

LONG-TERM CARE (LTC) USER GUIDE

FOR PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR)

TMHP
Texas Medicaid & Healthcare Partnership
A STATE MEDICAID CONTRACTOR

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Learning Objectives

After reading this *Long-Term Care (LTC) User Guide for Preadmission Screening and Resident Review (PASRR)*, you will be able to:

- Understand the PASRR screening and evaluation process.
- Understand the interdisciplinary team (IDT) meeting requirements and the quarterly and local authority (LA) update meeting requirements.
- Understand the process for requesting specialized services using the Authorization Request for PASRR Nursing Facility Specialized Services (NFSS) form.
- Understand how to update forms and the consequences of doing so.
- Identify all PASRR form statuses.
- Understand and respond to alerts.
- Recognize how to prevent Medicaid waste, abuse, and fraud.
- Understand that complying with the Health Insurance Portability and Accountability Act (HIPAA) is *your* responsibility. You should seek legal representation when needed and consult the manuals or speak to your Texas Medicaid & Healthcare Partnership (TMHP) provider representative when you have questions.
- Identify additional resources.

Medicaid Team

The following groups and people make up the Medicaid team. Together, they make it possible to deliver Medicaid services to Texans.

- **Centers for Medicare & Medicaid Services (CMS)** – The agency that oversees Medicaid at the federal level. CMS creates and administers guidelines, rules, and regulations.
- **Managed care organization (MCO)** – State-contracted entity that has been given delegated authority to provide acute and long-term services to support enrolled managed care members.
- **Medicaid recipient** – A person enrolled in a Medicaid program and served by Texas Medicaid.
- **Providers** – The crucial players in a quality health care program. The focus is on providing the best care possible and being reimbursed for allowed services rendered.
- **Texas Health and Human Services Commission (HHSC)** – Licenses, regulates, and administers a comprehensive array of services for people who are aging or disabled and for people who have intellectual and developmental disabilities (IDD) or serious mental illness (SMI) and other behavioral health illness. HHSC oversees the operations of the entire health and human services system in Texas and operates the Medicaid acute care program and several other related programs. The Texas HHSC's Office of Eligibility Services (OES) determines eligibility for Medicaid.
- **Texas Medicaid & Healthcare Partnership (TMHP)** – Contracted by the state as the claims administrator to process claims for providers under traditional Medicaid. TMHP processes and approves claims for traditional long-term care (LTC). TMHP does not pay LTC claims. This is done by the comptroller. Responsibilities also include the following:
  - Determination of medical necessity (MN)
  - Provider education
  - Timely processing of claims (except for services covered by STAR+PLUS premium) and representation of HHSC at fair hearings
  - Provision of yearly manuals, quarterly LTC Provider Bulletins, and bi-weekly Remittance and Status (R&S) Reports
  - Staffing of the TMHP Call Center/Help Desk Monday through Friday, 7:00 a.m.–7:00 p.m., Central time
  - Provision of training sessions for providers, including technical assistance for the LTC Online Portal

Preadmission Screening and Resident Review (PASRR) Process

Preadmission Screening and Resident Review (PASRR) is a federally mandated program that requires all states to prescreen all people, regardless of payor source or age, seeking admission to a Medicaid-certified nursing facility (NF). It was created in 1987 as part of the nursing home reform through language in the Omnibus Budget Reconciliation Act (OBRA).

PASRR has three goals:

- To identify people with mental illness (MI), intellectual disability (ID), or developmental disability (DD) and related conditions (RC) (this includes adults and children)
- To ensure appropriate placement, whether in the community or in an NF
- To ensure that people with MI, ID, and/or DD receive the required specialized services

Each state approaches the PASRR program details differently, but the basic requirements are the same for all states. The PASRR process for Texas is as follows:

- An initial PASRR Level 1 (PL1) Screening Form is completed for every person seeking admission to a Medicaid-certified NF to identify people suspected of having MI, ID, and/or DD.
- If the initial screening is positive (meaning that the person is suspected of having MI, ID, and/or DD), a PASRR Evaluation (PE) is completed by a qualified and impartial reviewer.
- People who are confirmed to be PASRR positive for MI, ID, and/or DD are evaluated to determine the need for specialized services, and appropriate placement options are reviewed.

In Texas, local intellectual and developmental disability authorities (LIDDAs), local mental health authorities (LMHAs), and local behavioral health authorities (LBHAs) play key roles in the PASRR process. In this user guide, the term local authority (LA) is used for a LIDDA, LMHA, or LBHA.

The information on the hard copy of the PL1 Screening Form, which is completed by the referring entity (RE), is submitted directly on the LTC Online Portal by either the NF or the LA (if a preadmission) and is assigned a Document Locator Number (DLN) when successfully submitted. To check on status information, providers can use Form Status Inquiry (FSI) or Current Activity to access the PL1 Screening Forms and the associated PEs that were submitted for their facility. If the PL1 Screening Form indicates suspicion of MI, ID, or DD, an alert goes out to the LA to complete the PE.

The PE form is used to complete an evaluation to confirm or disprove the suspicion of MI, ID, or DD documented on the PL1 Screening Form, to determine whether the NF is the appropriate placement for the person, and to determine whether the person could benefit from specialized services. The LA has 72 hours to complete a face-to-face visit with the person and seven calender days to submit the PE on the LTC Online Portal from the first notification to complete the PE.

If the person is PASRR negative based on the PE, a denial letter will be provided to the person and their legally authorized representative (LAR) if an LAR is documented on the PE. If the person does not agree with this result, the person or LAR can contact the PASRR evaluator at the LA stated in the letter with questions regarding the reason for the determination. The person or their LAR has the option to request a fair hearing. More information on fair hearings can be found in the "Fair Hearing Process" section of this user guide.

If a person is discharged to an acute care medical hospital for less than 30 days and is readmitted to the same NF, it is not necessary to submit a new PL1 Screening Form unless the first PL1 Screening Form has been inactivated or updated with a discharge date.

Overview of PASRR Admission Processes

There are four different PASRR admission processes:

1) Exempted hospital discharge

2) Expedited admission

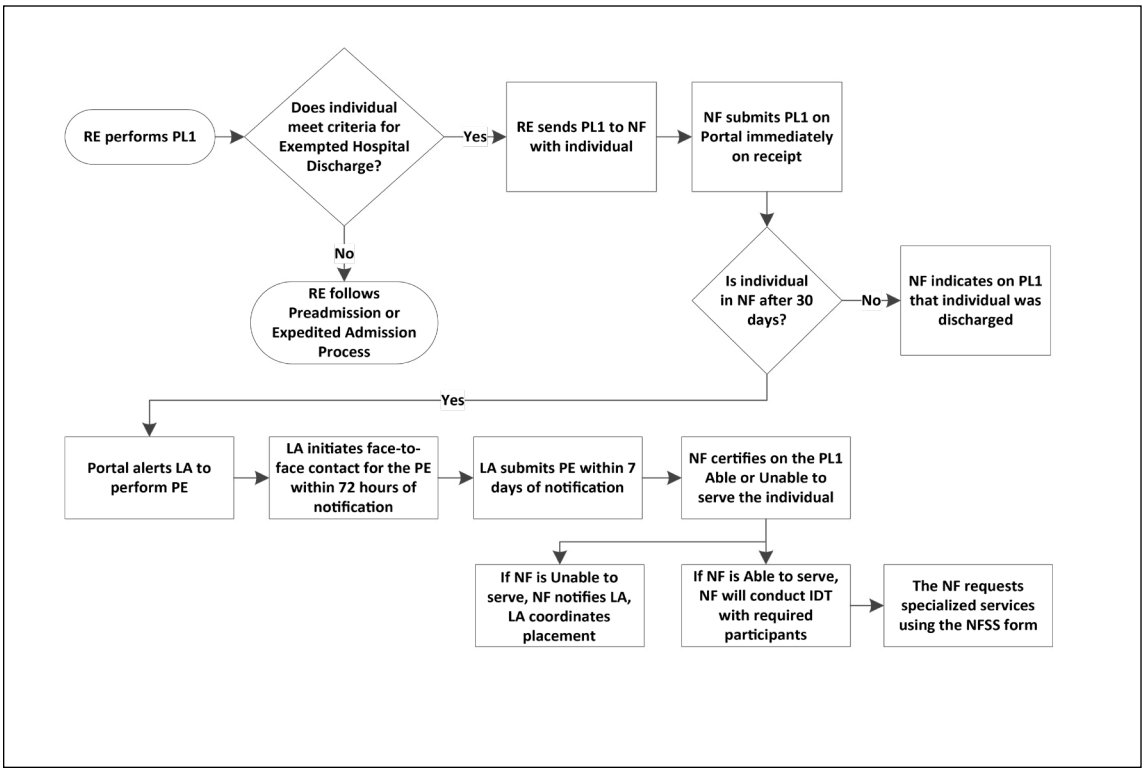
3) Preadmission

4) Negative PASRR eligibility

To decide which admission process to follow, the RE must first determine if there is a suspicion of MI, ID, and/or DD. If there is a suspicion of MI, ID, and/or DD, then the PL1 Screening Form screening status is considered positive, and one of the first three processes can be followed. If there is no suspicion of MI, ID, and/or DD, the person is considered PASRR negative, and then the negative PASRR eligibility process is followed. Below are flowcharts explaining the different processes at a high level.

Note: LAs cannot submit a PL1 Screening Form with Exempted Hospital Discharge, Expedited Admission, or Negative PASRR eligibility categories. They can only submit a PL1 Screening Form with a Preadmission category.

Exempted Hospital Discharge Admission Process



1) The Exempted Hospital Discharge (EHD) process starts when an RE completes the PL1 Screening Form with a suspicion of positive PASRR eligibility and determines whether the person is eligible for Exempted Hospital Discharge admission. The criterion for an admission under Exempted Hospital Discharge is that the person is not expected to remain in the NF more than 30 calendar days, which must be certified by the physician.

2) If the person does not meet the criterion for Exempted Hospital Discharge, then the RE follows the Expedited Admission process or the Preadmission process.

3) If the person *does* meet the Exempted Hospital Discharge criterion, then:

   a) The RE sends the PL1 Screening Form to the admitting NF with the person.

   b) The NF submits the PL1 Screening Form on the LTC Online Portal immediately upon receipt.
   Note: If the NF attempts to submit the Minimum Data Set (MDS) Long-Term Care Medicaid Information (LTCMI) without first submitting the PL1 Screening Form, the LTCMI will not be accepted. If the MDS LTCMI is rejected because an associated PL1 Screening Form can't be found and the NF knows that the associated PL1 Screening Form contains correct demographic information, then the NF needs to submit a modification of the MDS with correct demographic information to CMS.

4) If the person is discharged from the NF prior to 30 calendar days from the admission date, the NF must enter a discharge date on the PL1 Screening Form.

5) If the person is still in residence at the NF after 30 calendar days from the admission date, then:

   a) The LTC Online Portal alerts the LA to complete a PE.

   b) The LA initiates face-to-face contact for the PE within 72 hours of notification.

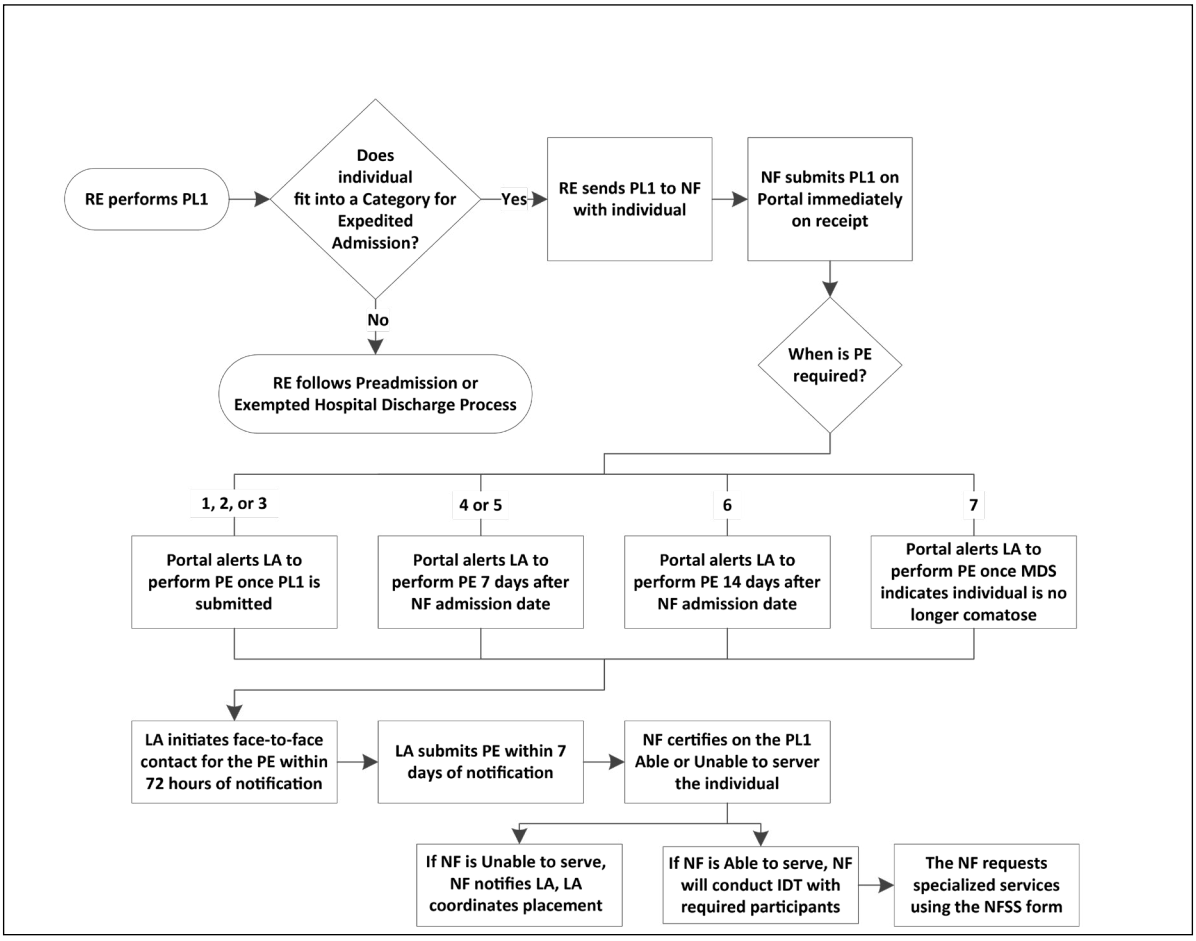
6) The LA submits the PE on the LTC Online Portal within seven calendar days of notification by the LTC Online Portal. Authorization for payment to the LA for completion of the PE is determined as a result of successful submission of the PE on the LTC Online Portal.

7) If the PE is positive, the NF reviews the PE, including recommended specialized services, and certifies their ability to serve the person on the PL1 Screening Form by clicking on either the **Able to Serve the Individual** or **Unable to Serve the Individual** button.

8) If the NF is *unable* to serve the person, the LTC Online Portal will generate an alert notifying the LA and the HHSC PASRR Unit. The LA will then coordinate placement into another NF or an alternate setting.

9) If the NF is *able* to serve the person, the NF will convene the IDT meeting with required participants.
   Note: For more information about certification, see the "Certification of the NF's Ability to Serve the Individual" section of this user guide.

Expedited Admission Process



1) The Expedited Admission (EA) process starts when an RE completes the PL1 Screening Form with a suspicion of MI, ID, and/or DD and screens for expedited admission using the following seven categories as described by federal regulations.

Category #	Category Name	Description
1	Convalescent Care	An individual is admitted from an acute care hospital to an NF for convalescent care with an acute physical illness or injury that required hospitalization and is expected to remain in the NF for greater than 30 days.
2	Terminal Illness	An individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course. An individual's medical prognosis is documented by a physician's certification, which is kept in the individual's medical record maintained by the NF.

Category #	Category Name	Description
3	Severe Physical Illness	An illness resulting in ventilator dependence or a diagnosis such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, or congestive heart failure that results in a level of impairment so severe that the individual could not be expected to benefit from specialized services.
4	Delirium	Provisional admission pending further assessment in case of delirium where an accurate diagnosis cannot be made until the delirium clears.
5	Emergency Protective Services	Provisional admission pending further assessment in emergency situations requiring protective services, with placement in the NF not to exceed seven days.
6	Respite	Very brief and finite stay of up to a fixed number of days to provide respite to in-home caregivers to whom the individual with MI, ID, and/or DD is expected to return following the brief NF stay.
7	Coma	Severe illness or injury resulting in inability to respond to external communication or stimuli, such as coma or functioning at brain stem level.

2) If the person *does not* meet Expedited Admission or the Exempted Hospital Discharge criteria, then the RE follows the Preadmission process (described in a subsequent diagram).

3) If the person *does* meet Expedited Admission criteria, then the RE sends the PL1 Screening Form to the admitting NF along with the person.
Note: If the NF attempts to submit the MDS LTCMI without first submitting the PL1 Screening Form, the LTCMI will not be accepted. If the MDS LTCMI is rejected because an associated PL1 Screening Form can't be found and you know that the associated PL1 Screening Form contains correct demographic information, then the NF needs to submit a modification of the MDS with correct demographic information to CMS.

4) The LA must complete a PE based on the Expedited Admission category:

   a) If the Expedited Admission category is 1, 2, or 3, the LTC Online Portal will create an alert for the LA to complete the PE after the PL1 Screening Form is successfully submitted on the LTC Online Portal by the NF.

   b) If the Expedited Admission category is 4 or 5, the LTC Online Portal creates the alert seven calendar days after the NF admission date.

   c) If the Expedited Admission category is 6, the LTC Online Portal creates an alert 14 calendar days after the NF admission date.

   d) If the Expedited Admission category is 7, the LTC Online Portal will alert the LA to complete a PE when the MDS indicates that the person is no longer comatose.

5) When notified by an alert, the LA initiates the face-to-face contact for the PE within 72 hours of notification by the LTC Online Portal.

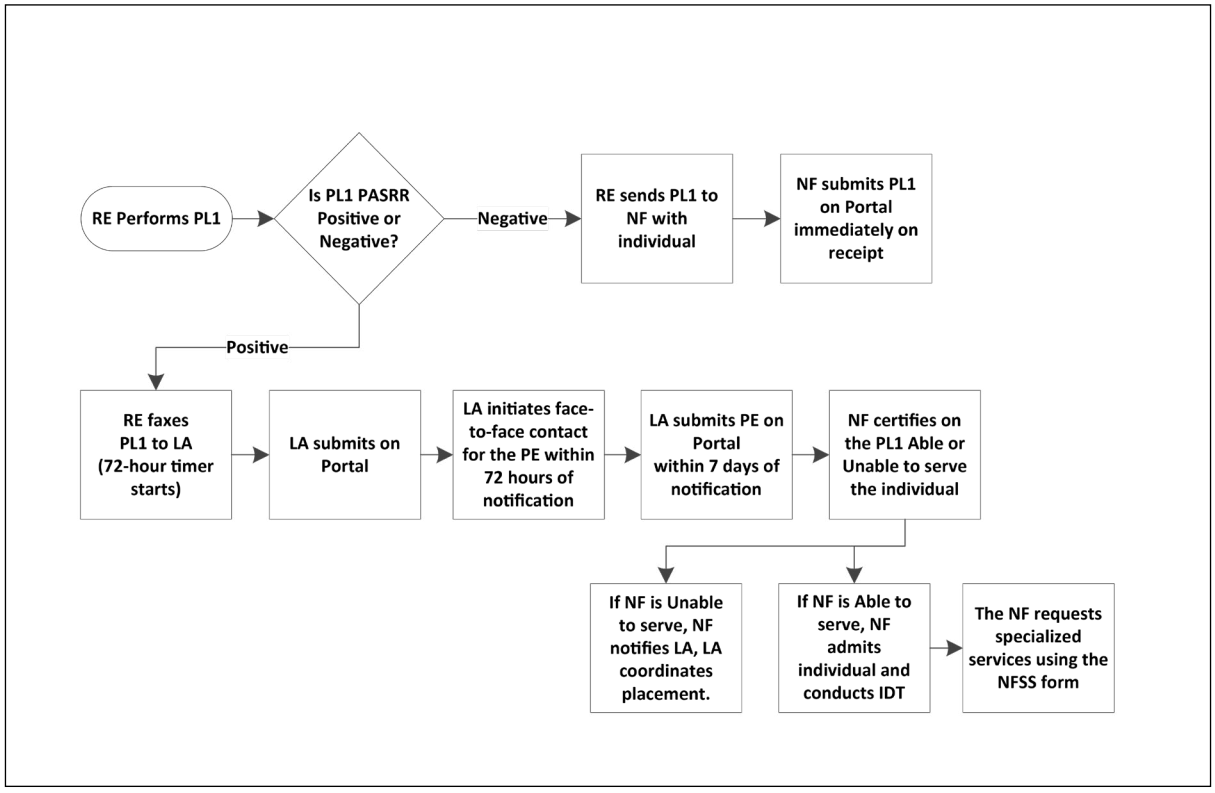
6) The LA will submit the PE on the LTC Online Portal within seven calendar days of notification. Authorization for payment to the LA for completion of the PE is determined as a result of successful submission of the PE on the LTC Online Portal.

7) The NF reviews the positive PE, including recommended specialized services, and certifies their ability to serve the person on the PL1 Screening Form by clicking on either **Able to Serve the Individual** or **Unable to Serve the Individual**.

8) If the NF is *unable* to serve the person, the LTC Online Portal will generate an alert notifying the LA and the HHSC PASRR Unit. The LA will then coordinate placement into another NF or an alternate setting.

9) If the NF is *able* to serve the person, the NF will convene the IDT meeting with required participants.
   Note: For more information about certification, see the "Certification of the NF's Ability to Serve the Individual" section of this user guide.

Preadmission Process



1) The Preadmission process starts when there is a potential NF admission from an RE in the community (such as from home, a group home, a psychiatric hospital, jail, etc.), there is a suspicion of MI, ID, and/or DD, and the person doesn't meet criteria for an Expedited Admission or Exempted Hospital Discharge admission type.

   a) The RE may require assistance from the LA or NF to complete the PL1 Screening Form.

   b) Only an LA can submit a positive Preadmission PL1 Screening Form.

   c) The NF is not allowed to submit positive Preadmission PL1 Screening Forms.

   d) If the PL1 Screening Form is negative (there is no suspicion of MI, ID, and/or DD), follow the Negative PASRR Admission Process.

2) When the PL1 Screening is a Preadmission type:

   a) The RE faxes the PL1 Screening Form to the LA (this serves as the notification to complete the PE).

   b) The LA submits the PL1 Screening Form in the LTC Online Portal.

   c) The LA initiates face-to-face contact for the PE within 72 hours of notification by the RE (see step 2a for notification).

   d) The LA submits the PE in the LTC Online Portal within seven calendar days of notification by the RE (see step 2a for notification). Authorization for payment to the LA for completion of the PE is determined as a result of successful submission of the PE on the LTC Online Portal.

3) If the PE is positive for PASRR eligibility, the NF reviews the PE, including recommended specialized services and Medical Necessity (MN) and certifies their ability to serve the person in the Section D tab of the PL1

Screening Form by clicking on either **Able to Serve the Individual** or **Unable to Serve the Individual** *before* the person can be admitted to the NF. For more information, refer to the "Certification of the NF's Ability to Serve the Individual" section of this user guide.

Note: If the NF attempts to submit the MDS LTCMI before the positive Preadmission PL1 Screening Form and PE have been submitted and before MN determination has been made if the PE was positive for PASRR eligibility, then the LTCMI will not be accepted. For more information about LTCMI rejections, see the LTCMI rejections section of the *Long-Term Care (LTC) User Guide for Nursing Facility Forms 3618/3619 and Minimum Data Set/Long-Term Care Medicaid Information (MDS/LTCMI)*. If the MDS LTCMI is rejected because an associated PL1 Screening Form can't be found and the NF knows that the associated PL1 Screening Form contains correct demographic information, then the NF needs to submit a modification of the MDS with correct demographic information to CMS.

I. If the NF is *unable* to serve the person, the LTC Online Portal will send an alert to the LA and the HHSC PASRR Unit. The LA will then need to coordinate placement of the person into another NF or alternate setting by working with the RE and the other identified NFs listed on the PL1 Screening Form.

II. If the NF is *able* to serve the person, the NF admits the person on the PL1 Screening Form by clicking on **Admitted to NF** on the Form Actions bar and entering the date of admission, and the NF will conduct the IDT meeting with required participants.

III. If the NF is able to serve the person but does not enter a date of admission on the PL1 Screening Form, the PL1 Screening Form will move to ***NF Placement Process Exhausted*** status within 90 days of the PE submission.

4) If the PE is negative for PASRR eligibility, then the NF must admit the person on the Preadmission PL1 Screening Form by clicking **Admitted to NF** if the person decides to reside in their facility. If the person decides not to reside in the NF, then the LA will need to follow the instructions in the "Diversions" section of this user guide.

Negative PASRR Eligibility Process

The RE (or the NF, when it is an NF-to-NF transfer) will complete the PL1 Screening Form. If the PL1 Screening Form is negative (when the response to questions on PL1 Screening Form field C0090. Primary Diagnosis of Dementia is "Yes" and fields C0100. Mental Illness, C0200. Intellectual Disability, and C0300. Developmental Disability are all "No"), the RE or NF will follow the Negative PASRR Eligibility process.

When the PL1 Screening Form is negative:

1) The RE sends the PL1 Screening Form to the admitting NF with the person.

2) The NF physically admits the person immediately upon arrival at the NF, and the NF submits the PL1 Screening Form on the LTC Online Portal right away.

3) Failure to submit a negative PL1 Screening Form into the LTC Online Portal will prevent the MDS LTCMI from being accepted.

Note: If the person is PASRR negative based on a PL1 Screening Form, a PE is not completed unless requested by HHSC, an NF, or the person/LAR. The system will not allow an LA to submit a negative PL1 Screening Form on the LTC Online Portal.

Detailed instructions for completing the PL1 Screening Form can be found online at https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions.

Process for NF Diversions and Transitions

Introduction

A transition is defined as the process that occurs for a person who is positive for MI, ID, or DD and is currently residing in an NF and wants to move to an alternate setting. The LA can be notified of the person's desire to move to another setting by HHSC, the NF, the LAR, the person, or an alert manually generated on the LTC Online Portal.

A diversion is defined as the process that occurs for a person who is positive for MI, ID, and/or DD and is at risk of being admitted to an NF and would rather move to or remain in a community setting. The LA is notified of the person's desire to live in a community setting by the RE's completion of the Alternate Placement Preferences subsection of the PL1 Screening Form or by the person/LAR during the PE interview.

Transitions

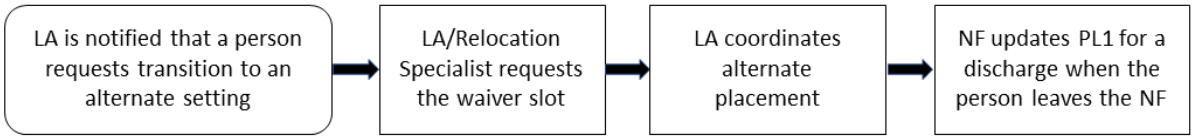
1) The LA is notified that a person requests to be transitioned to an alternate setting.

2) The LIDDA is responsible for requesting waiver slots from HHSC, such as Home & Community-based Services (HCS) or Texas Home Living (TxHmL), if that is where the person desires to transition to. If the person wants a different waiver, the LA would make a referral to the relocation specialist.

3) The LA coordinates alternate placement by working with the relocation specialist to develop a transition plan. Refer to the *Intellectual and Developmental Disability Preadmission Screening and Resident Review (IDD-PASRR) Handbook* or the *Preadmission Screening and Resident Review Mental Illness Handbook* for instructions on transitions.

4) After the person has been discharged from the NF, the NF *must* complete and submit the discharge and the Alternate Placement Disposition section on the PL1 Screening Form by clicking **Update Form**.
Note: If the person desires to move to another NF, the current NF should complete the Alternate Placement Disposition section by selecting **4. Other** in field H0200A and then entering **NF** in field H0200B.

The process described above is shown in the following diagram:



Diversions

1) When the person who is suspected of being PASRR positive for MI, ID, and/or DD and is *not* a current resident of an NF, the PL1 Screening Form *must* be submitted following the "Preadmission Process" section of this guide. The RE starts this process by faxing the completed hard copy PL1 Screening Form to the LA.

2) The LA submits the Preadmission PL1 Screening Form into the LTC Online Portal. A Preadmission PL1 Screening Form means that it must be submitted as positive for PASRR eligibility by selecting **1. Yes** in fields C0100, C0200, and/or C0300 and clicking on the **F0300A. Preadmission** checkbox and then selecting an option in F0300B.

3) The LA initiates a face-to-face contact for the PE within 72 hours of notification by the RE (the date the fax was received).

4) The LA completes and submits the PE into the LTC Online Portal within seven calendar days of notification by the RE.

   a) If the PE is positive for PASRR eligibility, the LA must wait for MN to be determined on the PE.

   b) If the PE is negative for PASRR eligibility, the LA must stop the process at this point and allow the system to automatically move the PL1 Screening Form to the ***NF Placement Process Exhausted*** status when 90 calendar days have passed since the PE was submitted.

5) If MN is denied on the PE, the LA will proceed to follow the process outlined in the "Medical Necessity (MN) and the MN Process" section of this guide.

   a) If MN is still denied after a fair hearing was conducted or the opportunity for a fair hearing has expired, the person does not qualify for an IDD diversion or waiver slot. The LA must stop the process at this point and does *not* proceed to step 6. The system will automatically move the PL1 Screening Form to the ***NF Placement Process Exhausted*** status when 90 calendar days have passed since the PE was submitted and no NF has documented an admission on the PL1 Screening Form.

   b) If the MN denial is overturned after a fair hearing was conducted, the LA proceeds to step 6.

6) If MN is approved on the PE for an ID, DD, and/or IDD and MI (dual) eligibility, the person qualifies for a diversion or waiver slot.

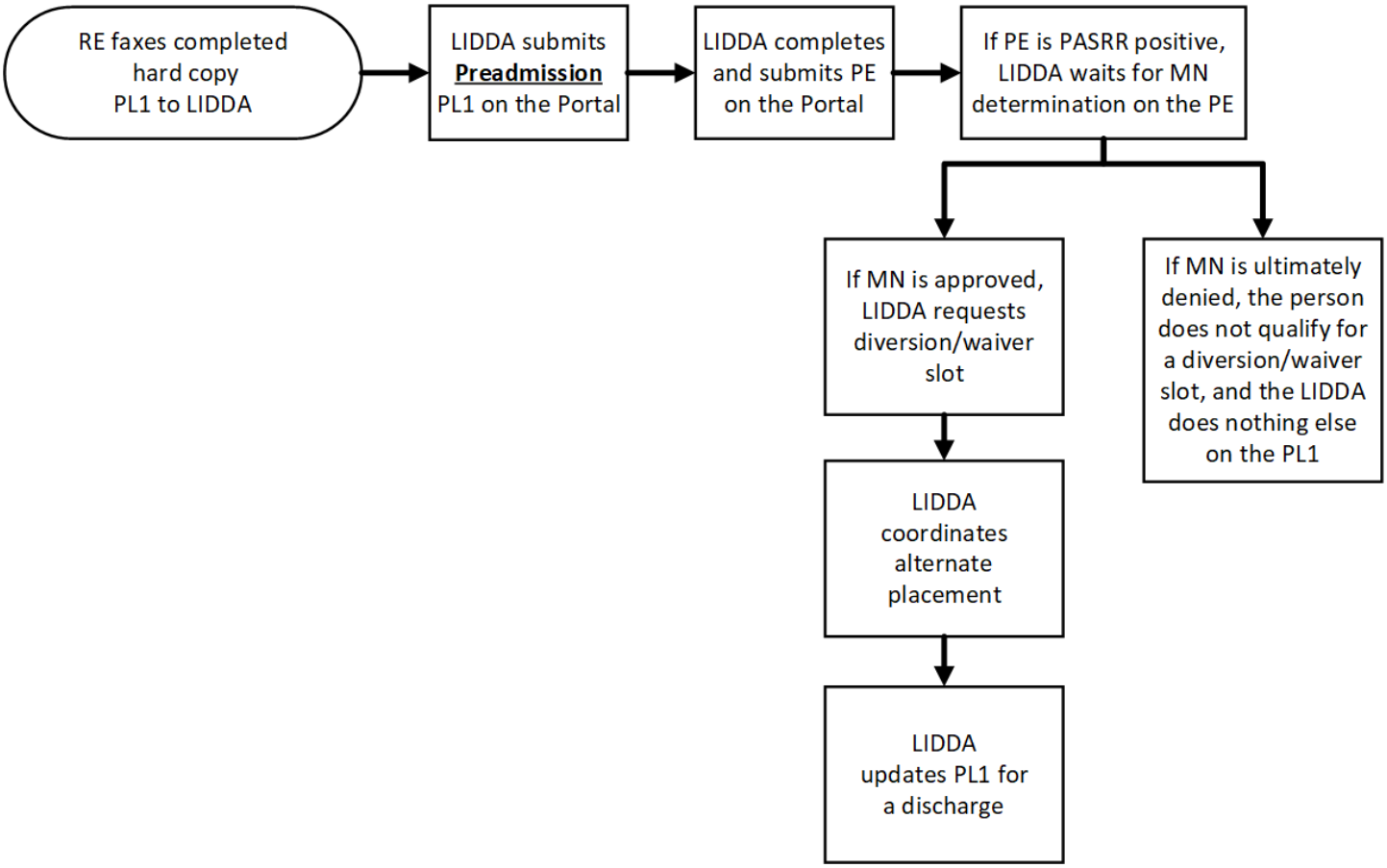
   a) The LIDDA requests a diversion or waiver slot as outlined in the *Intellectual and Developmental Disability Preadmission Screening and Resident Review (IDD-PASRR) Handbook*.

   b) The LIDDA then coordinates alternate placement for the applicable community program.

   c) The LIDDA *must* update the PL1 Screening Form for a discharge by clicking **Update Form** after enrollment

in the community program but no later than 45 calendar days following the diversion or waiver slot request.

Note: For a diversion, 2. ICF/IID, 3. Own home/family home, or 4. Other should *not* be selected in field H0200A.

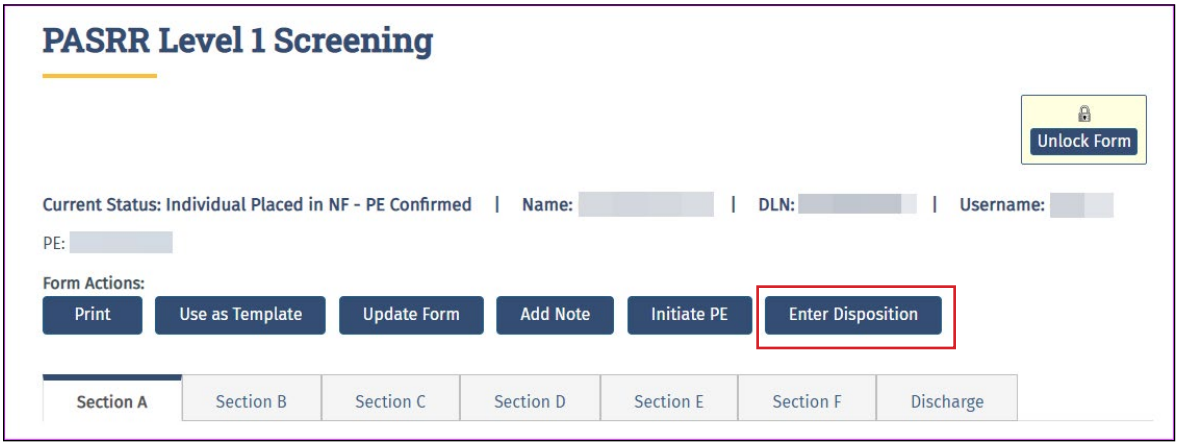


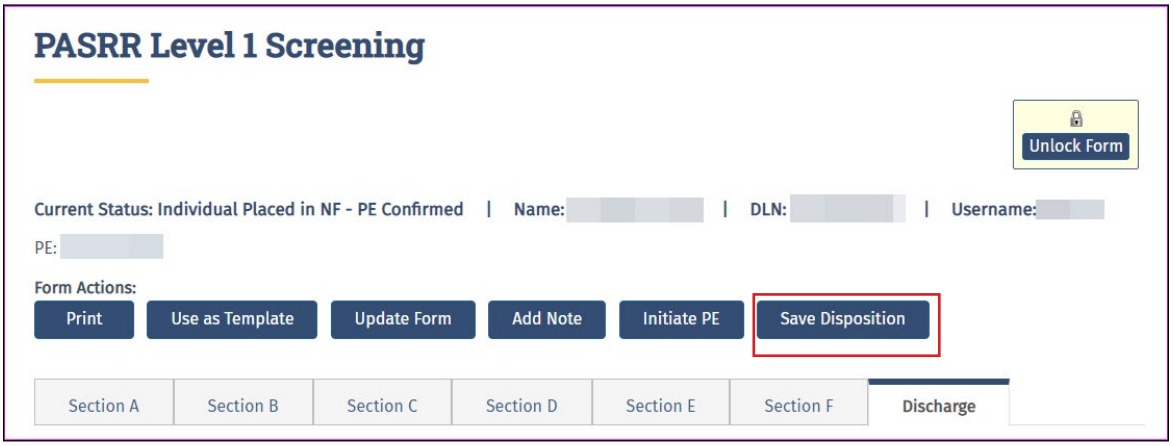
7) If MN is approved on the PE for MI eligibility:

   a) The LMHA/LBHA then coordinates alternate placement for the applicable community setting.

   b) The LMHA/LBHA *must* update the PL1 Screening Form for a discharge by clicking **Update Form** after enrollment in the community program but no later than 45 calendar days following the diversion or waiver slot request.

Note: The LA will see the **Enter Disposition** on the Form Actions bar for active PL1 Screening Forms that are completed with a suspicion of positive PASRR eligibility. The LA will use this button when the admission type is for a Preadmission PL1 Screening Form and the person is in the process of diverting into a community program. Once the user clicks on **Enter Disposition**, the **Save Disposition** button is displayed on the Form Actions bar. Click **Save Disposition** after completing the Alternate Placement Disposition section. This section is on the Section B tab of the original version of the PL1 Screening Form and on the Discharge tab of the new version of the PL1 Screening Form. Entering the disposition in this manner moves the PL1 Screening Form to the ***Individual Chose Alternate Setting*** status. The PL1 Screening Form can still be updated for a discharge when the person is actually discharged to the desired community program. When the person is discharged to the desired community program, the submitter will use **Update Form** to enter the discharge information and the alternate placement disposition information at the same time. Entering the disposition information in this manner moves the PL1 Screening Form to the ***PL1 Inactive*** status.





Resident Reviews

A Resident Review (RR) is a review of a person's condition and placement after the person has been admitted to an NF. The purpose of the RR is to ensure that people with positive PASRR eligibility are getting appropriate specialized services and to determine whether the person still needs to be in an NF.

An RR is completed for a person with positive PASRR eligibility who experienced a significant change in status in their mental or physical condition. When the NF submits an MDS with the 04. Significant change in status assessment, the LA:

1) Assesses the person's need for continued care in an NF.

2) Assesses the person's need for NFSS, LIDDA specialized services, and LMHA/LBHA specialized services.

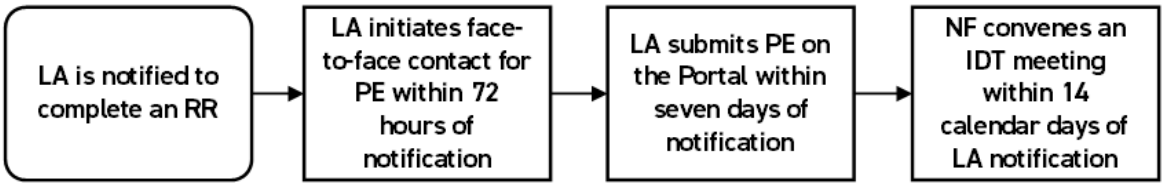
3) Identifies alternate placement options.

An RR is completed on all people, regardless of funding source. An RR may also be required by an NF or HHSC for a person with a current negative PL1 Screening Form who is now suspected of having MI, ID, or DD to determine whether the resident qualifies for PASRR specialized services.

To complete an RR, the LA will meet face to face with the person and complete a new PE form initiated from the existing PL1 Screening Form, even if the PL1 Screening Form is negative for PASRR eligibility. The LA must complete and submit the PE on the LTC Online Portal within seven calendar days of notification to complete a resident review.

Refer to Appendix C for actions that should be taken for each RR trigger.

Resident Review Process



1) An RR takes place when an LA is notified to complete a PE on a current resident of an NF. The notification is normally generated as an automatic alert in the LTC Online Portal, although the request could come as a manually generated alert in the LTC Online Portal from HHSC or the NF. Refer to Appendix C for a list of triggers and the actions that should be taken.

2) The LA initiates face-to-face contact within 72 hours of notification to complete a PE (see step 1 for notification).

3) The LA submits the PE into the LTC Online Portal within seven calendar days of notification (see step 1 for notification).

4) If the PE is positive for PASRR eligibility, the NF will convene the IDT meeting within 14 calendar days after admission to the NF or within 14 calendar days after the LTC Online Portal generated the automatic

notification to the LA to complete the PE. The NF can determine when the alert was sent to the LA by finding the applicable alert in their Outgoing Alerts section on the Alerts page.

Medical Necessity (MN) and the MN Process

For the PASRR Preadmission process, TMHP is responsible for reviewing successfully submitted PEs to determine MN for people who are PASRR positive. The initial MDS assessment will inherit the MN determination from the PE if the MDS assessment effective date is within 30 days (plus or minus) of the date of assessment of the PE. For other MDS submissions, including all other PL1 Screening Form admission types (Expedited Admission, Exempted Hospital Discharge, and PASRR negative people), TMHP is responsible for reviewing submitted MDS assessments to determine MN. The MDS LTCMI will be rejected while waiting for the MN determination on a positive PE initiated from a Preadmission PL1 Screening Form.

Definition of Medical Necessity

26 TAC §554.101 (84) states:

> MN -- Medical Necessity. A determination, made by physicians and registered nurses who are employed by or contracted with the state Medicaid claims administrator, that a recipient requires the services of a licensed nurse in an institutional setting to carry out a physician's planned regimen for total care. A recipient's need for custodial care in a 24-hour institutional setting does not constitute medical necessity.

26 TAC §554.2403(e) states:

> A recipient may establish permanent medical necessity status after the completion date of any MDS assessment approved for medical necessity no less than 184 calendar days after the recipient's admission to the Texas Medicaid Nursing Facility Program.

General Qualifications for Medical Necessity Determinations

26 TAC §554.2401 states:

> Medical necessity is the prerequisite for participation in the Medicaid (Title XIX) Long-term Care program. This section contains the general qualifications for a medical necessity determination. To verify that medical necessity exists, a client must meet the conditions described in paragraphs (1) and (2) of this section.

1) The person must demonstrate a medical condition that:
   a) Is of sufficient seriousness that the individual's needs exceed the routine care, which may be given by an untrained person; and
   b) Requires licensed nurses' supervision, assessment, planning, and intervention that are available only in an institution.
2) The person must require medical or nursing services that:

a) Are ordered by the physician;

b) Are dependent upon the individual's documented medical conditions;

c) Require the skills of a registered nurse or licensed vocational nurse;

d) Are provided either directly by or under the supervision of a licensed nurse in an institutional setting; and

e) Are required on a regular basis.
Note: Medical necessity is not the only prerequisite to qualify for Medicaid eligibility (ME).

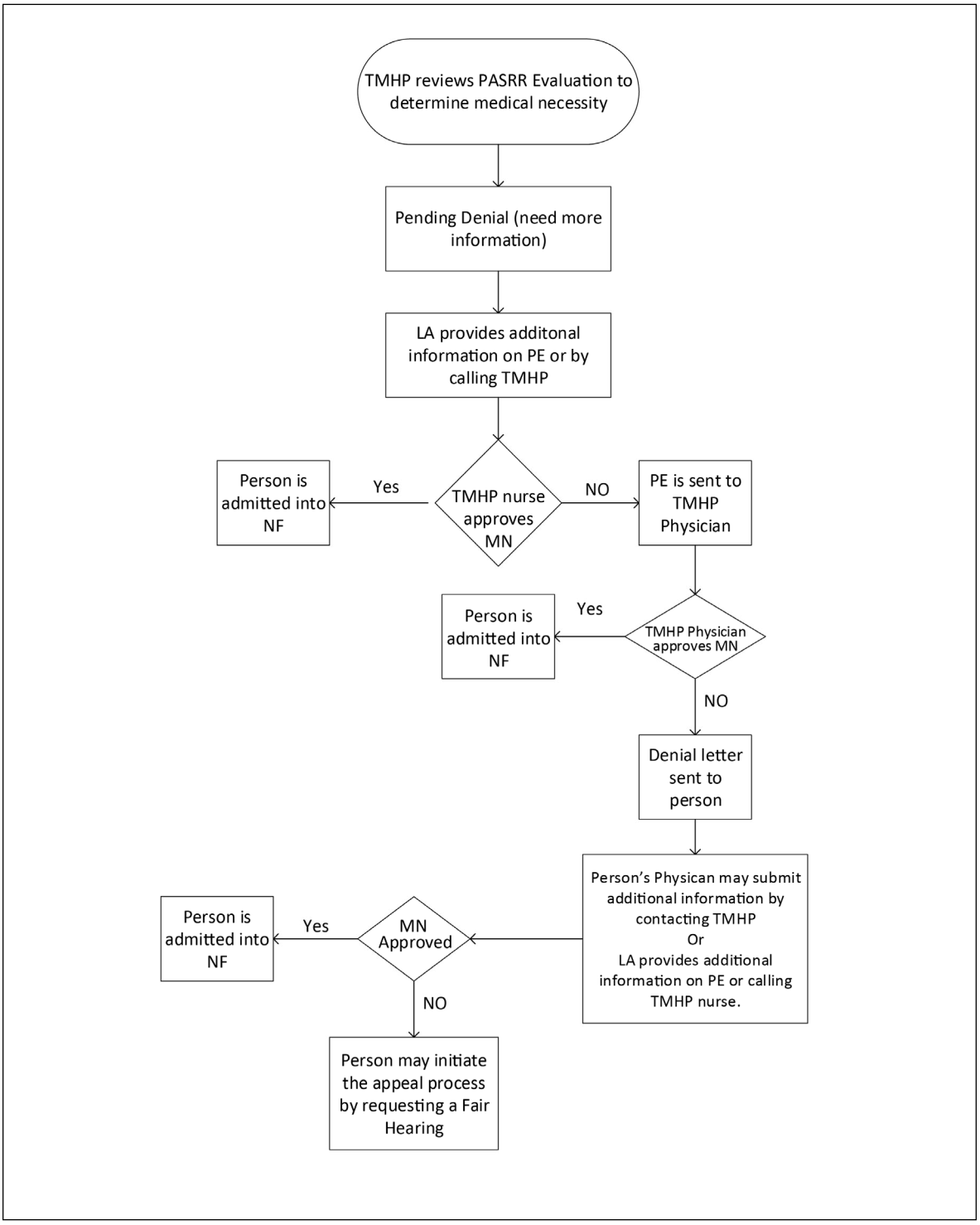
Manual Medical Necessity Determination on PASRR Evaluation

To expedite processing, TMHP automatically checks submitted PASRR evaluations with a Medicaid number to determine whether the person already has permanent MN (PMN). If the person has PMN, the MN is automatically approved. The History trail will state, "Individual has permanent MN."

For people who do not have PMN, TMHP systems automatically review specific criteria on the positive Preadmission PE. If the criteria are appropriately met, MN is automatically approved. The History trail will state, "Medical Necessity Approved for the client based on PASRR Evaluation." If MN could not be determined automatically, then the PE will be sent to a TMHP nurse for manual MN review. The status will be set to ***Pending Review*** on the FSI search results, and the last message showing in the History trail will be, "The Form has failed Auto MN Approval."

It is important that the NF verifies that the History trail indicated MN approval before they admit the person into the facility. Failure to verify MN will delay or prevent the facility's reimbursement.

The flowchart below provides a high-level overview of the process used for manual MN determination for a Preadmission PASRR positive person. Providers can use the LTC Online Portal to check the status of MN determination.



1) Submissions for people who do not have PMN or do not pass auto-MN are reviewed by the TMHP nurse for MN determination within five business days of successful submission of the positive PE initiated from a Preadmission PL1 Screening Form.

2) Once reviewed, the submission is either approved (meeting MN) or placed in ***Pending Denial (need more information)*** status for up to 21 calendar days. FSI or Current Activity can be used by the LA to view the status of MN determination whether the PE is set to status ***Approved***, ***Denied***, or ***Pending Denial (need more information)***. The NF can only use FSI to view a PE status.

3) The LA must check the History trail to see the results of MN determination. If MN was denied, then check the History trail for additional information requested by the TMHP nurse or doctor.

4) If the PE has a status of ***Pending Denial (need more information)***, the LA must contact the NF to coordinate the additional medical information for the TMHP nurse.

5) The LA must either add additional medical information clarifying nursing/medical needs through the Add Note feature or by calling TMHP and speaking with a THMP nurse prior to the 21 calendar day deadline.

6) If the LA or person's physician does not provide additional information clarifying nursing/medical needs within 21 calendar days of the ***Pending Denial (need more information)*** status, the PE is sent to the TMHP physician for review.

7) If the TMHP nurse determines that MN has been met, the PE is approved, and the NF can now admit the person physically and on the Preadmission PL1 Screening Form after certifying that they are able to serve the person on the PL1 Screening Form.

8) If the TMHP nurse still cannot determine any licensed nursing need after additional information has been provided, the PE is sent to the TMHP physician for MN determination.

9) If the TMHP physician determines that MN has been met, the PE is approved. If MN is denied by the TMHP physician, notification of denied MN is sent to the person in a letter. The letter states that the person's physician may submit additional medical information within 14 business days of the date on the denial letter by faxing additional medical information to the TMHP LTC department, or the LA may provide additional medical information by using the Add Note feature of the PE on the LTC Online Portal or by calling and speaking with a TMHP nurse prior to the 14 business day deadline.

10) The person's PE and the additional (or new) medical information will be reviewed by the TMHP nurse, who will either approve or send the information to the TMHP physician for a second MN determination. The TMHP physician will either approve the PE or uphold the original decision to deny MN.

11) The person may initiate the appeal process when notified by TMHP that the physician upheld the original decision to deny medical necessity. To request a fair hearing and appeal the MN determination, the person or their LAR should contact the TMHP number listed on the denial letter.

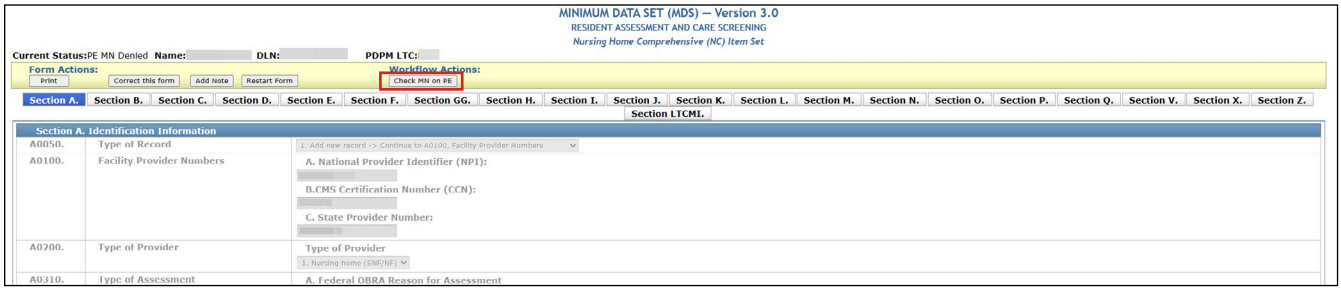
12) If the person or their LAR requests a hearing, additional information may be submitted at any time prior to the hearing by the NF, LA, or the person's physician either by telephone call to the TMHP nurses or by fax.
Note: The MDS LTMCI can be rejected when MN has not been documented on a Preadmission PE. Submitters are responsible for checking the status of their submitted forms, assessments, screenings, and evaluations using FSI or Current Activity and supplying additional information if needed.

MDS Set to Status PE MN Denied

When the MDS LTCMI is being submitted and the LTC Online Portal finds a positive PE submitted from a Preadmission PL1 Screening Form as the first PE, then MN will be determined on that PE instead of the MDS. If the Preadmission PE is denied MN, then the MDS is set to the ***PE MN Denied*** status. When the MDS is in this status, the **Check MN on PE** button will be displayed for the associated NF under the Workflow Actions section of the Form Actions bar on the MDS. The NF should click this button periodically to check whether the MN denial on the PE has been overturned.

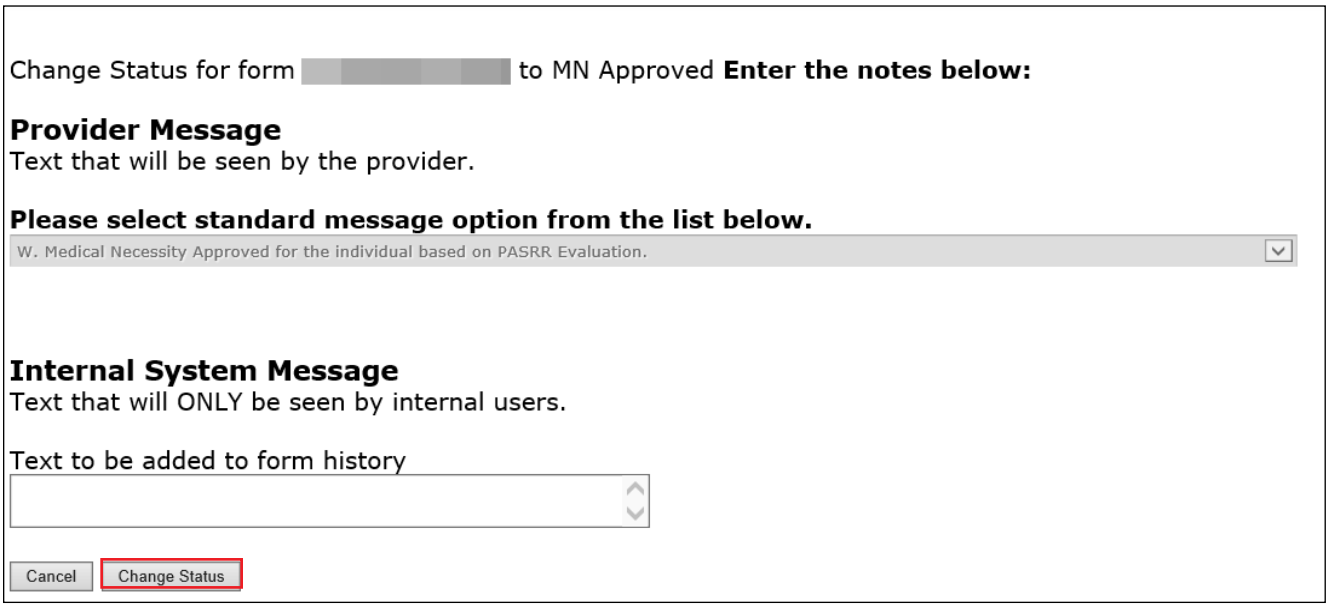
1) Locate and open the MDS assessment using FSI.

2) Click **Check MN on PE** on the Workflow Actions bar.

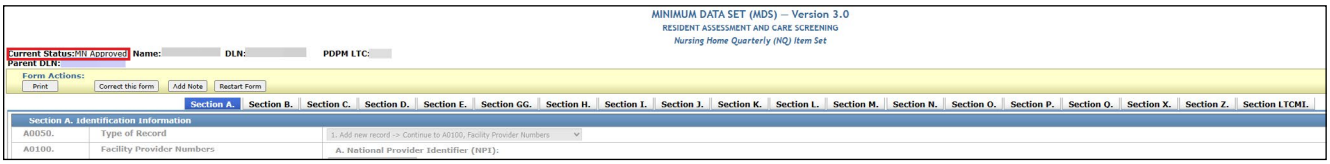


3) If the MN denial on the PE has been overturned (which means that it's now approved for MN), the Change Status page will be displayed. The NF has the option to enter text on this page, and it will be added to the History trail in the MDS after the NF clicks **Change Status**.

