



COMMISSIONER
Jon Weizenbaum

June 5, 2014

To: Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition Program Providers

Subject: Information Letter 14-28
Maintaining Continuously Current Program Eligibility

The purpose of this Information Letter (IL) is to provide information and recommendations for Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition (ICF-IID) program providers regarding maintaining (1) a continuously current level of care (LOC) authorization through an approved Intellectual Disability/Related Conditions (ID/RC) form and (2) continuously current financial eligibility for all individuals enrolled in the ICF-IID program.

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 ICF-IID 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 ICF-IID 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 who are 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 ICF-IID individuals' eligibility for acute care services through STAR+PLUS, individuals must have an authorized LOC for the ICF-IID program in the electronic system. Individuals must also have a current certification of Medicaid financial eligibility for the ICF-IID program as determined by HHSC.

A lapse in individuals' ICF-IID LOC in the electronic system or loss of financial eligibility for the ICF-IID 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 ICF-IID program providers make every effort to ensure that individuals' LOC authorizations and financial eligibility for the ICF-IID program are current and remain continuously current with no lapses in coverage.

Although processes currently exist in the ICF-IID program for program providers to request coverage of an LOC authorization lapse by submitting a Purpose Code E ID/RC, ICF-IID program providers should review and, if necessary, revise their internal business processes to avoid the need to submit a Purpose Code E ID/RC.

ICF-IID program providers are also encouraged to actively monitor the status of individuals' financial eligibility for the ICF-IID program and, in particular, to keep track of Medicaid redetermination dates for those individuals who are required to submit an annual Medicaid redetermination packet to HHSC. ICF-IID 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 ICF-IID program. Refer to the "*Requirement to Maintain Continuously Current Financial Eligibility for ICF-IID*" section of this letter for more information.

Requirement to Maintain Continuously Current LOC Authorizations for ICF-IID

An LOC authorization is 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 9.245 requires an ICF-IID program provider to request to renew an individual's existing LOC before its expiration date. LOC authorizations must be requested from DADS by electronically transmitting a completed ID/RC.

The ICF-IID program provider may enter a Purpose Code 3 (continued stay) ID/RC into the electronic 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, the ICF-IID program provider is 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 electronic system.

Requirement to Maintain Continuously Current Financial Eligibility for ICF-IID

DADS rule at 40 TAC Section 9.236 requires an individual enrolled in the ICF-IID program to maintain financial eligibility for the ICF-IID program as determined by HHSC.

Individuals enrolled in the ICF-IID program who receive SSI benefits from the Social Security Administration (SSA) are categorically eligible for SSI Medicaid through HHSC. An annual redetermination of Medicaid eligibility through HHSC is not required for these individuals. However, individuals or their representative payee must work with the SSA to maintain their SSI benefits and ensure continued eligibility for SSI Medicaid through HHSC to remain financially eligible for the ICF-IID program. Individuals or their representative payees must maintain a current mailing address with the SSA. If individuals lose their eligibility for SSI benefits through the SSA, they will also lose their eligibility for SSI Medicaid. If individuals lose eligibility for SSI Medicaid, ICF-IID program providers should assist the individuals, LARs, or ARs with submitting a Medicaid application to HHSC.

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

DADS recommends ICF-IID program providers educate individuals, LARs, and ARs about the importance of maintaining financial eligibility for the ICF-IID program and frequently remind them to contact their ICF-IID program provider 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 and loss of financial eligibility for ICF-IID

Listed in this section are possible organizational strategies that ICF-IID program providers could implement now to prepare for the upcoming STAR+PLUS acute care expansion.

1. Develop a tracking method, such as a spreadsheet, to record ID/RC expiration dates for individuals served in your program. Use this tracking method to begin working on renewal documents well ahead of the expiration date and complete data entry in the electronic system as early as the system will allow (up to 60 calendar days before the expiration date). ICF-IID program providers may utilize the reporting feature in the electronic system to search for ID/RC expiration dates.
2. Attempt to schedule interdisciplinary team meetings well in advance to account for difficulty in coordinating schedules for all required attendees. Encourage individuals, LARs, and ARs to avoid delaying interdisciplinary team meetings to prevent a potential negative impact on individuals' Medicaid acute care eligibility.
3. When submitting ID/RC 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 an authorization determination. When the ICF-IID program provider receives a request for additional information from DADS, the provider must respond as quickly as practicable, ensuring a return of all information requested in the response.
4. For individuals enrolled in the ICF-IID program who receive SSI Medicaid, frequently remind individuals or their representative payees to notify you of any communication that 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 to maintain the individual's SSI benefits and to avoid the loss of financial eligibility for the ICF-IID program.

5. For individuals enrolled in the ICF-IID 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.
6. DADS also recommends ICF-IID program provider staff with responsibilities related to ID/RC renewals or monitoring of financial eligibility, to subscribe to receive email alerts and notifications when DADS publishes information regarding the ICF-IID program. There is no cost to subscribe 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 ICF-IID program providers of their obligation to comply with DADS rules, provider manuals, and provider communications, including provider ILs and policy clarifications.

More information and resources regarding the expansion of Medicaid managed care is available on HHSC's 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 ICF-IID program page at <http://www.dads.state.tx.us/providers/icfmr/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 loss of financial eligibility for individuals in the ICF-IID program. 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 ICF-IID mailbox at ICF-IIDquestions@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