



COMMISSIONER  
Jon Weizenbaum

Date: July 20, 2016  
To: Home and Community Support Services Agencies (HCSSAs)  
Subject: Provider Letter No. 16-27 — Retired HCSSA Provider Letters

The Texas Department of Aging and Disability Services (DADS) retires a provider letter (PL) if DADS determines the letter is no longer needed. This may occur when the original reason for the letter was temporary or the policy described in the letter has changed or is no longer relevant. The PLs listed below have been retired by DADS, will no longer be available on the DADS website, and should no longer be followed. In addition, DADS is withdrawing any provider letter issued by the Texas Department of Human Services or DADS before 1/1/2002. This means only provider letters that are available on the DADS website at <http://www.dads.state.tx.us/providers/communications/letters.cfm?ftype=HCSSA> are valid.

Number	Title	Date Posted	Date Removed
PL 00-01	RS&C Letter No 99 -19: Waiver of Certain Staffing Requirements Within the Medicare Hospice Program	1/12/2000	6/20/2016
PL 00-02	Recipient Election/Cancellation Notice (Form 3071); Hospice - Nursing Facility Assessment (Form 3073); Physician Certification of Terminal Illness (Form 3074)	2/18/2000	6/20/2016
PL 00-03 (with attachment)	<ul style="list-style-type: none"> <li>• Notice (Form 3071), Hospice-Nursing Facility Assessment (Form 3073), Physician Certification of Terminal Illness (Form 3074), and Long Term Care Claim (Form 1290)</li> <li>• Hospice Election/Cancellation Notice (Form 3071) Updates</li> <li>• Acquiring the Long Term Care Claim (Form 1290)</li> </ul>	5/1/2000	6/20/2016
PL 00-04	Hospice Nursing Facility (NF) rates under the NF Enhanced Direct Care Staff Rate	5/8/2000	6/20/2016

<b>Number</b>	<b>Title</b>	<b>Date Posted</b>	<b>Date Removed</b>
PL 00-05	Nursing Facility Program, Hospice Program in Nursing Facilities, and Swing Bed Program Per Diem Rates Effective January 1, 2000	2/16/2000	6/20/16
PL 00-06	Long Term Care Claim (Form 1290)	6/1/2000	6/20/2016
PL 00-07	Vendor Drug Program	8/9/2000	6/20/2016
PL 00-08 (with attachments)	Submission of the Hospice Election Form 3071, Physician Certification of Terminal Illness Form 3074	9/22/2000	6/20/2016
PL 00-16	Hospice Nursing Facility (NF) rates under the NF Enhanced Direct Care Staff Rate	5/8/2000	6/20/2016
PI 00-20	Summary of Rule Changes §§97.1 - 97.3, §§97.11-97.16, §97.51, §97.52	6/16/2000	6/20/2016
PL 00-21	Departmental Responsibility to Report Sanctions to the Healthcare Integrity and Protection Data Bank (HIPDB)	6/30/2000	6/20/2016
PL 00-23	Long Term Care: CMS Information Letter No. 2000-05 - Deadline for Fiscal Year 1998 and Start of New Fiscal Year 2001	6/26/2000	6/20/2016
PL 00-31	Nursing Facility Program, Hospice Program in Nursing Facilities, and Swing Bed Program Per Diem Rates Effective September 1, 2000	9/20/2000	6/20/2016
PL 00-36	Billing Medicaid Hospice Providers for Room and Board	10/4/2000	6/20/2016
PL 00-37	Appendix Q - Guidelines for Determining Immediate Jeopardy (Revised)	10/16/2000	6/20/2016
PL 00-39	Medicaid Hospice	11/7/2000	6/20/2016
PL 00-41	Medicaid Hospice	11/21/2000	6/20/2016
PL 00-43	Medicaid Fraud Dually Eligible Hospice Recipients	12/8/2000	6/20/2016
PL 00-46	Replacement for Provider Letter 00-38: The Reinsertion of Gastric Tubes by Licensed Vocational Nurses	12/21/2000	6/20/2016
PI 01-00	Provider Claims Services Office Relocation	3/7/2001	6/20/2016
PL 01-07	Texas Medicaid Hospice Program - Forms Manual	3/7/2001	6/20/2016
PL 01-10 with attachment	Submission of the Hospice Election - Form 3071, Physician Certification of Terminal Illness - Form 3074	3/20/2001	6/20/2016
PL 01-12	Continuous Home Care Waiver and Reconsideration Requests Limitations on Payments for Inpatient Care	3/30/2001	6/20/2016

<b>Number</b>	<b>Title</b>	<b>Date Posted</b>	<b>Date Removed</b>
PL 01-14	Medicaid Hospice Per Diem Rate/Medicaid Hospice Cap	3/30/2001	6/20/2016
PL 01-19 with attachment	New Secure Website	6/15/2001	6/20/2016
PL 01-20 with attachments	Provider Letter #01-20 -- Palliative Care Form	5/17/2001	6/20/2016
PL 01-21	Utilization Review (UR) and Texas Index for Level of Effort (TILE) Assessments	5/21/2001	6/20/2016
PL 01-23	Replacement of 3652-A Instructions	7/5/2001	6/20/2016
PL 01-24	40 TAC 30 Medicaid Hospice Rules Section 30.54 Special Coverage Requirements	7/9/2001	6/20/2016
PL 01-28	Distribution of Intermediaries Program Memorandum A-01-21 - Clarification of the Homebound Definition Under the Medicare Home Health Benefit	7/30/2001	6/20/2016
PL 01-32	Long Term Care Claims Management System (CMS) Claims Information	7/27/2001	6/20/2016
PL 01-44	Medicaid Hospice Per Diem Rate / Medicaid Hospice Cap	10/26/2001	6/20/2016
PL 01-48	Submission of the Hospice Election Form 3071 Physician Certification of Terminal Illness Form 3074	10/30/2001	6/20/2016
PL 02-03 with attachment	Utilization Review Nursing Facility Standards §19.1926 Medicaid Hospice Medicaid Hospice Election Cancellation Form 3071 Continuous Home Care	2/13/2002	6/20/2016
PL 02-06	Retroactive Medicaid Eligibility (ME) and Nursing Facility (NF) Room and Board Payments in the Medicaid Hospice Program	3/4/2002	6/20/2016
PL 02-14	Medicaid Hospice Standards/Medicaid Physician Certification Form 3074	4/12/2002	6/20/2016
PL 02-16	Medicaid Hospice Billing and Payment	5/3/2002	6/20/2016
PL 02-19	Follow-up Questions and Answers regarding 40 Texas Administrative Code (TAC) 97 rules that became effective February 1, 2002	6/25/2002	6/20/16
PL 02-20	Medicaid /Medicare Physician Certification of Terminal Illness Form 3074	5/29/2002	6/20/2016

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PL 02-23	Skilled Nursing Facility Beds, Co-insurance and Room and Board for the Dually -Eligible Hospice Recipient	6/20/2002	6/20/2016

If you have questions about this letter, please contact a HCSSA program specialist with the Policy, Rules and Curriculum Development unit at 512-438-3161.

Sincerely,

*[signature on file]*

Mary T. Henderson  
Assistant Commissioner  
Regulatory Services

MTH:cg