This bulletin is being sent to the Office of Eligibility Services’ (OES) Regional Director for Medicaid for the Elderly and People with Disabilities (MEPD) and other regional staff. This information is to be shared with all those who determine eligibility for MEPD. Please ensure copies are provided to staff that do not have access to e-mail. If you have any questions regarding the policy information in this bulletin, follow regional procedures. This bulletin will be available on the Family Services website at http://ofs.hhsc.state.tx.us/mepd/mepd-bulletins.aspx and as a part of the online Health and Human Services Commission (HHSC) Medicaid Eligibility Handbook (MEH) at http://www.dads.state.tx.us/handbooks/meh/res/policy/index.htm.

Background

Based on a decision of the executive staff of both HHSC and the Department of Aging and Disability Services (DADS), service authorization and payment-related data for DADS Long Term Service and Supports (LTSS) and institutional programs will be maintained by DADS in a system separate from the Texas Integrated Eligibility Redesign System (TIERS). TIERS will be the system of record for client demographics, eligibility records and benefit issuances. DADS will maintain the system of record for functional data (medical necessity, service level, total monthly cost of care, diagnosis, etc.) and service authorizations relating to payments for DADS LTSS Medicaid programs including institutional programs. TIERS and DADS will share data needed by MEPD staff to complete financial eligibility and co-payment determinations via web services. This project changes automation support and HHSC OES/DADS case processing coordination. This project does not change MEPD eligibility policy requirements.

Web services are not operational with the release of this bulletin. For shared data with DADS (e.g. medical necessity, service level, total monthly cost of care), collect the necessary data using current processes such as contact with the Texas Medicaid and Healthcare Partnership (TMHP). This information can be directly data entered in the LTSS Summary screen in order to process the case. Information will be shared with staff as web services become operational.
SAVERR

These changes affect TIERS cases only. There are no changes to processing MEPD eligibility in SAVERR.

Current TIERS Functionality

Currently, to determine eligibility and co-pay for certain types of DADS LTSS Medicaid programs including institutional programs, there is a dependency on HHSC MEPD staff to coordinate with the DADS staff to complete actions in TIERS within a specified sequence. DADS Service Authorization System (SAS) sends eligibility data elements to TIERS.

New TIERS Functionality

MEPD staff now has the ability to complete all of its financial data collection and dispose a Medicaid Eligibility (ME) eligibility determination group (EDG) independently of DADS’ case actions. TIERS will not build any Community Care EDGs with implementation of this modification. The Community Care program request is removed from the Program Request Screen. To obtain the necessary waiver/Community Attendant functional eligibility components, TIERS will send an automated request to DADS. TIERS will send requests on a daily basis until the results are obtained or the application timeframe is reached. Regardless of how many times MEPD staff runs eligibility per day, the request is made only once a day. MEPD staff will be able to re-request the waiver/Community Attendant functional eligibility components from the DADS system in between the daily requests, if needed, via the LTSS Summary/Details screen. The LTSS Summary/Details screen is defined further in this bulletin.

Processing Cases

Applications: Vendor staff will do the normal inquiry and determine if a case exists or if application registration is needed. A TIERS case will be established once a valid application has been received. Once vendor staff has established a case, MEPD staff use the Program Request screen to request the appropriate program(s). The MEPD driver flow has been modified to skip the data collection screens previously maintained by DADS; however, these screens are available on the Left Nav (navigation), if needed. MEPD staff will be able to continue through the driver flow and enter the individual demographic and income/resources data. TIERS will automatically send a request to the DADS system for waiver/Community Attendant functional eligibility components needed for Medicaid-related types of assistance (TOA) when the EDG is first run. When the MEPD staff has finished data entry and run Eligibility Determination and Benefit Calculation (EDBC), TIERS will automatically send an automated request to the DADS system for waiver/Community Attendant functional eligibility components still needed for Medicaid-related TOAs. The waiver/Community Attendant functional eligibility components received from DADS will be in the following formats:

Yes
No
Approved
Denied
Not Available
Once the functional eligibility components are received and if all eligibility business rules are met, TIERS will approve the EDG and an alert will notify MEPD staff that the EDG is ready to be disposed. If the data returned is “NA” or all the business rules are not satisfied, the EDG will pend. If the EDG pends for either of these reasons, an automated notification will be sent to the DADS’ system stating TIERS is missing information. This will enable DADS staff to be aware of the information needed to complete the financial EDG. If the application timeframes are reached, an alert will be sent to notify MEPD staff that the EDG needs to be denied or a justifiable delay reason added. TIERS will pend for missing waiver/Community Attendant functional eligibility components for the following TOAs:

