



**COVID-19
Local Intellectual and Developmental Disability Authorities
Frequently Asked Questions
Updated Aug. 7, 2020**

Background

The following questions and answers were compiled during the COVID-19 webinar updates for local intellectual and developmental disability authorities (LIDDAs). The answers to these questions were provided at the time of distribution and are subject to change as new information becomes available. Intellectual and Developmental Disability (IDD) Services encourages LIDDAs to subscribe to email and text updates via [GovDelivery](#) to receive the most current information regarding different programs.

Frequently Asked Questions (FAQ)

Preadmission Screening and Resident Review (PASRR)

1. Can you address the requirement for PASRR and face-to-face (FTF) evaluations in 72 hours if the nursing facility (NF) does not allow access?

The Centers for Medicare and Medicaid Services (CMS) is allowing states and nursing homes to suspend these assessments for new residents for 30 days. After 30 days, new patients admitted to nursing homes with a mental illness (MI) or intellectual disability (ID) should receive the assessment as soon as resources become available. See [Long Term Care Facilities \(Skilled Nursing Facilities and/or Nursing Facilities\) CMS Flexibilities to Fight COVID-19](#)

2. Will you please review the PASRR Evaluation (PE) information again? Are FTFs still required at this time? I know you are seeking a CMS waiver. What is the status in the meantime?

CMS is allowing states and nursing homes to suspend these assessments for new residents for 30 days. After 30 days, new patients admitted to nursing homes with MI or ID should receive the assessment as soon as resources become available. See [Long Term Care Facilities \(Skilled](#)



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[Nursing Facilities and/or Nursing Facilities\) CMS Flexibilities to Fight COVID-19.](#)

3. We are being told by some NFs that their residents are not able to attend phone interdisciplinary team (IDT) meetings; in some cases, they are being sequestered in their rooms and phone contact is being restricted to families. What do we do about these cases?

Habilitation coordinators should document their efforts to conduct meetings by phone and any barriers they encounter. IDD Services has referred this to LTCR Services and will provide an update.

4. Will the seven-day timeframe for entering PEs into the Texas Medicaid and Health Partnership (TMHP) portal be waived due to NFs taking longer to get back with LIDDAs?

Yes, HHSC has waived the seven-day performance measure in the performance contract.

REVISED GUIDANCE: As of April 9, 2020, local authorities (LAs) are instructed to not conduct PEs if they receive an alert from the LTC portal. NFs have been instructed to only place PL1s with an exempted hospital discharge admission category into the portal. If a LA receives an alert to conduct a PE, they are to ignore the alert until they are notified by HHSC that the health emergency is over and deadlines associated with PASRR PE completions have been restored.



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5. We use a roll-up method for PASRR evaluations; without doing a FTF, we should not get kickback from TMHP billing as of today, correct?

Correct.

6. If PASRR IDD Specialized Services are suspended would a meeting be necessary to remove the Day Habilitation (DH) or Independent Living Skills (ILS) from the PASRR Comprehensive Service Plan (PCSP)?

No, please do not revise an individual's plan due to COVID-19. Simply note in their record why the services are temporarily not being provided.

7. We've had NFs tell us that they will not allow people to participate in PASRR IDTs and quarterly service planning team (SPT) meetings by phone, due to residents being quarantined in their rooms. Will this be allowed, and how will the requirement for individual participation in meetings be handled?

Habilitation coordinators should document their efforts to conduct meetings by phone and any barriers they encounter. IDD Services has referred this to LTCR Services and will provide an update.

8. PASRR Evaluations: What about completing the Community Living Options (CLO) as part of the PE process?

PASRR evaluators (and habilitation coordinators) should continue to complete CLO to the best of their ability, documenting any barriers to completing all requirements.

REVISED GUIDANCE: As of April 9, 2020, LAs are instructed to not conduct PEs if they receive an alert from the LTC portal. NFs have been instructed to only place PL1s with an exempted hospital discharge



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admission category into the portal. If a LA receives an alert to conduct a PE, they are to ignore the alert until they are notified by HHSC that the health emergency is over and deadlines associated with PASRR PE completions have been restored.

9. Will legally authorized representative (LAR) signatures be waived on SPT meetings for PASRR?

Yes, and the habilitation coordinator must document on the signature line that the LAR participated by phone.

10. Are we able to complete PE's without speaking to the individual and addressing CLO at a later date?

The PE can be completed by record review at this time. The CLO can be completed by phone or virtual means.

