

Financial Eligibility at Pre-Enrollment (HCS & TxHmL Waiver Programs)

Apply the following process after an individual has accepted an enrollment offer.

- The Local Authority (LA) checks CARE screen C63 (Medicaid Eligibility Search).
- This screen displays the Medicaid eligibility information for an individual as it appears in TIERS. When entering the L09 screen, the LA must enter the individual's SSN and Medicaid number exactly as it appears in the C63 screen. If an individual does not currently have Medicaid or the type of Medicaid the individual has is not acceptable for HCS or TxHmL enrollment¹, the LA must determine whether the individual should apply for Supplemental Security Income (SSI) benefits through the Social Security Administration or apply for Medicaid through the HHSC as described below.
- The 2015 monthly income limit for SSI is \$733 with a \$20 disregard for an eligible individual.
 - If the individual's monthly income limit does not exceed this limit (\$753), the LA should assist the individual with completing an application for SSI benefits through the SSA. If an individual is determined eligible for SSI benefits, s/he is categorically eligible for SSI Medicaid; which is acceptable for HCS and TxHmL.
 - If the individual's monthly income exceeds this amount (\$753), the LA should assist the individual with completing an application for Medicaid through HHSC. The LA must complete H1746A and submit it along with a Medicaid application (Form 1200) to HHSC MEPD at the fax number found on the H1746A form.
 - If the ID/RC (Form 8578) and IPC (Form 3608 for HCS or Form 8582 for TxHmL) have been completed the LA should include a copy of these forms with the application. If the ID/RC and IPC have not been completed proceed with submitting the Medicaid application and H1746-A. The ID/RC and IPC can be submitted later. Do not wait for the ID/RC and/or IPC to be completed before submitting the Medicaid application.
 - If the individual/LAR prefers to submit the Medicaid applicant themselves, the LA must still complete the H1746A form and after the individual/LAR submits the Medicaid application, submit the completed H1746A form and note that the Medicaid application was submitted separately in the comments section of the form.
 - Do not submit both a SSI application and a Medicaid application. HHSC MEPD will not process a Medicaid application for the individual if the SSA is processing an application for SSI.

The process outlined above does not apply to individuals leaving an ICF/IID, state hospital or SSLC to enroll in the HCS Waiver.

¹ See the chart on page 3 for acceptable types of Medicaid.

Apply the following process for individuals leaving an ICF/IID, state hospital or SSLC to enroll in the HCS Waiver

- When an individual is discharged from an ICF/IID, state hospital, or SSLC to enroll into the HCS Waiver, a DADS Program Enrollment Program Advisor submits a request for a Medicaid “program transfer” to HHSC MEPD (Example: D14 to R14 or I14 to R14).

NOTE: The Program Advisor cannot request a “program transfer” until all of the enrollment screens (L01, L23, L09, L02, L03, and L05) have been entered in CARE by the LA. Also, program transfer request cannot be submitted to HHSC prior to the HCS enrollment date.

- For individuals receiving SSI benefits, the CARE C63 screen will show the individual’s Medicaid coverage code and program type as D13 or I13. The representative payee must contact the SSA to notify them of the individual’s discharge from the facility and provide them with a current address for the individual before the Program Advisor can request the program transfer to R13 for HCS enrollment. If the program transfer is not completed timely, the individual may be denied SSI Medicaid and have to re-apply.
- Individuals being discharged from an ICF/IID, state hospital, or SSLC who have lost Medicaid eligibility or do not have an acceptable type of Medicaid for HCS enrollment, the LA must determine whether the individual should apply for Supplemental Security Income (SSI) benefits through the Social Security Administration or apply for Medicaid through the HHSC.
- The 2015 monthly income limit for SSI is \$733 with a \$20 disregard for an eligible individual.
 - If the individual’s monthly income limit does not exceed this limit (\$753), the LA should assist the individual with completing an application for SSI benefits through the SSA. If an individual is determined eligible for SSI benefits, s/he is categorically eligible for SSI Medicaid; which is acceptable for HCS and TxHmL.
 - If the individual’s monthly income exceeds this amount (\$753) , the LA should assist the individual with completing an application for Medicaid through HHSC. The LA must complete H1746A and submit it along with a Medicaid application (Form 1200) to HHSC MEPD at the fax number found on the H1746A form.
 - If the ID/RC (Form 8578) and IPC (Form 3608 for HCS or Form 8582 for TxHmL) have been completed the LA should include a copy of these forms with the application. If the ID/RC and IPC have not been completed proceed with submitting the Medicaid application and H1746-A. The ID/RC and IPC can be submitted later. Do not wait for the ID/RC and/or IPC to be completed before submitting the Medicaid application.
 - If the individual/LAR prefers to submit the Medicaid applicant themselves, the LA must still complete the H1746A form and after the individual/LAR submits the Medicaid application, submit the completed H1746A form and note that the Medicaid application was submitted separately in the comments section of the form.
 - Do not submit both a SSI application and a Medicaid application. HHSC MEPD will not process a Medicaid application for the individual if the SSA is processing an application for SSI.

