



COMMISSIONER
Jon Weizenbaum

December 5, 2014

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

Subject: Information Letter No. 14-81
Program Provider Responsibilities Regarding Acute Care Services

This Information Letter (IL) addresses the impact of the carve-in of acute medical care services into managed care for certain persons enrolled in the Home and Community-based Services (HCS) or Texas Home Living (TxHmL) programs as required by Senate Bill (SB) 7 (83rd Legislature, Regular Session, 2013) and the impact the carve-in will have on expectations for program providers, including compliance with program rules as described in Texas Administrative Code (TAC), Chapter 9, Subchapter D for HCS providers and Subchapter N for TxHmL providers.

SB 7 requires the Health and Human Services Commission (HHSC) to provide acute care Medicaid services for certain individuals with an intellectual disability through Medicaid managed care. However, the bill made no changes to the federal regulations and state statutes and regulations that currently govern HCS and TxHmL program compliance. Though the HCS or TxHmL program provider is not responsible for the actual delivery of acute care services covered under STAR+PLUS, the HCS or TxHmL program provider will still be responsible for showing documentation of efforts to ensure delivery of an ordered service or procedure and protection of the individual's health and safety.

The HCS and TxHmL program provider is still required to provide nursing in accordance with Appendix C of the HCS and TxHmL program waiver applications approved by Centers for Medicare and Medicaid Services (CMS) and found at http://www.dads.state.tx.us/providers/HCS/HCS_Waiver_Amendment2.pdf. Nursing in accordance with Appendix C includes performing health care activities and monitoring the individual's health conditions. Appendix C further states that nursing includes assisting an individual or legally authorized representative (LAR) to secure emergency medical services for the individual and making referrals for appropriate medical services.

If a program provider experiences coordination difficulty with a Managed Care Organization (MCO), each of the health plans has a provider hotline and providers are encouraged to contact the MCO to resolve concerns. Additionally, the provider may elevate the issue to HHSC by emailing HHSC's complaint mailbox, HPM_complaints@hhsc.state.tx.us. However, as with other situations in which the program provider meets with a challenge to obtaining an acute care service, Waiver, Survey and Certification would expect to see documented attempts to obtain MCO approval for an ordered service or procedure up to and including through the appeal

process. If the appeal is denied, the program provider must work with applicable parties, such as a physician or other health care professional, LAR and Service planning team to develop an alternative plan to meet the individual's need.

To learn more about the expansion of managed care, please visit the HHSC webpage at: <http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-expansion/adding-basic-health-services.shtml>.

Please send questions regarding the STAR+PLUS expansion or MCOs to: ManagedCareExpansion2014@hhsc.state.tx.us. Any questions regarding the content of this IL can be directed via email to HCS@dads.state.tx.us. Specific questions about reviews conducted by Waiver, Survey and Certification can be directed to: WSC@dads.state.tx.us.

Sincerely,

[signature on file]

Donna Jessee
Director
Center for Policy and Innovation

[signature on file]

Mary T. Henderson
Assistant Commissioner
Regulatory Services