



COMMISSIONER
Chris Traylor

August 17, 2011

To: Community Based Alternatives (CBA) Home and Community Support Services Agencies (HCSSAs)
Consolidated Waiver Program (CWP) Providers
Deaf-Blind with Multiple Disabilities (DB-MD) Providers
Primary Home Care (PHC) Providers
Service Responsibility Options (SRO) Providers

Subject: Information Letter No. 11-76
Personal Assistance Services (PAS) Billing Reminder: Do Not Bill When a Consumer is in an Institution

The purpose of this Texas Department of Aging and Disability Services (DADS) Information Letter is to again emphasize the importance of ensuring that claims submitted for Personal Assistance Services (PAS) do not include any period of time (dates) when a consumer is in an institution (hospital). In addition, this letter addresses how to make adjustments to correctly reflect the actual dates that consumer(s) received PAS. Sanctions (i.e., recoupment, vendor hold, etc.) may be applied against an agency that bills for any period of time (dates) when a consumer is in an institution (hospital).

Since January 2008, providers have been notified and subsequently reminded of proper billing requirements for PAS when a consumer is in an institution. While DADS had noted some temporary improvement, current reviews now indicate that some providers have returned to the old practice of billing across a range of dates that include the dates when a consumer was in an institution. When "hospital stay" dates are included in the range of the PAS dates billing period, it is presumed that an agency has billed during those times that the consumer was in the hospital.

The claim for services should be based on the actual days and hours that services were provided and documented on the consumer's Service Delivery Record (timesheet). Billing on the day of hospital admission or discharge should be included *only* when the consumer actually received services on the dates of admission and discharge from the hospital. Billing should exclude dates when the consumer was not receiving PAS.

Reviewing the example timesheet below, the timesheet indicates that the:

- Consumer received 13:00 units of service from July 1-8, 2011.
- Consumer was admitted to the hospital on July 9, 2011 and received 3:30 units before being admitted into the hospital.
- Consumer returned to the community on July 12, 2011. No services were provided on the date of discharge from the hospital.
- Consumer received services July 13-15, 2011.

Note: No hours are entered on the timesheet for the days the consumer was in the hospital.

Example: Service Delivery Record – July 2011

Record of Time

Day of Month	Time (Hours:Minutes)			Day of Month	Time (Hours:Minutes)			Day of Month	Time (Hours:Minutes)		
	Time in	Time Out	Total Daily Time		Time in	Time Out	Total Daily Time		Time in	Time Out	Total Daily Time
1	8:00	10:00	2:00	12				23			
2	8:00	10:00	2:00	13	8:30	11:00	2:30	24			
3	8:00	9:00	1:00	14	4:00	5:30	1:30	25			
4	8:00	9:00	1:00	15	3:00	4:00	1:00	26			
5	3:00	5:00	2:00	16				27			
6	10:00	1:00	3:00	17				28			
7	5:00	6:00	1:00	18				29			
8	5:00	6:00	1:00	19				30			
9	8:15	11:45	3:30	20				31			
10				21				Monthly Total of Hours:			
11				22							21:30

For simplicity, the following table provides a summary of the dates the provider would bill by using the above timesheet as the basis for the billing.

Claim for Services:

Begin Date	End Date	Units
July 1, 2011	July 9, 2011	16.50
July 13, 2011	July 15, 2011	5.00

It is important to note that the days the consumer did not receive services (per the timesheet) must be excluded from the claim.

Important – For adjustments to paid claims, negative bill first to correct the past claim

If your agency has billed and received payment for any range of dates that includes a period of hospitalization, the claim must be adjusted as follows:

- Line Item 1. Enter the line item to be adjusted as it appears on the original claim with the units and line item totals entered in negative (-) amounts. Line item adjustments should contain the original claim information exactly as shown on the Remittance and Status (R&S) Report.
- Line Item 2. Enter the adjusted line item (as a positive amount), being sure to exclude any period of time (dates) when a consumer was in an institution.

Adjustments should be made via your normal billing method (electronic or paper):

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Please contact the Texas Medicaid & Healthcare Partnership (TMHP) at 1-800-626-4117, Option 1, with questions about claim billing and adjustments.

For additional information, refer to DADS Information Letters 07-125; 08-131; and 10-16.

Sincerely,

[signature on file]

Gordon Taylor
DADS Chief Financial Officer

GT:mgm