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James R. Hine

July 5, 2004

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To: All Community Care for the Aged and Disabled (CCAD)
Contracted Providers

Subject: Long Term Care (LTC)
Information Letter 04-32
New Medicaid Waiver Service of Transition Assistance Services (TAS)

Effective September 1, 2004, a new 1915(c) Medicaid waiver service of TAS will be available to assist Medicaid residents who are being discharged from a nursing facility (NF). This new service is a component of the Health and Human Services Commission (HHSC) Promoting Independence Initiative. It will enhance the ability of NF residents to transition and receive services in the community.

TAS will help the waiver client to set up a household in the community. TAS includes, but is not limited to:

- 1) Payment of security deposits required to lease a home;
- 2) Purchase of essential furnishings, including table, eating utensils, etc.;
- 3) Payment of moving expenses; and
- 4) Payment of services to ensure the health and safety of the client.

The proposed reimbursement rate for TAS is a one-time payment of \$132.00 per client. **A public rate hearing will be held on the proposed rate on July 12, 2004 and the proposed rate is subject to change. Providers will be notified of the final rate once it is approved by HHSC.**

Attached are the draft TAS provider rules that have been presented to the Board of the Texas Department of Human Services (DHS) as proposed rules. DHS expects the rules to be final by September 1, 2004. DHS would like to invite you attend an information seminar on July 23, 2004. Information will be presented on TAS. The registration and directions for the seminar are included.

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If your agency wants to contract with DHS to provide this service, please fax your written request to Community Care Contracting at (512) 438-5522.

Please contact your contract manager if you have any questions regarding this information letter. Contract managers should contact Gerardo Cantú at (512) 438-3693 if they have questions regarding this information letter.

Sincerely,

Signature on file

Marilyn Eaton
Director
Long Term Care Services

ME:ck

Attachments



TEXAS
Department of
Human Services

Seminar on Transition Assistance Services

*July 23, 2004 - 8:30 a.m. to 12:00 p.m.
J.J. Pickle Center, Room 1.122
10100 Burnet Rd., Austin Texas 78758*

The **Seminar on Transition Assistance Services** will provide you and your staff an opportunity to learn more about:

- The Philosophy of Transition Assistance Services
- Provider's Responsibilities in Transition Assistance Services
- Contracting to provide Transition Assistance Services

Please complete the attached registration form and submit it by no later than **July 9, 2004** to Debi Gfeller at debi.gfeller@dhs.state.tx.us.

The Pickle Center is located in the northwest area of Austin adjacent to the intersection of MoPac and Braker Lane in the Commons Center Complex. For additional information visit the Commons website at:

<http://www.utexas.edu/facilities/commons>

*If you require additional assistance or accommodation for your visit, please send an **email** to the Commons at commonscenter@mail.utexas.edu or call (512) 471-5898 prior to your arrival.*

You may contact Gerardo Cantu at 512 438-3693 should you need additional information regarding this seminar.



TEXAS
Department of
Human Services

COMMISSIONER
James R. Hine

From: Gerardo Cantu, Program Manager, Community Care Provider Services,
State Office, W-521

Subject: Transition Assistance Services Information Seminar

Date: July 6, 2004

The Transition Assistance Services (TAS) Information Seminar is intended to educate participants on the new Medicaid waiver service. The target audience for this seminar is potential TAS providers and other interested stakeholders.

Date: The seminar will be held on Friday, July 23, 2004

Time: The seminar begins at 8:30 a.m. and ends no later than 12:00 p.m.

Location: J.J. Pickle Center, Room 1.122, 10100 Burnet Rd., Austin, TX 78758

Participants may register for this training by:

- Completing and faxing this registration form to LTC Education Services at 512/438-2906.
- Sending an e-mail to Debi Gfeller, LTC Education Services Scheduling Coordinator, at debi.gfeller@dhs.state.tx.us Include the following information:

Participant's Name: _____

Name of Agency / Organization: _____

Phone # with area code: _____

Fax # with area code: _____

Please complete one for each participant

§62.1.Purpose.

This chapter establishes the requirements for agencies contracting to provide transition assistance services to eligible clients through the following Texas Department of Human Services waiver programs:

- (1) Community Based Alternatives;
- (2) Community Living Assistance and Support Services;
- (3) Medically Dependent Children;
- (4) Deaf Blind with Multiple Disabilities; and
- (5) Consolidated Waiver.

§62.3.Definitions.

The following words and terms have the following meanings when used in this chapter, unless the context clearly indicates otherwise:

- (1) Case manager--A Texas Department of Human Services (DHS) employee or case management agency employee who is responsible for case management activities. Activities include eligibility determination, client registration, assessment and reassessment of a client's need, service plan development, and intercession on a client's behalf.
- (2) Client--An individual who is eligible to receive DHS Medicaid waiver services. References in this chapter to "client" include the client's representative, unless the context indicates otherwise.
- (3) Community Based Alternatives (CBA)--A Medicaid program that provides services to eligible adults who are aged and/or disabled as an alternative to institutional care in a nursing facility. CBA services are provided in accordance with the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. §1396n(c)).
- (4) Community Living Assistance and Support Services (CLASS)--A Medicaid program that provides home and community-based services to eligible people with related conditions (developmental disabilities other than mental retardation), as a cost-effective alternative to placement in an Intermediate Care Facility for Persons with Mental Retardation or Related Conditions (ICF-MR/RC). CLASS services are provided in accordance with the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. §1396n(c)).

(5) Consolidated Waiver Program (CWP)--A Medicaid program that provides home and community-based services to people who are eligible for care in a nursing facility or ICF-MR/RC as an alternative to institutional placement. CWP services are provided in accordance with the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. 1396n(c)).

