



COMMISSIONER
Jon Weizenbaum

June 5, 2014

To: Home and Community-based Services Program Providers
Local Authorities
Financial Management Services Agencies

Subject: Information Letter 14-27
Maintaining Continuously Current Waiver Program Eligibility

The purpose of this Information Letter (IL) is to provide information and recommendations for Home and Community-based Services (HCS) program providers and local authorities (LAs) regarding maintaining 1) continuously current level of care (LOC) authorizations through approved Intellectual Disability/Related Conditions (ID/RC) forms, 2) continuously current service authorizations through approved Individual Plans of Care (IPCs), and 3) continuously current financial eligibility for all individuals enrolled in the HCS program. Financial Management Services Agencies (FMSAs) are included on this IL for informational purposes only.

As described in [IL 14-04](#), the Health and Human Services Commission (HHSC) is expanding the State of Texas Access Reform Plus (STAR+PLUS) program to include the provision of basic health services (acute care) to individuals receiving long-term services and supports (LTSS) through the HCS program. Acute care includes services such as doctor visits, hospital or emergency room services, and prescription medications. Effective September 1, 2014, individuals enrolled in the HCS program will begin receiving their acute care services from managed care organizations (MCOs) through the STAR+PLUS program with the following exceptions:

- **Excluded:** Individuals residing in state supported living centers and individuals receiving both Medicaid and Medicare Part B benefits are not included in this expansion.
- **Voluntary:** Individuals 20 years of age or younger who receive Supplemental Security Income (SSI) or SSI-related services may choose to continue receiving acute care services through traditional Medicaid or enroll in STAR+PLUS for acute care services.

For MCOs to determine and maintain HCS individuals' eligibility for acute care services through STAR+PLUS, individuals must have an authorized LOC and an authorized IPC for the HCS program in the Client Assignment and Registration (CARE) system. Individuals must also have a current certification of Medicaid financial eligibility for the HCS program as determined by HHSC.

Lapses in individuals' HCS LOC or IPC authorizations in the CARE system or loss of financial eligibility for the HCS program may result in individuals not being eligible to enroll in or maintain eligibility for acute care services through the STAR+PLUS Program. This would put individuals at risk of being unable to access needed services, such as doctor visits, hospital or emergency room services, and prescription medications. Therefore, it is important that HCS program providers and LAs make every effort to ensure individuals' LOC authorizations, IPC authorizations, and

financial eligibility for the HCS program are current and remain continuously current with no lapses in coverage.

Although processes currently exist in the HCS program for providers to request coverage of LOC authorization lapses by submitting Purpose Code E ID/RC forms and to request backdating of renewal IPCs, HCS program providers and LAs should review and, if necessary, revise their internal business processes to avoid the need to submit Purpose Code E ID/RC forms or to request backdating of renewal IPCs.

HCS program providers are also encouraged to actively monitor the status of the individuals' financial eligibility for the HCS program and, in particular, to keep track of Medicaid redetermination dates for those individuals who are required to submit annual Medicaid redetermination packets to HHSC at the address indicated on the application form. HCS program providers should assist individuals, their legally authorized representatives (LARs), and authorized representatives (ARs) with redetermination activities to prevent individuals' loss of financial eligibility for the HCS program. LA service coordinators may also provide assistance, if requested by individuals, LARs, or ARs. Refer to the "*Requirement to Maintain Continuously Current Financial Eligibility for HCS*" section of this letter for more information.

Requirement to Maintain Continuously Current LOC Authorizations for HCS

LOC authorizations are valid for 364 calendar days after the ID/RC effective date authorized by the Department of Aging and Disability Services (DADS). DADS rule at Texas Administrative Code (TAC), Title 40, Section 9.161 requires HCS program providers to electronically transmit completed, signed, and dated ID/RC forms to DADS before the expiration date of the individuals' ID/RC. Section 9.161 also requires LA service coordinators to review the transmitted ID/RC within seven calendar days after transmission, and enter in the CARE system their agreement or disagreement with the ID/RCs.

HCS program providers may enter Purpose Code 3 (continued stay) ID/RCs into the CARE system as early as 60 calendar days before the expiration date of the current ID/RC. To allow sufficient time for ID/RC processing timeframes, HCS program providers are encouraged to electronically transmit ID/RC renewals as close to 60 calendar days before the expiration date as possible to avoid lapses in LOC authorizations in the CARE system.

Requirement to Maintain Continuously Current IPC Authorizations for HCS

DADS rule at 40 TAC Section 9.166 requires individuals' IPCs be renewed at least annually and before expiration. HCS program providers must meet with the service planning teams (SPTs) at least 30 but no more than 60 calendar days before the expiration of individuals' IPCs to develop proposed renewal IPCs. HCS program providers must electronically transmit completed, signed, and dated proposed renewal IPCs to DADS within seven calendar days after development of the proposed renewal IPCs. Section 9.166 also requires LA service coordinators to review transmitted IPCs within seven calendar days after transmission, and enter in the CARE system their agreement or disagreement with the IPCs.

HCS program providers may enter renewal IPCs into the CARE system as early as 60 calendar days before the expiration date of current IPCs. To allow sufficient time for IPC processing timeframes, HCS program providers are encouraged to electronically transmit IPC renewals as close to 60 calendar days before the expiration date as possible to avoid lapses in IPC authorizations in the CARE system.

Requirement to Maintain Continuously Current Financial Eligibility for HCS

The HCS Handbook, Section 11100 requires all individuals enrolled in the HCS program maintain financial eligibility for the HCS program.

