To: Community Based Alternatives (CBA)
Home and Community Support Services (HCSS) Providers

Subject: Long Term Care (LTC)
Information Letter No. 01-11
CBA Rate Changes

The Texas Health and Human Services Commission (HHSC) approved rate changes for CBA HCSS providers effective September 1, 2001. There are changes in the unit rates for Pre-Enrollment Health Assessment, Personal Assistance Services, Nursing Services, Physical Therapy, Occupational Therapy, Speech Pathology and Respite In Home. The new rates are included on the attached Reimbursement Rate chart which should be substituted for the 2600 section of the CBA Provider Manual until a manual revision is distributed.

All claims for services delivered on or after September 1, 2001, will be processed using the new payment rates. Claims submitted by the provider for any services delivered on or after September 1, 2001, should be prepared using the new rates.

INCENTIVE RATES

In order to comply with the General Appropriations Act, House Bill 1 of the 76th Legislature, the Texas Department of Human Services (DHS) and the Texas Health and Human Services Commission implemented the Attendant Compensation Rate Enhancement effective September 1, 2001, to incentivize contracted providers to increase wages and benefits for community care attendants. The agency rules for the Attendant Compensation Rate Enhancement can be found at Title 1 of the Texas Administrative Code (TAC) §355.112. The General Appropriations Act, House 1 of the 76th Legislature increased funding for attendant wages so that additional levels of enhanced rates could be offered to contracted providers who chose to participate in the Attendant Compensation Rate Enhancement. Contracted providers who choose to participate must submit spending reports and must meet the spending requirements for the attendant compensation rate component or unspent revenues below the spending requirement will be recouped by DHS. Contracted providers who choose not to participate in the Attendant Compensation Rate
Enhancement will not receive the enhanced attendant rates and the attendant compensation rate component will remain constant over time, except for adjustments necessitated by increased in the federal minimum wage.

During the open enrollment in July 2001 contracted providers were offered the opportunity to enroll as participants and to select the enhanced rate level at which they desired to participate. Fifteen enhanced rate levels were offered for selection; however, the actual rate level awarded is contingent on available funding. Providers participating in the Attendant Compensation Rate Enhancement may access the Rate Analysis Department website at www.dhs.state.tx.us/programs/rad/index.html to confirm the level of enhancement awarded and to verify their reimbursement rates.

Please contact Alisa Jacquet, at 512/438-4952, if you have any questions about the Attendant Compensation Rate Enhancement.

**NURSING SERVICES**

Effective September 1, 2001, Nursing Services will be reimbursed based on whether the services were provided by a Registered Nurse (RN) or a Licensed Vocational Nurse (LVN). The DHS case manager will continue to authorize nursing services with Service Code 13, calculating the Individual Service Plan (ISP) using the RN rate. In the event that a CBA applicant exceeds the cost ceiling due to a large amount of nursing hours, the case manager will request that the HCSS agency provide an estimate of RN and LVN hours the HCSS agency projects will be provided during the waiver year.

The new billing codes are:

<table>
<thead>
<tr>
<th>Nursing Services-RN</th>
<th>G0300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Services-LVN</td>
<td>G0301</td>
</tr>
</tbody>
</table>

Effective September 1, 2001, Annual Reassessments will no longer be reimbursed at a flat rate. The HCSS agency must submit a claim for the number of RN hours used to complete the annual reassessment using Service Code 13. No claims should be submitted for the annual reassessments completed on or after September 1, 2001, using service code 40-Reassessment. The attached Form 3671-C Nursing Service Plan and instructions have been revised to include a block to document the number of RN hours needed to complete the annual reassessment. The attached Form 3670, Documentation of Services Delivered, Item 6, Authorized Service and instructions have been revised to delete Service code 40-Reassessment. Form 3670, Section D., Certification instructions have also been revised to require that a nurse include appropriate credentials with their signature.
The HCSS agency must assure that claims for nursing services are appropriately submitted using the correct billing code. If the HCSS agency submits a claim using the RN billing code when an LVN provided the care, the agency will be reimbursed at an incorrect rate. If this occurs the agency must submit a claim to correct the overpayment.

When billing for BOTH RN and LVN services on the same claim for the SAME BILLING PERIOD, the provider agency must ensure that the days services are provided by the RN and the LVN are broken down by the individual line items. For example, agency is submitting a claim for nursing services for the first two weeks of September, RN provided services on September 2 & 10, LVN on September 5. The claim should be submitted as follows:

<table>
<thead>
<tr>
<th>Billing Period</th>
<th>Units</th>
<th>Bill Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/02/01-09/02/01</td>
<td>As Appropriate</td>
<td>G0300</td>
</tr>
<tr>
<td>09/10/01-09/10/01</td>
<td>&quot;</td>
<td>G0300</td>
</tr>
<tr>
<td>09/05/01-09/05/01</td>
<td>&quot;</td>
<td>G0301</td>
</tr>
</tbody>
</table>

In those rare occasions when both an RN and LVN provide services on the same day, the agency must inform the appropriate regional staff of the situation so they can be paid for services provided.

Please contact your contract manager if you have any questions about this information letter.

Sincerely,

signature on file

Becky Beechinor
Assistant Deputy Commissioner
Long Term Care Services

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