

Chapter 62, ~~Contracting to Provide~~ Transition Assistance Services
Subchapter A, Introduction
29 TexReg 8381 pub date 8/27/04 eff date 8/31/04

§62.1. Purpose.

This chapter establishes the requirements for a TAS provider agencies ~~contracting to provide TAS transition assistance services to eligible clients~~ through the following DADS Texas Department of Human Services ~~waiver~~ programs:

- ~~(1)~~ (2) the CLASS Program Community Living Assistance and Support Services;
 - ~~(2)~~ (3) the MDCP Medically Dependent Children;
 - ~~(3)~~ (4) the DBMD Program Deaf Blind with Multiple Disabilities; and
 - ~~(4)~~ (5) the HCS Program Consolidated Waiver.
- ~~(1) Community Based Alternatives;~~

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§62.3. Definitions.

The following words and terms have the following meanings when used in this chapter, unless the context clearly indicates otherwise:

(1) Case manager—~~The person A Texas Department of Human Services (DHS) employee or case management agency employee who is responsible for case management activities in the CLASS, MDCP, and DBMD Programs. Activities include eligibility determination, client registration, assessment and reassessment of a client's need, service plan development, and intercession on a client's behalf.~~

~~(2) Client—An individual who is eligible to receive DHS Medicaid waiver services. References in this chapter to “client” include the client's representative, unless the context indicates otherwise.~~

~~(3) Community Based Alternatives (CBA)—A Medicaid program that provides services to eligible adults who are aged and/or disabled as an alternative to institutional care in a nursing facility. CBA services are provided in accordance with the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. §1396n(c)).~~

~~(2) (4) CLASS Program--Community Living Assistance and Support Services Program. A Medicaid waiver program authorized by the Centers for Medicare and Medicaid Services in accordance with §1915(c) of the Social Security Act and operated by DADS under Chapter 45 of this title (relating to Community Living Assistance and Support Services). (CLASS)—A Medicaid program that provides home and community-based services to eligible people with related conditions (developmental disabilities other than mental retardation), as a cost-effective alternative to placement in an Intermediate Care Facility for Persons with Mental Retardation or~~

~~Related Conditions (ICF MR/RC). CLASS services are provided in accordance with the waiver provisions of §1915(e) of the Social Security Act (42 U.S.C. §1396n(e)).~~

~~(5) Consolidated Waiver Program (CWP)–A Medicaid program that provides home and community based services to people who are eligible for care in a nursing facility or ICF-MR/RC as an alternative to institutional placement. CWP services are provided in accordance with the waiver provisions of §1915(e) of the Social Security Act (42 U.S.C. 1396n(e)).~~

~~(6) Contract–The formal, written agreement between DHS and a provider agency to provide services to DHS clients eligible under this chapter in exchange for reimbursement.~~

~~(7) Contract manager–A DHS employee who is responsible for the overall management of the contract with the a provider agency.~~

~~(3) (8) DHS DADS --The Texas Department of Aging and Disability Services Human Services.~~

~~(4) (9) Day Days--A calendar day Any reference to days means calendar days, unless otherwise specified in the text. A calendar day includes Calendar days include weekends and holidays.~~

~~(5) (10) DBMD Program--Deaf Blind with Multiple Disabilities Program. A Medicaid waiver program authorized by the Centers for Medicare and Medicaid Services in accordance with §1915(c) of the Social Security Act and operated by DADS under Chapter 42 of this title (relating to Deaf Blind with Multiple Disabilities (DBMD) Program). (DBMD)–A Medicaid program that provides home and community-based support services to persons age 18 or older who are deaf blind and have at least one other disability, and who are eligible for institutional care, as a cost-effective alternative to institutional care. DBMD services are provided in accordance with the waiver provisions of §1915(e) of the Social Security Act (42 U.S.C. 1396n(e)).~~

