

MEMORANDUM

TEXAS DEPARTMENT OF HUMAN SERVICES

SUBJECT: Community Care Policy Clarification CCAD 00005, CBA/HCSS 00006

TO:

Regional Directors
Aged & Disabled Services

FROM:

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Long Term Care Services
State Office W-511

DATE: November 22, 2000

Policy Clarification Question 1:

Community Based Alternatives (CBA) client is denied Medical Necessity (MN) at the time of the annual reassessment. The client files a timely appeal, a fair hearing held and a denial sustained before the client's Individual Service Plan expires. The case worker felt the client's condition changed, after the hearing officer rendered his decision, to the point that the case worker felt the client could now meet the MN criteria. The caseworker contacted a Texas Department of Human Services Registered Nurse and it was suggested that the Home and Community Support Services (HCSS) nurse complete a new Form 3652 CARE. The caseworker authorized the HCSS agency to complete another Form 3652 and it was submitted to the National Heritage Insurance Corporation (NHIC) with a purpose code R, and NHIC approved MN, after the hearing officer had sustained the denial. What should be done?

Clarification 1:

The hearing officer's decision is a valid decision. The caseworker should not have authorized the HCSS agency to submit another Form 3652 CARE. Purpose code R is for Texas Index of Level of Care resets only. After the hearing officer renders his decision, and only if the caseworker believes there has been a change in the client's medical condition that now requires routine nursing care and the client's Individual Service Plan has not expired, the following steps should be followed:

- get confirmation from the DHS nurse that the client's medical condition has changed since the date of the hearing and the client may now meet the MN criteria;
- authorize the HCSS agency to complete a new Form 3652 CARE and have them transmit the Form 3652 to NHIC with a purpose code 3.
- if NHIC approves the MN and the individual meets all other eligibility criteria, approve the continuation of CBA services.

If the client's ISP expires before the MN determination is made, CBA services are terminated on the last day of the ISP. If the client's MN is approved and he is approved for CBA services after his services have been terminated, he will be considered a new client.

If the caseworker feels the client's condition has changed to the point he may now meet the MN criteria and the hearing has been held but the hearing officer has not made his decision, he should immediately contact the hearing officer so this new information can be considered.

Policy Clarification Question 2:

The hearing officers have been told by State Office staff they have the authority to ask the DHS nurse to complete a new F3652 to determine the present condition of the client. Who determines if, based on the new F3652, the individual meets the MN criteria or not?

Response:

NHIC makes the MN determination; the DHS nurse cannot grant or deny MN. The new form should be transmitted to NHIC as a purpose code 1, with the DHS nurse entering in the comments section that this was done in response to a request from the hearing officer. The DHS nurse can enter in the comments section of the form and/or tell the hearing officer whether, in their opinion, the individual meets the MN criteria or not.

If there are any questions on this policy clarification, staff should contact their CBA regional contact person.

[signature on file]

Becky Beechinor

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