



COMMISSIONER
Adelaide Horn

December 1, 2007

To: Home and Community-based Services (HCS) Providers

Subject: Information Letter No. 07-122
HCS Temporary and Permanent Discharge Process and Discharge Forms

The purpose of this letter is to notify you of the process and forms to be used to accomplish temporary and permanent discharges of individuals who are receiving services in the HCS Program. This process is effective December 1, 2007.

Attached are the revised HCS Program temporary and permanent discharge processes.

The revised HCS Program Request for Permanent Discharge form and instructions, the new HCS Recommendation for Permanent Discharge form and instructions, and the new Fax Cover Sheet for HCS Transfers and Discharges can be downloaded from the Texas Department of Aging and Disability Services (DADS) website at:
http://www.dads.state.tx.us/business/mental_retardation/forms/index.html .

As you may be aware, Section II, Paragraph BB of the HCS Medicaid Provider Agreement states the program provider will "comply with all HCS Policy Letters promulgated by the Department of Aging and Disability Services (DADS) received by the Program Provider after the effective date of this agreement."

If you have any questions about this letter, please contact Stephen Kreger, Program Specialist for Program Enrollment of the Mental Retardation Authorities Section, at 512-438-5031 or stephen.kreger@dads.state.tx.us .

Sincerely,

[signature on file]

David Rollins
Mental Retardation Authorities Section Director
Access and Intake

[signature on file]

Scott Schalchlin, M.Ed., J.D.
Director
Community Services

DR/SS:tc

Attachment

Home and Community-based Services (HCS) Program Permanent Discharge Process

A permanent discharge is the termination of a HCS Program enrollment of an individual because

- the individual no longer meets the eligibility criteria (including the death of the individual) or
- the individual or Legally Authorized Representative (LAR) requests permanent discharge.

Submitting a Request for Permanent Discharge

As described in the HCS Program rule (Title 40, Part 1, Chapter 9, Subchapter D, §9.176), a program provider has **10 calendar days** to notify the Department of Aging Disability Services, Access and Intake, Program Enrollment (PE) of the proposed permanent discharge of an individual. Failure to provide PE with the required information within the 10 day timeframe is an HCS Certification Principle and contract violation and may result in **sanctions**. The program provider must submit the following to DADS for approval (see Attachment B for documentation information):

- the Request for Permanent Discharge form;
- the Notice of Recommendation for Permanent Discharge;
- written justification for the discharge; and
- a written discharge plan documenting, as appropriate;
 1. the individual or LAR was informed of the individual's option to transfer to another program provider,
 2. the consequence of permanent discharge for receiving future HCS Program services, and
 3. the service linkages that are in place following the individual's discharge from the HCS Program.

When the department determines the individual's permanent discharge is appropriate, the department will notify the individual/LAR of the decision and of the individual's right to request a fair hearing to appeal the decision. The department will also notify the individual's program provider and the local Mental Retardation Authority of its decision to approve the request for permanent discharge.

If the department determines the individual's request for permanent discharge is not appropriate, PE staff will contact the program provider to discuss the situation. If PE determines that the request lacks information, PE will contact the provider to request more information.

Special Permanent Discharge Circumstances

The Death of an Individual

As described in the HCS Program rule (Title 40, Part 1, Chapter 9, Subchapter D, §9.178 (w)), "The program provider must report the death of an individual to DADS by the end of the next business day following the death and, if the program provider reasonably believes that the LAR does not know of the death, to the LAR as soon as possible, but not later than 24 hours after the death."

If the program provider learns of an individual's death from a source **other** than the individual's LAR or family, the program provider must promptly notify the individual's LAR or family if the program provider reasonably believes that the individual's LAR or family does not know of the individual's death.

The program provider must follow the instructions stated above in **Submitting a Request for Permanent Discharge** except the program provider must only submit a HCS Request for Permanent Discharge form with the circumstances of the individual's death documented in the "Comments" section. (No other discharge packet information is necessary.)