~~(6) Facility--In this chapter, facility means:~~

~~(A) for an individual enrolling in MDCP, a nursing facility;~~

~~(B) for an individual enrolling in the DBMD Program or CLASS Program, a nursing facility or an ICF/IID;~~

~~(C) for an individual enrolling in the HCS Program, a nursing facility, an ICF/IID, or a GRO.~~

~~(7) GRO--General Residential Operation. As defined in Texas Human Resources Code, §42.002, a child-care facility that provides care for more than 12 children for 24 hours a day, including facilities known as children's homes, halfway houses, residential treatment centers, emergency shelters, and therapeutic camps.~~

~~(8) HCS Program--Home and Community-based Services Program. A Medicaid waiver program authorized by the Centers for Medicare and Medicaid Services in accordance with §1915(c) of the Social Security Act and operated by DADS under Chapter 9, Subchapter D of this title (relating to Home and Community-based Services (HCS) Program).~~

(9) ICF/IID--Intermediate care facility for individuals with an intellectual disability or related conditions. An ICF/IID is licensed under Texas Health and Safety Code, Chapter 252, or certified by DADS.

(10) Individual--A person who is eligible to receive TAS in a waiver program described in §62.1 of this subchapter (relating to Purpose).

(11) IPC--Individual plan of care.

(12) LAR--Legally authorized representative. A person authorized by law to act on behalf of an individual with regard to a particular matter. The term may include a parent, guardian, or managing conservator of a minor, or the guardian of an adult.

(13) ~~(14)~~ MDCP--Medically Dependent Children Program. A Medicaid waiver program authorized by the Centers for Medicare and Medicaid Services in accordance with §1915(c) of the Social Security Act and operated by DADS under Chapter 51 of this title (relating to Medically Dependent Children Program). (MDCP)– A Medicaid program that provides home and community-based support services to persons under 21 years of age who are medically dependent and eligible for institutional care, as a cost-effective alternative to institutional care. MDCP services are provided in accordance with the waiver provisions of §1915(e) of the Social Security Act (42 U.S.C. 1396n(e)).

(14) ~~(12)~~ Nursing facility--A facility licensed under the Texas Health and Safety Code, Chapter 242, that provides organized and structured nursing care and services.

~~(13) Provider agency– An agency that contracts with DHS to provide transition assistance services to clients in exchange for reimbursement.~~

(15) Service coordinator--An employee of a local authority who provides service coordination to an individual in the HCS Program.

(16) TAS--Transition assistance services.

(17) TAS provider--A person that has a contract with DADS to provide TAS in accordance with Chapter 49 of this title (relating to Contracting for Community Services).

~~(14) Waiver program– A DHS Medicaid program operated under the waiver provisions of §1915(e) of the Social Security Act (42 U.S.C. §1396n(e)), including: CBA, CLASS, MDCP, DBMD, and CWP.~~

(18) ~~(15)~~ Working day days--Any day except a Saturday, a Sunday, or a national or state holiday listed in Texas Government Code §662.003(a) or (b).Days DHS is open for business.

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Subchapter A, Introduction

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Propose to Repeal [§62.5. Service Description.

~~(a) Transition assistance services (TAS) assist Medicaid recipients who are nursing facility residents discharged from the facility to set up a household. TAS are only available to nursing facility residents who are discharged from the facility into a waiver program. TAS are not available to residents moving from a nursing facility who are approved for any of the following waiver services:~~

- ~~(1) assisted living services;~~
- ~~(2) adult foster care services;~~
- ~~(3) support family services;~~
- ~~(4) 24-hour residential habilitation; or~~
- ~~(5) family surrogate services.~~

~~(b) TAS include, but are not limited to:~~

- ~~(1) payment of security deposits required to lease an apartment or home, or to establish utility services for the home;~~
- ~~(2) purchase of essential furnishings for the apartment or home, including table, chairs, window blinds, eating utensils, and food preparation items;~~
- ~~(3) payment of moving expenses required to move into or occupy the home or apartment; and~~
- ~~(4) payment for services to ensure the health and safety of the client in the apartment or home, such as pest eradication, allergen control, or a one-time cleaning before occupancy.~~

~~(c) A nursing facility resident who is discharged from the facility into a waiver program is eligible to receive up to \$2,500 in TAS.~~

~~(d) TAS are available on a one-time basis only.~~

~~(e) A nursing facility resident who is discharged from the facility into a waiver program is eligible to receive up to \$2,500 in TAS.~~

~~(d) TAS are available on a one-time basis only.]~~

Propose as New §62.5. Service Description.

