



COMMISSIONER
Jon Weizenbaum

June 5, 2014

To: Texas Home Living Program Providers
Local Authorities
Financial Management Services Agencies

Subject: Information Letter 14-29
Maintaining Continuously Current Waiver Program Eligibility

The purpose of this Information Letter (IL) is to provide information and recommendations for Texas Home Living (TxHmL) program providers and local authorities (LAs) regarding maintaining 1) continuously current level of care (LOC) authorizations through approved Intellectual Disability/Related Conditions (ID/RC) forms, 2) continuously current service authorizations through approved Individual Plans of Care (IPCs), and 3) continuously current financial eligibility for all individuals enrolled in the TxHmL program. Financial Management Services Agencies (FMSAs) are included on this IL for informational purposes only.

As described in [IL 14-04](#), the Health and Human Services Commission (HHSC) is expanding the State of Texas Access Reform Plus (STAR+PLUS) program to include the provision of basic health services (acute care) to individuals receiving long-term services and supports (LTSS) through the TxHmL program. Acute care includes services such as doctor visits, hospital or emergency room services, and prescription medications. Effective September 1, 2014, individuals enrolled in the TxHmL program will begin receiving their acute care services from managed care organizations (MCOs) through the STAR+PLUS Program with the following exceptions:

- **Excluded:** Individuals residing in state supported living centers and individuals receiving both Medicaid and Medicare Part B benefits are not included in this expansion.
- **Voluntary:** Individuals 20 years of age or younger who receive Supplemental Security Income (SSI) or SSI-related services may choose to continue receiving acute care services through traditional Medicaid or enroll in STAR+PLUS for acute care services.

For MCOs to determine and maintain TxHmL individuals' eligibility for acute care services through STAR+PLUS, individuals must have an authorized LOC and an authorized IPC for the TxHmL program in the Client Assignment and REgistration (CARE) system. Individuals must also have a current certification of Medicaid financial eligibility for the TxHmL program as determined by HHSC.

Lapses in individuals' TxHmL LOC or IPC authorizations in the CARE system or loss of financial eligibility for the TxHmL program may result in individuals not being eligible to enroll in or maintain eligibility for acute care services through the STAR+PLUS program. This would put individuals at risk of being unable to access needed services, such as doctor visits, hospital or emergency room services, and prescription medications. Therefore, it is important that TxHmL program providers and LAs make every effort to ensure individuals' LOC authorizations, IPC authorizations, and financial eligibility for the TxHmL program are current and remain

continuously current with no lapses in coverage.

Although processes currently exist in the TxHmL program for LAs to request coverage of LOC authorization lapses by submitting Purpose Code E ID/RC forms and to request backdating of renewal IPCs, TxHmL program providers and LAs should review and, if necessary, revise their internal business processes to avoid the need to submit Purpose Code E ID/RC forms or to request backdating of renewal IPCs.

TxHmL program providers are also encouraged to actively monitor the status of the individuals' financial eligibility for the TxHmL program and, in particular, to keep track of Medicaid redetermination dates for those individuals who are required to submit annual Medicaid redetermination packets to HHSC. TxHmL program providers should assist individuals, their legally authorized representatives (LARs), and authorized representatives (ARs) with redetermination activities to prevent individuals' loss of financial eligibility for the TxHmL program. LA service coordinators may also provide assistance, if requested by the individuals, LARs, or ARs. Refer to the "*Requirement to Maintain Continuously Current Financial Eligibility for TxHmL*" section of this letter for more information.

Requirement to Maintain Continuously Current LOC Authorizations for TxHmL

The Department of Aging and Disability Services (DADS) rule at Texas Administrative Code (TAC), Title 40, Section 9.560 requires LA service coordinators to request LOC determinations for applicants or individuals by electronically submitting completed ID/RC forms to DADS. LOC determinations are valid for 364 calendar days after the ID/RC effective date authorized by DADS. DADS rule 40 TAC Section 9.568 requires LA service coordinators to submit annual evaluations of LOC to DADS for approval. LA service coordinators must electronically transmit completed, signed, and dated ID/RC forms to DADS before the expiration date of an individual's ID/RC.

LA service coordinators may enter Purpose Code 3 (continued stay) ID/RC forms into the CARE system as early as 60 calendar days before the expiration date of the current ID/RC. To allow sufficient time for ID/RC processing timeframes, LA service coordinators are encouraged to electronically transmit ID/RC renewals as close to 60 calendar days before the expiration date as possible to avoid lapses in LOC authorizations in the CARE system.

Requirement to Maintain Continuously Current IPC Authorizations for TxHmL

DADS rule at 40 TAC §9.568 requires that individuals' TxHmL IPCs be renewed at least annually and before expiration. LA service coordinators must electronically transmit completed, signed, and dated proposed renewal IPCs to DADS before the expiration date of the individuals' IPCs. LA service coordinators may enter renewal IPCs into the CARE system as early as 60 calendar days before the expiration date of current IPCs. To allow sufficient time for IPC processing timeframes, LA service coordinators are encouraged to electronically transmit IPC renewals as close to 60 calendar days before the expiration date as possible to avoid lapses in IPC authorizations in the CARE system.

Requirement to Maintain Continuously Current Financial Eligibility for TxHmL

The HCS Handbook, Section 11100 requires all individuals enrolled in the TxHmL program maintain financial eligibility for the TxHmL program.

