



COMMISSIONER
Adelaide Horn

June 18, 2009

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

Subject: Information Letter No. 09-65
Amended Process for Individual Plans of Care (IPCs) and Claims Submission in the Client Assignment and Registration (CARE) System for Respite Services in the HCS and TxHmL Programs

The purpose of this letter is to inform providers that the Texas Department of Aging and Disability Services (DADS) is amending the process for entering IPCs and submitting claims for respite services in the CARE system for the HCS and TxHmL Program. These new requirements for claim submission do not affect the ability of an individual in the HCS or TxHmL Program to receive respite in either the individual's residence or another location.

Currently, §4.06(F)(2) of the *HCS Program Billing Guidelines* requires a provider to submit a service claim for daily respite if 10 hours or more of respite are provided to an individual in one calendar day in a location other than the individual's residence. In addition, §4.06(F)(3) permits a provider to submit a service claim for daily respite if 10 hours or more of respite are provided to an individual in one calendar day in the individual's residence. Similar provisions exist for TxHmL providers in Section 3800 of the *TxHmL Program Service Definitions and Billing Guidelines*.

Effective September 1, 2009, HCS and TxHmL providers will no longer be allowed to submit a service claim for daily respite. Instead, a provider will be required to submit a service claim for only quarter-hour respite. For example, if a program provider provides 10 hours of respite to an individual in one calendar day in the individual's residence or in another location, the service claim must be for 40 quarter-hours of respite.

For an individual in the HCS or TxHmL Program who lives with a caregiver in the individual's own home or family home, a provider may submit a service claim for up to 96 quarter-hours (24 hours) per day of respite provided in the individual's home. A provider may only submit a claim for up to 40 quarter-hours (10 hours) of respite provided in one day (24 hours) to an individual in a location other than the individual's home.

§4.06(G) of the *HCS Billing Guidelines* currently states that a provider may not submit a service claim for daily respite provided on a day for which a service claim for supported home living is also submitted. Effective September 1, 2009, a provider may not submit a service claim for 40 or more quarter-hours of respite provided on a day for which a service claim for supported home living is also submitted. A provider may submit a service claim for less than 40 quarter-hours as long as the provision of each service does not overlap.

Annual payment limits for respite services in both programs are unchanged. Annual limits for respite services are as follows:

- For HCS respite services provided to an individual who is not participating in the consumer directed services option, \$2,922.00 or 300 hours per IPC year subject to the individual cost limit for the IPC;
- For HCS respite services under the consumer directed services option, \$4,056.00 per IPC year subject to the individual cost limit for the IPC; and
- Respite in the TxHmL Program is subject to the Community Living Service Category limit (currently \$10,400.00) and the individual cost limit for an IPC (\$13,000 per IPC year), regardless of the service delivery option.

By August 31, 2009, HCS and TxHmL providers must convert existing units of daily respite on all IPCs to hourly respite units. A provider may convert units of daily respite on an individual's IPC without convening an interdisciplinary team meeting if no revisions to the type and amount of a service on the IPC are necessary. If the conversion occurs without an IDT meeting, the provider should show the converted units on the hard copy of the IPC with a notation of "administrative revision per DADS" in the signature section of the document.

DADS is in the process of making changes to the HCS and TxHmL *Program Billing Guidelines* to be consistent with the provisions of this letter.

If you have questions about these above described changes, please contact Misti J. Ackermann, Program Manager for Provider Services Billing and Payment at (512) 438-4934 or by e-mail at misti.ackermann@dads.state.tx.us.

Sincerely,

[signatures on file]

David Rollins
Director
Mental Retardation Authorities

Tommy Ford
Interim Director
Community Services

TF:ss