



COMMISSIONER
Chris Traylor

January 28, 2011

To: Program for the All-Inclusive Care for the Elderly (PACE) Providers

Subject: Information Letter No. 11-14
Procedural Changes - Enrollments, Disenrollments and Changes in Medicaid/Medicare Eligibility Status.

The purpose of this letter is to inform the PACE organizations of procedural changes for processing enrollments, disenrollments and any changes in a participant's Medicaid/Medicare status. Effective February 1, 2011, the Department of Aging and Disability Services (DADS) Community Services regional staff will begin entering data into the Service Authorization System (SAS) for PACE participants.

When the PACE organization is enrolling a new participant, the Form H1200/H1200EZ, Application for Assistance, or the Form H1010-E, Application for Assistance, must continue to be sent to the appropriate Medicaid Eligibility for the Elderly and Persons with Disabilities (MEPD) worker. The Medical Necessity/Level of Care (MN/LOC) assessment must continue to be completed through the Long Term Care (LTC) Online Portal.

Once medical necessity has been determined and financial eligibility has been approved through MEPD, the PACE organization will negotiate the enrollment date with the MEPD worker. Once the date is established, the PACE organization will complete the attached PACE SAS Registration Form and fax it to 915-834-7562 for data entry into SAS.

When the PACE organization is disenrolling a participant or is reporting a change in a participant's Medicaid/Medicare status they must complete the PACE SAS Registration Form and fax it to 915-834-7562 for data entry into SAS.

This new role for the DADS regional staff is limited to data entry only. All other financial eligibility issues such as changes in income or assets will continue to be handled by the MEPD worker. If you have any questions or need additional information, please contact Janet Barker at 512-438-2013 or email janet.barker@dads.state.tx.us.

Sincerely,

[signature on file]

Carol Sloan
Section Manager
Community Services & Program Operations

PACE SAS REGISTRATION FORM

PACE Facility		Contract Number	Transmittal Date	
Participant Name (Last name, First name)		Medicaid Number	Social Security Number	
Participant Residence Address				
Zip Code			County	
Name of Medicaid Eligibility Specialist				
<input type="checkbox"/> Initial Enrollment	<input type="checkbox"/> Change	<input type="checkbox"/> Disenrollment	<input type="checkbox"/> Involuntary Disenrollment (required approval obtained)	<input type="checkbox"/> Death
Enrollment Begin Date		Change Date		Disenrollment Date
Reason for Disenrollment				
Initial Service Authorization				
<input type="checkbox"/> 39 – Dual Eligible (Medicare and Medicaid)				
<input type="checkbox"/> 39A – Medicaid Only				
Service Authorization Change To				
<input type="checkbox"/> 39 – Dual Eligible (Medicare and Medicaid)				
<input type="checkbox"/> 39A – Medicaid Only				
Comments				
Name and telephone number of individual completing the form:				
Fax Completed Form To: William A. Fuller, Community Services Regional Director Fax # (915)834-7562				
Contact: Emma Rocha Phone # (915) 834-7568				

PACE SAS Registration Form Instructions

Purpose

This form is to be used to document essential information for Service Authorization System (SAS) data entry by DADS regional staff for Program of All-Inclusive Care for the Elderly (PACE) participants.

Procedure

When to Prepare:

This form is to be completed when PACE participants are enrolled, disenrolled or if there is a change in their Medicare/Medicaid status.

Transmittal:

This form will be completed by the PACE facility staff and faxed to 915/834-7562 for data entry into SAS by DADS regional staff.

Form Retention:

Copies of all forms should be kept for the length of time specified in program rules.

Detailed Instructions:

PACE Facility Name: Enter the name of the PACE facility.

Contract Number: Enter the 6 digit contract number.

Transmittal: Enter the date the form is prepared and faxed to 915/834-7562.

Participant Name: Enter the name of the participant (last name, first name).

Medicaid ID: Enter the participant's 9-digit Medicaid Identification number.

Social Security Number: Enter the participant's 9-digit social security number.

Participant Residence Address: Enter the participant's address, including street number, apartment number and city.

Zip code: Enter the 5-digit zip code.

County: Enter the county of residence.

Name of Medicaid Eligibility Specialist: Enter the name of the Eligibility Specialist.

Action: Check the applicable box for the action being taken:
Initial Enrollment, Change, Disenrollment, Involuntary Disenrollment, Death.

Enrollment Date: Enter the date of enrollment which must be the first day of the month.

Change Date: Enter the date the change becomes effective.

Disenrollment Date: Enter the date of disenrollment which must be the last day of the month.
For disenrollments due to the death of a participant, enter the actual date of death.

Reason for Disenrollment: Enter the relevant reason for disenrollment from the list of SAS Termination Codes. (The list of codes is at the end of the instructions.)

Initial Service Authorization: Check the appropriate box for service code 39 – Dual Eligible (Medicare and Medicaid) or service code 39A – Medicaid Only.

Service Authorization Change To: Check the appropriate box to reflect the change of the Service Authorization.

Comments: Enter additional information that is relevant to data entry of this document.

Name and telephone number of the individual completing the form: Enter the name and telephone number of the person completing the form.

Other:

- Upon receipt of this form, DADS regional staff will enter information into SAS within 3 work days.
- PACE facility staff should check MESAV 5 days after the form was faxed. If the information is not in MESAV, Emma Rocha may be contacted at 915/834-7568.
- All other inquiries should be addressed to Janet Barker at 512/438-2013 or by email at janet.barker@dads.state.tx.us.

SAS TERMINATION CODES

Code	Reason for Termination
01	Client leaves the state/county (catchment area)
02	Death of client
03	Admitted to institution
04	Hospital stay exceeds 120 days
05	Client requests service termination
06	Client denied Medicaid eligibility
07	Threatens health/safety
08	Loses level of care (medical necessity)
09	Client needs exceed program requirements
10	Denied due to income
11	Denied due to resources
12	Denied due to lack of functional need
13	Denied due to unmet need (six hour)
14	No medical need
15	Abused Emergency Response services
16	Failure to provide information
17	Failure to follow service plan
18	Exceeds cost ceiling
19	Providers have refused to service client
20	Fails to pay room and board/co-payment
21	Refuses to sign service plan (treatment plan)
22	Refuses to release medical information
23	Transferred to another service
24	Denied due to functional score change
25	Funds not available
26	Withdrew due to dissatisfaction with quality
27	Withdrew due to dissatisfaction with quantity
28	Withdrew preference of own physician (PACE)
29	Discharged from facility
30	Level of need/care expired
31	Elopement
32	Admitted to hospital
33	Client transferred to hospice
34	Client transferred to managed care
35	Client temporarily in nursing home
36	Individual's whereabouts are unknown
37	Substantial or demonstrated pattern of abuse or
38	Reckless behavior may result in imminent danger
39	Other