Long Term Care
Local Authorities Preadmission Screening and Resident Review (PASRR) Workshop

USER GUIDE
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Learning Objectives

Learning Objectives

After attending the Local Authorities Preadmission Screening and Resident Review (PASRR) Workshop, you will be able to:

- Explain the LTC Online Portal benefits and security.
- Explain the LTC Online Portal basics and where you can locate additional information for using the LTC Online Portal.
- Explain the five different PASRR admission processes.
- Describe the purpose of the PASRR Level 1 Screening.
- Explain when and how to submit the PASRR Level 1 Screening on the LTC Online Portal.
- Describe the purpose of the PASRR Evaluation.
- Explain when and how to submit the PASRR Evaluation on the LTC Online Portal.
- Explain the process for completion of the PASRR Evaluation when the individual is dually eligible.
- Explain the purpose of a Resident Review.
- Explain the timing requirements for completing the PASRR Evaluation for each Resident Review trigger.
- Explain how to access and delete alerts.

What is the Long Term Care (LTC) Online Portal

This User Guide is designed for the Preadmission Screening and Resident Review (PASRR) program as it relates to Local Authorities (LA). Local Authorities and Nursing Facilities must use the LTC Online Portal to submit all screenings and evaluations. The LTC Online Portal is used to submit, monitor, and manage screenings and evaluations.

You will begin by learning the basics of the LTC Online Portal, such as how to log in, set up your account, what the links on the blue navigational bar do, and the features on the yellow Form Actions bar. These lessons will enable you to use the LTC Online Portal to enter and manage all of your screenings and evaluations in an easy, convenient manner.
Medicaid Team

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

• **Centers for Medicare & Medicaid Services (CMS)** – The federal agency that oversees Medicaid on a federal level. CMS creates and administers guidelines, rules, and regulations.

• **Health Maintenance Organization (HMO)** – State-contracted entity that has been given delegated authority to provide acute and long term services to support enrolled managed care members.

• **Individuals** – The people who are served by Texas Medicaid.

• **Providers** – The crucial players in a quality health-care program. The focus is on providing the best care possible while being reimbursed for allowed services rendered.

• **Texas Department of Aging and Disability Services (DADS)** – Administers a comprehensive array of services for persons who are aging or disabled and for persons who have Intellectual and Developmental Disabilities (IDD). Additionally, DADS licenses and regulates providers of these services.

• **Texas Department of State Health Services (DSHS)** – A state agency of Texas that provides state-operated health-care services, including hospitals, health centers, and health agencies. DSHS is the State Mental Health Authority for the purposes of the PASRR program, as referenced in 42 Code of Federal Regulations Subpart C – Preadmission Screening and Annual Review of Mentally Ill and Mentally Retarded Individuals.

• **Texas Health and Human Services Commission (HHSC)** – Oversees operations of the entire health and human services system in Texas. HHSC operates the Medicaid acute care program and several other related programs. 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 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
  – Provide timely processing of claims (except for services covered by the STAR+PLUS premium) and represents DADS at Fair Hearings
  – Provide yearly manuals, quarterly LTC Bulletins, and Remittance and Status (R&S) Reports
  – Maintain the TMHP Call Center/Help Desk, Monday through Friday, 7:00 a.m.–7:00 p.m., Central Time
  – Provide training sessions for providers, including technical assistance to the LTC Online Portal

• **Texas State Legislature** – The state legislature allocates budgetary dollars for Texas Medicaid.
General PASRR Terms