REVISED GUIDANCE: As of April 9, 2020, LAs are instructed to not conduct PEs if they receive an alert from the LTC portal. NFs have been instructed to only place PL1s with an exempted hospital discharge admission category into the portal. If a LA receives an alert to conduct a PE, they are to ignore the alert until they are notified by HHSC that the health emergency is over and deadlines associated with PASRR PE completions have been restored.



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11. What if we are unable to do CLO during the PE because we are unable to speak to person or the person is unable to communicate with speech?

Complete CLO to the best of your ability and document any barriers. You may be able to talk to someone who knows the person well, such as an LAR, family member, or facility staff member who is very familiar with the person.

REVISED GUIDANCE: As of April 9, 2020, LAs are instructed to not conduct PEs if they receive an alert from the LTC portal. NFs have been instructed to only place PL1s with an exempted hospital discharge admission category into the portal. If a LA receives an alert to conduct a PE, they are to ignore the alert until they are notified by HHSC that the health emergency is over and deadlines associated with PASRR PE completions have been restored.

12. Habilitation Coordination face-to-face billing. How can you bill for habilitation coordination if it is not face-to-face?

HHSC is submitting a request to Gov. Abbott to waive requirements in 26 Texas Administrative Code, Chapter 303 related to face-to-face visits to allow these to take place by alternate means. If the rule requirement is waived, LIDDAs will be able to bill for telephone or telehealth monitoring.

13. For CLO during PE, is the timeline still six months if we were unable to do but documented it?

CLO timeframes will continue as currently required. Please conduct CLO to the best of your ability and ensure that you are documenting any barriers to completing these requirements.

REVISED GUIDANCE: As of April 9, 2020, LAs are instructed to not conduct PEs if they receive an alert from the LTC portal. NFs have been



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instructed to only place PL1s with an exempted hospital discharge admission category into the portal. If a LA receives an alert to conduct a PE, they are to ignore the alert until they are notified by HHSC that the health emergency is over and deadlines associated with PASRR PE completions have been restored.

April 24, 2020 Update

- 1. On April 9, 2020, IDD Services released Broadcast 2020-46, PASRR Requirements Waived During COVID-19 Pandemic. Will NF admissions from mid-March to the date of the broadcast release be included in this guidance? For example, a person was admitted March 19, 2020, but NOT as an exempted hospital discharge. Will local authorities need to complete the PEs for admissions prior to April 9, 2020?**

Yes, local authorities will need to complete the PEs for admissions prior to April 9, 2020, to the best of their ability using record review, telehealth or other electronic means. NFs will enter PL1s as "exempted hospital discharge" beginning April 9, 2020.

- 2. Does Broadcast 2020-46 mean local authorities must stop doing PEs?**

No, if local authorities have systems in place and are able to complete PEs, please continue to do so.

REVISED GUIDANCE: Yes. LAs must stop completing PEs. As of April 9, 2020, LAs are instructed to not conduct PEs if they receive an alert from the LTC portal. NFs have been instructed to only place PL1s with an exempted hospital discharge admission category into the portal. If a LA receives an alert to conduct a PE, they are to ignore the alert until they



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are notified by HHSC that the health emergency is over and deadlines associated with PASRR PE completions have been restored.

3. How will changes of ownership (CHOWs) be impacted?

Because CHOWs require a new provider number, they are considered as new admissions and the PL1s will be noted as “exempted hospital discharge.”

4. Do local authorities continue to complete the PE if they receive alerts but NFs are still working by sending information electronically?

Yes, if a local authority is able to complete the PE, please continue to do so.

REVISED GUIDANCE: As of April 9, 2020, LAs are instructed to not conduct PEs if they receive an alert from the LTC portal. NFs have been instructed to only place PL1s with an exempted hospital discharge admission category into the portal. If a LA receives an alert to conduct a PE, they are to ignore the alert until they are notified by HHSC that the health emergency is over and deadlines associated with PASRR PE completions have been restored.

5. After the broadcast and information letter are released, how should local authorities handle new PL1s if they receive an alert?

Local authorities should contact the NF and ask the NF to enter the PL1 as “exempted hospital discharge.”



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6. Does Broadcast 2020-46 apply to local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs)?

Yes, the waiver applies to LIDDAs, LMHAs and LBHAs.

7. If a person transfers into a NF in our service area and comes with an HCS slot release, does the NF enter a PL1 so we can conduct a PE in order to continue with enrollment into HCS?