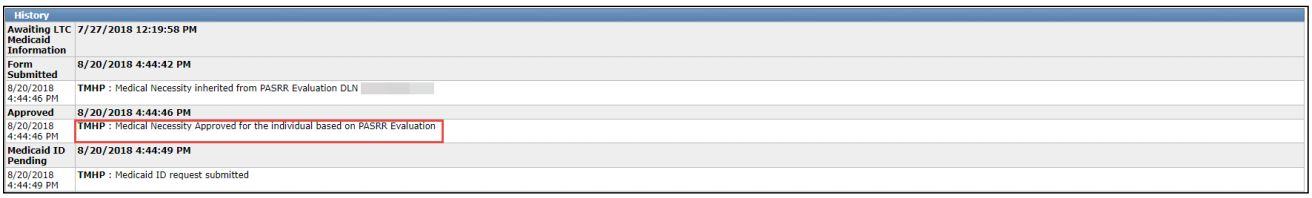
- Click **Change Status**.



- The MDS assessment will be set to ***Approved*** status

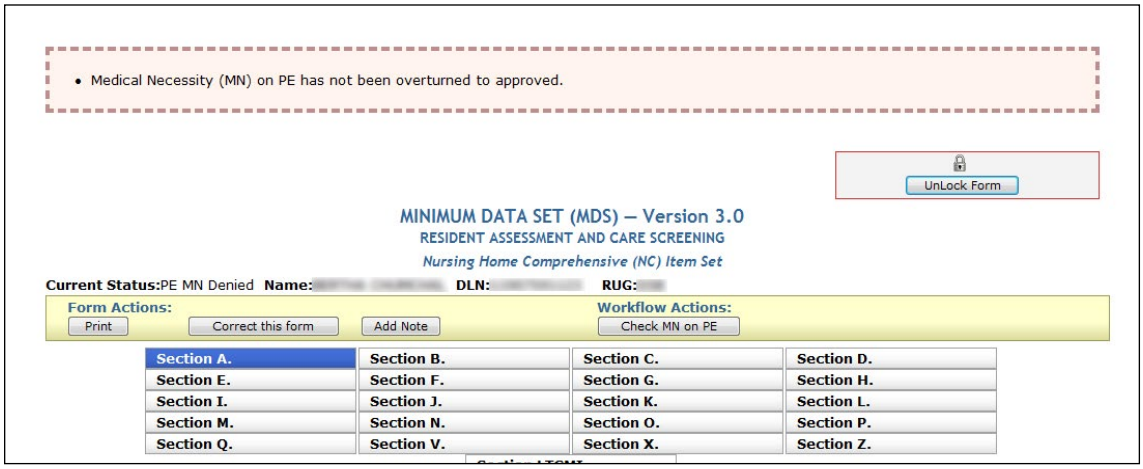


- The following note will be posted in the MDS History trail: “Medical Necessity Approved for the individual based on PASRR Evaluation.”



History	
Awaiting LTC Medicaid Information	**7/27/2018 12:19:58 PM**
Form Submitted	**8/20/2018 4:44:42 PM**
8/20/2018 4:44:46 PM	**TMHP** : Medical Necessity inherited from PASRR Evaluation DLN
Approved	**8/20/2018 4:44:46 PM**
8/20/2018 4:44:46 PM	**TMHP** : Medical Necessity Approved for the individual based on PASRR Evaluation
Medicaid ID Pending	**8/20/2018 4:44:49 PM**
8/20/2018 4:44:49 PM	**TMHP** : Medicaid ID request submitted

4) If the MN denial on the PE has not been overturned, the NF will see the following message: "Medical Necessity (MN) on PE has not been overturned to approved." The MDS will remain in the ***PE MN Denied*** status, and **Check MN on PE** will still be displayed so that the NF can check again later whether the MN denial was overturned on the PE.



How to Submit a PASRR Level 1 Screening Form

1) Go to tmhp.com.

2) Click **Programs**.

3) Select **Long-Term Care** from the drop-down menu.

4) Click **LTC Online Portal**.

5) Log in to the LTC Online Portal. PL1 Screening Forms should not be submitted by a third-party software vendor.

6) Click **Submit Form** located in the blue navigational bar.

7) For Type of Form, select **PL1: PASRR Level 1 Screening** from the drop-down box.

8) For Vendor Number, select the submitter vendor number/provider number from the drop-down box.

9) Submitters may choose to enter the optional information in the Recipient section to autofill some of the fields on the PL1 Screening Form. The choices are:

   - Medicaid/Children with Special Health Care Needs (CSHCN) ID.
   - Social Security Number (SSN) and Last Name.
   - SSN and Date of Birth.
   - Date of Birth, Last Name, and First Name.

10) Click **Enter Form**.

11) Enter all required information as indicated by the red dots. Remember that the person must be admitted under Exempted Hospital Discharge, Expedited Admission, or Negative Admission for submission of the PL1 Screening Form by an NF.

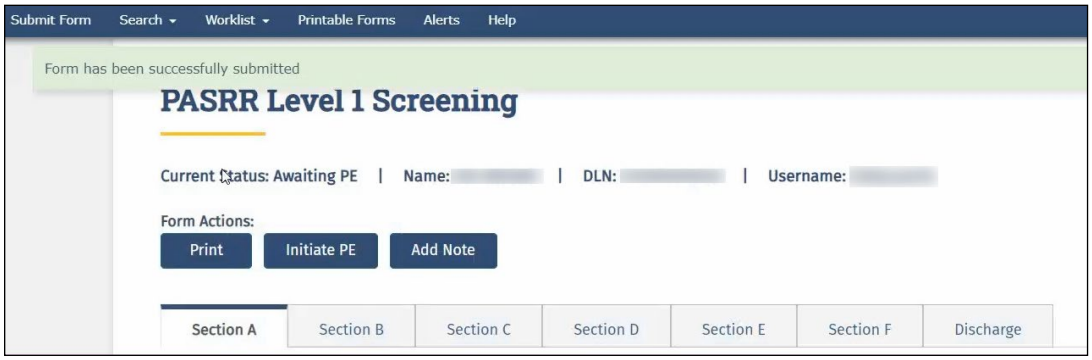
12) For positive Preadmission PL1 Screening Forms, the LA enters all required information as indicated by the red dots. In Section F, mark the checkbox in field F0300A and indicate **Yes** or **No** in field F0300B.

13) From here, you have two choices:

    a) Click **Submit Form** to submit the screening form.

    b) Click **Save as Draft** to store the screening form for future completion but not submit it. The screening form does not have to be complete to save the draft. Note that drafts are available for only 60 days.

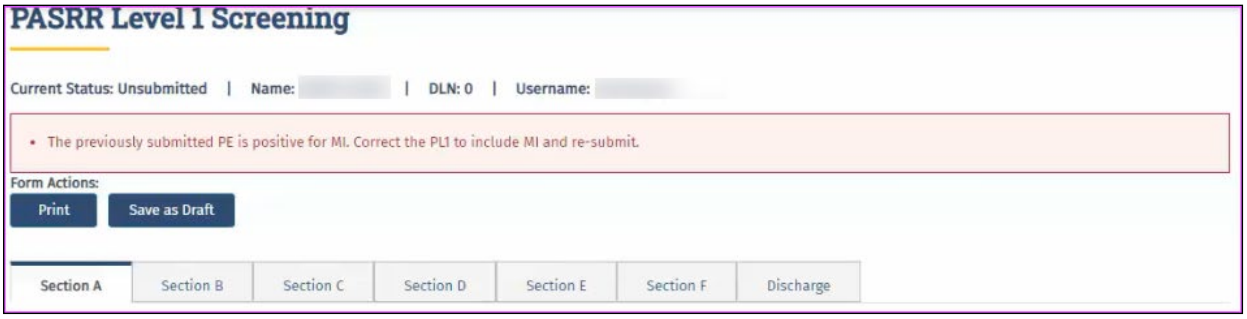
14) If the PL1 Screening Form is successfully submitted, a DLN will be assigned, and the LTC Online Portal will show a message stating, "Your form was submitted successfully." To print the submitted PL1 Screening Form for your records, click **Print** on the Form Actions bar.



If there are errors, they will be displayed in a box at the top of the screen. These errors will need to be resolved before the screening form will be successfully submitted. Once all errors are resolved, click **Submit Form** again to submit the screening form.

Note: Only certain valid alphanumeric characters can be added to text boxes on a form. The valid characters are 0–9, A–Z, a–z, and the following: @'/+,_-.

The LTC Online Portal will halt the submission of a PL1 Screening Form that does not include the PASRR conditions identified on the latest PE if it was positive for PASRR eligibility by displaying an error message. The error message will state the PASRR condition of the latest PE and allow the submitter to update the PL1 Screening Form and resubmit.



This will occur with all scenarios including change of ownerships (CHOWs) and NF-to-NF transfers.

Note: As an alternative to submitting a PL1 Screening Form from the Submit Form page, users with the appropriate permissions can open an existing PL1 Screening Form for the person they are submitting a new PL1 Screening Form for and click **Use as template** on the original version of the PL1 Screening Form located on the Form Actions bar. The button is labeled **Use as Template** in the new version of the PL1 Screening Form. This function is available only if the user was also the submitter of the existing PL1 Screening Form and it was not a converted PL1 Screening Form.

PL1 Date of Screening

Upon submission of a completed PL1 Screening Form, if a previous PL1 Screening Form is found with the same date of screening, the new screening form will not be accepted. An error message will appear indicating that the date of screening must be revised before the user attempts to submit the PL1 Screening Form again. If a previous PL1 Screening Form is found with a date of screening prior to the date of screening on the new screening form, the new screening form will be processed, and the old screening form will be inactivated. A PL1 Screening Form (and a PE if the initiating PL1 Screening Form was submitted with the Preadmission category) are required prior to the submission of an MDS LTCMI.

Note: When the PE is submitted and the PE PTID goes into ***LA Action Required*** status because the Individual's Information section contains inaccurate information, the LA can update the PE following the steps in the "Completion Transaction Processing Errors" section of this guide. Updates to the Individual's Information on the PE will automatically update the associated fields in the Individual's Information section on the PL1 Screening Form.

Certification of the NF's Ability to Serve the Individual

After a PL1 Screening Form is submitted and the LA has completed the PE, the NF will receive an alert when a positive PE has been submitted. However, if it has been more than 30 days since the alert was generated, the system will delete the alert, and the NF will need to manually check to determine whether the associated PE is positive.

NFs can search for positive PEs on the Form Status Inquiry page. A positive and active PE will be in any status except ***Negative PASRR Eligibility*** or ***Form Inactivated***. Then navigate to the associated PL1 Screening Form, which could be set to ***Pending Placement in NF - PE Confirmed***, ***Individual Placed in NF - PE Confirmed***, or ***Negative PASRR Eligibility*** status.

The final services selected in B0600 of the PE will be the services that NF providers should review when determining whether or not they can meet the needs of the person. NF will have a better understanding of potential services to make sure they can meet the needs of the people and to better prepare for the IDT meeting.

Note: NFs cannot certify their ability to serve the individual on converted PL1 Screening Forms. If a certification on a converted PL1 Screening Form is required because a new PE is requested, then the NF must submit a new PL1 Screening Form for the person so that the LA can initiate a new PE, which will allow the NF to certify on the new PL1 Screening Form.

Exempted Hospital Discharge, Expedited Admission, and Negative PL1

For PL1 Screening Forms submitted with the Exempted Hospital Discharge, Expedited Admission, or Negative PASRR Eligibility admission type, only one NF choice will be identified in Section D. The NF choice identified in Section D of the PL1 Screening Form must certify that they have reviewed the recommended specialized services on the associated positive PE and determined whether or not the person can be served by clicking **Able to Serve the Individual** or **Unable to Serve the Individual** on the Form Actions bar.

Note: When a PL1 Screening Form has an associated negative PE, the buttons to certify the NF's ability to serve the person on the PL1 Screening Form will not be displayed. Therefore, the NF is not required to certify on the PL1 Screening Form.

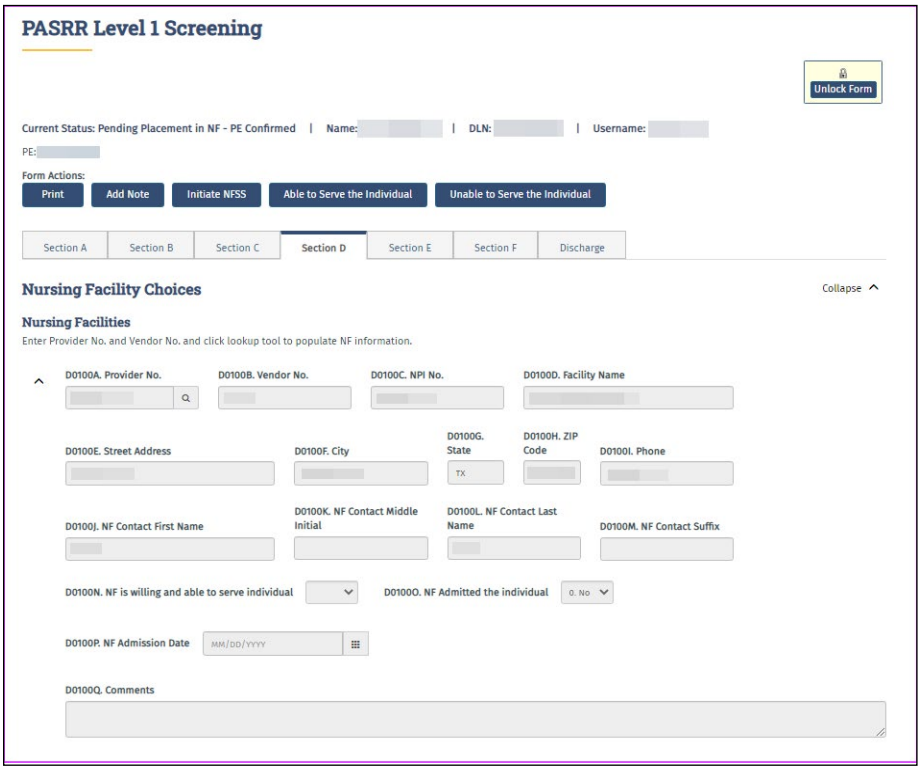
Preadmission

For a PL1 Screening Form submitted with the Preadmission admission type, more than one NF choice may be identified in Section D.

If a positive PE has been submitted by the LA from a Preadmission PL1 Screening Form, then any NF listed on the Section D tab has 90 days to certify their ability to serve the person on the PL1 Screening Form as long as none of the other NFs have documented the person's admission on the PL1 Screening Form. If the NF clicks **Able to Serve the Individual**, then they must also document the person's admission on the PL1 Screening Form by clicking **Admitted to NF**. If the NF uses the **Unable to Serve the Individual** button, then the NF cannot document the admission on the PL1 Screening Form. If none of the NFs document that they can serve and admit the person on the PL1 Screening Form within 90 days, then the system changes the PL1 Screening Form to ***NF Placement Process Exhausted*** status.

If a negative PE has been submitted by the LA from a Preadmission PL1 Screening Form, then any NF on the Section D tab has 90 days to document the person's admission on the PL1 Screening Form by clicking **Admitted to NF**. If none of the NFs admit the person within 90 days, then the system changes the PL1 Screening Form status to ***NF Placement Process Exhausted***.

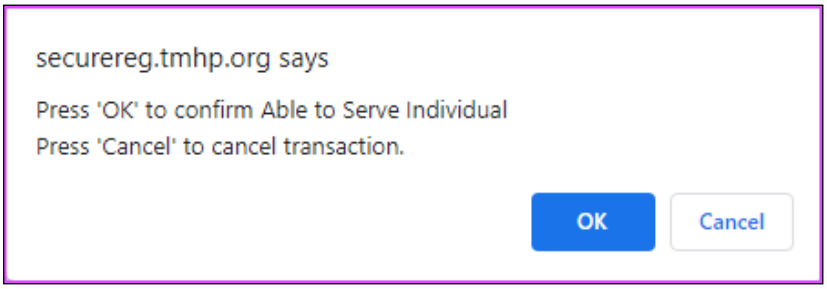
When a Preadmission PL1 Screening Form is in the ***NF Placement Process Exhausted*** status, the LA must submit a new PE to restart the certification or NF admission process because the system will change the PL1 Screening Form status back to ***Pending Placement in NF - PE Confirmed***. When the PL1 Screening Form is back in this status, then the LA can also add more NF choices to the Section D tab by clicking **Update NF Choices** and **Save NF Choices**, which will allow more opportunities for placement in an NF.



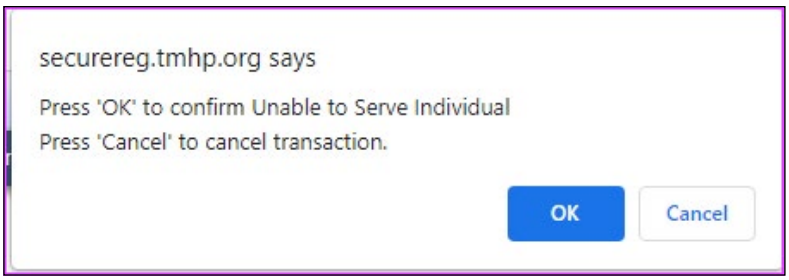
1) Locate the PL1 Screening Form using FSI or Current Activity (for more information on using FSI or Current Activity, see the *LTC User Guide for Online Portal Basics, General Information, and Program Resources*).

2) There are two choices:

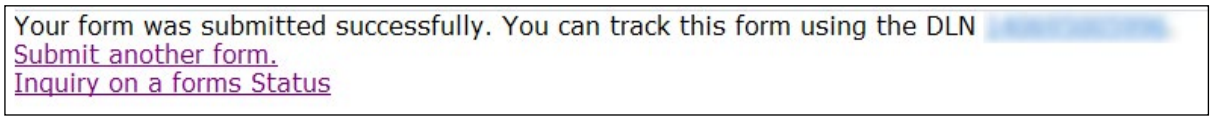
   a) To certify the NF's ability to serve the person, click **Able to Serve the Individual** in the Form Actions bar. Click **OK** when the pop-up window appears.



b) To certify that the NF does not have the ability to serve the person, click **Unable to Serve the Individual** in the Form Actions bar.



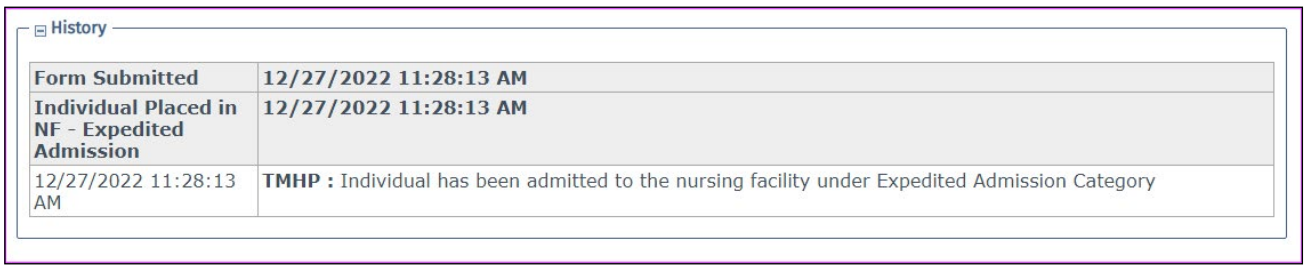
3) Click OK when the pop-up window appears. The following confirmation screen will:



4) The system will update the corresponding field in Section D of the PL1 Screening Form (D0100N) to show either 0. No or 1. Yes.

PASRR Level 1 History Trail

Every PL1 Screening Form successfully submitted on the LTC Online Portal will have a History trail. After opening a PL1 Screening Form, scroll to the bottom. The History trail will display a list of every processing status that the document has held along with any appropriate details. Any notes added by a user, alerts that have been generated, and fields that have been updated will also be located in the History trail.



Error Messages

Two types of error messages can be displayed when a user is attempting to submit a PL1 Screening Form. They are form submission errors and field errors.

Form submission errors are generally due to incorrect or mismatching information on the form compared to other forms or the source of truth for the data (e.g., a state database, CMS, etc.). Field errors are generally due to a data formatting error in a specific field or data missing in a required field.

Below is an example of some of the field error messages:



Below is an example of some of the typical form submission error messages (the system will substitute the verbiage in carats [<>] with the applicable information):

"The previously submitted PE is positive for <PASRR Condition(s) of Latest PE>. Correct the PL1 to include <PASRR Condition(s) of Latest PE> and re-submit."

"Individual's identifying information is not valid. Please review Individual's identifying information for <field name> to correct on this form. If this form cannot be corrected, please contact the TMHP LTC Help Desk to report this problem."

The full list of form submission error messages can be found in the "Appendix I: PL1, PE, and PCSP Form Submission Errors" section of this user guide.

PASRR Evaluation

The PE is a face-to-face evaluation completed with the person and/or the LAR. The evaluation must include record reviews, interviews with family, staff, etc. The PE is always completed when the PL1 Screening Form indicates that a person is suspected of having MI, ID, and/or DD with a "Yes" in at least one of the fields in Section C (C0100, C0200, or C0300). The PE verifies the person's PASRR eligibility and lists any recommended specialized services. NFs review the PE to determine whether they are able or unable to serve the person's needs. If a PL1 Screening Form is negative for suspicion of MI, ID, and DD, a PE is not required but may be completed upon request from HHSC or an NF.

A PE is completed regardless of the person's Medicaid status. This includes people who already have Medicaid, those who are pending Medicaid approval, and those who have not applied for Medicaid or may not be eligible.

Over time, a person can have multiple PL1 Screening Forms and multiple PEs. If a person has multiple active PL1 Screening Forms at the same NF, then a new PE should be initiated from the active PL1 Screening Form with the latest assessment date.

Here are a few things to remember:

- PEs are always completed when a PL1 Screening Form is positive.
- PEs can only be completed and submitted on the LTC Online Portal by the LA.
- PEs can be requested by HHSC or an NF even if the PL1 Screening Form is negative.
- The PE must be completed prior to admission to the NF if the PL1 Screening Form admission type is Preadmission.
- PEs can be updated only by the LA that submitted the PE.
- NFs can access PE forms for informational purposes only on the LTC Online Portal by using FSI. NFs can print PE forms that are accessible to them.

LAs, NFs, and referring entities work together to ensure that both the PL1 Screening Form and the PE are completed.

Note: If an LA or NF needs to add a note to the PL1 Screening Form or PE, refer to the "Add Notes" section.

Dually Diagnosed Individuals

Dually diagnosed individuals are people who show signs of MI and IDD, MI and ID, or MI and DD. There are two sections on one PE and two payments for the PE if they are completed by separate LAs.

When two LAs are involved, the LA that initiates PE submission is responsible for completing common sections of the PE. All sections of the PE are common except Section B and Section C. Section B is specific to IDD and is for LIDDAs to use, whereas Section C is specific to MI and is for LMHAs and LBHAs to use. Upon submission by the submitting LA, the PE will be set to ***Pending Form Completion*** status. The other LA must complete the evaluation using the same PE and should not initiate a new PE.

The PE is not considered complete until both sections (MI and IDD) are completed when the person is suspected of having a dual diagnosis. A system-generated alert is sent to the LA responsible for completing either the IDD or the MI section if only one part of the PE still needs to be completed.

Power Search for LA Evaluator

Power Search

Certain LA users will have the ability to search and access additional PASRR Forms submitted by other LAs and NFs, as well as forms submitted for other programs using the Power Search function on the LTC Online Portal to collect historical information and aid with completing and submitting PEs.

To perform these searches, the LA users must request a new LTC Online Portal username from their center's system administrator. When creating a new LTC Online Portal user account for a person with an existing user account, the system administrator must use a different email address than the one used to create the original user account due to HIPAA concerns. The information technology (IT) contact at the LA can create the new email address to enter for the new username. The system administrator must grant *only* the LA Evaluator profile/security permission for the new username. Following this procedure will ensure that the ability to search and access additional form types for a specific person will be available to the new username.

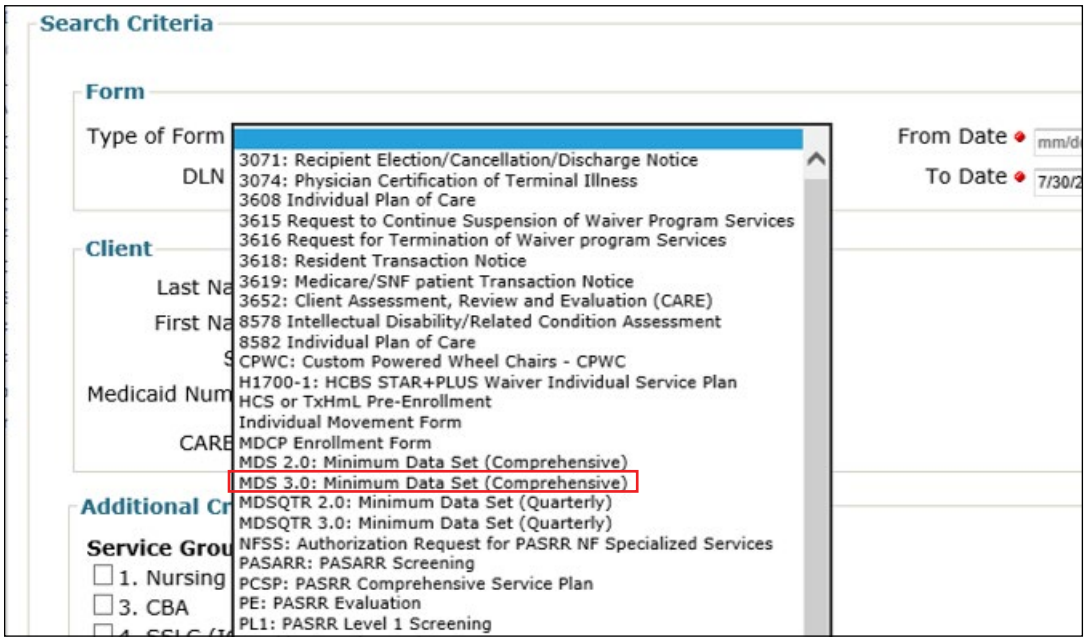
After access has been granted, the user can search and access any form type for a specific person. The LA Evaluator will have the ability to view and print any form type that was submitted on the LTC Online Portal for the person specified.

Power Search by Type of Form



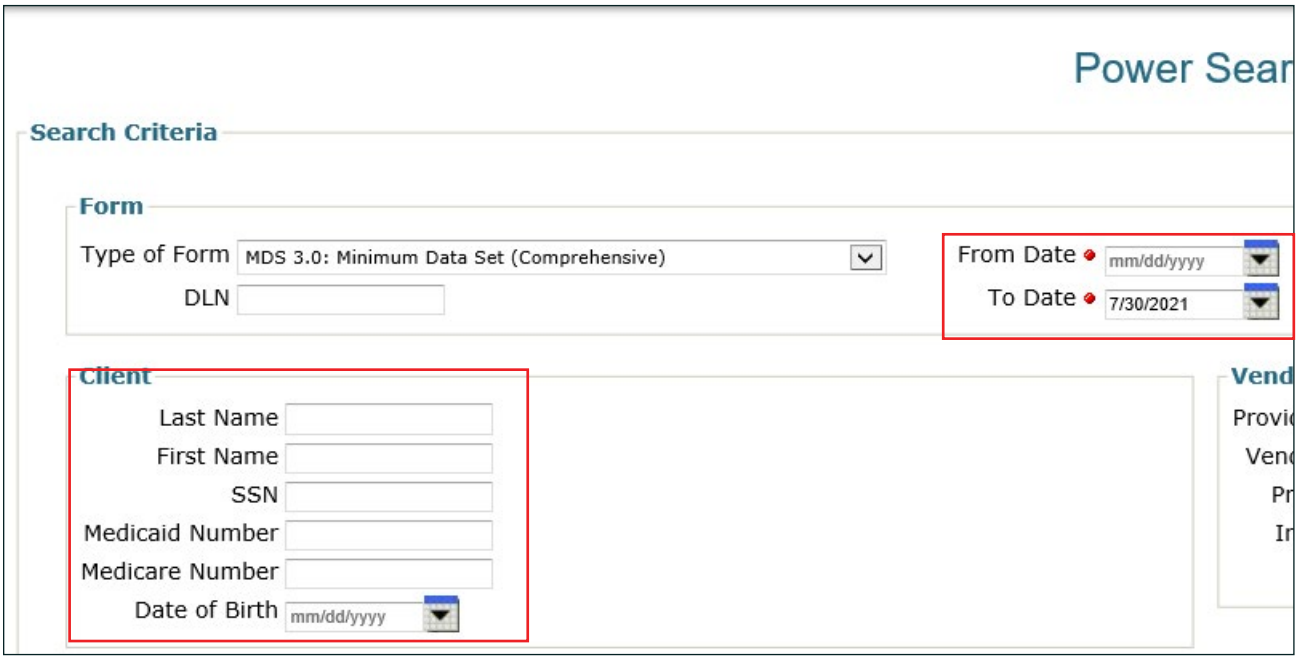
From the Power Search screen:

1) Type of Form: Choose from the drop-down box. The search criteria fields on the screen change based on the type of form or assessment chosen. In this example, MDS 3.0: Minimum Data Set (Comprehensive) will be used. This is an optional field.

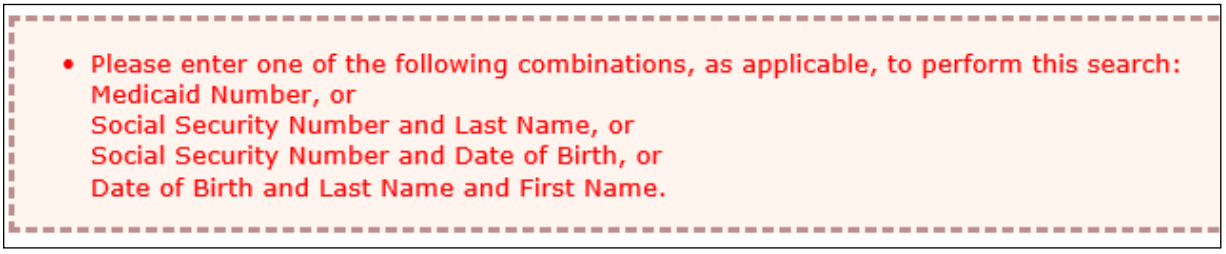


2) Enter the From Date and To Date manually or using the calendar icon. These are required fields. The date must be entered in the MM/DD/YYYY format. In addition to the From Date and To Date, one of the following combinations must also be entered:

   - Medicaid Number
   - SSN and person's Last Name
   - SSN and Date of Birth
   - Date of Birth, person's First Name, and person's Last Name

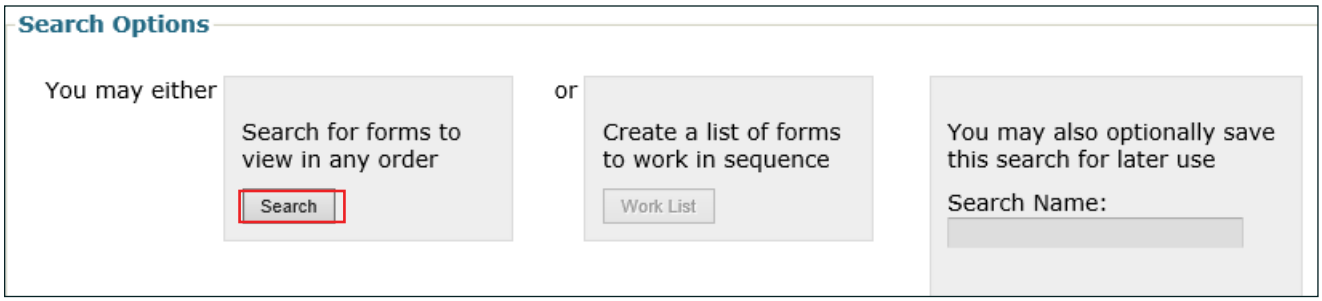


When you click the **Search** button, an error message will be displayed if the required search criteria fields in the Client section are not entered.



3) To narrow the search results, you can enter specific information about the form in the Additional Criteria section. This is an optional step.

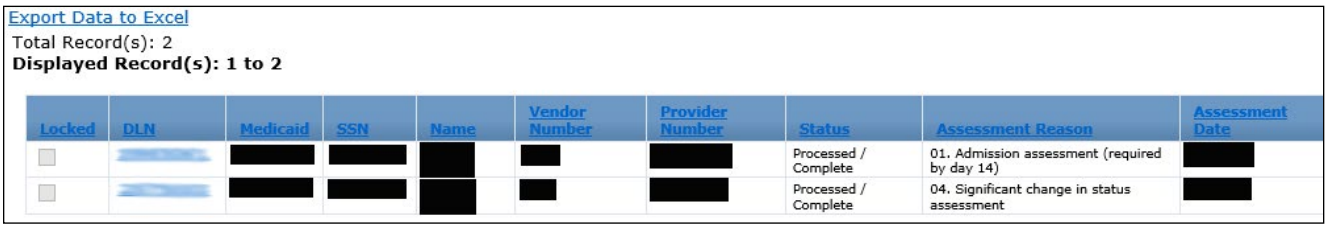
4) Click **Search** at the bottom left of the screen.



Note: The **Work List** and **Save Search** buttons are disabled for the LA Evaluator.

5) A list of results is shown at the bottom of the screen when the required fields are completed and records are found. If no records are found, then the "No Results Found" message will be displayed in the search results section. When records are found, click **DLN** in the DLN column of the desired form to open and display it on the screen.

The form can also be printed and provided to the LA staff member who will be completing the PE to facilitate the PASRR eligibility determination.



Steps to Submit a PASRR Evaluation

A PE can be initiated only by locating the PASRR Level 1 Screening for the person and then clicking **Initiate PE** on the Form Actions bar. You cannot use **Submit Form** on the blue navigational bar to initiate a PE.

1) Go to tmhp.com.

2) Click **Programs**.

3) Select **Long-Term Care** from the drop-down menu.

4) Click **LTC Online Portal**.

5) Enter your username and password. Click **OK**. The FSI page will be displayed.

6) For Type of Form, choose **PL1: PASRR Level 1 Screening** from the drop-down box.
Note: To search without selecting a type of form, you must enter the Medicaid number, SSN, or first name and last name.

7) For Vendor Number, choose the appropriate vendor/provider number combination from the drop-down box.

8) You can narrow results by entering specific criteria in the additional fields:

- DLN
- Medicaid Number
- Last Name
- First Name
- SSN
- Form Status
- Mental Illness
- Intellectual Disability
- Developmental Disability
- PASRR Eligibility

9) Enter the From Date and To Date for the PASRR Level 1 Screening. These are required fields.

10) Click **Search** at the bottom right of the screen.

11) Locate the PASRR Level 1 Screening in the search results section, and click **View Detail**.
Note: Only PASRR Level 1 Screenings linked to the vendor/provider number combination entered in step 7 will be displayed.

12) Click **Initiate PE** on the Form Actions bar. (This button will not be displayed on converted PL1 Screening Forms. If a new PE is requested for a person with an active converted PL1 Screening Form, then the NF must submit a new PL1 Screening Form for the person, which will allow the LA to initiate a new PE form.)



13) The Submit Form page will open. The following fields will be autofilled:

- Type of Form
- Vendor Number (enabled)
- Medicaid Number
- SSN
- Date of Birth
- First Name
- Last Name

14) Click **Enter Form** at the bottom right corner of the screen.

To complete the PE, click each section tab and enter the required information. Fields with red dots next to them are required fields in which you must enter data. If you try to submit a PE but have left information missing from fields with red dots, you will receive error messages indicating which required fields must be completed before you can submit the PE.

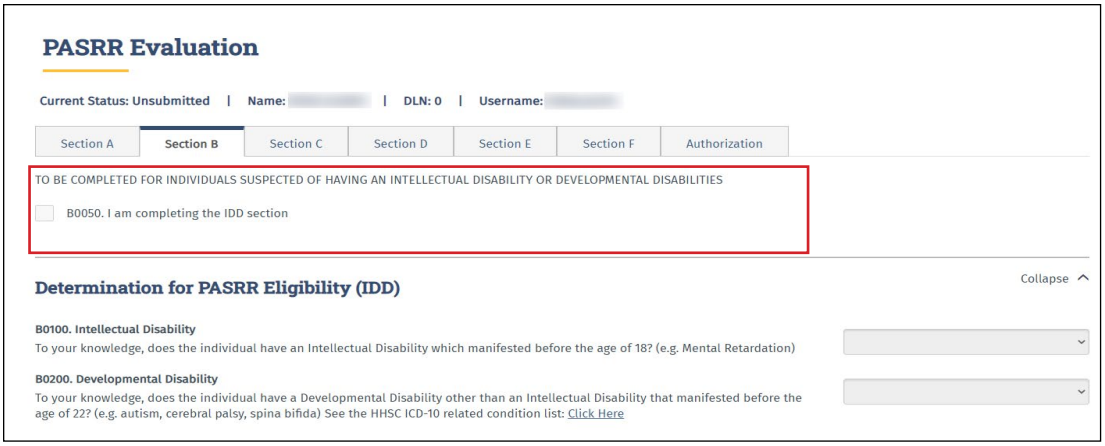
PASRR Evaluation—Section A

Section A of the PE contains Submitter Information, Evaluation Information, IDD Information, MI Information, Location of Evaluation, Individual's Information, and Next of Kin. The Submitter Information will be autofilled from the provider number and vendor number information that you selected on the Submit Form page. The IDD and MI Information fields for the LA Provider Number, Vendor Number, and National Provider Identifier/Atypical Provider Identifier (NPI/API) will be autofilled from the information on the PASRR Level 1 Screening. The Individual's Information will also be autofilled from the PASRR Level 1 Screening.

In Section A, field A2300G. Phone Number, the LA must enter the telephone number of the setting where the evaluation was conducted.

PASRR Evaluation—Section B

Section B contains the Determination of PASRR Eligibility for people suspected of having ID and/or DD. This section is filled out only by the LIDDA that completed the IDD evaluation. If you are completing the IDD section of the PE, click **I am completing the IDD** section checkbox. This section is disabled for the LMHA/LBHA because they don't have permission to complete the IDD section on the PE.



Section B also contains the Specialized Services Determination/Recommendations for IDD. This section is completed for all people who are suspected of having ID and/or DD, regardless of their medical eligibility (ME). Even though specialized services are recommended for all people who are confirmed as having ID and/or DD, Medicaid will reimburse these services only if the person receives Medicaid benefits.

Further down Section B is an area to list the specialized services that will be provided or coordinated by the LIDDA or IDD provider and another area to list the specialized services that will be provided or coordinated by the NF. Multiple specialized services can be listed for each.

Field B0500. Recommended Services Provided/Coordinated by the IDD Providers always defaults to choice 10. Habilitation Coordination when **1. Yes** is selected in field B0100 and/or B0200. This choice cannot be changed. Field

B0600. Recommended Services Provided/Coordinated by the Nursing Facility does not have a default choice. For a list of the specialized services that can be selected, refer to Appendix B.

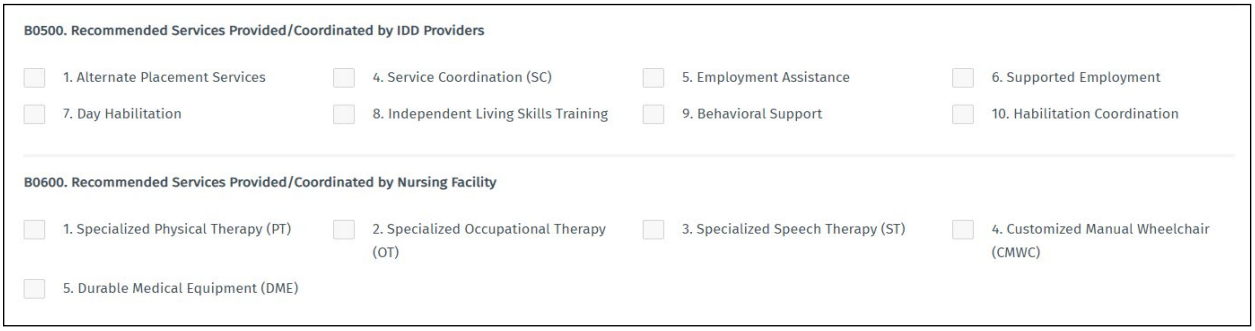
LIDDA and NF recommended services will autofill in fields B0500. Recommended Services Provided/Coordinated by IDD Providers and B0600. Recommended Services Provided/Coordinated by Nursing Facility based upon the areas of assistance needed by the person as marked in field B0400. For a table with more information on the autofill behavior, refer to Appendix B.

The LIDDA may still select options available in B0500 and B0600 independent of the autofill by clicking the appropriate check boxes in each field. If the LIDDA deselects a response in B0400, the autofilled choices in B0500 and B0600 will also be deselected.

The final services selected in B0600 will be the services that NF providers should review when determining whether or not they can meet the needs of the person. NF personnel will have a better understanding of potential services to make sure they can meet the needs of the people and to better prepare for the IDT meeting.

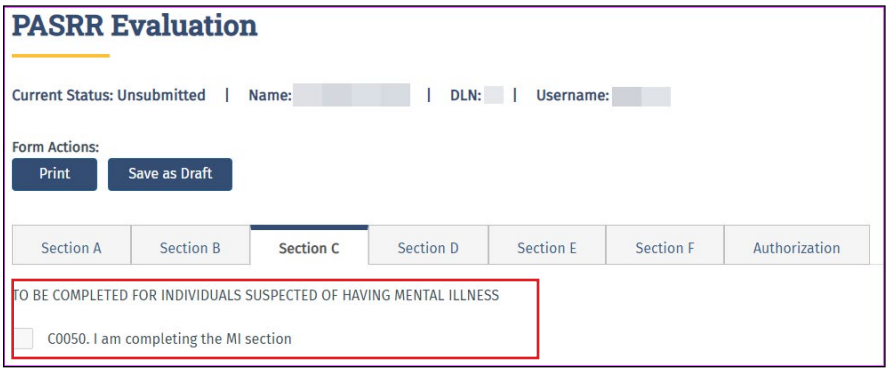
Adding a Recommended Specialized Service

Click the appropriate check box in fields B0500 and B0600.



PASRR Evaluation—Section C

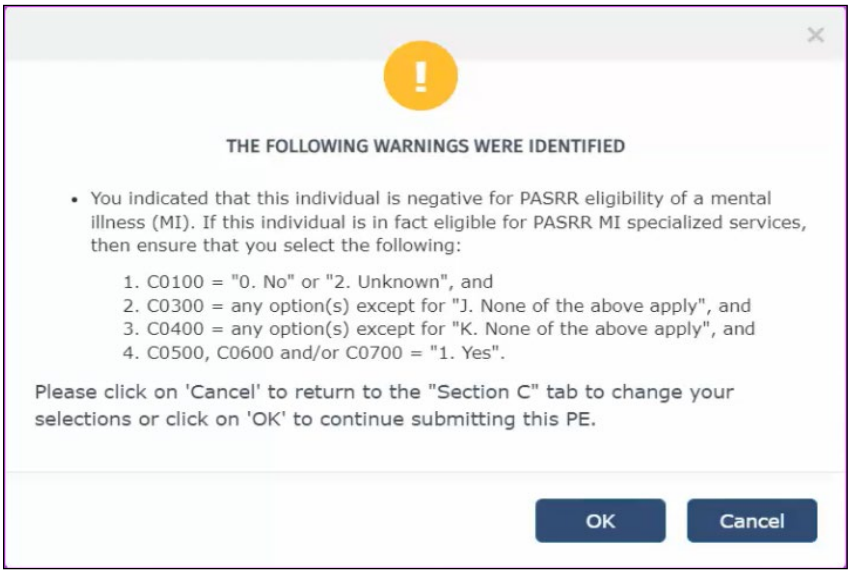
Section C contains the Determination of PASRR Eligibility for people suspected of having MI as well as applicable Specialized Services Determination/Recommendations. This section is filled out only by the LMHA/LBHA that completed the MI evaluation. If you are completing the MI section of the PE, click the **I am completing the MI section** check box. This section is disabled for the LIDDA because they don't have permission to complete the MI section on the PE.



For a person to have a positive PASRR MI determination:

- The response to the question in field C0100. Primary diagnosis of Dementia should be **No.**
- The person must have at least one MI diagnosis listed under C0300 and at least one functional limitation listed under C0400 checked.
- The **None of the above apply** response is not selected under C0300 or C0400.
- **Yes** to indicate a recent occurrence must be selected in either C0500. Intensive Psychiatric Treatment, C0600. Disruption to normal living situation, and/or C0700. Crisis Intervention.

A warning message will be displayed if the LMHA/LBHA completes Section C as negative for PASRR eligibility.

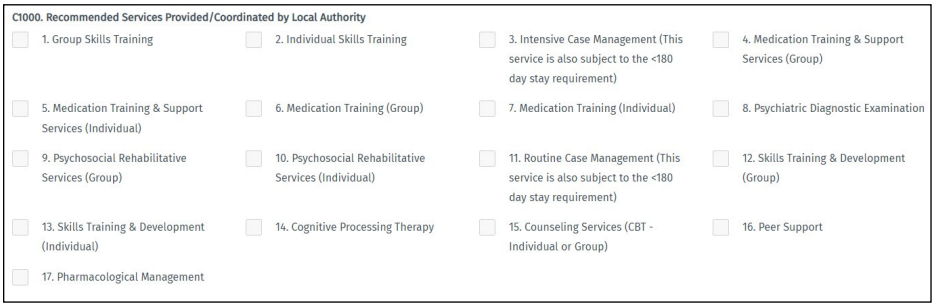


LMHA/LBHA recommended services will autofill in the C1000. Recommended Services Provided/Coordinated by IDD Providers field based upon the areas of assistance needed by the person as marked in field C0900. For a table with more information on the autofill behavior, refer to Appendix B.

Complete the Recommended Services Provided/Coordinated by Local Authority choices in Section C1000. For a list of the specialized services that can be selected, refer to Appendix B.

Adding a Recommended Specialized Service

Click the appropriate check box in Field C1000.



Deleting a Recommended Specialized Service

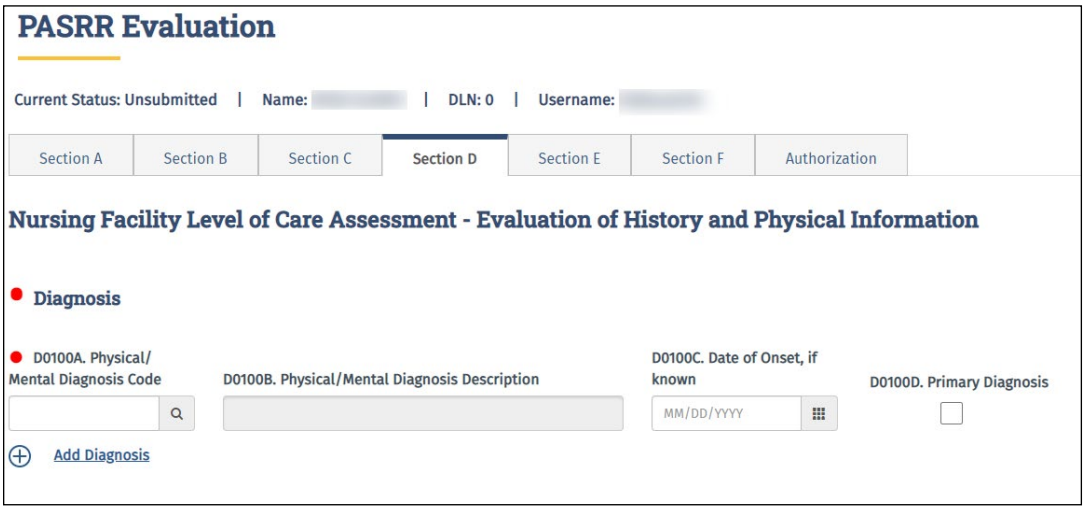
Uncheck the box next to the specialized service so it is unselected.

PASRR Evaluation—Section D

Section D is the Nursing Facility Level of Care Assessment and includes the beginning of the Evaluation of History and Physical Information. If the PE is initiated from a PL1 Screening Form submitted with the Preadmission category and the PE is positive for PASRR eligibility, then MN will be determined from the PE rather than an MDS. Therefore, it's very important to complete these fields accurately. Most of the fields in Section D are required fields.

The Diagnosis information (D0100) allows you the option to add or delete a diagnosis code. You can add up to five diagnosis codes by clicking **Add Diagnosis** in this section. You can also delete a diagnosis code by clicking **Delete Diagnosis**. To look up the description for a diagnosis code, enter the diagnosis code and then press the tab key or the enter key, or click the lookup icon. The diagnosis description is autofilled.

When documenting a diagnosis code for an ID or DD, it is important to note the date of onset in field D0100C. It is recommended to not leave this field blank, especially for people with a diagnosis of ID or DD. The date of onset will be one of the determining factors in PASRR eligibility. The ID diagnosis must have been determined before the age of 18. The DD/RC diagnosis must have been determined before the age of 22. The date of onset can be found in the person's medical records or through collateral contact with the attending physician or the family. The LA must exhaust every effort to determine the date of onset. This is critical in the identification of and service delivery for people with a diagnosis of ID or DD.



A list of medications (D0200) can also be created. The Medications section allows you to add or delete medications. Click **Add Medication** to add up to 20 different medications. You can also delete a medication by clicking **Delete Medication**.

The LA must enter all documented side effects in D0200B for any listed medications in D0200A. This is especially important for psychotropic medications. This information can be found in the medical record or through collateral contact with NF staff.

PASRR Evaluation—Section E

The Evaluation of History and Physical Information continues in Section E. If the PE is initiated from a PL1 Screening Form submitted with the Preadmission category and the PE is positive for PASRR eligibility, then medical necessity will be determined from the PE rather than an MDS. Therefore, it's very important to complete these fields accurately. Fall History, medical status, and functional assessment are contained in Section E. At the bottom of Section E (E1500), there are questions regarding the appropriateness of an NF placement. If you do not think that an NF is the appropriate placement for a person, provide as much of an explanation as possible.

Field E1500B is a required field for information to support or not support the person's placement in an NF. An expanded explanation may help assist NFs to determine their capacity to meet the person's needs. This information can also assist in locating an alternate placement for the person.

PASRR Evaluation—Section F

Section F contains the Return to Community Living information. The purpose of this section is to document the person's previous community living experiences, alternate placement preferences, alternate placement options, barriers to community living, supports needed for successful community living, and referrals made for alternate placement.

When the person responds "Yes" to the question in F0200B. Does this individual/LAR expect to return to live in the community either following a short term stay in the nursing facility or at some point in the future? or F0500. Would this individual like to live somewhere other than a Nursing Facility?, the LA must complete the referral fields in the Referrals (F1000) section (found at the bottom of the screen) prior to submitting the PE. To complete the Referrals section, the LA must select the program of interest to the person from the available drop-down menu in F1000A. Community Programs. After the LA has made the referral to the program in which the person is interested, the LA must add the date that the referral was made in F1000D, the phone number of the person the referral was made to in F1000C, and any additional comments relating to the referral in F1000E. After these steps are completed, the LA can submit the PE.

You can list multiple referrals. To add up to four additional referrals, click **Add Referral**. To delete a referral, click **Delete Referral**. HHSC will monitor completion of the referrals in F1000 when **1. Yes** is selected in field F0200B or F0500.

PASRR Evaluation—Authorization

The Authorization section does not require any data entry during the submission process, so you do not need to go to that section at this time.

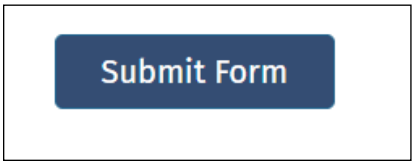
Submitting the Completed PASRR Evaluation

When you have completed all the required fields, you will have two choices:

a) You can click **Save as Draft** on the Form Actions bar to save the PE until you are ready to submit.



b) You can click **Submit Form** at the bottom of the screen to submit the PE.



The LTC Online Portal will validate the PE upon submission. If it does not pass the validations, error messages will be displayed indicating the errors, and a DLN will not be generated. Correct the errors and resubmit.

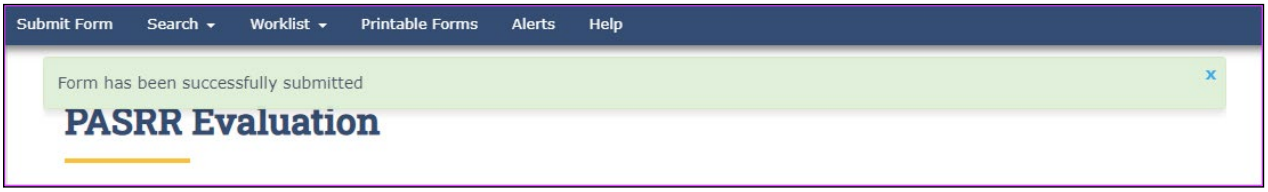
If the PE does not pass form submission validations, the LTC Online Portal will display one or more of the following error messages (the verbiage in carats [<>] will be substituted by the system with the applicable information):

"Individual's identifying information is not valid. Please review Individual's identifying information for <field name> to correct on the PL1. The PE can be initiated again after this field is updated on the PL1."

"The Provider No. of the submitter is not valid for the PE evaluation date(s)."

The full list of form submission error messages can be found in the "Appendix I: PL1, PE, and PCSP Form Submission Errors" section of this user guide.

If the PE has been successfully submitted, a unique DLN will be assigned that can be used to locate and track the status of the PE by FSI, as shown in the following image.



The DLN of the successfully submitted PE will be added to the associated PL1 Screening Form. The PE will also be updated with the PL1 Screening Form DLN. This links the PL1 Screening Form and the PE and allows you to access the PE from the PL1 Screening Form and the PL1 Screening Form from the PE.

PASRR Evaluation—Authorization Section

When a PE is successfully submitted on the LTC Online Portal, an IDD Completion Transaction, an MI Completion Transaction, or both will be automatically created in the Authorization tab, based on the sections of the PE that were completed (Section B – IDD, Section C – MI, or both). Each Completion Transaction will be associated with the LA that submitted that PE section.

The Completion Transaction is a request sent to HHSC to create a service authorization to reimburse the LA for completing the IDD or MI section of the PE. The Authorization section tracks the status of each Completion Transaction. After a service authorization has been created at HHSC, the LA will be authorized to submit claims for PE completion.

Completion Transaction Processing Errors

If the Completion Transaction failed to successfully process and the Completion Transaction is in the ***LA Action Required*** status, the LA must review the information in the corresponding IDD or MI Completion History for an explanation of why the Completion Transaction was not successfully processed at HHSC. The information below details how to resolve Completion Transaction processing errors based on the specific messages displayed in the applicable IDD and/or MI Completion History section. Refer to steps 1–4 below for instructions. A PE can still be updated when the Completion Transaction is in the ***LA Action Required*** status even when its form status is set to ***Form Inactivated***.



1) Review the date of the MI or IDD assessment to ensure that it is correct and that it is valid for the LA's contract date range.

2) Review the person's identifying information (First and Last Name, Medicaid No., SSN., Medicare No., and Birth Date fields) to ensure that it is correct.
   Note: The Medicaid No. field on the PE is used to capture the unique identifier for the person that is assigned by HHSC. These unique identifiers are assigned whether the person has ME or not.

3) If the steps above do not identify the source of the error, refer to "Appendix J: Completion Transaction Processing Errors and Suggested Actions" for suggested actions for the most recent provider message displayed in the History section of the Authorization tab for the IDD or MI PE completion transaction containing the error. Use the suggested actions in the appendix to identify and resolve the error.

PASRR Transaction Identifier (PTID) Status and History

The PTID Status and PTID History can be found on the Authorization tab of the PE. The status is related to the authorization request sent to HHSC for reimbursement for completing the PE. The LA should check the PTID status often to ensure that no other information is needed to process the authorization. There are two different PTID statuses, one for MI and one for IDD. Refer to "Appendix G: Form and PTID Statuses" in this user guide for more information.