Below are some of the more common terms for the PASRR program. A complete list of terms and abbreviations used in this training can be found in Appendix G.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate Placement</td>
<td>Placement of an individual into a setting other than a Nursing Facility with an emphasis on finding placement in a community setting.</td>
</tr>
<tr>
<td>Alert</td>
<td>An electronic notification generated by the LTC Online Portal either systematically or by an individual using the LTC Online Portal.</td>
</tr>
<tr>
<td>Exempted Hospital Discharge</td>
<td>An admission when a physician has certified that an individual 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 individual was hospitalized.</td>
</tr>
<tr>
<td>Expedited Admission</td>
<td>An admission when an individual is suspected to have MI, ID, and/or DD and meets the criteria for any of the Expedited Categories (Convalescent Care, Terminal Illness, Severe Physical Illness, Delirium, Emergency Protective Services, Respite, Coma).</td>
</tr>
<tr>
<td>Local Authority</td>
<td>Includes the Local Mental Health Authority and Local Authority - Serves as the point of entry for publicly funded intellectual and developmental disability programs, whether the program is provided by a public or private entity. They provide an array of services and support for persons with mental illness or intellectual and developmental disabilities.</td>
</tr>
<tr>
<td>PASRR Evaluation (PE)</td>
<td>The tool used to document whether or not the individual is confirmed to have MI, ID, and/or DD. The PASRR Evaluation is also referred to as a PE.</td>
</tr>
<tr>
<td>PASRR Level 1 Screening (PL1)</td>
<td>The tool used to document whether or not there is evidence, indication or suspicion that the individual is suspected to have MI and/or IDD. This tool is inclusive of an optional form for suspicion or indication of Expedited Admission. The PASRR Level 1 Screening is also referred to as a PL1.</td>
</tr>
<tr>
<td>PASRR Negative Individual</td>
<td>An individual for whom a Nursing Facility or Referring Entity has indicated or suspects no MI or IDD on the PASRR Level 1 Screening, or an individual for whom a Local Authority has indicated or suspects a negative determination of MI and/or IDD on the PASRR Evaluation.</td>
</tr>
<tr>
<td>PASRR Positive Individual</td>
<td>An individual for whom a Nursing Facility or Referring Entity has indicated or suspects MI and/or IDD on the PASRR Screening, or an individual for whom a Local Authority has indicated or suspects a positive determination of MI and/or IDD on the PASRR Evaluation.</td>
</tr>
<tr>
<td>Preadmission</td>
<td>An admission when the PASRR Level 1 Screening does not indicate an Expedited Admission or Exempted Hospital Discharge.</td>
</tr>
<tr>
<td>Referring Entity (RE)</td>
<td>An entity, such as a hospital discharge planner, physician's office, or Intermediate Care Facility (ICF), that refers the individual for Nursing Facility admission.</td>
</tr>
<tr>
<td>Resident Review (RR)</td>
<td>A review of a resident’s specialized services and condition by completing a PASRR Evaluation.</td>
</tr>
</tbody>
</table>
Medical Necessity (MN) and MN Determination Process

TMHP is responsible for reviewing submitted PASRR Evaluations to determine MN.

Definition of Medical Necessity

40 TAC §19.101 (73) states:

Medical Necessity is the determination that a recipient requires the services of licensed nurses in an institutional setting to carry out the physician’s planned regimen for total care. A recipient’s need for custodial care in a 24-hour institutional setting does not constitute a medical need. A group of health care professionals employed or contracted by the Medicaid claims administrator contracted with HHSC makes individual determinations of medical necessity regarding nursing facility care. These health care professionals consist of physicians and registered nurses.

40 TAC §19.2403(e) states:

A recipient may establish permanent medical necessity status after completion date of any Minimum Data Set (MDS) assessment is 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

40 TAC §19.2401 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, an individual must meet the conditions described in paragraphs (1) and (2) of this section.

(1) The individual 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 individual 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.*
Medical Necessity Determination Process

The flowchart above provides a high-level overview of the process used for MN determination. Local Authorities and Nursing Facilities can utilize the LTC Online Portal to check the status of MN determination.

1) TMHP systems automatically check the PASRR Evaluation for Permanent MN. If Permanent MN is found to be true, then MN is approved on the PASRR Evaluation automatically.

2) TMHP systems then review specific criteria on the PASRR Evaluation. If the criteria are appropriately met, the PASRR Evaluation is automatically approved for MN. If not, the Local Authority will see “The Form has failed Auto MN Approval” displayed in the History trail. The PASRR Evaluation will then be sent to a nurse for manual MN
review. The status will be set to status **Pending Review** on the Form Status Inquiry (FSI) search results; however, the last message shown in the History trail will be “The Form has failed Auto MN Approval.”