Yes, transfers require a PL1 and the completion of the PE. Complete the PE to the best of your availability using electronic means, such as a telephone and telehealth.

REVISED GUIDANCE: As of April 9, 2020, transfers from one NF to another NF will result in a new PL1 being placed into the LTC portal. However, NFs have been instructed to only place PL1s with an exempted hospital discharge admission category into the portal. There should be no alert received by the LA to complete a PE. If the person already has an NF HCS transition slot, a new PE should **not** be needed to complete his or her enrollment in HCS. The transferring LIDDA must provide relevant records, including previous PEs, to the receiving LIDDA.

8. Recognizing that PASRR levels 1 and 2 for those seeking admission to a NF do not have to occur for 30 days, can you please clarify the timeframe?

The waiver granted by CMS allows HHSC to suspend PL1 screening and resident review assessments for 30 days and allows all new admissions to a NF to be treated like exempted hospital discharges. After 30 days, newly admitted people suspected of having MI, ID or DD should receive a resident review as soon as resources become available.



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9. If the individuals can be diverted rather than admitted, are all diversion activities able to move forward using video or teleconferencing techniques with consent of the individual and/or LAR?

HHSC is continuing the release of HCS crisis and NF diversion slots. LIDDAs have been instructed to use telephone or telemedicine to conduct enrollment activities.

10. What aspects of the diversion process are on hold or delayed?

No diversion activities are on hold.

11. If the individual is in the pipeline for diversion or transition, are those processes able to move forward?

Yes.

12. HHSC is allowing services provided to persons in NFs over the phone or via interactive technology to be back-dated to March 18, 2020. Some LIDDAs conducted NF activities over the phone as early as March 12, 2020. Will HHSC consider allowing services to be billed dating back to March 12, 2020?

This is under review by leadership. An update will be provided as soon as it becomes available.

13. Would it be possible to reconsider the process to allow LIDDAs to conduct PEs if they are able?

If the local authority is able to complete the PE using only available records, they can do so. However, NFs are not required to convene an IDT during this period. There are impacts to conducting PEs relating to NF requirements for IDTs occurring. If NFs are only entering "exempted



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hospital discharges” into the portal, there should be very few exceptions. IDD Services is partnering with Regulatory Services to determine the best approach.

REVISED GUIDANCE: LAs should adhere to the guidance issued in Broadcasts No. 2020-46, 2020-73 and IL 20-13. As of April 9, 2020, LAs are instructed to not conduct PEs if they receive an alert from the LTC portal. NFs have been instructed to only place PL1s with an exempted hospital discharge admission category into the portal. If a LA receives an alert to conduct a PE, they are to ignore the alert until they are notified by HHSC that the health emergency is over and deadlines associated with PASRR PE completions have been restored.

14. Will HHSC be concerned if LIDDAs conduct the PEs when they receive the 30-day alert?

Local authorities were instructed not to conduct the PE if the waiver period is still in effect or if the waiver is extended and they receive an alert because the NF resident has exhausted the 30-day admission of an exempted hospital discharge. Local authorities will be notified by HHSC when official notification is received that the pandemic is over and regular PASRR activities and associated deadlines will be restored.

15. Is there a reason the process was developed in a way that prevents PEs from being conducted? Is it because HHSC is concerned with PEs being conducted over the phone, or is the reasoning NF-related?

NFs’ primary focus during this pandemic is to ensure the health and safety of their residents. CMS is waiving PL1 and PE requirements during this pandemic to allow NFs the opportunity to limit activities to those that support the residents’ health and well-being with existing staff resources.



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16. Because doctors are not coming into the facility and are utilizing telemedicine, what is the appropriate way to get the PASRR form signed by the M.D. since faxes are not allowed? Are there any special provisions for this?

Faxing a signature page to a physician is acceptable. However, do not use a "rubber stamp" or make "copies" of the signature as these are not acceptable. The signature must be legible and the PASRR reviewer must be able to verify that the signature matches the information in the portal.

17. Some administrators put a rule into effect that no one from the therapy department may enter our long-term care buildings because they are more likely to expose residents to potential infectious organisms from the patients admitted from the hospital. This is anticipated to last for the next six to eight weeks. Please provide clarification on how to proceed.

NFs/therapists must, on a case-by-case basis, determine if the specialized services suggested in the IDT and care plan are essential to the health and welfare of the resident.