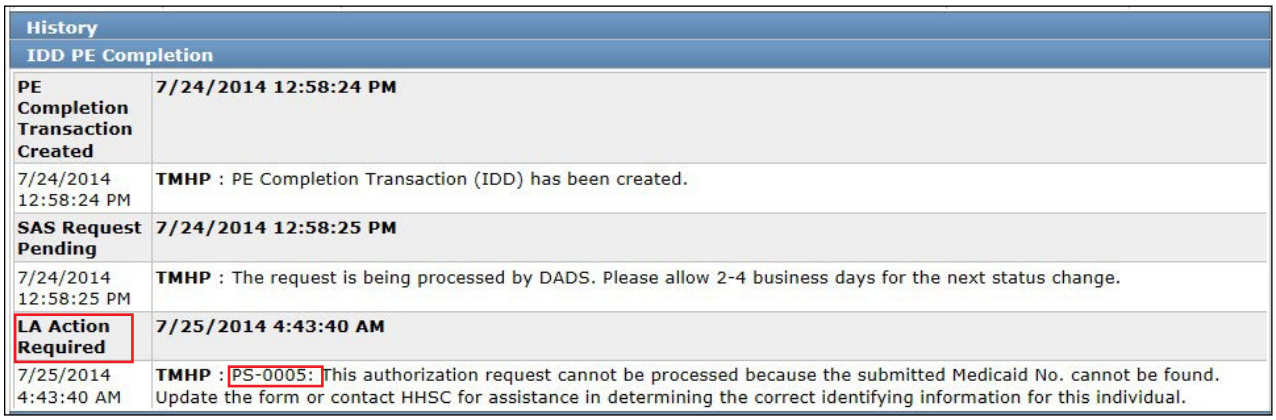
The PTID uniquely identifies the IDD or MI completion transaction. Each completion transaction also has an associated status and an Action field. The History of each completion transaction is displayed below the fields, indicating the processing progress of the completion transaction as well as any processing errors.

a) If the completion transaction status is ***LA Action Required*** and changes to the person's identifying information or the date of IDD evaluation or MI evaluation are needed on the PE based on the suggested action for the PTID message listed in Appendix J, then update the PE as follows:

   I. Open the PE, and click **Update Form** on the Form Actions bar.

   II. After the changes are made, click **Submit Form**. The PTID will be resubmitted to Service Authorization System (SAS) automatically.

   III. Reopen the PE, and click the **Authorization** tab. Verify that the applicable PTID status is now ***Submit to SAS*** or ***SAS Request Pending***.
   Note: SAS will reprocess the completion transaction overnight and return another response code. If the updated identifying information for the person now matches between the PE and HHSC, the new status of the completion transaction will be set to ***Processed/Complete***.
   An example of a PTID message that requires the LA to update the PE is as follows:
   Excerpt from the PTID History of a PE:



History	
IDD PE Completion	
PE Completion Transaction Created	**7/24/2014 12:58:24 PM**
7/24/2014 12:58:24 PM	**TMHP** : PE Completion Transaction (IDD) has been created.
SAS Request Pending	**7/24/2014 12:58:25 PM**
7/24/2014 12:58:25 PM	**TMHP** : The request is being processed by DADS. Please allow 2-4 business days for the next status change.
LA Action Required	**7/25/2014 4:43:40 AM**
7/25/2014 4:43:40 AM	**TMHP** : PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.

   Note: Use the table in "Appendix J: Completion Transaction Processing Errors and Suggested Actions" to match the PTID Message with the suggested action.

PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.	PE Completion	The individual's Medicaid No. on the PE is not on file. • If the Medicaid No. is incorrect on the PE, update it and resubmit. • If the Medicaid No. is correct on the PE, contact HHSC at 211 to verify that the Medicaid No. on PE matches the Medicaid No. on file at HHSC for this individual. - If the identifying information on the PE is incorrect, update it as needed and resubmit. - If the identifying information on file at HHSC is incorrect, contact the individual or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the individual or LAR has confirmed that the information has been corrected by HHSC.

b) If the PTID status is ***LA Action Required*** and no changes to the person's identifying information or the date of IDD evaluation or MI evaluation are needed on the PE, take the appropriate suggested action for the PTID message listed in Appendix J. The person or their LAR can contact HHSC and request that their identifying information be corrected. After the problem is resolved at HHSC, then the LA can resubmit the PTID to SAS as follows:

I. Open the PE, go directly to the **Authorization** tab, and select **Submit to SAS** from the Action drop-down box (H0100C or H0200C) for the PTID that needs to be resubmitted. Do not click **Update Form**.

II. Click **Confirm**.

III. Provide any details in the text box, if desired, on the Status Change Confirmation page.

IV. Click the appropriate button:

- Click **Change Status** to accept the change. The status of the Completion Transaction will change to ***Submit to SAS*** or ***SAS Request Pending***, indicating that it has been resubmitted to HHSC.
- Click **Cancel** to discard the change.

Note: SAS will reprocess the completion transaction overnight and return another response code. If the person's identifying information now matches the information between the PE and HHSC, then the new status of the completion transaction will be set to ***Processed/Complete***.

An example of a PTID message that requires the LA to do something *other than* update the PE is as follows:

Excerpt from the PTID History of a PE:

History	
IDD PE Completion	
PE Completion Transaction Created	**7/24/2014 12:58:24 PM**
7/24/2014 12:58:24 PM	**TMHP** : PE Completion Transaction (IDD) has been created.
SAS Request Pending	**7/24/2014 12:58:25 PM**
7/24/2014 12:58:25 PM	**TMHP** : The request is being processed by DADS. Please allow 2-4 business days for the next status change.
LA Action Required	**7/25/2014 4:43:40 AM**
7/25/2014 4:43:40 AM	**TMHP** : PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.

Note: Use the table in "Appendix J: Completion Transaction Processing Errors and Suggested Actions" to match the PTID Message with the suggested action.

PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.	PE Completion	The individual's Medicaid No. on the PE is not on file. • If the Medicaid No. is incorrect on the PE, update it and resubmit. • If the Medicaid No. is correct on the PE, contact HHSC at 211 to verify that the Medicaid No. on PE matches the Medicaid No. on file at HHSC for this individual. - If the identifying information on the PE is incorrect, update it as needed and resubmit. - If the identifying information on file at HHSC is incorrect, contact the individual or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the individual or LAR has confirmed that the information has been corrected by HHSC.

Using Form Status Inquiry (FSI) to Identify People with Specific PASRR Eligibility Types

NFs can use FSI to identify people with specific PASRR eligibility types. This can assist NFs in identifying the number of people in the facility who are IDD only, MI only, IDD and MI, or PASRR negative. Examples of how NFs can use FSI include determining:

- How many people are PASRR positive in preparation for a CHOW.
- Who is eligible for durable medical equipment (DME).
- The people that are positive for a specific PASRR eligibility type when asked by Regulatory staff.

The LTC Online Portal will:

- Derive and store the PASRR eligibility type of people in an NF, as indicated by the latest active PE (one that is not set to ***Pending Form Completion*** or ***Form Inactivated*** status) for the person at the time of the most recent MDS LTCMI submission.
- Provide the capability to export the resident-based search results to Microsoft Excel®.

- Provide a capability to search for people in the facility based on their PASRR eligibility type by selecting an option from the drop-down box in the FSI.
- Display a list of people when searching by a PASRR eligibility type listed in the PASRR Eligibility Type drop-down box of the FSI. This function is different because all other searches will display forms or assessments in the Search Results section.

To use FSI this way:

1) Click **Search** on the blue navigational bar.

2) Choose **Form Status Inquiry** from the drop-down menu.

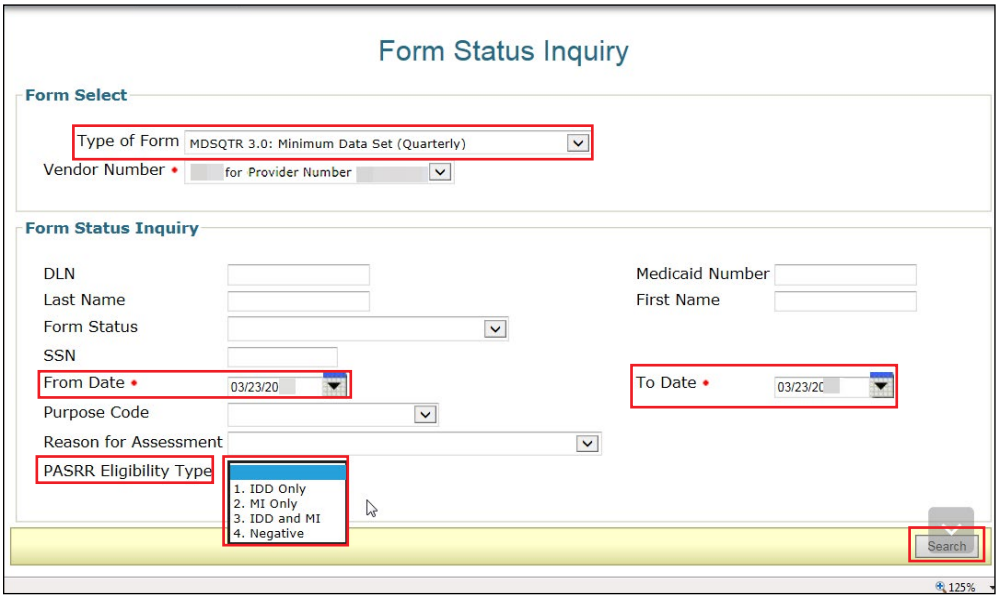
3) For Type of Form, choose one of the following options from the drop-down box:

   - **MDS 3.0: Minimum Data Set (Comprehensive)**
   - **MDSQTR 3.0: Minimum Data Set (Quarterly)**

4) For Vendor Number, choose the submitter Vendor Number/Provider Number from the drop-down box.

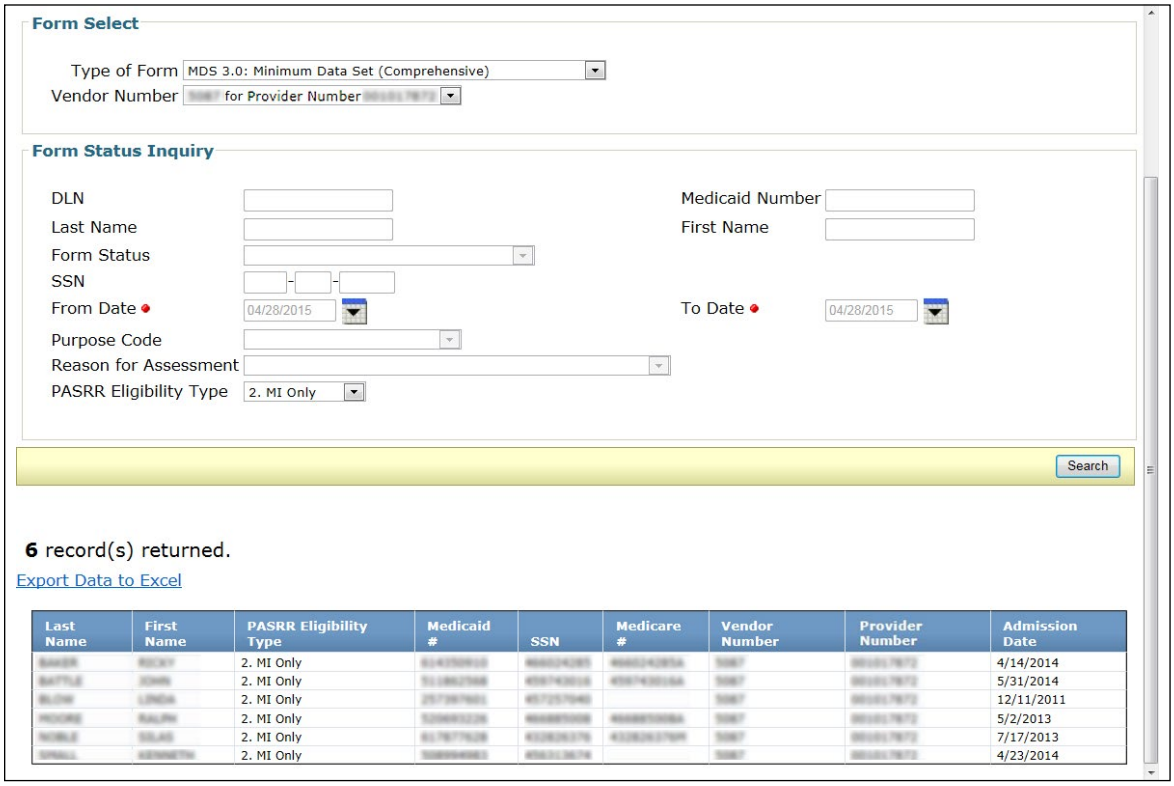
5) From the PASRR Eligibility Type drop-down box, choose one of the following:

   - **IDD Only**
   - **MI Only**
   - **IDD and MI**
   - **Negative**



6) For this search, the From and To dates are disabled and will default to the current date after a PASRR Eligibility Type is selected from the drop-down menu.

7) Click **Search**. The search will return a list of all people currently residing in the NF who meet the search criteria. The status of the person must be ***Active***. The ***Active*** status is based on the PL1 Screening Form and the latest 3618/3619 submission.



The PASRR Comprehensive Service Plan (PCSP) Form

The PCSP Form is completed on the LTC Online Portal to document the specialized services agreed upon at the Initial IDT/Service Planning Team (SPT), annual IDT/SPT, quarterly, and LA update meetings.

When a meeting is submitted, updated, or added on a PCSP form, the system will check for ME after the submitter clicks **Submit Form**. After the system determines what the ME is, it will populate PCSP field A0810 with either:

- 0. ME Not Found;
- 1. ME Confirmed; or
- 2. ME Undetermined.

This same determination will also be populated in the blue column headings on the Summary tab.

This information is helpful to guide the IDT's discussion regarding PASRR specialized services. When ME is not found or can't be determined, the IDT has the following options:

- Alternative services funding for specialized services can be explored.
- Specialized services can be postponed when the person's Medicaid status is pending.

All these options should be discussed and documented in the comment section of the PCSP form. If the value in PCSP field A0810 is either "0. ME Not Found" or "2. ME Undetermined," then the selected PASRR specialized services will need to be delivered using a payer source other than Medicaid.

The PCSP Form for Nursing Facilities

For a person with a positive PE, the initial IDT meeting is held within 14 days of a person's admission into the NF or for a resident review, within 14 calendar days after the LTC Online Portal generated an automated notification for the LA to complete a PE, and annually thereafter. The IDT determines whether the person is best served in a facility or community setting and to identify which of the specialized services recommended that the person or their LAR wants to receive. The meeting information must be submitted on the PCSP form by the NF and confirmed by the LA.

The IDT meeting is not valid if a representative from the LAs is not in attendance. The NF will need to reschedule the IDT meeting to include staff from the LA.

If the LTC Online Portal does not find a submitted and valid initial or annual IDT meeting within the past 12 months, the MDS LTCMI will be rejected.

The NF must submit an IDT meeting on the PCSP form before attempting to resubmit the MDS LTCMI. If the PCSP form is rejected because of an invalid PL1 Screening Form or PE, a new PL1 Screening Form and PE must be submitted before submitting the PCSP form and then resubmitting the MDS LTCMI.

The PCSP Form for Local Authorities

The only function that an LA should conduct for an initial or annual IDT meeting is to confirm the information about the meeting that was recorded on the PCSP form. An LA must confirm the IDT meeting on the PCSP form with a meeting type of Initial IDT/SPT or Annual IDT/SPT by clicking **Confirm IDT** within five business days after receiving notification from the LTC Online Portal.

The LA confirms that all the specialized services discussed and agreed upon during the IDT meeting are recorded correctly on the PCSP form. Additionally, the LA is confirming their attendance (either in person or by telephone) at the IDT meeting. The LA must enter a date in PCSP field A3400D. LA-MI Signature Date and/or A3500D. LA-IDD Signature Date that is on or after the date that they received the alert to confirm the IDT meeting.

An IDT meeting will be invalidated by the system if the LA submits an IDT confirmation indicating that they were absent.

Note: When the LA confirms their attendance at the meeting but disagrees with the list of specialized services that were recorded, the LA should contact the NF to make the necessary corrections first before submitting their IDT confirmation.

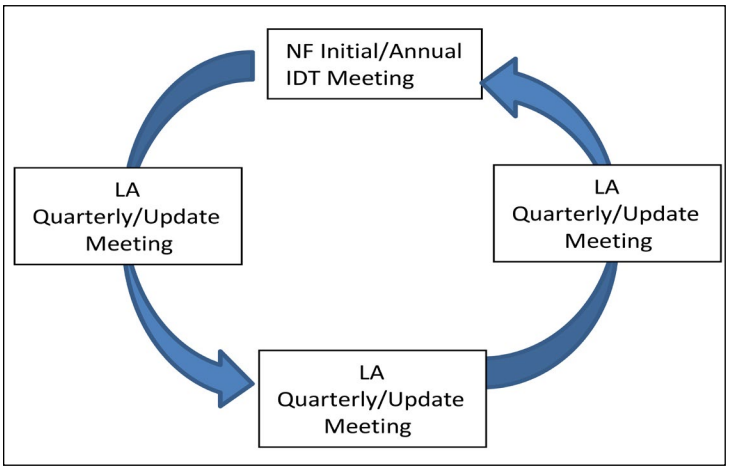
LIDDAs also use the PCSP form to record quarterly SPT meetings and any LA update meetings in between the quarterly SPT meetings. These meetings are added to a submitted PCSP DLN that contains the most recent initial or annual IDT meeting by clicking on **Add Meeting**.

LMHAs/LBHAs also use the PCSP form to record MI quarterly meetings and any LA update meetings in between the MI quarterly meetings. These meetings are added to a submitted PCSP DLN that contains the most recent initial or annual IDT meeting by clicking on **Add Meeting**.

LAs must not record quarterly meetings on the same date as the NF's initial or annual IDT meeting. The NF's IDT meeting will serve as the LA's initial or annual SPT/quarterly meeting, so entering another meeting for these dates is not necessary (refer to the figure below).

For more information, refer to the "Adding a Meeting on the PCSP Form" section of this user guide.

There are some slight differences between the method of submission used by the NF and the method used by the LA.



How to Complete and Submit the PCSP Form on the LTC Online Portal

1) Click **Search** on the blue navigational bar.

2) Choose **Form Status Inquiry** from the drop-down box.

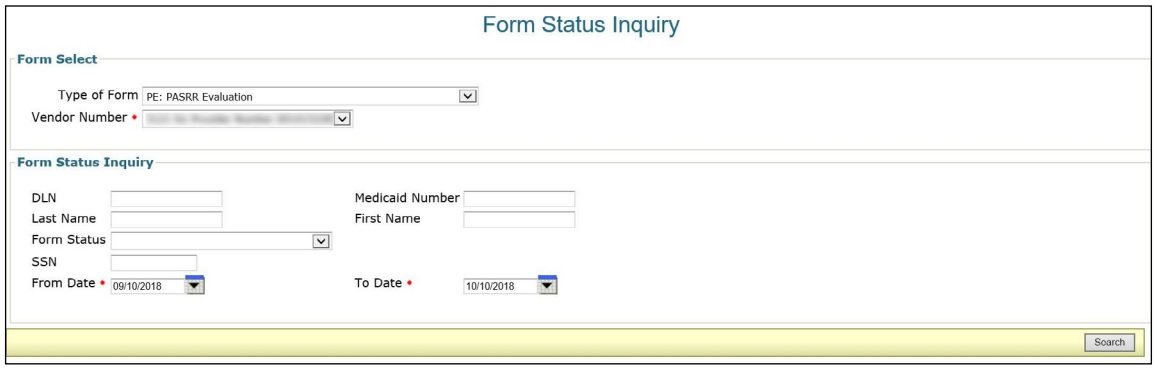
3) For Type of Form, choose **PE: PASRR Evaluation**.

4) If the Vendor Number field is not already autofilled, choose the Vendor/Provider Number combination assigned to the PCSP submitter by HHSC from the drop-down box.

5) Users can narrow the search results by entering specific criteria in the additional fields:

   - PE DLN
   - Medicaid Number
   - Last Name
   - First Name
   - Form Status
   - SSN

6) Enter the From Date and To Date. These are required fields. Dates are searched against the TMHP received date (date of successful submission).

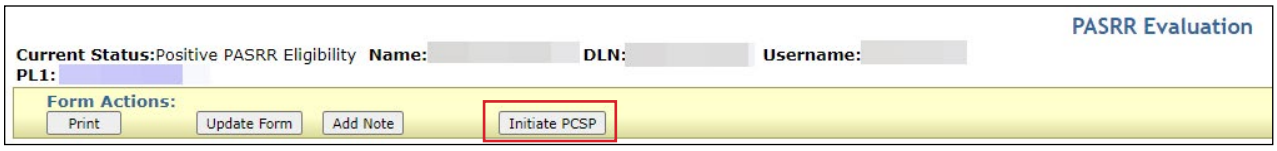


7) Click **Search**, and the LTC Online Portal will return any matching PEs. A maximum of 50 records will be displayed at one time.

8) Click **View Detail** to the left of the DLN to display the details of the positive PE you are looking for. The PE should then display **Initiate PCSP**.



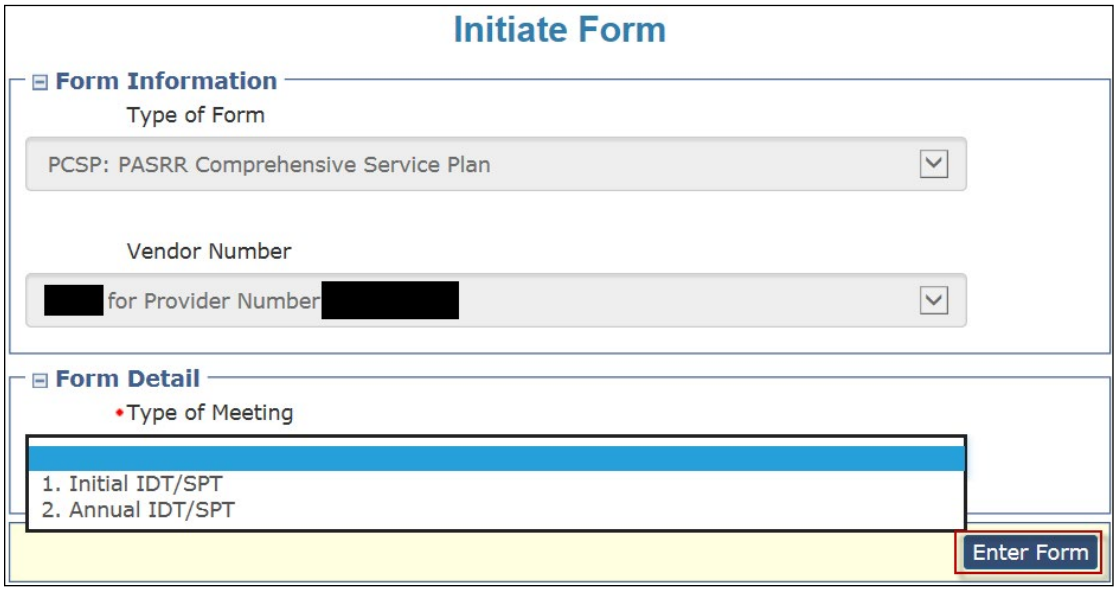
	DLN	TMHP Received Date	SSN	Medicaid	Medicare #	First Name	Last Name	Status	Provider Number	Vendor Number
View Detail		1/10/2019						Form Inactivated		
View Detail		1/11/2019						Approved		
View Detail		1/14/2019						Negative PASRR Eligibility		
View Detail		1/14/2019						Positive PASRR Eligibility		
View Detail		1/14/2019						Negative PASRR Eligibility		
View Detail		1/15/2019						Negative PASRR Eligibility		
View Detail		1/16/2019						Negative PASRR Eligibility		
View Detail		1/16/2019						Form Inactivated		
View Detail		1/17/2019						Negative PASRR Eligibility		



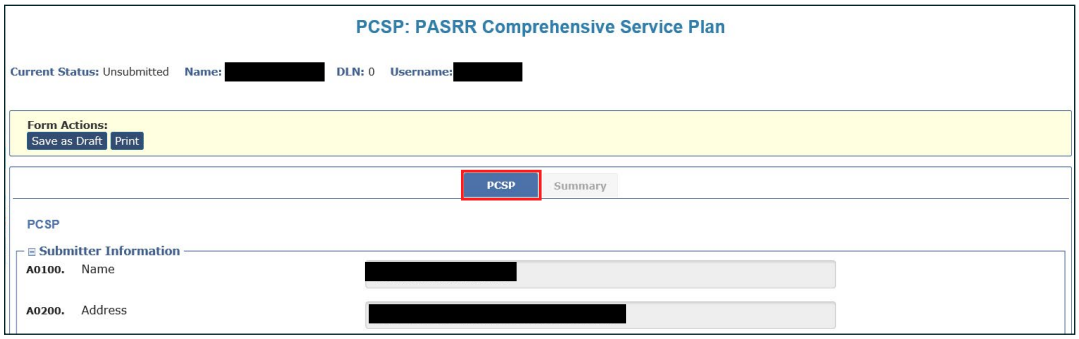
9) Click **Initiate PCSP**. This will display the Initiate Form page.

- The NF will select either **Initial IDT/SPT** or **Annual IDT/SPT** from the Type of Meeting drop-down box. This is the only method for an NF to submit an IDT meeting. An IDT meeting cannot be added to an existing PCSP DLN by using **Add Meeting**. The annual IDT meeting must be submitted on a new PCSP form initiated from the PE and will generate a new DLN for the next year. The LTC Online Portal will not allow the submission of another PCSP form that is indicated as a 1. Initial IDT/SPT meeting initiated from the same PE for the same provider number if an initial IDT meeting already exists on a PCSP DLN.
- The LA will not need to initiate a new PCSP form because they will simply add their quarterly/LA update meeting to the existing PCSP DLN that contains the IDT meeting using **Add Meeting**.

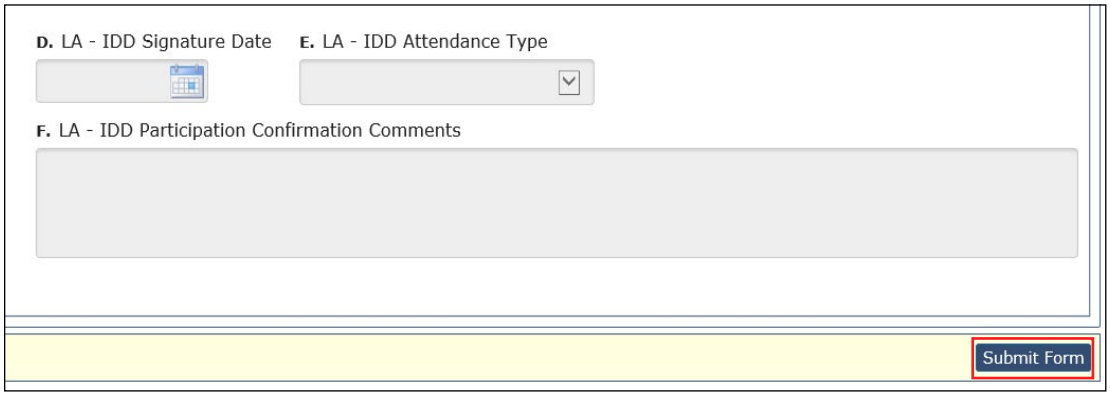
10) Click **Enter Form**. The PCSP form will be displayed



11) Enter all the required field information denoted by red dots. For more information, refer to the "Completing Required Fields" section of this user guide.



12) When finished, the submitter may save the PCSP form by clicking **Save as Draft** or clicking **Submit Form** to submit the PCSP.



Note: If the LA determines that a mistake was made on the PCSP form after submitting the quarterly or LA update meeting, the LA can contact the HHSC PASRR Unit to have the necessary corrections made as long as another meeting has not been added to the current PCSP DLN or submitted on a newer PCSP DLN. If the NF determines that a mistake was made on the PCSP form after submitting the IDT meeting, refer to the "Updating an IDT Meeting on the PCSP Form" section to make the necessary corrections.

Completing Required Fields

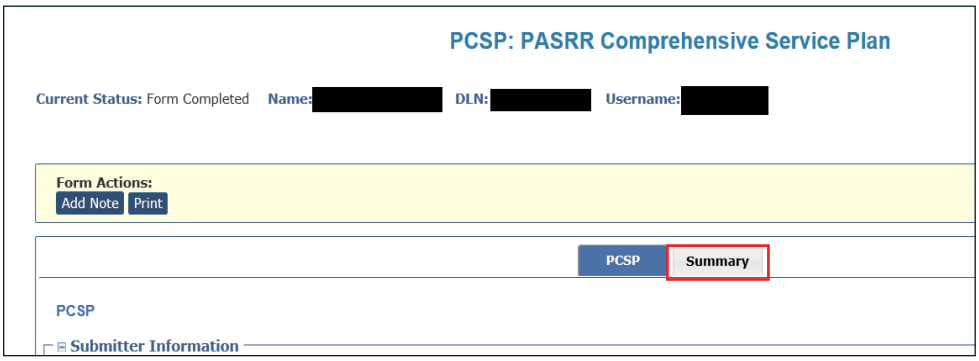
There are some details to remember to ensure that the required fields are addressed.

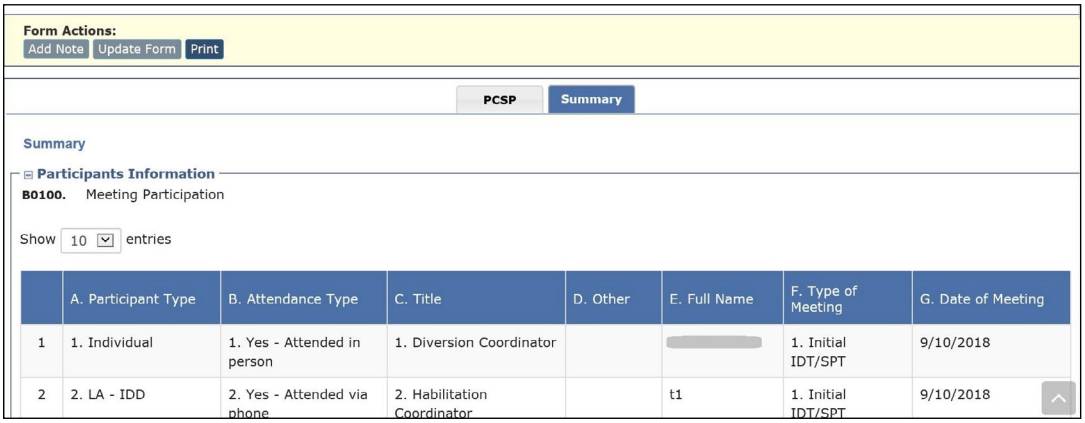
- The PCSP form includes specialized services categorized by NF, IDD, and MI.
- There are two sections that contain MI specialized services.
- The specialized services listed in the A3110. Additional MI specialized services section are not listed on the PE but need to be discussed at the IDT, quarterly, or LA update meeting.
- An option is required for specialized services based on the value in field A2400.
    - For example, specialized services must be completed only in sections A2800. Nursing Facility Specialized Services, A2900. Durable Medical Equipment (DME), and A3000. IDD Specialized Services when the value in field A2400. Individual is PASRR positive for is "1. IDD only."

  - Field A2700A. Nursing Facility Specialized Services Indication must be completed only if the value in field A2400 is "1. IDD only" or "3. IDD and MI."
- In field A2500A. Participant Type, the Habilitation Coordinator is one of the options for participant type.
- In some cases, the attendance type in field A2500B. Attendance Type will enable only the option 1. Yes – Attended when 9. LIDDA – Habilitation Coordinator was selected in field A2500A.
- If the habilitation coordinator attended by phone, select a different option in field A2500A. Participant Type and select **2. Habilitation Coordinator** in field A2500C. Title so that you can select the correct attendance type.
- Text box fields allow only specific alphanumeric characters. If an invalid character is entered, an error message will indicate which characters are allowed.
- Starting with field A2500 in the Participants Information section, the rows on the grid are not required. However, all participants who are required to be at the meeting must be entered, or the submitter will receive an error message and will not be able to submit the meeting.

PCSP Form Summary Tab

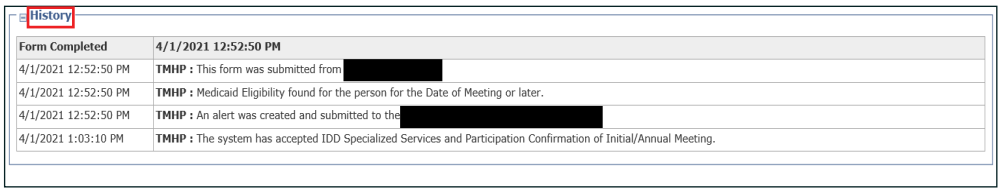
After a PCSP form has been successfully submitted on the LTC Online Portal, a DLN will be assigned. Clicking the Summary tab at the top of the PCSP form will display a summary of information that was entered for a meeting on the PCSP tab of the form, including information about meeting participants, specialized service information, and comments from the NF and LA.





PCSP Form History Trail

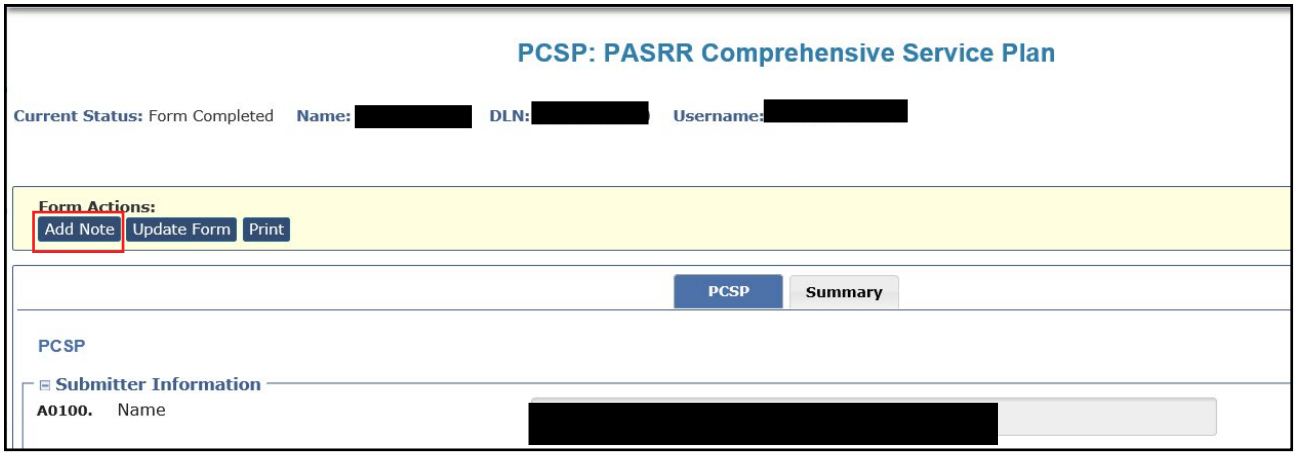
Located at the bottom of the PCSP form, the History trail shows what actions were taken, including submission of the form, submission of added meetings, updates to the form, and alerts.



Adding Notes to the PCSP Form

To add a note to the form History:

1) Click **Add Note** in the yellow Form Actions bar.



2) Enter the information you want in the text box, and click **Save**. The note will appear on the PCSP form History. To cancel the note, click **Cancel**.



Updating an IDT Meeting on the PCSP Form

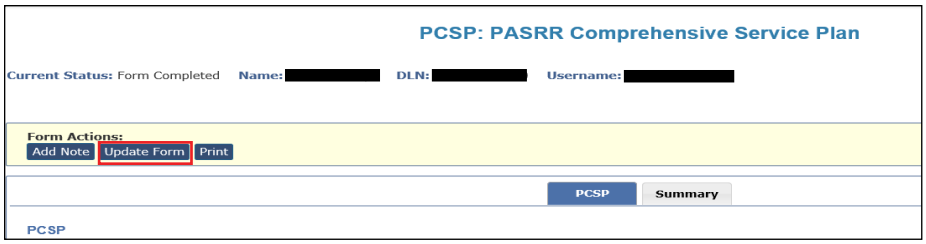
At times, it may be necessary for the NF to update an initial IDT/SPT or annual IDT/SPT meeting on the PCSP form to make corrections. NFs can make corrections to the IDT meeting on the PCSP form as long as:

- It is within 30 days from when the meeting was submitted or updated.
- The LA has not confirmed the IDT meeting yet.

The NF can update the IDT meeting to make corrections by clicking **Update Form**.

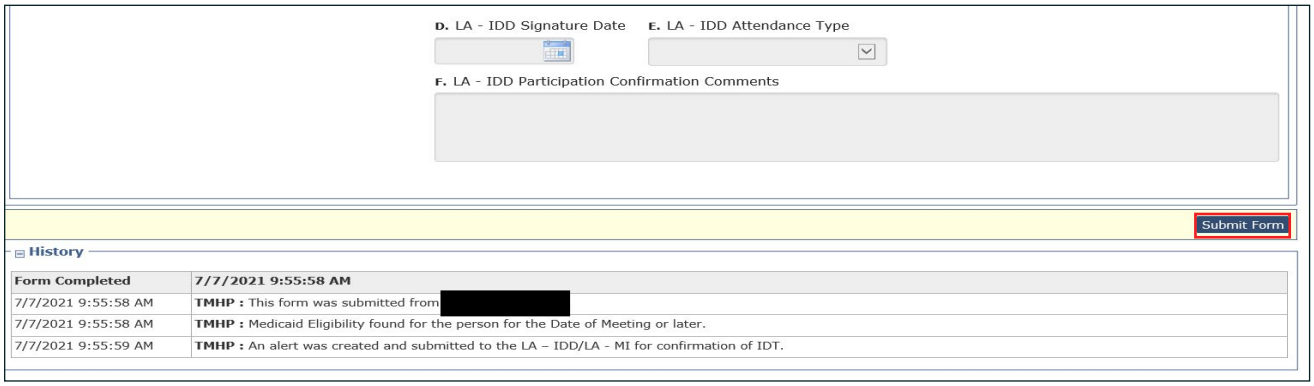
The NF updates the meeting as follows:

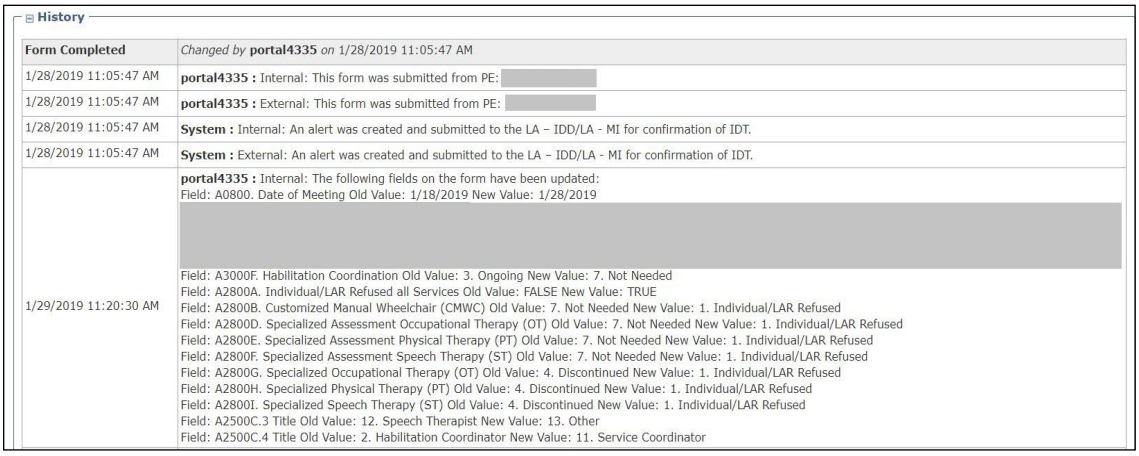
1) Click **Update Form** in the yellow Form Actions bar.



2) Correct the information in the fields that need to be updated.

3) Click **Submit Form** at the bottom of the page. The fields that were updated will be displayed in the form History list.

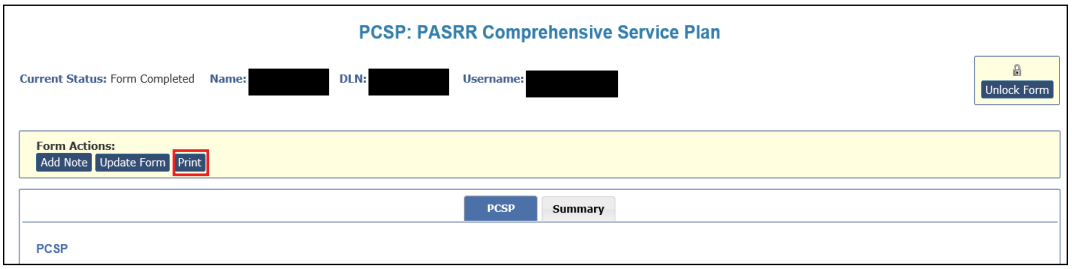




Note: If the NF determines that a mistake was made on the PCSP form after submitting the IDT meeting and the **Update Form** button is not displayed for the NF to update it, the NF can contact the HHSC PASRR Unit to have the necessary corrections made before the LA confirms the meeting, as long as another meeting has not been added to the current PCSP DLN or submitted on a newer PCSP DLN.

Printing the PCSP Form

To print a paper copy of the PCSP form, click the **Print** button in the yellow Form Actions bar.



The Print grid appears, displaying all meetings submitted on this PCSP DLN. To print a meeting, click the printer icon located to the far right of the meeting you want to print. A new window will open displaying the PDF version of the form. To cancel the printing or close the Print grid, click **Cancel**.

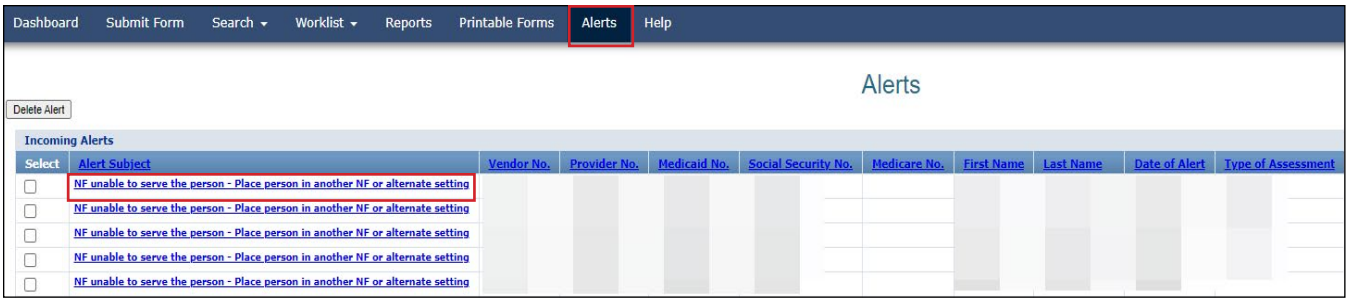


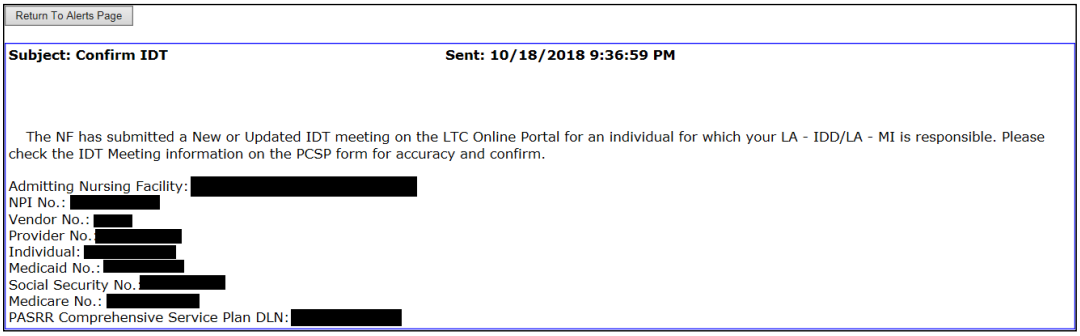
You can also print the PCSP form while entering meeting information. Click **Print**, and a new window will open displaying the PDF version of the form.

PCSP LA Alert

LAs will receive a Confirm IDT alert any time an NF submits or updates an initial IDT/SPT or annual IDT/SPT meeting on the PCSP form. The content of this alert can be viewed by the LA by selecting **Alerts** in the blue navigation bar and by clicking the alert subject.

A LIDDA, LMHA, or LBHA user will be allowed to submit the PCSP form only if the user enters a date in field A3400D (LA-MI Signature Date) and/or field A3500D (LA-IDD Signature Date) of the PCSP form that is equal or greater than the date they system generates and sends the "Confirm IDT" alert to the LA.

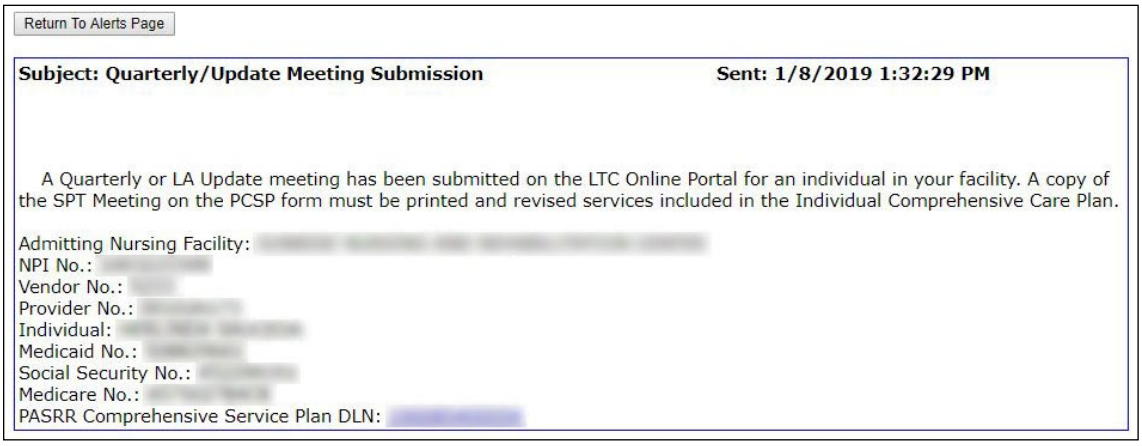




PCSP NF Alert

NFs will receive a Quarterly/Update Meeting Submission alert when an LA submits a quarterly or LA update meeting. The content of this alert can be viewed by the NF by navigating to **Alerts** in the blue navigation bar and then by clicking on the appropriate alert subject. This alert will be sent to the NF so the SPT or LA update meeting can be printed through the PCSP form and specialized services can be updated on the person's comprehensive care plan by the NF.



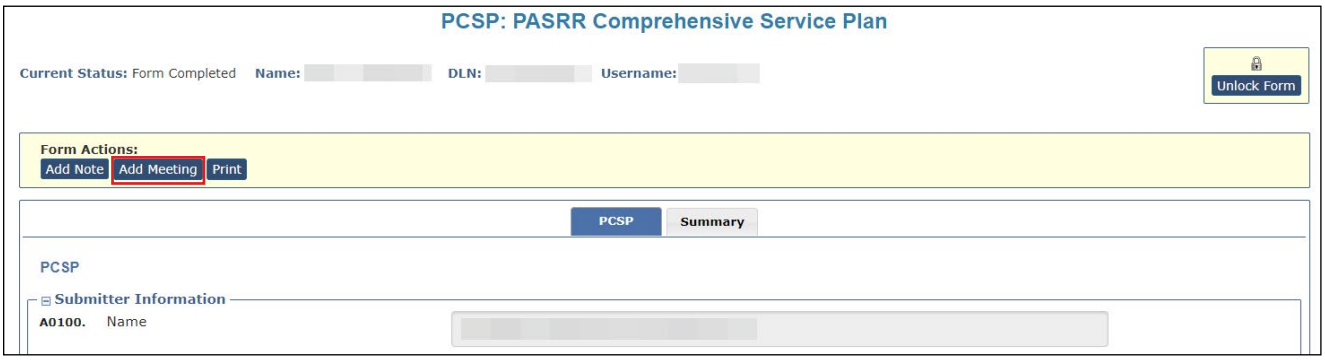


Adding a Meeting on the PCSP Form

The LA will complete and submit a quarterly or LA update meeting on a submitted PCSP DLN that contains the latest initial or annual IDT meeting by using the **Add Meeting** button. An initial IDT/SPT or annual IDT/SPT meeting cannot be added to the PCSP DLN by using the **Add Meeting** button.

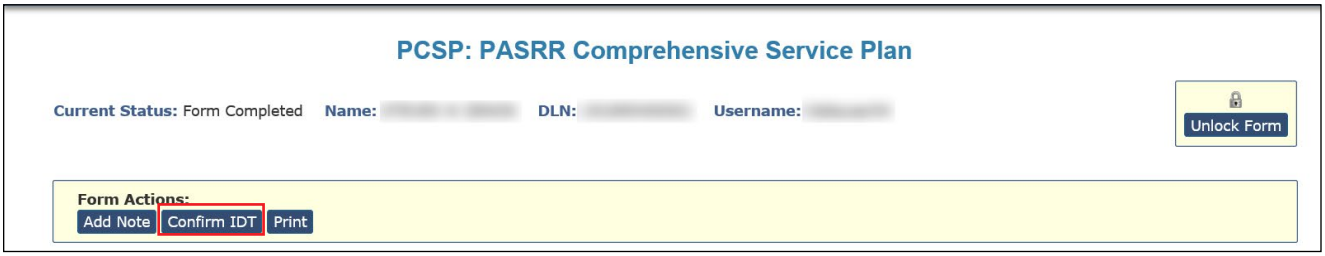
To add a quarterly or LA update meeting to the completed PCSP form, click the **Add Meeting** button on the yellow Form Actions bar. Complete all required fields, and click the **Submit Form** button to submit the meeting on the PCSP DLN.

For more information, refer to the "Completing Required Fields" section of this user guide.



Note: If the LA determines that a mistake was made on the PCSP form after submitting the quarterly or LA update meeting, the LA can contact the HHSC PASRR Unit to have the necessary corrections made as long as another meeting has not been added to the current PCSP DLN or submitted on a newer PCSP DLN.

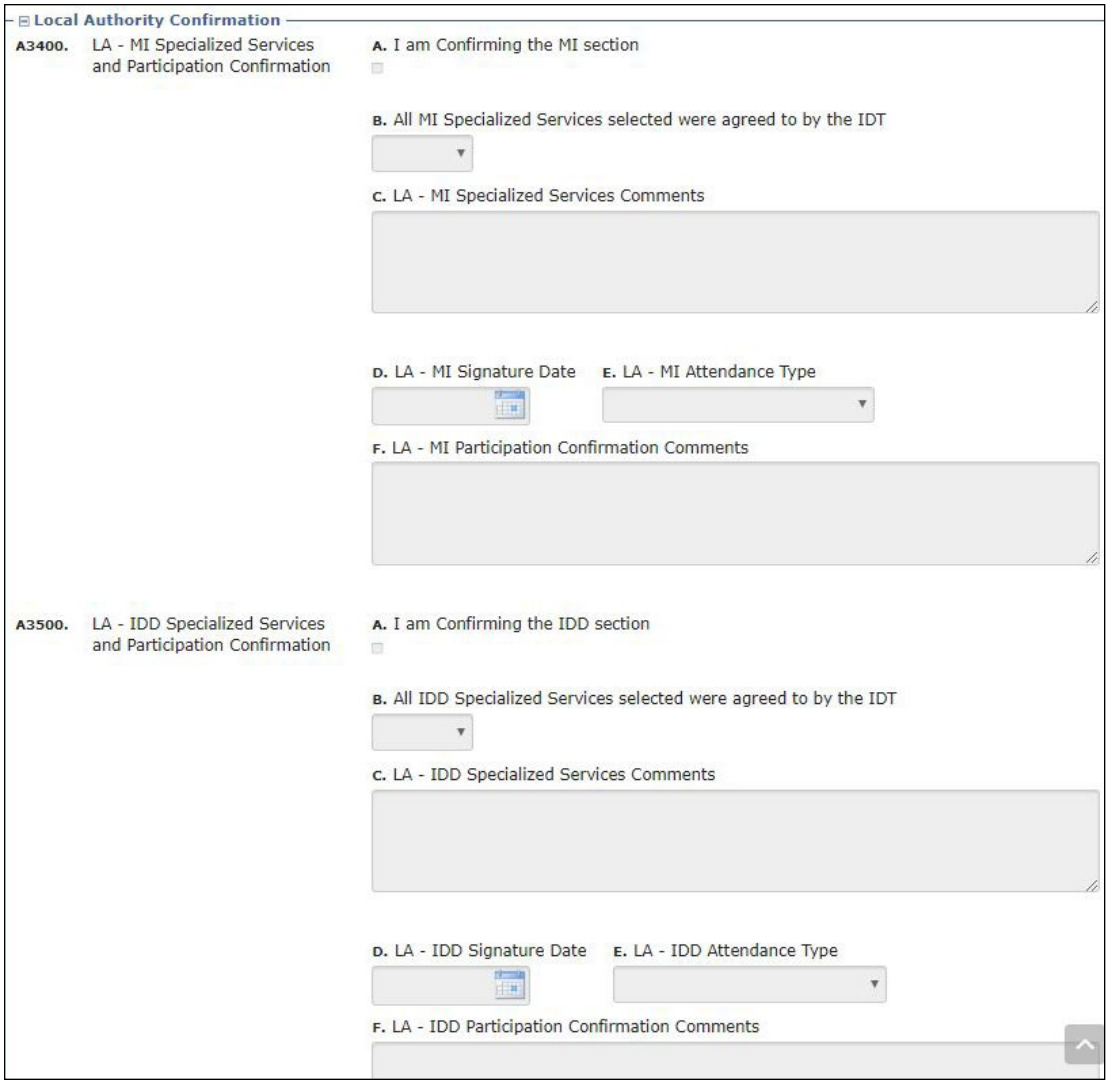
Confirming an IDT Meeting on the PCSP Form



If the LA determines that a mistake was made on the PCSP form after the NF submits the IDT meeting, the LA can contact the NF to make the necessary changes before confirming the IDT meeting. If the NF can no longer update the IDT meeting, then the NF can contact the HHSC PASRR Unit to have the necessary corrections made as long as a quarterly or LA update meeting has not been added to the form.

After the necessary corrections have been made, then the LA can submit the confirmation of the IDT meeting. If there is a disagreement between the NF and LA regarding the information documented on the IDT meeting after it was confirmed, then the LA must hold an LA update meeting to work out the disagreement. An IDT meeting will be invalidated by the system (PCSP field A0700. Type of Meeting will be changed to "5. Invalid") if the LA submits an IDT confirmation indicating that they were absent.

1) After clicking **Confirm IDT** on the PCSP form, the Local Authority Confirmation will be displayed, with some fields enabled and required.



2) Complete the applicable fields. When the value in field A2400 is 3. IDD and MI, then the LA needs to complete only the section related to their respective area. The LA must enter a date in PCSP field A3400D. LA-MI Signature Date and/or A3500D. LA-IDD Signature Date that is on or after the date on which they received the alert to confirm the IDT meeting.

3) After the appropriate fields have been completed, click **Submit Form**.

Note: When the LA is confirming an IDT and selects value "3. No – Did not attend" in the Attendance Type field (MI or IDD) of the Local Authority Confirmation section of the PCSP form for initial or annual IDT meetings and submits the confirmation, the LTC Online Portal will display a pop-up warning message for the LA to confirm that they did not attend the IDT meeting with **OK** and **Cancel** buttons. Clicking **OK** on the pop-up warning message will have the system invalidate the IDT meeting by setting PCSP field A0700 to "5. Invalid" and add a note to the form history of the PCSP DLN for the invalidated meeting and for the system-generated alert to the NF. An alert will be sent to the NF to reconvene an invalidated IDT meeting. The NF must record the reconvened IDT meeting

information by initiating a new PCSP form from the PE. The system will also prevent the addition of meetings to the PCSP DLN of the invalidated meeting. The invalidated meeting also cannot be updated by the NF or HHSC PASRR Unit, and the other LA cannot confirm the IDT meeting if the person is positive for ID/DD and MI PASRR eligibility.

The PASRR Plan of Care (POC)

Once the completed PCSP form has been submitted, the LIDDA must complete Form 1013, PASRR Plan of Care (POC). The form is used by LIDDAs to automate requests to authorize Habilitation Coordination services for a PASRR-eligible individual with an ID or DD who resides in a Medicaid-certified NF. Habilitation Coordination is provided by a LIDDA-employed habilitation coordinator.

