



Date: July 30, 2020

To: Community Living Assistance and Support
Services Case Management Agencies
Community Living Assistance and Support
Services Direct Services Agencies
Deaf Blind with Multiple Disabilities Program Providers

Subject: Information Letter No. 20-12
Extensions of Eligibility and Individual Plan of Care Revisions
for Individuals in CLASS and DBMD Due to COVID-19
(REVISED July 30, 2020)

This information letter (IL) revises IL 20-12, Extensions of Eligibility and Individual Plan of Care Revisions for Individuals in CLASS and DBMD Due to COVID-19, previously issued on June 29, 2020, to extend the temporary guidance in this information letter, including any suspensions from procedures currently required by rules, regulations, or policies, until HHSC notifies providers otherwise.

To ensure individuals do not experience a gap in services due to the temporary suspension of face-to-face service coordination visits for COVID-19, the Texas Health and Human Services Commission will continue to extend Intellectual Disability/Related Condition (ID/RC) assessments and individual plans of care (IPC) for individuals who are enrolled in the Community Living Assistance and Support Services (CLASS) Program or the Deaf Blind with Multiple Disabilities (DBMD) Program.

In addition, for an IPC being revised during the time this temporary guidance is in place, HHSC is not requiring a CLASS Case Management Agency (CMA), CLASS Direct Services Agency (DSA) or DBMD case manager to conduct a face-to-face meeting with the individual to obtain signatures on the IPC before the revision is effective.

Extensions of ID/RC Assessments and IPCs

If an individual's ID/RC assessment or IPC expires during the time this temporary guidance is in place, HHSC will continue to automatically renew the ID/RC

assessment or IPC for one year from the expiration date in Service Authorization System Online (SASO).

CLASS CMAs and DBMD case managers must outreach to all members with an extended IPC as soon as possible and ensure the services are meeting the individual's needs. The IPC should be updated accordingly.

The CLASS or DBMD case manager must ensure a service planning team meeting occurs and revisions to the individual program plan and IPC are made as soon as possible. The case manager must enter any revisions into the [IDD Operations Portal](#).

IPCs must be within established program cost limits and service limits to be renewed.

IPC Revisions

For an IPC that is revised during the time of this temporary policy, HHSC is not requiring a CLASS or DBMD case manager to conduct a face-to-face visit or obtain signatures on the revised IPC. The case manager can assess the individual's change in status that requires a plan revision by telephone.

The case manager must enter additional hours or a new service into the [IDD Operations Portal](#) and document justification for the revision. The case manager must obtain signatures on a revised IPC within 90 days after the date of the revision. An IPC revised in accordance with this process is subject to utilization review by HHSC to determine if appropriate justification was documented.

If you have any questions about this information letter regarding an ID/RC assessment for CLASS, please call the IDD Program Enrollment Support message line at (512) 438-2484.

If you have any questions about this information letter regarding an ID/RC assessment for DBMD, or an IPC extension or revision for CLASS or DBMD, please call the IDD Waivers Utilization Review message line at (512) 438-4896.

Sincerely,

Information Letter No. 20-12
Extensions of Eligibility and Individual Plan of Care Revisions
for Individuals in CLASS and DBMD Due to COVID-19
(REVISED, July 30, 2020)
Page 3

[signature on file]

Emily Zalkovsky
Deputy Associate Commissioner Policy and Program
Medicaid and CHIP Services