

ATTACHMENT K Medicaid Program Enrollment Requirements

ENROLLMENT INTO THE HCS PROGRAM AND TXHML PROGRAM

- I. THE LIDDA SHALL:
 - A. Designate staff to complete enrollments for the following waiver programs:
 1. Home and Community-based Services (HCS) Program; and
 2. Texas Home Living (TxHmL) Program.
 - B. Require all designated staff to complete the online DADS enrollment training before performing enrollment activities and at least annually thereafter for as long as the staff performs enrollment activities for the LIDDA. The training can be found at:
<http://www.dads.state.tx.us/providers/LIDDA/training/index.html>
 - C. Ensure designated enrollment staff do not perform functions for the LIDDA's provider operations.
- II. THE LIDDA SHALL:
 - A. Complete the enrollment process for each authorized consumer into the HCS Program and TxHmL Program in accordance with DADS rules and within the timeframes below (the enrollment process is complete when the consumer status in CARE screen C61 is "active" or "denied"). The LIDDA may request an extension of the timeframes and DADS will grant an extension for good cause:
 1. for a consumer residing in a nursing facility — 90 calendar days after the LIDDA was notified of the program vacancy;
 2. for a consumer residing in a community ICF/IID or being discharged from a state mental health facility — 90 calendar days after the LIDDA was notified of the program vacancy; and
 3. for a consumer residing in his or her own or family's home — 75 calendar days after the LIDDA was notified of the program vacancy.
 - B. Access the Service Authorization System Online (SASO) to determine if the consumer is currently enrolled in a DADS program or a Medicaid waiver program. The LIDDA shall review the DADS Mutually Exclusive Services chart (<http://www.dads.state.tx.us/handbooks/appendix/12.htm>) to determine if a service the consumer is receiving is mutually exclusive to the program that the LIDDA is offering. If the consumer is enrolled in a Medicaid waiver program or a service that is mutually exclusive to the program that the LIDDA is offering, the LIDDA shall:
 1. contact the consumer's case manager or service coordinator for the service or program the consumer is currently enrolled in to coordinate an explanation to the consumer and LAR about the similarities and differences between the service the consumer is receiving and the program that the LIDDA is offering

- using the program comparison information found at:
http://www.dads.state.tx.us/providers/waiver_comparisons/index.html; and
2. following the explanation as described above, inform the consumer or LAR of the requirement to choose either the program the consumer is currently enrolled in or the program that the LIDDA is offering.
- C. Use Form 8665 (Person Directed Plan), as well as the form's instructions and the information contained in the discovery tool and discovery guide in the HCS Handbook appendices, when conducting person-directed planning for a consumer enrolling in the HCS or TxHmL Program.
- D. Enter the consumer's enrollment information into the CARE Automated Enrollment and Billing System screens L01, L23 (if applicable), L02, L03, L09, and L05.
- E. Review each consumer enrolling in HCS to determine if the consumer is eligible for inclusion in the Money Follows the Person (MFP) Demonstration Project as follows.
1. A consumer is eligible for inclusion in the MFP Demonstration Project if the consumer meets all of the following criteria:
 - a. the consumer must reside continuously in an institutional setting (i.e., ICF/IID, nursing facility, hospital, or state hospital) for at least 90 days prior to the HCS enrollment date *and be enrolled in HCS from a nursing facility, a large ICF/IID (14 beds or more), or a medium ICF/IID (9-13 beds)*;
 - b. the consumer's 90-day stay in the institutional setting as required by a. above excludes any days funded by Medicare;
 - c. the consumer must be Medicaid eligible under Title XIX of the Social Security Act; and
 - d. the consumer must transition from the nursing facility or ICF/IID into a qualifying residence, which is the consumer's own home or family home, a foster companion care home, a three-person group home, or a four-person group home.
 2. A consumer is eligible for inclusion in the MFP Demonstration Project if:
 - a. the consumer is a resident of a medium ICF/IID (9-13 beds) or large ICF/IID (14 beds or more);
 - b. the facility owner has an approved plan to participate in the MFP Demonstration Voluntary Closure Pilot; and
 - c. the consumer meets the eligibility criteria described in E.1.a.-E.1.d. above.
 3. A consumer is eligible for inclusion in the MFP Demonstration Project if the consumer is under 22 years of age and:
 - a. is a resident of a small ICF/IID (1-8 beds);
 - b. meets the eligibility criteria described in E.1.a.-E.1.c. above except the ICF/IID may be a small facility; and

