Zalkovsky
Director, Program Management
Medicaid/CHIP Division

Subject: Authorizations for Community First Choice Personal Assistance Services or
Habilitation

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This memorandum applies to staff administering the Community First Choice (CFC) program.

This memorandum provides clarification for instances in which STAR+PLUS or STAR Health members are assessed for CFC services and they need both personal assistance services (PAS) and habilitation services identified on [Form H6516](#), Community First Choice Assessment. If a member is assessed for CFC services and needs both PAS and habilitation services, the authorization sent to the provider must list the authorized hours as habilitation services.

For example, if a member has PAS tasks totaling 15 hours per week, and also has habilitation tasks totaling 10 hours per week, the hours the managed care organization (MCO) authorizes the provider must be a total of 25 habilitation hours.

To further clarify, PAS and habilitation tasks must be authorized as follows:

- If a member needs a combination of PAS and habilitation tasks, all of the hours authorized for those tasks must be authorized as habilitation.
- If a member needs PAS tasks only, all of the hours are authorized as PAS.
- If a member needs habilitation tasks only, all of the hours are authorized as habilitation.

The MCO must use the appropriate billing codes for the services authorized as follows:

- For STAR+PLUS, the authorization must reflect the appropriate billing code, listed in the STAR+PLUS Handbook, Appendix XVI, Long Term Services and Supports Codes and Modifiers, and it must not delineate the hours or the tasks between PAS and habilitation hours/tasks.

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- For children under age 21 enrolled in STAR+PLUS or STAR Health, MCOs should use the codes and modifiers identified in the Texas Medicaid Provider Procedure Manual, restated below:
 - 1-T1019/UD -- CFC -- Attendant Only
 - 1-T1019/U9 -- CFC -- Attendant plus Habilitation
 - 1-T1019/U3 -- CFC -- Attendant Only, CDS Option
 - 1-T1019/U4 -- CFC -- Attendant plus Habilitation, CDS Option
 - 1-T1019/U5 -- CFC -- CDS admin fee

HHSC has provided guidance to the MCOs that there may be instances when members receive services from multiple providers due to the tasks with which the member needs assistance. This should occur on a limited basis and should occur when the member needs services that are only habilitation and not tasks that are being authorized for both PAS and habilitation. For example, if a member needs 30 hours of PAS and only one hour of money management, the MCO can authorize a separate provider to deliver the one hour of money management. This means one provider delivers 30 hours of PAS and a second provider delivers one hour of money management as habilitation. It would not be appropriate to authorize separate providers if a member needs PAS and habilitation for the same task. When the same provider delivers both the PAS and habilitation, regardless of the number of hours of habilitation, the services must be authorized as habilitation.

If you have any questions regarding this memorandum, you may contact Chris Welch at 512-428-1946 or at chris.welch@hhsc.state.tx.us.