



## TEXAS HEALTH AND HUMAN SERVICES COMMISSION

CHARLES SMITH  
EXECUTIVE COMMISSIONER

Date: December 30, 2016

To: Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICFs/IID) Program Providers  
Local Intellectual and Developmental Disability Authorities (LIDDAs)

Subject: Information Letter No. 16-38 —Add-on reimbursement rates for certain individuals with high medical needs (HMN) who transition from a State Supported Living Center (SSLC)

Effective May 24, 2016, ICF/IID providers can access add-on reimbursement rates for certain individuals with HMN who transition to a non-state operated ICF/IID directly from an SSLC. While the rate was available in May 2016, the full program implementation was not complete until now.

In accordance with Texas Administrative Code, Title 1, [§355.456](#), only ICFs/IID with a Medicaid-certified capacity of 13 or fewer individuals are eligible.

Three tiers of add-on rates are available based on an individual's needs. To meet the criteria for an HMN add-on rate, an individual must meet all of the following criteria:

- Reside at the SSLC for at least six consecutive months
- Have a current [Form 8578, Intellectual Disability/Related Condition Assessment \(ID/RC\)](#), showing the individual receives at least 181 minutes of face-to-face nursing services per week as indicated by a nursing frequency code of "6" on Item 40
- Meet the resource utilization group (RUG) value in one of the qualifying categories determined through a medical needs assessment conducted by a Health and Human Services Commission (HHSC) registered nurse

The interdisciplinary team will determine if the individual should be referred for a medical needs assessment. The SSLC is responsible for referring an individual who potentially qualifies for an HMN add-on rate. The SSLC can make this referral at any time.

To make a referral and request a medical needs assessment, [Form 1570, Request for Medical Need Assessment or Verification of RUG-III Category](#), will be completed with assistance from nursing staff. The form is submitted to the HHSC HMN mailbox at [HmnServices@hhsc.state.tx.us](mailto:HmnServices@hhsc.state.tx.us).

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If you have any questions or need additional information, please send these requests to the HHSC HMN mailbox at [HmnServices@hhsc.state.tx.us](mailto:HmnServices@hhsc.state.tx.us).

Sincerely,

*[signature on file]*

Jami Snyder  
Associate Commissioner  
Medicaid & CHIP Services

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Sonja Gaines  
Associate Commissioner  
Behavioral Health & Intellectual and  
Developmental Disability Services