- c. transitions from the small ICF/IID into the consumer's own home or family home or a foster companion care home.
 4. If the consumer is eligible for the MFP Demonstration Project, the LIDDA will provide the consumer or LAR with a brief explanation of the project using the information on Form 1580 (Texas Money Follows the Person Demonstration Project Informed Consent for Participation) and invite the consumer and LAR to participate in the project by signing the form. If the consumer or LAR agrees, the LIDDA will follow the instructions on the form, including completion of the "For Official Use Only" section of the form. The LIDDA must complete the form as soon as possible and fax it to DADS immediately after completion, but no later than two weeks before the consumer is discharged from the facility. NOTE: The LIDDA is not required to comply with this provision for a resident of a state supported living center (SSLC) who is eligible for the MFP Demonstration Project. SSLC staff are responsible for the explanation and completion and faxing of Form 1580 (Texas Money Follows the Person Demonstration Project Informed Consent for Participation).
 5. If the consumer or LAR signs the form, the LIDDA must enter "Y" on the CARE screen L01 for the question MFP DEMO Y_ N_.
 6. On a case-by-case basis, DADS may determine a consumer eligible for the MFP Demonstration Project and direct the LIDDA to comply with II.E.4. and 5. for that consumer or LAR.
- F. If the consumer being offered a program vacancy in HCS or TxHmL is enrolled in STAR+PLUS Waiver program (SPW):
1. inform the consumer that disenrollment in SPW is required in order to enroll in HCS or TxHmL;
 2. ensure the consumer's Individual Plan of Care (IPC) begins on the first day of a month;
 3. ensure the consumer's enrollment data has been entered into CARE within seven (7) days prior to the end of the month before the consumer's scheduled enrollment date; and
 4. if the LIDDA anticipates the consumer's HCS or TxHmL enrollment will not be completed within the timeframes listed in II.A. of this attachment, request that DADS approve an extension using Form 1045 (Request for HCS/TxHmL Enrollment Extension) or an Excel spreadsheet developed by DADS, to the time allowed for the enrollment.
- G. Comply with the instructions in this section when offering an HCS or TxHmL Program vacancy:

1. For a consumer whose enrollment process is not complete within the timeframes listed in II.A. of this attachment, the LIDDA must have, within the same timeframes:
 - a. submitted to DADS a Verification of Freedom of Choice form with the consumer's or LAR's signature and date declining the HCS or TxHmL Program, as appropriate;
 - b. submitted to DADS documentation that the LIDDA sent a letter of withdrawal in accordance with DADS rules; or
 - c. submitted a request to extend to the time allowed for the enrollment using Form 1045 (Request for HCS/TxHmL Enrollment Extension) or an Excel spreadsheet developed by DADS. NOTE: A Request for extension received by DADS after the 15th day of the last month of a quarter will not be approved for that quarter.

2. If the LIDDA that is authorized to offer an HCS or TxHmL program vacancy to a consumer (the authorized LIDDA) anticipates the consumer's HCS or TxHmL enrollment will not be completed by the required date, the LIDDA must request that DADS grant an extension (using Form 1045, Request for HCS/TxHmL Enrollment Extension, or an Excel spreadsheet developed by DADS) to the time allowed for the enrollment and provide a reason for the delay.

For HCS only: If the reason for the delay is related to determination of Medicaid eligibility, the LIDDA must proceed with enrollment activities and data entry of all the enrollment screens in CARE, as required by II.D. above, prior to submitting a request for extension.

For TxHmL only: If the reason for the delay is related to determination of Medicaid eligibility, the LIDDA must proceed with enrollment activities and data entry of all the enrollment screens in CARE, as required by II.D. above, prior to submitting a request for extension *unless the LIDDA determines the individual is likely to be denied Medicaid. In which case, the LIDDA must provide a reason for such determination.*

3. For all HCS slots and those TxHmL slots that are *not* refinance slots: If the authorized LIDDA attempts to contact the consumer or LAR and learns that the consumer or LAR has relocated to another local authority's local service area, the authorized LIDDA must determine the consumer's designated LIDDA using the "Guidelines for Determining and Changing Designated LIDDA" (see Attachment O). If the authorized LIDDA is the designated LIDDA, then the authorized LIDDA will continue with all enrollment activities. If the authorized LIDDA determines that another LIDDA is the designated LIDDA, then the authorized LIDDA must forward to the designated LIDDA a copy of the authorization letter, the Provider Choice form, and a copy of any extensions already obtained. The authorized LIDDA must notify the appropriate staff at DADS LIDDA section of the transfer. Once the designated LIDDA receives the information from the authorized LIDDA, then the

designated LIDDA becomes the authorized LIDDA and is responsible for meeting required timeframes for enrollment or requesting an extension.

For refinance TxHmL slots only: If the authorized LIDDA attempts to contact the consumer or LAR and learns that the consumer or LAR has relocated to another local authority's local service area, the authorized LIDDA must contact DADS for further instructions.

