



COMMISSIONER
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June 5, 2014

To: Community Living Assistance and Support Services Case Management Agencies
Community Living Assistance and Support Services Direct Services Agencies
Financial Management Services Agencies

Subject: Information Letter 14-25
Maintaining Continuously Current Waiver Program Eligibility

The purpose of this Information Letter (IL) is to provide information and recommendations for Community Living Assistance and Support Services (CLASS) Case Management Agencies (CMAs) and Direct Services Agencies (DSAs) regarding maintaining 1) continuously current level of care (LOC) authorizations through approved Intellectual Disability/Related Conditions (ID/RC) forms, 2) continuously current service authorizations through approved Individual Plans of Care (IPCs), and 3) continuously current financial eligibility for all individuals enrolled in the CLASS program. Financial Management Services Agencies (FMSAs) are included on this IL for informational purposes only.

As described in [IL 14-04](#), the Health and Human Services Commission (HHSC) is expanding the State of Texas Access Reform Plus (STAR+PLUS) program to include the provision of basic health services (acute care) to individuals receiving long-term services and supports (LTSS) through the CLASS program. Acute care includes services such as doctor visits, hospital or emergency room services, and prescription medications. Effective September 1, 2014, individuals enrolled in the CLASS program will begin receiving their acute care services from Managed Care Organizations (MCOs) through STAR+PLUS program with the following exceptions:

- **Excluded:** Individuals residing in state supported living centers and individuals receiving both Medicaid and Medicare Part B benefits are not included in this expansion.
- **Voluntary:** Individuals 20 years of age or younger who receive Supplemental Security Income (SSI) or SSI-related services may choose to continue receiving acute care services through traditional Medicaid or enroll in STAR+PLUS for acute care services.

For MCOs to determine and maintain CLASS individuals' eligibility for acute care services through STAR+PLUS, individuals must have an authorized LOC and an authorized IPC for the CLASS program. Individuals must also have a current certification of Medicaid financial eligibility for the CLASS program as determined by HHSC.

A lapse in individuals' CLASS LOC or IPC authorizations or loss of financial eligibility for the CLASS program may result in individuals not being eligible to enroll in or maintain eligibility for acute care services through STAR+PLUS program. This would put individuals at risk of being unable to access needed services, such as doctor visits, hospital or emergency room services, and prescription medications. Therefore, it is important that CLASS CMAs and DSAs make every effort to ensure that individuals' LOC authorizations, IPC authorizations, and financial eligibility for the CLASS program are current and remain continuously current with no lapses in coverage.

Although processes currently exist in the CLASS program for DSAs to request coverage of an LOC authorization lapse by submitting a Purpose Code E ID/RC, DSAs should review and, if necessary, revise their internal business processes to avoid the need to submit a Purpose Code E ID/RC. Additionally, CMAs should review and, if necessary, revise their internal business processes to ensure timely submission of renewal IPCs to avoid lapses in service authorizations.

CMAs and DSAs are also encouraged to actively monitor the status of individuals' financial eligibility for the CLASS program and, in particular, to keep track of Medicaid redetermination dates for those individuals who are required to submit an annual Medicaid redetermination packet to HHSC. CMAs should assist individuals, their legally authorized representatives (LARs), and authorized representatives (ARs) with redetermination activities to prevent the individuals' loss of financial eligibility for the CLASS program. Refer to the "*Requirement to Maintain Continuously Current Financial Eligibility for CLASS*" section of this letter for more information.

Requirement to Maintain Continuously Current LOC Authorizations for CLASS

The Department of Aging and Disability Services (DADS) rule at Texas Administrative Code (TAC), Title 40, §45.221 requires DSAs to submit completed ID/RCs to DADS for review at least 60 calendar days before the expiration of the individuals' IPC. The CLASS Provider Manual, Section 3320, requires DSAs to submit ID/RC renewals to DADS at least 60 calendar days, but no more than 120 calendar days, before the expiration of the individuals' IPC. Section 3320 also requires that once DADS informs DSAs of ID/RC authorizations, DSAs must submit a copy of authorized ID/RCs to CMAs by the next business day. To allow sufficient time for ID/RC processing timeframes, DSAs are encouraged to submit ID/RC renewals as close to 120 calendar days before the expiration date as possible to avoid lapses in LOC authorizations.

Requirement to Maintain Continuously Current IPC Authorizations for CLASS

DADS rule at 40 TAC §45.223 requires CMAs to meet with service planning teams (SPTs) at least annually, but no more than 90 calendar days before the expiration of the individual's IPC to develop a proposed renewal IPC. The CLASS Provider Manual, Section 2320 requires CMAs to submit proposed IPC renewals to DADS no less than 30 calendar days and no more than 90 calendar days before the end of the current IPC. To allow sufficient time for IPC processing timeframes, CMAs are encouraged to submit IPC renewals as close to 90 days before the expiration date as possible or as soon as the CMAs have received copies of the DADS authorized renewal ID/RC form from the DSAs to avoid lapses in IPC authorizations.

Requirement to Maintain Continuously Current Financial Eligibility for CLASS

DADS rule at 40 TAC Section 45.201 requires all individuals enrolled in the CLASS program to maintain financial eligibility for the CLASS program as determined by HHSC. The CLASS Provider Manual, Sections 2200 and 3200 require the CMAs and DSAs to actively monitor the financial eligibility status for individuals enrolled in the CLASS program. CMAs must also assist with redetermination activities to prevent loss of individuals' financial eligibility for the CLASS program.

