



COMMISSIONER
Chris Traylor

March 23, 2010

To: Community Based Alternatives (CBA) Home and Community Support Services Agencies (HCSSAs)
Integrated Care Management (ICM) Providers
Consolidated Waiver Program (CWP) Providers
Deaf-Blind with Multiple Disabilities (DBMD) Providers
Primary Home Care (PHC) Providers
Service Responsibility Option (SRO) Providers

Subject: Texas Department of Aging and Disability Services (DADS)
Information Letter No. 10-16
Reminder: Billing for Personal Assistance Services (PAS) when a consumer is in an institution

Please refer to Information Letter No.2007-125, *Office of Inspector General Review of Personal Attendant Services*, dated January 25, 2007; and Information Letter No. 2008-131, *Follow-up to Information Letter No. 2007-125, Office of Inspector General – Review of Personal Assistance (Attendant Care) Services*, dated October 3, 2008. These information letters informed providers that the Department of Health and Human Services (DHHS), Office of Inspector General (OIG), had conducted a review of Personal Assistance Services (PAS) received by Medicaid Long Term Care consumers during periods of time that the consumers were in a 24-hour institutional setting (hospital or nursing facility). The review revealed that, in some instances, providers were paid for days that the consumer was in an institution.

A recent review by DADS has revealed that some providers are billing incorrectly during periods of time when the consumer was in a hospital or institution.

As stated in the information letters referenced above, effective November 1, 2008, when a consumer enters an institution, providers must split the billing dates of service so that billing ends the day before the consumer enters the institution and resumes on the day after the consumer returns (creating a gap in dates).

Example: Consumer was in the community and received CBA services from February 1 through February 8. Consumer was admitted to the hospital February 9 and was discharged February 16. CBA services were restarted on February 17. Services would be billed as follows:

CBA = February 1, 2010 - February 8, 2010
Gap = February 9, 2010 - February 16, 2010
CBA = February 17, 2010, through the end of the month

Providers may bill for services the day the consumer was admitted to the institution or was discharged from the institution if services were provided to the consumer on that date.

Example: Consumer was in the community and received CBA services from February 1 through the morning of February 9. Consumer was admitted to the hospital mid-day on February 9 and was discharged the morning of February 16. CBA services were restarted on February 16. Services would be billed as follows:

CBA = February 1, 2010 - February 9, 2010
Gap = February 10, 2010 - February 15, 2010
CBA = February 16, 2010, through the end of the month

Please contact your regional contract manager with questions about this information letter.

Sincerely,

[signature on file]

Gordon Taylor
DADS Chief Financial Officer

GT:mgm