The Individual is Admitted to a State Mental Retardation Facility on a Regular Admission.

If an individual is admitted to a state mental retardation facility **on a regular admission**, the decision to request a permanent discharge must be postponed until after the individual's state facility service planning team has met to determine if the individual will be referred for community placement. The individual should be placed on temporary discharge status (refer to HCS Temporary Discharge Procedure) until the state facility service planning team's recommendation is known.

If the state facility team **does not** refer the individual for community placement, the program provider should submit a request for permanent discharge (refer to Submitting a Request for Permanent Discharge). The request for permanent discharge date must be the same date the state facility service planning team met and made the decision not to recommend the individual for community placement.

If the state facility service planning team refers the individual for community placement, the program provider should, prior to the individual's discharge from the state facility, review the recommendations of the state facility planning team and determine if revisions to the individual's Individual Plan of Care are required. If revisions are needed, the interdisciplinary team must meet on or before the date HCS services begin.

CARE System Data Entry

The individual's HCS program provider must complete screen C18 in the CARE System. **Only** after all of the data entry is completed in CARE, will the program provider mail or fax the discharge packet to its PE contact person.

Questions

Program providers with questions about the permanent discharge process should call the PE staff person assigned to the program provider.

Forms

All of the forms referenced in this document can be downloaded from the DADS website: <http://www.dads.state.tx.us/handbooks/hcs/forms/index.asp>

DADS HCS Contact Information

Program Enrollment:	512-438-5055 (message line)	Fax: 512-438-4249
Survey and Certification:	512-438-4163 (message line)	Fax: 512-438-4148
Program Enrollment UR:	512-438-5055 (message line)	Fax: 512-438-4249
Provider Services, Billing and Payment:	512-438-5359 (message line)	Fax: 512-438-2180
Special Programs and Services, Billing:	512-438-2200 Option 5 (message line)	Fax: 512-438-2301

Mailing Address

DADS
Access and Intake
Program Enrollment MC: W354
P.O. Box 149030
Austin, TX 78714-9030

Overnight Mail:

DADS
Access and Intake
Program Enrollment MC: W354
701 West 51st Street
Austin, TX 78751-4015

Discussion and Documentation for Home and Community-based Services (HCS) Permanent Discharges

The program provider must prepare a **discharge packet** for submission to the Program Enrollment (PE) staff. A **discharge packet** must contain the following written documentation:

- a copy of the completed HCS Request for Permanent Discharge form;
- a record of the individual's Interdisciplinary Team (IDT) team meeting regarding the reason(s) for the recommended permanent discharge, which is signed and dated by the members of the IDT;
- a description of the services or supports that are in place following the individual's permanent discharge from the HCS Program; and
- a copy of the completed HCS Notice of Recommendation for Permanent Discharge form.

Below are the issues to be discussed at the individual's IDT meeting and documented in the permanent discharge staffing document (including pertinent documents to be included with the permanent discharge packet). The reasons for permanent discharge listed below are the same as in the CARE system in Screen C18 and on the Request for Permanent Discharge form.

Loss of Medicaid Eligibility (ME):

- document the specific reason for the individual's loss of ME;
- a copy of the denial letter from the Social Security Administration or the Health and Human Services Commission (HHSC) or document why the letter is unavailable;
- why the individual/LAR does not want to establish an income/resource trust if denial was for excess income or resources;
- if the individual/LAR is going to appeal the ME denial; and
- the consequence of the permanent discharge for receiving future HCS Program services.

Loss of ICF/MR LOC Eligibility: contact DADS Program Enrollment/Utilization Review (PE/UR) for documentation needed.

IPC Exceeds Cost Ceiling: contact DADS PE/UR for documentation needed.

