

Memorandum

To: Community Services Regional Directors
Community Services Program Managers

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Manager
Community Services Policy and Curriculum Development

Subject: Intake Procedures and Community Attendant Services Screening

Issuance Date: August 15, 2013 CSPO 13-08-004

Effective Date: September 1, 2013

This memorandum applies to the Community Care for Aged and Disabled (CCAD) Program.

This memorandum provides additional information for the intake process for individuals requesting personal attendant services (PAS). It also clarifies screening requirements for Community Attendant Services (CAS).

When a person contacts the Department of Aging and Disability Services (DADS) intake and requests PAS, the intake screener must determine the correct referral process based on the person's current Medicaid eligibility status. The intake screener determines if the individual is currently receiving Medicaid and if the individual lives in a STAR+PLUS area.

Individuals Who Currently Receive Medicaid

If the person receives Supplemental Security Income (SSI) or SSI-related Medicaid, the intake screener makes the referral based on whether or not the person lives in a STAR+PLUS area.

- If the individual lives in a non-STAR+PLUS area, the intake screener assigns the intake to a case manager to assess the applicant for Primary Home Care (PHC) services.
- If the individual lives in a STAR+PLUS area, the intake screener refers to the following chart, which provides information on how to handle intakes for Medicaid eligible individuals.

Type of Individual	Enrolled with a STAR+PLUS MCO?	How does DADS handle this request?
Individual receives SSI/SSI-related Medicaid and is applying for Primary Home Care (PHC)	Yes	Refer the individual to the Managed Care Organization (MCO) for PHC services.
Individual receives SSI/SSI-related Medicaid, is applying for Primary Home Care (PHC)	No	This individual has recently been determined eligible for Medicaid or moved into a STAR+PLUS area and is not yet enrolled in STAR+PLUS managed care. Assign the individual to a CCAD case manager to assess for PHC services. The CCAD case manager monitors for managed care enrollment.
Individual receives SSI/SSI-related Medicaid and is applying for STAR+PLUS Waiver (SPW)	No	Forward the intake request to the appropriate STAR+PLUS Support Unit (SPSU). SSI or other full Medicaid program individuals never go on the CBA or SPW interest list, whether they are enrolled with STAR+PLUS or not.
Individual receives SSI/SSI-related Medicaid and is applying for SPW	Yes	Refer the individual to the MCO for SPW services. This individual will never go on the interest list.

Individuals receiving Medicaid through STAR or STAR Medicaid Rural Service Area (MRSA) are not eligible for STAR+PLUS or SPW services. The intake screener assigns the individual to the DADS case manager to assess for CCAD or CBA services.

Individuals Not Currently Receiving Medicaid

Effective with this memorandum, for all individuals who currently do not receive SSI or SSI-related Medicaid and are requesting personal attendant services (PAS), the intake screener must assign the intake to a case manager as an application for Community Attendant Services (CAS). Intake screeners must not screen applicants for a specific service or determine if an applicant should only be assigned for Family Care or placed on the interest list for Family Care services. The intake screener does not place the individual on the Family Care interest list. The case manager determines whether the individual will be placed on the interest list, as described below.

All individuals not currently receiving Medicaid and applying for PAS must be seen by a case manager and assessed for CAS. During the initial interview, the case manager screens all applicants for potential eligibility for CAS and determines whether or not the

applicant will be referred to Medicaid for the Elderly and People with Disabilities (MEPD) for CAS.

Inquiry into the Texas Integrated Eligibility Referral System (TIERS)

Prior to the initial interview, an inquiry must be made into the Texas Integrated Eligibility Referral System (TIERS) to determine if the applicant is currently receiving Medicaid, is categorically eligible or is not currently in TIERS. A printed copy of the TIERS Inquiry Screen must be filed in the case record. Department of Aging and Disability Services (DADS) staff may not print Wire Third Party Query (WTPY) or State On-Line Query (SOLQ) information from TIERS. Refer to Section 7210, Safeguarding Personally Identifiable Information, in the *Case Manager Community Care for Aged and Disabled (CM CCAD) Handbook* for additional information.

Individuals Who Are Not Eligible for Medicaid or Are Not Categorically Eligible

As currently outlined in the *CM CCAD Handbook*, Section 2341.2, Application for Assistance Form Completion and Receipt Date, if the applicant is not currently receiving Medicaid or is not categorically eligible, then the applicant must complete Form H1200-EZ, Application for Assistance, and provide verification documents. The DADS case manager may need to assist the applicant in completing the form and obtaining verifications. If the applicant cannot complete the application form during the interview, explain to the applicant the importance of returning the form and requested verifications to the case manager as soon as possible because his eligibility for services cannot be determined until the form is received.

