



COMMISSIONER
Adelaide Horn

October 3, 2008

To: Community Based Alternatives (CBA) Home and Community Support Services Agencies (HCSSAs)
Integrated Care Management (ICM) Providers
Consolidated Waiver Program (CWP) Providers
Deaf-Blind with Multiple Disabilities (DB-MD) Providers
Primary Home Care Providers
Service Responsibility Options Providers

Subject: Texas Department of Aging and Disability Services (DADS)
Information Letter No. 2008-131
Follow-up to Information Letter No. 07-125, Office of Inspector General – Review of Personal Assistance (Attendant Care) Services

Please refer to Information Letter No. 07-125 *Office of Inspector General Review of Personal Assistance Services*, which was posted on January 25, 2008, at <http://www.dads.state.tx.us/providers/communications/2007/letters/IL2007-125.pdf>. This letter informed providers that the Department of Health and Human Services, Office of Inspector General, had conducted a match between Texas Medicaid Long Term Care clients that received home health (personal assistance) services and were in a 24-hour setting, hospital, or nursing facility (institution) at the same time.

The review revealed that, in some instances, 1) providers were paid for days that the client was in an institution, and 2) when the client was not in an institution, providers were paid for more than 24 units of service during a 24-hour day. Examples of these two instances may be found in Information Letter No. 07-125.

After receipt of the final report from the Office of Inspector General, the Department of Aging and Disability Services (DADS) has decided to implement the following changes to prevent similar situations and to avoid any assumptions that may be made about duplicate billing:

- Payment for services while a client is in an institution (hospital, nursing facility, etc)

Effective November 1, 2008, when a client goes into an institution, providers must split the billing dates of service (creating a gap in dates). Note that providers may continue to bill (without a gap) for clients who remain in the community throughout the entire billing period.

Example: Client was in the community and received Community Based Alternatives (CBA) services from November 1 through November 8. Client went into the hospital November 9 and was discharged November 16. CBA services were restarted on November 17. The claim would be split as follows:

CBA = November 1, 2008 – November 8, 2008

Gap = November 9, 2008 – November 16, 2008

CBA = November 17, 2008, through the end of the month.

Note: Providers can bill for services the day the client went into the institution or was discharged from the hospital if services were provided to the client on the same date the client went into or was discharged from the hospital.

- Payment for more than 24 units in a 24-hour day

An edit is being implemented that will not allow providers to be paid for more than 24 hours in a 24-hour day.

While the edit (S0005 – Billing Units Greater than 24 Hours) will have an effective date of November 1, 2008, all claims – including retroactive adjustments processed on or after November 1, 2008 – will be subject to the edit even if dates of service are prior to November 1, 2008.

Please contact your regional contract manager with questions about this information letter.

Sincerely,

[signature on file]

Gordon Taylor
DADS Chief Financial Officer

GT:mgm