The NF/therapist should provide services in accordance with the care plan unless the resident refuses services. If the NF/therapist decides not to provide services according to the care plan, or ends services prior to the authorized duration end date indicated in the care plan, the NF/therapist must document the date and reason in the PTID notes in the portal for each service.

The NF must also notify the appropriate local authority that services will not be provided or will end sooner than indicated in the care plan.

The NF/therapist must be sure that, by not providing services or by ending services before the authorized duration end date, there must not be a negative impact to the resident's health or welfare.



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1. Is a PE needed for an NF diversion slot request?

Yes, LIDDAs will need to conduct a PE for an NF diversion slot request to the best of their ability. Conducting a PE for a diversion slot will not impact the NF. **NOTE:** This is an exception to the instruction for LIDDAs to not conduct PEs during the COVID-19 pandemic. A PE must be completed for NF diversion slot requests. The LIDDA should enter the PL1 as a preadmission.

2. Do we have to stop providing habilitation coordination to individuals moving to a NF within our catchment area or going through a CHOW, since a new PE cannot be completed?

LIDDAs may continue providing habilitation coordination to individuals who transfer to another NF within the same LIDDA service area or whose NF is going through a CHOW, even though a new PE has not been completed. The LIDDA should not terminate the current habilitation coordination authorization and must check MESAV to ensure that an authorization for habilitation coordination is in place.

3. Can we request an HCS transition slot, even though a PE has not been completed for a person in a NF who is suspected of having ID/DD who wants to transition to the community?

Yes. The LIDDA should contact the person or LAR offering to request an HCS transition slot and may proceed with the slot request without a PE. Eligibility determinations will be made during the HCS enrollment process. If the person wants a community Medicaid program other than HCS, the LIDDA should refer them either to that program (e.g., CLASS) or to the MCO. The LIDDA should also notify the NF to assist the person with contacting their MCO, if necessary. **NOTE:** For a new admission, the LIDDA should not assign a habilitation coordinator until a PE has been completed to confirm whether the person is eligible for habilitation coordination.



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A and B Contacts

- 1. Our system has always allowed for B contacts (collateral contacts). Because all the contacts will look like a B contact, how will your system process it (for example, will the first B be considered as an A)?**

For the purposes of monthly encounter submissions to MBOW, comprehensive type "A" and follow-up type "B" encounters are both reported under grid code 351. HHSC is able to differentiate contacts types based off TMHP billing claims submitted by LIDDAs.

- 2. Does PASRR Habilitation Coordination have a T1017 comp encounter code that our local IT departments need to ok for payment by phone?**

No, Habilitation Coordination's Medicaid bill code is S0311.

- 3. One face-to-face is necessary for habilitation coordination — is that waived as well?**

HHSC is submitting a request to the Governor to waive requirements in 26 TAC Chapter 303 related to face-to-face visits to allow these to take place by alternate means. If the rule requirement is waived, LIDDAs will be able to bill for telephone or telehealth monitoring.

- 4. Are type A contacts now able to be conducted via telephone?**

Please refer to IDD Services Broadcast 2020-37. HHSC is authorizing local authorities to temporarily bill comprehensive type "A" as telephone or telemedicine contacts retroactively beginning March 18, 2020 and going through April 30, 2020.

- 5. For target case management type-A services being provided by phone, should the service be reported as "face-to-face" and**



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documented in a note as being done via phone, or is the expectation that the LIDDA will be reporting that service was provided via phone?

Please refer to IDD Services Broadcast 2020-37. HHSC is authorizing local authorities to temporarily bill comprehensive type "A" as telephone or telemedicine contacts retroactively beginning March 18, 2020 and going through April 30, 2020.

6. Moving forward, almost all of the day habilitation centers (day habs) have been closed; therefore, service coordinators cannot visit day habs to meet with staff. Will we receive an increased amount from Bs since we may have fewer Bs?

We are not requesting that B's are paid out at an increased amount. Please ensure to document these instances in your notes.

7. If a person does not communicate with words, who can we speak with as an A contact?

Other means of communication may be necessary, such as telehealth or other virtual options, along with speaking to the LAR, parent or guardian.

8. Is there any relief related to encounter data submissions?

Deliverables are expected to continue as directed by the contract.

9. Is it okay to continue entering it as a face-to-face and putting in the note it was via phone due to COVID-19?

We ask that you continue to report accurately. If you provided services via telephone, please ensure to document it as such. Refer to IDD Services Broadcast 2020-37. HHSC is authorizing local authorities to temporarily bill comprehensive type "A" as telephone or telemedicine contacts retroactively beginning March 18, 2020 and going through April 30, 2020.