Voluntary Withdrawal by Individual:

- The individual selects a new waiver or program:
 1. document why the individual/LAR chose the new waiver or program and
 2. how it better meets the individual's needs.
- The individual moves out of state:
 1. document the stability of the move (if the stability of the move cannot be determined, the provider must discuss and document why the individual was not put on Temporary Discharge until the Provider determines that the individual will not return) and
 2. the circumstances surrounding the move including when, where, why, and with whom the individual moved.
- The individual does not wish to participate:

Attachment B

1. document the specific reason(s) that the individual /LAR stated for not participating and
 2. the attempts to have the individual to participate.
- The individual chooses a nursing facility, but could be served in the HCS program:
 1. document the diagnosis and the prognosis and
 2. the reason(s) the individual/LAR wants to go to the nursing facility.

The consequence of the permanent discharge for receiving future HCS Program services and the option to transfer to another HCS program provider (if possible) should be documented for all Voluntary Withdrawal reasons.

Institutionalization:

- ICF/MR:
 1. document the specific reason(s) for movement to ICF/MR, such as behaviors and
 2. include date of movement and the name of ICF/MR.
- Hospitalization (Medical):
 1. document the diagnosis and the prognosis;
 2. reason(s) the individual cannot be served in the community; e.g. if the services the individual requires cause the IPC to exceed the cost ceiling, the Provider must document which services cause the IPC to exceed the cost ceiling; and
 3. include date of movement and the name of the hospital.
- Hospitalization (Psychiatric):
 1. document the diagnosis and the prognosis;
 2. reason(s) the individual cannot be served in the community; e.g. if the services the individual requires cause the IPC to exceed the cost ceiling, the Provider must document which services cause the IPC to exceed the cost ceiling; and
 3. include date of movement and the name of the hospital.
- Nursing facility:
 1. document the diagnosis and the prognosis;
 2. reason(s) the individual cannot be served in the community; e.g. if the services the individual requires cause the IPC to exceed the cost ceiling, the Provider must document which services cause the IPC to exceed the cost ceiling; and
 3. include date of movement and the name of the nursing facility.
- Incarceration:
 1. document the nature of the offense;
 2. length of sentence;
 3. what type of facility (federal, state, etc.);
 4. possibility of early release; and
 5. include date of movement and the name of the facility.

The consequence of the permanent discharge for receiving future HCS Program services and the option to transfer to another HCS program provider (if possible) should be documented for all

Institutionalization reasons.

Individual Cannot Be Located:

- document why the individual cannot be located;
- document all methods and dates of attempted contact such as home visits, contacts with neighbors, apartment managers, telephone calls, letters sent to individual/LAR (provide copies of the letter(s) with the return receipt if sent by certified mail); etc.;
- document information from CARE Screen C63 to see if Medicaid has been ended and to view the last screen in the C63 sequence to obtain a possible address to contact the individual/LAR; and
- after all attempts to engage the individual/LAR have failed, the program provider must send a final letter to the last known address via regular mail and certified mail. The letter must include the following points:
 1. the individual has the option to transfer to another program provider rather than being permanently discharged;
 2. if permanently discharged, the individual will lose all waiver services, unlimited prescriptions, and possibly Medicaid eligibility (if participation in the HCS waiver is the reason for receiving Medicaid);
 3. the individual/LAR must be aware of the consequence of the permanent discharge for receiving future HCS Program services, including the need to be put at the end of the Interest List to be offered an HCS slot in the future;
 4. include a specific time-frame for the individual/LAR to respond to the letter (three to four weeks from the date the letter is sent);
 5. if the individual chooses to be permanently discharged, s/he should sign the Notice of Recommendation for Permanent Discharge form and return it to the provider in an enclosed self-addressed envelope; and
 6. if the individual /LAR does not respond to the letter within the specified time-frame, the individual will be if permanently discharged from the waiver and lose all waiver services.

Death: document the circumstances surrounding the death in the “Comments” section of the Request for Permanent Discharge form; no other documentation, such as a death certificate or obituary, is needed (see Attachment B: Special Permanent Discharge Circumstances, The Death of an Individual).

