



INTERIM COMMISSIONER
Jon Weizenbaum

September 4, 2009

To: Private Intermediate Care Facility for Persons with Mental Retardation (ICF/MR), Service Group 6 Providers

Subject: Information Letter No. 09-125
Changes to Client Assignment and Registration System (CARE) Screens 1125 and 1126 and the Informal Review Process Concerning the Quality Assurance Fee (QAF) Program

This letter highlights new procedures for the revised QAF CARE screens and the reconciliation process for the period of January 1, 2008 to August 31, 2008.

Effective January 1, 2008, new rules went into effect for the ICF/MR QAF Program reconciliation process. Please refer to the Information Letter No. 08-110.

<http://www.dads.state.tx.us/providers/communications/2008/letters/IL2008-110.pdf>

On September 15, 2009 access to CARE screen 1126 (Annual QA fees Report) will be available to providers. Providers will have 20 days from September 15th to review and request an informal review of revenue entered by the Texas Department of Aging and Disability Services (DADS) for Claims Management System/Durable Medical Equipment (CMS/DME) and Applied Income. Please refer to the QAF Informal Review Process attached to this letter for details and instructions on how to request an informal review.

Providers must continue to enter revenue collected for private-pay and for bed-hold fees on the CARE 1126 screen. For this reconciliation period the revenue entered will be based on service dates from January 1, 2008 to August 31, 2008. Providers must enter revenue collected no later than October 31, 2009. Failure to review annual gross receipts and/or to enter bed hold and private pay amounts collected could result in an administrative penalty.

Changes were also made to CARE screen 1125 (QAF Bed Day Report) that will be noted when providers enter their bed day numbers in October, 2009. The instructions for both screen 1125 and screen 1126 are attached.

DADS will communicate additional information concerning QAF either through banner messages in CARE or through additional information letters posted on the DADS internet site.

To report technical difficulties with CARE screens or if you have questions or need assistance related to the content of this letter, please contact Linda Morrill, QAF Program Specialist, either by e-mail at linda.morrill@dads.state.tx.us or by telephone at (512) 438-3624.

Sincerely,

[signature on file]

Tommy Ford
Director
Institutional Services

Attachments

DADS QAF Informal Review Process

Providers will have 20 days to request an informal review from date of release of CARE screen 1126. Providers will be notified in advance of the release date through CARE banner messages.

Applicable Texas Administrative Code (TAC) Quality Assurance Fee Rules currently located at Title 1 Part 15 Chapter 352 available at:

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=4&ti=1&pt=15&ch=352&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=1&pt=15&ch=352&rl=Y)

RULE §352.8 (a) A facility that believes DADS incorrectly calculated the amount of a quality assurance fee as defined in this chapter may request an informal review from DADS in accordance with this section.

RULE §352.4 (d) Reporting of gross receipts.

(1) A facility must report, no later than October 31 of each year, money paid to the facility by private-pay residents and money paid to the facility for bed-hold fees for the period of September 1 through August 31, immediately preceding the report. DADS will use the Client Management System/ Durable Medical Equipment and Applied Income amounts on file with the Claims Management System and the amounts reported by the facility for private-pay and bed-hold to determine the total gross receipts.

DADS Interpretation of the informal review and reporting rules:

1. DADS will only review adjustments to the Applied Income (AI) amounts recorded on the screen 1126 report under the following circumstances:
 - The provider has documentation to support that the AI was to be paid by a family member or guardian and can show documented attempts to collect the AI from family members/guardians were unsuccessful.
 - The provider can show documented attempts made to the Medicaid Eligibility (ME) worker and ME supervisor to make adjustments to the AI based on income changes.

Along with the above required documentation the provider must submit AI ledgers that include consumer name, Medicaid number, dates of applied income collections and amounts and the service month the AI was collected for.