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10. Our LIDDA does a minimum of 15 minutes for each A visit — should A visits done by phone still meet that time limit?

Please continue to follow all requirements for type A's by phone.

April 24, 2020 Questions

1. What billing codes should be used for comprehensive type A contacts and follow-up contacts?

Use Medicaid billing code T1017 for comprehensive type A face-to-face contacts.

For follow-up contacts, use T1017 with the KX modifier.

2. Please explain the use of the location code "Other."

Please refer to the HHSC/Texas Council of Community Centers joint communication sent April 21, 2020.

During the April 9, 2020, webinar, HHSC staff provided direction to utilize "other" as the service location value for face-to-face habilitation coordination and comprehensive case management contacts that, due to COVID-19, are currently being provided via telehealth or telephone. Following the webinar, HHSC received numerous questions regarding whether the service location, regardless of which service location value is used, should reflect the provider's physical location or the program recipient's physical location at the time of service.

HHSC recommends LIDDAs continue to utilize existing operational processes currently in place regarding this question.

The preferred service location value is "CS" (Community Setting not otherwise specified). However, if the LIDDA's current operational



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processes dictate the use of other service location values, this will be acceptable.

HHSC recommends LIDDA staff contact your local IT/reimbursement teams to instruct you on which location codes your organization utilizes for "CS" service locations.

Field Name	Description/Example	Allowed Values
SVC_LOCATION_CD	The location where the service was provided	HM = Home, Family Living facility (Crisis Respite for IDD In Home 3113 and 3115, In-Home Respite, 3123 and 3133, must be HM, Crisis Respite for IDD Out Home 3112 and 3114, Out of Home Respite 3122 and 3132 must be OF, GH, SF, CS, NF); OF = Office/Clinic; GH = General Medical Hospital; JA = Jail or juvenile detention center; SC = School; SF = Service Facility, e.g. detox center, sheltered workshop, group home; SH = State Mental Health Facility; SR = State Mental Retardation Facility; CS = Community Setting not otherwise described ; NF = Nursing Facility; CI =

Enrollments

1. Will we still need to write out extensions, even just to provide updates to HHS of progress or lack thereof?

Yes, please submit extensions to HCS enrollments as you normally would.



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2. What should we do about annual paperwork that requires signatures when we are conducting meetings via phone?

Please refer to [Information Letter 20-11](#). For an IPC that is revised during March or April 2020, HHSC is not requiring a service coordinator or program provider to complete a face-to-face visit or obtain signatures on the revised IPC. Service coordinators and program providers may contact individuals by phone to assess a change in status that requires a service plan revision.

3. Are the timelines for HCS enrollments extended or waived?

We have waived all performance measures related to enrollments at this time. However, please continue to submit extensions for HCS enrollments as you normally would.

4. Can annual renewal staffings for HCS and TxHmL be done by phone?

Yes. Please refer to IDD Services Broadcast 2020-37. HHSC is authorizing local authorities to temporarily bill comprehensive type "A" as telephone or telemedicine contacts retroactively beginning March 18, 2020 and going through April 30, 2020.

5. How are we handling visits with people who do not communicate with words? Some may not have the resources to use video and may not have support, familial or otherwise. We have the 30-day lax period, but we still need to see these people to ensure they have essentials (food, water, electricity, etc.).

Please make all efforts via phone or virtual means to correspond with staff who provide direct care to people who do not communicate with words.



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6. How do we complete Enhanced Community Coordination (ECC) face-to-face contacts? How do we document them?

All service coordination visits should be done by telephone or other virtual means. Document them as you would any other service note.

April 24, 2020 Questions

1. Have there been any recent discussions regarding transfers? With the shelter-in-place/stay-at-home orders and COVID-19 infections popping up, is the transfer process being reconsidered?

Transfer meetings can be done by phone, and the signatures can reflect they were done by phone. IDD PES is processing transfers. No FTF is required.

2. Has there been any discussion about pausing HCS transfers during this time?

Transfers have not been paused as of now, but if providers feel they are unable to provide the care for the individual or that the individual may pose a risk to the new home, that should be discussed among all parties at the transfer meeting. HHSC issued guidance about allowing people into a home if they pass screening criteria (PL 20-22).

3. We have some families calling us to do the enrollment meeting. What is the procedure? Can we do a face-to-face call and go over services? How do we get our consent signed?

