



Date: October 29, 2020

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

Subject: Information Letter No. IL20-46 (Replaces IL20-12)
Renewal of ID/RC Assessments and IPCs and Requirements for Revised IPCs and Transfer IPCs

Guidance in this IL is effective until HHSC issues further guidance. This information letter (IL) explains:

- renewal intellectual disability or related condition (ID/RC) assessments and individual plans of care (IPCs) are automatically renewing for one year from the expiration date for ID/RCs and IPCs expiring through December 30, 2020;
- beginning with ID/RCs and IPCs set to expire December 31, 2020, renewal ID/RCs and IPCs will be completed by the provider or case manager before the expiration date;
- renewal ID/RCs can be completed via telehealth and renewal IPCs can be completed via telehealth or telephone; and
- continued exception to the requirement that an individual or legally authorized representative (LAR) sign an IPC and supporting documentation.

These actions help ensure individuals do not experience a gap in services due to the COVID-19 public health emergency and there is continued flexibility for limiting face-to-face contact for waiver renewals and service plan revisions. In addition, if an individual loses waiver eligibility during the PHE, the individual will maintain waiver services.

Renewal of ID/RC Assessments and IPCs

HHSC is automatically renewing ID/RC assessments and IPCs for one year from the expiration date for ID/RCs and IPCs expiring through December 30, 2020. One

week before an IPC expiration date, the auto renewals will be reflected in Medicaid Eligibility Service Authorization Verification (MESAV). For IPCs, no action is needed by the program provider or the case manager unless the individual's IPC needs to be revised. Please see the Revised IPCs section of this information letter for additional guidance. For ID/RCs, no action is needed by the program provider or the service coordinator unless the individual has a change in condition that includes the need for a new ID/RC assessment after the auto-renewal.

HHSC will not automatically renew IPCs and ID/RC assessments expiring on or after December 31, 2020. Therefore, effective for IPCs and ID/RC assessments expiring December 31, 2020 or later, CLASS CMAs, CLASS DSAs and DBMD program providers must resume renewing IPCs and ID/RC assessments in accordance with TAC, [§42.223\(b\)\(2&3\)](#) and [§42.221\(a\)\(1&2\)](#) for DBMD and [§45.223\(c\)\(1\) & \(f\)\(2\)](#) for CLASS. CLASS CMAs, CLASS DSAs and DBMD program providers can renew IDRCs via telehealth and can renew IPCs using telehealth or telephone. DBMD program providers and CLASS DSAs can use guidance issued by alert regarding telehealth nursing assessments previously released by HHSC on April 21, 2020.

A CLASS CMA or DBMD case manager is not required to obtain signatures of the individual or LAR on an IPC renewal or on supporting documentation. The CMA case manager or DBMD case manager must obtain oral agreement from the individual or LAR about the IPC renewal and supporting documentation and document the oral agreement in the individual's record.

A CLASS CMA or DBMD case manager must obtain the signature of a person, other than the individual or LAR, who is required to sign the IPC renewal or supporting documentation.

A program provider must submit the revised IPC to HHSC through the [IDD Operations Portal](#).

Revised IPCs

Revision IPCs are needed when the individual has a change in condition or the service planning team identifies a need for changes to the individual's IPC or individual program plan.

A CLASS CMA or DBMD case manager can continue using telehealth or telephone for revision IPCs and is not required to obtain signatures of the individual or LAR on a revised IPC or on supporting documentation.

However, the CMA case manager or DBMD case manager must obtain oral agreement from the individual or LAR about the revised IPC and supporting documentation and document the oral agreement in the individual's record. In addition, a CLASS case manager or DBMD case manager must obtain the signature of a person, other than the individual or LAR, who is required to sign the revised IPC or supporting documentation.

A program provider must submit the revised IPC to HHSC through the [IDD Operations Portal](#).

Transfer IPCs

A transfer IPC is an IPC that is revised when an individual:

- transfers to another CLASS CMA, CLASS DSA, financial management services agency (FMSA) or DBMD program provider;
- begins receiving a service through the consumer directed services (CDS) option; or
- who was receiving one or more services through the CDS option begins receiving all services from a CLASS DSA or DBMD program provider.

A CLASS or DBMD case manager is not required to obtain signatures of the individual or LAR on a transfer IPC or on supporting documentation before submitting the transfer IPC to HHSC through the [IDD Operations Portal](#). However, before submitting the transfer IPC, the CMA case manager or DBMD case manager must:

- obtain oral agreement from the individual or LAR about the transfer IPC and supporting documentation, and document the oral agreement in the individual's record; and
 - obtain the signature of a person, other than the individual or LAR, who is required to sign the transfer IPC or supporting documentation.
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A program provider must submit the transfer IPC to HHSC through the [IDD Operations Portal](#).

If you have any questions regarding an CLASS ID/RC assessment or transfer, please call the IDD Program Eligibility Support message line at (512) 438-2484.

Please call the IDD Waivers Utilization Review message line at (512) 438-4896 if you have any questions regarding: a CLASS or DBMD IPC renewal, CLASS or DBMD revised IPC, DBMD ID/RC assessment or DBMD transfer.

If you have any other questions about this IL, email the policy email boxes at CLASSPolicy@hhsc.state.tx.us or DBMDPolicy@hhsc.state.tx.us

Sincerely,

[signature on file]

Michelle Erwin
Deputy Director, Policy and Program
Medicaid and CHIP Services