3) The PASRR Evaluation will be reviewed by the TMHP nurse for MN determination within three business days of successful submission on the LTC Online Portal. A PASRR Evaluation is considered successfully submitted when the LTC Online Portal has assigned a Document Locator Number to the PASRR Evaluation.

4) Once reviewed, the submission is either approved (meeting MN) or the status will be set to **Pending Denial (need more information)** for up to 21 calendar days. Form Status Inquiry (FSI), or Current Activity, on the LTC Online Portal, can be used to view the status of MN determination whether **Approved**, **Denied**, or **Pending Denial (need more information)** status.

5) The Nursing Facility or the Local Authority must either add additional information clarifying nursing/medical needs through the “Add Note” feature, or by calling TMHP and speaking with a TMHP nurse.

6) If the TMHP nurse determines that MN has been met, the PASRR Evaluation is approved.

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

8) If the TMHP physician determines that MN has been met, the PASRR Evaluation is approved.

9) If MN is denied by the TMHP physician, notification of denied MN is sent to the individual in a letter via mail.

10) If MN is denied by the TMHP physician, notification of denied MN is sent to the individual in a letter via mail.

11) If the Local Authority, Nursing Facility, or the individual’s physician does not provide additional information clarifying nursing/medical needs within 21 calendar days of the date the PASRR Evaluation is set to status **Pending Denial (need more information)**, the PASRR Evaluation is sent to the TMHP physician for review.

12) The individual may initiate the appeal process when notified by TMHP that Medical Necessity was denied by the TMHP physician. If a hearing is requested, additional information may be submitted at any time by the Local Authority, Nursing Facility, or by the individual’s physician either via telephone call to the TMHP nurses or via fax.

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**Note:** For the first release May 24, 2013, the MDS will continue to be used to determine Medical Necessity for the individual.

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**Request for Fair Hearing**

- A fair hearing is an informal, orderly, and readily available proceeding held before an impartial health and human services enterprise hearing officer. At the hearing, a individual/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.

- The individual, the individual’s responsible party, or in the case of no responsible party, the Local Authority may request a fair hearing on behalf of the individual within 90 days from the effective date of the decision or from the notice of adverse action date, whichever is later, by calling TMHP at 1-800-626-4117, Option 5. This number is only for appealing an MN denial not a PASRR denial. For PASRR denial, the Local Authority will request the Fair Hearing by contacting DADS.
When an individual receives a letter denying MN and giving the individual the right to request a fair hearing, the individual must request a fair hearing within ten days of the date of the letter for Medicaid payment to continue until the fair hearing decision. Medicaid payment will only continue if the individual was already receiving services. If the individual requests a fair hearing later than ten days of the date of the letter, Medicaid payment will not be made for days past day ten. The individual can request a fair hearing up to 90 calendar days after the date of the letter.

Form 4803, Acknowledgement and Notice of Fair Hearing, serves as a notice of the fair hearing. 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 are usually held via teleconference.

- **Appellants may present their own case, or bring a friend, relative, or attorney to present their case.** DADS/Health and Human Services enterprise 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 DADS will use.** To see medical evidence before the hearing, the appellant must make a written request to the hearing officer. 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 the hearing officer examines in making the decision.** The laws and policies which apply to the appellant’s case and the reasons for DADS’ action will be explained.

- **The hearing officer will issue a final written order.** The decision by the hearing officer is DADS’ final administrative decision. If the appellant believes 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** DADS made to the appellant because the appellant did not supply correct and complete information or was overpaid while waiting for the hearing decision.
The LTC Online Portal

Benefits of Using the LTC Online Portal

- Web-based application.
- 24/7 availability.
- TMHP provides LTC Online Portal technical support by telephone at 1-800-626-4117, Option 3, from 7:00 a.m.–7:00 p.m., Central Time, Monday through Friday–excluding holidays.
- Provides error messages that must be resolved before PASRR Level 1 Screenings and PASRR Evaluations can be submitted.
- Providers have the ability to monitor the status of their PASRR Level 1 Screenings and PASRR Evaluations.
- Allows users to add notes to PASRR Level 1 Screenings and PASRR Evaluations.