The LIDDA can conduct the initial enrollment meeting over the phone. After the meeting, if the offer is accepted, you can mail or email the Verification of Freedom of Choice (VFC) form to the person for their signature and they can return it to you by mail or email. Be sure that the conversation and actions taken are fully documented in the person's record.



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1. Please clarify how to handle signatures for enrollment paperwork if the enrollment is completed remotely (by telephone, video, etc.).

Please make every effort to obtain required signatures using alternative methods, such as electronic signatures, fax, email and mail. HHSC recommends limiting face-to-face contact with others in accordance with CDC guidelines when possible. If electronic signatures are used, program providers must comply with TAC §49.305(j)(2)(A)(B)(C)(D). IL 15-32 provides further guidance on requirements for electronic records including electronic signatures.

If a LIDDA cannot get a physical signature on an IDD Services form at this time, they must note on the form who they spoke to and the reason for not obtaining a physical signature. When it is safe to do so, the LIDDA must obtain physical signatures on the forms. Physical signatures are required on the following IDD Services forms:

- 1042, Pre-Move Site Review
- 1044, Refusal of Habilitation Coordination
- 1049, Initial Documentation of Provider Choice
- 1052, Public Provider Choice Request
- 1063, Individual Profile — Nursing Facility
- 1064, Habilitative Assessment
- 8586, TxHmL Service Coordination Notification
- 8630, Continuity of Care
- 8648, Identification of Preferences

2. Does any document that requires signatures — e.g., IPC, ID/RC, service logs — have to be originals?

Program providers and LIDDAs can utilize alternative methods — including fax, email and electronic signatures — to receive any document that requires a signature. HHSC recommends that program providers limit face-face contact with others in accordance with CDC



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guidelines when possible. If electronic signatures are used, program providers must comply with TAC §49.305(j)(2)(A)(B)(C)(D). IL 15-32 provides further guidance on requirements for electronic records including electronic signatures.

3. Is there a possibility of extending the interest list slot enrollment due dates to 75 days?

LIDDAs must operate with the same timelines stipulated in the contract and handbook. Continue to submit extension requests using the normal process. HHSC is tracking this information as it relates to COVID-19.

4. Can HCS providers require COVID-19 testing before accepting individuals from NFs?

No, the provider is not required to obtain a COVID-19 test for an individual prior to enrolling. They should still be screening the individual prior to entering the residence and taking appropriate steps based on the screening. If they meet any of the criteria, the provider should provide space to isolate the individual, and staff should care for the individual using personal protective equipment.

5. For biennial interest list calls, can a LIDDA change a status to status 6 in CARE without a home visit?

Per the section 7450 of the LIDDA handbook, a home visit is not required. Biennial contacts can be done by telephone or face-to-face contact. So long as you have documented all attempts by phone and mail, that will be sufficient to change the status to a 6 in CARE.



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PDP/IDT/SPT/DID

1. Can a person-directed plan (PDP) be held over the phone?

Yes, PDPs can be held over the phone at this time.

2. When will a decision be made regarding temporary auto renewal of expiring IDRCs and individual plans of care (IPCs)?

HHSC recently published IL 2020-11 Extensions of Eligibility and Individual Plan of Care Revisions for Individuals in HCS and TxHmL Due to COVID-19 (PDF).

To ensure individuals do not experience a gap in services due to the temporary suspension of face-to-face service coordination visits, HHSC will extend expiring intellectual disability/related condition (ID/RC) assessments and IPCs through the end of April 2020 for people who are enrolled in the Home and Community-Based Services Program (HCS) or the Texas Home Living (TxHmL) Program.

3. Regarding providing feedback on IQ testing/DIDs within the designated timeframes, are the signatures on acknowledgement documents still required, or will documentation of explaining these documents to the LAR or person via phone suffice at this time?

Please refer to the information in IDD Services Broadcast 2020-33: DID Presentation Provided by IDD Program Eligibility and Support.

Documentation of explaining these documents via phone/telehealth is acceptable at this time. You will need to document how this explanation was given and signatures "acquired."

4. What is the temporary rule regarding DID timeframes and PASRR?

At this time, this performance measure is being waived.



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5. Who should LIDDAs contact to discuss guidelines regarding DIDs?

Please contact IDD Program Eligibility and Support (PES) at didbpg@hhsc.state.tx.us.

6. Few people can participate in an IQ test (for eligibility determination) via the internet. Can we rely on adaptive behavior assessment scores instead of IQ scores? Adaptive behavior can be assessed via questionnaire, whereas IQ tests typically require manipulatives or an assistant to help with setting up the mobile device.