2. DADS will review adjustments to the CMS/DME gross receipt amounts recorded on the CARE screen 1126 report when the provider has documentation to show that the CMS/DME paid by DADS was incorrectly calculated that include dates, warrant numbers and amounts of claims paid.

Note: Administrative Penalties and fees and non-claim related deductions entered by DADS or paid to DADS during the reconciliation period will not be deducted from a provider's gross receipts. All claim-related CMS system-generated recoupments are automatically subtracted by DADS for dates of services within the reconciliation period.

The above listed documentation items must be submitted by regular mail addressed to:

Linda Morrill, QAF Program Specialist,
Department of Aging and Disability Services,
P.O. Box 149030, MC: W535-LMorrill,
Austin, Texas 78714-9030

or by facsimile at 512-438-2180 with attention: Linda Morrill. Receipt date must be within the 20 days of release of CARE screen 1126.

DADS Instructions for CARE Screen 1125 & 1126 Changes

(Instructions below apply only to *changes* for screens 1125 and 1126)

1. CARE Screen 1125 changes:

Step 1 – Provider verifies and updates contact information.

Step 2 – Verify Zero Y Field

- Enter Y in the box only if you have no bed days to report for a contract. This tells the system it should recognize that the fields were intentionally left blank
- If all fields are not zero do not enter Y
- An error message should alert you that contracts for which you entered all zeros need a “Y” in the Verify Zero field. If you receive this message (noted in red at the top of screen 1125) you will need to enter a “Y” in the Verify Zero box before you will be able to print a final report.

Step 3 – If you receive the message “EXCEEDS MAX CLIENTS” written in red next to a contract name you may have service authorizations that need to be closed. Please review to determine if you have client discharges that need to be entered. Failure to enter discharges may result in a penalty.

2. CARE Screen 1126 changes:

Step 1 - Provider verifies and updates contact information.

Step 2 - Provider must review Applied Income (AI) and Claims Management System/Durable Medical Equipment (CMS & DME). DADS entered the AI, CMS/DME revenue on screen 1126 based on the dates of services for the reconciliation period. If provider is not in agreement with the DADS data, an informal review **must be requested within 20 days from release date.** (See attached QAF Informal Review Process.)

Step 3 – Once the applied income and CMS/DME revenue has been reviewed, enter private pay and bed hold revenue data if applicable. Private pay and bed hold revenue entered must be for the dates of service covered in the reconciliation period.

If there is no private pay or bed hold revenue data to enter, provider must verify zero field for each contract by entering “Y”. Repeat this for each contract.

If there is more than one page of contracts, at the bottom of the page you will see the following:

- More Contracts (Y/N) (Y = Yes you have more contracts to report) (N= There are no more contracts to report)
- Ready for Final Report (Y/N): (N = Preliminary, Y = Final Report)

Enter a “Y” if you have more contracts and “N” for Preliminary to go to the next page of contracts. On the next page if you left Private Pay and Bed Hold Revenue fields empty and you did not verify zeros by entering the “Y,” you will receive an error message at the top of the next page along with contract(s) that you need to verify.

Example of the error message you will receive is: MSG: 12634 WHEN ALL REVENUE AMOUNTS ARE ZERO, VERIFY MUST BE Y.

Either verify zeros by entering a “Y,” or enter Private Pay or Bed Hold Revenue data if applicable to that contract.

Step 4 – After all data is entered: click “N” to get a preliminary report and review your data for correctness. When you have determined that all data is correct, click on “Y” to submit the final report. Please note that providers must submit a final report in order for DADS to recognize that data has been submitted.

Step 5 – Print a copy of the final report for your records. Do not mail a copy of the final report to DADS.