Unable to Meet Health/Welfare: document specifically how the provider is unable to meet the health and/or welfare of the individual, the consequence of the permanent discharge for receiving future HCS Program services, and the option to transfer to another HCS program provider (if possible).

Home and Community-based Services (HCS) Program Temporary Discharge Process

A program provider must place an individual on temporary discharge status when s/he is temporarily ineligible for or unavailable to receive HCS Program services. An individual may be temporarily ineligible due to financial status. Some reasons that an individual would be unavailable to receive services are if s/he is admitted to a hospital, a nursing facility, state school, Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR), state hospital, or incarcerated. A program provider cannot bill for services when an individual is on temporary discharge.

When an individual is put on temporary discharge, the program provider must:

- document the reason for the temporary discharge in the individual's record within seven (7) calendar days after the date the temporary discharge begins;
- enter the temporary discharge information in Screen C18 in the CARE system within seven (7) calendar days after the date the temporary discharge begins and within seven (7) calendar days after the temporary discharge ends (when a temporary discharge reason changes, the original temporary discharge must be ended in Screen C18 and a new temporary discharge entered with the new reason);
- review the status of the individual on temporary discharge at least every 90 calendar days from the date the individual's temporary discharge began and determine whether:
 1. the individual is able to receive waiver services and the program provider should reinstate waiver services;
 2. the individual is unable to receive waiver services and the temporary discharge should continue; or
 3. the interdisciplinary team (IDT) should be convened to consider recommending the individual's permanent discharge; and
- document the results of the 90, 180, and 270 day review in the individual's record.

If the IDT recommends continuing an individual's temporary discharge for more than 270 calendar days, the individual's program provider must submit a written request to continue the temporary discharge to Program Enrollment (PE). The written request must:

- be submitted by the program provider within 277 days after the temporary discharge began;
- be signed by a representative of the program provider; and
- include the following information:
 1. the reason for the temporary discharge;
 2. a copy of the program provider's 90, 180, and 270 day reviews; and
 3. the reason that the temporary discharge should be extended and the begin and end dates of the temporary discharge extension.

The program provider must mail or fax the request for a temporary discharge extension to PE. PE will review the request and notify the program provider of the approval or denial of the request.

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- If the request is denied:
 1. the individual must be removed from temporary discharge status and begin to receive services or
 2. the program provider must submit a recommendation for the individual's permanent discharge.
- If the request is approved, the program provider must, at the end of the temporary discharge extension:
 1. request an additional extension of the temporary discharge or
 2. submit a recommendation for the individual's permanent discharge.

If the IDT **recommends the individual's permanent discharge**, the temporary discharge is not ended in the C18 screen in the CARE system and the program provider follow the Permanent Discharge Process.

Definitions of Temporary Discharge Reasons

1. LOSS OF FINANCIAL ELIGIBILITY: the individual has lost Medicaid eligibility
2. HOSPITALIZATION (MEDICAL): the individual is in a medical hospital
3. ELOPEMENT (UNABLE TO LOCATE): the individual cannot be located or individual refuses to cooperate
4. CRISIS STABILIZATION: the individual is in a **private** psychiatric hospital or a private acute behavioral treatment center (not a state-operated facility)
5. HOSPITALIZATION (PSYCHIATRIC): used **only** when an individual is in a **State Hospital**
6. VACATION/FURLOUGH: the individual is on vacation or is not receiving waiver services
7. INCARCERATION: the individual is in a city/town, county, state, or federal correctional facility
8. STATE SCHOOL: the individual is in a **State School**
9. NURSING FACILITY: the individual is in a nursing home or other type of nursing/rehabilitation facility

NOTE: One of the above reasons must be entered in Screen C18 when an individual is placed on temporary discharge. When a temporary discharge reason **changes**, the provider must update CARE Screen C18 by ending the original temporary discharge and entering a **new** temporary discharge with the new reason; e.g. an individual moves from a medical hospital (reason 2) to a nursing home (reason 9).