

Financial Eligibility After Enrollment (HCS & TxHmL Waiver Programs)

Individuals must maintain financial eligibility to remain eligible for the waiver program.

Medicaid Redetermination – HHSC requires individuals to submit a Medicaid Redetermination packet to HHSC at least annually. HHSC mails the redetermination packet to the individual’s mailing address on file in the TIERS system 60 days in advance of the redetermination due date. It is important that the packet be completed and returned to HHSC before the due date; otherwise Medicaid Eligibility will be denied. Providers and Local Authorities (LAs) can review the C63 screen in CARE to determine an individual’s review date. This information is displayed in the “Periodic Review Date” field in this screen.

NOTE: Individuals who receive Supplemental Security Income (SSI) Medicaid are not required to submit a redetermination packet because their eligibility is based on their SSI eligibility. The Social Security Administration (SSA) reports SSI recipient information directly to TIERS for these individuals.

Re-establishing Medicaid –

- **Loss of MEPD Medicaid** – If an individual loses financial eligibility it is the responsibility of the individual/LAR to re-establish financial eligibility as soon as possible. It is also in the provider’s best interest to assist the individual/LAR with re-establishing the individual’s financial eligibility to prevent an interruption in services and payment. The LA may provide assistance. LAs should offer assistance to individuals who do not have a program provider (CDS only).
- **Loss of SSI Medicaid** - If an individual loses SSI benefits, the individual will also lose SSI Medicaid. It is the responsibility of the individual’s SSI representative payee to contact the Social Security Administration (SSA) to determine the necessary action to reinstate SSI benefits. If the provider is the representative payee, the provider is responsible for ensuring immediate action is taken to reestablish financial eligibility. The LA may assist an individual or the representative payee. If SSI benefits will not be reinstated, the individual must submit a Medicaid application to HHSC. Adults who lose SSI benefits because they became eligible for RSDI benefits and their income is now over the income limit for SSI benefits may be eligible for Disabled Adult Children’s (DAC) Medicaid. It is in the provider’s best interest to assist the individual/LAR with submitting the Medicaid application to HHSC to prevent interruption in services and payment. The provider must include a completed H174 A form. The LA may provide assistance, if requested by the individual. LAs should offer assistance to individuals who do not have a program provider (CDS only).
- **Loss of DFPS Medicaid** – When an individual “ages out” of DFPS conservatorship, the individual will lose Medicaid. The individual must submit an application to the SSA for SSI benefits or a Medicaid application to HHSC. It is in the provider’s best interest to assist the individual or LAR, if any, with re-establishing financial eligibility to prevent interruption in services and payment. The LA may provide assistance if requested by the individual. LAs should offer assistance to individuals who do not have a program provider (CDS only).

The only acceptable types of Medicaid for TxHmL or HCS are indicated in the chart below.

Coverage Code	Type Program	HCS	TxHmL
R or P	1	√	√
R or P	2	√	√
R or P	3	√	√
R or P	7	√	
R or P	8	√	√
R or P	9	√	√
R or P	10	√	√
R or P	12	√	√
R or P	13	√	√
R or P	14	√	
R or P	15	√	√
R or P	18	√	√
R or P	19	√	√

Coverage Code	Type Program	HCS	TxHmL
R or P	21	√	√
R or P	22	√	√
R or P	29	√	√
R or P	37	√	
R or P	44	√	√
R or P	47	√	√
R or P	48	√	√
R or P	51	√	
R or P	61	√	√
R or P	82	√	√
R or P	87	√	√
R or P	88	√	√

NOTE: Q24 and B23 are NOT applicable for TxHmL or HCS Enrollment. Also, R14 is acceptable for HCS but not for TxHmL.

The Form H1746-A- MEPD Referral Cover Sheet

- Form H1746-A is the Medicaid for the Elderly & People with Disabilities (MEPD) Referral Cover Sheet.
- The form and instructions can be found at: <http://www.dads.state.tx.us/forms/H1746-A>
- This form is used to share case information and supporting documentation with MEPD.
- This form is completed by LAs, Providers, DADS, DFPS, DSHS and SSLCs.
- When a Medicaid application is being submitted for an individual, all documentation sent to MEPD must have this form as a cover sheet. The form should be the first document in the packet.
- Please read the form instructions to become more familiar with the form and how to properly complete it.
- This form is known as a “Smart Form” (Smart Form is a term used to describe an electronic form with capabilities beyond a traditional paper form).
- **This form may NOT be photocopied.** Bulk printing of the form from a PC is acceptable.
- The form and application should be faxed to the number on the form. NOTE: Do not mail the application to an address in Midland, Tx. The document processing center in Midland has relocated to Austin.
- The MEPD staff may NOT reject the Form H1746-A with Form H1200 series (Medicaid application) if it is sent from an LA or a provider. The MEPD staff must accept the form and application as if it were received from a local HHSC office or from DADS.