Individuals enrolled in the HCS program who receive SSI benefits from the Social Security Administration (SSA) are categorically eligible for SSI Medicaid. Annual redeterminations of Medicaid eligibility through HHSC are not required for these individuals. However, individuals or their representative payees must work with the SSA to maintain their SSI benefits and ensure continued eligibility for SSI Medicaid to remain financially eligible for the HCS program. Individuals or their representative payees must maintain current mailing addresses with the SSA. If individuals lose their eligibility for SSI benefits through the SSA, individuals will also lose their eligibility for SSI Medicaid. If individuals lose eligibility for SSI Medicaid, HCS program providers should assist individuals, LARs, or ARs with submitting Medicaid applications to HHSC.

For all other individuals enrolled in the HCS program, HHSC requires annual redeterminations of Medicaid eligibility for the HCS program. Individuals or their ARs may call 2-1-1 to find out their Medicaid redetermination due date. HHSC mails Medicaid redetermination packets to individuals' last known mailing addresses at least 60 calendar days in advance of their redetermination due date. Individuals or ARs must maintain current mailing addresses with HHSC. HCS program providers are encouraged to actively monitor Medicaid redetermination dates for these individuals and contact individuals, LARs, or ARs before the redetermination due dates to offer assistance with submission of Medicaid redetermination packets to HHSC in order to prevent loss of financial eligibility for the HCS program.

DADS recommends HCS program providers and LAs educate individuals, LARs, and ARs about the importance of maintaining financial eligibility for the HCS program and frequently remind them to contact their HCS program provider or LA service coordinator for assistance regarding any communication they receive from HHSC about their Medicaid eligibility or from the SSA about their SSI benefits.

Recommendations to avoid lapses in LOC authorizations, IPC authorizations, and loss of financial eligibility for HCS

Listed in this section are possible organizational strategies HCS program providers and LAs could implement to prepare for the upcoming STAR+PLUS acute care expansion.

1. Develop a tracking method, such as a spreadsheet, to record ID/RC and IPC expiration dates for individuals served in your program. Use this tracking method to begin working on renewal documents well ahead of the expiration dates and complete data entry in CARE as early as the system will allow (up to 60 calendar days before the expiration date).

- HCS program providers may access CARE screen C65 to search for ID/RC expiration dates and C64 to search for IPC expiration dates.
 - LAs may access screen L65 to search for ID/RC expiration dates and L64 to search for IPC expiration dates.
2. Attempt to schedule SPT meetings well in advance to account for difficulty in coordinating schedules for all required attendees. Encourage individuals, LARs, and ARs to avoid delaying SPT meetings to prevent a potential negative impact on individuals' Medicaid acute care eligibility.
 3. When submitting ID/RC or IPC renewal packets to DADS for review, conduct thorough quality checks before sending the packets. Make sure all of the necessary documentation is included in the submission to avoid the need for DADS to request additional information before making authorization determinations. DADS encourages HCS program providers and LAs to utilize the submission guidelines available at <http://www.dads.state.tx.us/providers/guidelines/index.html> to ensure complete packet submissions. When providers receive requests for additional information from DADS, providers must respond as quickly as practicable, ensuring a return of all information requested in their response.
 4. For individuals enrolled in the HCS program who receive SSI Medicaid, frequently remind individuals or their representative payees to notify you of any communication they receive from the SSA regarding their SSI benefits. Offer to assist with submission of requested information or documentation to the SSA before the deadline in order to maintain individuals' SSI benefits and to avoid the loss of financial eligibility. LA service coordinators may also provide assistance, if requested by individuals or their representative payees. HCS program providers and LAs may access CARE screen C63 to review individuals' Medicaid information.
 5. For individuals enrolled in the HCS program who are not receiving SSI Medicaid, develop a tracking method, such as a spreadsheet, to monitor Medicaid redetermination due dates for individuals served in your program. Using this tracking method, inform individuals, their LARs, or ARs that they should notify you of any communication they receive from HHSC regarding their Medicaid eligibility. Offer to assist with completing Medicaid redetermination packets and ensuring submission to HHSC before the deadline. LA service coordinators may also provide assistance, if requested by individuals, their LARs, or ARs. HCS program providers and LAs may access CARE screen C63 to review individuals' Medicaid information.
 6. DADS also recommends LA service coordinators and HCS program provider staff with responsibilities related to ID/RC renewals, IPC renewals, or monitoring of financial eligibility, to subscribe to receive email alerts and notifications when DADS publishes information regarding the HCS program. There is no cost for subscription and no limit to the number of staff who may subscribe. To subscribe, go to <https://public.govdelivery.com/accounts/TXHHSC/subscriber/new>.

DADS reminds HCS program providers and LAs of their obligation to comply with DADS rules, provider handbooks, billing guidelines, and provider communications, including provider ILs and policy clarifications.

More information and resources regarding the expansion of Medicaid managed care is available on HHSC Medicaid managed care initiatives website at <http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml>. This website can also be accessed directly from DADS HCS program page at <http://www.dads.state.tx.us/providers/HCS/index.cfm>. From this page, click on the STAR+PLUS (HHSC) navigation button on the left of the screen, then “STAR+PLUS Medicaid Managed Care Initiatives.”

DADS is developing additional resources to provide information about the importance of avoiding lapses in LOC and IPC authorizations and loss of financial eligibility for the waiver programs. These resources may include alerts, webinars, trainings, an electronic frequently asked questions document, and other stakeholder forums.

Please send questions related to this IL to the HCS mailbox at hcs@dads.state.tx.us.

Sincerely,

[signature on file]

Elisa J. Garza
Assistant Commissioner
Access and Intake

[signature on file]

Donna Jessee
Director
Center for Policy and Innovation