Please refer to the information in IDD Services Broadcast 2020-33: DID Presentation Provided by IDD Program Eligibility and Support.

Interviews, behavioral observations (which may be limited), and self-report adaptive behavior measures (e.g., ICAP, Vineland-3, ABAS-3) may be completed via telehealth so long as it is completed in real time.

To yield valid IQ results with our service population, face-to-face administration of cognitive assessment tools are typically required. This is also true for Autism specific assessment measures. Given the CDC's recommendations for social distancing in light of COVID-19, this is not advisable.

August 7, 2020, Questions

1. Can a DID that is more than five years old be used to complete the ID/RC for new enrollments?

For individuals under the age of 22 years, a DID in its entirety must be updated if the DID is older than five to six years in accordance with HHSC's current flexibilities in place due to COVID-19. If an endorsement via telehealth can be conducted by an authorized provider, this is also currently allowable. If the individual is an adult over the age of 22 years, so long as the most recent DID is reflective of the individual's current



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level of functioning (i.e., their condition has not changed), which can be verified via telehealth by the authorized provider, then this DID may be used.

A reviewer has the authority to request a packet and updated DID at any point. After reviewing the data on file, if the reviewer and psychologist believe the information that was submitted is too old to be representative of the individual's current functioning, they may request an updated DID, particularly for enrollment.

Miscellaneous

1. Is tele-video considered the same as face-to-face by CMS?

No, HHSC is seeking a waiver to allow for telehealth options in lieu of the face-to-face requirement.

2. Do we continue enrollments for General Revenue services and Community First Choice (CFC)?

Yes.

3. Are we using this opportunity to see what might be more efficient in the future and if some modifications might be good long term?

Yes.

4. We are still getting requests to transfer providers, and we are trying to move the papers by mail, email and faxing. Are delays in getting the documents entered into CARE acceptable?

This is fine. Please just complete data entry and upload the packet into the IDD Operations Portal (or by fax) as soon as possible.



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5. Will there be any exceptions for corrective action plans (CAPs)?

Exceptions will be made on a case-by-case basis. Please contact your assigned facilitator to address any concerns.

6. How should we handle pre- and post-move reviews if we're unable to visit?

Complete as much as possible by phone and document the barriers to in-person reviews or monitoring on the forms and in the progress notes. If feasible, ask for photos demonstrating that essential and non-essential supports are in place.

7. Is there someone who the providers can contact if they have issues with a LIDDA putting holds on transfers?

For questions regarding transfers, they may contact PES by email at enrollmenttransferdischargeinfo@hhsc.state.tx.us or the PES message line at 512-438-2484. Emailing may have a quicker response at this time.

8. The LIDDAs need to know what HHSC is instructing the providers to do so we can advocate and coordinate services accordingly. Can you provide a detailed explanation of what providers are being told they are and are not responsible for at this time?

HHSC will continue to provide updates via broadcasts and provider and information letters.

9. Do you still want monthly and quarterly reports?

All deliverables will be required in accordance with contract requirements.

10. In our previous disaster responses (e.g., hurricanes), we have seen that the impact on targets lasts for up to six months after we are "back to normal." Are you prepared for an extended impact from COVID-19?



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HHSC will revisit all changes made during this time and will reassess next steps. We will take this into consideration.

11. For CFC non-waivers, will we still have to meet any referral or enrollment completion time frames, or would this also count as a performance contract measure?

This is not a performance measure and LIDDAs must continue to complete enrollment timeframes. For persons with an intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID) level-of-care (LOC), the local intellectual and developmental disability authority (LIDDA) must conduct the initial service planning activities and assign a service coordinator no later than 30 days after Texas Health and Human Services Commission (HHSC) authorizes the person's ICF/IID LOC.

12. Will extensions be considered for the completion date identified within the CAP for specific findings?

Exceptions will be made on a case-by-case basis. Please contact your assigned facilitator to address any concerns.

April 24, 2020 Questions

1. HHSC provided flexibilities for Medicaid-funded day habilitation and respite services. Specifically, the flexibilities include allowing the services to be provided in the home and by persons living in the home (certain provider requirements were suspended). Are these flexibilities currently allowed for GR-funded day habilitation and respite services? If not, is HHSC considering extending the flexibilities to GR-funded respite and day habilitation services?

HHSC will not enforce the restrictions in the Service Definition Manual and will allow these flexibilities. Please continue to contact us with additional requested flexibilities.



