



COMMISSIONER  
Adelaide Horn

February 6, 2008

To: Home and Community-Based Services (HCS) Program Providers and Consumer Directed Services (CDS) Agencies

Subject: Information Letter No. 08-18 (replaces IL Number 07-71)  
HCS Transfer Process and Transfer Forms

The purpose of this letter is to notify you of the process and forms to be used to accomplish transfers of individuals who are receiving services in the HCS Program. This process integrates the CDS option into the HCS transfer process and is effective February 1, 2008.

Attached is the revised HCS Program transfer process.

The revised HCS Program Consumer Transfer Request Form and instructions can be downloaded from Texas Department of Aging and Disability Services (DADS) website at:

<http://www.dads.state.tx.us/handbooks/hcs/forms/index.asp>

As you are aware, Section II, Paragraph BB of the HCS Medicaid Provider Agreement states the program provider will "comply with all HCS Policy Letters promulgated by Department of Aging and Disability Services (DADS) received by the Program Provider after the effective date of this agreement."

If you have any questions about this letter, please contact Stephen Kreger, Access and Intake, Program Specialist for Program Enrollment of the Mental Retardation Authorities Section, at 512-438-5031 or [stephen.kreger@dads.state.tx.us](mailto:stephen.kreger@dads.state.tx.us)

Sincerely,

*[signature on file]*

David Rollins  
Mental Retardation Authorities Section Director  
Access and Intake

*[signature on file]*

Scott Schalchlin, M.Ed., J.D.  
Director  
Community Services

DR:tc

Attachment

c: Susanne Elrod, Texas Council of Community MHMR Centers  
Carole Smith, Private Provider Association of Texas

## Home and Community-based Services Program Transfer Process

### General Information

As described in the Home and Community-based Services (HCS) Program rule (Title 40, Part 1, Chapter 9, Subchapter D) and the Consumer Directed Services Option rule (Title 40, Part 1, Chapter 41, Subchapter D, §41.103), an individual/legally authorized representative (LAR) may request a transfer to a different program provider and/or a Consumer Directed Services Agency (CDSA) in the same or in a different Waiver Contract Area (WCA) **or** request to transfer with the same program provider and/or CDSA to a different WCA. An LAR is defined by HCS Program rule as a person authorized by law to act on behalf of a person with regard to a matter described in this subchapter, and may include a parent, guardian, or managing conservator of a minor, or the guardian of an adult.

For the purpose of this process, the term “transferring program provider” refers to the program provider with which the individual is currently enrolled, but from which the individual will transfer. The term “transferring CDSA” refers to the CDSA with which the individual is currently enrolled, but from which the individual will transfer. The term “receiving program provider” refers to the program provider to which the individual will be transferred. The term “receiving CDSA” refers to the CDSA to which the individual will be transferred. The term “current program provider” refers to the program provider that will process a CDSA transfer when the program provider does not change.

The transferring and receiving program providers, the transferring and receiving CDSAs, and the current program provider, as appropriate, and the individual/LAR **must mutually** agree on the transfer effective date. The receiving program provider or the current program provider initiate the Request for Transfer form(s) and must **not** send it to the transferring program provider and/or the transferring CDSA until the transfer effective date has been mutually agreed upon by **all** appropriate parties. DADS **does not** require a transfer meeting to occur between the transferring program provider, receiving program provider, transferring CDSA, receiving CDSA, and the individual/LAR prior to the date of transfer, but a meeting may be held if all parties agree. If the individual has a pre-placement visit, the transferring program provider, the receiving program provider, transferring CDSA, receiving CDSA, and the individual/LAR must agree on the number of days of the visit and the transfer effective date will be mutually agreed upon after the pre-placement visit ends.

The current program provider coordinates the transfer according to the information above and according to the transferring and receiving program providers’ responsibilities below, as appropriate, conducts the transfer IPC meeting, and enters all of the data entry when the program provider **does not** change, but a CDSA vendor number is added, changed, or ended.

When the individual/LAR requests to transfer, the following process must be followed:

### The Transferring Program Provider’s responsibilities are to

- verify that the individual/LAR wishes to transfer and understands that he/she can transfer to the HCS program provider and/or the CDSA of his/her choice,
- assist the individual/LAR by providing a list of available program providers and/or CDSAs in the service area selected by the individual/LAR,
- mutually determine the transfer effective date for the transfer in conjunction with the individual/LAR and the receiving program provider and/or the CDSA;
- complete its portion of the Request for Transfer form and return it to the receiving program provider;
- provide all of the following to the receiving program provider **prior** to the transfer effective date:

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1. the number of units and dollars of services provided from the Individual Plan of Care (IPC) begin date to the transfer effective date (can be printed from CARE Screen C72),
  2. the individual's current IPC (can be printed from CARE Screen C62),
  3. the individual's current MR/RC (can be printed from CARE Screen C83),
  4. the Request to Transfer form (must include the individual's CARE/Client ID and transferring provider's information and signatures),
  5. the amount of services to be billed prior to the transfer effective date, but not yet billed in CARE Screen C22 (Adaptive Aids, Minor Home Modifications, Dental, and other service dollar amounts) that needs to be entered in CARE Screen C06,
  6. pertinent medication records and/or medical information, including a list of medications, scheduled medical appointments, list of medical professionals, skilled nursing routines, therapy evaluations, and Medicaid card,
  7. guardianship information, if any,
  8. a copy of the ICAP booklet and summary sheet,
  9. any trust fund/financial records and money due the individual;
  10. a copy of the Individual Service Plan, and
  11. any other pertinent information, such as behavior plans, etc. and
- initiate Screen C06: Individual Transfer in the CARE System (see CARE Data Entry Screen sequence below) within **five** working days of the transfer effective date and notify the receiving HCS program provider when Screen C06 has been entered.

The transferring program provider **must** ensure that the CARE Screen C27: Client Assignments/IPC Residential Exceptions: Update shows for the individual who is transferring, the message: THERE WERE NO ERRORS FOUND FOR THIS CLIENT. If CARE screen C27 shows an error, the transferring program provider **must** correct the error before the following CARE screens are entered.

The transferring program provider will enter CARE Screen C06 to **initiate** the transfer process in CARE. The transfer effective date entered in CARE Screen C06 **must be the same** as the date on the completed Request for Transfer form. The transferring program provider can only bill for services delivered **prior** to the date of transfer while the receiving program provider may begin to bill **on** the date of transfer. The transferring program provider should enter all services provided to the individual into CARE Screen C22: Service Delivery before completing CARE Screen C06. The number of units of services that have **not** been provided, but will be provided before the transfer effective date **or** have **not** been entered in Screen C22, must be calculated and the number of units must be entered in CARE Screen C06. The transferring program provider must also include any units/dollars from the CDSA from 1742 if there is a transferring CDSA. The transferring program provider must **not** enter service delivery for services **on or after** the transfer effective date.

To determine the number of units to be entered in CARE Screen C06, the transferring program provider must accurately project the number of units it intends to enter in CARE Screen C22 for services that have not been provided, but will be provided before the transfer effective date **or** for services that have already been provided, but have not been entered in CARE Screen C22. To calculate the units (one unit equals one dollar) for Adaptive Aids (AA), Minor Home Modifications (MHM), Dental (DE), the transferring program provider will need to include any claims not entered into the CARE System that have not received reimbursement authorization (CARE Screen C77) by DADS Special Programs and Services HCS prior to the transfer effective date. To determine which of these claims have been entered into the CARE System use CARE screen C89: Claims Inquiry. This screen will show the provider which services have been entered into the CARE System with their payment status.

The transferring program provider and/or the CDSA can enter billing into CARE Screen C22 after the transfer has been approved by PE. However, the number of units entered into CARE Screen C06 limits the amount of services the transferring program provider and/or the CDSA can enter into the CARE System for services provided prior to the transfer effective date. If this amount is underestimated, the

transferring program provider and/or the CDSA will not be able to enter all services provided prior to the transfer effective date. Services entered in CARE Screen C22 for service dates prior to the transfer effective date cannot exceed the number of units entered in CARE Screen C06. If this amount is overestimated, the receiving program provider and/or the CDSA may be prevented from billing for services provided after the transfer effective date. Transferring program providers and receiving program providers should contact their DADS PE contact person if there are any questions regarding these estimates. Transferring and receiving CDSAs should call the PE message line at 512-438-5055 if there are any questions about these estimates.

For the month in which the transfer occurs, the transferring program provider **must** bill case management according to the following formula:

- if the individual was served for 3 days or less, **no** case management can be billed;
- if the individual was served for 4-11 days, bill .25 unit;
- if the individual was served for 12-19 days, bill .50 unit;
- if the individual was served for 20-27 days, bill .75 unit; and
- if the individual was served for 28-31 days, bill 1 unit.

If case management has been entered in the CARE System prior to the transfer and the unit entered does not correspond to the above formula, the transferring program provider **must** correct the entry. If the transferring program provider has not corrected the case management by the time the PE staff approves the transfer, the PE staff will make the correction and notify the transferring program provider of the action by telephone.

Once the transferring program provider has completed its data entry in CARE Screen C06, the transferring program provider **must** notify the receiving program provider of that fact.

**The Transferring CDSA's responsibilities are to**

- comply with the CDSA rule regarding transfers (Title 40, Part 1, Chapter 41, Subchapter D, §41.103) and
- complete the HCS CDSA Transfer Information form (Form 1742) and submit it to the transferring program provider or the current program provider as appropriate.