(a) TAS assist an individual in setting up a household in the community before being discharged from:

(A) a nursing facility and enrolling in MDCP;

(B) a nursing facility or an ICF/IID and enrolling in the DBMD Program or CLASS Program; or

(C) a nursing facility, an ICF/IID, or a GRO and enrolling in the HCS Program.

(b) An individual does not qualify for TAS if the individual's enrollment IPC includes any of the following services:

(1) support family services in the CLASS Program;

(2) continued family services in the CLASS Program;

(3) licensed assisted living in the DBMD Program; or

(4) licensed home health assisted living in the DBMD Program.

(c) An individual may receive TAS only once during the individual's lifetime.

(d) Except as provided in subsection (e) of this section, TAS provided under this chapter is limited to a maximum cost of \$2,500 authorized by DADS for the TAS provider to:

(1) pay security deposits required to lease a home, including an apartment, or to establish utility services for the home;

(2) purchase essential furnishings for the home, including table, chairs, window blinds, eating utensils, and food preparation items;

(3) pay moving expenses required to move into or occupy the home; and

(4) pay for services to ensure the health and safety of the individual in the home, such as pest eradication, allergen control, or a one-time cleaning before occupancy.

(e) If residential support, supervised living, or host home/companion care in the HCS Program is included on the individual's proposed initial IPC, TAS provided under this chapter is limited to a maximum cost of \$1,000 for the TAS provider to purchase:

(1) bedroom furniture; and

(2) bedroom linens.

(f) TAS minor home modifications and TAS minor home modifications assessments are only available in the HCS Program and are provided by an HCS program provider in accordance with Chapter 9, Subchapter D, of this title.

Chapter 62, ~~Contracting to Provide~~ Transition Assistance Services
Subchapter B, Provider Agency Requirements

[The amendment copied below to §62.11 is being proposed in project 8R031 with a 9/1/14 effective date. We do not plan to amend it in project 13R19.]

§62.11. Contracting Requirements.

A TAS provider agency must comply with this chapter and Chapter 49 of this title (relating to Contracting for Community Services).

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Subchapter C, Staff Requirements

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§62.21. Staff Requirements.

A TAS provider must ensure that an employee or contractor ~~The provider agency employees who delivers deliver~~ services under this chapter ~~must~~:

(1) is at least ~~be~~ 18 years old;

(2) has ~~have~~ a high school diploma or a certificate recognized by a state as the ~~its~~ equivalent of a high school diploma;

(3) ~~is not be the individual's client's spouse, the parent of a minor child, or LAR;~~

(4) ~~does not have legal conservatorship of the client, or live in the individual's client's household; and~~

(5) ~~(4) is be capable of providing TAS and complying with the documentation requirements under this chapter the required services.~~

Chapter 62, Contracting to Provide Transition Assistance Services

Subchapter D, Service Delivery Requirements

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[Will propose to repeal and replace it by adding new language in §62.33 Service Delivery.]

[§62.31. Referrals.]

~~[The provider agency must accept all clients of any waiver program whom the Texas Department of Human Services refers to the provider agency for services under this chapter.~~

Chapter 62, ~~Contracting to Provide~~ Transition Assistance Services

Subchapter D, Service Delivery Requirements

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§62.33. Service Delivery.