The POC must be completed before submitting IHSS assessments and/or preauthorization requests for IHSS. IHSS are medically necessary services that require preauthorization by HHSC. The habilitation coordinator is responsible for coordinating and monitoring PASRR specialized services, including IHSS when authorized.

Habilitation Coordination may be requested only when the following conditions have been met:

- The individual must be 21 years of age or older.
- The NF must verify an active service authorization for the individual for Service Group 1: NF on Medicaid (SG1/SC1), Medicare Co-insurance (SG1/SC3), or Hospice (SG8/SC31).
- Services are not authorized if the individual is Medicare only.
- The individual admitted to the NF is determined to be Medicaid-eligible and PASRR-eligible as IDD (positive for ID or DD) or under a dual diagnosis of mental illness/intellectual disability (MI/ID) or DD.
- The NF has submitted the PCSP on the LTCOP. PCSP field A2200. Medicaid ID must have a valid, nine-digit Medicaid number. Field A3000F must have a value of 1, 2, or 3.
- Section A3500 — LA-IDD Specialized Services and Participation Confirmation is completed.

The POC supports Initial, Annual (Renewal), and Revision form types.

Habilitation Coordination Service Authorization Units

Service authorization units for Habilitation Coordination are one unit per month and may range from one (1) to twelve (12) units and may be requested during:

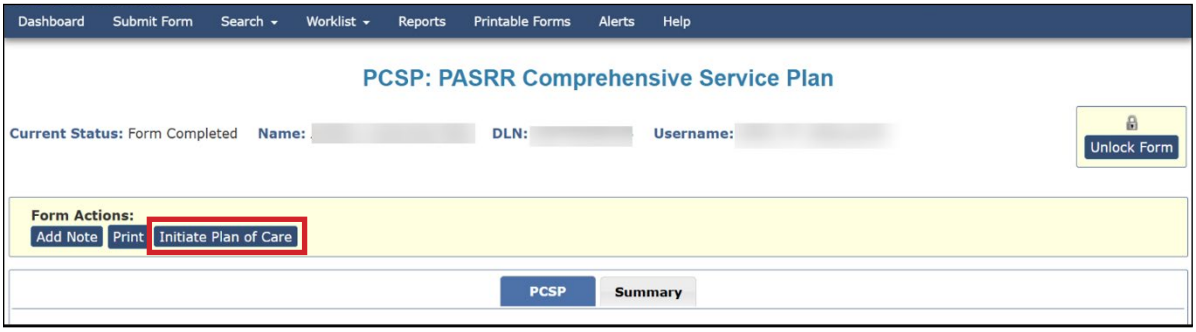
- Initial POC submission.
- Annual (Renewal) POC submission.
- Revision POC submission

One (1) Unit is requested when the individual or LAR refused Habilitation Coordination and the LIDDA needs to bill for attending the Initial or Annual IDT/SPT meeting. A request for Twelve (12) Units is made for an entire plan year when the individual or LAR accepted Habilitation Coordination during an Initial or Annual (Renewal) POC submission.

Revised service authorization units may be requested after the Initial or Annual IDT/SPT meeting because the individual or LAR has reconsidered services. The number of service authorization units is based on the date of the Quarterly or LA Update meeting entered on the PCSP form.

Initiating the POC from the PCSP

The LIDDA can initiate a POC only from the submitted PCSP by clicking **Initiate Plan of Care** found at the top of the PCSP.

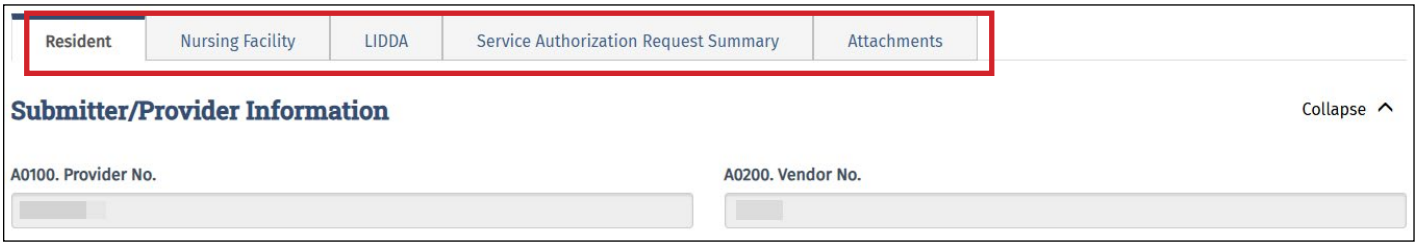


NOTE: The following fields on the PCSP must be completed for the POC to be submitted successfully:

- A0700 — Type of Meeting (completed with a required value of Initial IDT/SPT *or* Annual IDT/SPT)
- A0800 — Date of Meeting (serves as the effective date for Habilitation Coordination service authorizations)
- A0810 — Medicaid Eligibility (completed with a required value of 1=ME Confirmed)
- A2200 — Has a nine-digit number (cannot be + or N)
- A2400 — Individual is PASRR positive for (completed with a required value of IDD only *or* IDD and MI)
- A3500 — LA-IDD Specialized Services and Participation Confirmation (confirmed with a signature)

The POC displays five categories of required information as shown by the tabs near the top of the form. The categories are:

- Resident
- Nursing Facility
- LIDDA
- Service Authorization Request Summary
- Attachments

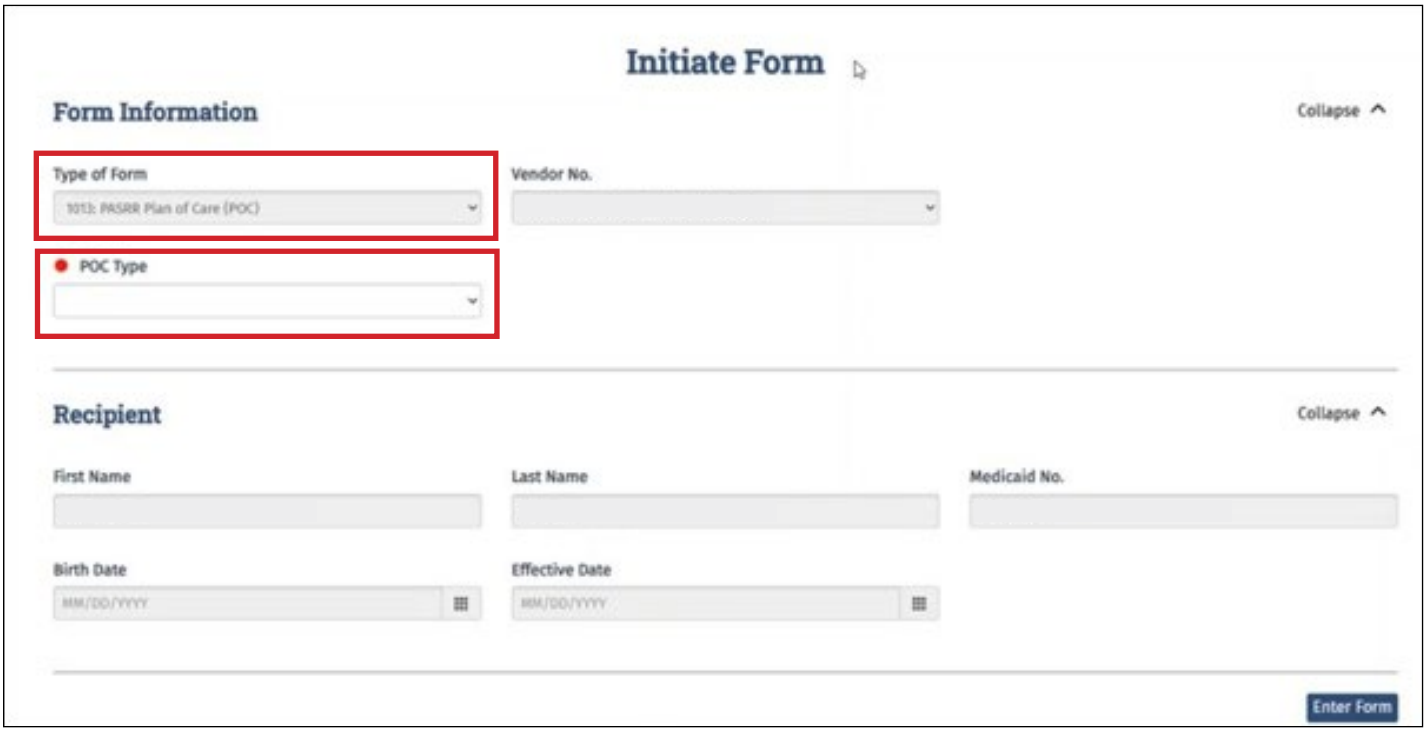


Completing the POC

The LIDDA must complete the following steps:

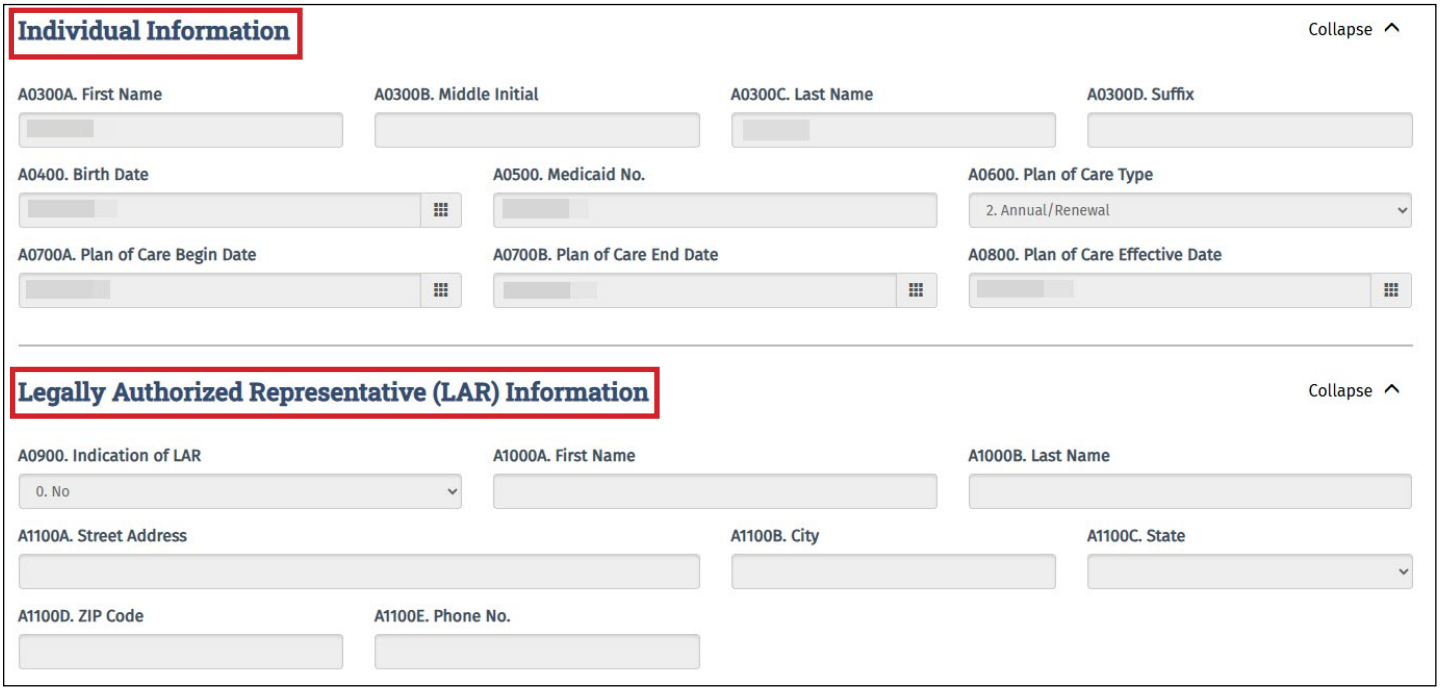
1. Search for and open the individual's PCSP form.
2. Verify the PCSP has been completed.
3. Initiate the POC.

The Initiate Form page will open. All fields on this page of the POC will be auto-filled and read-only. The Type of Form field will show 1013: PASRR Plan of Care (POC) and the POC Type field will display either Initial or Annual/ Renewal (this field is prepopulated and cannot be edited), based on the values shown on the associated PCSP:



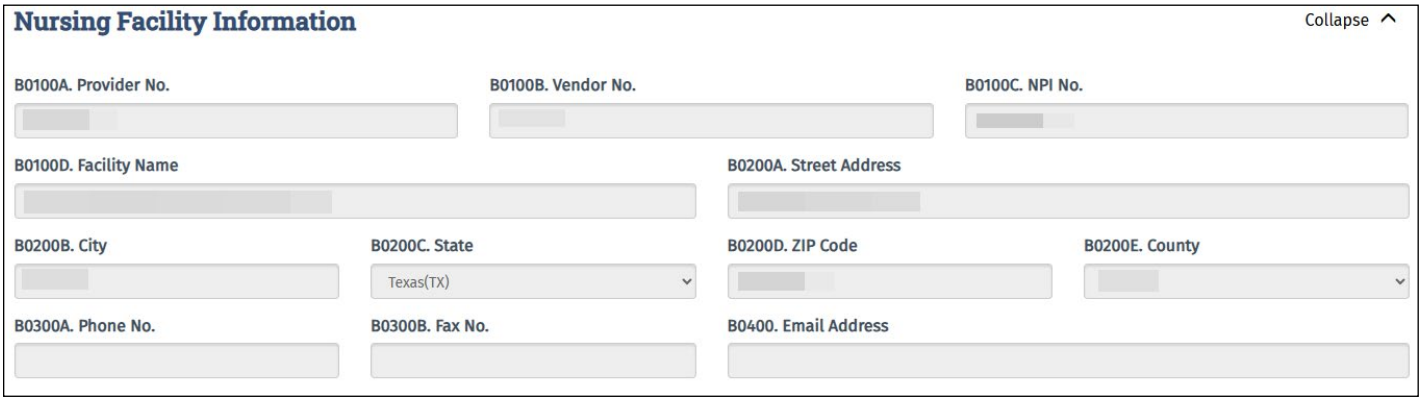
The Resident Tab

The Resident tab contains information about the individual and the LAR. The fields in the "Individual Information" portion of the tab are autofilled with data from the PCSP and are disabled on this tab. If A0900. Indication of LAR is "0. No," the remaining fields are blank and read-only. Otherwise, a value of "1. Yes" requires user entry for those fields.



The Nursing Facility Tab

The Nursing Facility (NF) tab shows autofilled information about the NF where the individual resides, such as its provider, vendor, and NPI numbers, along with the facility's contact information.

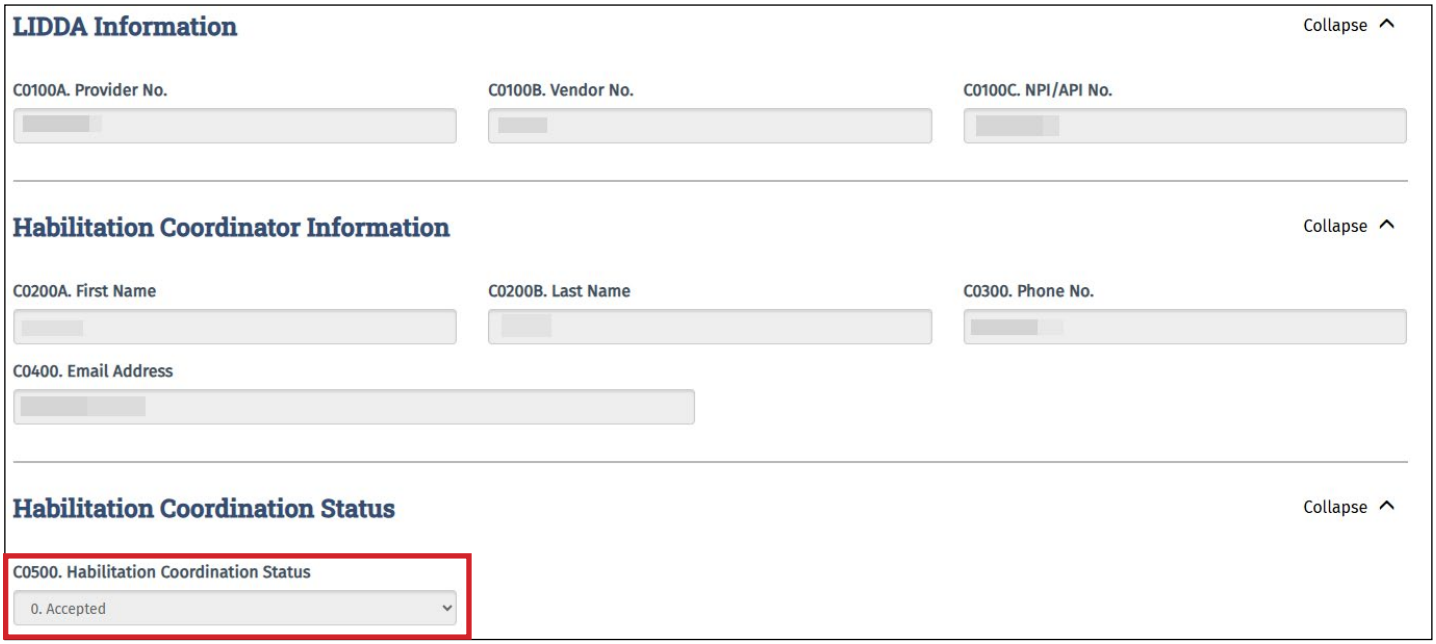


The LIDDA Tab

The LIDDA tab contains fields that are autofilled, including Provider Number, Vendor Number, and NPI/API number. Under the LIDDA fields are fields related to Habilitation Coordination, which include contact information for the Habilitation Coordinator and the current Habilitation Coordination Status.

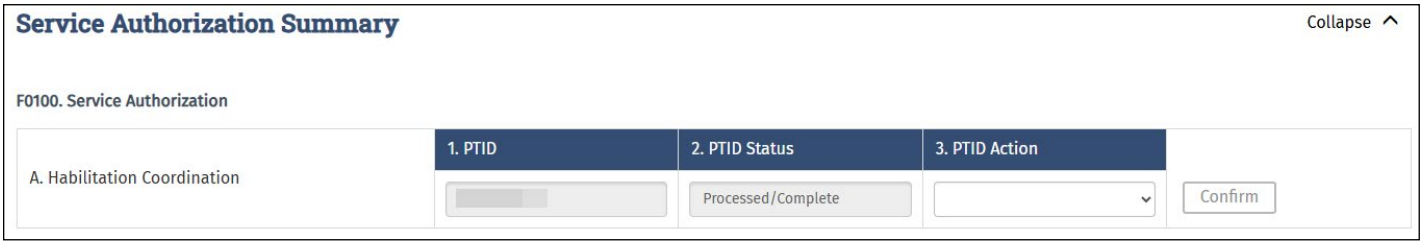
Habilitation Coordination provides assistance to the individual to acquire, retain, or improve self-help, socialization, and adaptive skills necessary to live successfully in the community and participate in home and community life.

The submitter must ensure that the information for the LIDDA is correct, and then complete the fields under the Habilitation Coordinator Information header, including the coordinator's first and last names, phone number, and email address. In field C0500. Habilitation Coordination Status, choose **0. Accepted** or **1. Refused** from the drop-down menu (the value in C0500 must match the value in field A3000F on the associated PCSP).



The Service Authorization Request Summary Tab

On the Service Authorization Request Summary Tab, the PTID fields are blank and disabled before submission. After successful submission, the PTID number and status are issued by the LTCOP. The LIDDA will need to take action only if the HHSC PASRR remands the form to submitter (changing the PTID status to ***Remanded to Submitter***) because the Form 1044 attached to the POC needs to be corrected.

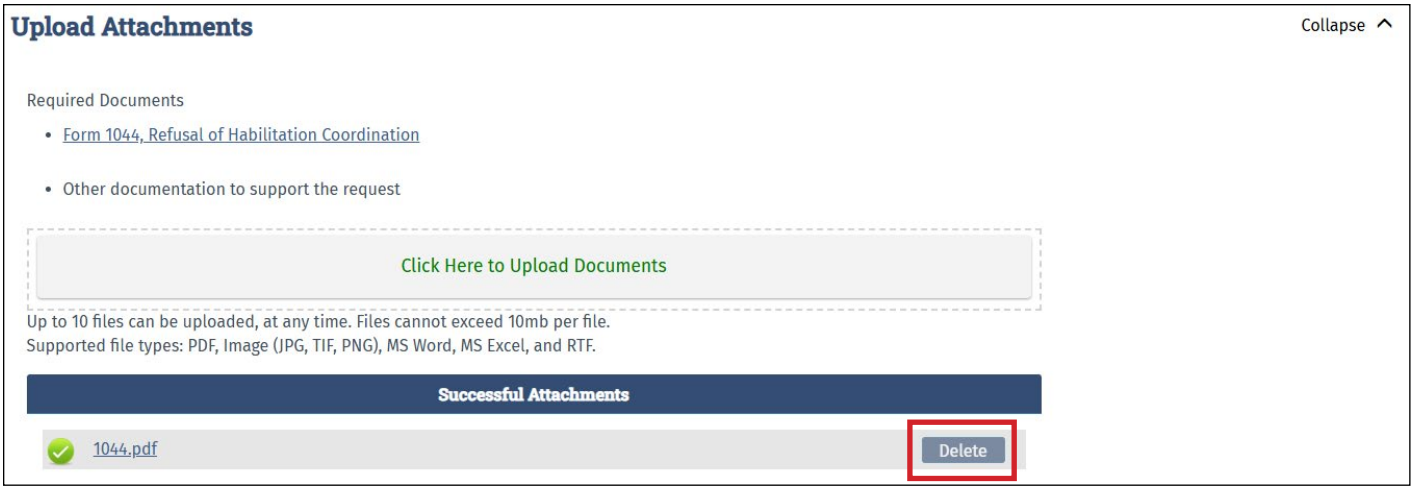


The Attachments Tab

The Attachments section of the POC is where the submitter attaches any documents relevant to the service authorization request.

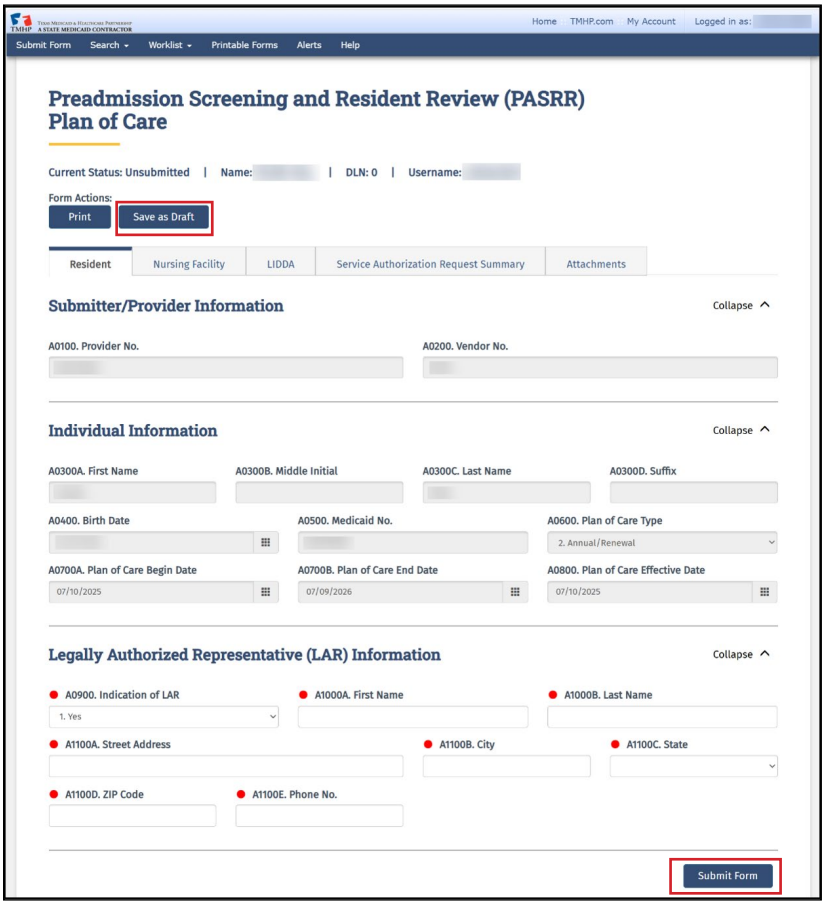
Note: When the individual has refused habilitation coordination (as indicated in Field C0500 on the LIDDA tab), the submitted POC must have a signed and completed Form 1044 Refusal of Habilitation Coordination attached.

Click the link for Form 1044 located under the Upload Attachments heading. To delete an attachment, click **Delete** to the right of the attached document(s).



Submitting the POC

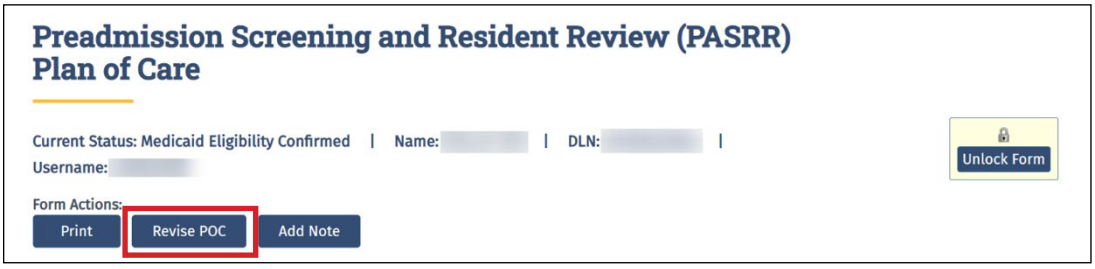
When all required fields have been completed and the information on all five tabs has been verified, click **Submit Form** to send the form to the provider workflow. If the submitter does not yet want to submit the form, click **Save as Draft** in the Form Actions section near the top of the page.



When the form has been submitted, the Current Status (for a form where habilitation coordination has been accepted) will change to ***ME Confirmed***, and the PTID Status will change to ***Processed/Complete*** or ***PCS Processed/Complete***. The Current Status for a form where habilitation coordination has been refused will be ***Pending State Review***.

Revising the POC

The LIDDA can revise the most recently submitted POC by clicking **Revise POC** under the Form Actions heading at the top of the form. A revision can be made to any POC except one in ***Form Inactivated*** status.



The form can be revised under the following conditions:

- The PTID is in ***Processed/Complete*** status or ***PCS Processed/Complete*** status.
- The most recent meeting on the PCSP is "Quarterly" or "LA Update."
- Field A3000F on the PCSP is "1. Individual/LAR refused" or "2. New." (the revision effective date will fall between the current POC's Begin and End dates.
- The POC being revised is the most recent POC form based on the field A0800. POC Effective Date.

Inactivating the POC

HHSC PASRR staff are responsible for inactivating when it has been submitted in error. HHSC PASRR staff may either inactivate the POC or the PTID, depending on the nature of the issue identified.

These actions are performed independently and do not automatically trigger changes to the status of the related record. Inactivating a POC does not result in an automatic inactivation of the associated PTID, just as inactivating a PTID does not cause an automatic inactivation of the associated POC form. If both records require inactivation, each action must be completed separately by HHSC PASRR staff based on the circumstances of the case and applicable business rules.

Once the form has been inactivated, the form status will change to ***Form Inactivated***. The POC is no longer valid and cannot be revised or resubmitted.

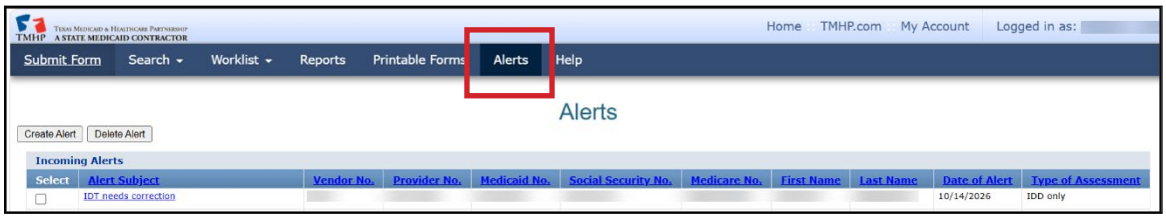
The PCSP Remand to Submitter Function

When the NF submits a PCSP form, the LA receives an alert to confirm the IDT meeting. However, if the PCSP form contains errors made by the NF regarding the IDT meeting, the LA cannot confirm the meeting. The LA returns the form to the NF using the Remand to Submitter function to create an alert informing the NF that corrections need to be made to the PCSP. The alert may contain notes from the LA describing any discrepancies.

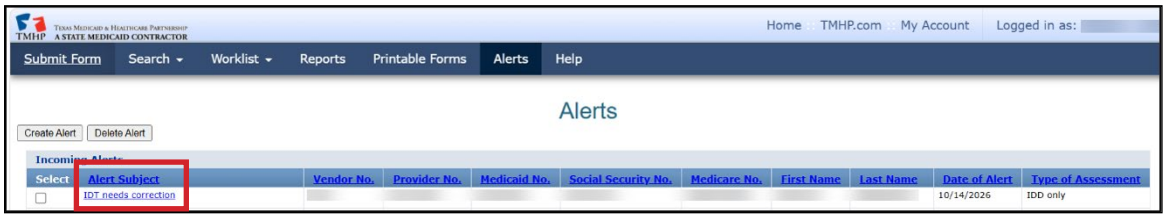
Navigating to a Submitted PCSP Form

The Remand to Submitter process begins when the LA receives an alert that a PCSP form with errors has been submitted by the NF. The LA must locate and open the form in question:

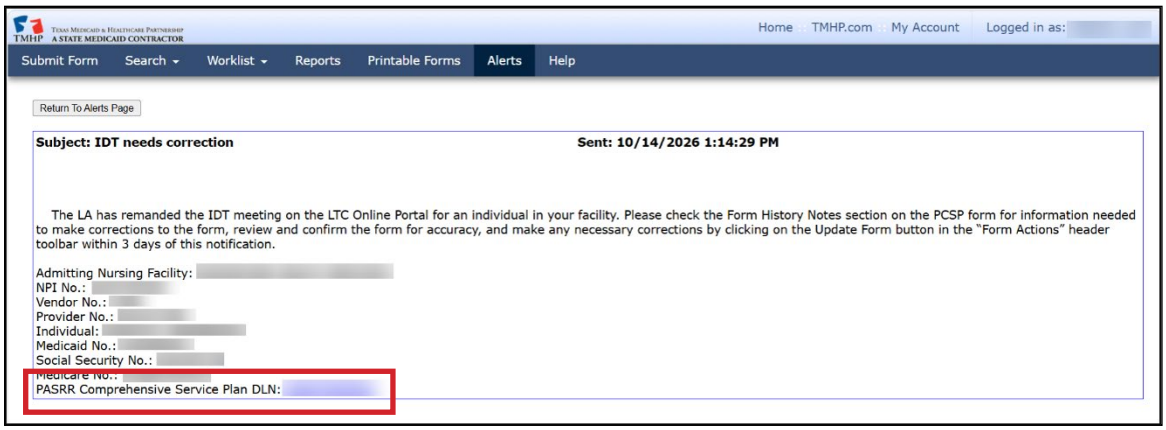
1. Click **Alerts** in the blue navigational bar at the top of the screen.



2. The Alert Subject is found in the second column of the displayed table. Click the link under the column heading to open the alert.



3. Click the DLN located at the bottom of the form to open the PCSP. The PCSP form is displayed, and the LA begins the process.



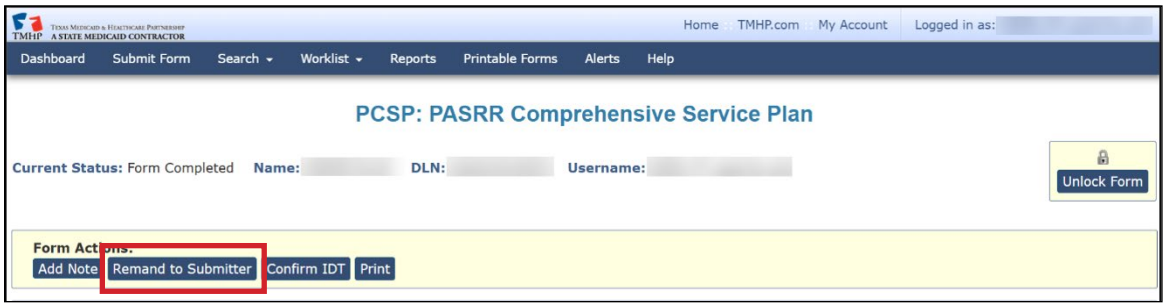
Remanding the PCSP Form to the Submitter

On the newly-opened PCSP form, the Remand to Submitter is displayed in the Form Actions bar at the top of the form only when the following conditions have been satisfied:

- The individual's most recent submitted PCSP meeting is an Initial IDT/SPT or Annual IDT/SPT meeting.
- A confirmation from the LA has not already been submitted.
- The form was submitted or updated within the past 30 calendar days.
- The form status is ***Form Complete***.

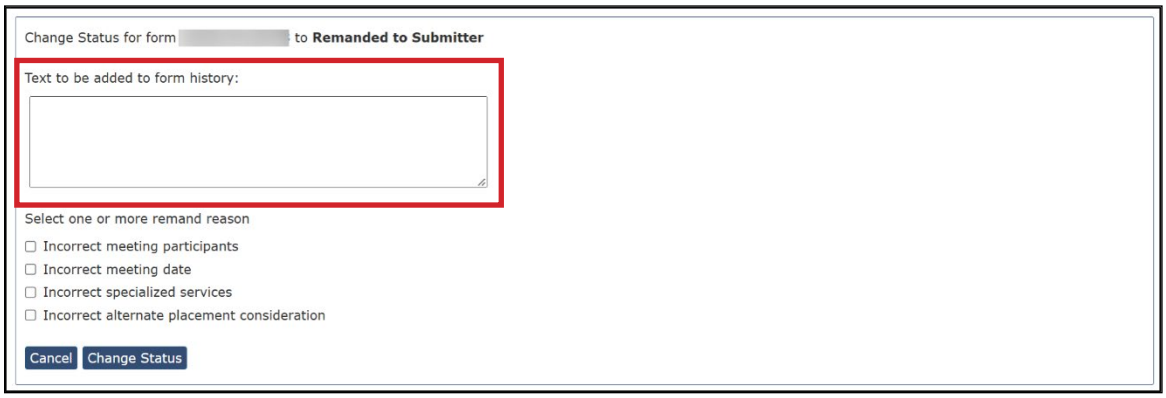
The LA must complete the following steps to remand the form to the NF:

1. From the Form Actions bar on the PCSP form, select **Remand to Submitter**.

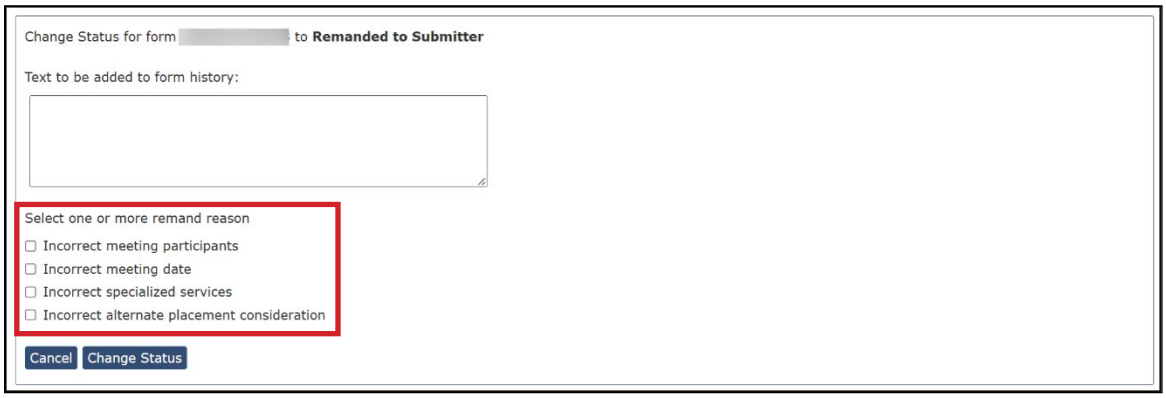


   The Change Status screen will be displayed.

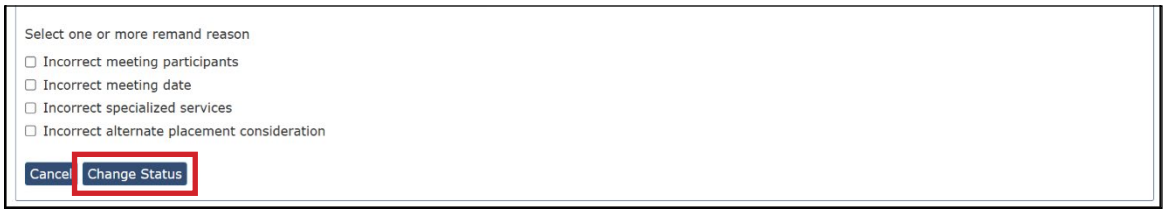
2. In the text box on the Change Status screen, the LA can enter any information that it would like to include in the alert to the NF.



3. The LA then selects one or more of the listed remand reasons as seen in the image below.



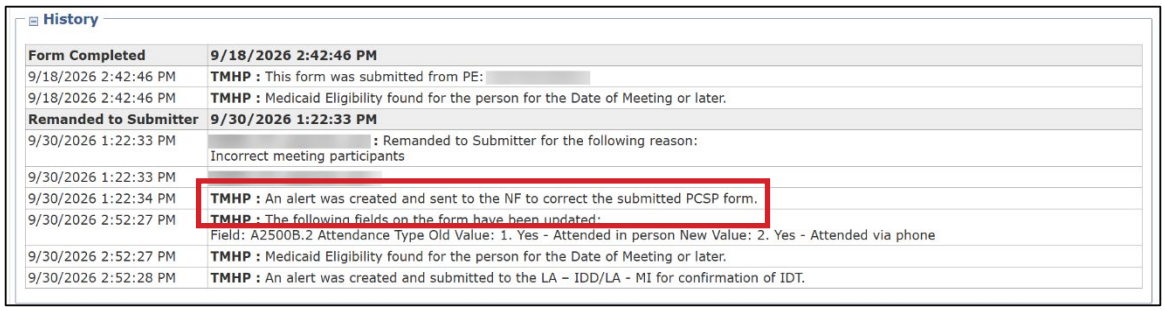
4. Click Change Status to remand the form to the NF, or click Cancel to cancel the submission.



The form's status will change to Remanded to Submitter, and a message indicating the the status change was successful will appear at the top of the screen.



An alert has been created and sent to the NF to correct the submitted PCSP form. The action will be added to the form's History trail.



Updating the Remanded PCSP Form

When the NF receives the alert that the PCSP form has been remanded, the NF must access, open, and correct the remanded form. Complete these steps to open, update, and resubmit the form:

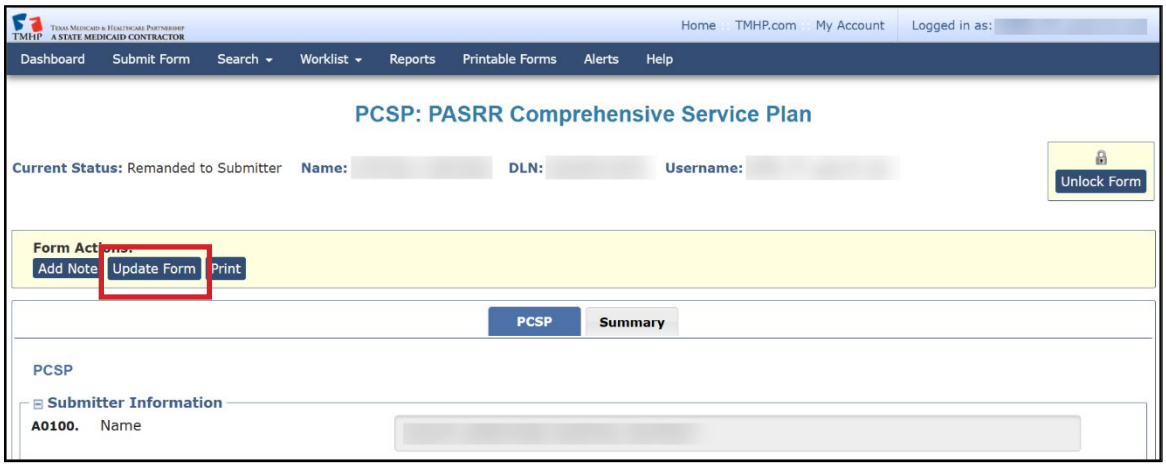
1. Select **Alerts** from the blue navigational bar.



2. Under the Alert Subject column, select the link to the alert that must be corrected. Make a note of the DLN for the form needing correction.



3. Use FSI to locate and open the remanded form.
4. From the Form Actions bar at the top of the form, select Update Form and make any changes required by the LA.
   Note: The NF should refer to the Form History Notes section of the PCSP form for details about the remand, which will explain the changes required by the LA.



The PCSP form sections that can be edited are:

- Meeting Information
- Participants Information
- Alternate Placement Consideration
- Specialized Services Information

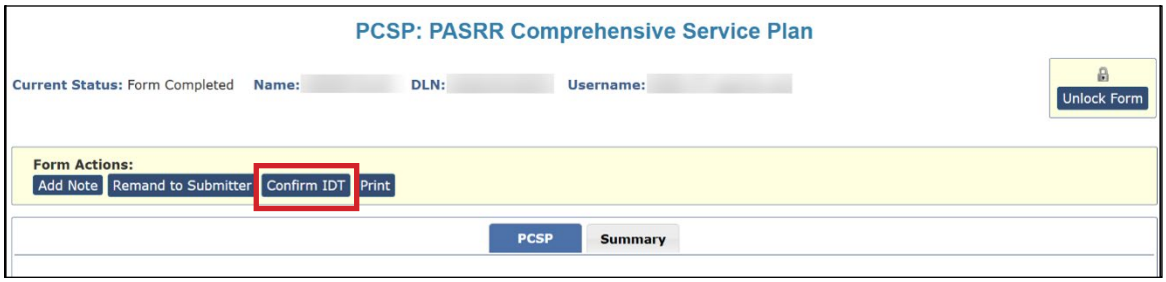
To view all sections of the PCSP, go to http://www.tmhp.com/lts/forms

Confirming the Updated PCSP Form

When the NF has updated the PCSP form, the LTCOP will trigger an alert to the LA to Confirm the IDT as follows:

1. Click **Alerts** on the blue navigational bar at the top of the form.
2. Select the ***Alert Subject*** link in column two of the Alerts menu.
3. Click the **PASRR Comprehensive Service Plan DLN**.
4. Check the form to ensure all necessary revisions have been completed.

5. Click **Confirm IDT** in the Form Actions bar.



When the IDT has been confirmed by the LA, the confirmation will be added to the History trail of the form.

Searching for PCSP Forms

Both the Form Status Inquiry (FSI) and Power Search options allow the user to search for forms in ***Form Completed*** and ***Remanded to Submitter*** statuses.

FSI Form Search

To locate a form using the FSI function:

1. Select **PCSP: PASRR Comprehensive Service Plan** from the Type of Form drop-down menu.



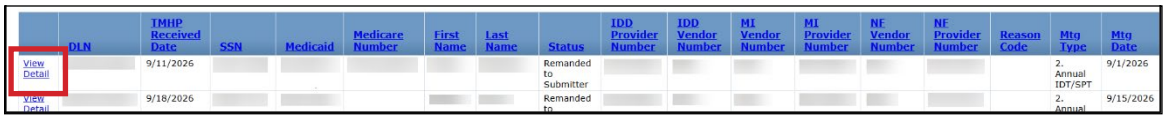
2. Complete the required fields as indicated by red dots, and select ***Remanded to Submitter*** from the Form Status drop-down menu.



3. Click **Search**. A list of forms in ***Remanded to Submitter*** status will be displayed.



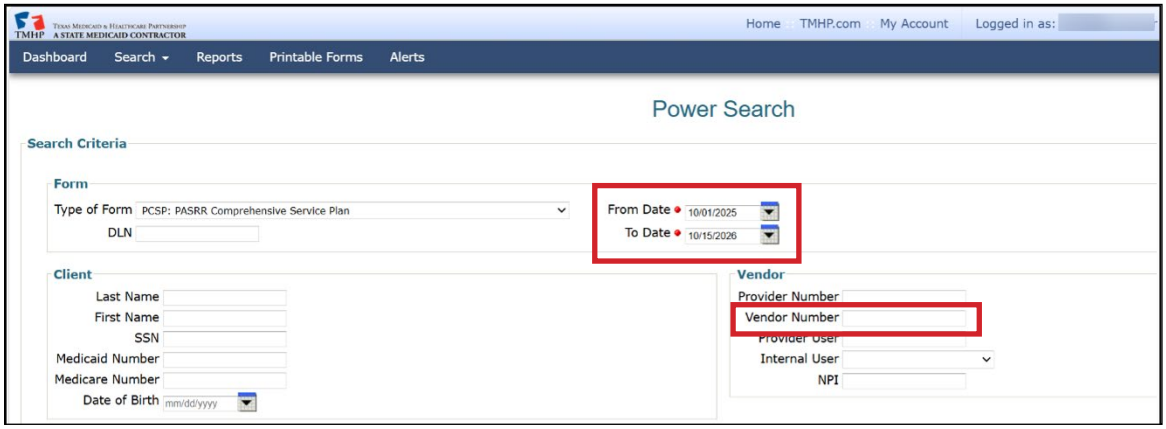
4. Click the View Details link to open the desired form.



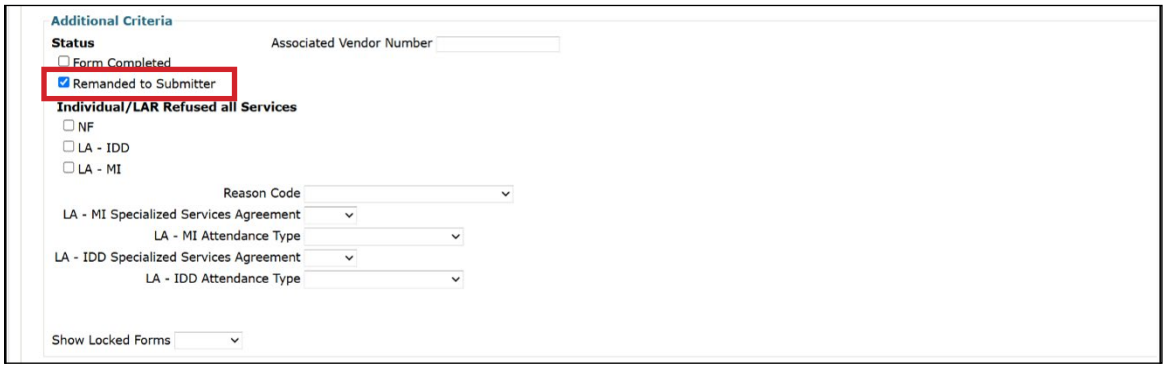
Power Search

To locate a form using Power Search:

1. Select **PCSP: PASRR Comprehensive Service Plan** from the Type of Form drop-down menu and complete the following fields: **Vendor Number**, **From Date** and **To Date**.



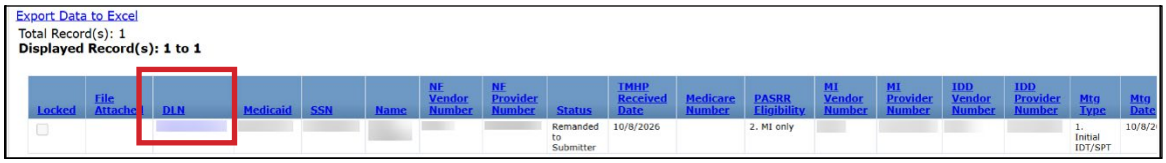
2. In the Additional Criteria section, select ***Remanded to Submitter*** from the Form Status drop-down menu.



3. Select **Search**.



4. A list of forms in ***Remanded to Submitter*** status will appear. Click the DLN link of the desired form.



Adding Notes to PASRR Forms

The Add Note feature is available for all PASRR forms.

Add Note, located in Form Actions, may be used to add information not captured at original submission, and it is not used in system processing. Information is added to the History trail of the document, not to the document itself (e.g., it is not added to Comments in the LTCMI section of the assessment).

To add a note to a submitted document (this example is from the PL1 Screening Form):

1) Locate the document using FSI or Current Activity.

2) After opening the document, click **Add Note**. A text box will open.



3) Enter additional information (up to 500 characters).



Note: Only certain valid characters can be added to text boxes on a form. The valid characters are 0-9, A-Z, a-z, and the following: @'/+,_-.

4) Under the text box, click **Save** to save your note, or click **Cancel** to erase your note.

Authorization Request for PASRR Nursing Facility Specialized Services (NFSS)

The NFSS form allows NF personnel to request authorization to provide PASRR nursing facility specialized services on behalf of the person through the LTC Online Portal. It allows requests to be submitted for specialized services for people with IDD or dual diagnoses of MI/IDD. Specialized services cannot be requested on this form for people who have MI only, who are 20 years of age or younger, who have a negative PE, or who are not Medicaid-eligible. The form also allows NF providers to:

- Upload all required and supporting documentation directly to the LTC Online Portal as electronic attachments.
- Save drafts of NFSS forms prior to completion.
- Print out the completed form or a draft.
- Save time with prefilled fields.

The NFSS form allows the NF to request multiple specialized services on a single form for a resident. The services can be selected from three types:

- Customized Manual Wheelchair (CMWC)
- DME
- Habilitative Therapies

Providers can request only one type of service per form. For example, if the NF needs to request four DME items and three habilitative therapies, this request must be submitted on two separate NFSS forms. Providers will need to submit one request for all three therapies and one for all four DME items.

The NFSS form has 17 tabs that include detailed sections for information on the provider and the person receiving services and sections that allow providers to fill out information for the specific types of service requested. The tabs include:

- Resident/NF
- CMWC/DME Assessment
- CMWC Request
- Gait Trainer
- Orthotic Device
- Car Seat/Travel Restraint
- Mattress
- Positioning Wedge
- Prosthetic Device
- Standing Board/Frame

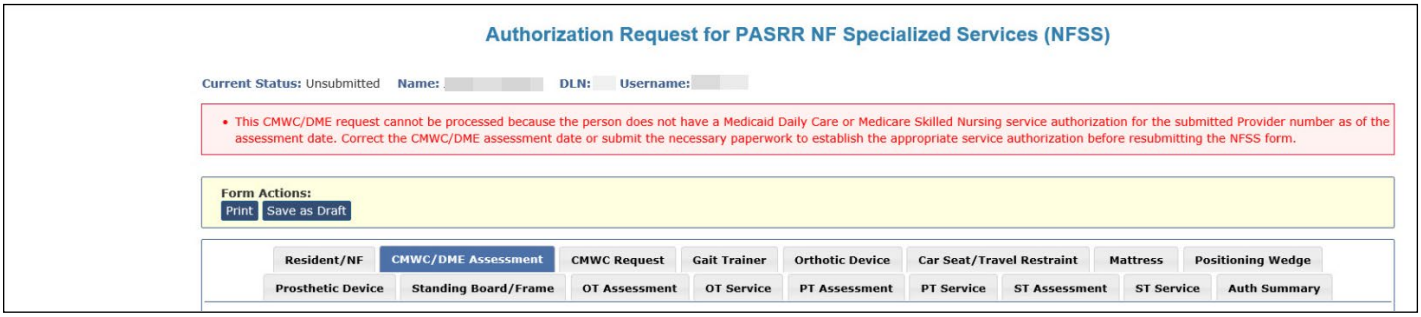
- OT Assessment
- OT Service
- PT Assessment
- PT Service
- ST Assessment
- ST Service
- Auth Summary

Completing and Submitting the NFSS Form

To generate, access, and submit NFSS forms on the LTC Online Portal, certain user permissions are required. Only NF users (not LA or MCO users) can submit or update these forms. An NF submitter (though not an Admin Only user) must have either PL1 Screening Form Submitter or PL1 Screening Form Viewer user permission and NFSS Submitter permission. The system validation will prevent Admin Only users from generating or opening an NFSS form.

Note: NF providers should never set up or request access to the LTC Online Portal for DME providers or allow them to complete the NFSS form on the LTC Online Portal to request specialized services. It is the responsibility of the NF to request necessary specialized services. DME suppliers should be given a blank copy of the Supplier Information and MSRP Quote sections of the NFSS form and the DME Signature Sheet for completion. The NF will then use the information from the DME provider to complete the required fields of the NFSS form on the LTC Online Portal.

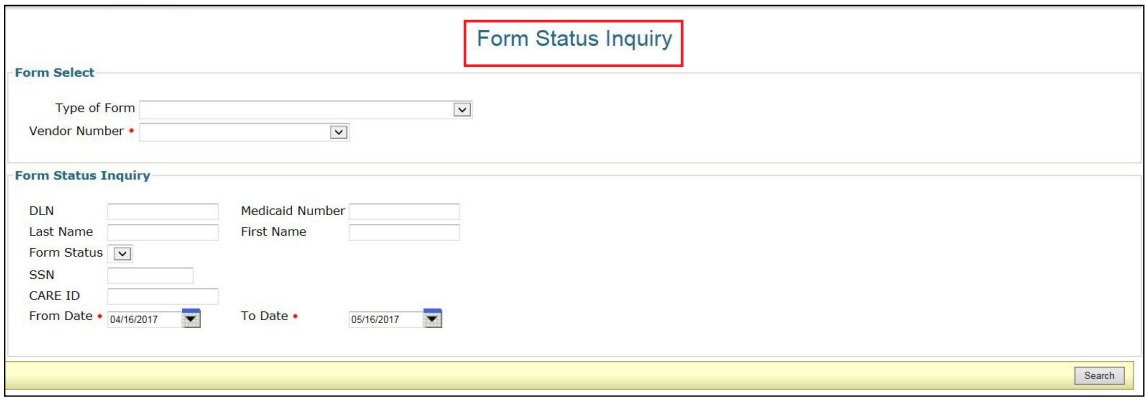
The NF must ensure that there is an active service authorization for NF daily care, hospice daily care, or Medicare coinsurance before attempting to submit an NFSS form on the LTC Online Portal. If none of the service authorizations exist, the NFSS form will not be submitted, and an error message will be displayed. The following error message is one example:



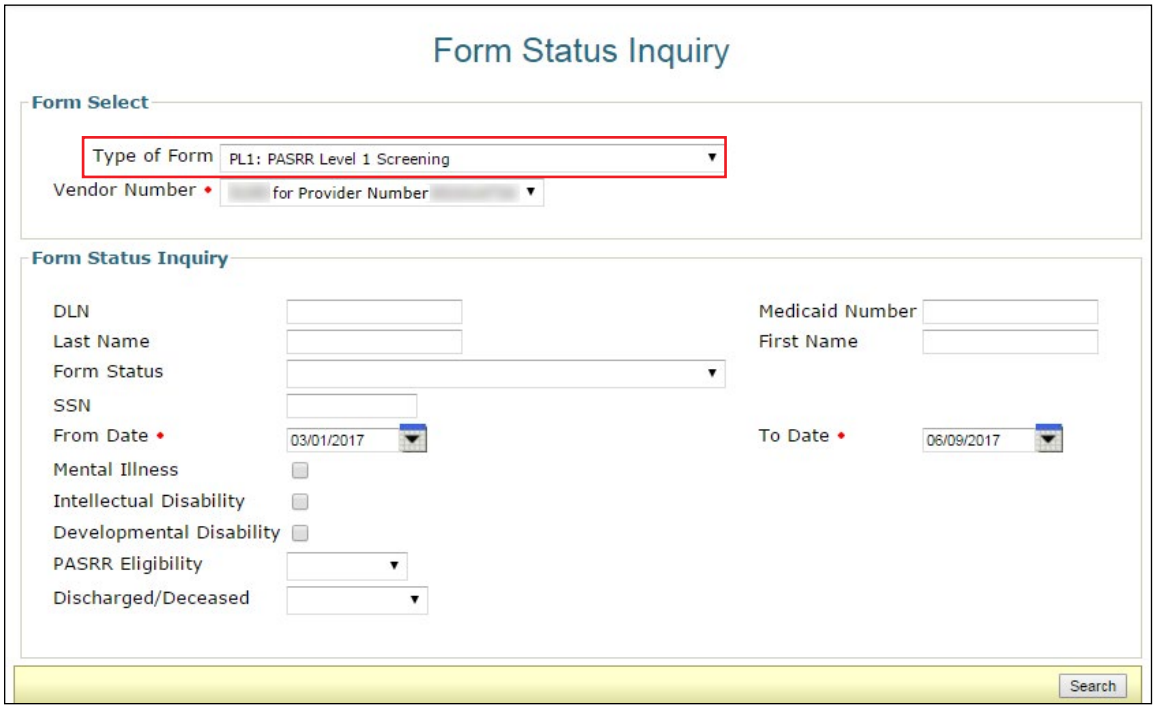
To submit an NFSS form, the provider can gain access to the NFSS form only from a completed, active PL1 Screening form. The NFSS is launched from the PL1 Screening Form by clicking **Initiate NFSS** in the Form Actions bar. The button will appear only when field B0100 or B0200 contains "1. Yes" on the PE.

