

MEMORANDUM

SUBJECT: Community Care Policy Clarification CCAD 01004; DAHS 01001; ERS 01001;
CBA/ERS 01002

TO: Regional Directors
Aged and Disabled Services

FROM: Becky Beechinor
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DATE: April 27, 2001

This policy clarification addresses questions regional contract managers asked when attending the training sessions on Day Activity and Health Services/Emergency Response System (DAHS/ERS) Monitoring guides.

DAHS

Policy Clarification Question 1: Can the service item (Title XIX or Title XX) on Form 2310 be blank if monitor is unable to identify the funding type for sample client?

Clarification 1: Yes. This block will be deleted from Form 2310 in a future revision.

Policy Clarification Question 2: Can the COGNOS report tell us if the client is DAHS Title XIX or XX?

Clarification 2: Yes. A separate report must be requested for Title XX clients.

Policy Clarification Question 3: Can a responsible party sign off on the written complaint procedures provided to the client? (Service Initiation Standard 2d) Several facilities have clients with vision impairments and mental illness who cannot sign.

Clarification 3: Yes. This will be added in a future revision.

Policy Clarification Question 4: Does a DAHS participant have to sign off on complaint procedures annually?

Clarification 4: No. There is no requirement for client signature. However, 40 TAC §49.13(b) specifies that the agency must provide each client with the procedures to file a complaint, and this must be provided both verbally and in a written format each year.

Policy Clarification Question 5: How is Standard 2a, Service Initiation read if a worker holds Form 2101 (initial notice) for several days before mailing it to the agency? If this appears to be a continuous problem, the caseworker's supervisor should be notified.

Clarification 5: The standard is not met if services were not initiated within 7 days from the date entered in Item 4 on Form 2101.

Policy Clarification Question 6: Can we use receipt date/stamp date for Standard 2a?

Clarification 6: No.

Policy Clarification Question 7: Form 2310, Service Initiation Standard 2c contradicts Form 2101 instructions which indicates the client schedule is optional. Which is correct?

Clarification 7: Form 2101, Client Schedule is not optional. Form instructions will be revised and included in an upcoming revision.

Policy Clarification Question 8: What should we consider as a "sequence" of days for Administrative Standard #6? (week/mos/usual - Appendix VI p. 18)

Clarification 8: A sequence would be considered as Monday through Friday unless a substitute was used and it would be one day.

Policy Clarification Question 9: What is the financial error code when a client gets fewer units than what DHS paid?

Clarification 9: F2.

Policy Clarification Question 10: Does each page of Form 3683 count as "one record" to figure administrative errors? What if it takes two pages to get all the clients listed and only one page is not signed?

Clarification 10: No. All the pages for the reporting period would be considered one record. The last page of the reporting period must be signed and dated on or after the last date of service.

Policy Clarification Question 11: On Standard 2c, can information be recorded/sent on Form 2067 instead of Form 2101 by agency?

Clarification 11: No. 40 TAC §98.205(c) specifies the facility must complete and return DHS's authorization for community care services form to the caseworker within 14 days from the beginning date of coverage in Item 4 of DHS's authorization for community care services form. The facility must indicate date services were initiated, the schedule for delivering services, and the total units authorized for the client.

Policy Clarification Question 12: On Standard 2c, should this be units or actual hours at bottom of Form 2101? (If units, then it should be units/hours.)

Clarification 12: It should match what is authorized on Form 2101, Item 18. We will revise form in an upcoming revision to reflect units for DAHS and hours for other applicable programs.

Policy Clarification Question 13: When did the requirement for yearly notifications of complaints procedures take effect?

Clarification 13: 40 TAC §49.13(b) was effective October 1, 2000.

Policy Clarification Question 14: Appendix VI, Page 19. What about recouping only highest error (administrative) on "each attendance record"? Needs clarification as to what this means.

Clarification 14: If you have more than one administrative error per attendance record, the contract manager recoups only for the administrative error that results in the highest units in error.

Policy Clarification Question 15: Why does Form 3687 ask for error rate? What is this number used for?

Clarification 15: To determine need for corrective action/sanction and schedule for subsequent fiscal reviews.

Policy Clarification Question 16: When a facility has multiple vehicles for transporting clients, per the statement from the facility director, one vehicle is not being used, do we check that vehicle for heating, air conditioning and registration?

Clarification 16: No.

Policy Clarification Question 17: For Standard 3b, did the facility director/nurse notify a relative or other responsible person the same day a client became ill or injured at the facility? How is this standard read if documentation reviewed is not signed or dated?

Clarification 17: Standard 3b would not be met if there is no documentation available to show the notification was done on the same day the client became injured or ill.

ERS

Policy Clarification Question 1: What is the review period for ERS?

Clarification 1: Review period for ERS is 3 months for compliance and one month for fiscal.

Policy Clarification Question 2: How soon after the provider has been trained should contract staff officially conduct a monitoring?

Clarification 2: Generic Contracting Rule 40 TAC §49.25(f) specifies the service quarter for all reviews begins no earlier than two full months after the provider agency has received his orientation/training. A chart is provided in the Contract Monitoring and Complaints Procedures Manual to avoid confusion in selecting the service months.

Policy Clarification Question 3: Is a participant considered an "initial case" when he returns home after two months in a nursing facility and equipment was never removed?

Clarification 3: No. Contractor can leave a unit in the home for 90 days if the monthly system checks were conducted during the 90 day period.

Policy Clarification Question 4: Do we have to look at a continuous tape or is call log (entered into computer) enough? (Do we have to use continuous tape to verify accuracy of logs?)

Clarification 4: No you do not have to look at the continuous tape. Please reference 40 TAC §52.201(b) that states the provider agency must connect the home unit equipment to the monitoring system and ensure that the equipment has an alternate power source if the power fails. The equipment at the response center must be equipped with a tape readout that prints the code number of the alarm, the unit/subscriber number, the date, and the time of the activated alarm.

If you have questions concerning this information, please follow regional protocol or contact Janet Horace at 512-438-3157.

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