**The Receiving Program Provider's responsibilities are to**

- discuss and document that the individual/LAR wishes to transfer and understands that he/she can transfer to the HCS program provider and/or the CDSA of his/her choice;
- mutually determine a transfer effective date for the transfer in conjunction with the individual/LAR, the transferring HCS program provider, and/or the transferring and/or receiving CDSA(s) (prior to sending the Request for Transfer form to the transferring or current program provider);
- initiate and complete its portion of the Request for Transfer form, have it signed by the individual/LAR, and send to the transferring program provider and/or CDSA for its completion;
- review the current IPC with the individual/LAR and have the interdisciplinary team develop the transfer IPC **on or before** the transfer effective date;
- ensure its part of the CARE System data entry (see CARE Data Entry Screen sequence below) is completed within **five** working days of the transferring program provider initiating Care Screen C06

## Attachment A

(the receiving program provider must periodically review CARE Screen C06 to determine when the transferring program provider has initiated CARE Screen C06); and

- fax or mail the transfer IPC and the Request for Transfer form to PE **after** all of the CARE System data entry is completed. If faxed, please use the Fax Cover Sheet for Home and Community-based Services Transfers and Discharges which can be found at the DADS website shown below.

### **The Receiving CDSA's responsibilities are to**

- comply with the CDSA rule regarding transfers (Title 40, Part 1, Chapter 41, Subchapter D, §41.103) and
- enter the local case number in CARE Screen C09 at the appropriate time and notify the receiving or current program provider of the local case number as soon as it has been entered in CARE.

### **The Current Program Provider's responsibilities are to**

- coordinate the transfer according to the information in the first three paragraphs of this attachment and according to the transferring and receiving program providers' responsibilities, as appropriate,
- conduct the transfer IPC meeting, and
- enter all of the data entry (including the information from Form 1742, the HCS CDSA information form).

### **DADS Program Enrollment Review**

PE will review the Request for Transfer form, the transfer IPC, CARE Screen C06, and the transferring program provider's billing of case management for compliance with the proration formula noted above. If all elements are correct, PE will approve the request to transfer. If not, the PE staff will contact the appropriate program provider or CDSA. When the transfer is approved in the CARE system, CARE Screen C67: Individual Roster will show the individual's status as "transferred" for the transferring program provider and/or the transferring CDSA and "active" for the receiving program provider and/or the receiving CDSA. The individual's status will also show as "Active" in CARE Screen C61: Individual Demographics. The receiving program provider and/or the receiving CDSA **cannot** bill for services in CARE Screen C22 until PE has approved the transfer.

Program providers that **do not** follow the process described above may be subject to adverse action under Section II, Paragraph BB of the HCS Medicaid Provider Agreement.

### **Forms**

All of the forms referenced in this document can be downloaded from the DADS website: <http://www.dads.state.tx.us/handbooks/hcs/forms/index.asp>

### **User Guide**

The CARE System User Guide for HCS Program providers is available on DADS intranet website. This is a secure website and can only be accessed through the HCS provider's HHSC intranet connection. The site is <http://www2.mhmr.state.tx.us/655/cis/training/WAIVER.html>

### **CARE Transfer Data Entry Screen Sequence (review the HCS User Guide above)**

### **Transferring Program Provider or Current Program Provider**

**Screen C06: Consumer Transfer** is initiated by the transferring/current program provider

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- Enter the transfer effective date
- Enter the number of units for all services for which billing has not been entered in CARE Screen C22 prior to the transfer effective date (for AA, MHM, and Dental, enter dollars)
- Enter the receiving program provider's and/or CDSA's component code and contract number

**Receiving Program Provider and/or Receiving CDSA**

**Screen C09: Register Client Update** is initiated by the receiving program provider/receiving CDSA

- Enter the individual's local case number
- Review and enter any corrections to the other information in the screen (HCS program provider only)

**Receiving Program Provider or Current Program Provider**

**Screen C06: Consumer Transfer** is continued by the receiving/current program provider

- Enter Service Delivery Option
- Enter the service county code **only** if the residential type is OHFH; otherwise, leave it blank
- Enter the location code where the individual will be living
- Enter the residential type (2=foster care, 3=OHFH, 4=supervised living, 5=residential support services)
- Enter local case number(s)

**Screen C02: Individual Plan of Care (Transfer)** is initiated by the receiving/current program provider

- Enter the transfer IPC (the IPC meeting must be held **on or before** the transfer effective date)

**Screen C06: Consumer Transfer** is completed by the receiving/current program provider

- Enter the information on the transfer accepted line

**Contact Information**

HCS program providers should direct questions about the transfer process to the PE staff person assigned to its component code.

CDSAs should direct questions about the transfer process to the PE message line at 512-438-5055.

**DADS Program Enrollment HCS Contact Information**

PE message number: 512-438-5055 PE fax number: 512-438-4249

**Mailing address:**

DADS  
Access & Intake  
Program Enrollment MC W354  
Attn: (Staff Member's name)  
P.O.Box 149030  
Austin, Texas 78714-9030

**Physical Address (overnight mail):**

DADS  
Access & Intake  
Program Enrollment MC W354  
Attn: (Staff Member's name)  
701 West 51st Street  
Austin, Texas 78751-4015