Note: Converted PL1 Screening forms will not show the **Initiate NFSS** button.

1) Log in to the LTC Online Portal and navigate to the Form Status Inquiry screen.



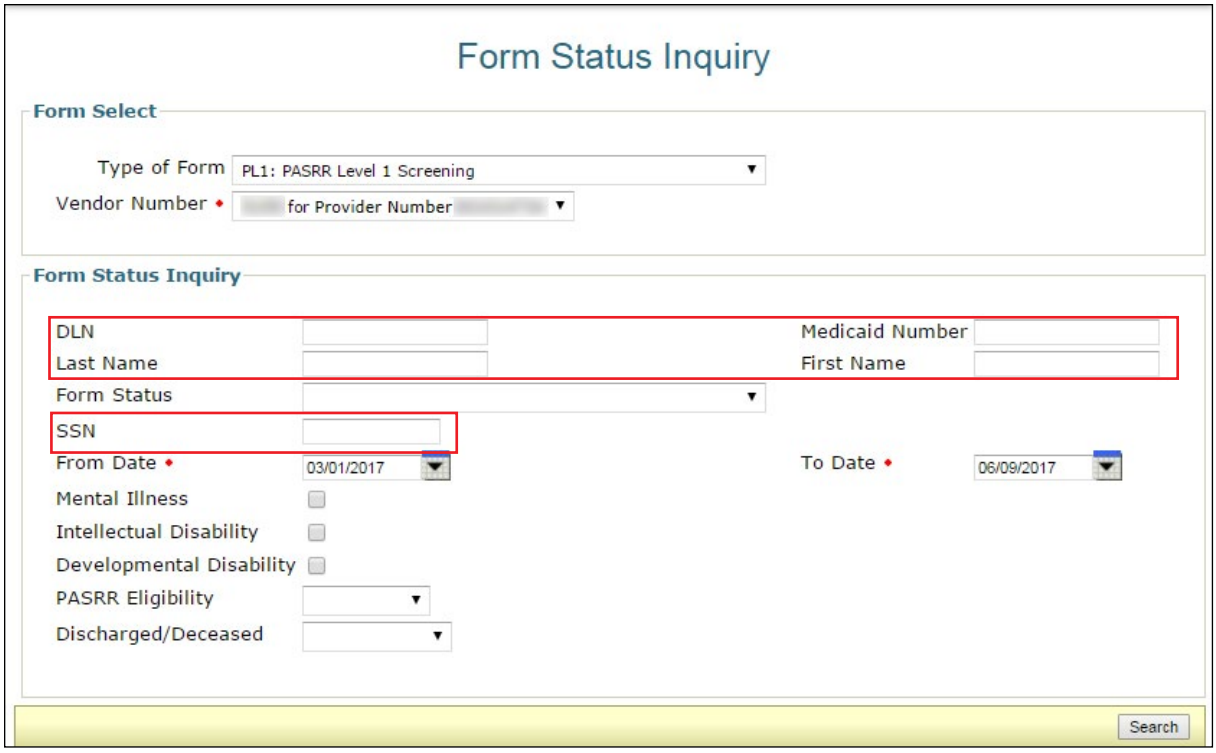
2) From the Type of Form drop-down box, choose **PL1: PASRR Level 1 Screening**.



3) Choose the appropriate vendor number from the drop-down box.

4) Enter the date range in which the PL1 Screening Form was submitted. The default date range is 30 days.

5) Enter the DLN of the PL1 Screening Form, Medicaid number, SSN, or the last and first name of the person for whom NFSS needs to be requested.



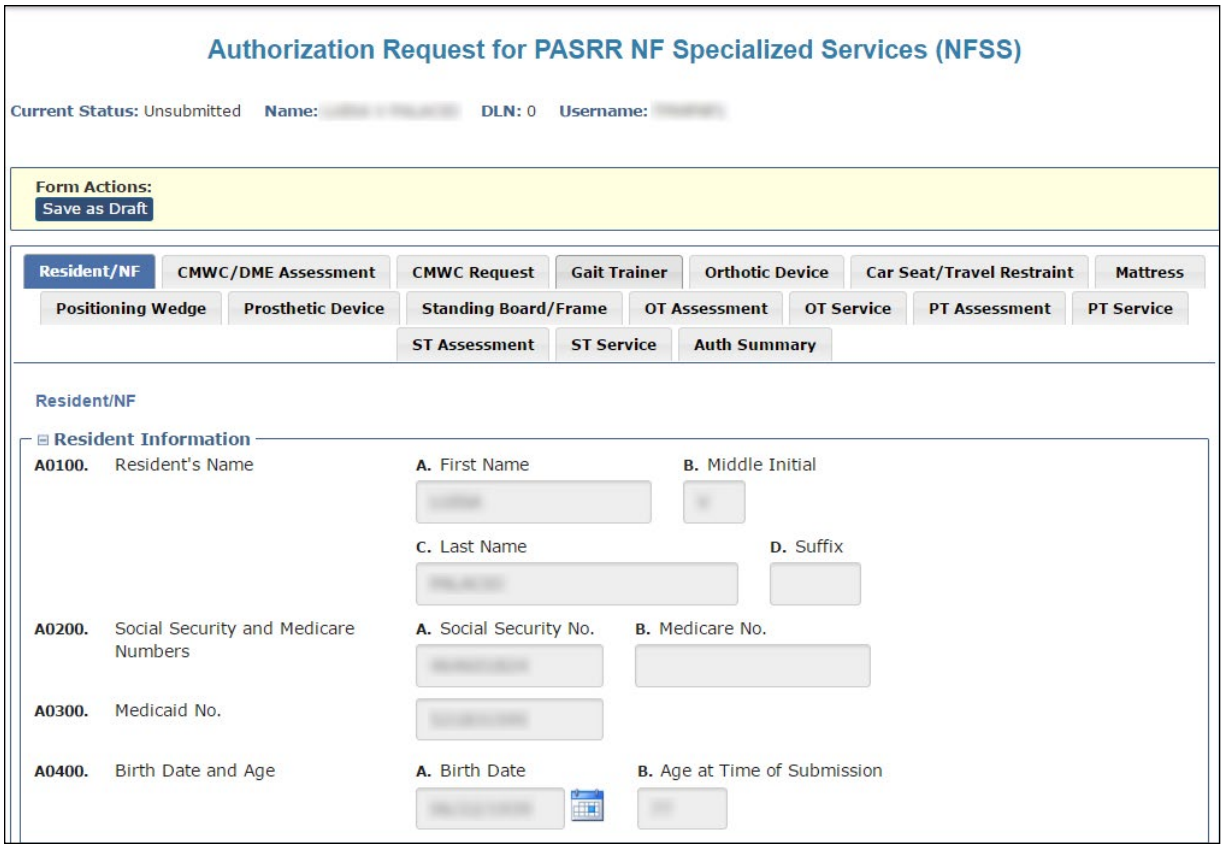
6) Click **Search**. The system will then display the search results.

7) Click **View Detail** for the appropriate PL1 Screening Form. The **Initiate NFSS** button will be displayed in the Form Actions bar.

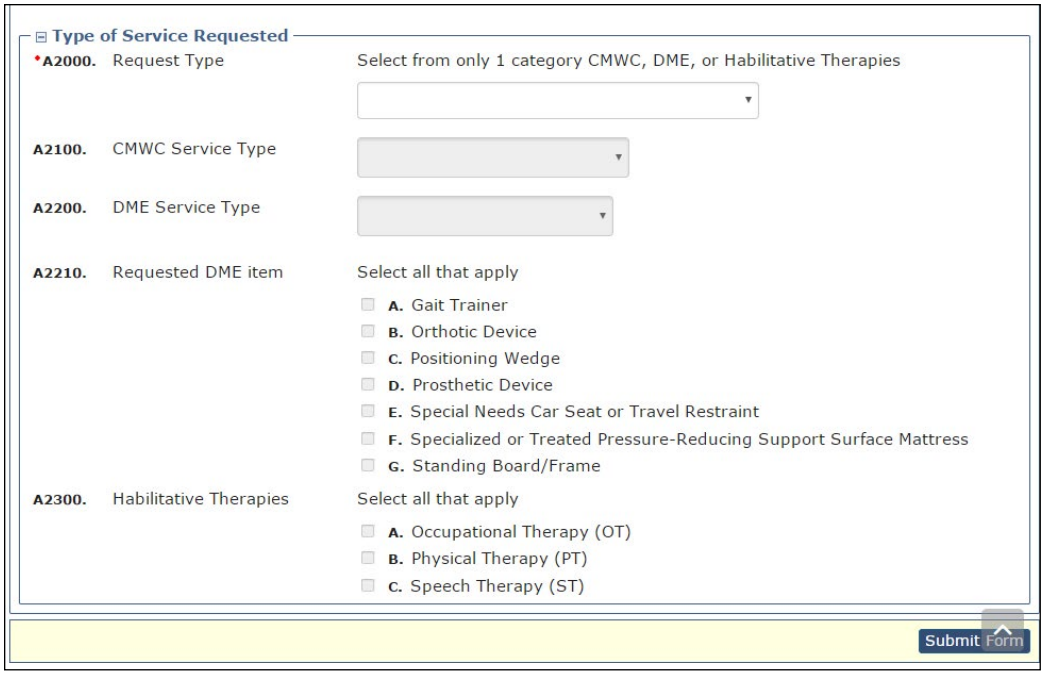
8) Click **Initiate NFSS.**



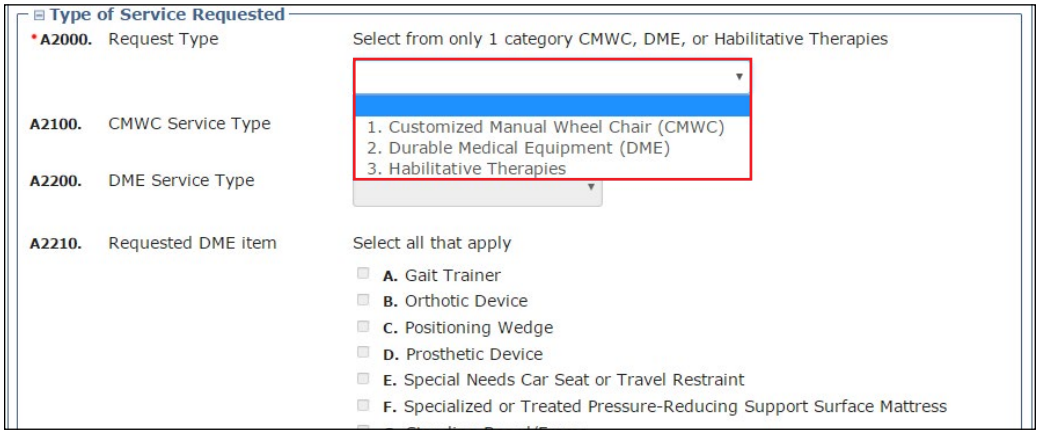
9) The person's demographic information (completed during the PL1 Screening Form Submission process) will autofill on the NFSS form. Confirm that the LAR's information is correct if present on the Resident/NF tab of the NFSS form. If the LAR information on the NFSS form is incorrect, the NF should correct it with a valid name and address. Do not add "unknown" to the LAR name or address fields because this text will go into correspondence sent to the LAR. If the information is unknown, obtain it from the PE, if documented.



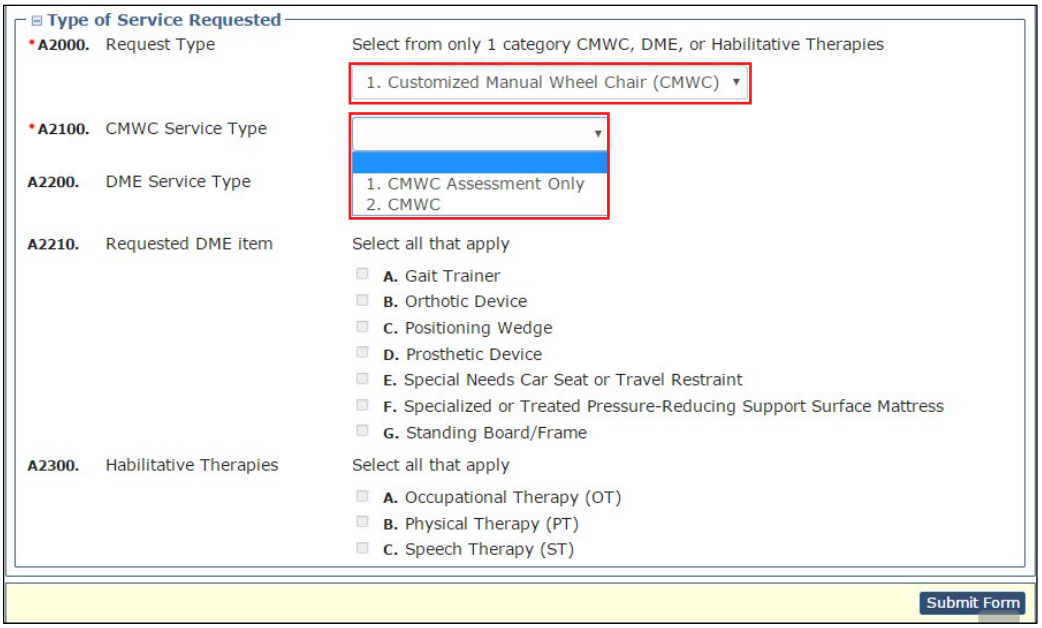
10) To begin requesting specialized services on this form, scroll to the Type of Service Requested section at the bottom of the Resident/NF tab.



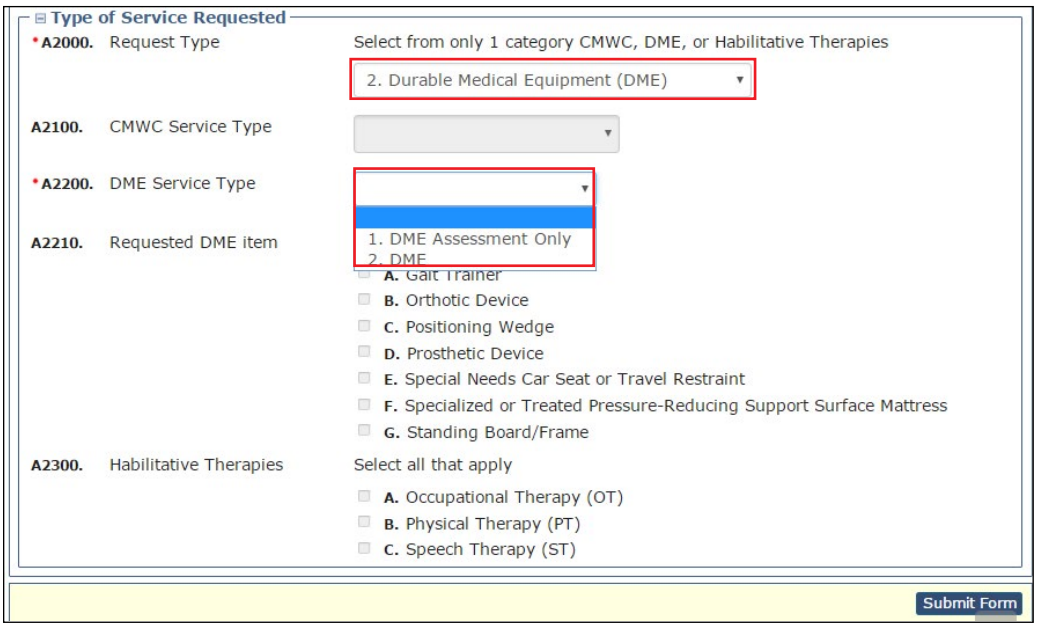
11) Identify the type of specialized services for which you are requesting authorization in A2000.



a) If you select "1. Customized Manual Wheel Chair (CMWC)" in A2000, the A2100 drop-down field becomes enabled and required. Selecting "1. CMWC Assessment Only" from the A2100 drop-down list will enable only the CMWC/DME Assessment tab for data entry. The rest of the form will be disabled. Selecting "2. CMWC" from the A2100 drop-down list will enable in the CMWC/DME Assessment tab for data entry. After data is entered on the CMWC/DME Assessment tab, the CMWC Request tab becomes enabled for data entry. The rest of the form will be disabled.

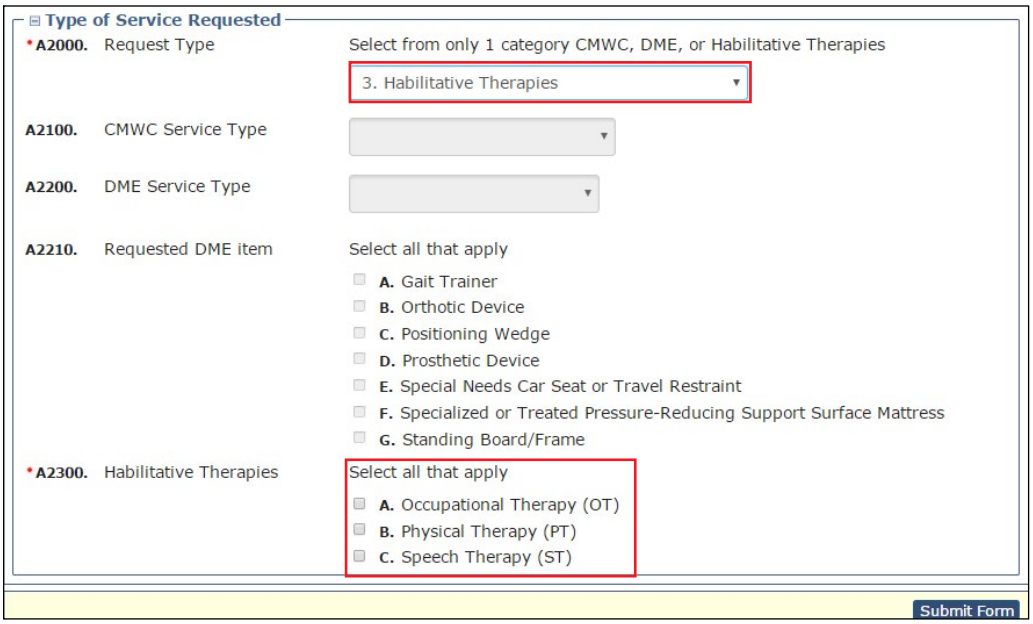


b) If you select "2. Durable Medical Equipment (DME)" in A2000, the A2200 drop-down field becomes enabled and required. Selecting "1. DME Assessment Only" from the A2200 drop-down list will enable only the CMWC/DME Assessment tab for data entry. The rest of the form will be disabled. Selecting "2. DME" from the A2200 drop-down list will enable and require the check boxes in A2210. Click the check boxes of all applicable equipment. When data is entered on the CMWC/DME Assessment tab, the tabs associated with the check boxes that you clicked in A2210 become enabled for data entry. The rest of the form will be disabled.

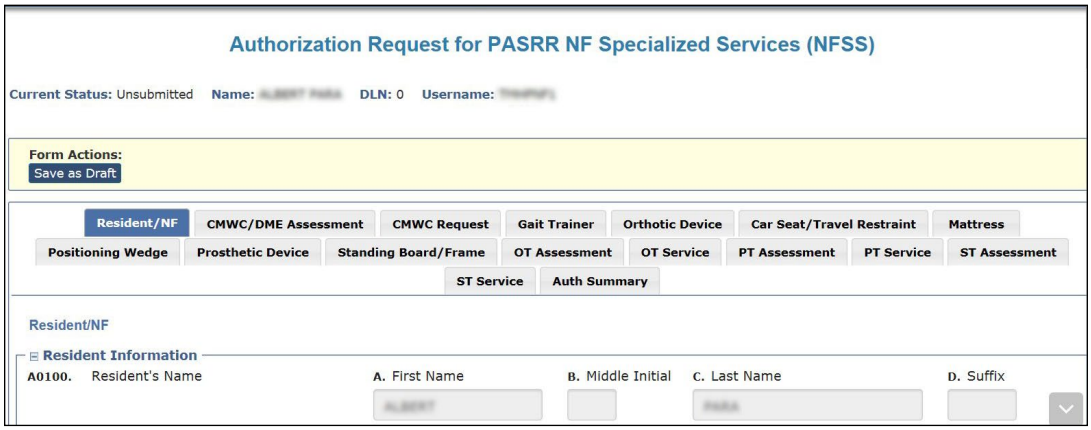


c) If you select "3. Habilitative Therapies" in A2000, the check boxes in A2300 become enabled and required. Click the check boxes of all applicable therapies. The assessment tabs associated with the therapies you clicked in A2300 become enabled for data entry. The service tabs associated with the therapies you clicked in A2300 become enabled upon data entry if the therapy type is not for an assessment only. The rest of the

form will be disabled.



12) Scroll to the top of the form, and select the appropriate tab. The selections made in the Type of Service Requested section on the Resident/NF tab will enable the associated tabs on the NFSS form for data entry. Complete the required fields as indicated by the red dots. For more detailed instructions on NFSS submissions, refer to the *Companion Guide for Completing the Authorization Request for PASRR Nursing Facility Specialized Services,* located in the PASRR Forms and Instructions section of the HHSC website at https://hhs.texas.gov/doing-business-hhs/provider-Portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions.



13) To submit the form, click **Submit Form** located at the bottom right-hand side of the page.

14) After successful submission, the LTC Online Portal will issue a DLN for the NFSS form. The DLN can then be entered into FSI to find the form.

Important Features and Functions of the NFSS Form

1) The Authorization section as seen on each tab (except Resident/NF and Auth Summary) includes the following:

   a) PTID Number

   b) Status of the PTID

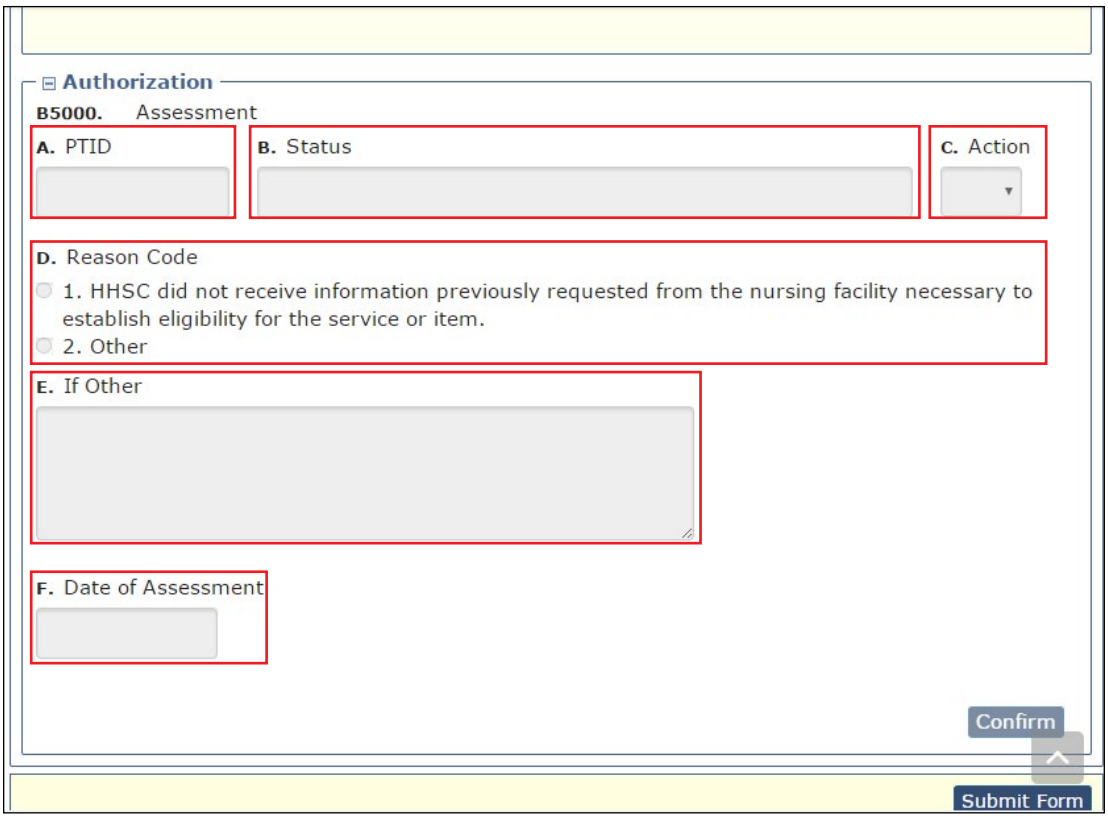
   c) Action drop-down menu

   d) Denial Reason Code

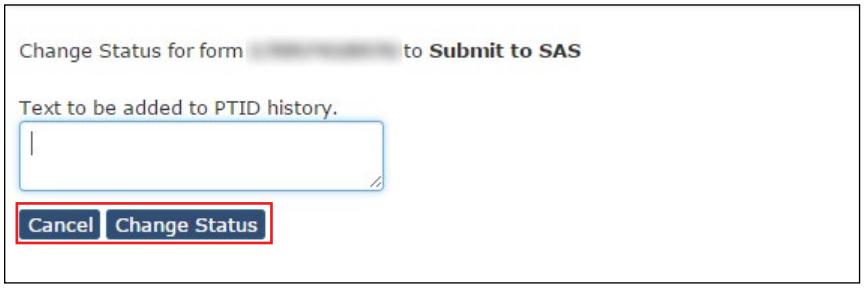
   e) If Other text box

   f) Date of Assessment

   g) Other data fields may be available depending upon the specialized service type (e.g., Begin Date, End Date, or Total Approved Price)



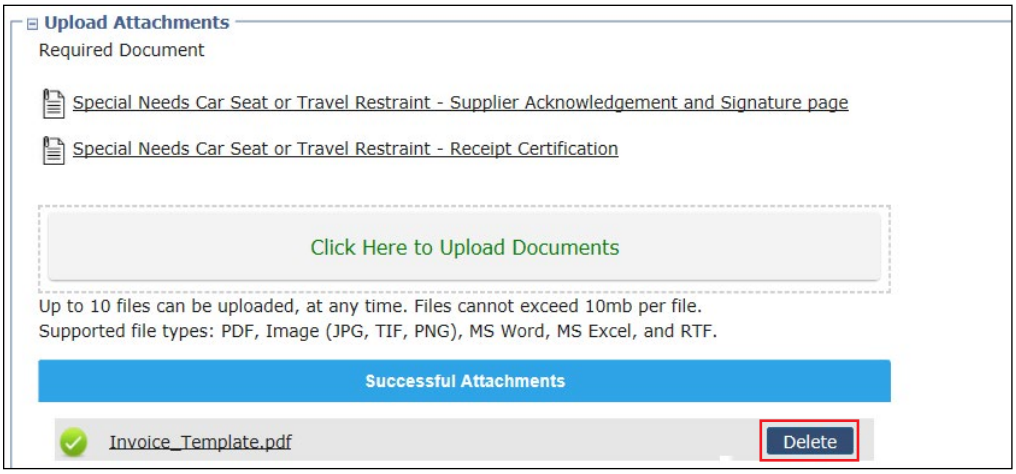
2) The PTID Change Status Page is displayed when the user clicks **Confirm**. Submitters can change the status by clicking **Change Status** or reject the status change by clicking **Cancel**. Information entered in the message text area will be displayed as a note in the PTID History, which can be viewed by anyone who has access to the form.



3) Upload attachments.

   a) The NFSS form allows the NF submitter to upload required and supporting documentation as electronic attachments directly to the LTC Online Portal. This can be done in the Upload Attachments section, located in all the tabs except Resident/NF and Auth Summary. An icon on each tab will indicate the required documents that are available as templates for easy download and completion for subsequent upload to the LTC Online Portal. The submitter will click this icon and download the page/attachment, obtain the appropriate signatures or information, save the information on their computer, and upload the page/attachment back to the appropriate request/PTID by clicking **Click Here to Upload Documents**. This will open up the user's browser to locate the saved files. The PTID History will also show the date, time, and name of successfully uploaded attachments. Up to ten files can be uploaded at any time. Files cannot exceed 10 MB per file. Supported file types are PDF, image (JPG, TIF, and PNG), MS Word, MS Excel, and Rich Text Format (RTF).

   b) To remove an attachment, **Delete** is displayed and enabled after the attachment is successfully uploaded and PTID is not approved or denied. After PTID gets approved or denied, **Delete** will no longer be available.



4) For DME and CMWC requests, the NFSS form must include uploaded Manufacturer's Suggested Retail Price (MSRP) catalog pricing. The supplier must furnish information that verifies the prices listed on the Itemized MSRP List for each item listed. The catalog pricing for the item must indicate that the item is priced at an

amount that is the same as or less than the MSRP. Refer to the "Upload Attachments" section in this guide for more information on uploading the forms.

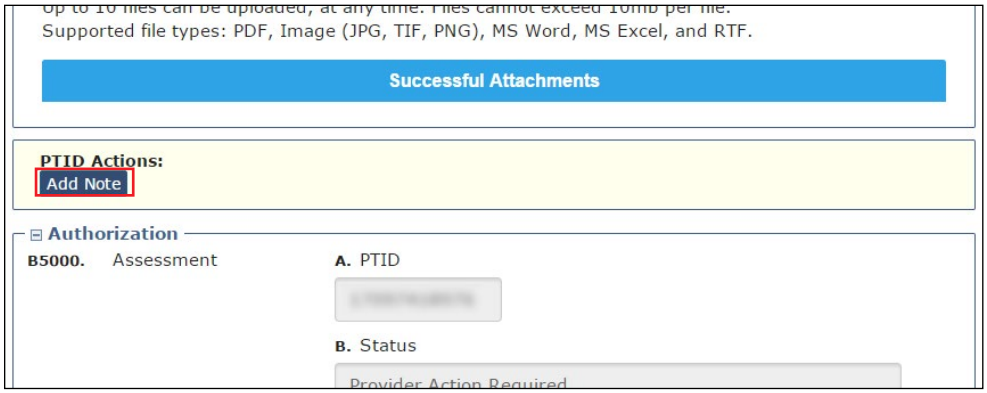
a) The applicable CMWC-related forms listed below need to be submitted in conjunction with the NFSS form if they are listed in the Upload Attachments section:
   - PASRR NF Specialized Services (NFSS) - CMWC/DME Signature Page
   - PASRR NF Specialized Services (NFSS) - CMWC Supplier Acknowledgment and Signature Page
   - PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification

b) The applicable DME-related forms listed below need to be submitted in conjunction with the NFSS form if they are listed in the Upload Attachments section:
   - PASRR NF Specialized Services (NFSS) - CMWC/DME Signature Page
   - PASRR NF Specialized Services (NFSS) - DME Supplier Acknowledgment and Signature Page
   - PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification

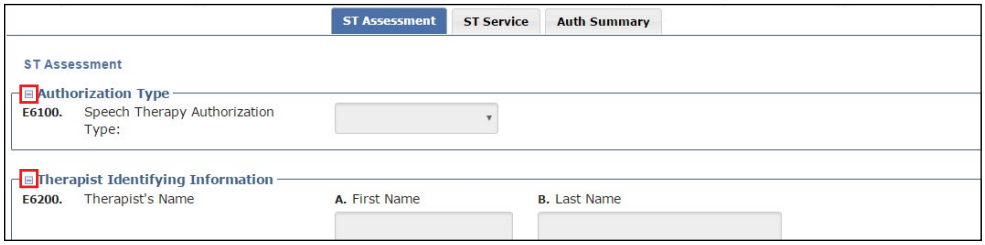
c) Additionally, for any approved DME item or CMWC in ***Pending NF Receipt*** status, the NF must certify by entering data into the required fields on the NFSS form that the item has been received and meets the needs of the person. A receipt certification attachment must be uploaded into the LTC Online Portal after the item has been delivered. The signature by the therapist on this attachment certifies that the item meets the needs of the person as specified in the assessment. It also indicates, by the administrator's signature, that the item was delivered and received by the NF. Failure to submit this receipt confirmation will delay or prevent the facility's reimbursement.

5) Submitters have the ability to add notes on the NFSS form on the LTC Online Portal. The NFSS form allows the submitter to add a note by clicking either **Add Note** on the yellow Form Actions bar above the Resident/NF tab or **Add Note**, located on each PTID Actions bar located below the Attachment section.

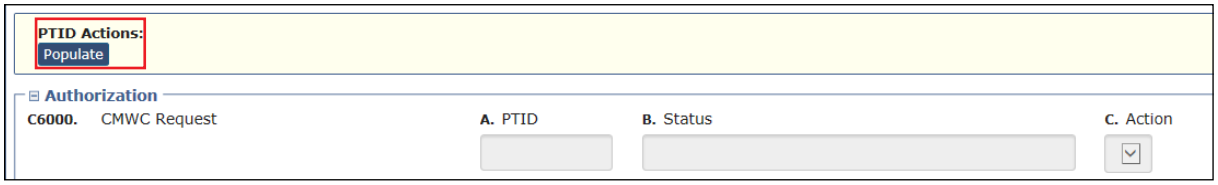




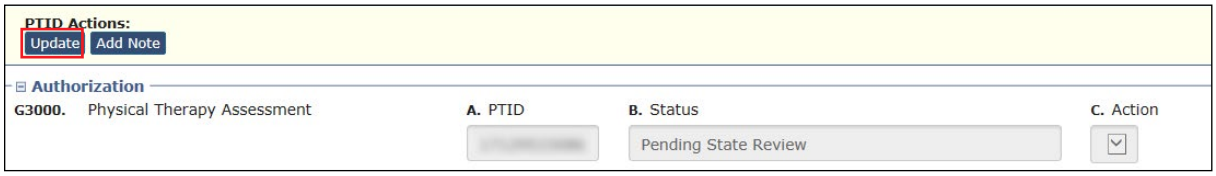
Note: For convenience, each section of the service tabs is collapsible.



6) The Auth Summary tab is available to help NFs monitor the status of a request for specialized services and when multiple services are requested on one form using the PTID. Each assessment and service has its own PTID, and the NF can follow the status of each PTID through the various stages. This page is read-only, so any actions that need to be taken based on the status must be done in the Authorization section of the specified tab. For services that a resident receives on a recurring basis, such as therapies, the submitter can use **Populate** on the NFSS form to populate data from a previously submitted assessment into a new NFSS service request. The **Populate** button is available only on Service PTID tabs. It fills in data only on the Assessment PTID tab. This populated information can be edited to update assessment information, alleviating the need for the submitter to key in all assessment information again.



7) The PTID Actions **Update** button, located above the Authorization section, allows the submitter to update a submitted NFSS form and record a history of changes on the LTC Online Portal. Refer to the "NFSS Form Updates" section in this user guide for more information on how to use this function.

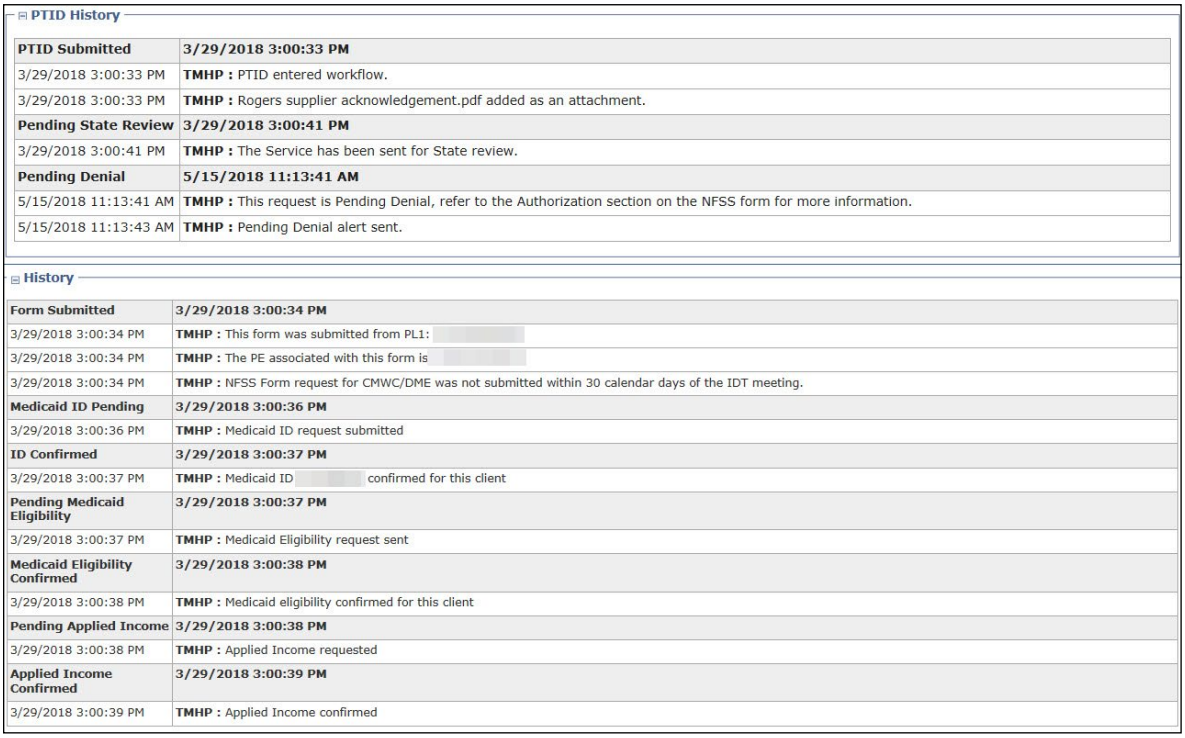


History Trail

Every NFSS form will have a Form History that is located at the bottom of each tab. The History section shows the different statuses that the form goes through during the submission, workflow, and validation processes. Forms that do not pass all the validations will not be submitted to the HHSC PASRR Reviewer's workflow.

Additionally, a PTID will be created for each assessment or service request successfully submitted with an NFSS form. The PTID History is similar to the Form History but is used to track each assessment or service request associated with the form as it moves through all the required statuses. After an NFSS form is submitted, the submitter can check both the Form History and the PTID History by referring to the bottom of the assessment or service tab on the NFSS form.

When a PTID is in the ***Pending Denial*** status, the NF must check the PTID History for specific information on what additional information the HHSC PASRR Reviewer is requesting to continue processing the PTID request and a due date. The NF must set the ***Pending Denial*** PTID status back to ***Pending State Review*** before the date indicated by the HHSC PASRR Reviewer, or the timer will run out and issue a system-generated denial.



PTID History

PTID Submitted	**3/29/2018 3:00:33 PM**
3/29/2018 3:00:33 PM	**TMHP :** PTID entered workflow.
3/29/2018 3:00:33 PM	**TMHP :** Rogers supplier acknowledgement.pdf added as an attachment.
Pending State Review	**3/29/2018 3:00:41 PM**
3/29/2018 3:00:41 PM	**TMHP :** The Service has been sent for State review.
Pending Denial	**5/15/2018 11:13:41 AM**
5/15/2018 11:13:41 AM	**TMHP :** This request is Pending Denial, refer to the Authorization section on the NFSS form for more information.
5/15/2018 11:13:43 AM	**TMHP :** Pending Denial alert sent.

History

Form Submitted	**3/29/2018 3:00:34 PM**
3/29/2018 3:00:34 PM	**TMHP :** This form was submitted from PL1:
3/29/2018 3:00:34 PM	**TMHP :** The PE associated with this form is
3/29/2018 3:00:34 PM	**TMHP :** NFSS Form request for CMWC/DME was not submitted within 30 calendar days of the IDT meeting.
Medicaid ID Pending	**3/29/2018 3:00:36 PM**
3/29/2018 3:00:36 PM	**TMHP :** Medicaid ID request submitted
ID Confirmed	**3/29/2018 3:00:37 PM**
3/29/2018 3:00:37 PM	**TMHP :** Medicaid ID confirmed for this client
Pending Medicaid Eligibility	**3/29/2018 3:00:37 PM**
3/29/2018 3:00:37 PM	**TMHP :** Medicaid Eligibility request sent
Medicaid Eligibility Confirmed	**3/29/2018 3:00:38 PM**
3/29/2018 3:00:38 PM	**TMHP :** Medicaid eligibility confirmed for this client
Pending Applied Income	**3/29/2018 3:00:38 PM**
3/29/2018 3:00:38 PM	**TMHP :** Applied Income requested
Applied Income Confirmed	**3/29/2018 3:00:39 PM**
3/29/2018 3:00:39 PM	**TMHP :** Applied Income confirmed

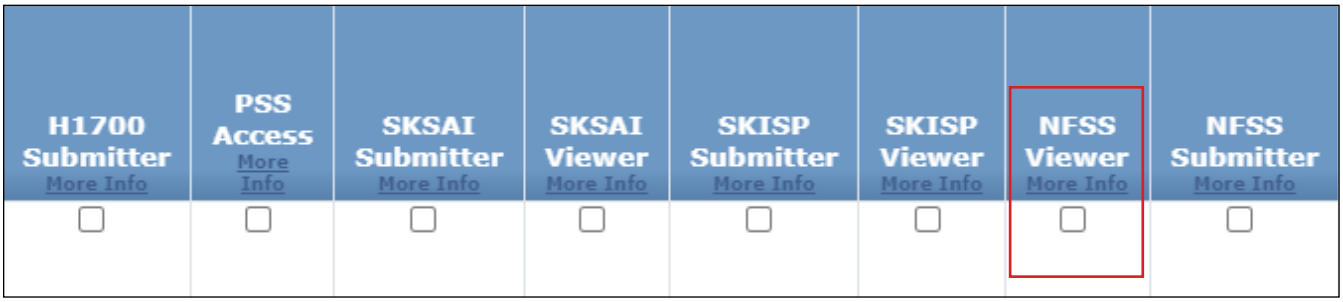
The PTID Change Status Page is displayed when the user clicks **Confirm**. Submitters can change the status by clicking **Change Status** or reject the status change by clicking **Cancel**. Information entered in the message text area will be displayed as a note in the PTID History, which can be viewed by anyone who has access to the form.

Updating LA's Permissions to View PASRR NFSS Forms

TMHP LTC Online Portal account administrators can update a user's account to view the PASRR NFSS form on the LTC Online Portal.

LAs need to update user accounts with NFSS Viewer permission to view the NFSS form using the FSI or Current Activity page.

To activate these functions, go into **My Account**, select **Modify permissions**, and select the provider number that needs the NFSS permissions activated. Then check the box for NFSS Viewer, which will add those permissions.



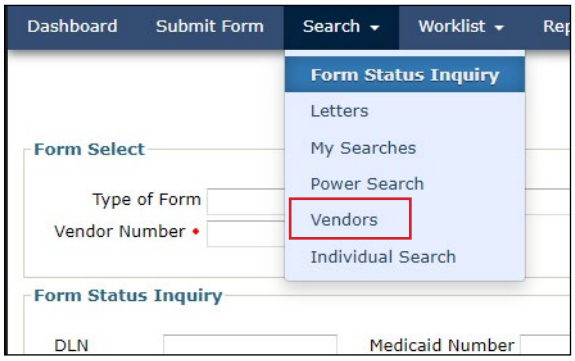
Print the PDF Version of the NFSS Form

NFs can find blank PDF copies of the NFSS by clicking on the specific form at www.tmhp.com/programs/ltc/forms or the Printable Forms page if they are logged onto the LTC Online Portal.

Search for the Nursing Facility by Name

To determine the NF's vendor and provider number when it is unknown, the LA can use the Vendors page to search for the NF's name.

1) Log in to the LTC Online Portal and navigate to the Form Status Inquiry screen.



2) Enter the vendor name and click **Search**.

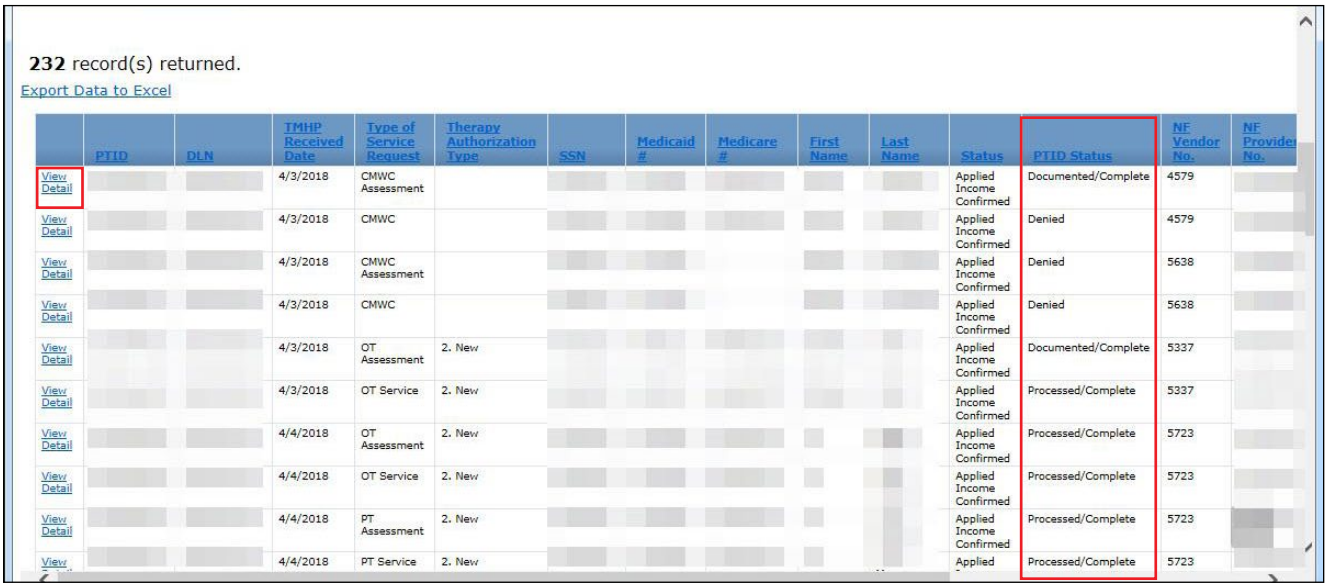


3) For additional detail, click **View**.



Search the Status of an Authorization Request Submitted on the NFSS Form

The LA can use the FSI page to search for the status of an NFSS authorization request submitted on the NFSS form by viewing the PTID status.



232 record(s) returned.

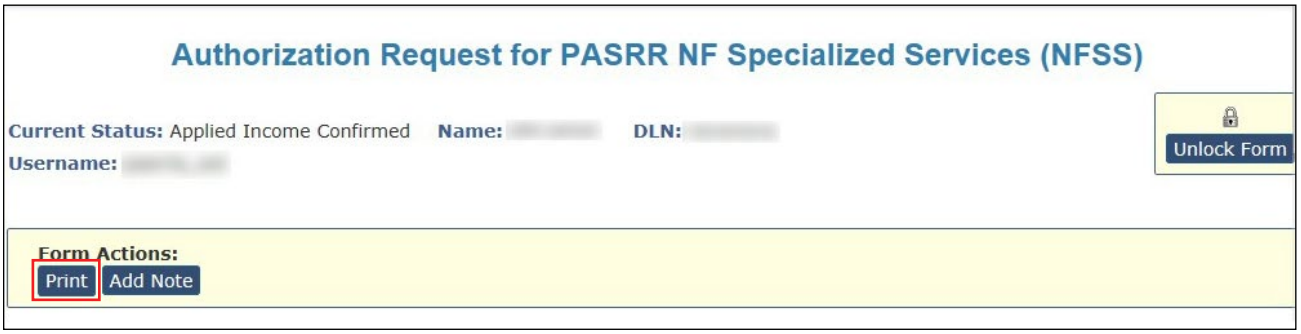
Export Data to Excel

	PTID	DLN	TMHP Received Date	Type of Service Request	Therapy Authorization Type	SSN	Medicaid #	Medicare #	First Name	Last Name	Status	PTID Status	NF Vendor No.	NF Provider No.
View Detail			4/3/2018	CMWC Assessment							Applied Income Confirmed	Documented/Complete	4579	
View Detail			4/3/2018	CMWC							Applied Income Confirmed	Denied	4579	
View Detail			4/3/2018	CMWC Assessment							Applied Income Confirmed	Denied	5638	
View Detail			4/3/2018	CMWC							Applied Income Confirmed	Denied	5638	
View Detail			4/3/2018	OT Assessment	2. New						Applied Income Confirmed	Documented/Complete	5337	
View Detail			4/3/2018	OT Service	2. New						Applied Income Confirmed	Processed/Complete	5337	
View Detail			4/4/2018	OT Assessment	2. New						Applied Income Confirmed	Processed/Complete	5723	
View Detail			4/4/2018	OT Service	2. New						Applied Income Confirmed	Processed/Complete	5723	
View Detail			4/4/2018	PT Assessment	2. New						Applied Income Confirmed	Processed/Complete	5723	
View			4/4/2018	PT Service	2. New						Applied	Processed/Complete	5723	

For additional detail, click the **View Detail** link. It is located to the left of the PTID. To display the details, click on the appropriate tab, and read the PTID History notes.

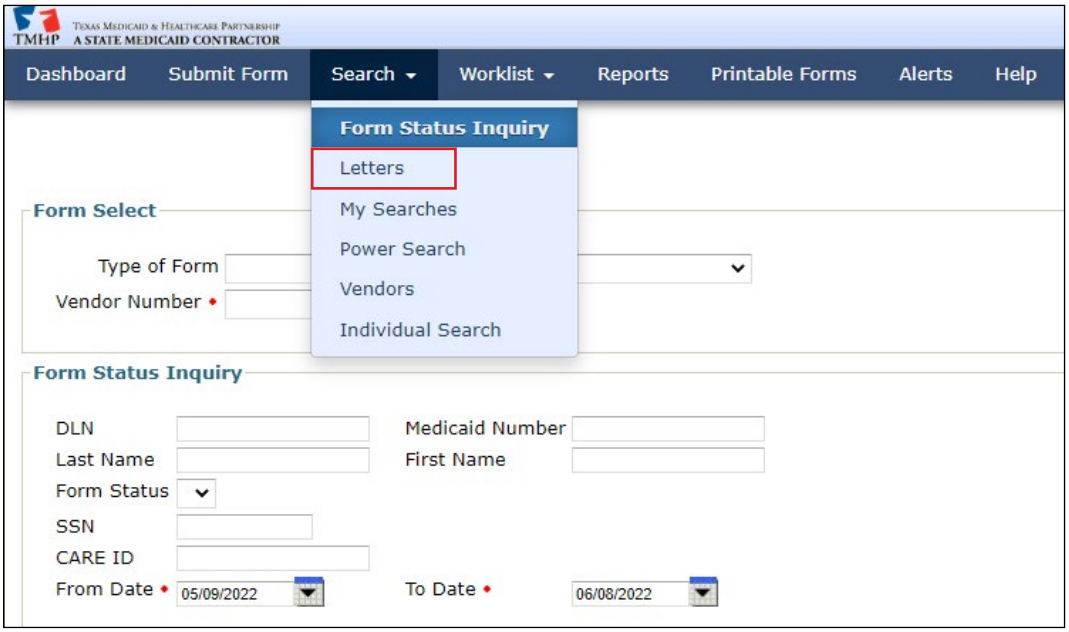
Printing the NFSS Form

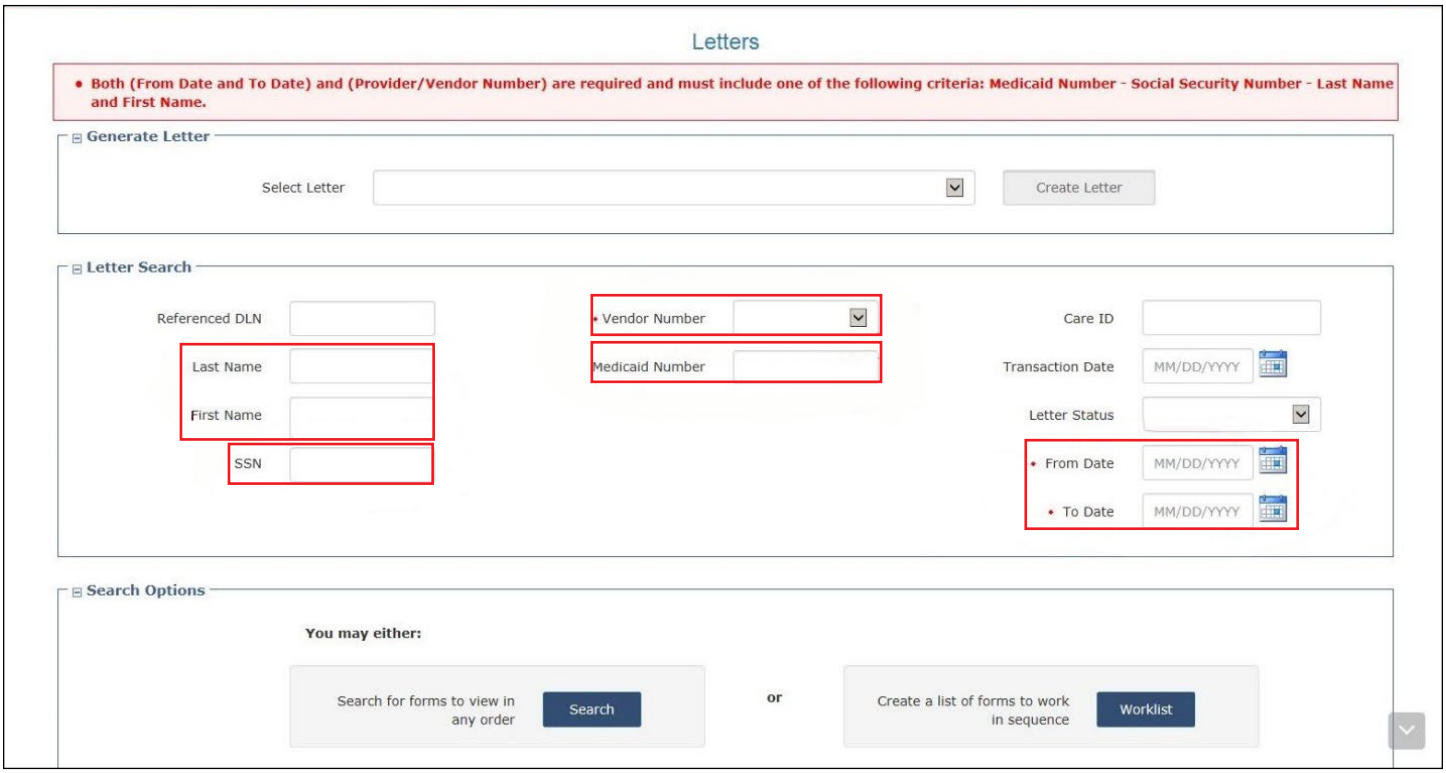
LAs can print a copy of the submitted NFSS form using the **Print** button located on the yellow Form Actions bar at the top of the form. Note that this function does not include any Form History notes, PTID History notes, or the Auth Summary tab.