LTC Online Portal Security

In order to utilize the LTC Online Portal, you must first request access to the LTC Online Portal. You may already have an account that allows you to access the LTC Online Portal. An administrator account is required for LTC Online Portal access, but it is strongly recommended to have multiple administrator accounts, in case one administrator is unavailable.

The administrator account is the primary user account for a provider/contract number.

The administrator account provides the ability to add and remove permissions (access to LTC Online Portal features) for other user accounts on the same provider/contract number.

A user account can be created by an administrator. User account permissions and limitations are set by the holder of an administrator account. This allows administrators to set the level of access to LTC Online Portal features according to employees’ responsibilities.

If you already have either an administrator or user account, go to www.tmhp.com/Pages/LTC/ltc_home.aspx. Click the “Log In to LTC Online Portal” button.

If you do not have an account, you can create one by following the steps in the next section. However, to create an account, you will first need to have:

- **Provider contract number** – assigned by DADS to providers of Medicaid services.
- **Vendor number** – up to five-digit numeric or alpha-numeric number assigned by DADS. Also known as a component code.
- **Vendor password** – you must call the Electronic Data Interchange (EDI) Help Desk at 1-888-863-3638 to obtain your vendor password.
How to Create an LTC Online Portal Administrator Account

1) Go to [www.tmhp.com](http://www.tmhp.com).

2) Click “providers” on the green bar located at the top of the screen.

3) Read the General Terms and Conditions. Check the “I agree to these terms” box at the bottom of the screen under the General Terms and Conditions section, to indicate agreement.

4) Click “Long Term Care” on the yellow bar.

5) Click “I would like to...” on the blue bar located at the top of the screen.
6) Click the **Activate my account** link.

![Activate my account link](image)

7) From Account Activation, you have two choices:

   a) To create a new TMHP User Account if you do not have an existing provider/vendor account, click the **New Username and Enroll** link.
      ○ If selected, go to step 8 in this User Guide. (Provider Type step).

   b) To create a new TMHP User Account with an existing provider/vendor account, click the **New Username and Activate Existing Provider** link.
      ○ If selected, go to step 7 in this User Guide.
8) The following page will appear. Follow the instructions listed at the top of the page and click the **Create a Provider/Vendor Administrator Account** link at the bottom of the page.

9) Provider Type: Choose **NF/Waiver Programs** from the drop-down box if you are a Local Authority.
10) Enter your Provider Number, Vendor Number, and Vendor Password.

11) Click the “Next” button.

12) Read the General Terms and Conditions. Check the “I agree to these terms” box at the bottom of the screen under the General Terms and Conditions section, to indicate agreement.

13) Click the “Create Provider Administrator” button to create your User name (which can be anything). You will receive an automatically generated email with a temporary password that you will need to change.

Note: The User name and Password are used for future log ins to your account. Make a copy for your records.

My Account

My Account is used to perform various maintenance activities for your account, such as: setting up user accounts, changing passwords, and other administrative tasks.

To access My Account:

1) Go to www.tmhp.com.
2) Click “providers” on the green bar located at the top of the screen.

3) Click the “Log in to My Account” button on the blue bar located at the top of the screen.

Note: You may be prompted to enter your LTC Online Portal User name and Password.
4) The “My Account” page will display.
Log In to the LTC Online Portal

1) Go to www.tmhp.com.

2) Click “providers” on the green bar located at the top of the screen.

3) Click “Long Term Care” on the yellow bar.

4) Click the “Log In to LTC Online Portal” button on the blue bar.
5) Enter your User name and Password.

6) Click the “OK” button. After log in, the Form Status Inquiry page will display by default. The Form Status Inquiry screen is also referred to as the FSI.
LTC Online Portal Basics

Blue Navigational Bar Links

All portal features based on your security level will be found on the blue navigational bar located at the top of the portal screen.