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2. Should applications for state supported living centers continue to be submitted even though admissions are paused?

Yes, please continue to submit applications.

3. Who should we contact if we are experiencing issues with the TMHP portal crashing?

Please contact the LTC Help Desk at 800-626-4117 and select option 1.

[April 24, 2020 Questions – Answers Taken from the Home and Community-based Services and Texas Home Living Weekly Frequently Asked Questions:](#)

4. Do local shelter-in-place orders prohibit an individual from leaving and returning to the home?

The shelter-in-place orders issued by local governments may vary but in many instances require individuals to stay home unless they need to take care of a medical-related issue, go to the grocery store or exercise outdoors while practicing social distancing. Many also require non-essential businesses to close. They do not prevent persons from returning to their residence. Program providers will need to comply with the restrictions and orders issued by their local government. Departures that are not health-related are strongly discouraged, and HHSC recommends that if an individual chooses to temporarily leave a three-person, four-person, or host home/companion-care residence, the individual be allowed to return. If a person leaves a residence temporarily for any reason, the individual must be screened upon return. If the individual meets any of the screening criteria described on page 2 of [PL 20-22](#), HHSC recommends that the program provider isolate that individual in one area of the residence to protect other individuals in the residence.

5. Can providers tell people not to return for a period of time after vacation, home visit, etc.?

HHSC recommends that a program provider advise an individual of any local social distancing requirements, public gathering restrictions or



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shelter-in-place orders. Departures that are not health-related are strongly discouraged, and HHSC also recommends that if an individual chooses to temporarily leave a three-person or four-person residence or residence in which host home/companion care is provided, the individual be allowed to return to the residence. If an individual leaves a residence temporarily for any reason, the individual must be screened upon return. If the individual meets any of the screening criteria listed on page 2 of [PL 20-22](#), HHSC recommends that the program provider isolate that individual in one area of the residence to protect other individuals in the residence.

6. Are individuals allowed to attend day hab if they want to?

HHSC has issued [IL 20-19](#), which explains changes to allow day habilitation to be provided in the home. HHSC recommends program providers protect individuals by refraining from attending day habilitation and events in public where more than 10 people are gathered. HHSC is not prohibiting the provision of non-critical services to individuals, which might include day habilitation. However, program providers must comply with any social distancing requirements, public gathering restrictions or shelter-in-place orders issued by local governments.

7. Can providers bill for in-home day habilitation for host home/ companion care? If so, when?

HHSC has issued [IL 20-19](#), which explains changes to billing requirements for the provision of day habilitation in an individual's residence.

August 7, 2020, Questions

1. When will Day Activity and Health Services (DAHS) be opened?

HHSC never closed licensed DAHS facilities, although some may have been closed due to local authority restrictions. Each individual DAHS facility should look at the client services, what is going on in the



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community and advice from the local health authority on whether it needs to scale back its services. HHSC is recommending that residents from assisted living facilities not attend DAHS due to the pandemic.

- 2. Has HHSC considered the significant risks involved in allowing clients to return to adult DAHS during the COVID-19 pandemic? It does not appear to be recommended by physicians, medical professionals, etc. It has been strongly discouraged due to many of the clients having pre-existing medical conditions, older ages, etc.**

HHSC has taken all precautionary measures allowed by Gov. Greg Abbott's Executive Order Nos. GA-28 and GA-29, which permit long-term care facilities to operate during the COVID-19 disaster with the infection control policies and practices set forth by HHSC. A DAHS facility can serve clients as long as it ensures adequate staffing, has enough space in the building to practice social distancing, maintains facility sanitation and follows the emergency rule HHSC adopted for DAHS facilities in response to COVID-19. The CDC, Texas Department of State Health Services (DSHS) and local health departments provide guidance in determining the best approach to facility sanitation and protecting clients and staff.

- 3. Can a family member who resides in the same home as the individual provide CFC services to the client during this time?**

The flexibilities mentioned for CFC in waiver programs also apply for CFC non-waiver programs. CFC is a state plan service and thus HHSC waived the requirements at the state plan level. However, HCS and TxHmL are the only programs where CFC is provided that did not allow a person residing in the same household to provide CFC PAS/HAB. A person residing in the same household can provide CFC PAS/HAB in CFC non-waiver programs. Please keep in mind that a person's spouse or a minor child's parent is still prohibited from being a paid provider



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of these services. Program providers must still complete the required background checks for all service providers.