Individuals enrolled in the TxHmL program who receive SSI benefits from the Social Security Administration (SSA) are categorically eligible for SSI Medicaid. Annual redeterminations of Medicaid eligibility through HHSC are not required for these individuals. However, individuals or their representative payees must work with the SSA to maintain their SSI benefits and ensure continued eligibility for SSI Medicaid to remain financially eligible for the TxHmL program. Individuals or their representative payees must maintain current mailing addresses with the SSA. If individuals lose their eligibility for SSI benefits through the SSA, individuals will also lose their eligibility for SSI Medicaid. If individuals lose eligibility for SSI Medicaid, TxHmL program providers should assist individuals, LARs, or ARs with submitting Medicaid applications to HHSC.

For all other individuals enrolled in the TxHmL program, HHSC requires annual redeterminations of Medicaid eligibility for the TxHmL program. Individuals or their ARs may call 2-1-1 to find out their Medicaid redetermination due date. HHSC mails Medicaid redetermination packets to the individuals' last known mailing addresses at least 60 calendar days in advance of their redetermination due date. Individuals or ARs must maintain current mailing addresses with HHSC. TxHmL program providers are encouraged to actively monitor Medicaid redetermination dates for these individuals and contact individuals, LARs, or ARs before the redetermination due date to offer assistance with submission of the Medicaid redetermination packet to HHSC in order to prevent loss of financial eligibility for the TxHmL program.

DADS recommends TxHmL program providers and LAs educate individuals, LARs, and ARs about the importance of maintaining financial eligibility for the TxHmL program and frequently remind them to contact their TxHmL program provider or LA service coordinator for assistance regarding any communication they receive from HHSC about their Medicaid eligibility or from the SSA about their SSI benefits.

Recommendations to avoid lapses in LOC authorizations, IPC authorizations, and loss of financial eligibility for TxHmL

Listed in this section are possible organizational strategies TxHmL program providers and LAs could implement to prepare for the upcoming STAR+PLUS acute care expansion.

1. Develop a tracking method, such as a spreadsheet, to record ID/RC and IPC expiration dates for individuals served in your program. Use this tracking method to begin working on renewal documents well ahead of the expiration dates and complete data entry in CARE as early as the system will allow (up to 60 calendar days before the expiration date).
 - TxHmL program providers may access CARE screen C65 to search for ID/RC expiration dates and C64 to search for IPC expiration dates.
 - The LA may access screen L65 to search for ID/RC expiration dates and L64 to search for IPC expiration dates.
2. Attempt to schedule service planning team (SPT) meetings well in advance to account for difficulty in coordinating schedules for all required attendees. Encourage individuals, LARs,

and ARs to avoid delaying SPT meetings to prevent a potential negative impact on individuals' Medicaid acute care eligibility.

3. When submitting ID/RC or IPC renewal packets to DADS for review, conduct thorough quality checks before sending the packet. Make sure all of the necessary documentation is included in the submission to avoid the need for DADS to request additional information before making authorization determinations. DADS encourages TxHmL program providers and LAs to utilize the submission guidelines available at <http://www.dads.state.tx.us/providers/guidelines/index.html> to ensure complete packet submissions. When the provider or LA receives a request for additional information from DADS, the provider or LA must respond as quickly as practicable, ensuring a return of all information requested in their response.
4. For individuals enrolled in the TxHmL program who receive SSI Medicaid, frequently remind individuals or their representative payees to notify you of any communication they receive from the SSA regarding their SSI benefits. Offer to assist with submission of requested information or documentation to the SSA before the deadline in order to maintain individuals' SSI benefits and to avoid the loss of financial eligibility. LA service coordinators may also provide assistance, if requested by individuals or their representative payees. TxHmL program providers and LAs may access CARE screen C63 to review individuals' Medicaid information.
5. For individuals enrolled in the TxHmL program who are not receiving SSI Medicaid, develop a tracking method, such as a spreadsheet, to monitor Medicaid redetermination due dates for individuals served in your program. Using this tracking method, inform individuals, their LARs, or ARs that they should notify you of any communication they receive from HHSC regarding their Medicaid eligibility. Offer to assist with completing Medicaid redetermination packets and ensuring submission to HHSC before the deadline. LA service coordinators may also provide assistance, if requested by individuals, their LARs, or ARs. TxHmL program providers and LAs may access CARE screen C63 to review individuals' Medicaid information.
6. DADS also recommends LA service coordinators and TxHmL program provider staff with responsibilities related to ID/RC renewals, IPC renewals, or monitoring of financial eligibility, to subscribe to receive email alerts and notifications when DADS publishes information regarding the TxHmL program. There is no cost for subscription and no limit to the number of staff who may subscribe. To subscribe, go to <https://public.govdelivery.com/accounts/TXHHSC/subscriber/new>.

DADS reminds TxHmL program providers and LAs of their obligation to comply with DADS rules, provider handbooks, billing guidelines, and provider communications, including provider ILs and policy clarifications.

More information and resources regarding the expansion of Medicaid managed care is available on HHSC's Medicaid managed care initiatives website at <http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml>. This website can also be accessed directly from the DADS TxHmL program page at <http://www.dads.state.tx.us/providers/TxHmL/index.cfm>. From this page, click on the STAR+PLUS (HHSC) navigation button on the left of the screen, then "STAR+PLUS Medicaid Managed Care Initiatives."

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DADS is developing additional resources to provide information about the importance of avoiding lapses in LOC and IPC authorizations and loss of financial eligibility for the waiver programs. These resources may include alerts, webinars, trainings, an electronic frequently asked questions document, and other stakeholder forums.

Please send questions related to this IL to the TxHmL mailbox at txhml@dads.state.tx.us.

Sincerely,

[signature on file]

Elisa J. Garza
Assistant Commissioner
Access and Intake

[signature on file]

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