Letter Search

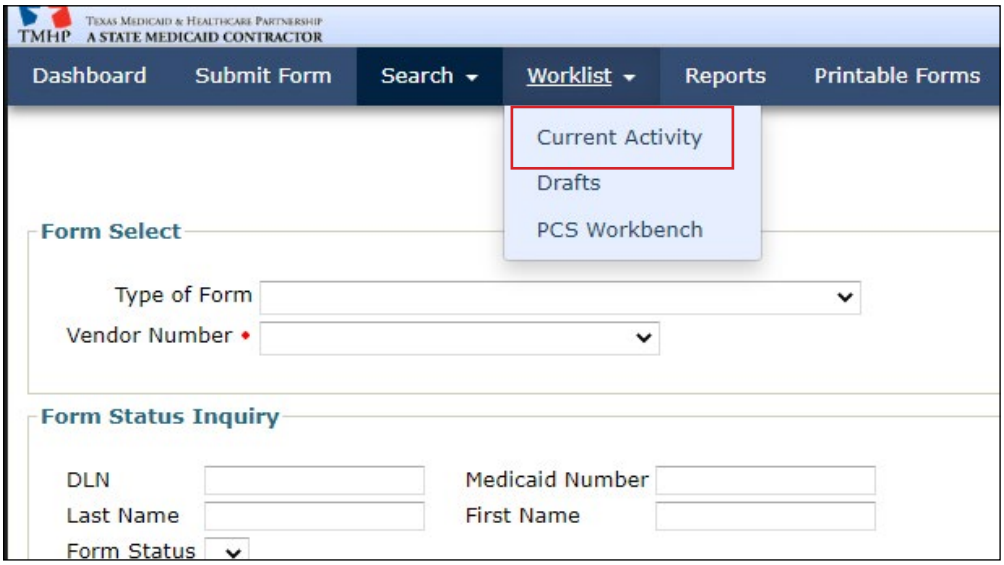
LAs can search for NFSS form-related letters that are addressed to residents or their LARs regarding specialized service requests on the Letters page found in the Search drop-down box on the blue navigational bar.





Current Activity

Using the Current Activity page, LAs and NFs can view the NFSS forms when the form status has changed within the last 14 days. The Current Activity page will not display any NFSS forms if only the PTID status has changed within the last 14 days.



Receiving and Viewing NFSS Alerts

The LTC Online Portal will issue an electronic alert to the applicable NF when an NFSS service or item request status is set to ***Approved***, ***Denied***, or ***Pending Denial***. The applicable LA will also receive an alert when an NFSS service or item request status is set to ***Approved*** or ***Denied***. NFs and LAs can view these alerts and continue to monitor the authorization request through the entire process by viewing the PTID History notes on the applicable service or item tab of the NFSS form.




Return To Alerts Page
Subject: NFSS Request - Denied
Sent: 2/20/2018 8:42:13 AM
A requested specialized service for the resident listed below has been denied.
Nursing Facility:
Vendor No.:
Provider No.:
Individual:
Medicaid No.:
Social Security No.:
NFSS DLN: 1
NFSS PTID: 1
8

Validations Requiring Provider Monitoring

Documents are processed through several validations. The following will outline the various statuses that require close monitoring by the provider to ensure timely processing.

1) ***PL1 Form Status: Awaiting PE*** causes an alert to be sent by the LTC Online Portal to the LA notifying the LA to complete the PE. Until the LA submits the PE, an NF cannot certify as **Able to Serve the Individual** or **Unable to Serve the Individual**. If the PE is successfully submitted, the PL1 Screening Form continues to the next validation:

   - ***Pending Placement in NF - PE Confirmed*** – This is a PL1 Screening Form that was submitted with the Preadmission admission type. The person is seeking admission to an NF, and a PE has been successfully submitted for the person. If the PE is positive for PASRR eligibility, the NF must view the PE and certify the ability to serve the person by clicking **Able to Serve the Individual** or **Unable to Serve the Individual** on the PL1 Screening Form within 90 days. The admitting NF must also enter the date they admitted the person by clicking **Admitted to NF** and completing the required information if they are able to serve the individual. If the PE is negative for PASRR eligibility, the **Admitted to NF** button will appear immediately upon submission of the PE into the LTC Online Portal. This allows the NF to admit the person if they decide to reside there, without having to certify their ability to serve someone who is PASRR negative.
   - ***Individual Placed in NF - PE Confirmed*** – This is a PL1 Screening Form that was submitted with the Expedited Admission or Exempted Hospital Discharge admission type. The person has been admitted to an NF, and a PE has been successfully submitted for the person. If the PE is positive for PASRR eligibility, the NF must view the PE and certify the ability to serve the person by clicking **Able to Serve the Individual** or **Unable to Serve the Individual** on the PL1 Screening Form. Refer to the "Certification of the NF's Ability to Serve the Individual" section of this user guide for instructions.

2) ***NFSS Form Status: Medicaid ID*** validation results in either:

   - ***ID Confirmed*** – The Medicaid ID has been confirmed, and the process continues to the next validation for Medicaid eligibility.
   - ***Medicaid ID Pending*** – In this status, the Medicaid ID validation attempts will occur nightly until eligibility is found, until the request is canceled, or until 30 days have expired, whichever comes first.
   - ***ID Invalid*** – Medicaid ID validation failed on the NFSS form. The NFSS form cannot be processed until the Medicaid ID is corrected. Contact the Medicaid eligibility worker to verify the person's name, SSN, and Medicaid ID. A new form must be submitted with the corrected information. The name entered must match the name shown on the person's Medicaid ID card.
     - If this information is accurate, the provider may contact TMHP to see what their options are regarding form resubmittal.
     - If this information is different, the incorrect information will need to be corrected and the form resubmitted.
       Note: Updateable fields vary by form type. See the "Updates" section of this user guide.
   - ***Med ID Check Inactive*** – Medicaid ID validation on the NFSS form was attempted nightly for 30 days and failed, or the request was canceled. Contact the Medicaid eligibility worker to verify the person's name, SSN, and Medicaid ID.

3) ***NFSS Form Status: Medicaid Eligibility*** validation will result in one of the following:

   - ***Medicaid Eligibility Confirmed*** – Medicaid eligibility is confirmed, and the process continues to the next validation for applied income.
   - ***Pending Medicaid Eligibility*** – In this status, Medicaid eligibility validation attempts will occur nightly until eligibility is found, the request is canceled, or 30 days have expired, whichever comes first.
     - If ME has already been established, the provider may contact TMHP to see what their options are regarding form resubmittal.
     - After ME has been established, the provider must allow 14 days for the systems to interface. After 14 days, the provider may call TMHP to see what their options are regarding form resubmittal.
   - ***ME Check Inactive*** – Medicaid eligibility validation was attempted nightly for 30 days and failed, so the request was canceled. If the request is canceled, it is because the form was updated or inactivated, and the status changes to one of those statuses instead of ***ME Check Inactive***.

4) ***NFSS Form Status: Applied Income*** validation will result in one of the following:

   - ***Applied Income Confirmed*** – Applied income is confirmed, and the PTID status will change to ***Pending State Review*** after all other validations have passed.
   - ***Pending Applied Income*** – In this status, applied income validation attempts will occur nightly until applied income is found, the request is canceled, or until 30 days have expired, whichever comes first.
     - If applied income has already been established, the provider may contact TMHP to see what their options are regarding form resubmittal.
     - After applied income has been established, the provider must allow 14 days for the systems to interface. After 14 days, the provider may call TMHP to see what their options are regarding form resubmittal.
   - ***AI Check Inactive*** – Applied income validation was attempted nightly for 30 days and failed, so the request was canceled. The NFSS form and PTIDs cannot be processed any further. A new NFSS form must be submitted to start the process over again to request authorization to deliver specialized services.

     Note: An applied income check will be invoked for all NFSS forms submitted on the LTC Online Portal. NFSS form validations (Medicaid ID, ME, and applied income) are all confirmed during a 30-calendar-day period, not 30 days each.

5) ***MDS Form Status: PE MN Denied*** – The **Check MN on PE** button will be available to determine whether MN denial was overturned on the Preadmission PE.

6) ***PE Form Status: Pending Denial (need more information)*** – MN on PE is pending denial and needs additional information.

7) ***NFSS PTID Status: Pending Denial*** – NFSS PTID is pending denial and needs additional information.

8) ***NFSS PTID Status: Pending NF Receipt*** – PTID for a CMWC or DME item is pending receipt and certification by the NF.

9) ***NFSS PTID Status: Pending State Review*** – PTID is pending review by the HHSC PASRR Reviewer.

10) ***PE Form Status, NFSS PTID Status: Appealed*** – A fair hearing has been requested by the resident or NF.

11) ***NFSS PTID Status: Pending State Confirmation*** – PTID is pending confirmation by the HHSC PASRR Reviewer of the CMWC or DME item received by the NF.

12) ***NFSS PTID Status: Pending MD/DO License Verification*** – MD or DO credentials are pending verification.

The example below shows an NFSS form that flows successfully:

History

Form Submitted	**8/24/2017 3:43:51 PM**
8/24/2017 3:43:51 PM	**TMHP :** This form was submitted from PL1:
8/24/2017 3:43:51 PM	**TMHP :** The PE associated with this form is
Medicaid ID Pending	**8/24/2017 3:43:53 PM**
8/24/2017 3:43:53 PM	**TMHP :** Medicaid ID request submitted
ID Confirmed	**8/24/2017 3:43:54 PM**
8/24/2017 3:43:54 PM	**TMHP :** Medicaid ID confirmed for this client
Pending Medicaid Eligibility	**8/24/2017 3:43:54 PM**
8/24/2017 3:43:54 PM	**TMHP :** Medicaid Eligibility request sent
Medicaid Eligibility Confirmed	**8/24/2017 3:43:55 PM**
8/24/2017 3:43:55 PM	**TMHP :** Medicaid eligibility confirmed for this client
Pending Applied Income	**8/24/2017 3:43:55 PM**
8/24/2017 3:43:55 PM	**TMHP :** Applied Income requested
Applied Income Confirmed	**8/24/2017 3:43:55 PM**
8/24/2017 3:43:55 PM	**TMHP :** Applied Income confirmed

The example below shows status ***ID Invalid***, indicating that the assessment failed Medicaid ID validation:

ID Invalid	**6/1/20 12:55:02 PM**
6/1/20 12:55:02 PM	**TMHP** : Medicaid ID is not valid

The example below shows ***SAS Request Pending*** on an approved therapy service PTID.

PTID History

Pending Submission	*Changed by* **System** on **4/4/2022 10:56:24 AM**
4/4/2022 11:02:31 AM	**System :** Internal: added as an attachment.
4/4/2022 11:02:31 AM	**System :** External: added as an attachment.
4/4/2022 11:02:31 AM	**System :** Internal: added as an attachment.
4/4/2022 11:02:31 AM	**System :** External: added as an attachment.
4/4/2022 11:02:31 AM	**System :** Internal: added as an attachment.
4/4/2022 11:02:31 AM	**System :** External: added as an attachment.
PTID Submitted	*Changed by* **System** on **4/4/2022 11:03:30 AM**
4/4/2022 11:03:30 AM	**System :** Internal: PTID entered workflow.
4/4/2022 11:03:30 AM	**System :** External: PTID entered workflow.
Pending State Review	*Changed by* **System** on **4/4/2022 11:03:52 AM**
4/4/2022 11:03:52 AM	**System :** Internal: The Service has been sent for State review.
4/4/2022 11:03:52 AM	**System :** External: The Service has been sent for State review.
4/12/2022 1:41:46 PM	: External: This request must undergo a Medical Review because the resident is in the hospice program. Please allow 5 - 7 business days for the Medical Review team to review the request.
4/12/2022 1:41:57 PM	: Internal: Sent to
Approved	*Changed by* on
4/19/2022 10:46:07 AM	: Internal: The request for therapy services has been approved by the State PASRR reviewer.
4/19/2022 10:46:07 AM	: External: The request for therapy services has been approved by the State PASRR reviewer.
SAS Request Pending	*Changed by* **System** on **4/19/2022 10:46:07 AM**
4/19/2022 10:46:07 AM	**System :** Internal: The request is being processed by DADS. Please allow 2-4 business days for the next status change.
4/19/2022 10:46:07 AM	**System :** External: The request is being processed by DADS. Please allow 2-4 business days for the next status change.

The following example shows a PTID that has gone through the standard process.

PTID History

PTID Submitted	**8/24/2017 3:43:50 PM**
8/24/2017 3:43:50 PM	**TMHP :** PTID entered workflow.
8/24/2017 3:43:50 PM	**TMHP :** therapy signature log.pdf added as an attachment.
8/24/2017 3:43:52 PM	**TMHP :** No previous Occupational Therapy for this resident and contract number can be found within the last year to populate the Occupational Therapy data.
Pending State Review	**8/24/2017 3:43:57 PM**
8/24/2017 3:43:57 PM	**TMHP :** The Service has been sent for State review.
Approved	**8/24/2017 4:04:53 PM**
8/24/2017 4:04:53 PM	**TMHP :** The request for therapy services has been approved by the State PASRR reviewer.
SAS Request Pending	**8/24/2017 4:04:53 PM**
8/24/2017 4:04:53 PM	**TMHP :** The request is being processed by DADS. Please allow 2-4 business days for the next status change.
Processed/Complete	**8/25/2017 5:11:21 AM**
8/25/2017 5:11:21 AM	**TMHP :** GN-9003: Processed at HHSC.
8/25/2017 5:11:21 AM	**TMHP :** SAS Change Request completed successfully.
8/25/2017 5:11:22 AM	**TMHP :** Approval alert sent.

Alerts

Alerts are notices, normally generated as an automatic alert, in the LTC Online Portal to perform an action related to a PL1 Screening Form, a PE, a PCSP, or an NFSS form. A notification can also be generated manually in the LTC Online Portal from the HHSC PASRR Unit or the NF.

HHSC PASRR Unit employees use the Create Alert page to send alerts to NFs or LAs when they need to take action by a specific deadline. The NF and LA should access the Alerts screen on a daily basis on the LTC Online Portal to meet the deadline associated with the alert. Refer to Appendix K for a description of all PASRR alerts.

Accessing Alerts

Follow the steps below to access the Alerts screen.

1) Go to tmhp.com.

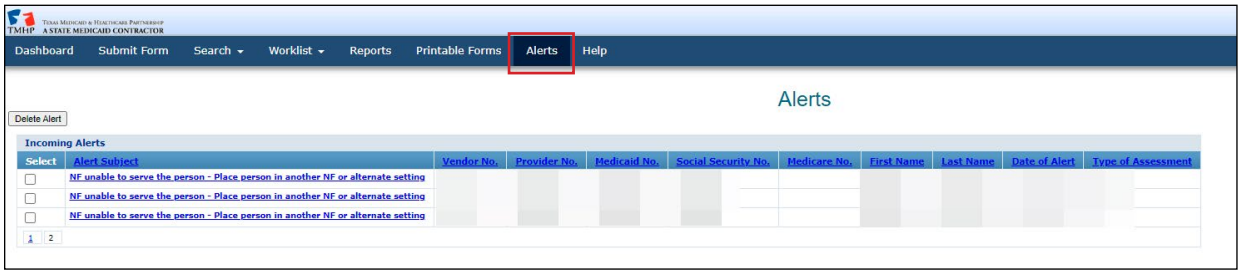
2) Click **Programs**.

3) Click **Long-Term Care** from the drop-down menu.

4) Click **LTC Online Portal**.

5) Enter your username and password. Click **OK**. The FSI page will be displayed by default.

6) Click **Alerts**, located on the blue navigational bar.



The Alerts screen displays a list of incoming and outgoing alerts and will list only alerts related to the vendor and provider numbers you are associated with. The NF will see the Outgoing Alerts section, but the LA will not see this section. Alerts are shown for the last 30 days from the current date. Alerts older than 30 days from the current date are not available because the system will delete them.

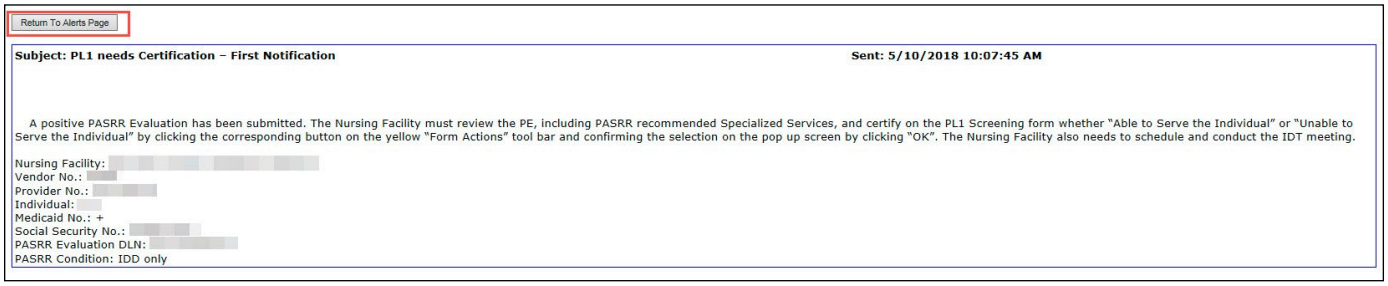
Alerts can be sorted by clicking the column header of the Alerts list. Alerts can be deleted. Keep in mind that once they are deleted, alerts cannot be retrieved.

The Alert Subject column provides a brief description of the alert. Click **Alert Subject** to see the alert detail.



The alert detail describes what needs to be done. It also provides information about the person and the DLN to the applicable PL1 Screening Form, PE, PCSP, or NFSS.

7) Click **Return to Alerts Page** at the top of the page to return to the Alerts list.



Creating Alerts

NF users can create alerts to be sent to the LA.

The Alert Subject drop-down contains nine options. NFs will be allowed to select one of the first five options listed (the last four options will be disabled for the NF).

- Conduct PASRR Evaluation - First Notification
- Conduct PASRR Evaluation - Second Notification
- Complete IDD Section on the PASRR Evaluation
- Complete MI Section on the PASRR Evaluation
- Conduct PASRR Level 1 Screening
- Other - PL1
- Other - PE
- Other - NFSS
- Other - PCSP

The last four options in the Alert Subject drop-down and the following fields are accessible only by the HHSC PASRR Unit:

- Alternate Subject
- Alternate Subject Details
- NFSS DLN
- NFSS PTID
- PCSP DLN

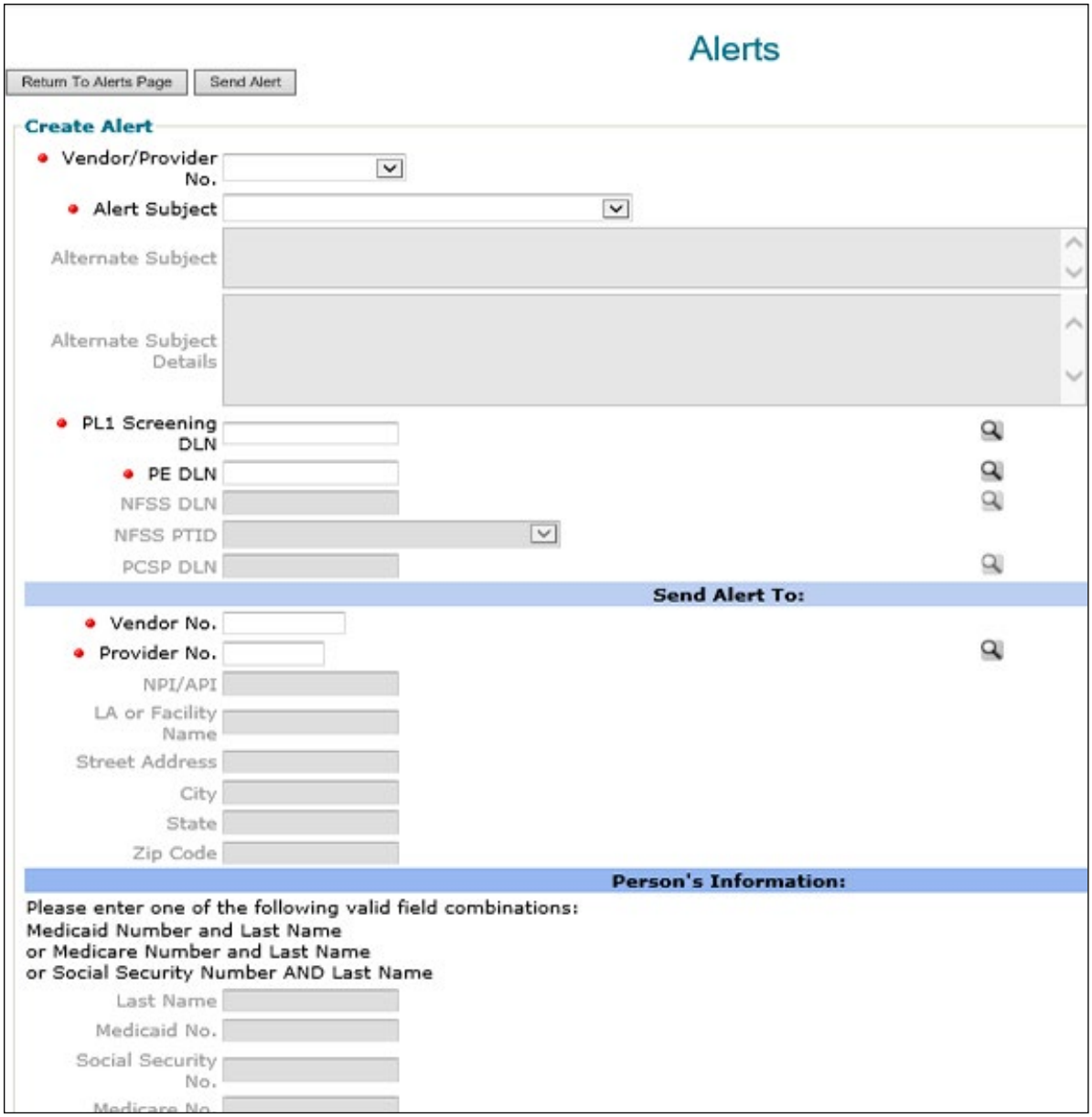
Creating an alert with the Conduct PASRR Level 1 Screening alert subject will copy the data you enter in the person's Information section to the Alerts page and alert details exactly as you entered it. This may look unpleasing to the eye and may also be missing some helpful information. Therefore, it is recommended to use the following tips when entering the person's information:

- Enter as much information as is known about the person.
- Enter the last name starting with an uppercase letter, or enter the entire last name with uppercase letters.
- Don't enter any invalid characters in the last name. The valid characters are A-Z, a-z, 0-9, @, ‘, /, +, comma, period, _ (underscore), and - (hyphen).
- Click the lookup tool (magnifying glass) to the right of the Provider No. field in the Send Alert To section so that the system will autofill the disabled fields in that section as well as in the alert details.
- If you change the provider number before sending the alert, then ensure that you click on the lookup tool to the right of the Provider No. field again so that the correct information is autofilled.

Follow the steps below to create alerts.

1) Click **Alerts**, located on the blue navigational bar. The Alerts page is displayed.

2) Click **Create Alert**.



3) Choose the appropriate vendor and provider number combination from the **Vendor/Provider No.** drop-down box.

4) Choose the appropriate subject from the **Alert Subject** drop-down box.

5) Enter the PL1 Screening Form DLN or PE DLN, if applicable (click the lookup tool to the right of the DLN field to autofill the person's information in the last section of this page).

6) Enter the vendor number and provider number for the LA to whom the alert will be sent (click the lookup tool to the right of the Provider No. field to autofill the rest of the LA's information).

7) Enter the person's required information in the last section of this page only if the NF is asking the LA to submit a Preadmission PL1 Screening Form on the LTC Online Portal.
Note: The instruction for valid field combinations for Medicare No. and Last Name in the person's Information section is actually not valid. Entering this combination will result in an error and will prevent you from sending the alert. Use another field combination listed in the instructions. If the person's information does not exist in the HHSC system, then the Conduct PASRR Level 1 Screening alert cannot be sent, regardless of the field combination. Therefore, another mode of communication is necessary to request that the LA submit the Preadmission PL1 Screening Form if the person can't be found in the HHSC system.

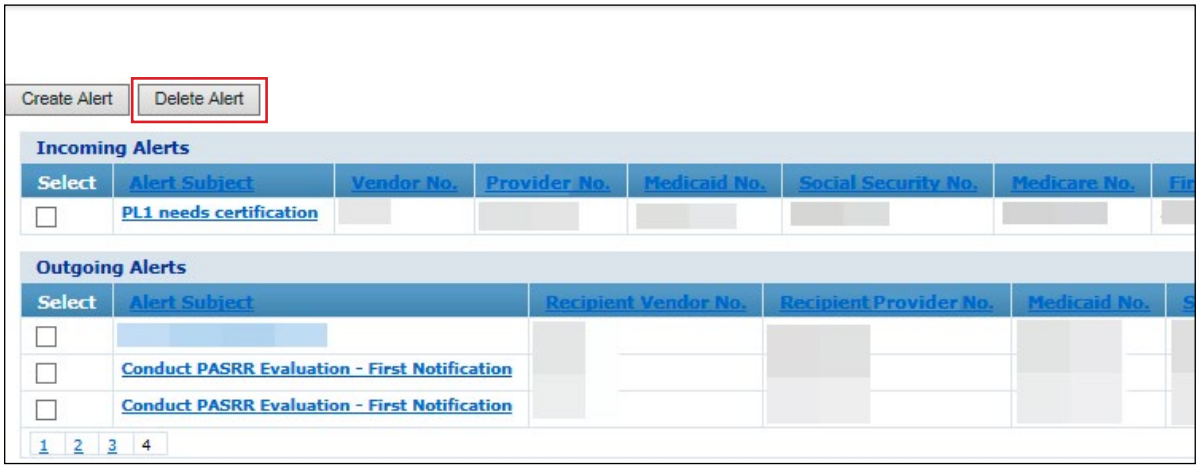
8) Click **Send Alert**. The Create Alert window will close, and you will be returned to the Alerts page.

Deleting Alerts

You can delete alerts from your Alerts page, but the alert will not be deleted from the Alerts page of whomever the alert was sent to.

Deleted alerts cannot be restored, and alerts will automatically be deleted after 30 days. Once an alert is deleted, it cannot be retrieved. When you have completed the action requested on an alert, you may want to delete the alert.

1) Select the alert you wish to delete by clicking the box in the Select column next to the applicable alert. You can select multiple alerts.



2) Click **Delete Alert** above the alerts list. A confirmation message is displayed.

3) Click **OK** to delete the alert, or click **Cancel** if you do not want to delete the alert.

PASRR Level 1 Screening Form and PE Updates

Updates can be made to certain fields on the PL1 Screening Form and PE forms. The form submitter must submit updates directly on the LTC Online Portal. Only users with appropriate security permissions can submit updates.

Note: The **Update Form** button will not be displayed in the yellow Form Actions bar on any submitted PL1 Screening Form or PE that cannot be updated. This includes submission of these forms by a third-party software vendor for your facility.

PL1 and PE Updates

If incorrect data is submitted on the PL1 Screening Form or PE, updates can be made by clicking **Update Form** on the yellow Form Actions bar. Generally, submitters of a PL1 Screening Form for any type of admission can make updates to the demographic information as well as the death or discharge fields until a PE is initiated from the PL1 Screening Form and is submitted on the LTC Online Portal. The death or discharge fields are also available to update after a PE is initiated and submitted on the LTC Online Portal. No parent/child form is created when an update to a PL1 Screening Form is submitted. The History trail shows the fields that have been updated by listing the new and previous values.

Fields Available for Updating

The PL1 Screening Form cannot be updated if the status is set to ***Form Inactivated*** or ***PL1 Inactive***. Additionally, a positive Preadmission PL1 Screening Form cannot be updated by the NF for a death or discharge if the status is set to ***NF Placement Process Exhausted***. The NF will need to ask the LA that submitted the PL1 Screening Form to update it for a death or discharge. To avoid this issue, the admitting NF must enter an NF admission date in Section D by clicking **Admitted to NF** after certifying that they can serve the person if the associated PE is positive for PASRR eligibility.

On a Preadmission PL1 Screening Form, if the PE that is successfully submitted is negative for PASRR eligibility, the NF can click **Admitted to NF** on the PL1 Screening Form to admit the individual to the facility without needing to certify on the PL1 Screening Form first. Once the NF has admitted the person on the Preadmission PL1 Screening Form, the system will update the status to ***Individual Placed in NF - PE Confirmed***, and the form history notes of the PL1 Screening Form will also be updated to indicate that the individual has been admitted to the NF.

The death or discharge information fields on the PL1 Screening Form will be enabled when a PL1 Screening Form is being updated. These are fields B0650 and B0655 on the Section B tab of the original version of the PL1 Screening Form and fields H0100 and H0150 on the Discharge tab of the new version of the PL1 Screening Form. If the PL1 Screening Form is being updated for a discharge ("1. Discharged" is selected in the Individual is deceased or has been discharged? field), then the Alternate Placement Disposition fields will be enabled. The Alternate Placement Disposition fields are E0500A through E0900 on the Section E tab of the original version of the PL1 Screening Form and H0200A through H0600 on the Discharge tab of the new version of the PL1 Screening Form. If the PL1 Screening Form is updated for any other reason (such as that the individual is deceased or only the demographic information is being updated), then the Alternate Placement Disposition fields will remain disabled.

If the PL1 Screening Form has never been dispositioned by the LA, then the Alternate Placement Disposition fields are blank, and some of them are enabled and required when the PL1 Screening Form is being updated for

a discharge or the LA is adding a disposition. The other fields in the Alternate Placement Disposition section will become enabled and required after making certain selections in the Admitted To field. If the PL1 Screening Form has been previously dispositioned by the LA, then some of the Alternate Placement Disposition fields already contain values and are enabled and required. The other fields in the Alternate Placement Disposition section may also contain values, but they can be changed after making certain selections in the Admitted To field.

The following fields on the PASRR Level 1 Screening can be updated. This table does not include the fields on the Discharge tab that are mentioned above. After updating, you must click **Submit Form** to save the changes you have made. Updates to the person's demographic information does not change the PL1 Screening Form status. However, updating the Individual is deceased or has been discharged? and Deceased/Discharge Date fields will set the PL1 Screening Form status to ***PL1 Inactive***. These fields are the only PL1 Screening Form fields with this effect.

PASRR Level 1 Screening

Field No. and Name	Field No. and Name	Field No. and Name	Field No. and Name
A0600. Date of Screening	B0400. Birth Date	B0700G. County of Residence	B0800H. Street Address
B0100A. First Name	B0600. Sex	B0800A. Relationship to Individual	B0800I. City
B0100B. Middle Initial	B0700A. Residence Type	B0800B. Other Relationship to Individual	B0800J. State
B0100C. Last Name	B0700B. Other Residence Type	B0800C. First Name	B0800K. ZIP Code
B0100D. Suffix	B0700C. Street Address	B0800D. Middle Initial	H0100. Individual is deceased or has been discharged? (on the new version of the PL1)
B0200A. Social Security No.	B0700D. City	B0800E. Last Name	H0150. Deceased/Discharge Date (on the new version of the PL1)
B0200B. Medicare No.	B0700E. State	B0800F. Suffix	B0650. Individual is deceased or has been discharged? (on the original version of the PL1)
B0300. Medicaid No.	B0700F. ZIP Code	B0800G. Phone Number	B0655. Deceased/Discharge Date (on the original version of the PL1)

An active PE can be updated unless one of the MI/IDD Completion PTIDs is in status ***SAS Request Pending*** or ***Submit to SAS***. The evaluation dates can always be updated on an active PE when the **Update Form** button is displayed. The demographic information and evaluation dates can be updated on an active or inactive PE when the **Update Form** button is displayed and when a PTID is in status ***LA Action Required***.

Demographic information fields updated on a submitted PE are also automatically updated in the corresponding PL1 Screening Form. The ability to update some fields is based on security permissions. Other fields may also be unavailable based on the vendor and provider number combination. Because NFs do not have write access to the PE, the NF will need to contact the LA and ask them to make these updates. The following fields on the PE can be updated by an LA.

PASRR Evaluation

Field No. and Name	Field No. and Name
A1700. Date of MI Evaluation/A1000. Date of IDD Evaluation	A2900. Sex
A2400A. First Name	F0500. Would this individual like to live somewhere other than a Nursing Facility?
A2400B. Middle Initial	F0600. Where would this individual like to live now? (applicable only depending on what is selected for F0500)
A2400C. Last Name	F1000A. Community Programs.
A2400D. Suffix.	F1000B. Other Community Programs (applicable only depending on what is selected for F1000A)
A2500A. Social Security No	F1000C. Phone Number
A2500B. Medicare No.	F1000D. Date of Referral
A2550. CARE ID	F1000E. Referral Comments
A2600. Medicaid No.	
A2700. Birth Date	

A History note detailing the changed fields is added to both the PL1 Screening Form and the PE when a submitted PE is updated with demographic information. When the PL1 Screening Form is updated and has no associated PE, a History note is added only to the PL1 Screening Form. When a PL1 Screening Form that has an associated PE is updated with deceased or discharged, then a History note is added to both the PL1 Screening Form and PE. When a PE PTID is set to ***LA Action Required*** status and the LA submits an update, the PTID will be set to ***Submit to SAS*** status, and the PTID will continue to be processed. Updates to a PE when the PTID status is set to ***LA Action Required*** can be made even if the PE form status is set to ***Form Inactivated***.

Making Updates to the PASRR Level 1 Screening or PE

1) Log in to the LTC Online Portal.

2) Click **Search** in the blue navigational bar.

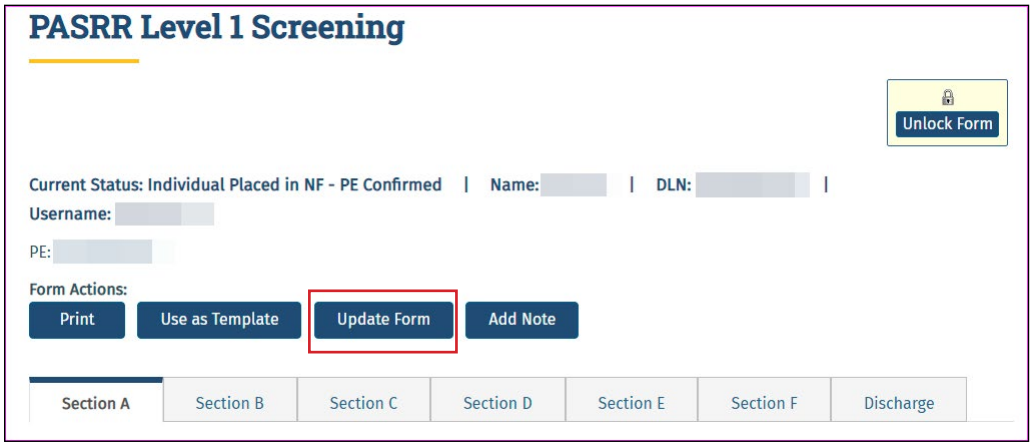
3) Choose **Form Status Inquiry** from the drop-down menu.

4) Search for the PL1 Screening Form or PE using the person's SSN, Medicaid number, first and last name, or DLN, and enter a date range for From Date and To Date. The date fields are required.

5) Click **Search**.

6) Click **View Detail**.

7) Click **Update Form** (this button will be displayed on active converted PL1 Screening Forms as well).



8) Complete only the fields needing updates.

9) Click **Submit Form**.

NFSS Form Updates

The NF can update a successfully submitted NFSS form by using the **Update** button. This button will appear on the yellow PTID Actions bar in the PTID Authorization section if the PTID is in one of the following statuses:

- ***PTID Submitted***
- ***Pending MD/DO License Verification (Only for Service PTIDs)***
- ***Pending State Review***
- ***Pending Denial***

Note: The **Update** button will not be displayed in the yellow PTID Actions bar on any NFSS form that cannot be updated.

As previously mentioned, the submitter can update the form fields on the Assessment or Service tabs until the HHSC PASRR Reviewer takes action on the request by changing the status to ***Approved*** or ***Denied***. Once HHSC changes the status, the submitter can make no further updates to the form fields; however, attachments (signature pages, acknowledgement, receipt certification pages, etc.) can still be uploaded and attached to the applicable tab on the NFSS form.

Making Updates to the NFSS Form

1) Log in to the LTC Online Portal.

2) Click **Search** in the blue navigational bar.

3) Choose **Form Status Inquiry** from the drop-down menu.

4) Search for the NFSS form using the appropriate vendor number.

5) Enter the date range in which the NFSS form was submitted in the From Date and To Date fields. The date fields are required.

6) Enter the DLN, Medicaid number, SSN, or last and first name of the person for which specialized services need to be requested.

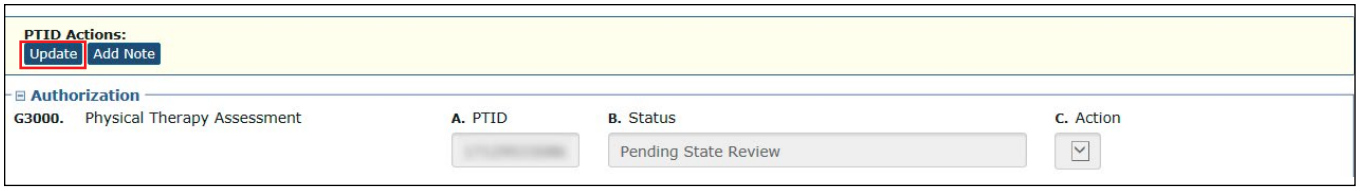
7) Click **Search**.

8) Click **View Detail**.

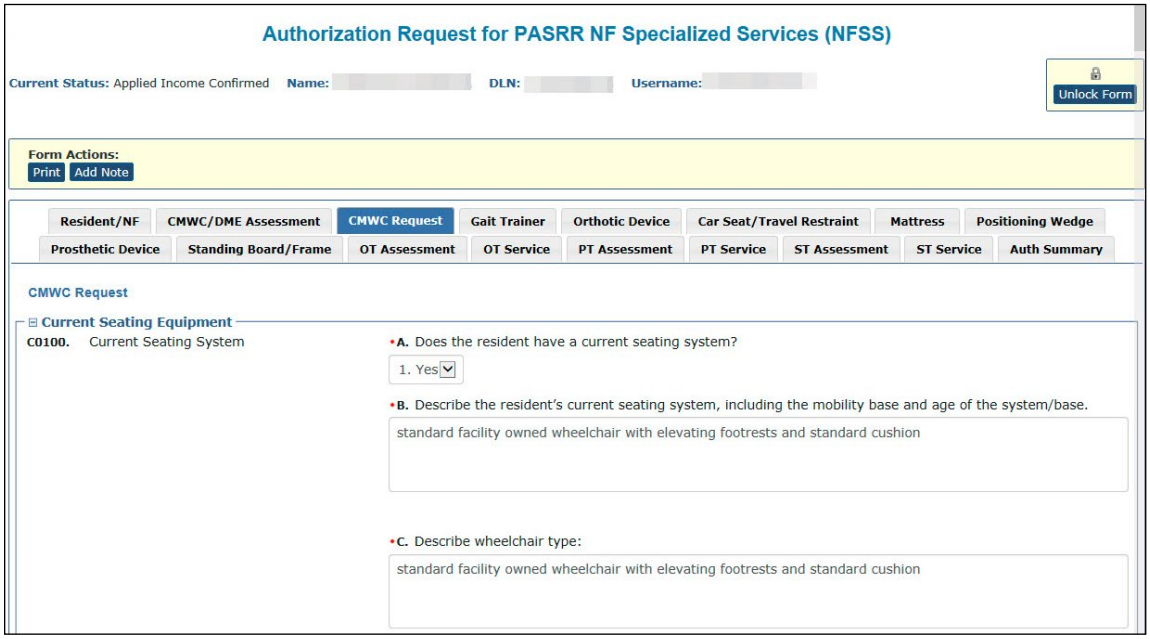
9) The NFSS form will open on the Resident/NF tab.

10) To locate the **Update** button, click the appropriate tab and scroll to the Authorization section.

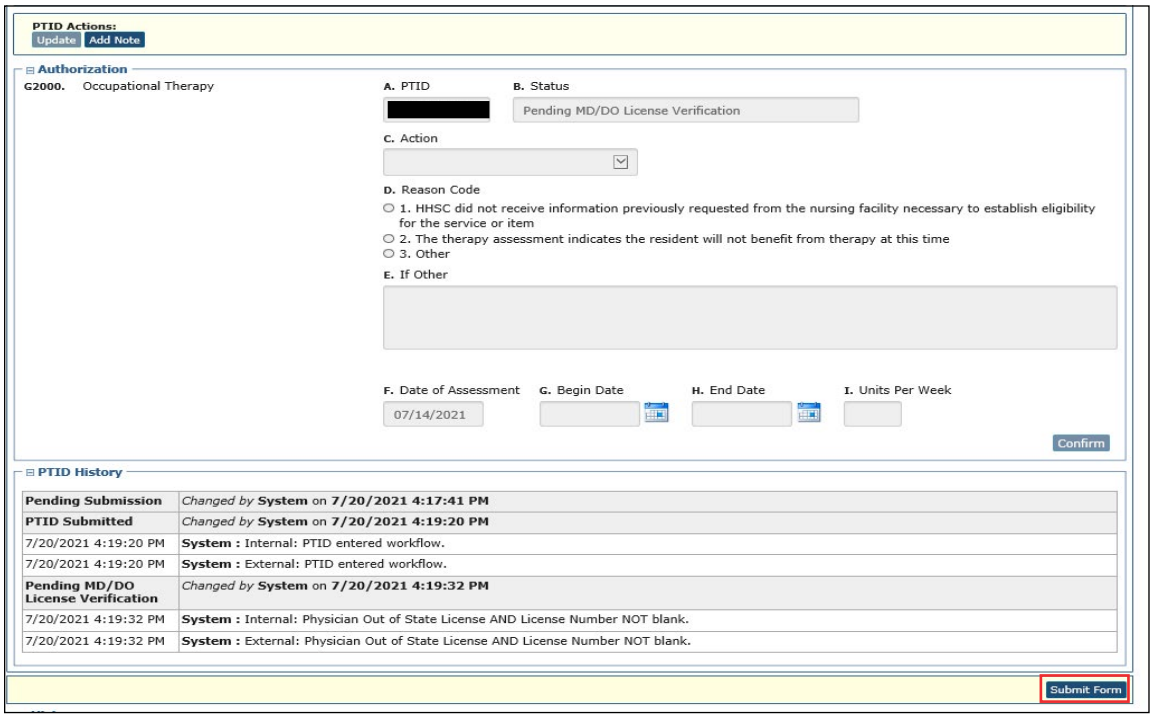
11) Click **Update** in the PTID Authorization section of the NFSS form.



12) Complete only the fields needing updates.



13) Click **Submit Form**.



Note: If the update is successfully submitted, the LTC Online Portal will show "Update was successful." Any errors will be displayed in a box at the top of the screen. These errors will need to be resolved before the update can be successfully submitted. Once all errors are resolved, click the **Submit Form** button again to submit the update.

14) The form remains open after the update was successfully submitted. You may perform other tasks or click **Unlock Form** to close the form.

Inactivations

PASRR Level 1 Screening Inactivations

There is no **Inactivate Form** button on a PL1 Screening Form. If a new PL1 Screening Form is submitted for a person with an existing PL1 Screening Form, the previous PL1 Screening Form and any associated PEs will be inactivated automatically. Upon submission of this new PL1 Screening Form, a message will appear prompting you to confirm inactivation of the previous PL1 Screening Form and associated PE.

Another way to inactivate a PL1 Screening Form (either before or after the PE is submitted) is to enter a deceased or discharged date. See the PASRR Level 1 Screening Updates instructions in the "Updates" section of this user guide. When a person passes away or is discharged from the facility, the NF must update the PL1 Screening Form, using the **Update Form** button to inactivate the form by completing death or discharge fields on the PL1 Screening Form. Failure to inactivate the PL1 Screening Form will cause the LTC Online Portal to search for an IDT meeting within the last 12 months and will prevent submission of the MDS LTCMI when it does not find the IDT meeting. It is strongly recommended that the NF inactivate the PL1 Screening Form as soon as possible after a person's death or discharge.

For people who are deceased or discharged, the PL1 Screening Form can be updated at any time, even after a PE has been submitted. This update will change the status of the PL1 Screening Form to ***PL1 Inactive***.

Additionally, a positive Preadmission PL1 Screening Form cannot be updated by the NF for a death or discharge if the status is set to ***NF Placement Process Exhausted***. The NF will need to ask the LA that submitted the PL1 Screening Form to update it for a death or discharge. To avoid this issue, the admitting NF must enter an NF Admission Date in Section D by clicking **Admitted to NF** after certifying that they can serve the person if an associated PE was submitted with positive PASRR eligibility. The **Admitted to NF** button will also be displayed for the NF immediately if the associated PE was submitted with negative PASRR eligibility, allowing the NF to admit the person on the Preadmission PL1 Screening Form without first certifying whether they can serve the person on the PL1 Screening Form.

Note: Any NFSS forms associated with the inactive PL1 Screening Form will not be inactivated by the system. If an inactivation is needed for an NFSS form, contact the HHSC PASRR Unit for assistance.

PASRR Evaluation Inactivations

A PE will be inactivated by the system when a subsequent PE is submitted or when the initiating PL1 Screening Form is inactivated. Any PCSP forms or retired PSS forms associated with the inactive PE will not be inactivated.

Fair Hearing Process

A fair hearing is an informal, orderly, and readily available proceeding held before an impartial HHSC enterprise hearing officer. At the hearing, an applicant (appellant) or their representative, including legal counsel, may present the case as they wish to show that any action, inaction, or agency policy affecting the case should be reviewed.

When a person receives a letter that indicates denied MN on a Preadmission PE, a denied NFSS request, or a negative PASRR determination, the letter also informs the person of their right to request a fair hearing. The person (or LAR) must request a fair hearing in the manner and within the timeframe specified on the letter.

A fair hearing request can be made to appeal the following in PASRR:

- Denial of MN on a submitted positive Preadmission PE
- Denial of a Medicaid specialized service on a submitted NFSS
- A negative PASRR determination on a submitted PE

Timeframes

When a letter indicates that the submitted PE is negative for PASRR eligibility, a fair hearing can be requested up to 90 days after the date of the letter by contacting the LA who completed the PE or the HHSC PASRR Unit.

When a letter indicates the denial of a service submitted on an NFSS, a fair hearing can be requested up to 90 days after the date of the letter by contacting the HHSC PASRR Unit.

When a letter indicates the final denial of MN on a submitted PE, a fair hearing can be requested up to 90 days after the date of the letter by contacting TMHP at 800-626-4117, option 5.

Form 4803 – Receipt of Fair Hearing Request

Form 4803, Acknowledgment and Notice of Fair Hearing, serves as a notice of any fair hearing related to the PASRR process. It is sent to the appellant to acknowledge the receipt of a request for a hearing and to set a time, date, and place for the hearing. Form 4803 will be sent to all known parties and required witnesses at least ten calendar days in advance of the hearing.

The fair hearing is held at a reasonable place and time. They are normally scheduled in the order in which requests are received, and they are usually held by teleconference.

Appellants may present their own case or bring a friend, relative, or attorney to present their case. HHSC does not pay attorney fees. Appellants may request additional time to prepare for their case by contacting the hearing officer.

Appellants may request an interpreter at no cost. However, appellants must notify the hearing officer at least two days before the hearing if they are going to require an interpreter.

Before and during the hearing, appellants and their representatives have the right to examine the documents, records, and evidence that HHSC will use. To see medical evidence before the hearing, the appellant must send a written request to the hearing officer. For NFSS or negative PE fair hearings, the fair hearing packet will be sent

by certified mail to the person or LAR before the fair hearing date. The appellant may bring witnesses and present facts and details about the case. The appellant may also question or disagree with any testimony or evidence that is presented by the department.

Appellants have the right to know all the information that the hearing officer examines in making the decision. The laws and policies that apply to the appellant's case and the reasons for HHSC's action will be explained.

The hearing officer will issue a final written order. The decision by the hearing officer is HHSC's final administrative decision. If the appellant believes that the hearing officer did not follow applicable policy and procedures, the appellant can submit a request for administrative review within 30 days of the date of the decision. The appellant submits the request for administrative review to the hearing officer, who will forward the request to the appropriate legal office for review.

The appellant may have to pay back any overpayments that HHSC made to the appellant because the appellant did not supply correct and complete information or was overpaid while waiting for the hearing decision.

Reminders

- Provide pertinent information on the forms using the **Add Note** button.
- LTC providers are contractually obligated to follow the instructions provided in HHSC Information Letters. The TMHP website at tmhp.com/programs/ltc contains HHSC Information Letters and other important announcements.
- Not all buttons will be displayed on the Form Actions bar for some users because of security levels or the status of the PASRR Level 1 Screening Form, PE, PCSP Form, or NFSS Form.
- The PASRR face-to-face visit must be completed within 72 hours after receiving a copy of the PL1 Screening Form from a notification from the LTC Online Portal or by fax if it's to follow the Preadmission process.
- The PE must be successfully submitted on the LTC Online Portal within seven calendar days after receiving notification from the referring entity, nursing facility, or LTC Online Portal Alert.
- LIDDAs are required to participate in IDT meetings for IDD-positive PEs. LMHAs and LBHAs are required to attend IDT meetings for MI positive PEs. LIDDAs, LMHAs, and LBHAs are required to attend IDT meetings for dual MI/IDD-positive PEs.
- Once the IDT meeting has been documented and submitted by the NF on the LTC Online Portal, the LA will receive an alert to confirm the IDT meeting.
- Updates to the PL1 Screening Form can be completed only by the LIDDA/LMHA/LBHA that submitted the Preadmission PL1 Screening Form. If the NF on the Preadmission PL1 Screening Form has admitted the person on the PL1 Screening Form by using the **Admitted to NF** button, then the NF can update the PL1 Screening Form because of death or discharge by using the **Update Form** button.
- When the admission type is Preadmission, the LA must successfully submit the positive PASRR Level 1 Screening Form on the LTC Online Portal upon receipt from the referring entity. The receipt of the PL1 Screening Form also serves as the notification that the PE must be submitted on the LTC Online Portal within seven calendar days.
- Check the LTC Online Portal daily for:
  - Alerts.
  - The PASRR Level 1 Screening Form when the status is ***Pending Placement in NF - PE Confirmed*** to coordinate the placement of the person by checking for an NF certifying that they are able to serve the person.
  - The PTID Status on the PASRR Evaluations Authorization tab and the NFSS Authorization section to ensure that it has been successfully processed to allow for the payment of claims.
  - Alerts and PTID History notes from the HHSC NFSS reviewers on which the NF must take action.
- When sending an email to the PASRR.Support@hhs.texas.gov mailbox to report issues or concerns with a submitted PASRR form, providers must not include information specific to a person or add any other email recipients to comply with HIPAA guidelines. Instead, please include the DLN of the PASRR form associated with the person in the LTC Online Portal.

- If any error messages are displayed when the issue/concern is encountered, then save a screenshot of the error messages to your computer's local drive and contact TMHP instead of the HHSC PASRR Unit to report it.

HIPAA Guidelines and Provider Responsibilities

Providers must comply with HIPAA guidelines. It is *your* responsibility to comply with HIPAA, to seek legal representation when needed, and to consult the manuals or speak to your TMHP provider representative when you have questions.

Preventing Medicaid Waste, Abuse, and Fraud

Medicaid fraud is defined by CMS as "an intentional deceit or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law."

How to Report Waste, Abuse, and Fraud

Reports may be made through the following website: oig.hhs.texas.gov/report-fraud-waste-or-abuse. This website also gives instructions on how to submit a report, as well as how to submit additional documentation that cannot be transmitted over the internet. The website also provides information on the types of waste, abuse, and fraud to report to the Office of the Inspector General (OIG).

If you are not sure if an action is waste, abuse, or fraud of Texas Medicaid, report it to OIG and let the investigators decide. If you are uncomfortable about submitting a report online, you can call the telephone number for Recipient Fraud and Abuse reporting: **800-436-6184**.

Resource Information

Types of Calls to Refer to TMHP

Call TMHP at **800-626-4117**, **option 1, and then option 2**, about the following:

- MN determination on PE

Call TMHP at **800-626-4117**, **option 3**, about the following:

- TMHP LTC Online Portal and TexMedConnect account setup

Call TMHP at **800-626-4117**, **option 1, and then option 4**, about the following:

- NF forms completion – including the PASRR Level 1 Screening Form, PCSP, and NFSS form
- LA forms completion – including the PASRR Level 1 Screening Form, PE, and PCSP
- Rejection codes on the forms and PTIDs
- Management of the ***Provider Action Required*** status
- Available options if a form is set to ***ID Invalid*** status but the Medicaid number, SSN, or Medicare number and name match the Medicaid ID card
- PASRR Level 1 Screening Form, PE, PCSP, and NFSS form submission error messages and NFSS PTID and PE PTID error messages
- PASRR Level 1 Screening Form, PE, PCSP, and NFSS status questions
- MDS LTCMI form submission error messages

Types of Emails to Refer to the HHSC PASRR Unit

Email PASRR.Support@hhs.texas.gov about the following:

- Assistance with or cooperation from an RE, NF, LIDDA, or LMHA/LBHA
- Assistance with locating information to complete and submit the PL1 Screening Form, PE, PCSP, and NFSS forms
- Assistance with locating forms, people residing in or entering an NF, LIDDAs, LMHA/LBHAs, or additional training resources
- Policy guidance on PASRR processes, specialized services, and therapist assessments
- Questions specifically related to MI/ID/DD or related conditions

For additional learning opportunities, information, and forms, visit the following web page: hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/preadmission-screening-resident-review-pasrr/pasrr-resources.

Types of Calls to Refer to HHSC PCS

Call HHSC PCS at **512-438-2200, option 1**, about the following:

- Denials or pending denials of people who have established prior permanent MN
- Resolution of forms in Manual Workflow (such forms have been rejected by SAS and must be reviewed by HHSC PCS)

Types of Calls to Refer to a Local Authority

- For a person at an NF with a PASRR Negative Letter
- When the NF needs to follow up after an alert was sent to the LA to complete and submit a PE for a Resident Review
- To invite the LA to participate in the IDT meeting

Refer to the following link for a list of LA names and contact information: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/contact-program-staff

Helpful Contact Information

Texas Medicaid & Healthcare Partnership (TMHP)

General Customer Service 800-925-9126

Long-Term Care (LTC) Department 800-727-5436/800-626-4117

Medical Necessity ..... Option 1, then Option 2

Claim Forms, Claim Submissions ..... Option 1, then Option 3

MDS Not in the LTC Online Portal, LTCMI Questions, R&S Report, PL1 Screening Form, and PASRR Evaluation (PE) ..... Option 1, then Option 4

General Inquiries ..... Option 1, then Option 5

Technical Support ..... Option 3

Fair Hearing ..... Option 5

LTC Other Insurance Information and Updates ..... Option 6

LTC Department (fax) 512-514-4223

Medicaid Hotline 800-252-8263

Texas Health and Human Services Commission (HHSC) 512-438-3011

Complaint & Incident Intake 800-458-9858

Complaint for LTC Facility/Agency.....Option 2

Information About a Facility.....Option 4

Provider Self-Reported Incidents.....Option 5

Survey Documents/HHSC Literature.....Option 6

Community Services Contracts Unit Support.....512-438-3550

Community Services Contracts Voice Mail (Contract Applications, Reenrollments, and Reporting Changes, such as Address and Telephone Number).....512-438-3550

Criminal History Checks.....512-438-2363

Facility Licensure/Certification (Reporting Changes, Such as Service Area and Medical Director).....512-438-2630

Home and Community Support Services Unit (Hospice Regulatory Requirements).....512-438-3161

Hospice Policy (Medicaid, Program Support, and Special Services Unit).....hospice@hhs.state.tx.us

Institutional Services Contracting.....512-438-2546

Medication Aide Program.....512-231-5800

Nurse Aide Registry.....800-452-3934

Nurse Aide Training.....512-231-5800

NF Administrator Program.....512-231-5800

Long-Term Care Regulatory Policy.....512-438-3161

Provider Claims Services Hotline.....512-438-2200

NF and Hospice (Service Authorizations, MESAV Updates, and Inability to Determine Rate Key Issues).....Option 1

Personal Needs Allowance Payments (PNA).....Option 2

Deductions and Holds.....Option 3

Provider Recoupment and Holds, Including Torts and Trusts or Annuities.....Option 4

Home and Community-based Services.....Option 5

TX Home Living.....Option 5

Rehabilitation Therapy and Specialized Services.....Option 6

Regulatory Services.....512-438-2625

Health and Human Services Commission (HHSC)

HHSC Ombudsman Office Medicaid Benefits 877-787-8999

Long-Term Care Ombudsman 800-252-2412

Medicaid Fraud 800-436-6184

Rate Analysis Help Line 512-730-7404

Informational Websites

Texas Medicaid & Healthcare Partnership (TMHP): tmhp.com

- HIPAA information: tmhp.com/hipaa-privacy-statement
- Long-Term Care Division: tmhp.com/programs/ltc
- NF LTCMI and PASRR information is also available at tmhp.com/programs/ltc
- Long-Term Care Provider News Archives: tmhp.com/news?program_id=56

Texas Health and Human Services Commission (HHSC): hhs.texas.gov/

All HHSC provider information can be found at hhs.texas.gov/doing-business-hhs/provider-portals. Choose your particular provider type for available online resources:

- Complaint & Incident Intake (includes information about how to make a complaint): hhs.texas.gov/services/your-rights/complaint-incident-intake
- Hospice: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/hospice
- Nursing Facility: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf
- Nursing Facility MDS Coordinator Support Site: hhs.texas.gov/providers/long-term-care-providers/nursing-facilities-nf/texas-minimum-data-set/contact-mds-program-staff
- PASRR: hhs.texas.gov/doing-business-hhs/provider-portals/resources/preadmission-screening-resident-review-pasrr
- Provider Letters
  - NFs: hhs.texas.gov/providers/long-term-care-providers/nursing-facilities-nf#comms
  - LIDDAs: hhs.texas.gov/providers/long-term-care-providers/local-idd-authority-lidda#comms
- Resources for HHSC Service Providers: hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources
- HHSC Regions: hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts
- ICD-10 Code List: hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/icd10-codes.pdf

- Vendor Drug Program: txvendordrug.com

Other Resources:

- *LTC User Guide for Online Portal Basics, General Information, and Program Resources* – for detailed information on how to use the LTC Online Portal, including the following;
  - Options on the blue navigational bar, such as Submit Form, Search (including Individual Search), Worklist, Printable Forms, Alerts, Help, and Dashboard
  - Dashboard is accessible only for HCS/Texas Home Living (TxHmL) providers
- Centers for Medicare & Medicaid Services: cms.gov
- National Provider Identifier (NPI), including obtaining one: nppes.cms.hhs.gov/NPPES
- Texas Administrative Code: sos.state.tx.us/tac/index.shtml
- Federal MDS 3.0 site: cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30

Appendix A: Forms

PASRR Level 1 Screening

The original version of the PASRR Level 1 Screening Form is divided into seven sections, labeled A through F, and an IDT tab. The new version of the PASRR Level 1 Screening Form replaced the IDT tab with the Discharge tab. The PASRR Level 1 Screening form can be found online at the following website: tmhp.com/programs/ltc/forms

Instructions for the PASRR Level 1 Screening Form can be found online at the following website: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions

PASRR Evaluation

The PE is divided into seven sections, labeled A through F, and an Authorization tab. The PASRR Evaluation can be found online at the following website: tmhp.com/programs/ltc/forms

Instructions for the PE can be found online at the following website: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions

Nursing Facility Specialized Services (NFSS)

Below is the list of NFSS forms and information that can be found online at the following website: tmhp.com/programs/ltc/forms

- PASRR NF Specialized Service (NFSS) – Authorization Request for CMWC
- PASRR NF Specialized Service (NFSS) – Authorization Request for DME
- PASRR NF Specialized Service (NFSS) – Authorization Request for Habilitative Therapies
- PASRR NF Specialized Service (NFSS) – CMWC/DME Receipt Certification
- PASRR NF Specialized Service (NFSS) – CMWC/DME Signature Page
- PASRR NF Specialized Service (NFSS) – CMWC Supplier Acknowledgment and Signature Page
- PASRR NF Specialized Service (NFSS) – DME Supplier Acknowledgment and Signature Page
- PASRR NF Specialized Service (NFSS) – Fax Cover Sheet
- PASRR NF Specialized Service (NFSS) – Therapy Signature Page

Below is the list of NFSS guides and information that can be found online at the following website: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions

- PASRR NF Specialized Services (NFSS) – Companion Guide
- PASRR NF Specialized Services (NFSS) – Detailed Item-by-Item Guide

PASRR Comprehensive Service Plan (PCSP) Form

The PCSP Form can be found online at the following website: tmhp.com/programs/ltc/forms

Instructions for the PCSP Form can be found online at the following website: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions

Appendix B: Specialized Services Array

Various types of specialized services can be recommended for a person.

