



COMMISSIONER  
Jon Weizenbaum

## Memorandum

To: Community Services Regional Directors  
Community Services Program Managers

From: Lisa Akers-Owen  
Manager  
Community Services Policy and Curriculum Development

Subject: PARIS Veteran's Match

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This memorandum applies to the Community Care for Aged and Disabled, (CCAD) Community Based Alternatives (CBA) and Medically Dependent Children Program (MDCP).

This memorandum introduces an information sharing program between the Texas Veterans Commission (TVC), the Veterans Land Board (VLB), Health and Human Services Commission (HHSC) and Department of Aging and Disability Services (DADS). Based on requirements from House Bill 1784, 82<sup>nd</sup> Legislature, these four agencies entered into a Memorandum of Understanding (MOU) for the purposes of coordinating and collecting information about the use and analysis among state agencies of data received from the Public Assistance Reporting Information System (PARIS) VA match. The PARIS system is a Federal-State partnership that provides states with detailed information and data to assist in maintaining program integrity and detecting improper payments.

In 2011, a pilot project began in Bexar County to identify HHSC recipients who may be eligible for veteran's benefits. HHSC creates a file of active recipients in the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Medicaid programs. The file of active recipients is sent to the Defense Manpower Data Center (DMDC) on a quarterly basis for PARIS matching. DMDC returns a file of the matched recipients with veterans benefit information back to HHSC. This file is shared with the TVC and VLB to contact veterans who may be eligible for benefits or may be eligible for increased benefits and report those benefits back to HHSC.

Once the report is received, HHSC will distribute the report to the respective agencies for additional processing. The report will be shared with DADS on any individuals

currently receiving Community Based Alternatives (CBA), Community Attendant Services (CAS), Primary Home Care (PHC), Home and Community Services (HCS), Community Living Assistance and Support Services (CLASS), and Texas Home Living (TXHML) Program. Since financial eligibility for CBA and CAS are determined by HHSC, any changes to eligibility status will be processed by HHSC. DADS will receive reports regarding Aid and Attendance (A&A) and Housebound Benefits (HB) that may affect the level of service currently authorized for personal attendant services.

### **Actions Required Upon Receipt of the Report**

When the report is received, the region must distribute the information to the assigned case managers to contact the individual and verify the change in VA benefits. For individuals receiving A&A or HB, the case manager must discuss and document how the individual is using the benefits. A list of some of the items/services that can be purchased using A&A or HB funds includes:

- medical supplies;
- medical equipment;
- nursing services;
- therapy;
- skilled services;
- medications; or
- other medically necessary items.

If all the A&A or HB funds are being used to purchase items that help the individual remain independent and in the community, the case manager documents the information and no funds are applied to the service plan.

The individual may also use the funds to purchase:

- personal attendant care (PAS);
- home health aide services; or
- respite care/flexible family support services (for MDCP).

If the individual is using the funds to purchase PAS or home health aide services, this must be considered when developing the plan of care. For CBA, PHC and CAS, this would be noted on Form 2060, Needs Assessment Questionnaire, as services delivered by another agency. If the individual is able to purchase all the services required, then there is no unmet need and the individual would not be eligible for PAS services. If the individual can only purchase part of the required services, or if the funds are not used to purchase services, then the amount of the A&A or HB funds is applied to the purchase of attendant care per Form 2060 instructions.

For MDCP, if the individual is using the funds to purchase respite care or flexible family support services, this would be noted on Form 2410, Medical-Social Assessment and Individual Plan of Care. The use of funds and services purchased must be considered in the development of the Individual Plan of Care (IPC).

## **Reporting Requirements**

Regional management will be required to report the amount of savings generated by the application of VA funds. For example, an individual requires 20 hours per week of PAS, but is now receiving A&A funds. The A&A funds can purchase five hours per week reducing the weekly service plan to 15 authorized hours per week. The cost of the five hours per week is reported as a savings for DADS.

Instructions to the regions for submitting the cost savings report will be sent with the first PARIS Match file. Additional details for processing and reporting will be provided at that time.

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

LAO:cw