(6) Contract--The formal, written agreement between DHS and a provider agency to provide services to DHS clients eligible under this chapter in exchange for reimbursement.

(7) Contract manager--A DHS employee who is responsible for the overall management of the contract with the provider agency.

(8) DHS--The Texas Department of Human Services.

(9) Days--Any reference to days means calendar days, unless otherwise specified in the text. Calendar days include weekends and holidays.

(10) Deaf Blind with Multiple Disabilities (DBMD)--A Medicaid program that provides home and community-based support services to persons age 18 or older who are deaf-blind and have at least one other disability, and who are eligible for institutional care, as a cost-effective alternative to institutional care. DBMD services are provided in accordance with the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. 1396n(c)).

(11) Medically Dependent Children Program (MDCP)--A Medicaid program that provides home and community-based support services to persons under 21 years of age who are medically dependent and eligible for institutional care, as a cost-effective alternative to institutional care. MDCP services are provided in accordance with the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. 1396n(c)).

(12) Nursing facility--A facility licensed under the Health and Safety Code, Chapter 242, that provides organized and structured nursing care and services.

(13) Provider agency--An agency that contracts with DHS to provide transition assistance services to clients in exchange for reimbursement.

(14) Waiver program--A DHS Medicaid program operated under the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. §1396n(c)), including: CBA, CLASS, MDCP, DBMD, and CWP.

(15) Working days--Days DHS is open for business.

§62.5. Service Description.

(a) Transition assistance services (TAS) assist Medicaid recipients who are nursing facility residents discharged from the facility to set up a household. TAS are only available to nursing facility residents who are discharged from the facility into a waiver program. TAS are not available to residents moving from a nursing facility who are approved for any of the following waiver services:

- (1) assisted living services;
- (2) adult foster care services;
- (3) support family services;
- (4) 24-hour residential habilitation; or
- (5) family surrogate services.

(b) TAS include, but are not limited to:

- (1) payment of security deposits required to lease an apartment or home, or to establish utility services for the home;
- (2) purchase of essential furnishings for the apartment or home, including table, chairs, window blinds, eating utensils, and food preparation items;
- (3) payment of moving expenses required to move into or occupy the home or apartment; and
- (4) payment for services to ensure the health and safety of the client in the apartment or home, such as pest eradication, allergen control, or a one-time cleaning before occupancy.

(c) A nursing facility resident who is discharged from the facility into a waiver program is eligible to receive up to \$2,500 in TAS.

(d) TAS are available on a one-time basis only.

§62.11. Contracting Requirements.

(a) General contracting requirements. The provider agency must meet all provisions described in this chapter and Chapter 49 of this title (relating to Contracting for Community Care Services).

(b) Provider agency requirements. The provider agency must:

- (1) be a Center for Independent Living as defined by the Rehabilitation Act of 1973, as amended; or

- (2) have a current Community Care contract; or
- (3) be currently designated as a Texas Area Agency on Aging.

§62.21. Staff Requirements.

The provider agency employees who deliver services under this chapter must:

- (1) be 18 years old;
- (2) have a high school diploma or its equivalent;
- (3) not be the client's spouse, the parent of a minor child, have legal conservatorship of the client, or live in the client's household; and
- (4) be capable of providing the required services.

§62.31. Referrals.

The provider agency must accept all clients of any waiver program whom the Texas Department of Human Services refers to the provider agency for services under this chapter.

§62.33. Service Delivery.

(a) The provider agency must:

- (1) deliver to the client the specific transition assistance service that the case manager authorized in writing;
- (2) purchase services for the client within the dollar amount that the case manager authorizes; and
- (3) submit a claim for reimbursement to the Texas Department of Human Services only after the purchased services have been delivered to the client.

(b) The provider agency must complete the delivery of services to the client at least two days before the client's nursing facility discharge date.

(c) The provider agency may fail to deliver authorized services to the client by the applicable due date described in subsection (b) of this section only if the reason for the delay is beyond the control of the provider agency, and only if the provider agency makes an ongoing effort to deliver the services. The provider agency must document any failure to deliver the authorized services by the applicable due date, including:

- (1) a description of the pending services;
 - (2) the reason for the delay;
 - (3) either the date the provider agency anticipates it will deliver the pending services or specific reasons why the provider agency cannot anticipate a delivery date; and
 - (4) a description of the provider agency's ongoing efforts to deliver the services.
- (d) The provider agency must orally notify the case manager of any failure to deliver any of the authorized services before the applicable due date described in subsection (b) of this section. Oral notice means directly speaking with the case manager and does not include a message left by voice mail.

§62.41.Record Keeping.

- (a) The provider agency must maintain the documentation described in Chapter 49 of this title (relating to Contracting for Community Care Services).
- (b) The provider agency must retain records for the time periods described in §69.205 of this title (relating to Contractor's Records).
- (c) The provider agency must maintain service delivery documentation that contains the:
 - (1) name of the client;
 - (2) client Medicaid number;
 - (3) month of service delivery;
 - (4) provider agency name and vendor number;
 - (5) service description;
 - (6) date services were purchased;
 - (7) date services were delivered;
 - (8) total dollar amount of the purchase, including taxes and delivery fees; and
 - (9) dated signature of the employee(s) who provided services.

(d) The provider agency must maintain service delivery documentation and purchase receipts in the client file.

§62.43.Reimbursement.

(a) The provider agency must bill for services provided as described in Chapter 49 of this title (relating to Contracting for Community Care Services).

(b) The provider agency must document service delivery as described in §62.41 of this chapter (relating to Record Keeping).

(c) The Texas Department of Human Services will pay for eligible services provided and billed in compliance with this chapter.