**This Procedure (1125) Is for Use By Private Providers
for Entry of Their Service Group 6 QAF Bed Days Only**

Component Code:	CMP	3-digit Component Code
Reporting Month:	082009	MMYYYY: Month & Year
Contract Number:		FOR Change or Delete Only

Type Of Entry:	Add <input checked="" type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>
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Submit Request	Reset
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- [Return to ICF/MR Menu](#)
- [Return to General Client Update Menu](#)
- [Return to CARE Main Menu](#)
- Quit

**This Procedure (1125) Is for Use By Private Providers
for Entry of Their Service Group 6 QAF Bed Days Only**

Component:	CMP	Component Name
Reporting Month:	08/2009	Mm/yyyy: Month & Year

Contact Name:	JOHN DOE
Contact Telephone:	512-555-1212
Email Address:	JOHN.DOE@DADS.STATE.TX.US

_lon 1 _	_lon 1 _	_lon 5 _	_lon 5 _	_lon 8 _	_lon 8 _	_lon 6 _	_lon 6 _	_lon 9 _	_lon 9 _
_beds _	_rate _								

Contract Number: 000360301 **** Contract Name **** (Small Facility) VERIFY_ZERO (Y)

...lon_1:	<input type="text"/>	...lon_5:	<input type="text"/>	...lon_8:	<input type="text"/>	...lon_6:	<input type="text"/>	...lon_9:	<input type="text"/>
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Contract Number: 000720801 **** Contract Name **** (Small Facility) VERIFY_ZERO (Y)

...lon_1:	<input type="text" value="5"/>	...lon_5:	<input type="text" value="5"/>	...lon_8:	<input type="text"/>	...lon_6:	<input type="text"/>	...lon_9:	<input type="text"/>
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Ready for Final Report (Y / N) : (N = Preliminary, Y = Final Report)

- [Return to Request Without Updating](#)
- [Return to ICF/MR Menu](#)
- [Return to General Client Update Menu](#)
- [Return to CARE Main Menu](#)
- [Quit](#)

**This Procedure (1125) Is for Use By Private Providers
for Entry of Their Service Group 6 QAF Bed Days Only**

Quality Assurance Fee (QAF) Summary Sheet Preliminary

QAF Submitted for Service Delivery (MM/YYYY):	08/2009
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Component Code:	CMP
Legal Entity Name:	Prov Legal Name

Breakdown of Dollars Submitted

Service	Contract	Contract/facility Name	QAF Dollars													
Group	Number		Remitted													
6	000360301	**** Contract Name ****	\$ 0.00													
LON 1:	0	8.17	LON 5:	0	9.10	LON 8:	0	10.35	LON 6:	0	12.67	LON 9:	0	22.83	TOT:	0.00

6	000720801	**** Contract Name ****	\$ 86.35													
LON 1:	5	8.17	LON 5:	5	9.10	LON 8:	0	10.35	LON 6:	0	12.67	LON 9:	0	22.83	TOT:	10

Total Bed Days: All Contracts By Lon

LON 1:	5	LON 5:	5	LON 8:	0	LON 6:	0	LON 9:	0	TOT:	10
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Reported: 2 of 2 Contracts	Preliminary (Do not Pay) :	\$ 86.35
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QAF MUST BE RECEIVED BY DADS CASHIER ON OR BEFORE THE 30TH OF EACH MONTH.

Return_To_Request

- Return to ICF/MR Menu
- Return to General Client Update Menu
- Return to CARE Main Menu
- Quit

**This Procedure (1125) Is for Use By Private Providers
for Entry of Their Service Group 6 QAF Bed Days Only**

Quality Assurance Fee (QAF) Summary Sheet

Remittance #

** This Sheet Must Accompany Your Payment **

CMP200908-001

QAF Submitted for Service Delivery (MM/YYYY): 08/2009

Component Code: CMP
Legal Entity Name: Prov Legal Name

Breakdown of Dollars Submitted

Service Group	Contract Number	Contract/facility Name	QAF Dollars Remitted													
6	000360301	**** Contract Name ****	\$ 0.00													
LON 1:	0	8.17	LON 5:	0	9.10	LON 8:	0	10.35	LON 6:	0	12.67	LON 9:	0	22.83	TOT:	0.00

