



COMMISSIONER
Chris Traylor

January 26, 2010

To: Consumer Directed Services Agencies (CDSA) for Primary Home Care (PHC) Program Services

Subject: Information Letter No. 10-10
CDSA and Employer Responsibilities for Direct CDS Enrollment in Personal Attendant Services (PAS) Through the Primary Home Care (PHC) Program

This letter explains the responsibilities of the employer and CDSA when individuals enroll in PHC program and opt to go directly on the CDS option. The PHC program includes PHC, Community Attendant Services (CAS), and Family Care (FC). These procedures are also applicable to individuals who are on the CDS option in another program and are transferring to PHC services, such as those using Personal Care Services (PCS) through the Comprehensive Care Program (CCP). For instructions sent to the Texas Department of Aging and Disability Services (DADS) case managers, please see [policy clarification 01-13-10-01 005](#).

Home health agencies that provide PHC services have no responsibility when the individual goes directly on to the CDS option.

Practitioners Statement

If a PHC, CAS, or FC applicant requests to start services through the CDS option, it is the CDS employer's responsibility to obtain the completed [Form 3052, Practitioner's Statement of Medical Need](#). The employer may be the applicant or the legally authorized representative (LAR). The case manager will provide a copy of Form 3052 and form instructions to the CDS employer with a return envelope and instructions on returning the form to the case manager.

It is the CDS employer's responsibility to submit Form 3052 to the practitioner and have it completed and signed by the practitioner. The CDS employer will then send the form to the selected CDSA to verify the practitioner is not excluded from participating in Medicaid.

Once the CDSA has checked verification, it will be the CDS employer's responsibility to return the completed Form 3052 to the case manager. Services will not be authorized until the Form 3052 is signed by both the practitioner and the CDSA and is returned to the case manager.

Verification of Practitioner Medicaid Exclusion Status

The CDSA will be responsible for verifying that the practitioner is not excluded from participation in Medicaid. The Office of Inspector General (OIG) website is to be used to confirm the exclusion status of the practitioner. The two links available are the online searchable database at <https://oig.hhsc.state.tx.us/Exclusions/Search.aspx> or the downloadable database at https://oig.hhsc.state.tx.us/Excluded_Provider_List/SANC2rev.txt.

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The CDSA representative completes Part II of Form 3052, signs and dates the form, and returns the form to the employer to be sent to the case manager.

If you have additional questions, please contact the CDS Program Consultant at (512) 438-3015.

Sincerely,

[signature on file]

Tommy Ford, Director
Community Services

TF:ej