



INTERIM COMMISSIONER
Jon Weizenbaum

December 11, 2009

To: Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) Providers

Subject: Information Letter No. 09-172
Client Movement Form Required for All Resident Transactions (Admissions and Discharges)

Purpose:

Intermediate Care Facility providers must submit Department of Aging and Disability (DADS) discharges within 3 days after the effective date of discharge. Discharges are submitted via the Client Movement Form available in Client Assignment and Registration System (CARE).

Facilities should review the Texas Administrative Code 40 TAC §9.227(e):

Within 3 days after the effective date of a discharge, a program provider must:
(1) electronically submit a completed Client Movement Form to the department; and
(2) submit a paper copy of the completed Client Movement Form to the appropriate Health and Human Services Commission (HHSC) Medicaid eligibility worker

Intermediate Care Facility providers have a contractual responsibility to report admissions and discharges and not submit a claim for services when a Medicaid client has left their facility. Billing for days the individual is not in the facility could result in a referral to the Office of the Inspector General for fraudulent billing.

Section F of the provider agreement that states that the Intermediate Care Facility agrees to:

Submit claims for payment including electronic claims, in accordance with billing guidelines and procedures promulgated by DADS. The Owner certifies that information submitted regarding claims will be true, accurate and complete, and that such information can be verified by source documents from which data entry is made by the Owner. Further, the Owner understands that payments of the claim will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

Impact to Providers and Consumers:

Timely and accurate submission of client movement forms benefits providers by updating the payment system to reflect appropriate service dates and resident eligibility. Documentation of these transactions allows the consumer's new service provider to admit and bill for the current services. In addition, submission within 72 hours facilitates timely payments to residents who are eligible for Personal Needs Allowance benefits.

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Providers who do not submit and process the Client Movement Form, as required, are out of compliance with their contract and subject to adverse action, including vendor holds.

For questions related to admission and discharge policy, providers may contact Geri Willems, Manager for Institutional Services Policy Development and Support, at 512-438-3159 or by email at geri.willems@dads.state.tx.us.

For questions related to the Client Movement Form, providers may contact HHSC Field Support Staff at 512-438-4720, option "0" and for billing issues, providers may contact Provider Claims Services at 512-438-2200, option 1.

Sincerely,

[signature on file]

William Campbell, Director
Institutional Services Section
Provider Services

WC:gw