ME - Non State Group Home  
ME – State Group Home  
ME – State Hospital  
ME – Nursing Facility  
ME – State School  
ME – Community Attendant  
ME – Waivers

For ME-Community Attendant EDGs, TIERS will pend only if there is no Community Attendant information in LTSS Summary Screen. TIERS will approve the ME-Community Attendant EDG if all other financial criteria are met and the LTSS Summary Screen reflects Community Attendant as either “approved” or “not available”.

MEPD staff can manually enter the functional eligibility components into TIERS, if verified through a source other than web services (e.g., telephone contact to TMHP to obtain medical necessity).

**Redeterminations:** Once the functional eligibility components are present in TIERS, there is no need to re-verify the functional eligibility components in order to complete the financial redetermination. Anytime a functional eligibility component changes, DADS will notify TIERS via a web service. A task is created for a significant change and MEPD staff will review and take appropriate action.

**Program Transfers:** Program transfers will follow the route of applications with the exception of daily requests to DADS. If the necessary functional eligibility components are not present in TIERS, the TIERS system will request the needed functional eligibility components when the EDG is first built and then again at EDBC, if pended for functional eligibility components. If the functional eligibility components are still needed after these two requests, MEPD staff will gather the necessary information and manually enter the information into TIERS in order to process the EDG.

**SAS**

This modification will eliminate the need for synchronization of TIERS and SAS. SAS errors will not occur in TIERS or have to be cleared before a case can be disposed. Effective with this
modification, do not process any TIERS-related case information in SAS. Make all necessary co-pay changes in TIERS. This includes adjustment of co-pay for incurred medical expense (IME) or reconciliation of income.

ME-Waivers EDG

The cascade for the Medicaid hierarchy is changed. The ME-Waivers TOA is now at the bottom of the full Medicaid cascade. An ME-Waivers EDG is not automatically built for a Community Care request for services. If an individual is currently eligible for a regular Medicaid program (e.g., Pickle) then LTSS programs do not require a change in Medicaid for payment of services. This also includes regular Medicaid programs provided by Texas Works. DADS outlined the specific Medicaid programs recognized by each waiver and it is the responsibility of the DADS program areas to know what Medicaid program is recognized by each waiver.

As part of the financial determination for waiver eligibility, a co-pay is established even if the amount is $0. With this modification, do not calculate a co-pay if the individual receives waiver services while eligible for a regular, non-waiver Medicaid program (e.g., Pickle). A client is not subject to financial co-pay unless eligibility is determined using the 300% of Supplemental Security Income limit.

Driver Flow Changes

The MEPD Driver flow now skips pages specific to DADS and those pages are available in read-only mode through the Left Nav. Since Community Care will no longer be available as an option when requesting programs, TIERS schedules the Medicaid Waivers/Community Attendant Details screen when the following question is answered yes: Is there any Waiver/CA request?

This question is located on the Individual Questions screen in the Individual Summary.

Risk Factors

Risk Factors are not a requirement of eligibility and the Risk Factors Screen is no longer in the driver flow.

Restitution

Delivered Services Screen is used to determine restitution amounts. Delivered Services Screen is available in the Left Nav under Inquiry. This screen is also available in the hover menu on the Individual Summary Screen. This screen is populated with information retrieved from DADS regarding the amount of Medicaid dollars paid per individual client and is a read-only screen. MEPD staff generates an automated request directly on this screen to DADS for the payment information. To generate an automated request, enter the individual identification number and the effective date. The effective date is the first month restitution is requested.
Pending Reasons

If an EDG pends for waiver/Community Attendant functional eligibility components, EDBC will accurately show what information is pending.

New/Updated Screens in TIERS

The following is a list of screens added to/updated in TIERS and their functionality:

- LTSS Summary/Details – This screen displays results for institutional/waiver/Community Attendant functional eligibility components received from DADS (for example, medical necessity, level of care, Hospice, etc.). It is available on the Left Nav and through the hover menu. MEPD staff is also able to request functional eligibility component information directly on this screen. Before clicking the “Get Other Agency Data” button, make a selection from the dropdowns for living arrangement, type of facility, monthly cost of care, Medicaid Waiver/CA and enter a request begin date.

