

MEMORANDUM

SUBJECT: Community Care Policy Clarification CCAD 03009, CBA HCSS 03002

TO: Regional Administrators
Regional Directors
Long Term Care Services

FROM: Marilyn Eaton
Lead Director
Long Term Care Services
State Office W-511

DATE: November 24, 2003

Policy Question 1:

Is a Home and Community Support Services (HCSS) provider agency required to obtain comparative price quotes, use a price list from a minimum of three suppliers, or annually select a supplier based on the lowest prices for hearing aids or eyeglasses?

Policy Clarification 1:

Yes. Provider agencies should follow the current adaptive aid rules. In addition, the HCSS Registered Nurse (RN) must include the following on the Form 3671-E:

- An estimate of the cost to cover the initial evaluation visit (s); and
- An estimate of the cost of the item.

These two estimates should be included on one F3671-E, Individual Service Plan, and listed separately in Item 28 of Form 3671-E.

Policy Question 2:

Is a provider agency required to obtain specifications for hearing aids or eyeglasses estimated to cost \$500 or more?

Policy Clarification 2:

Yes.

Policy Question 3:

Is a provider agency required to complete a Form 3848, Documentation of Completion of Purchase, for these items?

Policy Clarification 3:

No. The provider agency is not required to complete a Form 3848 when hearing aids or eyeglasses are provided. The provider agency must document in the case folder that they contacted the client to verify that the items were received and if the client has any concerns or issues with the items.

Policy Question 4:

Can the Community Based Alternatives (CBA) program pay for the co-payment for medications prescribed by a physician that are not purchased through the Vendor Drug system?

Policy Clarification 4:

Yes.

Policy Question 5:

Will the CBA program pay for a post-hospital assessment visit done by an HCSS RN? Can this be requested on the Form 3671 C, under Other?

Policy Clarification 5:

Yes, the CBA program can pay for a post-hospital assessment visit and it can be requested by the HCSS RN on the Form 3671 C, under Other.

Policy Question 6:

Are physician orders required for the Pre-Enrollment Home Health Assessment, the quarterly nursing assessment, or the Annual Assessment?

Policy Clarification 6:

For fiscal monitoring purposes, the provider agency does not need a physician's order for these assessments in order to be in compliance with §48.6090(6) financial error.

Policy Question 7:

Can the HCSS RN deny a client's request for a service or item that the CBA Provider Manual states the program will not purchase, such as central air conditioning?

Policy Clarification 7:

No, only the Texas Department of Human Services (DHS) staff can make the decision to deny a request. The HCSS agency must forward the request to the CBA case manager, with the appropriate documentation as required in the CBA Provider Manual. If the request is for a minor home modification, adaptive aid, or a medical supply, the HCSS agency must document the rationale on F3671F or alternative documentation. The CBA case manager must submit the rationale to the DHS regional nurse for a decision.

Policy Question 8:

Can a HCSS agency be authorized for payment of the Pre-Enrollment Home Health Assessment when the client's physician has refused to sign the F3652 CARE?

Policy Clarification 8:

Yes, if the HCSS agency provides documentation to reflect they have done a good faith effort to finalize the assessment. The documentation should be sent to the case manager, and it should include at the minimum:

- 1) How many attempts did the agency make to have the F3652 signed by the physician?
- 2) When and how these attempts were done, e.g. telephone calls to the physician, visit's to the physician office, copies of letters sent to the physician?
- 3) When and how did the agency communicate to the client/client's representative the impact not having the client's physician sign the form will have on the client's eligibility for CBA services.
- 4) Any other pertinent documentation.

When the case manager receives the documentation showing the HCSS agency has made a good faith effort, then the payment for the pre-enrollment home health assessment can be authorized.

Please contact your contract manager should you have any questions regarding this information.

Signature on file

Marilyn Eaton

ME:ck

c: CMGRS
LEAD RNs
PMs

REG & SO LTC Trainers
SO STAFF