4. For all HCS slots and those TxHmL slots that are *not* refinance slots: If the authorized LIDDA contacts the consumer or LAR and begins the enrollment process and the applicant or LAR selects a provider in a different local authority's local service area, then the authorized LIDDA must conduct all pre-enrollment activities, such as explanation of services, obtaining signature on Verification of Freedom of Choice, conducting diagnostic activities and ID/RC, Medicaid eligibility information, initial person-directed plan (PDP), and proposed IPC. The authorized LIDDA must:
 - a. request an extension on the enrollment if the enrollment will not be completed in the originally assigned or extended timeframe;
 - b. transfer the consumer to the local authority in which the selected provider operates;
 - c. provide the initial PDP to the provider and complete the IPC negotiations with the provider; and
 - d. send hard copies of all enrollment documents, including the provider choice form and any enrollment extensions already obtained, to the receiving LIDDA.

Once the receiving LIDDA receives the information from the authorized LIDDA, then the receiving LIDDA is responsible for meeting required timeframes for enrollment.

For HCS only: The receiving LIDDA must complete the data entry of all enrollment screens in a timely manner and request an extension if enrollment is not expected to be approved by the required timeframe.

For TxHmL only: The receiving LIDDA must complete the data entry of all enrollment screens in a timely manner and request an extension if enrollment is not expected to be approved by the required timeframe. An exception to the requirement to complete data entry of all enrollment screens prior to requesting an extension is when *the LIDDA determines the individual is likely to be denied Medicaid. In which case, the LIDDA must provide a reason for such determination on Form 1045 (Request for HCS/TxHmL Enrollment Extension).*

- H. If the consumer being offered a program vacancy is currently receiving general revenue-funded services from the LIDDA, inform the consumer and LAR that if the consumer or LAR declines the offer of waiver services identified by DADS (i.e., HCS or TxHmL) the LIDDA will terminate the general revenue services in accordance with rules governing the HCS or TxHmL Program.

- I. Prior to enrollment, ensure the consumer and LAR are provided information about the Medicaid Estate Recovery Program as described in Attachment R (Medicaid Estate Recovery Program).
- J. Prior to enrollment, determine whether the consumer is a Medicare beneficiary. If the consumer is a Medicare beneficiary, the LIDDA must comply with the following:
 1. The LIDDA must verify that the consumer:
 - a. is enrolled in a Medicare-sponsored prescription drug plan, which can be a stand-alone drugs-only insurance plan or a Medicare Advantage Prescription Drug (MA-PD) plan; and
 - b. has been deemed eligible for extra help and if not, assist the consumer in applying for extra help using the SSA-1020 form found at www.socialsecurity.gov.
 2. If the consumer is not already enrolled in a drug plan, the LIDDA shall explain to the consumer and LAR that the consumer must enroll in a drug plan in order to receive prescription medications and that upon enrollment in the waiver program he or she will be auto-enrolled in a drug plan, which may or may not be the drug plan that is most beneficial. The LIDDA shall:
 - a. encourage the consumer to enroll in a drug plan before enrollment if possible; and
 - b. offer assistance, and provide assistance if requested, to the consumer and LAR with evaluating the drug plans to identify the plan that is most beneficial to the consumer.
 3. The LIDDA shall explain to the consumer and LAR that:
 - a. the consumer will get his or her prescription medications through a drug plan. Note: as a Medicaid wrap-around service, Medicaid will pay for a limited list of drugs that Medicare will not pay for, including benzodiazepines, barbiturates, and prescribed over-the-counter drugs;
 - b. the consumer will be automatically deemed eligible for the extra help, which will assist with his or her drug costs;
 - c. the consumer is not responsible for any cost sharing for his or her prescription medications;
 - d. the consumer will pay little or no premiums and no deductible;
 - e. the consumer will be responsible for paying for any prescription medications that are not covered by his or her drug plan or the Medicaid wrap-around service (as noted in a. above);
 - f. if the consumer is enrolling in TxHmL, the LIDDA service coordinator can assist him or her with changing drug plans and filing an exception, appeal, or grievance with the drug plan; and
 - g. if the consumer is enrolling in HCS, the program provider can assist him or her with changing drug plans and filing an exception, appeal, or grievance with the drug plan.