Preventing Dual Enrollments:

When reviewing the C63 screen in CARE, the LA can also determine if the individual is already enrolled in another waiver. An individual cannot be enrolled in more than one waiver at a time. To determine if an individual is enrolled in another waiver, the LA should review the information under “Service Group Assignments” in the C63 screen. If the individual is enrolled in another waiver program, it will show here.

For example:

If the screen indicates that the individual is enrolled in “*Service Group 19 - STAR+PLUS Waiver*,” the LA must project the HCS/TxHmL begin date to the following month because STAR+PLUS Waiver can only be ended on the last day of a month. The DADS Program Advisor will request the STAR+PLUS Waiver dis-enrollment after the LA has completed the enrollment screens in CARE. The Program Advisor cannot authorize an HCS or TxHmL enrollment if the begin date is not on or after the 1st day of the month following the first day the individual appears on the Program Advisor’s pending enrollment report.

If the screen indicates another service group such as, “*Service Group 2 – CLASS*,” the LA must coordinate with the CLASS case manager to terminate the individual’s CLASS services before the HCS or TxHmL enrollment can be authorized. If the screen displays “no other service group assignment found,” the individual is not enrolled in another waiver program and the LA can proceed with the HCS/TxHmL enrollment request.

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 by the LA to inform HHSC MEPD that an individual is enrolling in the HCS or TxHmL Waiver program. If this form is not included with the Medicaid application, the MEPD worker may not know that the application should be tested for ME Waivers Medicaid. This may result in denial of Medicaid for some individuals.
- When a Medicaid application is being submitted for an individual, this form must be included. The form should be the first document in the packet.
- Please read the form instructions and the additional instructions below to ensure the form is completed properly.
- This form is a “Smart Form” (Smart Form is a term used to describe an electronic form with capabilities beyond a traditional paper form).
- **Do not photocopy this form.** You may print the form in bulk from a PC.
- The form and application should be faxed to the fax 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.
- MEPD staff must accept this form and a Medicaid application from an LA.

Completing the sections on the form H1746-A

Applicant/Consumer Information

- TIERS number does not have to be filled in if the LA is submitting the form. Leave this field blank if you do not know the TIERS case number. Do not enter the individual’s SSN or Medicaid number in this field.
- 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. It is important that this information be completed on the form.

Action

- For pending enrollments, the LA should be marking the “Application” box. If the application was submitted to HHSC by the individual/LAR separately, the LA should indicate this in the comments section of the form. For example: “*Individual submitted Medicaid application separate from this form.*” HHSC will link the form with the application.
- Please review the Form H1746-A instructions for detailed instructions on using the other action statuses.

Program

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

Information for MEPD Worker

- Leave this section blank.

Sender

- Select “MRA.” **NOTE:** DADS is working with HHSC MEPD to correct this to “LA.”
- Always complete the Date, From, Telephone, City, County and Fax information. This is the LA representative that MEPD will contact should they have any questions or require additional information/documentation.

Additional Comments

- Enter a statement in this section that includes the date waiver services will begin (IPC begin date), which waiver the person is enrolling in (HCS or TxHmL); the individual’s current address, the name of the individual’s guardian (if applicable), the name and contact information of the individual waiver program provider, and an email address for the LA’s representative.
- **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 or mailing the application packet.
- The LA should include a copy of the ID/RC and IPC with the each application. This will help avoid delays in processing the application. However, do not wait for the ID/RC and/or IPC to be completed before submitting the Medicaid application.
- Fax to the number on the form

Follow-up

HHSC MEPD may take up to 45 days to process a Medicaid application once all required documentation is received. The LA must document the date the application was submitted to HHSC. If assistance from HHSC is needed while the application is being processed, the LA or individual/LAR can call 2-1-1, the HHSC Medicaid Hotline or the HHSC Ombudsman Office (see phone numbers on next page).

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