LIDDA Provided/Coordinated Specialized Services Choices:

1) Alternate Placement Assistance
2) Service Coordination (SC)
3) Employment Assistance
4) Supported Employment
5) Day Habilitation
6) Independent Living Skills Training
7) Behavioral Support
8) Habilitation Coordination (default value that is automatically added by the LTC Online Portal and is not selectable by the user)

Nursing Facility Provided/Coordinated Specialized Services Choices:

1) Specialized Physical Therapy (PT)
2) Specialized Occupational Therapy (OT)
3) Specialized Speech Therapy (ST)
4) Customized Manual Wheelchair (CMWC)
5) Durable Medical Equipment (DME)

Autofill of Specialized Services (PE fields B0500 and B0600)

Field Name	Autofills
B0100. To your knowledge, does the individual have an Intellectual Disability which manifested before the age of 18?	PE B0500 10. Habilitation Coordination (if "1. Yes" is selected in field B0100)
B0200. To your knowledge, does the individual have a Developmental Disability other than an Intellectual Disability that manifested before the age of 22? (e.g. autism, cerebral palsy, spina bifida)	PE B0500 10. Habilitation Coordination (if "1. Yes" is selected in field B0200)
B0400A. Self-monitoring of nutritional support	PE B0500 8. Independent Living Skills Training
B0400B. Self-monitoring and coordinating medical treatments	PE B0500 8. Independent Living Skills Training

Field Name	Autofills
B0400C. Self-help with ADLs such as toileting, grooming, dressing and eating	PE B0600 2. Specialized Occupational Therapy (OT)
B0400D. Sensorimotor development with ambulation, positioning, transferring, or hand eye coordination to the extent that a prosthetic, orthotic, corrective or mechanical support devices could improve independent functioning	PE B0600 1. Specialized Physical Therapy (PT) PE B0600 2. Specialized Occupational Therapy (OT) PE B0600 5. Durable Medical Equipment (DME)
B0400E. Social development to include social/recreational activities or relationships with others	PE B0500 8. Independent Living Skills Training PE B0500 9. Behavioral Support
B0400F. Academic/educational development, including functional learning skills	PE B0500 8. Independent Living Skills Training
B0400G. Expressing interests, emotions, making judgments, or making independent decisions	PE B0500 8. Independent Living Skills Training
B0400H. Independent living skills such as cleaning, shopping in the community, money management, laundry, accessibility within the community	PE B0500 8. Independent Living Skills Training
B0400I. Vocational development, including current vocational skills	PE B0500 5. Employment Assistance PE B0500 6. Supported Employment PE B0500 7. Day Habilitation
B0400J. Additional adaptive medical equipment or adaptive aids to improve independent functioning	PE B0600 5. Durable Medical Equipment (DME)
B0400K. Speech and language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal)	PE B0600 3. Specialized Speech Therapy (ST)

Mental Health Recommended Services Provided or Coordinated by LMHA/LBHA:

1. Group Skills Training

2. Individual Skills Training

3. Intensive Case Management (This service is also subject to the <180 day stay requirement.)

4. Medication Training & Support Services (Group)

5. Medication Training & Support Services (Individual)

6. Medication Training (Group)

7. Medication Training (Individual)

8. Psychiatric Diagnostic Examination

9. Psychosocial Rehabilitative Services (Group)

10. Psychosocial Rehabilitative Services (Individual)

11. Routine Case Management (This service is also subject to the <180 day stay requirement.)

12. Skills Training & Development (Group)

13. Skills Training & Development (Individual)

14. Cognitive Processing Therapy

15. Counseling Services (CBT - Individual or Group)

16. Peer Support

17. Pharmacological Management

Autofill of Specialized Services (PE field C1000)

Field Name	Autofills
C0900A. Self-monitoring of health status	PE C1000 13. Skills Training & Development (Individual)
C0900B. Self-administering of medical treatment	PE C1000 7. Medication Training (Individual)
C0900C. Self-scheduling of medical treatment	PE C1000 7. Medication Training (Individual)
C0900D. Self-monitoring of medications	PE C1000 7. Medication Training (Individual)
C0900E. Self-monitoring of nutritional status	PE C1000 13. Skills Training & Development (Individual)
C0900F. Self-help with ADLs such as appropriate dressing and appropriate grooming	PE C1000 13. Skills Training & Development (Individual)
C0900G. Independent living such as supported housing	PE C1000 2. Individual Skills Training
C0900H. Management of money	PE C1000 2. Individual Skills Training
C0900I. Vocational development, including current vocational skills	PE C1000 2. Individual Skills Training
C0900J. Psychological evaluation	PE C1000 8. Psychiatric Diagnostic Examination
C0900K. Discharge Planning – assessment, planning, facilitation of discharge (may only be delivered within 180 days or less, before planned discharge)	PE C1000 11. Routine Case Management (This service is also subject to the <180 day stay requirement)

Appendix C: Resident Review Triggers

Trigger	Action
MDS Significant Change in Status Assessment (SCSA) is submitted.	If the change in condition indicated on the MDS during the MDS LTCMI submission affects PASRR eligibility, then convene the face-to-face interview with the person within 72 hours of notification. Complete and submit a new PASRR Evaluation within seven days of notification.
An MDS form indicating that the person is no longer comatose is submitted.	Convene the face-to-face interview with the person within 72 hours of notification. Complete and submit a new PASRR Evaluation within seven days of notification.
A person was admitted under Expedited Admission, and the Expedited Admission timer has expired (see Appendix D).	Convene the face-to-face interview with the person within 72 hours of notification. Complete and submit a new PASRR Evaluation within seven days of notification.
A person was admitted under Exempted Hospital Discharge, and the person has stayed more than 30 days.	Convene the face-to-face interview with the person within 72 hours of notification. Complete and submit a new PASRR Evaluation within seven days of notification.
Nursing facility or HHSC requests a resident review.	Convene the face-to-face interview with the person within 72 hours of notification. Complete and submit a new PASRR Evaluation within seven days of notification.
The PASRR Level 1 Screening and PASRR Evaluation are systematically updated for a person who is newly identified as Medicaid eligible.	Review the PASRR Evaluation to ensure that the PASRR eligibility and specialized services are still accurate. If the PASRR Evaluation is no longer accurate, then convene another face-to-face interview with the person within 72 hours of notification, and complete and submit the new PASRR Evaluation within seven days of notification.

Appendix D: Timers

Description	Length
Exempted Hospital Discharge exceeds 30 days	PASRR Evaluation must be completed after 30 days from the NF admission date.
Expedited Admission - Category 4 or 5	PASRR Evaluation must be completed within 7 days from the NF admission date.
Expedited Admission - Category 1, 2, or 3	PASRR Evaluation must be completed within 72 hours of notification by the NF or LTC Online Portal Alert.
Expedited Admission - Category 6	PASRR Evaluation must be completed within 14 days from the NF admission date.
Expedited Admission - Category 7	PASRR Evaluation completed within 7 days from the LTC Online Portal Alert.
PASRR Evaluation	Face-to-face contact must be initiated within 72 hours of notification by the referring entity, NF, or LTC Online Portal Alert. The PE must be successfully submitted within 7 calendar days of the notification.
NF Placement Process Exhausted (PL1 Form Status)	90 days have passed since the PE was submitted from a Preadmission PL1 Screening Form, and none of the NFs on the PL1 Screening Form Section D tab have admitted the person on the PL1 Screening Form.
Med ID Check Inactive (NFSS Form Status)	If Medicaid ID Check validation is unsuccessful after 30 days, the form moves into this status. This is a final status for the NFSS form.
ME Check Inactive (NFSS Form Status)	If Medicaid Eligibility Check validation is unsuccessful after 30 days, the form moves into this status. This is a final status for the NFSS form.
AI Check Inactive (NFSS Form Status)	If Applied Income Check validation is unsuccessful after 30 days, the form moves into this status. This is a final status for the NFSS form.
Denied (NFSS PTID Status)	The NFSS PTID will move from ***Pending Denial*** to ***Denied*** if no action is taken within 14 days for DME/CMWCs or within 7 days for therapies. The HHSC PASRR Reviewer can also deny an NFSS request immediately if they determine that it can't be approved later.
Item Not Received (NFSS PTID Status)	When the NFSS PTID is in this status, the following note will appear in the PTID History: "365 days have elapsed since the DME or CMWC was approved. The item was not certified by the Nursing Facility."

Description	Length
FH Expired (NFSS PTID Status)	The 90-day timeframe to request a fair hearing has expired. When the NFSS PTID is in this status, the following note will appear in the PTID History: "90 days have elapsed since the request was Denied."

Appendix E: Letters

Approval for MN on PE Letter

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Long-Term Care Unit
PO Box 200765
Austin, TX 78720

«prntdate»

«rfname» «rlname»
«relfname» «rellname»
«relstreet»
«relcity», «relstate» «relzip»

Subject: You have been approved for admission to a nursing facility.

Dear «recvfname» «recvlname»:

You have met medical necessity and have been approved for admission to a nursing facility (NF) based on the results of a Preadmission Screening and Resident Review (PASRR) Evaluation.

Recommended Specialized Services

Here are the recommended specialized services determined by the PASRR Evaluation:

- «RecommendedSsLaMi»
- «RecommendedSsLaIdd»
- «RecommendedSsNfIdd»

Recommended Settings

The PASRR Evaluation showed that your needs could be met in the following settings:

- «NeedsCanBeMetIn»

Evaluator Details

Here are details about who did the PASRR Evaluation and when:

«eval1fname» «eval1lname»
«eval1title»
«eval1phone»
«eval1date»

«eval2fname» «eval2lname»
«eval2title»
«eval2phone»
«eval2date»

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MN Denied Letter

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Long-Term Care Unit
PO Box 200765
Austin, TX 78720

«prntdate»

«rfname» «rlname»
«relstreet»
«relcity», «relstate» «relzip»

Subject: You don't qualify for the Texas Medicaid Nursing Facility program.

Dear «rfname» «rlname»:

You recently applied for the Texas Medicaid Nursing Facility (NF) program.

We've reviewed your Preadmission Screening and Resident Review (PASRR) Evaluation. We determined that you do not need the services of a licensed nurse on a regular basis. Because of this, you don't meet medical necessity to qualify for admission to the NF program.

You May Submit More Information to Us

You have the right to submit more medical information that supports your need for the services of a licensed nurse on a regular basis. Ask your doctor to fax any additional information directly to the Texas Medicaid and Healthcare Partnership at 512-514-4223 by «Month XX, XXXX_14 business days of date of this letter». The doctor should explain your medical conditions and the related nursing services that you need.

PASRR Evaluation Results

The specialized services from the PASRR Evaluation are listed below. However, based on the medical necessity results, these specialized services can be provided using an alternate payer source other than Medicaid.

- **«**RecommendedSsLaMi and/or RecommendedSsLaIdd**»**

The evaluation showed that your needs could be met in the following settings:

- «NeedsCanBeMetIn»

Call the evaluator listed below if you have questions about your evaluation results or specialized services. Use PASRR Evaluation Document Locator Number (DLN) «DLN» when referring to this letter.

Evaluator Details

Here are details about who did your PASRR Evaluation and when:

Evaluator name: **«eval1fname» «eval1lname»**

Evaluator title: **«eval1title»**

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Overturn Approval (MN on PE) Letter

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Long-Term Care Unit
PO Box 200765
Austin, TX 78720

«prntdate»

«rfname» «rlname»
«relstreet»
«relcity», «relstate» «relzip»

Subject: You can now receive Medicaid-reimbursed nursing facility care.

Dear «rfname» «rlname»:

We received additional medical information that supports your need for the services of a licensed nurse on a regular basis.

The former ruling of pending denial or final denial because of a lack of medical necessity has been overturned, and you've been approved for Medicaid-reimbursed nursing facility care.

Important: If you requested a fair hearing to appeal the previous decision and now want to cancel your request, call 800-727-5436 as soon as possible.

Call Us

If you have any questions about this letter, call the Long-Term Care Unit at 800-727-5436, Monday through Friday, 7 a.m. to 7 p.m. Use Preadmission Screening and Resident Review (PASRR) Evaluation Document Locator Number (DLN) «DLN» when referring to this letter.

www.tmhp.com L00389

Doctor Overturn Denied Letter

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Long-Term Care Unit
PO Box 200765
Austin, TX 78720

«prntdate»

«rfname» «rlname»
«relstreet»
«relcity», «relstate» «relzip»

Subject: You don't qualify for the Texas Medicaid Nursing Facility program.

Dear «recvfname» «recvlname»:

We've reviewed your Preadmission Screening and Resident Review (PASRR) Evaluation. We determined that you do not need the services of a licensed nurse on a regular basis. This review confirms our previous decision that you don't qualify for the Texas Medicaid Nursing Facility program.

You May Request a Fair Hearing

If you disagree with this decision, you may ask for a fair hearing where you can present your case. If you don't ask for the fair hearing by «Month XX, XXXX_90 days of date of this letter», you may lose your right to a fair hearing.

Call 800-727-5436 to request a fair hearing. Let us know if you'll need a language interpreter or special accommodations for the hearing.

Important: If you ask for a fair hearing by «Month XX, XXXX_10 days of date of this letter», you'll continue to receive your benefits at the previous level until a decision about your case is made.

Details About the Fair Hearing

If you ask for a fair hearing, you'll receive a letter with the date, time, and location of your hearing. Most fair hearings are held by telephone. You may represent yourself at the hearing, or you can have a lawyer or other person represent you.

If you need information about free legal services in your area, call 2-1-1.

Title 26 Texas Administrative Code (TAC) §554.2407 explains your right to request a fair hearing.

Call Us

If you have any questions about this letter, call the Long-Term Care Unit at 800-727-5436, Monday through Friday, 7 a.m. to 7 p.m. Use this PASRR Evaluation Document Locator Number (DLN) «DLN» when referring to this letter.

www.tmhp.com L00390

NFSS Approval Letter

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

HHSC IDD PASRR Unit
Mail Code:
P.O. Box

May 13, 2020

Dear :

sent us a request for Preadmission Screening and Resident Review (PASRR)-specialized services. The request was made because you have an intellectual or developmental disability (IDD) or a mental illness and IDD diagnosis.

The following services or items have been **approved**:

- Occupational Therapy

The status of all requested services is at the end of this letter. If you have any questions about this letter, please contact Refer to this letter with the Document Locator Number (DLN) .

Resident Name: DLN:

Nursing Facility:

Requested Service	Status	Status Date	Comment/Reason
Occupational Therapy	Complete	05/13/2020	No Action Necessary
Physical Therapy	Pending Denial	05/12/2020	We need more information to approve your request. Your nursing facility must submit the information by 05/19/2020. If we don't get the information by 05/19/2020, the request will be denied.
Speech Therapy	Denied	05/12/2020	Will wait to start ST service when the person gets the oral equipment installed.

www.tmhp.com L00154

NFSS Denial Letter

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

HHSC PASRR Unit
PO Box 149030 (W-356)
Austin, TX 78714-9030

«prntdate»

«rfname» «rlname»
«relstreet»
«relcity», «relstate» «relzip»

Subject: «rfname» «rlname» is not eligible for PASRR specialized services.

Dear «dfname» «dlname»:

We have the results of the Preadmission Screening and Resident Review (PASRR) Evaluation for «rfname» «rlname». You referred this individual for admission to a nursing facility based on a possible diagnosis of mental illness (MI), intellectual disability (ID), or developmental disability (DD).

The evaluator did not find a diagnosis of MI or ID/DD documented in the medical record. «rfname» «rlname» is therefore ineligible for PASRR specialized services.

As the referring physician, you may email the Texas Health and Human Services Commission (HHSC) PASRR Unit at pasrr.support@hhs.texas.gov to request a copy of the PASRR Evaluation or ask questions. Use PASRR Evaluation Document Locator Number (DLN) «DLN» when referring to this letter.

Evaluator Details

Here are details about who did the evaluation and when:

Evaluator name: **«eval1fname» «eval1lname»**

Evaluator title: **«eval1title»**

Phone number: **«eval1phone»**

Date of evaluation for MI: **«eval1date»**

Evaluator name: **«eval2fname» «eval2lname»**

Evaluator title: **«eval2title»**

Phone number: **«eval2phone»**

Date of evaluation for ID/DD: **«eval2date»**

www.tmhp.com L00392

PASRR Evaluation - PASRR Negative Letter

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Long-Term Care Unit
PO Box 200765
Austin, TX 78720

«prntdate»

«rfname» «rlname»
«relstreet»
«relcity», «relstate» «relzip»

Subject: You are not eligible for PASRR specialized services.

Dear «rfname» «rlname»:

We have the results of your Preadmission Screening and Resident Review (PASRR) Evaluation.

You are not eligible for PASRR specialized services because you do not have a qualifying diagnosis of mental illness (MI), intellectual disability (ID), or developmental disability (DD). **Note:** This decision does not affect your eligibility for nursing facility services.

You May Request a Fair Hearing

If you disagree with the results of your PASRR Evaluation, you may ask for a fair hearing where you can present your case. If you don't ask for a fair hearing by «[Month XX, XXXX_90 calendar days of date of this letter]», you may lose your right to a fair hearing.

Call the PASRR evaluator listed below if you have any questions about your eligibility for PASRR specialized services or to request a fair hearing. Let the evaluator know if you have additional medical documentation. Use PASRR Evaluation Document Locator Number (DLN) «DLN» when referring to this letter.

Evaluator Details

Here are details about who did your PASRR Evaluation and when:

Evaluator name: **«eval1fname» «eval1lname»**

Evaluator title: **«eval1title»**

Phone number: **«eval1phone»**

Date of evaluation for MI: **«MI eval1date»**

Evaluator name: **«eval2fname» «eval2lname»**

Evaluator title: **«eval2title»**

Phone number: **«eval2phone»**

Date of evaluation for IDD: **«IDD eval2date»**

www.tmhp.com L00393

PASRR Evaluation - PASRR Negative Letter (sent to the referring entity if it was a physician)

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

HHSC PASRR Unit
PO Box 149030 (W-356)
Austin, TX 78714-9030

«prntdate»

«dfname» «dlname»
«dstreet»
«dcity», «dstate» «dzip»

Subject: «rfname» «rlname» is not eligible for PASRR specialized services.

Dear «dfname» «dlname»:

We have the results of the Preadmission Screening and Resident Review (PASRR) Evaluation for «rfname» «rlname». You referred this individual for admission to a nursing facility based on a possible diagnosis of mental illness (MI), intellectual disability (ID), or developmental disability (DD).

The evaluator did not find a diagnosis of MI or ID/DD documented in the medical record. «rfname» «rlname» is therefore ineligible for PASRR specialized services.

As the referring physician, you may email the Texas Health and Human Services Commission (HHSC) PASRR Unit at pasrr.support@hhs.texas.gov to request a copy of the PASRR Evaluation or ask questions. Use PASRR Evaluation Document Locator Number (DLN) «DLN» when referring to this letter.

Evaluator Details

Here are details about who did the evaluation and when:

«eval1fname» «eval1lname»

«eval1title»

«eval1phone»

«eval1date»

«eval2fname» «eval2lname»

«eval2title»

«eval2phone»

«eval2date»

www.tmhp.com L00392

Appendix F: Terms and Abbreviations

Term/Abbreviation	Description
Alert	An electronic notification generated by the LTC Online Portal either systematically or by a person using the LTC Online Portal.
Appellant	The person requesting a fair hearing when medical necessity on a Preadmission PE or NFSS request is denied. The fair hearing can also be requested when the PE determines negative PASRR eligibility.
Atypical Provider Identifier	A nine-digit number assigned to providers that do not provide medical services.
CMS	Centers for Medicare & Medicaid Services
Contact	Telephone, email, or verbal communication between the referring entity, nursing facility, and local authority.
Coordinate	The act of organizing and working together with the referring entity, nursing facility, and local authority to arrange a suitable placement for the person receiving services.
Complete	Appear in person to screen or evaluate the person and fill out all fields on a blank hard copy version of the PASRR Level 1 Screening or PASRR Evaluation.
Converted PL1	A PL1 that was created from information based on an MDS or retired PASRR form after the PASRR redesign project was deployed in May 2013.
CSHCN	Children with Special Health Care Needs (Services Program)
Developmental Disability (DD)	A disability characterized by significant limitations in adaptive behavior that covers many everyday social and practical skills and manifested before the age of 22. For the purposes of the PASRR program, also includes persons with related conditions as defined in Title 40 of the Texas Administrative Code.
DLN	Document Locator Number – a unique number assigned to each document that is successfully submitted on the LTC Online Portal.
DSHS	Department of State Health Services
Exempted Hospital Discharge	An admission when a physician has certified that a person who is suspected of having mental illness (MI), intellectual disability (ID), and/or developmental disability (DD) is likely to require less than 30 days of nursing facility services for the condition for which the person was hospitalized.

Term/Abbreviation	Description
Expedited Admission	An admission of a person who is suspected of having MI, ID, and/or DD and meets the criteria for any of the seven expedited categories: Convalescent care Terminal illness Severe physical illness Delirium Emergency protective services Respite Coma
Fair Hearing	An informal, orderly, and readily available proceeding held before an impartial Health and Human Services enterprise hearing officer that can be requested by a person who was denied MN, the person's responsible party, or in the case of no responsible party, the local authority.
FSI	Form Status Inquiry – A page on the LTC Online Portal to perform searches on submitted forms.
HHS/HHSC	Texas Health and Human Services/Texas Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
Intellectual Disability (ID)	Usually a permanent condition originating sometime between birth and age 18. The person's general intellectual functioning is significantly below average, and his or her behavior does not meet the level of personal independence and social responsibility expected of the person's age and culture. This is the preferred term for someone who is mentally retarded.
Intellectual and/or Developmental Disability (IDD)	A person who has a developmental disability or an intellectual disability. See those definitions for a complete description.
Interdisciplinary Team (IDT)	A designated group, including the person and their legally authorized representative (if any), health care professionals from diverse fields, an RN, and the applicable LIDDA, LMHA or LBHA, that meets within 14 days of the person's admission or within 14 days after the LTC Online Portal alert is sent to the LA to complete a PE. These people work in a coordinated fashion to identify which nursing facility specialized services, IDD specialized services, and MI specialized services recommended that the person, or a legally authorized representative on the person's behalf, wants to receive and determine whether the person is best served by a nursing facility or community setting. The NF enters and submits the results of this meeting on the PCSP form initiated from a positive PE.
LAR	Legally authorized representative
LBHA	Local behavioral health authority
LIDDA	Local intellectual and developmental disability authority
LMHA	Local mental health authority

Term/Abbreviation	Description
Local Authority (LA)	Includes the LIDDA, the LMHA, and the LBHA. The LIDDA and LMHA/LBHA provide an array of services and support for persons with MI or IDD.
LTC	Long-term care
Long-Term Care Medicaid Information (LTCMI)	The replacement for the federal MDS Section S and contains items for Medicaid state payment. After MDS assessments have been transmitted to CMS, TMHP will retrieve all assessments that meet the retrieval criteria and assign a DLN. The assessment status will be set to ***Awaiting LTC Medicaid Information***.
LTC Online Portal	A web-based application accessible through TMHP.com and used by nursing facilities, local authorities, and waiver program providers to submit or view forms, assessments, screenings, and evaluations and manage the service authorization process.
MCO	A managed care organization is a state-contracted entity that has been given delegated authority to provide acute and long-term services to support enrolled managed care members.
MDS	The Minimum Data Set is a standardized, primary screening and assessment tool of health status that forms the foundation of the comprehensive assessment for all people in a Medicare- or Medicaid-certified LTC facility. The MDS contains items that measure physical, psychological, and psychosocial functioning.
ME	Medicaid eligibility
Mental Illness (MI)	A significant mental disorder resulting in functional limitations in major life activities within the past three to six months that would be appropriate for the person's developmental stage. Within the past two years, the disorder has required psychiatric treatment more than one time that has been more intensive than outpatient care or caused a significant disruption to the normal living situation. Does not include people with a primary diagnosis of dementia.
MESAV	Medicaid Eligibility Service Authorization Verification
MN	Medical necessity – A determination made by TMHP based on the Preadmission PASRR Evaluation or MDS Assessment data that a person qualifies for licensed nursing care in an institutional setting.
NF	Nursing facility
NFSS	Authorization Request for PASRR Nursing Facility Specialized Services
Notification	Telephone, email, or verbal communication, or LTC Online Portal Alert
NPI	National Provider Identifier number
PASRR	Preadmission Screening and Resident Review
PASRR Evaluation (PE)	The tool used to document whether the person is confirmed to have MI, ID, or DD. The PASRR Evaluation is also referred to as a PE.
PASRR Level 1 (PL1) Screening Form	The tool used to document whether there is evidence, indication, or suspicion that the person has MI, ID, and/or DD. The PASRR Level 1 Screening is also referred to as a PL1.

Term/Abbreviation	Description
PASRR Negative	A person for whom a nursing facility or referring entity has indicated or suspects no MI, ID, and/or DD on the PASRR Level 1 Screening, or a person for whom a local authority has confirmed a negative determination of MI and/or IDD on the PASRR Evaluation.
PASRR Positive	A person for whom a nursing facility or referring entity has indicated that MI, ID, and/or DD is suspected on the PASRR Level 1 Screening, or a person for whom a local authority has confirmed a positive determination of MI and/or IDD on the PASRR Evaluation.
PCS	Provider Claims Services (workflow)
PCSP	PASRR Comprehensive Service Plan – This form is used to document the PASRR specialized services agreed upon at the initial IDT/Service Planning Team (SPT), annual IDT/SPT, quarterly, and LA update meetings.
PTID	PASRR Transaction Identifier – This is used for NFSS and PE forms.
Person	A person who is a resident or desires to be a resident of a nursing facility. A PL1 must be completed for any person wishing to enter a nursing facility.
Permanent Medical Necessity (PMN)	A person's permanent medical necessity (PMN) status is established on the completion date of any MDS assessment approved for MN no less than 184 calendar days after the person's admission to the Texas Medicaid Nursing Facility Program.
Preadmission	An admission when the PASRR Level 1 Screening indicates a suspicion of positive PASRR eligibility but does not qualify to be submitted with the Expedited Admission, Exempted Hospital Discharge, or Negative PASRR Eligibility admission processes.
Processing	Movement of data toward a known goal or end result by passing it through a series of stages or a sequence of actions by a computer.
Referring Entity (RE)	An entity such as a hospital discharge planner, physician's office, LAR, family member, or intermediate care facility for individuals with an intellectual or developmental disability (ICF/IDD) that refers the person for nursing facility admission.
SAS	Service Authorization System – An HHSC system that processes requests for service authorizations.
SPT	Service Planning Team
SSN	Social Security number
Submit	To enter information for a PL1, PE, PCSP, or NFSS form on the LTC Online Portal using a computer
Submitter	The person who clicks the **Submit Form** button on the PL1, PE, PCSP, or NFSS form during the original creation and submission of the applicable form or meeting.
TMHP	Texas Medicaid & Healthcare Partnership

Term/Abbreviation	Description
tmhp.com	TMHP's website; TMHP web-based applications (e.g., LTC Online Portal, LTC TexMedConnect) can be found at tmhp.com.
Workflow	Common term in LTC referring to a unique process to complete screenings and evaluations.

Appendix G: Form and PTID Statuses

The form and PASRR Transaction Identifier (PTID) status of a PASRR form is shown within the FSI or Current Activity results. After a specific document is selected, the status can be found at the top of the page or at the bottom of the document in the History trail, on the Authorization tab of the PASRR Evaluation, and on the PTID History section of the applicable NFSS tab.

The tables below show the form and PTID statuses broken out by PL1 Screening, PE, PCSP, and NFSS form.

PASRR Level 1 Screening Status	Description
Awaiting PE	A PL1 Screening Form has been submitted, but the PE for this person has not been submitted yet.
Comatose - Awaiting Change in Condition	The PL1 Screening has been submitted, and the person is in a coma. If the person's condition changes, the local authority will be notified to complete a PE.
Form Inactivated	The status of a previous PL1 Screening when a new PL1 Screening is successfully submitted.
Form Submitted	The PL1 Screening Form has been successfully submitted to the LTC Online Portal. This is a transitional status that will be found only in the History section. This status cannot be searched using FSI.
Individual Chose Alternate Setting	The person has chosen to live in an alternate setting and will not be admitted to a NF.
Individual Placed in NF - PE Confirmed	The person has been admitted to an NF and a PE has been successfully submitted for the person. If the PE is positive for PASRR eligibility, the NF must certify the ability to serve the person by clicking the **Able to Serve the Individual** or **Unable to Serve the Individual** button on the PL1 Screening Form. Refer to the "Certification of the NF's Ability to Serve the Individual" section of this user guide for instructions.
Individual Placed in NF	The person has been admitted to an NF. This is a converted PL1 Screening Form that was created from information based on an MDS or retired Preadmission Screening and Annual Resident Review (PASARR) form that indicated potential positive PASRR eligibility after the PASRR project was deployed in May 2013.
Individual Placed in NF - Exempted Hospital Discharge	The person has been admitted to the NF as an Exempted Hospital discharge. The PL1 Screening Form has been submitted on the LTC Online Portal by the NF. The PE has not been submitted by the LA yet.
Individual Placed in NF - Expedited Admission	The person has been admitted to an NF as an Expedited Admission. The PL1 Screening has been submitted on the LTC Online Portal by the NF. The PE has not been submitted by the LA yet.

PASRR Level 1 Screening Status	Description
Negative PASRR Eligibility	The PL1 Screening Form submitted on the LTC Online Portal has indicated that the person is not suspected of having a mental illness, intellectual disability, or developmental disability. This could also be a converted PL1 Screening Form that was created from information based on an MDS or retired PASARR form that indicated potential negative PASRR eligibility after the PASRR project was deployed in May 2013.
NF Placement Process Exhausted	This occurs on a Preadmission PL1 Screening Form when a person has not been placed in an NF or alternate setting within 90 days of the associated submitted PE.
Pending Placement	The person has not been placed in an NF yet. This is a temporary status on a Preadmission PL1 Screening Form. The system will change this temporary status to ***Awaiting PE***.
Pending Placement in NF - PE Confirmed	This status is for a Preadmission PL1 Screening Form after a PE has been initiated from it and submitted on the LTC Online Portal. If the associated PE is positive for PASRR eligibility, the NF must view the PE and certify ability to serve the person by clicking the **Able to Serve the Individual** or **Unable to Serve the Individual** button on the PL1 Screening Form within 90 days. The NF will receive notifications until this is completed. This notification can be generated multiple times. If the NF is able to serve the individual, then the admitting NF must also enter the date they admitted the person by clicking the **Admitted to NF** button and completing the required information. If the PE is negative for PASRR eligibility, the NF can admit the individual by clicking the **Admitted to NF** button after the PE is submitted without needing to certify their ability to serve the individual. After the NF admits the person on the PL1 Screening Form, the status of the Preadmission PL1 Screening Form will automatically be updated to ***Individual Placed in NF - PE Confirmed,*** and the form history notes of the PL1 Screening Form will also be updated to indicate that the individual has been admitted to the NF.
PL1 Inactive	The LTC Online Portal has inactivated the PL1 Screening Form because a resident has died or been discharged. The PL1 Screening Form can no longer be updated. If there is an associated PE, then the PE status was moved to ***Form Inactivated***.

PASRR Evaluation Status	Description
Appealed	***Appealed Doctor Review*** – Additional information has been submitted after a fair hearing was requested regarding the PE, and the evaluation is currently being reviewed by a TMHP physician. ***FH Doctor Appeal Denied*** – Additional information has been submitted after the PE has been placed in ***MN Denied*** status, and a TMHP physician has determined that the additional information still does not support MN. ***Pending Fair Hearing*** – A fair hearing has been requested by the resident or NF.
Approved	The information submitted on the Preadmission PE meets the criteria to approve MN.
Denied	***Doctor Overturn Denied*** – Additional information has been submitted after the PE was placed in a status of ***MN Denied***, and a TMHP physician has determined that the additional information still does not support MN. ***FH Appeal Denied*** – The PE MN denial has been upheld by the fair hearing officer. ***MN Denied*** – A TMHP physician has determined that the submitted information on the PE does not meet the criteria to approve MN. The submitter should contact the TMHP nurse line within 14 business days. ***Overturn Doctor Review Expired*** – The PE will move into this status if no additional information is submitted for review within the 14 business days following MN denial.
Form Inactivated	The PE has been inactivated. If an inactive PE has a PTID in ***LA Action Required*** status, the PE can still be updated.
Form Submitted	The PE has been successfully submitted to the LTC Online Portal. A DLN has been assigned to the PASRR Evaluation, and the active PL1 Screening Form has been linked to the PE. This is a transitional status that will be found only in the History section. This status cannot be searched for using FSI.
Negative PASRR Eligibility	The PE confirmed that the person does not have a mental illness, intellectual disability, or developmental disability.
Overturned Doctor Review	Positive preadmission evaluation was denied MN, and the provider supplied more information. The evaluation is undergoing additional review by a TMHP physician. It can still be approved or denied at this point.

PASRR Evaluation Status	Description
Pending Denial (need more information)	***Pending Denial*** – A TMHP nurse was unable to approve MN on the PE based on the submitted information. The submitter has 21 calendar days to submit clarifying or additional information for further review. This can be done by contacting the TMHP nurse, adding a note to the PE, or faxing additional information to TMHP. ***Pending Doctor Review*** – The PE is currently being reviewed by a TMHP physician to determine whether the submitted information meets the criteria for MN determination.
Pending Review	MN determination on the Preadmission PE is pending TMHP nurse review because the positive Preadmission PE was not approved through the automated MN determination process.
Pending Form Completion	The PE was completed with only one PASRR eligibility consideration so far (e.g., IDD only) when it was submitted for both PASRR eligibility considerations (e.g., IDD and MI). The other PASRR eligibility consideration still needs to be submitted by the applicable LA.
Pending PASRR Eligibility	The PE has been successfully submitted and is now pending evaluation of PASRR eligibility. This is a transitional status that will be found only in the History section. This status cannot be searched for using FSI.
Positive PASRR Eligibility	The PE indicates that the person meets the requirements for PASRR services, and it was initiated from an Exempted Hospital Discharge, Expedited Admission, or Negative PL1 Screening Form.

PASRR Comprehensive Service Plan Status	Description
Form Completed	The PCSP form has been submitted successfully on the LTC Online Portal.

PASRR Nursing Facility Specialized Services Status	Description
AI Check Inactive	Applied income (AI) validation on the NFSS form was attempted nightly for up to 30 days and failed, or the request was canceled. The NF must submit a new NFSS request after AI can be processed successfully.
Applied Income Confirmed	AI is confirmed on an NFSS form.
ID Confirmed	Medicaid ID is confirmed on the NFSS form.
ID Invalid	Medicaid ID validation failed on the NFSS form. The NFSS form cannot be processed until the Medicaid ID is corrected. Contact the Medicaid eligibility worker to verify the person's name, Social Security number, and Medicaid ID. A new form must be submitted with the corrected information. The name entered must match the name shown on the person's Medicaid ID card.

PASRR Nursing Facility Specialized Services Status	Description
Incomplete	Indicates an incomplete Electronic Data Interchange form submission on an NFSS request. After five days in ***Pending Submission*** status, the status will be automatically set to ***Incomplete*** if the X12 275 file has not been received.
ME Check Inactive	Medicaid eligibility (ME) validation on the NFSS form was attempted nightly for 30 days and failed, or the request was canceled.
Med ID Check Inactive	Medicaid ID validation on the NFSS form was attempted nightly for 30 days and failed, or the request was canceled. Contact the Medicaid eligibility worker to verify the person's name, Social Security number, and Medicaid ID.
Medicaid ID Pending	Medicaid ID validation on the NFSS form is pending. Validation attempts occur nightly until deemed valid or invalid or until 30 days has expired, whichever comes first. This status also applies to private-pay people whose NFSS requests are successfully but unnecessarily submitted on the LTC Online Portal. If the person never applies for Medicaid, the status will be set to ***Med ID Check Inactive***.
Pending Applied Income	AI validation on the NFSS form is pending. Validation attempts occur nightly until AI is found, the request is canceled, or 30 days have expired, whichever comes first.
Pending Medicaid Eligibility	Medicaid eligibility on the NFSS form is pending. Validation attempts occur nightly until eligibility is found, the request is canceled, or 30 days have expired, whichever comes first.
Pending Submission	Incomplete Electronic Data Interchange submission of an NFSS form – awaiting submission of Form X12 275 (Additional Information to Support a Health Care Services Review) up to five calendar days to complete form submission on the LTC Online Portal.

The PTID and associated statuses for the PE are located on the Authorization tab, with the PTID statuses shown in the PTID Status columns (H0100B and H0200B). The IDD PTID Status and the MI PTID Status are shown separately. For the NFSS, the PTID and the associated statuses are located in the A. PTID and B. PTID Status columns in the Auth Summary tab and in the Authorization section of the Assessment and Service tabs on the NFSS form.

PTID Transaction Status	Description
Appealed (NFSS Only)	A fair hearing has been requested by the person seeking services or their LAR.
Approved (NFSS Only)	The PTID is approved by the HHSC PASRR Reviewer.
Coach Pending More Info	The PCS is waiting for additional information from the provider.
Coach Review	The PTID is under review by a PCS Coach.

PTID Transaction Status	Description
Documented/Complete (NFSS Only)	The assessment PTID has successfully completed processing, but HHSC will not pay for the new assessment. The assessment also can be used to create service authorization from this form.
Denial Overturned (NFSS Only)	Denial of the PTID has been overturned, or PTID is approved at a fair hearing.
Denial Upheld (NFSS Only)	Denial of the PTID has been upheld, or PTID is denied at a fair hearing.
Denied (NFSS Only)	The PTID has been denied by the HHSC PASRR Reviewer.
Denied No FH (NFSS Only)	The request for specialized services on the NFSS form did not pass the form validations; therefore, it did not reach the HHSC PASRR Reviewer's workflow. The person or the LAR has the option of requesting a fair hearing on the validation that failed (e.g., Medicaid eligibility).
FH Expired (NFSS Only)	The time period for requesting a fair hearing has expired.
Inactivated (NFSS Only)	The PTID has been inactivated by the HHSC PASRR Reviewer.
Invalid/Complete	HHSC processing deemed that this PE PTID or NFSS PTID is invalid for processing. See the applicable history trail for details.
Item Not Received (NFSS Only)	A CMWC or DME item has not been certified by an NF in 365 days.
Item Transferred (NFSS Only)	A requested CMWC or DME item has been transferred to another NF.
LA Action Required (PE Only)	The local authority should open the PE and read the information in the PTID MI or IDD History to determine the correct action. See the table below for PTID status messages and the action that should be taken.
Out of State MD/DO License Invalid (NFSS Only)	An out-of-state MD/DO license is confirmed to be invalid.
Out of State MD/DO License Valid (NFSS Only)	An out-of-state MD/DO license is confirmed to be valid.
Out of State Therapist License Invalid (NFSS Only)	The therapist on the PTID is not licensed in Texas.
PCS Documented/Complete (NFSS Only)	The PCS has successfully completed processing the assessment PTID, but HHSC will not pay for the new assessment. The assessment can be used to create service authorizations from this form.
PCS Processed/Complete	The PTID has been successfully processed by PCS.
Pending Denial (NFSS Only)	The PTID is pending additional information for approval.
Pending MD/DO License Verification (NFSS Only)	Out-of-state MD/DO credentials are pending verification.
Pending More Info	The PCS is awaiting additional information from the provider.
Pending NF Receipt (NFSS Only)	The CMWC or DME is pending receipt and certification by the NF.
Pending State Confirmation (NFSS Only)	The PTID is pending confirmation by the HHSC PASRR Reviewer for the receipt of the CMWC or DME item.

PTID Transaction Status	Description
Pending State Review (NFSS Only)	The PTID is pending review by the HHSC PASRR Reviewer for the assessment, service, or CMWC/DME item request.
Processed/Complete	The PTID has successfully completed processing.
Provider Action Required (NFSS Only)	The PTID requires action by the provider.
PTID Submitted (NFSS Only)	The NFSS PTID has been successfully submitted on the LTC Online Portal.
Recert - Reference Only (NFSS Only)	This status indicates that the assessment PTID for a therapy recertification has completed its processing.
SAS Request Pending	The NFSS form has passed all post-submission validations (Medicaid ID, Medicaid eligibility, and AI), assessment, item, and service approvals, and the NFSS PTID was sent to the HHSC SAS system for processing. The PE PTID was sent to the HHSC SAS system for processing.
Submit to SAS	PTID information has been submitted to the HHSC Service Authorization System.
Submitted to PASRR Unit (NFSS Only)	The PTID has been submitted to the HHSC PASRR Reviewer for review and completion.
Submitted to PCS	The PTID has been submitted to the HHSC PCS for review and completion.

Appendix H: NFSS Form Validations

Based on information entered in certain fields and on the sequence in which the form is initiated or submitted, validations will occur and may result in an error. The form will not be accepted until all errors are resolved. The system messages will be displayed at the top of the LTC Online Portal submission page. If you do not receive a DLN number after clicking the **Submit Form** button, errors must be resolved. You may need to scroll to the top of the page to see the errors.

System Validation Name (Invoked at the time of NFSS form initiation)	System Message	System Message Resolution (Assistance for resolving error)
Age	Resident must be at least 21 years of age to qualify for NF PASRR Specialized Services. Click **OK** to return to PL1.	The NFSS submitter must wait until the person is at least 21 years old before attempting to submit the NFSS form again.
Valid Medicaid ID	Resident's Medicaid No. is not valid. Click **OK** to return to PL1.	The NFSS submitter must validate the person's Medicaid number that is on file at HHSC by calling 211.
Valid Resident	Resident's identifying information is not valid. Please review Resident's identifying information for Last Name, SSN and Birth Date. Click **OK** to return to PL1.	After returning to the PL1 Screening Form, the NFSS submitter must validate the person's last name, Social Security number, and date of birth that are on file at HHSC.
Valid PL1 Validation	PL1 from which this form was initiated is no longer valid. Request for Authorization of PASRR NF Specialized Services must be initiated from a valid PL1.	Submitter must validate that the NFSS form is associated with an active PL1 Screening Form, which means that the PL1 Screening Form cannot be in any one of the following form statuses: ***PL1 Inactive, Form Inactivated, Individual Chose Alternate Setting,*** or ***NF Placement Process Exhausted.***
Valid PE Validation	PE associated to the PL1 from which this form was initiated no longer reflects the resident as having IDD or IDD/MI. Request for Authorization of PASRR NF Specialized Services must be initiated from a valid PL1 which has a supporting IDD or IDD/MI PE.	Submitter must validate that the NFSS form is associated with an active PE form that is PASRR positive for ID or DD.

System Validation Name (Invoked at the time of NFSS form initiation)	System Message	System Message Resolution (Assistance for resolving error)
IDT Submitted Validation (Warning Only)	IDT not found. Click **OK** to continue with submission or **Cancel** to return to the form.	The associated IDT was not found in the database linked to a PCSP or the initiating PL1 Screening Form. If you proceed with form submission, the system will insert the following note in the form History: IDT not found.
IDT Date Validation (Warning Only)	One of the following warning messages will be displayed depending on the NFSS request type: Requests for CMWC/DME specialized services must be initiated within 30 calendar days of IDT date per §19.2704. Requests for Occupation Therapy specialized services must be initiated within 30 calendar days of IDT date per §19.2704. Requests for Physical Therapy specialized services must be initiated within 30 calendar days of IDT date per §19.2704. Requests for Speech Therapy specialized services must be initiated within 30 calendar days of IDT date per §19.2704. All of the above warning messages will include the following actions: Click **OK** to continue with submission or **Cancel** to return to the form.	If you proceed with form submission, the system will insert one of the following notes in the form History depending on the NFSS request type: NFSS Form request for CMWC/DME was not submitted within 30 calendar days of the IDT meeting. NFSS Form for Occupational Therapy was not submitted within 30 calendar days of the IDT meeting. NFSS Form for Physical Therapy was not submitted within 30 calendar days of the IDT meeting. NFSS Form for Speech Therapy was not submitted within 30 calendar days of the IDT meeting.

System Validation Name (Invoked at the time of NFSS form initiation)	System Message	System Message Resolution (Assistance for resolving error)
Physician License Validation	One of the following error messages will be displayed depending on the NFSS request type: Referring Physician's License No. is not valid. Physical Therapy Referring Physician's License No. is not valid. Occupational Therapy Referring Physician's License No. is not valid. Speech Therapy Referring Physician's License No. is not valid.	The NFSS submitter must validate the physician's license on the NFSS form by verifying the License No., License Issuance Date, Signature Date, and License Expiration Date.
NF Contract Validation	One of the following error messages will be displayed depending on the NFSS request type: NF Contract No. is not valid for the Date of Assessment. NF Contract No. not valid for the Occupational Therapy Date of Assessment. NF Contract No. not valid for the Physical Therapy Date of Assessment. NF Contract No. not valid for the Speech Therapy Date of Assessment.	The NFSS submitter must validate the NF's provider number (contract number) on the NFSS form and that the assessment date falls within the contract date range. If either of these conditions is no longer valid, then a new PL1 Screening Form and PE may need to be submitted with a valid NF provider number and NF contract date range.

System Validation Name (Invoked at the time of NFSS form initiation)	System Message	System Message Resolution (Assistance for resolving error)
Recert Therapy NF Contract Validation	NF Contract No. is not valid for today's date.	The NFSS submitter must validate the NF's provider number (the contract number) on the NFSS form and that the attempted date of NFSS submission falls within the contract date range. If either of these conditions is no longer valid, then a new PL1 Screening Form and PE may need to be submitted with a valid NF provider number and NF contract date range.
Assessment Duplicate Check Validations	One of the following warning messages will be displayed depending on the NFSS request type: A previously approved assessment has been identified. A previously approved Occupational Therapy Assessment for the same Vendor No., Individual, and Date has been identified. A previously approved Physical Therapy Assessment for the same Vendor No., Individual, and Date has been identified. A previously approved Speech Therapy Assessment for the same Vendor No., Individual, and Date has been identified. All of the above warning messages will include the following actions: Click **OK** to submit or **Cancel** to return to the form.	This warning message indicates that the system found another NFSS form previously approved for the same NF vendor number, Medicaid number, NFSS request type, and assessment date. The new NFSS form will be submitted on the LTC Online Portal if the NFSS submitter clicks the **OK** button. This message refers to a form submitted that would have a ***Documented/Completed*** status if approved. This assessment would not be paid for but could be used to create service authorizations.

System Validation Name (Invoked at the time of NFSS form initiation)	System Message	System Message Resolution (Assistance for resolving error)
Daily Care Check Validation	This is the error message for a CMWC or DME assessment: This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form. This is the error message for a CMWC or DME item: This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form. (Continued on the next page.)	The system will not allow the NFSS form to be submitted on the LTC Online Portal. The NFSS submitter must submit their 3618, 3619, and/or MDS-LTCMI to establish the necessary service authorization. If the person is under hospice care, the NFSS submitter must confirm with the hospice provider that their 3071 and 3074 forms have been submitted.

System Validation Name (Invoked at the time of NFSS form initiation)	System Message	System Message Resolution (Assistance for resolving error)
Daily Care Check Validation	These are the error messages for therapy assessments: The Occupational Therapy (OT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the OT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form. (Continued on the next page.)	The system will not allow the NFSS form to be submitted on the LTC Online Portal. The NFSS submitter must submit their 3618, 3619, and/or MDS/LTCMI to establish the necessary service authorization. If the person is under hospice care, the NFSS submitter must confirm with the hospice provider that their 3071 and 3074 forms have been submitted..

System Validation Name (Invoked at the time of NFSS form initiation)	System Message	System Message Resolution (Assistance for resolving error)
Daily Care Check Validation	The Physical Therapy (PT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the PT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form. The Speech Therapy (ST) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the ST assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form. This is the error message for the therapy service: This Therapy request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	The system will not allow the NFSS form to be submitted on the LTC Online Portal. The NFSS submitter must submit their 3618, 3619, and/or MDS/LTCMI to establish the necessary service authorization. If the person is under hospice care, the NFSS submitter must confirm with the hospice provider that their 3071 and 3074 forms have been submitted.

Appendix I: PL1, PE, and PCSP Form Validations

If a PL1 Screening Form, PE, or PCSP does not pass form submission validations, the LTC Online Portal will display one or more of the following error messages.

PASRR Level 1 Submission Errors

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
PL1_PASRRConditionCheck	The previously submitted PE is positive for <PASRR Condition(s) of Latest PE>. Correct the PL1 to include <PASRR Condition(s) of Latest PE> and re-submit.	The new PL1 Screening Form's PASRR eligibility doesn't match the previous positive PE's PASRR eligibility. The PL1 Screening Form submitter must update the PASRR eligibility on the new PL1 Screening Form to include the PASRR eligibility of the PE indicated in the error message. The PE submitted from the new PL1 Screening Form will confirm or deny the PASRR eligibility selected on the new PL1 Screening Form. The <PASRR Condition(s) of Latest PE> verbiage in this error message will be substituted by the system with the actual PASRR conditions that was indicated on the latest PE as positive for PASRR eligibility (ex. MI, ID, or DD). All applicable PASRR conditions will be documented in this one error message.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Individual Info Validation	Individual's identifying information is not valid. Please review Individual's identifying information for <field name> to correct on this form. If this form cannot be corrected, please contact the TMHP LTC Help Desk to report this problem.	Refer to the message for guidance. The <field name> verbiage in this error message will be substituted by the system with the actual field name that contains the incorrect information (ex. Last Name, Social Security No., or Birth Date). If more than one of these fields contains incorrect information, you will see a separate error message for each one.
Submitter Contract Validation	The Provider No. of the submitter is not valid for the PL1 Date of Screening.	Verify that the assessment date is within the submitter's contract date range. If it is not, then the contract date range will need to be updated.
NF Choice Contract Validation	NF Choice Provider No. [provider number/vendor number] is not valid for the PL1 Date of Screening.	Verify that the assessment date is within the contract date range of the NF that is listed on the PL1 Screening Form Section D tab. If it is not, then the contract date range will need to be updated.
LA IDD Contract Validation	LA - IDD Provider No. is not valid for the PL1 Date of Screening.	Verify that the assessment date is within the LMHA/LBHA's contract date range. If it is not, then the contract date range will need to be updated.
LA MI Contract Validation	LA - MI Provider No. is not valid for the PL1 Date of Screening.	Verify that the assessment date is within the LIDDA's contract date range. If it is not, then the contract date range will need to be updated.
Nursing Facility Choices Validation	The number of Nursing Facility Choices listed on Section D is not valid. There must only be one Nursing Facility Choice listed on Section D.	The LA cannot submit a PL1 Screening Form with more than one NF choice on the Section D tab unless it's submitted with the Preadmission process.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Duplicate Validation and Cross Demographic Information Validation	The screening date that was selected or entered on this PL1 is the same as the screening date that is currently on file for this individual. Please revise it on this PL1 and resubmit.	The new PL1 Screening Form cannot be submitted because there is another PL1 Screening Form already submitted with the same assessment date for the same person. If the assessment occurred on the same date as the previous PL1 Screening Form, another PL1 Screening Form is not required. A PE will confirm PASRR eligibility if there's an issue with the PASRR eligibility on the previous PL1 Screening Form.
Inactivate Previous PL1 and PE Validation	Another active PL1 and PE exists for this individual. The PL1 and PE on record will be inactivated if you click **OK** to proceed with this PL1 submission. To revise and resubmit this PL1, click the **Cancel** button. OR Another active PL1 exists for this individual. The PL1 on record will be inactivated if you click **OK** to proceed with this PL1 submission. To revise and resubmit this PL1, click the **Cancel** button. OR Another active PL1 with a Date of Screening later than this PL1 already exists.	These are warning messages to indicate that the PL1 Screening Form submitter will inactivate the previous PL1 Screening Form (and an associated PE if one exists) if the **OK** button is clicked.

