



COMMISSIONER
James R. Hine

June 30, 2005

To: Community Care for the Aged and Disabled (CCAD) Primary Home Care Providers

Subject: Department of Aging and Disability Services (DADS)
Provider Services
Information Letter No. 05-04
Practitioner's Statement of Medical Need for Primary Home Care

The purpose of this letter is to clarify certain requirements regarding the Practitioner's Statement of Medical Need for Primary Home Care (PHC).

Practitioner's Employed by Department of Veteran's Affairs (VA) Facilities

The Primary Home Care rules at §47.3(13) define a practitioner in part as "a physician currently licensed in Texas, Louisiana, Arkansas, Oklahoma, or New Mexico." The VA employs physicians licensed to practice medicine or surgery in any state, territory, or commonwealth (e.g., Puerto Rico) of the United States or the District of Columbia. A physician licensed by another state who is practicing medicine in a VA facility may certify that an applicant for PHC services has, or does not have, a medical need for services provided:

- the physician is making the certification within his practice of medicine in the VA facility, and
- the physician holds a valid license, and
- the physician is not excluded from participation in Medicare or Medicaid.

Necessary Elements of the Practitioner's Statement of Medical Need

The Contracting to Provide Primary Home Care rule at §47.3(14) defines the practitioner's statement as:

"A document such as the DADS Practitioner's Statement of Medical Need form that includes:

- (A) a statement signed by a practitioner that the client has a current medical need for assistance with personal care tasks and other activities of daily living, and

(B) certification that the provider agency verified with the United States' Centers for Medicare and Medicaid Services that the practitioner is not excluded from participation in Medicaid or Medicare.”

Section 47.85(h)(1)(B) requires that DADS Practitioner's Statement of Medical Need form (Form 3052) be used for retroactive establishment of medical need for PHC. Form 3052 has been revised and can be accessed at:

<http://www.dads.state.tx.us/business/communitycare/index.cfm>. It includes the following changes:

- Creates a section on the form for the practitioner to indicate the duration of medical need if it is temporary rather than permanent (formerly contained in instructions)
- Adds statement that practitioner is not a significant owner, partner, and/or member of the provider agency (formerly contained in instructions)
- Adds statement that medical need is not based solely on mental illness, mental retardation, or both, as required in §47.47(d) of the PHC rules

In all other instances, agencies may use a form of their own design provided it contains the necessary elements listed in 47.3(14)(A) and (B). If you would like to include the additional items above on your agency-designed forms for purposes of consistency, you may; however, it is not a requirement. Provider agencies must also ensure that the practitioner's determination of medical need is not based solely on mental illness, mental retardation or both, as required by §47.47 (d).

Please contact your contract manager if you have questions regarding this letter.

Sincerely,

[signature on file]

Barry C. Waller
Assistant Commissioner
Provider Services

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