4. Note: The information contained in 1.-3. above pertains to a consumer with Medicare *and* Medicaid (referred to as “full-dual eligible”). A consumer with only Medicaid is not affected by the Medicare Prescription Drug Program and will continue to receive his or her drugs through Medicaid.
- K. Explain to the consumer or LAR he or she must document the following on the *Verification of Freedom of Choice* form:
1. that he or she chooses the TxHmL or HCS Program rather than the ICF/IID Program or other services (or program); or
 2. that he or she declines the TxHmL or HCS Program and chooses instead the ICF/IID Program or “Other”. If the consumer or LAR chooses "Other," then the LIDDA must ensure the reason for declining is explicitly stated.
- L. For a consumer who has declined to participate in the HCS or TxHmL Program:
1. submit to DADS a copy of the completed *Verification of Freedom of Choice* form; and
 2. enter the decline status code in CARE if the consumer's name is on the HCS or TxHmL Interest List;
- M. For a consumer who has chosen to participate in the HCS or TxHmL Program:
1. submit to DADS a copy of the completed *Verification of Freedom of Choice* form;
 2. explain to the consumer or LAR that he or she may choose any contracted HCS or TxHmL Program provider, as appropriate to the program being offered, in the LSA that has not reached its service capacity as identified in CARE;
 3. be objective in assisting a consumer or LAR in selecting an HCS or TxHmL Program provider, and not influence the consumer’s or LAR’s decision;
 4. provide the consumer or LAR with a current list (i.e., dated within seven (7) days) from CARE (XPTR HC062096 for HCS and HC062097 for TxHmL) of all contracted TxHmL or HCS Program providers, as appropriate to the program being offered, in the LIDDA’s LSA. The list will also include local “applicant contact” information, if available, for use by the consumer or LAR. If the LIDDA operates an HCS or TxHmL program and the program’s enrollment is at or above capacity (identified in CARE Screen 370 as “CAP”), the LIDDA must redact its provider name from the list of providers given to the consumer or LAR; and
 5. document the selection of the program provider on the *Documentation of Provider Choice* form and submit a copy of the form.

- N. If the HCS or TxHmL program operated by the LIDDA is selected by the consumer or the LAR to be the consumer's program provider, the LIDDA must complete DADS Form 1052 (Public Provider Choice Request) and submit to DADS in accordance with the form's instructions.
- O. Not allow any of the LIDDA's staff from its provider operations to initiate contact with the consumer or LAR prior to the completion of the *Documentation of Provider Choice* form.
- P. For a consumer who is being enrolled in the TxHmL Program, ensure the LIDDA service coordinator facilitates the completion of Form 8586 (TxHmL Program Service Coordination Notification).
- Q. Maintain the following completed forms in the consumer's record:
 - 1. *Verification of Freedom of Choice* form;
 - 2. *Documentation of Provider Choice* form; and
 - 3. *Texas Home Living Program Service Coordination Notification* (Form 8586), if applicable.

ENROLLMENT INTO THE ICF/IID PROGRAM

THE LA SHALL:

- A. Complete enrollment of a consumer into the ICF/IID Program in accordance with DADS rules;
- B. Prior to enrollment, ensure the consumer and LAR are provided information about the Medicaid Estate Recovery Program as described in Attachment R (Medicaid Estate Recovery Program); and
- C. Prior to enrollment, determine whether the consumer is a Medicare beneficiary. If the consumer is a Medicare beneficiary, the LIDDA must do the following:
 - 1. The LIDDA must verify that the consumer:
 - a. is enrolled in a Medicare-sponsored prescription drug plan, which can be a stand alone drugs-only insurance plan or a Medicare Advantage Prescription Drug (MA-PD) plan; and
 - b. has been deemed eligible for extra help and if not, assist the consumer in applying for extra help using the SSA-1020 form found at www.socialsecurity.gov.
 - 2. If the consumer is not already enrolled in a drug plan, the LIDDA shall explain to the consumer and LAR that the consumer must enroll in a drug plan in order to receive prescription medications and that upon enrollment in the

- ICF/IID Program he or she will be auto-enrolled in a drug plan, which may or may not be the drug plan that is most beneficial. The LIDDA shall:
- a. encourage the consumer to enroll in a drug plan before enrollment if possible; and
 - b. offer assistance, and provide assistance if requested, to the consumer and LAR with evaluating the drug plans to identify the plan that is most beneficial to the consumer.
3. The LIDDA shall explain to the consumer and LAR that:
- a. the consumer will get his or her prescription medications through a drug plan. Note: as a Medicaid wrap-around service, Medicaid will pay for a limited list of drugs that Medicare will not pay for, including benzodiazepines, barbiturates, and prescribed over-the-counter drugs;
 - b. the consumer will be automatically deemed eligible for the extra help, which will assist with his or her drug costs;
 - c. the consumer will not have any cost-sharing responsibilities such as premiums, deductibles, co-payments, or co-insurance for drugs covered by the plan; and
 - d. the ICF/IID Program provider can assist the consumer or LAR with changing drug plans and filing an exception, appeal, or grievance with the drug plan.
4. Note that the information contained in 1.-3. above pertains to a consumer with Medicare *and* Medicaid. A consumer with Medicaid only is not affected by the Medicare Prescription Drug Program and will continue to receive his or her drugs through Medicaid.