Completing the sections on the form H1746-A

Applicant/Consumer Information

- TIERS number does not have to be filled in if the provider/LA is submitting the form.
- Individual Number is the same as the Medicaid Number
- Always fill in the Zip Code, County, SSN, Individual Number, Individual Last Name, Individual First Name and Date of Birth.

Action

- When submitting a new application, always select “application.”
- When requesting coverage for a gap, always select “redetermination.”
- Please review the Form H1746-A instructions for detailed instructions on using the other action statuses.

Program

- The Provider/LA should select either HCS or TxHmL. If TxHmL is selected, additional comments are required. (See below.)

Information for MEPD Worker

- The Provider or LA should leave this section blank.

Sender

- The LA should select “MRA.” Note: DADS is working with HHSC MEPD to correct this to “LA.”
- The Provider should select “DADS.” Note: DADS is working with HHSC MEPD to add “provider” to the list.
- Complete the Date, From, Telephone, City, County and Fax information for the Provider/LA worker completing the form.

Additional Comments

- The Provider/LA should always give the date the waiver services will begin (IPC begin date) and which waiver the person is enrolling in (HCS or TxHmL).
- Include Provider or LA contact person name, address, phone, fax and email.
- **If the program is TxHmL, write “Please test for all RSDI Exclusion Programs.”**

Sending the form and application

- The Form H1746-A should always be on top when faxing the application packet.
- The Provider/LA should include a copy of the ID/RC and IPC with the each application. This will help avoid delays in processing the application.
- Either fax **or** mail; DO NOT fax and mail the same documents. This will cause confusion and possible delays in processing the application. NOTE: Do not mail the application to an address in Midland, Tx. The document processing center in Midland has relocated to Austin.
- Fax to the number on the form.

Appointment of an Authorized Representative

An individual may allow another person to be their authorized representative and help with their benefits case at HHSC. The individual can complete the HHSC Appointment of an Authorized Representative form (form H1300) and designate an authorized representative for a specific period of time. The individual may only have one person at a time acting on their behalf as an authorized representative.

The form H1003 is submitted to HHSC by using a Medicaid for Elderly and People with Disabilities (MEPD) Referral Cover Sheet (Form H1746-A). Please complete the form H1746-A and check the

“Supporting Documents” box under the section titled “Action.” Fax the form H1746-A and form H1003 together. HHSC will add the authorized representative information to the individual’s case information.

The form H1003 can be found on the DADS forms page at <http://www.dads.state.tx.us/forms/H1003/>

Follow-up

HHSC MEPD generally has up to 45 days to process an application once it is submitted. The Provider/LA must document the date the application was submitted to HHSC MEPD. If assistance from HHSC is needed while the application is pending review, the Provider/ LA can call 2-1-1, the HHSC Medicaid Hotline or the HHSC Ombudsman Office (see phone numbers below). If financial eligibility has not been determined within 50 days after submission of the application and attempts to receive a status update from HHSC have been unsuccessful, the LA can contact Program Enrollment/Utilization Review for assistance at 512-438-5055.

Phone resources:

Assistance with Medicaid Eligibility questions/issues

- Call 2-1-1
- HHSC Medicaid Client Hotline: 1-800-252-8263
- HHSC Ombudsman Office: 1-877-787-8999

Assistance with SSI benefit questions/issues

- Social Security Administration 1-800-772-1213

Assistance with DFPS Medicaid questions/issues

- 512-438-4800

DADS IDD Waivers Program Enrollment/Utilization Review

- PE/UR Message Line: 512-438-5055
- Program Advisor general email box: enrollmenttransferdischargeinfo@dads.state.tx.us (not to be used for ID/RC or LON/IPC Packet inquiries- call 512-438-5055 for assistance with those issues).

Online resources:

<https://www.yourtexasbenefits.com/ssp/SSPHome/ssphome.jsp>

http://www.hhsc.state.tx.us/about_hhsc/contact/contact.shtml

<http://www.hhsc.state.tx.us/starplus/Overview.htm>

<http://www.hhsc.state.tx.us/medicaid/MMC.shtml>

www.txvendordrug.com

<http://www.dads.state.tx.us/handbooks/mepd/>

<http://www.dads.state.tx.us/handbooks/mepd/forms/index.asp>

<http://www.dads.state.tx.us/ltss/>

www.ssa.gov.

www.dfps.state.tx.us