Depending on your security permissions, the options found on the blue navigational bar may include: Home, Submit Form, Form Status Inquiry, Current Activity, Drafts, Vendors, Letters, Printable Forms, Alerts, or Help.

Home

When the blue navigational bar is displayed, the Home link at the far left will take you to the My Account page.

From the My Account page, you can perform various maintenance activities for an account such as: setting up user accounts, changing passwords, and other administrative tasks.

To go back to the www.tmhp.com home page, you can click the TMHP.com link located on the far left side of the “My Account” page.
Submit Form

The Submit Form feature is used to create a new PASRR Level 1 Screening. Refer to the PASRR Level 1 Screening section of this User Guide for specific information.

Form Status Inquiry (FSI)

The Form Status Inquiry link on the blue navigational bar allows you to search for and monitor, the status of all PASRR Level 1 Screenings and PASRR Evaluations.

FSI allows you to retrieve submissions in order to:

- Research and review statuses.
- Provide additional information on the PASRR Level 1 Screening or PASRR Evaluation.
- Make corrections.
- Export search results to Microsoft Excel®.
To locate a PASRR Level 1 Screening or PASRR Evaluation using FSI:

1) Click the **Form Status Inquiry** link on the blue navigational bar.

![Form Status Inquiry](image)

2) Type of Form: Choose **PL1: PASRR Level 1 Screening** or **PE: PASRR Evaluation** from the drop-down box.

**Note:** You must always select the Type of Form even if you provide the DLN or other additional information.

3) Once you select the Type of Form from the drop-down box, the Form Status Inquiry section of the screen will change to display the available options.

4) Vendor Number: Choose your Local Authority Vendor/Contract Number combination, assigned to you by DADS, from the drop-down box. The results will show all PASRR Level 1 Screenings or PASRR Evaluations which have your Vendor/Contract Number linked to the screening or evaluation.

5) You can narrow results by entering specific criteria in the additional fields:
   - Document Locator Number (DLN)
   - Medicaid Number
   - Last Name
   - First Name
   - Social Security Number (SSN)
   - Form Status
   - Mental Illness
   - Intellectual Disability
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 the “Search” button and the LTC Online Portal will return any matching submissions (records). Only 50 records will display at a time.

To view the next set of records, you must choose another page from the Select a page drop-down box. You may also export the search results to Microsoft Excel.

- The columns of the search results are:
  - View Detail link
  - Document Locator Number (DLN)
  - TMHP Received Date
  - Social Security Number (SSN)
  - Medicaid Number
  - Medicare Number
  - First Name
  - Last Name
  - Status
  - Contract Number
  - Vendor Number.
8) Click the **View Detail** link to the left of the Document Locator Number (DLN) to display the details of the PASRR Level 1 Screening or the PASRR Evaluation.

### Current Activity

The Current Activity feature only allows you to view PASRR Level 1 Screening or PASRR Evaluation submissions for status changes that have occurred within the last 14 calendar days. After 14 days, you must utilize FSI to locate a PASRR Level 1 Screening or PASRR Evaluation. Click the **Current Activity** link on the blue navigational bar.

**Note:** The initial Current Activity page will display a list of all vendor/contract numbers to which the user is linked.

1) Click the desired Vendor/Contract Number combination. This will show you the Current Activity for that Vendor/Contract Number.
2) The results page will display a summary of PASRR Level 1 Screening or PASRR Evaluation submissions and status changes that have occurred within the last 14 calendar days. The search results columns are:

- Document Locator Number (DLN)
- TMHP Received Date
- Medicaid Number
- Social Security Number (SSN)
- Medicare Number
- Name
- Status

3) The numbers in the first column are the DLNs associated with a the particular vendor number that was selected in step 1. Click the DLN link to display the details of the PASRR Level 1 Screening or PASRR Evaluation.

You may sort the Current Activity results by clicking the heading of any column: DLN, Received, Medicaid Number, Medicare Number, Name, or Status. The first time you click a heading, it is sorted in ascending order. By clicking the column heading a second time, the sort will change to descending order.

