

MEMORANDUM

TEXAS DEPARTMENT OF HUMAN SERVICES

SUBJECT: Community Care Policy Clarification CBA 99007; CBA/HCSS 99004

TO:

Regional Directors
Aged & Disabled Services

FROM:

Becky Beechinor
Assistant Deputy Commissioner
Long Term Care Services
State Office W-511

DATE: March 9, 1999

This memorandum transmits responses to questions submitted by Home and Community Support Services (HCSS) agency representatives attending training on Fiscal and Compliance Monitoring for Community Based Alternatives (CBA) and Primary Home Care (PHC) Services.

Policy Question 1:

Administrative Error 1(E) states "The timekeeper enters a date of signature that is before a date on the last day services are delivered." What if the time keeper enters a non-existing date? Example 9/31/99.

Clarification:

Entering a non-existing date would not be considered an administrative error, if there was other documentation available that relates the timesheet to the time period the claim was paid for.

Policy Question 2:

Administrative Error 2(C) - Price Quotes- If the HCSS agency houses their own supplies do they need 5 or 3 price quotes?

Clarification:

They would need 3 price quotes

Policy Question 3:

Financial Error 10 states "DHS reimburses the provider agency for more than 10 hours during the participant's ISP year for nursing services being performed by a nurse to prevent service breaks caused by the attendant not being available to provide delegated nursing tasks." This standard applies to a year. How is reading done for 1 month on this standard?

Clarification:

The monitor would read only for any service breaks that occurred during the review month. If the service break originated the month prior to the review month, the monitor would review a two month period to determine if more than 10 hours were reimbursed for nursing services delivered in order to prevent a service break.

Policy Question 4:

Compliance Monitoring 3(A), 9 & 10 - refer to the effective date on the 2065B. This form may have 2 different dates of authorization, which date will be read?

Clarification:

It would be the single effective date for provider authorization.

Policy Question 5:

Information Letter 98-39 states "if the agency has both a CBA-HCSS and PHC contract, 15 CBA cases and 10 PHC cases must be reviewed." Is this applicable ONLY if the agency records are being read at the same time for both contracts?

Clarification:

No. Even if CBA and PHC cases are read at different times, the number of cases to be read remains the same.

Policy Question 6:

What documentation do agencies need on qualifications of contractors doing specifications and inspections?

Clarification:

Please refer to CBA/HCSS policy clarification 98007 question 1.

Policy Question 7:

If an agency gets specifications on a home modification and the job turns out costing less than \$1000 when the bids are received, can the agency request payment for the specification charges?

Clarification:

Yes.

Policy Question 8:

Can an agency bill for an inspection fee for jobs under \$1000?

Clarification:

Yes.

Policy Question 9:

Are there guidelines/criteria that can be used to calculate/determine appropriate charges for specifications and inspections?

Clarification:

No.

Policy Question 10:

If a client is hospitalized during a home modification and work has to stop until the client returns home, how is the time frame measured/met?

Clarification:

If the modification is not completed within the required time frame, the standard would not be applicable, if there is documentation that the reason for the delay is beyond the control of the provider.

Policy Question 11:

How would an agency be reimbursed if a qualified person made a visit to a client's home to write specifications for a minor home modification and during this visit it is determined the modification should not be pursued because the structure would not meet necessary standards? Specifications will not be written, however the agency has to pay the person that made the visit for the specification purposes.

Clarification:

The provider may claim reimbursement for the cost of the assessment to determine that the home modifications were not feasible. The qualified person would need to submit a bill to the provider agency and the agency would be entitled to bill for that amount, up to the maximum allowed in the rule.

Policy Question 12:

Adaptive Aids costing \$500 or more. Is a home visit required to assure orientation was provided? The handbook states a phone call is adequate, however the instructions to Form 3848 state a visit is required.

Clarification:

A home visit is not required unless it is determined via telephone contact that additional orientation/training is needed.

Policy Question 13:

Is it required for the client to sign a delivery ticket or invoice for medical supplies or adaptive aids that are delivered directly to them?

Clarification:

No.

Policy Question 14:

Third party resource supersedes medical supply time frames, how can we (agency) stay in compliance?

Clarification:

Since the medical supply is being delivered through a third party resource and not as a waiver service, the monitor would not read for this service.

Policy Question 15:

Can an HCSS agency provide medical supplies through CBA until they know if a TPR will pay?

Clarification:

Yes.

Policy Question 16:

Compliance Monitoring Standard 4, Ongoing Services (B)(2) asks if a client signature was obtained when a change was made to the service plan. Since the client's signature is not required as long as the case manager verbally approves the change with the participant, and this documentation is not available in the provider's files, how can the monitor read for this standard?

Clarification:

Standard 4, Ongoing Services (B)(2) cannot be read by reviewing the provider files. The monitoring guide will be revised to delete (B)(2). The monitor will only read for compliance with existing standards (B)(1) and (B)(3).

[signature on file]

Becky Beechinor

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