

# MEMORANDUM

**SUBJECT:** Community Care Policy Clarification CCAD 04002, DAHS 04001

**TO:** Regional Administrators  
Regional Directors  
Long Term Care Services

**FROM:** Marilyn Eaton  
Director  
Long Term Care Services  
State Office W-511

**DATE:** February 27, 2004

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The following clarification pertains to billing for Day Activity and Health Services (DAHS), and is effective immediately.

**Policy Question 1:**

May a DAHS facility bill for more units of DAHS in a given week than the Texas Department of Human Services (DHS) case manager has authorized?

**Policy Clarification 1:**

No. 40 Texas Administrative Code (TAC) §98.211 (b) states

"The facility is not entitled to payment if: (4) the facility's monthly claims do not correspond to the facility's service authorizations and DHS' Daily Attendance/Daily Transportation Record form."

A DAHS facility may bill for services provided to the client only up to the number of units authorized per week. The DHS case manager can authorize a maximum of ten units of DAHS per week.

40 TAC §98.202(a) states

"A Day Activity and Health Services (DAHS) facility must: (2) provide services at least 10 continuous hours each day, five days a week (Monday through Friday), except for published holidays."

A DAHS facility may be open longer than ten hours per day, or on weekends, if they choose to do so. The facility must post its hours and follow the posted schedule, as required by licensure.

The client and the DAHS facility will determine the schedule the client will attend the DAHS facility, within the published days and times the DAHS facility is open. A client unable to attend the DAHS facility on his regularly scheduled day(s) may make up any time missed. However, the makeup day(s) must be during the same calendar week (Sunday through Saturday) on the days the facility is open according to the posted schedule. Missed days may only be made up at the client's request.

A DAHS facility will be required to repay/negative bill any units paid that exceed the authorization.

Attached is DAHS Provider Manual Section 5130, which will replace this section until a revision can be sent out.

An electronic version of this policy clarification, as well as past Community Care Policy Clarifications, can be accessed at:

<http://www.dhs.state.tx.us/programs/communitycare/policyletters/index.html>.

Please contact your contract manager if you have any questions on this letter. Contract managers should contact Sarah Hambrick at (512) 438-2578 if they have any questions.

[signature on file]

Marilyn Eaton

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## **DAHS Provider Manual Section 5130**

Units of service are designated on Form 2101, Authorization for Community Care Services, as follows:

- one unit equals more than three hours but less than six hours (or half day); and
- two units equal more than six hours (or one full day) up to 10 hours.

The caseworker cannot authorize more than 10 units of DAHS per week. A client who needs less than three hours of service per week is not eligible for DAHS. You may provide services to the client up to the number of units authorized per week.

If the client is scheduled to attend the facility on certain days of the week, and the client is unable to attend on one of those days, the client can make up this day on a subsequent day. The makeup day must be during the same calendar week (Sunday through Saturday) on the days the facility is open according to the posted schedule. Missed days may only be made up at the client's request.

If the client is authorized to receive two units (six hours or more) of DAHS, you cannot stop providing services (take the client home) after the client receives the six hours. Because the facility must be open 10 hours a day, you must allow clients to receive up to 10 hours of service if they have been determined by the caseworker to need two units (six hours or more) of care by the DAHS facility.

## DAHS Provider Manual Section 5130

Before referring the client to you, the caseworker

- verifies Medicaid eligibility for the month in which financial eligibility is determined, or
- certifies the applicant eligible for Title XX DAHS.

The caseworker refers the client to you by sending you a referral packet consisting of Form 2110, Form 2059, and Form 2101.

### 5140 Freedom of Choice

The client maintains freedom of choice among the DAHS facilities that serve the client's area based on federal requirements for services which are funded under Medicaid. If the applicant/client meets all DAHS eligibility requirements, he has freedom of choice in choosing a DAHS facility, regardless of any relationship to the provider.

§98.202(a)(3) — A Day Activity and Health Services (DAHS) facility must serve eligible clients, unless a facility is at licensed capacity.

If, after completing the health assessment, the facility determines the facility cannot meet the needs of the client, the facility may request a joint staffing via Form 2067 to the caseworker to determine why the facility cannot meet the needs of the client.

#### §98.203 — Written Referrals for Services

(a) Day activity and health services (DAHS) facilities receive written referrals from caseworkers based on the following priorities:

- (1) client's choice;
- (2) physician's choice, if stated; and
- (3) rotation of eligible providers.