- LTSS Eligibility Periods – This screen displays information received from DADS via web services regarding Waiver/Community Attendant eligibility periods. It is available on the Left Nav and through the hover menu.

- ME Waiver/Community Attendant Details - This screen displays the type of Medicaid Waiver/Community Attendant an individual is applying/eligible for. It is available in the driver flow, on the Left Nav and through the hover menu. For the driver flow TIERS schedules the Medicaid Waivers/ Community Attendant Details page when the following question is answered yes: Is there any Waiver/CA request?

This question is located on the Individual Questions screen in the Individual Summary.

Deeming of parental income/resources does not apply to ME-Waiver financial eligibility. This enhancement modification has added the ability to cascade past the Texas Works programs for children, which involve parental deeming. The question, “Is the applicant a child whose parents' income/resources is not needed?” is added to the ME Waiver/Community Attendant Details screen. With a yes answer to this question, the TIERS Medicaid cascade will skip the Texas Works TOAs for children and begin cascading again at ME EDGs. Review the ME Waiver/Community Attendant Details page and ensure the question, “Is the applicant a child whose parents’ income/resources is not needed?” is answered yes if the following conditions are met:

- Eligibility is run for a child applicant requesting waiver services
- A Texas Works TOA is built
- Parental income/resources are not available

If parental income/resources are available, enter that information in TIERS. If the child applicant is eligible for a Texas Works TOA with the parental income/resources, do not change the answer to yes for the question, “Is the applicant a child whose parents’ income/resources is not needed?” on the ME Waiver/Community Attendant Details screen just to build a ME-Waivers EDG. Coordinate with Texas Works staff for disposition of any Texas Works TOAs.
Living Arrangement

The Living Arrangement Logical Unit of Work (LUW) now contains the Facility Details Screen. A third tab is available in the Living Arrangement LUW and is labeled Facility Details. TIERS schedules the Facility Details Screen in the driver flow when the Living Arrangement Type is facility. **Reminder:** All screens in the LUW must be completed before any of the data entered in these screens will save.

A new verification entitled, “DADS Web Service” is now in the dropdown on the Living Arrangement Details screen. This will auto-populate when DADS provides the living arrangement via web services.

The Facility Information section on the Living Arrangement Screen is renamed Group Living Arrangement / Drug and Alcohol Treatment Center. The fields in this section are no longer mandatory when facility is selected as type of living arrangement.

The end user can automatically request the latest living arrangement and facility details from DADS by a request button on the Living Arrangement Details Screen.

Co-pay Changes Screen

Use this screen to override co-pay for changes that are not ongoing. For example, client has a dental incurred medical expense (IME) for a previous month. Access this screen through Left Nav under eligibility. This screen also displays a history of co-pay overrides. If the co-pay change is ongoing, correct the income/expenses in the driver flow screens and run EDBC.

The Co-pay Changes Screen also has a section that displays the co-pay payment override received from DADS. For example, a nursing facility individual has a Qualified Income Trust and the total monthly cost of care is less than the calculated co-pay based on total income. DADS adjusts the co-pay for payment purposes before making payment to the provider. When DADS makes this adjustment to the co-pay, DADS sends the co-pay payment override to TIERS via web services and TIERS populates this screen.

Neither history of a co-pay override nor DADS’ adjustment to a co-pay will update the eligibility co-pay calculated by EDBC but will be reflected in Inquiry>Hover>Co-pay screen.

Attachments

The following documents are attached to this bulletin:

- Form 1746-A, MEPD Referral/Cover Sheet – This form is used as a cover sheet for each referral to Midland for MEPD action on a financial application or case.
- MEPD Enhancement Detailed Business Processes – This outlines the business processes for MEPD including the changes associated with this modification.
- Appendix XXXII, Medicaid Program Transfers – This outlines situations when a Form H1010E (or application form such as H1200, etc.) is needed with a referral from another agency to HHSC mailed to Midland.
- Image Only Coversheet – This coversheet is used for documents that only need to be imaged and no other action necessary.
• Form 1746-B, Batch Coversheet – This coversheet is used when multiple referrals are mailed in one package to Midland.

**Effective Date**

This bulletin is effective August 30, 2008. The updates will be available in the MEH in early 2009.