Individuals enrolled in the CLASS program who receive SSI benefits from the Social Security Administration (SSA) are categorically eligible for SSI Medicaid. Annual redeterminations of Medicaid eligibility through HHSC are not required for these individuals. However, individuals or their representative payees must work with the SSA to maintain their SSI benefits and ensure continued eligibility for SSI Medicaid to remain financially eligible for the CLASS program. Individuals or their representative payees must maintain a current mailing address with the SSA. If individuals lose their eligibility for SSI benefits through the SSA, they will also lose their eligibility for SSI Medicaid. If individuals lose their eligibility for SSI Medicaid, CMAs should assist individuals, LARs, or ARs with submitting Medicaid applications to HHSC.

For all other individuals enrolled in the CLASS program, HHSC requires annual redeterminations of Medicaid eligibility. Individuals or their ARs may call 2-1-1 to find out their Medicaid redetermination due date. HHSC mails a Medicaid redetermination packet to individuals' last known mailing addresses at least 60 calendar days in advance of their redetermination due date. Individuals or ARs must maintain a current mailing address with HHSC. CMAs and DSAs are encouraged to actively monitor Medicaid redetermination dates for these individuals and contact individuals, LARs, or ARs before the redetermination due date to offer assistance with submission of the Medicaid redetermination packet to HHSC in order to prevent loss of financial eligibility.

DADS recommends CMAs and DSAs educate individuals, LARs, and ARs about the importance of maintaining financial eligibility for the CLASS program and frequently remind them to contact their CMA case managers for assistance regarding any communication they receive from HHSC about their Medicaid eligibility or from the SSA about their SSI benefits.

Recommendations to avoid lapses in LOC authorizations, IPC authorizations, and loss of financial eligibility for CLASS

Listed in this section are possible organizational strategies CMAs and DSAs could implement to prepare for the upcoming STAR+PLUS acute care expansion.

1. Develop a tracking method, such as a spreadsheet, to record ID/RC and IPC expiration dates for individuals served in your program. Use this tracking method to begin working on renewal documents well ahead of the expiration dates and submit renewals in sufficient time to avoid a lapse.
 - ID/RCs may be submitted up to 120 days before the expiration date.
 - IPCs may be submitted up to 90 days before the expiration date.
2. Attempt to schedule SPT meetings well in advance to account for difficulty in coordinating schedules for all required attendees. Encourage individuals, LARs, and ARs to avoid delaying SPT meetings to prevent a potential negative impact on individuals' Medicaid eligibility.
3. When submitting ID/RCs or IPC renewal packets to DADS for review, conduct thorough quality checks before sending the packets. Make sure all of the necessary documentation is included in the submission to avoid the need for DADS to request additional information before making authorization determinations. DADS encourages CMAs and DSAs to utilize the submission guidelines available in the CLASS Provider Manual, Sections 3320 and 2320 to ensure complete packet submissions. When CMAs and DSAs receive a request for additional information from DADS they must respond as quickly as practicable, ensuring a return of all information requested in their response.

4. For individuals enrolled in the CLASS program who receive SSI Medicaid, frequently remind individuals or their representative payees to notify their CMA case managers of any communication they receive from the SSA regarding their SSI benefits. CMA case managers may offer to assist with submission of requested information or documentation to the SSA before the deadline in order to maintain the individuals' SSI benefits and to avoid the loss of financial eligibility.
5. For individuals enrolled in the CLASS program who are not receiving SSI Medicaid, develop a tracking method, such as a spreadsheet, to monitor Medicaid redetermination due dates for individuals served in your program. Using this tracking method, inform individuals, their LARs, or ARs that they should notify their CMA case managers of any communication they receive from HHSC regarding their Medicaid eligibility. CMA case managers may offer to assist with completing the Medicaid redetermination packets and ensuring submission to HHSC before the deadline.
6. DADS also recommends CMA case managers and DSA staff with responsibilities related to ID/RC renewals, IPC renewals, or monitoring of financial eligibility, to subscribe to receive email alerts and notifications when DADS publishes information regarding the CLASS program. There is no cost for subscription and no limit to the number of staff who may subscribe. To subscribe, go to <https://public.govdelivery.com/accounts/TXHHSC/subscriber/new>.

DADS reminds CMAs and DSAs of their obligation to comply with DADS rules, provider manuals, and provider communications, including provider ILs and policy clarifications. More information and resources regarding the expansion of Medicaid managed care is available on HHSC Medicaid managed care initiatives website at <http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml>. This website can also be accessed directly from the DADS CLASS program page at <http://www.dads.state.tx.us/providers/CLASS/index.cfm>. From this page, click on the STAR+PLUS (HHSC) navigation button on the left of the screen, then "STAR+PLUS Medicaid Managed Care Initiatives."

DADS is developing additional resources to provide information about the importance of avoiding lapses in LOC and IPC authorizations and loss of financial eligibility for the waiver programs. These resources may include alerts, webinars, trainings, an electronic frequently asked questions document, and other stakeholder forums.

Please send questions related to this IL to the CLASS mailbox at class@dads.state.tx.us.

Sincerely,

[signature on file]

Elisa J. Garza
Assistant Commissioner
Access and Intake

[signature on file]

Donna Jessee
Director
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