



COMMISSIONER
Adelaide Horn

August 31, 2009

To: Home and Community-based Services (HCS) Providers,
Texas Home Living (TxHmL) Providers,
Mental Retardation Authorities (MRAs) and
Consumer Directed Services Agencies (CDSAs)

Subject: Information Letter No. 09-121
Notice of Delay in the Initiation of New Service Rates for Specialized Therapies
and Addition of New Nursing Services Categories in the Client Authorization and
Registration (CARE) System

The purpose of this letter is to notify all HCS and TxHmL program providers, MRA staff and CDSAs that initiation of the new nursing categories and new rates for specialized therapies for both the HCS and TxHmL Programs has been delayed. Implementation of these changes is now scheduled to take place on September 14, 2009. The rates will be effective retroactively to September 1, 2009.

Rates for the following services are adopted with an effective date of September 1, 2009 and all providers will receive retroactive reimbursement for the provision of these services during the interim period of September 1 – September 13, 2009 for:

- Nursing services (RN, RNs, LVN and LVNs);
- physical therapy;
- occupational therapy;
- speech and language pathology;
- behavioral support;
- audiology services; and
- dietary services.

Information regarding how this retroactive reimbursement will occur will be provided at a later date.

Providers and MRAs are still required to complete transition activities ahead of the implementation of these changes in CARE on September 14, 2009, in accordance with the following information letters (ILs) posted by the Department of Aging and Disability Services (DADS) located at

<http://www.dads.state.tx.us/providers/communications/letters.cfm?ftype=TxHml>:

- IL 09-102;
- IL 09-108;
- IL 09-85; and
- IL 09-65.

Further information will be forthcoming to assist you with a set of process steps for completing the required CARE data entry activities and individual plan of care (IPC) modifications in order to accommodate these changes in the CARE system. Program Enrollment/Utilization Review (PE/UR) staff in the MRA section of DADS Access and Intake Division have developed a matrix to assist providers and MRA staff to complete all the necessary activities. The information is currently being finalized to reflect changes and to outline the responsibilities of program providers, Program Enrollment staff, and of the MRA staff, along with instructions.

Please note that providers who have already administratively allocated nursing units on the new IPC form in accordance with DADS' instructions do not have to complete a new IPC form. In order to submit claims for nursing services provided from September 1, 2009, through September 13, 2009, providers must add together all nursing units allocated across these new categories on the hard copy IPC and enter this total number of units into CARE under the current nursing category. The current nursing category will be made available for all IPCs and revisions with effective dates of September 1, 2009 through September 11, 2009.

At the time of implementation of the new nursing categories on September 14, 2009, providers will be required to back-out all nursing claims entered during this time period under the current nursing rate and will then re-submit service claims for those services in accordance with the appropriate nursing categories. This will allow the correct nursing service to be billed and the correct payment rate to be paid retroactively.

To simplify the transition process during this interim period, providers have the option to hold submission of claims for nursing until implementation of the new nursing categories and the provider's allocation of all nursing units across the new categories in the CARE system. This will expedite reimbursement of claims for nursing services during this transition period.

When possible, providers are also encouraged to delay data entry of all transfers or IPC revisions in CARE until implementation of the new nursing categories to avoid the necessity of backing out data and being required to re-enter data using revised service categories or rates.

Daily respite will be made available in the programs' service arrays during the interim period of this delay, from September 1, 2009 through September 14, 2009, to allow providers the flexibility to complete one IPC conversion activity to accomplish necessary conversions for both nursing and respite services. However, these conversions may also be entered separately and providers are not required to alter conversions to respite that have already been completed in the system.

DADS PE/UR staff will be communicating with MRAs regarding all pending enrollments. Due to this delay in implementation of the new nursing categories, PE/UR and DADS Information Technology staff will coordinate necessary changes to initial IPCs to accurately reimburse providers for nursing services provided on the first day of an individual's enrollment into the HCS or TxHmL Program.

Please note that the current nursing service and daily respite will be available in CARE through September 11, 2009. CARE will be unavailable from 6:00 pm on September 11, 2009 until 8:00 am on September 14, 2009, to conduct conversion programming to implement the new nursing categories and new rates for specialized therapies.

If you have any questions about the matrix or need additional information, please contact Geoff Shute, Psychologist, for PE/UR, MRA Section, Access and Intake at (512) 438-5020 or geoff.shute@dads.state.tx.us or Dana Marin, Program Specialist for PE/UR, MRA Section, Access and Intake at (512) 438-4917 or dana.marin@dads.state.tx.us.

If you have questions regarding the delay in implementation of these changes, please contact the HCS and TxHmL Policy Specialist at (512) 438-3015.

Sincerely,

[signature on file]

Tommy Ford
Interim Director
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TF:ss

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