TEXAS
Department of Aging
and Disability Services

COMMISSIONER
Chris Traylor

June 5, 2012

To: Home and Community-based Services Providers
Texas Home Living Providers
Local Authorities

Subject: Information Letter No. 12-47
Clarification of Provider Role when Individuals Receiving Waiver Services are Admitted for In-patient Psychiatric Treatment

The purpose of this letter is to clarify the Department of Aging and Disability Services (DADS) expectations regarding a program provider's responsibilities when an individual receiving waiver services is admitted to a state hospital or other behavioral health facility for psychiatric stabilization. This Information Letter replaces Information Letter No. 08-83.

A Home and Community-based Services (HCS) or Texas Home Living Program (TxHmL) program provider is responsible for placing an individual who is admitted to a state hospital or in-patient behavioral health facility on suspension from waiver services for the duration of the individual's in-patient stay. The program provider is prohibited from billing waiver services while the individual is served by an in-patient behavioral health facility. The following rules address responsibilities of program providers and local authorities in ensuring continuity of care for the individual.

Program Provider Responsibilities:

- 40 Texas Administrative Code (TAC) Section 9.174(a) (46) states "the program provider must maintain a system of delivering HCS Program services that is continuously responsive to changes in the individual's personal goals, condition, abilities, and needs as identified by the service planning team.
- 40 TAC Section 9.174(a) (47) the provider must "ensure that appropriate staff members, service providers, and the service coordinator are informed of a circumstance or event that occurs in an individual's life or a change to an individual's condition that may affect the provision of services to the individual."
- 40 TAC Section 9.578(g) states "The program provider must communicate to the individual's service coordinator changes needed to the individual's Person Directed Plan or Individual Plan of Care as such changes are identified by the program provider or communicated to the program provider by the individual or Legally Authorized Representative."

It is the provider's responsibility to ensure continuity of care for the individual in order to assist him or her in a successful transition to return to waiver services from in-patient hospitalization. To assist in this effort, when an individual is admitted to a state hospital or other in-patient behavioral health facility, the program provider should contact the hospital or facility. The provider should identify him or herself to the hospital/facility as the individual's waiver program provider and request a release of information between the hospital/facility and the provider be pursued. The provider should request ongoing communication from the hospital/facility regarding the progress being made by the individual.

The provider should be actively involved in discharge planning and related transition activities on behalf of the individual. The provider should request to participate in the development of a discharge and transition plan with the hospital/facility, and should participate in any meetings being held at the hospital/facility regarding the development of these plans.

Local Authorities Service Coordinator Responsibilities:

- 40 TAC Section 9.190(e) "A service coordinator must: (21) notify the program provider if the service coordinator becomes aware that an individual has been admitted to a setting described in Section 9.155(d) (which includes an in-patient hospital or behavioral health facility) and (16) together with the program provider, ensure the coordination and compatibility of HCS Program services with non-HCS Program services."
- 40 TAC Section 9.583(k) "An MRA must ensure that a service coordinator: (5) coordinates and monitors the delivery of TxHmL Program and non-TxHmL Program services; and (6) integrates various aspects of services delivered under the TxHmL Program and through non-TxHmL Program sources."

When an individual is admitted to a state hospital or other behavioral health facility, the service coordinator should contact the hospital or facility. The service coordinator should identify him or herself to the hospital or facility as the individual's service coordinator and request a release of information between the hospital/facility be pursued. The service coordinator should request ongoing communication from the hospital/facility regarding the progress made by the individual.

To further meet the above expectation, the Local Authority must ensure continuity of care for the individual by assisting him or her in a successful transition to return to waiver services from in-patient hospitalization. The service coordinator should be actively involved in discharge planning and related transition activities on behalf of the individual. The service coordinator should request to participate in the development of a discharge and transition plan with the hospital/facility, and should attend any meetings held at the hospital/facility regarding the development of these plans. Program rules as cited above mandate that service coordinators ensure service planning, monitoring and delivery for individuals who receive waiver services.

In the event an individual makes the decision to transfer to another program provider following an in-patient psychiatric hospitalization, the service coordinator must continue to fulfill obligations to the individual as outlined above by supporting the individual as necessary to facilitate an organized transition to a new provider on behalf of the individual.

Please ensure all appropriate program staff are aware of these expectations in preparation to assist individuals receiving program services who may experience an in-patient psychiatric hospitalization.

Sincerely,

[signature on file]

Jon Weizenbaum
Deputy Commissioner

Sincerely,

[signature on file]

Gary Jessee
Assistant Commissioner
Access and Intake