Effective with this memorandum, if the Form H1200-EZ has not been returned, by the 30th day from the initial home visit, the case manager may deny the application. The case manager sends Form 2065-A, Notification of Community Care Services, with Rule Reference §48.3901(c): "Applicants or their representatives applying for services provided with regard to income must sign an application for assistance form." In the comments section, the case manager enters: "DADS is unable to make an eligibility decision within 30 days due to your failure to furnish information." The case manager must document all contact in the case record.

Exception Criteria for Referrals to PHC or CAS

Currently the screening exception criteria for referrals to PHC or CAS are located in two different sections in the *CM CCAD Handbook*: Section 2342.3, Additional Screening Criteria for PHC or CAS, and Section 2342.4, Applicants Not Referred for PHC or CAS. These sections will be merged and the screening criteria modified as shown below.

Effective with this memorandum, receipt of Qualifying Individual (QI) is added to the screening exception criteria. If the individual is receiving QI benefits and elects to continue QI, he is not referred to CAS and may be referred for Family Care (FC). If the individual is receiving QI benefits and elects to receive CAS instead, the case manager sends Form H1746-A, MEPD Referral Cover Sheet, to MEPD stating the individual has chosen to receive CAS instead of QI benefits.

The case manager must screen all applicants for potential eligibility for Primary Home Care (PHC) and Community Attendant Services (CAS) before referring to Family Care (FC). The case manager applies the following exception criteria to determine if the applicant has a reason not to be referred for CAS, or if on Medicaid, would not be eligible for PHC.

To determine if the applicant is not appropriate for a referral to PHC or CAS, screen the applicant for the following criteria:

- Does the applicant specifically state that he will accept care only from his spouse as the paid attendant, and unmet need policy does not preclude this arrangement?
 - If yes, the applicant is referred for Family Care or placed on the Family Care interest list and is not referred for CAS. If no, then continue the screening process.
- Does the applicant receive QI benefits?
 - If yes, explain the choices of benefits according to the *CM CCAD Handbook*, Section 2341.3.1, Effects of QI Benefits on Eligibility for Community Care Services. If the applicant elects to keep the QI benefits, he may be referred for Family Care or placed on the Family Care interest list. If the individual elects to be referred to CAS, continue the screening process.

Other Criteria:

- Does the applicant meet the citizenship requirements needed to establish eligibility for Medicaid-funded programs?
- Does the applicant have a need for at least one personal care task?
- Does the applicant have a medical condition causing a functional impairment in performing personal care tasks?
- Does the applicant have a medical diagnosis other than mental illness, intellectual disability or both?
- Does the applicant have a practitioner willing to sign a statement that the applicant has a medical need for assistance with personal care tasks and other activities of daily living?
- Does the applicant require at least six hours of service per week or meet exemptions listed in the *CM CCAD Handbook*, Section 4633, Functional Eligibility?

If the applicant answers “Yes” to all other criteria, then a referral for PHC or CAS is made. If the applicant answers “No” to any one of the other criteria, then the individual is

referred for Family Care or placed on the Family Care interest list and is not referred for PHC or CAS.

Placement on the Family Care Interest List

If Family Care enrollment is not open and the applicant does not meet the screening criteria for referral to CAS or PHC, the case manager enters the applicant's information into the Community Services Interest List (CSIL), using the **original date of the request for services**. This is the date the applicant called in requesting services listed on the Form 2110, Community Services Intake.

Family Care Services Pending the CAS Eligibility Decision

Effective with this memorandum, if Family Care enrollment is open in a region, the case manager assesses the applicant for Family Care and if eligible, authorizes services while the CAS eligibility decision is pending from MEPD. If an individual placed on the Family Care interest list prior to this memorandum is released from the interest list, the case manager must screen the individual for CAS and refer to MEPD, if screening criteria are met. The case manager also assesses the applicant for Family Care and if eligible authorizes services while the CAS eligibility decision is pending.

If the individual is determined eligible for CAS, the case manager follows the policy in Section 4652.3, Initial Referrals for Community Attendant Services, and negotiates a transfer from Family Care to CAS. The case manager sends Form 2065-A noting the transfer of services. If the individual is not eligible for CAS, the case manager continues Family Care services, unless the individual was denied CAS for refusal to cooperate.