PASRR Evaluation Submission Errors

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Individual Information Validation	The following error message will be displayed if the PE is being initiated: "Individual's identifying information is not valid. Please review Individual's identifying information for <field name> to correct on the PL1. The PE can be initiated again after this field is updated on the PL1." The following error message will be displayed if the PE is being updated: "Individual's identifying information is not valid. Please review Individual's identifying information for <field name> to correct on this form. If this form cannot be corrected, please contact TMHP LTC Help Desk to report this problem."	Refer to the message for guidance. The <field name> verbiage in this error message will be substituted by the system with the actual field name that contains the incorrect information (ex. Last Name, Social Security No., or Birth Date). If more than one of these fields contains incorrect information, you will see a separate error message for each one.
Submitter Contract Validation	The Provider No. of the submitter is not valid for the PE evaluation date(s).	Verify that the evaluation date is within the submitter's contract date range. If it is not, then the contract date range will need to be updated.
LA IDD Contract Validation	The LA - IDD Provider No. is not valid for the Date of IDD Evaluation.	Verify that the evaluation date is within the LIDDA's contract date range. If it is not, then the contract date range will need to be updated.
LA MI Contract Validation	The LA - MI Provider No. is not valid for the Date of MI Evaluation.	Verify that the evaluation date is within the LMHA/LBHA's contract date range. If it is not, then the contract date range will need to be updated.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Inactivate Previous PE Validation	Another active PE exists for this individual. The PE on record will be inactivated if you proceed with this PE submission. Click **OK** to proceed with this submission. To revise, click the **Cancel** button.	Refer to the message for guidance.
Duplicate Validation	This form is a duplicate of a previously submitted form. Please revise and submit.	The new PE cannot be submitted because another PE has already been submitted with the same evaluation date for the same person. If corrections are required, submit another PE.
Invalid Date of Assessment Validation	The date of evaluation that was selected or entered on this PE is earlier than the date of evaluation that is currently on file.	If the evaluation date was entered in error, the PE submitter must change the evaluation date on the new PE to be the same as or later than the evaluation date on the previous PE.
Invalid Type of Assessment Validation	Another active PE (Previous PE DLN) exists for this individual with a different evaluation type. Please select "3. IDD and MI" in field A0600 on this new PE, and complete both PASRR eligibility determination tabs (Section B and Section C) as appropriate.	Update the evaluation type of the new PE to be submitted with a dual diagnosis (e.g., IDD and MI), and then indicate if one of them is negative where applicable.
Dual Type of Assessment Validation	Section B (IDD Evaluation) OR Section C (MI Evaluation) must be completed. OR Section B (IDD Evaluation) AND Section C (MI Evaluation) must be completed.	Section B (IDD Evaluation) OR Section C (MI Evaluation) must be completed.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
PL1 and PE Assessment Date Validation	The MI and/or IDD Date of Evaluation must be on or after the PL1 Date of Screening.	The PE's evaluation date cannot be before the initiating PL1 Screening Form's screening date. The PE submitter must enter an evaluation date on the PE that is the same as or later than the PL1 Screening Form's evaluation date.
PE Resident Review Check	A Resident Review cannot be conducted for this individual. The individual no longer resides in this Nursing Facility.	This message indicates that the PL1 Screening Form was updated for a discharge or death of the person when the PE was saved as a draft. Therefore, a PE cannot be completed or submitted on the LTC Online Portal for this person.

PCSP Submission Errors

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Valid Associated PL1 Validation	PL1 associated to the PE from which this form was initiated is no longer valid. PCSP form must be initiated from a PE with a valid PL1. The PASRR process must be started again by submitting a PL1, and associated PE and PCSP if applicable, if the individual is residing at the NF.	A PL1 Screening Form associated with the PCSP is invalid when the PL1 Screening Form status is either ***NF Placement Process Exhausted*** or ***Individual Chose Alternate Setting***. A PL1 Screening Form associated to the PCSP can be inactive as long as the meeting date on the PCSP form is before the date of inactivation, discharge, or death on the PL1 Screening Form.
Valid Initiating PE Validation	PE from which this form was initiated is no longer valid. PCSP form must be initiated from a valid PE. If this is a new meeting to be added on an existing PCSP DLN, then a new Initial IDT needs to be submitted before this meeting can be documented on the Portal.	A PE is not valid when it is inactive and the meeting date on the PCSP is later than the PE's inactivation date. If the meeting actually occurred before or on the date that the PE was inactivated, then the PCSP submitter should enter the correct meeting date on the PCSP form.
One Initial per PE Validation	An Initial IDT/SPT meeting has already been submitted for this PE.	Only one Initial IDT/SPT meeting can be initiated from a PE. If this is the next annual meeting, then the PCSP submitter must initiate a new PCSP form from the PE and select the Annual IDT/SPT meeting type.
Annual time from Initial/Annual Validation	11 months have not passed since the individual's last Initial OR Annual IDT/SPT meeting was convened.	The next Annual IDT/SPT meeting cannot be convened until at least 334 days have passed since the last Initial or Annual IDT/SPT meeting was convened.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
LA submission after Initial/ Annual for PE Validation	Quarterly/LA Update cannot be submitted as a new PCSP DLN if an Initial/Annual PCSP DLN is already present for the PE. Please use the 'Add Meeting' functionality on the existing Initial/Annual PCSP DLN to submit this meeting information.	Refer to the message for guidance.
NF Info matches Associated PL1 Validation	The NF information on the PCSP does not match the NF on the PL1.	If an LA is submitting a new PCSP form, they must enter the NF information that matches what is documented on the associated PL1 Screening Form.
Individual info Validation	Individual's identifying information is not valid. Please review Individual's identifying information for <field name> to correct on this form. If this form cannot be corrected, please contact the TMHP LTC Help Desk to report this problem.	Refer to the message for guidance. The <field name> verbiage in this error message will be substituted by the system with the actual field name that contains the incorrect information (ex. Last Name, Social Security No., or Birth Date). If more than one of these fields contains incorrect information, you will see a separate error message for each one.
NF Contract Validation	NF Provider No. is not valid for the Date of Meeting.	The meeting date does not fall within the NF's contract date range. The NF's contract may need to be updated to be valid for the meeting date.
LA - MI Contract Validation	LA - MI Provider No. is not valid for the Date of Meeting.	The meeting date does not fall within the LA-MI's contract date range. The LA-MI's contract may need to be updated to be valid for the meeting date.
LA - DD Contract Validation	LA - IDD Provider No. is not valid for the Date of Meeting.	The meeting date does not fall within the LA-IDD's contract date range. The LA-IDD's contract may need to be updated to be valid for the meeting date.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Meeting Date Sequencing on PCSP	Another IDT/SPT meeting with a date on or later than this IDT/SPT meeting already exists.	Meetings cannot be submitted on the PCSP form out of date sequence. If a meeting actually occurred before the latest meeting submitted on the PCSP form, then contact PASRR.Support@hhs.texas.gov for assistance.
Required Participant Validation	NF-RN, Individual and/or LAR, LA - IDD (if individual is positive for ID and/or DD) and LA - MI (if individual is positive for MI) are required to be entered as a Participant Type. OR NF, Individual and/or LAR, LA - IDD (if individual is positive for ID and/or DD) and LA - MI (if individual is positive for MI) are required to be entered as a Participant Type. OR LA - IDD (if individual is positive for ID and/or DD) and LA - MI (if individual is positive for MI) are required to be entered as a Participant Type.	The meeting submitter must add the missing participants to the Participants Information section on the PCSP form. Make sure that the correct participant type is selected in field A2500A of the applicable row so the system can pass the validation.
Date Validation of PCSP with PE	IDT/SPT meeting date cannot be earlier than the PE Assessment Date.	The meeting submitter must enter a meeting date on or after the PE's assessment date.
365 day check from Initial/ Annual Validation	This Quarterly or LA Update meeting must be added to the next Annual IDT/SPT meeting.	If the new meeting was convened more than 365 days from the last Initial or Annual IDT/SPT meeting date on the selected PCSP DLN, then the meeting submitter must find a more recent PCSP form submitted on the LTC Online Portal to add the new meeting to.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Valid Meeting Type Validation	Due to a system error, the meeting type entered in field A0700 was changed. Please enter the meeting information again by reopening the applicable PE DLN or PCSP DLN from FSI, and do not use the back arrow button on the IE web browser session during the meeting entry in order to avoid additional errors.	This validation is to ensure that the LA is only submitting a quarterly or LA update meeting type and that the NF is submitting only an initial or annual IDT/SPT meeting type.
Medicaid Eligibility Validation	Medicaid Eligibility not found for the person for the Date of Meeting or later. OR Medicaid Eligibility is unable to be determined. Both of these messages include the following options: Please click on **Cancel** to return to the meeting without submitting or click **OK** to continue with the meeting submission.	The purpose of this validation is to explain why the PASRR specialized services that are selected on the PCSP form may not be delivered using Medicaid funding. Other funding sources, if available, may be used to deliver the PASRR specialized services if Medicaid eligibility is not found or cannot be determined.

Appendix J: Completion Transaction Processing Errors for the PE Form

The PTID Messages and Suggested Actions table provides information about the PTID messages you will see in the PE PTID History for MI and IDD.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
PS-0001: This authorization request cannot be processed because the submitted Medicaid No., Social Security No., or Medicare No. matches a different individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.	PE Completion	The person's identifying information on the PE does not match the identifying information on file. • If a Medicaid No. was submitted, it does not match the last name on file. Update the information as needed, and resubmit. • If a Medicaid No. was not submitted but a Social Security No. was submitted, the Social Security No. does not match the last name on file. Update the information as needed, and resubmit. • If no Medicaid No. or Social Security No. was submitted, the Medicare No. submitted does not match the last name on file. Update the information as needed, and resubmit. • If the information that was submitted on the PE is correct for the applicable scenario above, contact HHSC at 211 to verify whether the identifying information on the PE matches the information that is on file at HHSC for this person. – If the identifying information on the PE is incorrect, update it as needed, and resubmit. – If the identifying information on file at HHSC is incorrect, contact the person or LAR, and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
PS-0002: This authorization request cannot be processed because the submitted Medicaid No. matches a different individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.	PE Completion	The person's identifying information on the PE does not match the identifying information on file for the submitted Medicaid No. • If the Medicaid No. that was submitted does not match the First and Last Name on file, update the information as needed, and resubmit. • If the Medicaid No. that was submitted matches the First and Last Name on file but the Social Security No. submitted does not match the Social Security No. on file, update the information as needed, and resubmit. • If the Medicaid No. that was submitted matches the First and Last Name on file but the Medicare No. that was submitted does not match the Medicare No. on file, update the information as needed, and resubmit. • If the Medicaid No. that was submitted matches the First and Last Name, but the Birth Date that was submitted does not match the Birth Date on file, update the information as needed, and resubmit. • If the above information is all correct on the PE, contact HHSC at 211 to verify whether the identifying information on the PE matches the information that is on file at HHSC for this person. – If the identifying information on the PE is incorrect, update it as needed, and resubmit. – If the identifying information that is on file at HHSC is incorrect, contact the person or LAR, and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
PS-0003: This authorization request cannot be processed because the submitted Social Security No. matches a different individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.	PE Completion	A Medicaid No. was not submitted, and the person's Social Security No. on the PE matches more than one person on file. • If the Social Security No., First Name, or Last Name are incorrect on the PE, update the information as needed, and resubmit. • If the Social Security No., First Name, and Last Name are correct on the PE, contact HHSC at 211 to verify whether the identifying information on the PE matches the information on file at HHSC for this person. – If the identifying information on the PE is incorrect, update it as needed, and resubmit. – If the identifying information on file at HHSC is incorrect, contact the person or their LAR, and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.
PS-0004: This authorization request cannot be processed because the submitted Medicare No. and Birth Date match a different individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.	PE Completion	A Medicaid No. or Social Security No. was not submitted, and the person's Medicare No. on the PE matches more than one person on file. • If the Birth Date, Medicare No., First Name, or Last Name are incorrect on the PE, update the information as needed, and resubmit. • If the Birth Date, Medicare No., First Name, and Last Name are correct on the PE, contact HHSC at 211 to verify whether the identifying information on the PE matches the information on file at HHSC for this person. – If the identifying information on the PE is incorrect, update it as needed, and resubmit. – If the identifying information on file at HHSC is incorrect, contact the person or their LAR, and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.	PE Completion	The person's Medicaid No. on the PE is not on file. • If the Medicaid No. is incorrect on the PE, update it and resubmit. • If the Medicaid No. is correct on the PE, contact HHSC at 211 to verify whether the Medicaid No. on the PE matches the Medicaid No. on file at HHSC for this person. • If the identifying information on the PE is incorrect, update it as needed, and resubmit. • If the identifying information on file at HHSC is incorrect, contact the person or their LAR, and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
PS-0006: This authorization request cannot be processed because a Medicaid No. cannot be identified by HHSC. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.	PE Completion	A Medicaid No. was not submitted, and the person's identifying information on the PE is not on file. • If a Social Security No. was submitted: – There are multiple records on file for the Social Security No., First Name, and Last Name that were submitted on the PE, but none of them match the Birth Date that was submitted. – If the Social Security No., Name, or Birth Date on the PE are incorrect, update the information as needed, and resubmit. • If a Medicare No. was submitted: – There are multiple records on file for the Medicare No., First Name, Last Name, and Birth Date that were submitted on the PE. – If the Medicare No., Name, or Birth Date on the PE is incorrect, update the information as needed, and resubmit. • If the identifying information on the PE is correct, contact HHSC at 211 to verify that the identifying information on the PE matches the information on file at HHSC for this person. – If the identifying information on the PE is incorrect, update it as needed, and resubmit. – If the identifying information on file at HHSC is incorrect, contact the person or their LAR and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.
PS-1000: This authorization request cannot be processed because another LA has a PE Completion authorization for this individual and requested date. Contact HHSC LTC Provider Claims Services for assistance, if needed.	PE Completion	There is already a Service Authorization on file for the person, date, and service but for a different provider. – If the Date of MI or IDD assessment on the PE is incorrect, update it, and resubmit. – If the date is correct on the PE, contact HHSC Provider Claims Services at 512-438-2200, option 1, for assistance.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
PS-1002: This authorization request modification cannot be processed because the individual's identifying information has been changed on the Portal since the authorization was created at HHSC.	PE Completion Modification	The person's Medicaid No., Social Security No., Medicare No., Birth Date, and Name cannot be modified after a Service Authorization has been created at HHSC. Contact HHSC Provider Claims Services at 512-438-2200, option 1, for assistance.
PS-1004: This authorization request modification cannot be processed because another LA has a PE Completion authorization for this individual and requested date. Contact HHSC LTC Provider Claims Services for assistance, if needed.	PE Completion Modification	There is already a Service Authorization on file for the person on the requested date for the same service but for a different provider. • If the requested Date of MI or IDD assessment (for MI or IDD PE Completion) on the PE is incorrect, update it and resubmit. • If the date is correct on the PE, contact HHSC Provider Claims Services at 512-438-2200, option 1, for assistance.
PS-1005: This authorization request cannot be processed because the submitted Contract No. is not valid as of the Date of Assessment. Update the form or resubmit the transaction when the service becomes effective.	PE Completion, or PE Completion Modification	The provider's contract is either not in effect as of the Date of MI or IDD assessment, or the provider is not authorized to perform that service. • Review the contract to determine whether the submitted service is authorized for the requested date. • If the Date of MI or IDD assessment on the PE is incorrect, update it, and resubmit. • If the contract or service is not yet in effect, resubmit the rejected transaction after the service is effective in the system. • If the date and service are correct on the PE and covered by the contract, contact HHSC Provider Claims Services at 512-438-2200, option 1, for assistance.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
PS-1006: This authorization request cannot be processed because more than one transaction was submitted on the same day, with the same Date of Assessment, for the same service.	PE Completion, or PE Completion Modification	HHSC attempted to process two transactions for the same person, provider, effective date, and service on the same day. • Validate the effective date on the transactions submitted. • If the effective date is incorrect on one transaction, update the PE, and resubmit. In addition, resubmit the other rejected transaction so that both will be processed. • If one of the transactions was submitted in error, resubmit only the necessary transaction.
PS-2000: This authorization request cannot be processed because the submitted Provider No. is not valid as of the Date of Assessment. Update the form or resubmit the transaction when the service becomes effective.	PE Completion, or PE Completion Modification	The provider's contract is either not in effect as of the Date of MI or IDD assessment, or the provider is not authorized to perform that service. • Review the contract to determine whether the service that was submitted is authorized for the requested date. • If the Date of MI or IDD assessment on the PE is incorrect, update it, and resubmit. • If the contract or service is not yet in effect, resubmit the rejected transaction after the service is effective in the system. • If the date and service are correct on the PE and covered by the contract, contact HHSC Provider Claims Services at 512-438-2200, option 1, for assistance.

Appendix K: Alert Descriptions

Alert	Communication to the Local Authority (Incoming Alerts)
Change in comatose condition - Conduct PE	An MDS Assessment does not confirm comatose as indicated on the PL1 Screening. Conduct PE. The LA must initiate a new PE from the PL1 Screening Form in ***Comatose - Awaiting Change of Condition*** status to evaluate what PASRR eligibility and specialized services are now available for the NF resident.
Change of condition - Conduct PE	An MDS SCSA indicates potentially PASRR positive eligibility. Conduct PE. The LA should check for what PASRR eligibility conditions were changed on the MDS first (ex. was MI positive and is now MI negative). If the changed PASRR eligibility conditions no longer align with the latest PE, then the LA should complete and submit a new PE.
Complete IDD Section on the PASRR Evaluation	The IDD Section on the PASRR Evaluation <DLN> must be completed and submitted on the TMHP LTC Online Portal within 7 days of this notification. The IDD Section of the PASRR Evaluation has not been submitted on the TMHP LTC Online Portal. The LIDDA responsible for the IDD Section of the PASRR Evaluation should complete the IDD Section of the PE DLN indicated in the alert details. This alert is triggered for a dual PE because only the MI side has been completed and submitted thus far.
Complete MI Section on the PASRR Evaluation	The MI Section on the PASRR Evaluation <DLN> must be completed and submitted on the TMHP LTC Online Portal within 7 days of this notification. The MI Section of the PASRR Evaluation has not been submitted on the TMHP LTC Online Portal. The LMHA/LBHA responsible for the MI Section of the PASRR Evaluation should complete the MI Section of the PE DLN indicated in the alert details. This alert is triggered for a dual PE because only the IDD side has been completed and submitted thus far.
Conduct PASRR Evaluation - First Notification	An individual exhibiting signs of MI and/or IDD requires a PASRR Evaluation. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification. This alert is sent for a current NF resident and is triggered for a PL1 Screening Form that was submitted with the Exempted Hospital Discharge or Expedited Admission process.

Alert	Communication to the Local Authority (Incoming Alerts)
Conduct PASRR Evaluation - First Notification (Pending NF Placement)	An individual exhibiting signs of MI and/or IDD is pending placement and PASRR Evaluation has not been completed. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification. This alert is sent for a person not yet admitted to an NF and is triggered for a PL1 Screening Form that was submitted with the Preadmission process.
Conduct PASRR Evaluation - Second Notification	This is the second notice that an individual exhibiting signs of MI and/or IDD and requires a PASRR Evaluation. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification. This alert is triggered if it has been more than 7 calendar days since the date of the alert of the first notification for a PL1 Screening Form that was submitted with the Preadmission process. If the LA has already completed the PASRR Evaluation but has not entered it on the LTC Online Portal, the LA should submit the PASRR Evaluation immediately.
Conduct PASRR Evaluation - Second Notification	This is the second notice that an individual exhibiting signs of MI and/or IDD has been admitted to a nursing facility. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification. This alert is sent for a current NF resident and is triggered if it has been more than 7 calendar days since the date of the alert of the first notification for a PL1 Screening Form that was submitted with an Exempted Hospital Discharge or Expedited Admission process. If the LA has already completed the PASRR Evaluation but has not entered it on the LTC Online Portal, the LA should submit the PASRR Evaluation immediately.
Conduct PL1 Screening	A PASRR Level 1 Screening for the individual is required. Please conduct the PASRR Level 1 Screening and submit on the TMHP LTC Online Portal within 7 days of this notification. This alert can only be generated manually using the **Create Alert** button on the Alerts page. Only the NF or HHSC PASRR Unit has permission to create this alert, and it can be sent only to an LA.
Confirm IDT	The NF has submitted a New or Updated IDT meeting on the LTC Online Portal for an individual for which your LA - IDD/LA - MI is responsible. Please check the IDT Meeting information on the PCSP form for accuracy and confirm.

Alert	Communication to the Local Authority (Incoming Alerts)
Individual Changed from Non-Medicaid to Medicaid	The following PASRR Positive Individual has converted from Non-Medicaid to Medicaid. A PASRR positive individual was converted from non-Medicaid to Medicaid on the PE by the system. Open the PE DLN to determine whether an LA update meeting needs to be convened and added to a PCSP form for any PASRR specialized services that can now be provided because a Medicaid number has been assigned.
LA Action Required - Review PASRR Evaluation	The PASRR Evaluation Completion payment authorization request failed to process. Refer to the error code and description in the PE PTID Completion history of the Authorization section for details. After reviewing the information in the PE PTID Completion history, refer to the "Appendix J: Completion Transaction Processing Errors for the PE Form" section of this user guide for suggested actions.
NF resident turned 21 years old - Conduct PE	The NF resident indicated below turned 21 years old. Conduct a new PASRR Evaluation (PE) to determine if PASRR specialized services can now be considered for this resident. The PE must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification. If the PL1 Screening Form indicates a suspicion of positive PASRR eligibility for MI and ID/DD ("1. Yes" is selected in PL1 Screening Form field C0100 and "1. Yes" is selected in PL1 Screening Form field C0200 and/or C0300), then the LIDDA should submit the PE first. After the new PE is submitted by the LIDDA, then the LMHA/LBHA should add their evaluation on the "Section C" tab of the new PE DLN. Follow these same instructions if the PL1 Screening Form indicates a suspicion of negative PASRR eligibility for MI and ID and DD ("0. No" is selected in PL1 Screening Form fields C0100, C0200 and C0300). The alert will help the LAs quickly detect when a resident turns 21 years of age and recommend appropriate specialized services by completing a new PE. The PL1 Screening Form history will be automatically updated with the system-generated alert.

Alert	Communication to the Local Authority (Incoming Alerts)
NF unable to serve the person - Place person in another NF or alternate setting	The NF has indicated an inability to serve the person indicated in the PL1 Screening Form DLN provided below. The LA needs to place the person in another nursing facility or alternate setting. The sentences above are what the alert details states. Refer to the alert details for the information about the person and PL1 Screening Form DLN. When an NF certifies that they cannot meet the needs of an individual on a PL1 (by clicking the **Unable to Serve the Individual** button), the TMHP LTC Online Portal will immediately generate this alert to the LAs and the HHSC PASRR Unit. The LAs must then start the process to place the person in the appropriate setting. The HHSC PASRR Unit will monitor for placement in an alternate setting.
NFSS Request - Approved	A requested specialized service for the resident listed below has been approved. It has been determined by a review of the information submitted that the requested item/ service meets medical necessity. The sentences above are what the first part of the alert details states. Refer to the rest of the alert details for the information about the resident.
NFSS Request - Denied	A requested specialized service for the resident listed below has been denied. The sentence above is what the first part of the alert details states. Refer to the rest of the alert details for the information about the resident. This alert is sent to the LA for informational purposes only. The NF or person/LAR can request a fair hearing if they disagree with this decision.

Alert	Communication to the Nursing Facility (Incoming Alerts)
NFSS Request - Approved	A requested specialized service for the resident listed below has been approved. It has been determined by a review of the information submitted that the requested item/ service meets medical necessity. The sentences above are what the first part of the alert details states. Refer to the rest of the alert details for the information about the resident.

Alert	Communication to the Nursing Facility (Incoming Alerts)
NFSS Request - Denied	A requested specialized service for the resident listed below has been denied. The sentence above is what the first part of the alert details states. Refer to the rest of the alert details for the information about the resident. The NF should check the PTID History section for the reason for the denial. The person or NF may request a fair hearing if they disagree with this decision.
NFSS Request - Pending Denial	A requested specialized service for the resident listed below cannot be processed at this time. Please submit any requested information by the due date, or the request will be denied and a new request will need to be submitted. The sentences above are what the first part of the alert details states. Refer to the rest of the alert details for the information about the resident. The NF should submit the requested information and change the PTID status back to ***Pending State Review*** before the due date.
NF needs to admit the individual on a Preadmission PL1 - First Notification	A PASRR Evaluation (PE) has been initiated and submitted from a Preadmission PL1 where your nursing facility (NF) is one of the NF choices. The next step is for the NF to admit the individual on the Preadmission PL1. If the NF doesn't admit the individual on the Preadmission PL1 within 90 calendar days after the PE was submitted, then the PL1 status will move to the ***NF Placement Process Exhausted*** status. If that occurs, then the local authority (LA) must submit a new PE in order to allow the NF to admit the individual on the same Preadmission PL1. The NF can admit the individual on the Preadmission PL1 in one of two ways. • If the associated PE is negative for PASRR eligibility, then the NF can simply click on the **Admitted to NF** button located on the "Form Actions" bar on the Preadmission PL1 to complete the required information. • If the associated PE is positive for PASRR eligibility, then the NF must first indicate that they are able to serve the individual by clicking on the A**ble to Serve the Individual** button located on the "Form Actions" bar on the Preadmission PL1, and then clicking on the **Admitted to NF** button to complete the required information. The sentences above are what the first part of the alert details state. The NF will receive this notification a total of 4 times until the NF certifies and admits the individual before the 90-day time expires when the preadmission PL1 Screening Form is in ***Pending Placement in NF - PE Confirmed***.
NF needs to admit the individual on a Preadmission PL1 - Second Notification	The alert details for this notification are the same as in the first notification. Please refer to the previous alert details in the first notification for further information. This alert is generated 5 calendar days after the PE was submitted and if the NF has not admitted the person on the Preadmission PL1 yet.

Alert	Communication to the Nursing Facility (Incoming Alerts)
NF needs to admit the individual on a Preadmission PL1 - Third Notification	The alert details for this notification are the same as in the first notification. Please refer to the previous alert details in the first notification for further information. This alert is generated 30 calendar days after the PE was submitted and if the NF has not admitted the person on the Preadmission PL1 yet.
NF needs to admit the individual on a Preadmission PL1 - Final Notification	This is the fourth and final notice to the NF to certify and admit the individual before the 90-day time expires when the preadmission PL1 Screening Form is in ***Pending Placement in NF - PE Confirmed***. The alert details for this notification are the same as the first notification. Please refer to the previous alert details in the first notification for further information. This alert is generated 60 calendar days after the PE was submitted and if the NF has not admitted the person on the Preadmission PL1 yet.
PL1 Needs Certification - First Notification	A positive PASRR Evaluation has been submitted. The nursing facility must review the PE, including PASRR recommended Specialized Services, and certify on the PL1 Screening Form whether "Able to Serve the Individual" or "Unable to Serve the Individual" by clicking the corresponding button on the yellow "Form Actions" tool bar and confirming the selection on the pop up screen by clicking "OK". The nursing facility also needs to schedule and conduct the IDT meeting.
PL1 Needs Certification - Second Notification	This is the second notice that a positive PASRR Evaluation has been submitted. The nursing facility must review the PE, including PASRR recommended Specialized Services, and certify on the PL1 Screening Form whether "Able to Serve the Individual" or "Unable to Serve the Individual" by clicking the corresponding button on the yellow "Form Actions" tool bar and confirming the selection on the pop up screen by clicking "OK". The nursing facility also needs to schedule and conduct the IDT meeting.
Quarterly/Update Meeting Submission	A Quarterly or LA Update meeting has been submitted on the TMHP LTC Online Portal for an individual in your facility. A copy of the SPT Meeting on the PCSP form must be printed and revised services included in the Individual Comprehensive Care Plan. The sentences above are what the alert details currently state. Due to subsequent changes to the TAC Rules, a copy of the MI quarterly and LA update meetings must also be printed and revised services included in the Individual Comprehensive Care Plan.
Reconvene IDT Meeting	The Initial or Annual IDT meeting was invalidated because the required local authority submitted their IDT meeting confirmation indicating that they did not attend this meeting. The nursing facility must reconvene the IDT meeting and ensure that the required local authority (LIDDA and/or LMHA/LBHA) attends the new IDT meeting before submitting it on the Long-Term Care Online Portal.

Alert	Communication to the Nursing Facility (Outgoing Alerts)
Change in comatose condition - Conduct PE	An MDS Assessment does not confirm comatose as indicated on the PL1 Screening Form. Conduct PE.
Change in condition - Conduct PE	An MDS SCSA indicates potentially PASRR positive eligibility. Conduct PE.
Complete IDD Section on the PASRR Evaluation (only when generated manually by the NF)	The IDD Section on the PASRR Evaluation <DLN> must be completed and submitted on the TMHP LTC Online Portal within 7 days of this notification.
Complete MI Section on the PASRR Evaluation (only when generated manually by the NF)	The MI Section of the PASRR Evaluation <DLN> must be completed and submitted on the TMHP LTC Online Portal within 7 days of this notification.
Conduct PASRR Evaluation - First Notification (when generated automatically by the system or manually by the NF)	An individual exhibiting signs of MI and/or IDD requires a PASRR Evaluation. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification.
Conduct PASRR Evaluation - Second Notification (when generated automatically by the system or manually by the NF)	This is the second notice that an individual exhibiting signs of MI and/or IDD has been admitted to a nursing facility. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification.
Conduct PASRR Level 1 Screening (only when generated manually by the NF)	A PASRR Level 1 Screening for the individual is required. Please conduct the PASRR Level 1 Screening and submit on the TMHP LTC Online Portal within 7 days of this notification. The sentences above are what the first part of the alert details states. Refer to the rest of the alert details for the information about the resident.
Confirm IDT	The NF has submitted a New or Updated IDT meeting on the LTC Online Portal for an individual for which your LA - IDD/LA - MI is responsible. Please check the IDT Meeting information on the PCSP form for accuracy and confirm.

Alert	Communication to the Nursing Facility (Outgoing Alerts)
NF resident turned 21 years old - Conduct PE	The NF resident indicated below turned 21 years old. Conduct a new PASRR Evaluation (PE) to determine if PASRR specialized services can now be considered for this resident. The PE must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification. If the PL1 Screening Form indicates a suspicion of positive PASRR eligibility for MI and ID/DD ("1. Yes" is selected in PL1 Screening Form field C0100 and "1. Yes" is selected in PL1 Screening Form field C0200 and/or C0300), then the LIDDA should submit the PE first. After the new PE is submitted by the LIDDA, then the LMHA/LBHA should add their evaluation on the "Section C" tab of the new PE DLN. Follow these same instructions if the PL1 Screening Form indicates a suspicion of negative PASRR eligibility for MI and ID and DD ("0. No" is selected in PL1 Screening Form fields C0100, C0200 and C0300). The sentences above are what the first part of the alert details states. Refer to the rest of the alert details for the information about the resident.
NF unable to serve the person - Place person in another NF or alternate setting	The NF has indicated an inability to serve the person indicated in the PL1 DLN provided below. The LA needs to place the person in another nursing facility or alternate setting. The sentences above are what the first part of the alert details states. Refer to the rest of the alert details for the information about the resident.
NFSS Request - Approved	A requested specialized service for the resident listed below has been approved. It has been determined by a review of the information submitted that the requested item/service meets medical necessity. The sentences above are what the first part of the alert details states. Refer to the rest of the alert details for the information about the resident.
NFSS Request - Denied	A requested specialized service for the resident listed below has been denied. The sentence above is what the first part of the alert details states. Refer to the rest of the alert details for the information about the resident. The NF should check the PTID History section for the reason for the denial. The person or NF may request a fair hearing if they disagree with this decision.

Alert	Communication to the Nursing Facility (Outgoing Alerts)
NFSS Request - Pending Denial	A requested specialized service for the resident listed below cannot be processed at this time. Please submit any requested information by the due date, or the request will be denied and a new request will need to be submitted. The sentences above are what the first part of the alert details states. Refer to the rest of the alert details for the information about the resident. The NF should submit the requested information and change the PTID status back to ***Pending State Review*** before the due date.

Alert	System-Generated Communication sent to HHSC PASRR Unit (Incoming Alerts)
NF unable to serve the person - Place person in another NF or alternate setting	The NF has indicated an inability to serve the person indicated in the PL1 DLN provided below. The LA needs to place this person in another nursing facility or alternate setting. The sentences above are what the first part of the alert details states. Refer to the alert details for the information about the person and PL1 DLN. When an NF certifies that they cannot meet the needs of an individual on a PL1 (by using the **Unable to Serve the Individual** function), the LTC Online Portal will immediately generate the alert to the LAs and the HHSC PASRR Unit. The LAs must then start the process to place the individual in an appropriate setting. The HHSC PASRR Unit will monitor for placement in an alternate setting.

Appendix L: Provider Workflow Rejection Messages for the NFSS Form

Below are the SAS rejection messages that providers will receive if an error occurs during the nightly batch processing. The message numbers are in alphanumeric order.

The table contains three columns:

1) **Provider Message**. This column contains the system message that is displayed in the Form and PTID History trail.

2) **Form/Assessment**. This column lists the forms or assessments that can receive this message.

3) **Suggested Action**. This column provides specific instructions for resolving the issue that is described in the system message.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
GN-9101 – GN-9105: This form cannot be processed because the individual's Applied Income is not available to the authorization system. Contact the HHSC Eligibility Worker to update the individual's Applied Income. Once the Applied Income has been updated, this form can be resubmitted.	3618, 3619, MDS, NFSS	The recipient's applied income is not available to the authorization system. • Perform a Medicaid Eligibility and Service Authorization Verification (MESAV) for the recipient that covers the date that was requested on the form or assessment. **Note:** *If the recipient does not already have service authorizations for your contract, this information will not be available on the MESAV.* • If the MESAV does not show an applied income for the dates of the form or assessment, contact the HHSC eligibility worker to update the applied income records. • After the applied income has been updated, resubmit the rejected form or assessment. If the recipient is already established in your facility, monitor the MESAV for updated applied income. • If the MESAV does show an applied income for the dates of the form or assessment, resubmit the rejected form or assessment.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
GN-9106: This form cannot be processed because HHSC does not have Long Term Care Financial Eligibility for this individual and timeframe. Contact the HHSC Eligibility Worker or SSI office.	3618, 3619, MDS, NFSS	The recipient's Medicaid eligibility is not available to the authorization system. • Perform a MESAV for the recipient covering the date requested on the form or assessment. **Note:** *If the recipient does not already have service authorizations for your contract, this information will not be available on the MESAV.* • If the MESAV does not show long-term care financial eligibility for the dates on the form or assessment, contact the HHSC eligibility worker or Supplemental Security Income (SSI) office to update the Financial Eligibility records. • After the financial eligibility has been updated, resubmit the rejected form or assessment. If the recipient is already established in your facility, monitor the MESAV for updated financial eligibility. • If the MESAV does show financial eligibility for the dates on the form or assessment, resubmit the rejected form or assessment.
GN-9248: This form cannot be processed due to one or more invalid Diagnosis Codes. Correct the Diagnosis Codes and resubmit.	MDS, NFSS	The submitted primary *International Classification of Diseases* (ICD) diagnosis code is not valid. • Modify the primary diagnosis code in the LTCMI section as needed, and resubmit the rejected assessment. • If the primary diagnosis code in the LTCMI section is valid, contact HHSC LTC Provider Claims Services at 512-438-2200, option 1, for assistance.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
GN-9254: This form cannot be processed because the provider is not authorized to provide services on the effective date of the form. Correct the effective date as needed. For 3619 admissions, resubmit once the Medicare contract is effective in the system.	All	The provider's contract is either not in effect as of the effective date of the form or assessment, or the provider is not authorized to bill for the type of services covered by the form or assessment. • Review the facility contract to determine whether the contract is in effect and authorizes the type of services covered by the form or assessment. • If the effective date of the form or assessment is wrong, modify the form or assessment, and resubmit the rejected form or assessment. • If the contract is not yet in effect, resubmit the rejected form or assessment after the service code is effective in the system. For 3619 admissions, resubmit the rejected form after the Medicare contract is effective in the system.
PS-3001: This therapy assessment cannot be processed because the submitted Provider No. is not valid as of the Date of Assessment. Correct the therapy Date of Assessment or contact the HHSC IDD PASRR Unit to inactivate this assessment, then submit a new NFSS form with the correct Provider No.	NFSS (Therapy Assessment)	The therapy date of assessment is outside the provider's contract dates. • Confirm the date of assessment for the rejected therapy assessment, and submit a correction of the date as needed. • If the date is correct but the form is under the incorrect contract, contact the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov, request that the form be inactivated, and submit a new NFSS form with the proper contract. • If there is not an active contract for the date of assessment, the submission must be held until the contract has been approved.
PS-3002: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the submitted provider number is not valid as of the therapy begin date. The submission cannot be processed until the contract has been approved. Email the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov if further assistance is required.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3003: This CMWC/ DME assessment cannot be processed because the submitted Provider No. is not valid as of the Date of Assessment. Correct the CMWC/DME Date of Assessment or contact the HHSC IDD PASRR Unit to inactivate this assessment, then submit a new NFSS form with the correct Provider No.	NFSS (CMWC/DME Assessment)	The CMWC/DME date of assessment is outside the provider's contract dates. • Confirm the date of assessment for the rejected CMWC/DME assessment, and submit a correction of the date as needed. • If the date is correct but the form is under the incorrect contract, contact the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov, request that the form be inactivated, and submit a new NFSS form with the proper contract. • If there is not an active contract for the date of assessment, the submission cannot be processed until the contract has been approved.
PS-3004: This CMWC/ DME item cannot be processed because the submitted Provider No. is not valid as of the Therapist's Certification Date. Correct the CMWC/DME Therapist's Certification Date or contact the HHSC IDD PASRR Unit to inactivate this service, then submit a new NFSS form with the correct Provider No.	NFSS (CMWC/ DME item)	The CMWC/DME therapist's certification date is outside the provider's contract dates. • Confirm the therapist's certification date for the rejected CMWC/DME item, and submit a correction of the date as needed. • If the date is correct but the form is under the incorrect contract, contact the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov, request that the form be inactivated, and submit a new NFSS form with the proper contract. • If there is not an active contract for the therapist's certification date, the submission cannot be processed until the contract has been approved.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3005: This therapy assessment cannot be processed because the submitted Provider No. is not valid for the requested service as of the Date of Assessment. Correct the therapy Date of Assessment or submit when the service becomes effective for the Provider No.	NFSS (Therapy Assessment)	The therapy date of assessment is outside the provider's contract dates for the requested service. • Confirm the therapy date of assessment, and submit a correction of the date as needed. • If the requested service is not active on the contract for the date of assessment, contact the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov, and request assistance. The submission cannot be processed until the contract has been updated to include the requested service.
PS-3006: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the submitted service is not valid for the contract number as of the therapy begin date. If the requested service is not active on the contract, contact the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov, and request assistance. The submission cannot be processed until the contract has been updated to include the requested service.
PS-3007: This CMWC/ DME assessment cannot be processed because the submitted Provider No. is not valid for the requested service as of the Date of Assessment. Correct the CMWC/DME Date of Assessment or submit when the service becomes effective for the Provider No.	NFSS (CMWC/DME Assessment)	The CMWC/DME date of assessment is outside the provider's contract dates for the requested service. • Confirm the CMWC/DME date of assessment, and submit a correction of the date as needed. • If the requested service is not active on the contract for the date of assessment, contact the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov, and request assistance. The submission cannot be processed until the contract has been updated to include the requested service.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3008: This CMWC/ DME item cannot be processed because the submitted Provider No. is not valid for the requested item as of the Therapist's Certification Date. Correct the CMWC/DME Therapist's Certification Date or submit when the item becomes effective for the Provider No.	NFSS (CMWC/ DME Item)	The CMWC/DME therapist's certification date is outside the provider's contract dates for the requested item. • Confirm the CMWC/DME therapist's certification date, and submit a correction of the date as needed. • If the requested item is not active on the contract for the therapist's certification date, contact the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov, and request assistance. The submission cannot be processed until the contract has been updated to include the requested item.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3009: This therapy assessment cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Contract No. as of the assessment date. Correct the therapy assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (Therapy Assessment)	There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the therapy Date of Assessment. • Perform a MESAV, and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the therapy date of assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, the services will not be authorized. • If the individual has elected hospice services in the NF setting, confirm with the hospice provider that the NF Room and Board Service Authorization is present and covers the therapy date of assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, the services will not be authorized. • If a covering NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization is found and the date of assessment is incorrect, update it, and resubmit. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment. • If the 3618 or 3619 admission has not been processed, determine why the form was rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission. (Continued on next page)

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3009: This therapy assessment cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Contract No. as of the assessment date. Correct the therapy assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (Therapy Assessment)	• If the 3618/3619 has been processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it. • After the covering 3618/3619 admission and MDS assessment have been processed, resubmit the therapy assessment. • If the 3618/3619 admission and MDS assessment have both been processed but there is no covering NF Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance. • If there is no Hospice NF Room and Board Service Authorization, resubmit the NFSS form at a later time.
PS-3010: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization as of the therapy begin date. Establish the appropriate Service Authorization, and email the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov if further assistance is required.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3011: This CMWC/ DME assessment cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Provider No. as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (CMWC/DME Assessment)	There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the CMWC/DME date of assessment. • Perform a MESAV, and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the CMWC/DME date of assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, the services will not be authorized. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is found and the date of assessment is incorrect, update it, and resubmit. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment. • If the 3618 or 3619 admission has not been processed, determine why the form was rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission. • If the 3618/3619 has been processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it. • After the covering 3618/3619 admission and MDS assessment have been processed, resubmit the CMWC/DME assessment. • If the 3618/3619 admission and MDS assessment have both been processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, option 1, for assistance.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3012: This CMWC/ DME item cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Provider No. as of the Therapist's Certification Date. Correct the CMWC/DME item Therapist's Certification Date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (CMWC/ DME Item)	There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the CMWC/DME item therapist's certification date. • Perform a MESAV, and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the CMWC/DME item therapist's certification date. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, the services will not be authorized. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is found and the therapist's certification date is incorrect, update it, and resubmit. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment. • If the 3618 or 3619 admission has not been processed, determine why the form was rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission. • If the 3618/3619 is processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it. • After the covering 3618/3619 admission and MDS assessment have been processed, resubmit the CMWC/DME item. (Continued on next page)

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3012: This CMWC/ DME item cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Provider No. as of the Therapist's Certification Date. Correct the CMWC/DME item Therapist's Certification Date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (CMWC/ DME Item)	• If the 3618/3619 admission and MDS assessment have both been processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, option 1, for assistance.
PS-3013: This therapy assessment cannot be processed because a different Provider No. for the same Vendor No. has a Daily Care Service Authorization as of the Date of Assessment. Adjust the therapy Date of Assessment or contact the HHSC IDD PASRR Unit to inactivate this assessment, then submit a new NFSS form with the correct Provider No.	NFSS (Therapy Assessment)	This therapy assessment has been submitted using an incorrect provider number. The facility has had a change of ownership, and the therapy assessment must be submitted using the provider number that was active on the therapy date of assessment. • Confirm the date of assessment for the rejected therapy assessment, and submit a correction of the date as needed. • If the date is correct but the form is under the incorrect contract, contact the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov, and request to inactivate the form. Then submit a new NFSS form with the proper contract. • If there is not an active contract for the date of assessment, the therapy assessment cannot be processed until the contract has been approved.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3014: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has a NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization for the same vendor number but a different contract number as of the therapy begin date. Establish the Service Authorization for daily care, and email the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov for further assistance.
PS-3015: This CMWC/ DME assessment cannot be processed because a different Provider No. for the same Vendor No. has a Daily Care Service Authorization as of the Date of Assessment. Adjust the CMWC/DME Date of Assessment or contact the HHSC IDD PASRR Unit to inactivate this assessment, then submit a new NFSS form with the correct Provider No.	NFSS (CMWC/DME Assessment)	This therapy assessment has been submitted using an incorrect provider number. The facility has had a change of ownership, and the therapy assessment needs to be submitted using the provider number that was active on the therapy date of assessment. • Confirm the date of assessment for the rejected therapy assessment, and submit a correction of the date as needed. • If the date is correct but the form is under the incorrect contract, contact the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov, and request to inactivate the form. Then submit a new NFSS form with the proper contract. • If there is not an active contract for the date of assessment, the therapy assessment cannot be processed until the contract has been approved.
PS-3016: This CMWC/ DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance	NFSS (CMWC/ DME Item)	This CMWC/DME item cannot be processed because the individual has a NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Authorization for the same vendor number but a different contract number as of the therapist's certification date. Email the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov if further assistance is required.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3017: This therapy assessment cannot be processed because the individual is enrolled with a different provider as of the assessment date. Correct the therapy assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (Therapy Assessment)	There is a NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization for a different provider that covers the therapy date of assessment. • Perform a MESAV and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the therapy date of assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not processed, the services will not be authorized. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is found and the date of assessment is incorrect, update it, and resubmit. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment. • If the 3618 or 3619 admission has not been processed, determine why the form was rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission. • If the 3618/3619 is processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it. • After the covering 3618/3619 admission and MDS assessment have been processed, resubmit the therapy assessment. (Continued on next page)

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3017: This therapy assessment cannot be processed because the individual is enrolled with a different provider as of the assessment date. Correct the therapy assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (Therapy Assessment)	• If the 3618/3619 admission and MDS assessment were both processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, option 1, for assistance.
PS-3018: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has a NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Daily Care Medicare Coinsurance Service Authorization for a different vendor number as of the therapy begin date. The request cannot be processed until the contract has been updated.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3019: This CMWC/ DME assessment cannot be processed because the individual is enrolled with a different provider as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (CMWC/DME Assessment)	There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the therapy date of assessment. • Perform a MESAV, and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the CMWC/DME date of assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, you will not have services authorized. • If the individual has elected hospice services in the NF setting, confirm with the hospice provider that the NF Room and Board Service Authorization is present and covers the CMWC/DME date of assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, you will not have services authorized. • If a covering NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization is found and the date of assessment is incorrect, update it, and resubmit. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment. • If the 3618 or 3619 admission is not processed, determine why the form was rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission. (Continued on next page)

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3019: This CMWC/ DME assessment cannot be processed because the individual is enrolled with a different provider as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (CMWC/DME Assessment)	• If the 3618/3619 is processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it. • After the covering 3618/3619 admission and MDS assessment have processed, resubmit the CMWC/DME assessment. • If the 3618/3619 admission and MDS assessment both processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, option 1, for assistance. • If there is no hospice room and board service authorization, resubmit the NFSS form at a later time.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3020: This CMWC/ DME item cannot be processed because the individual is enrolled with a different provider as of the Therapist's Certification Date. Correct the Therapist's Certification Date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (CMWC/ DME Item)	There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the therapy date of assessment. • Perform a MESAV, and review the Service Authorizations to determine whether the recipient has an NF. • If the individual has elected hospice services in the NF setting, confirm with the hospice provider that the NF Room and Board Service Authorization is present and covers the therapy date of assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not processed, you will not have services authorized. • If a covering NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization is found and the date of assessment is incorrect, update it, and resubmit. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment. • If the 3618 or 3619 admission is not processed, determine why the form was rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission. • If the 3618/3619 is processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it. • After the covering 3618/3619 admission and MDS assessment have processed, resubmit the therapy assessment.. (Continued on next page)

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3020: This CMWC/ DME item cannot be processed because the individual is enrolled with a different provider as of the Therapist's Certification Date. Correct the Therapist's Certification Date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (CMWC/ DME Item)	• If the 3618/3619 admission and MDS assessment were both processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services (PCS) at 512-438-2200, option 1, for assistance. • If there is no Hospice NF Room and Board Service Authorization, resubmit the NFSS form at a later time.
PS-3021: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual was not at least 21 years of age as of the therapy begin date. • If the date of birth is incorrect on the form, contact the person or their LAR, and ask them to contact HHSC MEPD to request that the error be corrected in the system. Resubmit the therapy service after the person or LAR has confirmed that the information has been corrected by HHSC. • If the date of birth is correct on the form, resubmit the request after the person is 21 years of age or older. • Email the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov if further assistance is needed.
PS-3022: This CMWC/ DME item cannot be processed because the individual was not at least 21 years of age as of the Therapist's Certification Date. Correct the Therapist's Certification Date or contact HHSC MEPD for assistance correcting the individual's Birth Date in their records.	NFSS (CMWC/ DME Item)	The recipient was not at least 21 years of age as of the therapist's certification date. • If the date of birth is incorrect on the form, contact the person or their LAR, and ask them to contact HHSC MEPD to request that the error be corrected in the system. Resubmit the CMWC/DME item after the person or LAR has confirmed that the information has been corrected by HHSC. • If the date of birth is correct on the form, resubmit the request after the person is 21 years of age or older. • Email the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov if further assistance is needed.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3031: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has a therapy service for the same therapy type, therapy begin date, and provider number but for a different number of units. Allow 10 business days for the NFSS reviewer to process this before emailing the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov for assistance.
PS-3032: This CMWC/ DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC/ DME Item)	This CMWC/DME item cannot be processed because the individual has a CMWC/DME item for the same item type, therapist's certification date, and contract number but for a different dollar amount. Email the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov for assistance.
PS-3033: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has a therapy service for the same therapy type and provider number that covers the therapy begin date. Allow 10 business days before verifying a service authorization in a MESAV.
PS-3036: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has a therapy service for the same vendor number with a more recent therapy begin date. Resubmit a recertification or restart no earlier than 30 days before the end date of the previous authorization.
PS-3037: This DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (DME Item)	This DME item cannot be processed because the individual has a more recent DME item of the same type (any provider). Allow 10 business days for the NFSS Reviewer to process this before emailing the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov for assistance.
PS-3038: This CMWC item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC Item)	This CMWC item cannot be processed because the individual has a more recent customized power or manual wheelchair (any provider). Allow 10 business days for the NFSS Reviewer to process this before emailing the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov for assistance.
PS-3039: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual does not have an associated therapy service for the same vendor number that ended within the previous 30 days and no associated therapy assessment for the same vendor number within the previous 60 days. Resubmit the request with an updated assessment.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3040: This DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (DME Item)	This DME item cannot be processed because the individual has the same DME item type within the last 5 years (any provider). Allow 10 business days for the NFSS reviewer to process this before emailing the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov for assistance.
PS-3041: This CMWC item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC Item)	This CMWC item cannot be processed because the individual has had a customized power or manual wheelchair within the last 5 years (any provider). Allow 10 business days for the NFSS Reviewer to process this before emailing the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov for assistance.
PS-3042: This CMWC/ DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC/ DME Item)	This CMWC/DME item cannot be processed because the individual does not have an associated CMWC/DME assessment for the same vendor number within the previous 424 days (14 months). A new request must be submitted for the assessment and item. Email the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov if further assistance is required.
PS-3043: This CMWC assessment must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC Assessment)	This CMWC assessment cannot be processed because the individual has a service authorization for a customized power wheelchair with a begin date before the CMWC date of assessment (any provider). This request will require a longer processing time than usual because this request must undergo a medical review. Email the HHSC PASRR Unit at PASRR.Support@hhs.texas.gov if further assistance is required.
PS-3044: This therapy assessment cannot be processed because the individual does not have a successfully processed MDS assessment for the submitted Provider No. as of the Date of Assessment. Correct the therapy Date of Assessment or submit the necessary MDS assessment.	NFSS (Therapy Assessment)	This therapy assessment cannot be processed because the individual has no level of service, diagnosis, or authorizing agent record as of the therapy date of assessment, which indicates that the MDS assessment has not been successfully processed. Correct the MDS assessment, ensure that the level of service, diagnosis, and/or authorizing agent record are updated, and then resubmit to SAS. **Note:** Contact Provider Claims Services for additional assistance at 512-438-2200, option 1.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3045: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has no level of service, diagnosis, or authorizing agent record as of the therapy begin date, which indicates that the MDS assessment has not been successfully processed. Correct the MDS assessment, ensure that the level of service, diagnosis, and authorizing agent record are updated, and then resubmit to SAS.
PS-3046: This CMWC/ DME assessment cannot be processed because the individual does not have a successfully processed MDS assessment for the submitted Provider No. as of the CMWC/DME Date of Assessment. Correct the CMWC/DME Date of Assessment or submit the necessary MDS assessment.	NFSS (CMWC/DME Assessment)	This CMWC/DME assessment cannot be processed because the individual has no level of service, diagnosis, or authorizing agent record as of the CMWC/DME date of assessment, which indicates that the MDS assessment has not been successfully processed. Correct the MDS assessment, ensure that the level of service, diagnosis, and authorizing agent record are updated, and then resubmit to SAS. **Note:** Contact Provider Claims Services for additional assistance at 512-438-2200, option 1.
PS-3047: This CMWC/ DME item cannot be processed because the individual does not have a successfully processed MDS assessment for the submitted Provider No. as of the Therapist's Certification Date. Correct the CMWC/ DME item Therapist's Certification Date or submit the necessary MDS assessment.	NFSS (CMWC/ DME Item)	This CMWC/DME item cannot be processed because the individual has no level of service, diagnosis, or authorizing agent record as of the therapist's certification date, which indicates that the MDS assessment has not been successfully processed. Correct the MDS assessment, ensure that the level of service, diagnosis, and authorizing agent record are updated, and then resubmit to SAS. **Note:** Contact Provider Claims Services for additional assistance at 512-438-2200, option 1

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3500: There is an existing assessment within 180 days of the submitted Date of Assessment (same Vendor No.), or the individual is under 21 years of age as of the Date of Assessment. No service authorization has been created. Contact the HHSC IDD PASRR Unit if additional information is needed.	NFSS (Assessment for any request type)	There is an existing assessment within 180 days of the submitted date of assessment (same vendor number), or the individual is under 21 years of age as of the date of assessment. No Service Authorization has been created in SAS, but this assessment can be used to support the creation of an associated CMWC/DME/ therapy service if all other conditions are satisfied.
PS-3701: This therapy assessment modification must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Assessment)	This therapy assessment modification cannot be processed by the system. Research is needed to determine why the request was submitted as a modification. The HHSC PASRR Unit will contact the provider if additional information is needed.
PS-3702: This CMWC/ DME assessment modification must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC/DME Assessment)	This CMWC/DME assessment modification cannot be processed by the system. Research is needed to determine why the request was submitted as a modification. The PASRR Unit will contact the provider if additional information is needed.
PS-3703: This therapy service modification must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service modification cannot be processed by the system. Research is needed to determine why the request was submitted as a modification. The HHSC PASRR Unit will contact the provider if additional information is needed.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3704: This CMWC/ DME item modification must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC/ DME Item)	This CMWC/DME item modification cannot be processed by the system. Research is needed to determine why the request was submitted as a modification. The HHSC PASRR Unit will contact the provider if additional information is needed.
PS-3901: This therapy service inactivation must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service inactivation cannot be processed by the system. Research is needed to determine why the request was submitted as an inactivation. The HHSC PASRR Unit will contact the provider if additional information is needed.
PS-3902: This CMWC/ DME item inactivation must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC/ DME Item)	This CMWC/DME item inactivation cannot be processed by the system. Research is needed to determine why the request was submitted as an inactivation. The HHSC PASRR Unit will contact the provider if additional information is needed.
PS-3903: This therapy assessment inactivation must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Assessment)	This therapy assessment inactivation cannot be processed by the system because the therapy assessment has already been added to SAS. Research is needed to determine why the request was submitted as an inactivation. The PASRR Unit will contact the provider if additional information is needed.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3904: This CMWC/ DME assessment inactivation must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC/DME Assessment)	This CMWC/DME assessment inactivation cannot be processed by the system because the CMWC/DME assessment has already been added to SAS. Research is needed to determine why the request was submitted as an inactivation. The PASRR Unit will contact the provider if additional information is needed.

Appendix M: NFSS Medicaid Daily Care and Medicare Validations

NFSS Form Edits

System Validation Name (Invoked during initiation at time of submission of the NFSS form)	System Message	System Message Resolution (Assistance for resolving error)
NFSS Form Rejected - No Daily Care	This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider No. as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS Form.	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.
NFSS Form Rejected - No Daily Care	This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider No. as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form. **Note:** This message will be displayed only one time even if multiple items are requested.	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.
NFSS Form Rejected - No Daily Care	The Occupational Therapy (OT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing authorization for the submitted Provider No. as of the assessment date. Correct the OT assessment date or submit the necessary paperwork to establish the appropriate service authorization before submitting the NFSS form.	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.

System Validation Name (Invoked during initiation at time of submission of the NFSS form)	System Message	System Message Resolution (Assistance for resolving error)
NFSS Form Rejected - No Daily Care	The Physical Therapy (PT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the PT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	The provider must submit their Form 3618, 3619, and/or MDS/ LTCMI information.
NFSS Form Rejected - No Daily Care	The Speech Therapy (ST) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the ST assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	The provider must submit their Form 3618, 3619, and/or MDS/ LTCMI information.
NFSS Form Rejected - No Daily Care	This therapy request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form. **Note:** This message will be displayed only one time even if multiple services are requested.	The provider must submit their Form 3618, 3619, and/or MDS/ LTCMI information.

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