



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

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EXECUTIVE
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Memorandum

To: Community Care and Eligibility Regional Directors
Community Care and Eligibility Program Managers

From: Jennifer Chancellor
Manager
Long Term Services and Supports Policy Unit

Subject: Case Manager Actions During Temporary MEPD Suspension of Services

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This memorandum is being issued to streamline case manager policy in the Community Attendant Services (CAS) and Primary Home Care (PHC) programs. It will allow for suspension of case manager actions during temporary Medicaid for the Elderly and People with Disabilities (MEPD) suspension of services. This new policy will replace the last 2 paragraphs of Community Care for the Aged and Disabled (CCAD) Case manager handbook section 3441.1.

New Policy:

During the period in which services are temporarily suspended by Medicaid, all case actions, such as monitoring and annual visits, changes, and transfers will be suspended. However, the case manager must set a special review for the 60th day following the suspension, and check on that date if eligibility has been re-established.

At any time during the initial 60-day period the case manager learns that eligibility has been re-established, the case manager has 14 days to resume services. Case managers must call the provider to negotiate the earliest date for services to resume. Case managers follow up the telephone call with Form 2067 to the provider, noting reinstatement of services with the negotiated date. Case managers must make any 90 day monitoring or annual reassessment visits which would have occurred during the suspension. The case manager documents the reinstatement of eligibility and the reason in delay for monitoring or annual reassessment visits

due to the suspension of services in the case record and sends the individual Form 2065-A with a statement that services have been reinstated.

If, on the 60th day eligibility has not been re-established, the case manager may extend the temporary suspension for an additional 30 days for a total of 90 calendar days if the case manager determines the individual may still have eligibility reinstated. This determination will be established based on research of MEPD case-specific information. At any time during the additional 30 days the case manager learns that eligibility has been reinstated, the case manager has 14 days to resume services. Case managers must send a 2067 to the provider to have services resumed, and must make any 90 day monitoring or annual reassessment visits which would have occurred during the suspension. The case manager documents the reinstatement of eligibility and the reason in delay for monitoring or annual reassessment visits due to the suspension of services in the case record and sends the individual Form 2065-A with a statement that services have been reinstated.

If reinstatement of eligibility will not be granted, the case manager sends the individual Form 2065-A denying services. The date of denial will be based on the:

- Medicaid eligibility end date as indicated in the Texas Integrated Eligibility Redesign System (TIERS); or
- denial date on Form H4808, Notice of Change in Applied Income/Notice of Denial of Medical Assistance, from MEPD.

Form 2101 must be sent to the provider on the same date, noting services are denied effective the date of the financial denial.