6	000720801	**** Contract Name ****	\$ 86.35													
LON 1:	5	8.17	LON 5:	5	9.10	LON 8:	0	10.35	LON 6:	0	12.67	LON 9:	0	22.83	TOT:	10

Total Bed Days: All Contracts By Lon

LON 1:	5	LON 5:	5	LON 8:	0	LON 6:	0	LON 9:	0	TOT:	10
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Reported: 2 of 2 Contracts **Final Total (Pay This Amount) :** \$ 86.35

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE, AND HAS BEEN PREPARED IN ACCORDANCE WITH THE PUBLISHED QUALITY ASSURANCE FEE TEXAS ADMINISTRATIVE CODE. I UNDERSTAND THAT THE FILING OF A FALSE, ERRONEOUS, OR FRAUDULENT REPORT WILL RESULT IN A PENALTY BEING ASSESSED. I ALSO UNDERSTAND THE FAILURE TO TIMELY PAY THE QAF ASSESSED WILL RESULT IN PENALTIES IN ACCORDANCE WITH TAC 352.7 **QAF MUST BE RECEIVED BY DADS CASHIER ON OR BEFORE THE 30TH OF EACH MONTH.**

Contact Name: John Doe
Telephone: 512-555-1212
Email: john.doe@dads.state.tx.us

Signature and Date of Signature

Printed Name and Phone Number of Signer

For DADS Use Only:
ARSP Accountant :

**FOR REGULAR MAIL
REMIT TO:**
ATTENTION: ARTS
DADS
P.O. BOX 149055
AUSTIN, TX 78714-9055

**FOR OVERNIGHT MAIL
REMIT TO:**
ATTENTION: ARTS
DADS
701 W. 51ST ST.
AUSTIN, TX 78751-2312

Return To Request

Return to ICF/MR Menu
Return to General Client Update Menu
Return to CARE Main Menu
Quit

Component Code:	CMP	3-digit Component Code	
Reporting Period:	01/01/2008	08/31/2008	Annual Dates
Contract Number:		FOR Change or Delete Only	

Type Of Entry:	Add <input checked="" type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>
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[Return to ICF/MR Menu](#)

[Return to General Client Update Menu](#)

[Return to CARE Main Menu](#)

[Quit](#)

Component:	CMP	***prov Legal Name***	Component Name
Reporting Period:	01/01/2008	08/31/2008	Annual Dates

Certification Name:	JOHN DOE
Certification Telephone:	512-555-1212
Email Address:	JOHN.DOE@DADS.STATE.TX.US

Contact Name:	JOHN DOE
Contact Telephone:	512-555-1212
Email Address:	JOHN.DOE@DADS.STATE.TX.US

APPLIED INC
 CMS & DME
 PRIVATE
 BED HOLD_
 TOTAL
 REVENUE
 REVENUE
 REVENUE
 REVENUE

Contract Number: 000360301 **contract Name *** (Small Facility) Verify Zero Amounts (Y):
 (Enter Whole Dollars Only)

19913	166830	12433	0	10955	199176
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Number: 000720801 **contract Name *** (Small Facility) Verify Zero Amounts (Y):
 (Enter Whole Dollars Only)

18851	216633	0	40	12954	235524
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PROVIDER WILL HAVE 20 DAYS FROM RELEASE DAY (SEPTEMBER 15) TO REQUEST AN INFORMAL REVIEW OF CMS/DME AND APPLIED INCOME; AND UNTIL OCTOBER 31 TO ENTER PRIVATE PAY AND BEDHOLD AMOUNTS COLLECTED DURING THE RECONCILIATION PERIOD. PROVIDER SHOULD CALL (512)438-3624 TO FIND OUT HOW TO REQUEST AN INFORMAL REVIEW.