(a) ~~A TAS~~ The provider agency must:

(1) ~~provide TAS to an individual for whom the TAS provider receives, from the individual's case manager or service coordinator, a completed DADS TAS Assessment and Authorization form authorized by DADS;~~

(2) ~~(4) deliver to the individual client the specific TAS identified on the form transition assistance service that the case manager authorized in writing;~~

(3) ~~(2) purchase services for the individual client within the monetary dollar amount identified on the form that the case manager authorizes; and~~

(4) ~~(3) submit a service claim for reimbursement to DADS the Texas Department of Human Services only after all of the authorized purchased services have been delivered to the individual client.~~

(b) The TAS provider agency must complete the delivery of services to the individual client at least two days before the individual's client's nursing facility discharge date unless the delay in delivery is beyond the control of the TAS provider.

(c) If the TAS The provider agency may fail fails to deliver authorized services to the client by the applicable due date described in accordance with subsection (b) of this section, only if the reason for the delay is beyond the control of the provider agency, and only if the TAS provider must:

(1) agency makes an ongoing effort to deliver the services. The provider agency must document the following any failure to deliver the authorized services by the applicable due date, including:

(A) (1) a description of the pending services;

(B) (2) the reason for the delay;

(C) (3) either the date the TAS provider agency anticipates it will deliver the pending services or specific reasons why the TAS provider agency cannot anticipate a delivery date; and

(D) (4) a description of the TAS provider's provider agency's ongoing efforts to deliver the services; and

(2) (d) The provider agency must at least two days before the facility discharge date, provide the information described in paragraph (1)(A)-(D) of this subsection orally to orally notify the:

(A) the individual or the individual's LAR, or in MDCP, the individual's primary caregiver; and

(B) the case manager or service coordinator of any failure to deliver any of the authorized services before the applicable due date described in subsection (b) of this section.

(d) A TAS provider, within one working day after services have been delivered, must orally notify the following persons that services have been delivered:

(A) the individual or the individual's LAR, or in MDCP, the individual's primary caregiver; and

(B) the case manager or service coordinator.

(e) The oral notifications required by subsection (c)(2) and (d) of this section do not include a message left by voice mail Oral notice means directly speaking with the case manager and does not include a message left by voice mail.

Chapter 62, ~~Contracting to Provide~~ Transition Assistance Services
Subchapter E, Claim Payments and Documentation
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[Section 62.41 is proposed for amendment in project 8R031 with a 9/1/14 effective date. Copied below is the draft amendment to §62.41 planned for proposal in project 13R19.]

§62.41. Record Keeping.

(a) The TAS provider agency must maintain service delivery documentation in the individual's case file that includes the:

- (1) the individual's name and Medicaid number of the client;
- (2) the TAS provider's name and contract number ~~client Medicaid number~~;
- ~~(3) month of service delivery;~~
- (4) ~~provider agency name and contract number~~;
- (3) ~~(5) a description of the items and services delivered~~ service description;
- (4) ~~(6) the date items and services were purchased~~;
- (5) ~~(7) the date items and services were delivered~~;
- (6) ~~(8) the total monetary dollar amount of the items and services purchased~~ purchase, including taxes and delivery fees;
- (7) ~~(9) the purchase receipts~~; and
- (8) ~~(10) the dated signature of the employee or contractor~~ employee(s) who delivered the items and provided services.

(b) If a TAS provider does not complete the delivery of items and services to the individual by the due date described in §62.33(b) of this chapter (relating to Service Delivery), the TAS provider must maintain the documentation required in §62.33(c)(1) of this chapter in the individual's case file.

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Subchapter E, Claim Payments and Documentation
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[Section 62.43 is proposed for repeal in project 8R031 with a 9/1/14 effective date.]

Propose to repeal [§62.43. Reimbursement.

- ~~(a) The provider agency must bill for services provided as described in Chapter 49 of this title (relating to Contracting for Community Care Services).~~
- ~~(b) The provider agency must document service delivery as described in §62.41 of this chapter (relating to Record Keeping).~~
- ~~(c) The Texas Department of Human Services will pay for eligible services provided and billed in compliance with this chapter.]~~