



INTERIM COMMISSIONER
Jon Weizenbaum

December 28, 2009

To: Home and Community-based Services (HCS) Providers
Subject: Information Letter No. 09-184
Modification of HCS Program Provider Requirements During the Transition of the Case Management Function to MRAs

The Department of Aging and Disability Services (DADS) is proposing rules that will transfer the case management function, currently performed by HCS program providers, to Mental Retardation Authorities, (MRAs) as required by the 2010-2011 General Appropriations Act (Article II, Special Provisions, Section 48, Senate Bill 1, 81st Legislature, Regular Session, 2009). DADS anticipates these rules will be effective June 1, 2010.

In order to facilitate the transfer of the case management function to MRAs, DADS is, effective the date of this letter, modifying some of its requirements for HCS program providers.

The first requirement being modified is the certification principle at 40 TAC §9.174(34) that states that a program provider must ensure that:

- the HCS case manager is employed by the HCS program provider;
- the HCS case manager serves no more than 30 individuals; and
- case management is available as determined by individual need.

Effective the date of this letter, a program provider is not required to provide case management using only employees of the program provider (that is, a program provider could use a qualified contractor to provide case management). If a program provider chooses not to provide case management using only employees, however, the program provider must ensure that at least one of the following service components is provided using only employees: residential support, supervised living, supported home living, day habilitation, supported employment, or respite.

Before June 1, 2010, HCS Program providers will receive instructions from DADS about how to formally notify DADS in writing of:

1. the specific HCS Program service being provided using only employees; and,
2. if the program provider decided not to provide case management using only employees prior to June 1, 2010, the effective date of the provider's decision.

In addition, instead of a case manager being prohibited from serving more than 30 individuals, a case manager is, effective the date of this letter, permitted to serve up to 45 individuals. The provision in §9.174(34) that case management be available as determined by individual need is not being modified.

The second requirement being modified is the certification principle at 40 TAC §9.174(36) which states that the HCS case manager provides only case management and that the provision of such is exclusive of any other assignments or services pertaining to an individual. Effective the date of this letter, DADS is not requiring that a case manager provide case management to the exclusion of any other HCS Program service, other assignment or a service pertaining to an individual.

HCS program providers must continue to comply with all other requirements regarding the provision of HCS Program services, including the following:

- 40 TAC §9.174 (37) states that the program provider must ensure that the primary purpose of case management is to provide a single identified person accountable to the individual and LAR for coordinating the individual's overall program;
- 40 TAC §9.174(38) states that the program provider must ensure that the individual and LAR are informed of the name and telephone number of the HCS case manager and are informed whenever there is a change in the case manager or the case manager's telephone number; and
- 40 TAC §9.177(h) states that the program provider must ensure that the HCS case manager is currently qualified by having:
 1. a bachelor's degree with major specialization in social, behavioral, or human services or related fields;
 2. a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma with related volunteer experience comparable to two years full-time work in a social, behavioral, or human services or related fields;
 3. a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma with a minimum of two years full-time work experience in social, behavioral, or human services or related work; or
 4. a license by the Texas Board of Nursing as an Licensed Vocational Nurse (LVN) or Registered Nurse (RN) with one year of experience in human services.

The HCS Program Billing Guidelines at §4.01(B) state that "the only billable activity for the case management service component is interacting face-to-face with the individual to:

- identify non-HCS Program services or service components the individual may need;
- coordinate the provision of service components to the individual; or
- monitor the effectiveness of service components the individual is receiving and the individual's progress toward achieving the service outcomes described in the individual's ISP."

If required by a determination of an individual's interdisciplinary team (IDT), a case manager must conduct, on a monthly basis, a face-to-face visit with the individual that is billable activity as described above. Further, a provider is required to perform all other non-billable case management functions on behalf of the individual, as described in rule at 40 TAC §9.174(35), even if the IDT determines that such face-to-face visits be conducted on less than a monthly basis.

If you have any questions about this Information Letter, please contact the HCS Policy Specialist at (512) 438-3015.

Sincerely,

[signature on file]

Barry C. Waller
Assistant Commissioner, Provider Services

[signature on file]

Veronda Durden
Assistant Commissioner, Regulatory Services

cc: MRAs