General Casework Procedures

Applicant requests services for which there is no interest list, or is released from the interest list.

Applicant needs more than information and referral?

Form 2110, Community Care Intake, is completed and intake priority is determined. The application is assigned to a case manager. Look up the Texas Integrated Eligibility Redesign System (TIERS) record and print the screen if a record is found.

The case manager conducts a face-to-face visit at the individual’s home to complete the following activities:
- Complete Form 2060, Needs Assessment Questionnaire and Task/Hour Guide, to determine functional eligibility based on the score.
- Complete the service planning portion of Form 2060 to determine the caregiver arrangement and services to be purchased. Eligibility based on unmet need is established during this step.
- Using the regional list, have the applicant select a service provider. If the applicant has no preference, assign the next provider on rotation.
- Discuss service delivery options and have the applicant make a choice. Use Form 1584, Consumer Participation Choice, to document the choice.
- Discuss with the individual his rights and responsibilities. Use Form 2307, Rights and Responsibilities, and any necessary attachments to document the individual’s agreement.
- Assist with the application form completion if the individual is categorically eligible.

Is the applicant eligible based on functional score and unmet need?

The case manager verifies categorical status or determines income eligibility for non-Medicaid applicants. Community Attendant Services (CAS) and non-Supplemental Security Income (SSI) waiver applications are referred to Medicaid for the Elderly and People with Disabilities (MEPD) for a financial determination.

Is the applicant financially eligible?

The case manager sends a denial notice, Form 2065-A.
Yes
Is a DADS purchased service required or desired, or would a referral to another agency be more appropriate?

No
Complete the individual’s service plan.

Authorize services in the Service Authorization System (SAS) Wizards. Send Form 2065-A to the individual.

Services begin.

The case manager is notified of service initiation.

The case manager makes a 3/30 day contact if circumstances require it. CAS cases must be monitored every 90 days.

The case manager makes six month contacts for all services.

Annual reauthorizations: Functional eligibility is redetermined every 12 months. Financial eligibility is redetermined every 24 months.

Note: The case manager will respond to all requests for changes, make any adjustments needed in the service plan and enter the change in the SAS Wizards, when necessary.

Yes
Make any appropriate referrals to other agencies. Send Form 2065-A, if needed.
Casework Procedures Specific to Personal Attendant Services
and Deciding Which Service Is Appropriate

Does the individual meet all of the following criteria?
- Medical diagnosis, other than mental impairment, with resulting need for at least one personal care task?
- Able to obtain a practitioner’s statement documenting medical need?
- Needs attendant care at least six hours weekly or meets exception criteria?
- Has a functional need score of 24 or more?

Yes

No

Does the individual meet all of the Family Care (FC) criteria?
- Categorically eligible for Title XX services (recipient of Food Stamps, Medicaid, SSI, Temporary Assistance for Needy Families (TANF), Medical Assistance Only (MAO), Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB) or Qualifying Individual (QI))?
- Within the Community Care for Aged and Disabled (CCAD) Title XX income and resource limits?
- Age 18 or older?
- Have a functional score of 24 or more?
- Need attendant care six hours weekly or meet exception criteria?

Yes

Refer for FC

No

Does the applicant receive full Medicaid benefits?

Yes

Refer to Primary Home Care (PHC).

No

Refer to MEPD for CAS determination; evaluate for FC while CAS decision is pending.

Do not refer. Ineligible for FC

Appendix VII
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Casework Procedures Specific to Personal Attendant Services – Authorization Procedures for Community Attendant Services

Is the applicant financially and functionally eligible for the eligibility determination month?  

Yes  

The case manager enters pending authorization in the SAS Wizards and sends a referral packet to the provider.  

Did the provider request service plan changes?  

Yes  

The case manager contacts the provider to come to a resolution.  

Was a resolution reached?  

No  

The provider will contact the provider supervisor and negotiate a resolution with the regional nurse.  

Yes  

Within 14 days of receipt of Form 2101, Authorization for Community Care Services, the provider conducts pre-authorization activities, which includes obtaining a practitioner’s statement of medical need.  