**Drafts**

Drafts are PASRR Level 1 Screenings or PASRR Evaluations that have not been submitted but have been started and saved. PASRR Level 1 Screenings and PASRR Evaluations saved as drafts will not have a DLN. Once submitted, the PASRR Level 1 Screening or the PASRR Evaluation will be assigned a DLN and will no longer be accessible under Drafts. Access to drafts is allowed for users within the same facility with security permissions of a Local Authority or a Nursing Facility.

When you save a PASRR Level 1 Screening or PASRR Evaluation as a draft, it will be saved under the vendor number which you selected when you entered the PASRR Level 1 Screening or PASRR Evaluation. Drafts are saved for two months and will then be deleted.
To access a saved draft:

1) Click the **Drafts** link on the blue navigational bar.

2) Click the appropriate vendor number hyperlink under Vendor Numbers. The Vendor/Contract number combinations show any PASRR Level 1 or PASRR Evaluations associated with the Vendor/Contract number combination used to sign into the LTC Long Term Care Portal.

3) A list of drafts saved for the selected vendor/contract number will display.
4) From here you have two choices:

a) Click the **Open** link to open the draft to edit and submit.

Or

b) Click the **Remove** link to permanently delete the draft. If you choose the **Remove** link the following confirmation message will appear:

○ Click the “OK” button to delete the draft.

Or

○ Click the “Cancel” button to keep the draft.

**Note:** *Once a draft has been deleted, it cannot be retrieved.*

**Vendors**

The Vendors link is used to locate information about different LTC Vendors. It can be used when you don't know all the information you need about a particular Nursing Facility you wish to add to the PASRR Level 1 Screening Section D.

1) Click the **Vendors** link on the blue navigational bar.

2) Enter the Vendor Number, Contract Number, or Vendor Name. You only need to enter one search field. You can enter a partial name in the Vendor Name field. For instance, if you are searching for the ABC Nursing Facility, you can enter just “AB” in the Vendor Name field. The Vendor Search results will display all Vendors starting with the letters “AB”.
3) Click the “Search” button in the lower right corner of the screen.

4) The search results are displayed.

5) Click the **View** link to view detailed information about the Nursing Facility.
Letters

The Letters feature on the blue navigational bar allows authorized users (based on security level) to search for letters that have been created for an individual, a Legal Authorized Representative, or a provider.

**Note:** Only users with the necessary security profile will have access to the Letters search feature.

To access the Letters feature:

1) Click the Letters link on the blue navigational bar.

2) Enter information in the fields to help locate a specific letter. There are no required fields, but the more information entered for the search, the more specific the results will be.

3) Click the “Search” button at the bottom left side of the screen.
Letter Search

Letters do not have DLNs, but to search for letters associated with a particular document, you can enter the DLN of the document. If you choose to search by DLN, only the DLN must be entered, the date does not need to be entered for a search by DLN.

You can enter a From Date or a To Date manually or click the calendar icon to choose the date. The date must be entered in the mm/dd/yyyy format. Enter any other information you may know to refine your search.

Click the “Search” button at the bottom left side of the screen.

The results of the search are shown at the bottom of the screen. The results display is limited to 100 records. If there are more than 100 records found, only the first 100 records are displayed. If there are no results found, there will be a message that says “No Results Found.”

To view the online version of a letter, click the View Letter link.

![Letter Search interface](image)
Printable Forms

The Printable Forms feature allows you to view blank PASRR Level 1 Screenings and PASRR Evaluations, print blank PASRR Level 1 Screenings and PASRR Evaluations, or interactively complete PASRR Level 1 Screenings and PASRR Evaluations and save them to your desktop for your records. PASRR Level 1 Screenings and PASRR Evaluations saved to your desktop cannot be submitted to the LTC Online Portal, but can be printed. Each version of Adobe Acrobat® is different. Below are general instructions for printing the Portal Document Format (PDF). Please refer to your printer documentation and the help file for your version of Adobe Acrobat for exact instructions.

1) Click the **Printable Forms** link on the blue navigational bar.

2) Choose PASRR Level 1 Screening or PASRR Evaluation by clicking the corresponding link.