Ready for Final Report (Y / N): N (N = Preliminary, Y = Final Report)

- [Return to Request Without Updating](#)
- [Return to ICF/MR Menu](#)
- [Return to General Client Update Menu](#)
- [Return to CARE Main Menu](#)
- [Quit](#)

Quality Assurance Fee (QAF) Annual Report

Preliminary

QAF Annual Revenue Report for Period Ended:	08/31/2008
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Component Code:	CMP
Legal Entity Name:	***prov Legal Name***

Breakdown of Dollars Reported

| APPLD INC| | CMS & DME| | PRIVATE_| | BED HOLD| | _ TOTAL_| | _5.5%_|

6	000360301	*** Contract Name ***			
\$ 19,913.00	\$ 166,830.00	\$ 12,433.00	\$ 0.00	\$ 199,176.00	\$ 10,955.00

6	000720801	*** Contract Name ***			
\$ 18,851.00	\$ 216,633.00	\$ 0.00	\$ 40.00	\$ 235,524.00	\$ 12,954.00

Total Revenues Reported: All Contracts

\$ 38,764.00	\$ 383,463.00	\$ 12,433.00	\$ 40.00	\$ 434,700.00	\$ 23,909.00
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Reported: 2 of 2 Contracts	Preliminary Report..... :	\$ 434,700.00
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PROVIDER WILL HAVE 20 DAYS FROM RELEASE DAY (SEPTEMBER 15) TO REQUEST AN INFORMAL REVIEW OF CMS/DME AND APPLIED INCOME; AND UNTIL OCTOBER 31 TO ENTER PRIVATE PAY AND BEDHOLD AMOUNTS COLLECTED DURING THE RECONCILIATION PERIOD. PROVIDER SHOULD CALL (512)438-3624 TO FIND OUT HOW TO REQUEST AN INFORMAL REVIEW.

[Return_To_Request](#)

- [Return to ICF/MR Menu](#)
- [Return to General Client Update Menu](#)
- [Return to CARE Main Menu](#)
- [Quit](#)

Quality Assurance Fee (QAF) Annual Report

Final Report

** Retain a Signed Copy for Your Records **

QAF Annual Revenue Report for Period Ended: 08/31/2008

Component Code: CMP
Legal Entity Name: ***prov Legal Name***

Breakdown of Dollars Reported

| APPLD INC| | CMS & DME| | PRIVATE_| | BED HOLD| | _ TOTAL_| | _5.5%_|

Table with 6 columns: Contract ID (6), Contract Number (000360301), Contract Name (*** Contract Name ***), and dollar amounts for APPLD INC, CMS & DME, PRIVATE, BED HOLD, TOTAL, and 5.5%.

Table with 6 columns: Contract ID (6), Contract Number (000720801), Contract Name (*** Contract Name ***), and dollar amounts for APPLD INC, CMS & DME, PRIVATE, BED HOLD, TOTAL, and 5.5%.

Total Revenues Reported: All Contracts

Summary table with 6 columns showing total dollar amounts for APPLD INC, CMS & DME, PRIVATE, BED HOLD, TOTAL, and 5.5%.

Reported: 2 of 2 Contracts Final Total..... : \$ 434,700.00

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE, AND HAS BEEN PREPARED IN ACCORDANCE WITH THE PUBLISHED QUALITY ASSURANCE FEE TEXAS ADMINISTRATIVE CODE.

PROVIDER WILL HAVE 20 DAYS FROM RELEASE DAY (SEPTEMBER 15) TO REQUEST AN INFORMAL REVIEW OF CMS/DME AND APPLIED INCOME; AND UNTIL OCTOBER 31 TO ENTER PRIVATE PAY AND BEDHOLD AMOUNTS COLLECTED DURING THE RECONCILIATION PERIOD.

Contact Name: John Doe
Telephone: 512-555-1212
Email: john.doe@dads.state.tx.us

Certification: Signature and Date of Signature

John Doe | 512-555-1212

Printed Name and Phone Number of Signer

Return_To_Request