Refusal to Cooperate with MEPD

If the individual is denied for refusal to cooperate with the financial eligibility determination process, including refusal to furnish information or withdrawing the CAS application, the case manager must follow up with the individual to explore why the individual did not cooperate. If the individual states he is unwilling to cooperate with the financial eligibility determination process, then the case manager must advise the individual his application for services is denied and if he reapplies in the future, he will be referred for Community Attendant Services again. The case manager documents all contacts in the case record and sends Form 2065-A, Notification of Community Care Services to the individual citing rule reference §48.2911 (a)(3). In the Comments section, the case manager includes the following statement: "To be eligible for Family Care, you must be ineligible to receive attendant care services funded through Medicaid. Medicaid for the Elderly and People with Disabilities has notified DADS you failed to provide the necessary information to determine eligibility for Medicaid-funded services." If the individual requests to be placed on the Family Care interest list, the individual may be placed on the list, but he must be informed that he will be referred to Community Attendant Services again when his name is released from the list.

If the individual is receiving Family Care services pending the MEPD eligibility decision and the individual refuses to cooperate with the financial eligibility determination process as described above, the case manager must deny Family Care services. The

case manager documents all contacts in the case record and sends Form 2065-A, Notification of Community Care Services to the individual citing rule reference §48.2911 (a)(3). In the Comments section, the case manager includes the following statement: "To be eligible for Family Care, you must be ineligible to receive attendant care services funded through Medicaid. You failed to provide the necessary information to determine eligibility for Medicaid-funded services."

If the individual states that he cooperated and thought he submitted all requested information, the case manager may check the comments section in the Texas Integrated Eligibility Redesign System (TIERS). The case manager may need to assist the individual in obtaining any missing requested documentation.

The individual can reapply for CAS services for up to 90 days from the date of the MEPD denial without completing a new Form H1200-EZ. The case manager must not contact the previous MEPD specialist to request to reopen the case as it is no longer assigned to that specialist. The case manager must obtain a written, dated and signed statement of request to reapply from the applicant or authorized representative to establish the date of application. The case manager submits the written statement and the documentation with the Form H1746-A, MEPD Referral Cover Sheet, marked "Application." The case manager must clearly note on the H1746-A that the applicant is requesting to reapply for CAS services. The case manager includes all identifying information on the Form H1746-A, and any additional information that will help identify the original application. The H1746-A and documentation are sent to the Midland Document Processing Center.

New Policy for Applications Denied by Medicaid for the Elderly and People with Disabilities (MEPD)

Effective with this memorandum, if a referral is sent to MEPD and the individual is denied CAS eligibility for reasons other than refusal to cooperate with the financial eligibility determination process, then the individual remains eligible for Family Care or is placed on the Family Care interest list. The case manager enters the information into the CSIL using the ***original request date for services*** when placing the individual on the interest list.

If the individual who was denied CAS eligibility for reasons other than refusal to cooperate is released from the FC interest list within 90 days of the application date, the case manager may use the Form H1200-EZ and verifications on file to determine eligibility for FC. The case manager must review all the information provided and note any changes on Form 2064, Eligibility Worksheet. The case manager must establish that the individual meets all financial eligibility requirements for Title XX services.

Family Care Annual Reassessments

Effective with this memorandum, at each annual functional reassessment of Family Care individuals, the case manager must review the screening exception criteria to see if the individual's circumstances have changed. For example, if an individual was placed on Family Care due to no personal care tasks, but at the annual reassessment he now

requires a personal care task, then the case manager must refer the individual to Primary Home Care (PHC) or Community Attendant Services (CAS).

Financial eligibility must be redetermined for Family Care within 24 months of the last eligibility determination. If MEPD previously determined the individual was ineligible for CAS due to resources, the case manager must review the individual's financial status in accordance with *CM CCAD Handbook* Section 3422, Exceptions to Verification Requirements. If it appears the individual would now meet CAS requirements, the case manager must assist the individual in completing a new Form H1200-EZ and obtain verifications of income and resources to send to MEPD.

If the individual or provider reports interim changes between annual reassessments, the case manager will apply the screening exception criteria at the next annual review.

If you have any questions regarding this memorandum, your regional representative may contact Duanne Whitehead at 512-438-4913.

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