TEXAS
Department of Aging
and Disability Services

COMMISSIONER
James R. Hine

December 2, 2005

To: Community Based Alternatives (CBA)
Emergency Response Services (ERS) Providers
Home and Community Support Services (HCSS) Providers
Community Living Assistance and Support Services (CLASS) Providers
Day Activity and Health Services (DAHS) Providers
Deaf-Blind with Multiple Disabilities (DB-MD) Providers
Home and Community-based Services (HCS) Providers
Medically Dependent Children Program (MDCP) Providers
Primary Home Care (PHC) Providers
Texas Home Living (TxHmL) Providers

Subject: Texas Department of Aging and Disability Services
Provider Services
Information Letter No. 05-38
Services for Hurricane Katrina Evacuees

The Centers for Medicare and Medicaid Services (CMS) has approved a 1115 Demonstration Waiver to provide health care coverage for Hurricane Katrina evacuees in Texas. The demonstration covers services for individual evacuees for a five-month period ending no later than June 30, 2006.

Service delivery options available under the Hurricane Katrina Waiver are identical to those in Texas Department of Aging and Disability Services (DADS) programs. Hurricane Katrina Waiver services include attendant care, adult day care, and non-residential services available in the Medicaid waiver programs (waiver-type services). Waiver-type services include:

- Adaptive aids
- Medical supplies
- Nursing
- Occupational, physical, and speech therapy
- Emergency response services
- Home-delivered meals
- Respite services

ATTENDANT CARE AND ADULT DAY CARE

DADS Primary Home Care (PHC) and Day Activity and Health Services (DAHS) providers will be receiving referrals to provide attendant care or adult day care services to evacuees. If an evacuee contacts a provider directly requesting attendant care or adult day care services, refer the evacuee to the local DADS office for assistance with Hurricane Katrina 1115 waiver Medicaid eligibility determination.

When providing attendant care and adult day care services to evacuees, the provider must comply with the requirements of the corresponding DADS program with the following exceptions:

- The provider will not be required to obtain a practitioner's statement for attendant care or a physician's order for adult day care prior to service initiation. Providers may initiate services and then obtain the practitioner's statement or physician's order.
- The provider will determine the service schedule for attendant care or adult day care (hours or number of units) for the evacuee.

The provider must submit the following information to the DADS case manager (for attendant care services) or the DADS Regional Nurse (for adult day care services) upon receipt of the practitioner's statement or physician's order:

- a copy of the practitioner's statement or physician's order document;
- the service initiation date; and
- the amount of service (hours per week for attendant care or units per week for adult day care).

DADS staff will not enter a service authorization in the Service Authorization System (SAS) for an evacuee until the provider submits the information listed above. **The provider will not be able to bill for services until the service authorization is entered in SAS.**

If the provider receives notice from the practitioner or physician that the evacuee is not eligible for services, the provider must terminate services immediately. The provider must notify the DADS case manager and submit a copy of the practitioner's statement or physician's order within 10 working days of the day the provider is notified by the practitioner or physician. Inform the case manager of the service initiation date, the last day services were provided, and the amount of service provided. DADS will pay the provider for the services delivered through the day the provider is notified by the practitioner or physician the evacuee is not eligible for services.

The provider must also terminate services upon the request of the evacuee, or if the evacuee returns home or enters a facility (nursing facility, assisted living, etc.). The provider must notify the case manager of the date services are terminated within 10 working days of the termination date or date of awareness, whichever is later.

WAIVER-TYPE SERVICES

The following DADS Medicaid waiver providers will be receiving referrals to provide waiver-type services:

- Community Based Alternatives (CBA) Home and Community Support Services (HCSS)
- CBA Emergency Response Service (ERS)
- Community Living Assistance and Support Services (CLASS)
- Deaf-Blind with Multiple Disabilities (DB-MD)
- Home and Community Services (HCS)
- Medically Dependent Children Program (MDCP)
- Texas Home Living (TxHmL)

A waiver-type service is any service available under a waiver, except residential services (assisted living, residential care, adult foster care, etc), which are not covered under the Hurricane Katrina 1115 waiver. Out-of-Home respite in a facility is covered.

If an evacuee contacts a provider directly requesting waiver-type services, refer the evacuee to the local DADS office for assistance with a Hurricane Katrina 1115 waiver Medicaid eligibility determination, coverage period, and client number. The provider must contact the local DADS office to obtain the specific coverage period and the Medicaid number.

When providing waiver-type services, providers must document that the waiver-type services are appropriate and necessary. The documentation must adequately support the appropriateness and necessity of these services. Providers are not required to submit any documentation to DADS for waiver-type services.

Providers must develop a service plan for delivering waiver-type services to Hurricane Katrina evacuees. However, providers are not required to complete the standard assessment documents, such as Texas Index of Level of Effort scores (TILE).

BILLING

Evacuees are not required to have a Texas Medicaid number for services received prior to October 1, 2005. Beginning October 1, 2005, all evacuees must have a Texas Medicaid number to be eligible for services. Providers will be required to enter the Medicaid number in the billing software.

DADS will pay for out-of-home respite services at the rate of $68.73 per day. Other waiver-type services, attendant care services, and adult day care services will be paid at the rates for the comparable service. For example, attendant care services will be paid at the PHC rate.

Complete billing instructions for Hurricane Katrina services are available on the HHSC website at http://www.hhs.state.tx.us/news/release/091905_LTC.shtml. All claims for payment under the Hurricane Katrina waiver are subject to retrospective review by the Texas Health and Human Services Commission (HHSC). The provider will be required to repay DADS if the requirements outlined in this letter are not met.

Detailed information regarding the Hurricane Katrina waiver is available on the HHSC website at http://www.hhs.state.tx.us/news/release/091905_Katrina_MedicaidWaiver.shtml. A list of Frequently Asked Questions (FAQs) for Hurricane Katrina is available on the DADS website at http://www.dads.state.tx.us/business/ltc-policy/communications/bulletins/Katrina1115WaiverFAQ.pdf.

Please follow normal procedures if you have any questions regarding this information letter.

Sincerely,

Signature on file

Barry C. Waller
Assistant Commissioner
Provider Services

BCW:kw

Attachments