Did the provider obtain a practitioner’s statement?  

Yes  

Send Form 2065-A to the applicant as notification of denial.  

No  

Send Form 2065-A to the applicant as notification of denial.  

The provider begins service delivery.  

Within 14 days of service initiation, the provider sends the regional nurse and case manager a notification of service initiation date and the practitioner’s statement date.  

The regional nurse updates SAS.  

Ongoing CAS Casework Requirements

CAS Monitoring Requirements:  

The case manager must make a face-to-face home visit to the CAS individual at least every 90 days. The visit must be in the individual’s home, even if the individual is receiving an out-of-home service, such as Day Activities and Health Services.  

Termination:  

The case manager processes the SAS Wizard and sets the authorization status to “Terminate.” The regional nurse is not involved.  

Annual Reauthorizations and Changes:  

The case manager runs the SAS Wizard and sets the authorization status to “Pending,” if there are no changes. If there are changes with an annual authorization, the service authorization is set to “Pending” and the case action will be processed like an initial authorization referral.
Casework Procedures Specific to Adult Foster Care (AFC)

The applicant has been determined financially and functionally eligible for CCAD services.

Yes

The applicant scored at least 18 on the Form 2060 assessment?

No

Evaluate for other community care services.

Yes

Does Form 2330, Assessment and Service Plan Approval for Adult Foster Care, show AFC placement to be appropriate to meet the applicant’s needs?

No

Send Form 2065-A as notification of AFC denial. Evaluate for other CCAD services.

Yes

Selecting the AFC Facility — The case manager:
- provides information about potential AFC homes and assists with making appointments, if necessary. If there is no source of support, the case manager may need to assist the applicant in making the visit(s).
- determines with the applicant which homes can provide an appropriate environment.
- talks to or visits prospective providers with the applicant/family.
- meets with the applicant and provider to facilitate the applicant’s adjustment to the home.

Are all interested parties in agreement about how the applicant’s needs should be met and about pursuing the AFC arrangement?

No

Go back to Selecting the AFC Facility.

Yes

Send Form 2065-A as notification of AFC denial. Evaluate for other CCAD services.

The case manager forwards Form 2060 and Form 2330 to the supervisor for approval.

Supervisor approves AFC?

No

The supervisor and case manager agree on the procedures to help the applicant move to the home, schedule onsite visits and whether regional nurse involvement is needed.

Yes

AFC is authorized retroactive to the date the applicant moved into the home or to the date the private-pay resident applied for services.

AFC is authorized using SAS Wizards. Form 2065-A is sent to the individual as an approval notice.

The case manager forwards Form 2060 and Form 2330 to the supervisor for approval.

Is the applicant already living in the foster home?

No

The applicant scored at least 18 on the Form 2060 assessment?

No

Evaluate for other community care services.

Yes

Does Form 2330, Assessment and Service Plan Approval for Adult Foster Care, show AFC placement to be appropriate to meet the applicant’s needs?

No

Send Form 2065-A as notification of AFC denial. Evaluate for other CCAD services.

Yes

Selecting the AFC Facility — The case manager:
- provides information about potential AFC homes and assists with making appointments, if necessary. If there is no source of support, the case manager may need to assist the applicant in making the visit(s).
- determines with the applicant which homes can provide an appropriate environment.
- talks to or visits prospective providers with the applicant/family.
- meets with the applicant and provider to facilitate the applicant’s adjustment to the home.

Are all interested parties in agreement about how the applicant’s needs should be met and about pursuing the AFC arrangement?

No

Go back to Selecting the AFC Facility.

Yes

Send Form 2065-A as notification of AFC denial. Evaluate for other CCAD services.

The case manager forwards Form 2060 and Form 2330 to the supervisor for approval.

Supervisor approves AFC?

No

The supervisor and case manager agree on the procedures to help the applicant move to the home, schedule onsite visits and whether regional nurse involvement is needed.

Yes

AFC is authorized retroactive to the date the applicant moved into the home or to the date the private-pay resident applied for services.

AFC is authorized using SAS Wizards. Form 2065-A is sent to the individual as an approval notice.