<table>
<thead>
<tr>
<th>PASRR Level 1 Screening (PL1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASRR Evaluation (PE)</td>
</tr>
<tr>
<td>Waiver 3.0 MH and LOC</td>
</tr>
<tr>
<td>Waiver 3.0 Physician’s Signature Page</td>
</tr>
<tr>
<td>Individual Movement Form</td>
</tr>
<tr>
<td>8578 Intellectual Disability/Related Condition Assessment [ID/RC 8578 Assessment]</td>
</tr>
</tbody>
</table>
3) A new window and application called Adobe Reader® will open and display the blank document in PDF.

<table>
<thead>
<tr>
<th>DLN</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PASRR Level 1 Screening**

<table>
<thead>
<tr>
<th>Section A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Submitter Information</strong></td>
</tr>
<tr>
<td>A0100. Name</td>
</tr>
<tr>
<td>A0200A. Street Address</td>
</tr>
<tr>
<td>A0200B. City</td>
</tr>
<tr>
<td>A0200D. ZIP Code</td>
</tr>
<tr>
<td>A0300. NPI/API</td>
</tr>
<tr>
<td>A0500. Vendor No.</td>
</tr>
<tr>
<td>A0200C. State</td>
</tr>
<tr>
<td>A0400. Contract No.</td>
</tr>
<tr>
<td>A0510. County</td>
</tr>
</tbody>
</table>

**Referring Entity Information**

<table>
<thead>
<tr>
<th>A1000A. Name</th>
<th>A1000B. Street Address</th>
<th>A1000C. City</th>
<th>A1000E. ZIP Code</th>
<th>A1000F. Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Once open, you can enter information into the document and save it to your desktop.

4) Click the “Print” icon located at the top left of the PDF document.

5) To print the entire document:

   a) Printer: Choose the appropriate printer name from the drop-down box.
   
   b) Print Range: Click the “All” radio button.
   
   c) Click the “OK” button.
6) To print only certain pages instead of the entire document:
   a) Printer: Choose the appropriate printer name from the drop-down box.
   b) Print Range: Click the “Pages” radio button.
   c) Enter the particular pages you want to print. (Example: entering 1-5 will print all pages 1 through 5; and if you enter 1, 3, 7 the printer will print only pages 1, 3, and 7.)
   d) Click the “OK” button.

Note: The print screen varies based on the version of Adobe you are using and the printer you have installed. Please refer to your printer’s manual and the Adobe Help Files for specific instructions.

Alerts

The Alerts link allows you to view system and user generated Alerts. Alerts are electronic messages on the LTC Online Portal sent to the Local Authority notifying the Local Authority that some action must be taken. Refer to the Alerts section in this User Guide for more information.
**Help**

The Help feature at the far right on the blue navigational bar will display a Help page with links to online guides that will assist with questions you may have about the LTC Online Portal.

**Yellow Form Actions Bar**

Options found on the yellow Form Actions bar may include: Print, Save as Draft, Use as template, Update Form, Add Note, Initiate PE, and other options. The options that display for your use will vary depending on your security level as well as the document status. The yellow Form Actions bar is available when an individual PASRR Level 1 Screening or PASRR Evaluation is being viewed in detail (remember that not all possible buttons will display at one time).

**Print**

The Print feature allows you to print completed PASRR Level 1 Screenings and PASRR Evaluations. If you want a hard copy, click the “Print” button located on the yellow Form Actions bar to print the document.

*Remember: To print only specific sections of a PASRR Level 1 Screening or PASRR Evaluation, click the “Pages” radio button and enter the page range for the desired pages. When printing a PASRR Level 1 Screening or PASRR Evaluation, the individual’s name will appear on the top right corner of each page. The name will be auto populated based on the information entered in the name field.*
Use as Template

The Use as template feature allows you to complete a new PASRR Level 1 Screening by using the information from a previously submitted PASRR Level 1 Screening. Various fields will auto populate with the information from the PASRR Level 1 Screening that you have chosen to use as a template, so be sure to check for accuracy. Some fields are auto populated. Not all fields can be changed. The tables below show which fields are enabled for editing, which fields are disabled for editing and which fields are auto populated or left blank.

### Fields Blank and Enabled

<table>
<thead>
<tr>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0600. Date of Assessment</td>
<td>C0100 Mental Illness</td>
<td>D0100O. NF Admitted the Individual</td>
</tr>
<tr>
<td>A1100. Date of Last Physical Examination</td>
<td>C0200 Intellectual Disability</td>
<td>D0100P. NF Date of Entry</td>
</tr>
<tr>
<td>A1200A. Certification of Signature</td>
<td>C0300 Developmental Disability</td>
<td>F0100. Exempted Hospital Discharge</td>
</tr>
<tr>
<td>A1200B. Signature Date</td>
<td>D0100N. NF is willing and able to serve individual</td>
<td>F0200. Expedited Admission Category</td>
</tr>
</tbody>
</table>

### Fields Blank and Disabled

<table>
<thead>
<tr>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0100A. Live alone with support</td>
<td>E0300A. By themselves</td>
<td>E0500A. Admitted To</td>
</tr>
<tr>
<td>E0100B. A place where there is 24 hour care</td>
<td>E0300B. With a roommate</td>
<td>E0500B. Admitted To Other</td>
</tr>
<tr>
<td>E0100C. A group home</td>
<td>E0300C. With family</td>
<td>E0600A. Community Program</td>
</tr>
<tr>
<td>E0100D. Family home</td>
<td>E0300D. With a lot of friends</td>
<td>E0600B. Other Community Program</td>
</tr>
<tr>
<td>E0100E. Other</td>
<td>E0300E. Other</td>
<td>E0700. Name of ICF/IID Facility</td>
</tr>
<tr>
<td>E0100F. Other Location</td>
<td>E0300F. Other Individual</td>
<td>E0800. Own Home/Family Home Comments</td>
</tr>
<tr>
<td>E0100G. Unknown</td>
<td>E0300G. Unknown</td>
<td>E0900. Alternate Placement Date of Entry</td>
</tr>
<tr>
<td>E0200. Comments about where the individual would like to live</td>
<td>E0400. Comments about with whom the individual would like to live</td>
<td></td>
</tr>
</tbody>
</table>

### Fields Auto Populated and Disabled

<table>
<thead>
<tr>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0200A. Street Address</td>
<td>A0200D. ZIP Code</td>
<td>A0500. Vendor No.</td>
</tr>
<tr>
<td>A0200B. City</td>
<td>A0300. NPI/API</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Depending on the status of the PASRR Level 1 Screening, the “Use as template” button may or may not appear on the yellow Form Actions bar. Use as Template feature is not available for PASRR Evaluations.

Use FSI or Current Activity to locate and display the PASRR Level 1 Screening that you want to use as a template and then:

1) Click the “Use as template” button. Specific data in the PASRR Level 1 Screening will be used to create and auto populate the new template PASRR Level 1 Screening.
2) Enter data into the remaining fields that did not auto populate.

3) If you want a hard copy for your records, click the “Print” button located on the yellow Form Actions bar to print the document.
4) From here you have two choices:

   a) If you are ready to submit the PASRR Level 1 Screening, click the “Submit Form” button located at the bottom right of the screen. If you have successfully submitted the document, a DLN will be generated.

   Or

   b) If you are not ready to submit the PASRR Level 1 Screening, click the “Save as Draft” button located on the yellow Form Actions bar to save the PASRR Level 1 Screening until you are ready to submit.
Update Form

The Update Form feature allows users to update the PASRR Level 1 Screening and the PASRR Evaluation. Specific information about updating the PASRR Level 1 Screening and the PASRR Evaluation can be found in the Update Form section of this User Guide.

Add Note

The Add Note feature located on the yellow Form Actions bar is always available unless the PASRR Level 1 Screening and the PASRR Evaluation is locked by another user.

The Add Note feature may be used to add additional information that was not captured upon original submission. The information that is typed into the Add Note text box of a PASRR Level 1 Screening or a PASRR Evaluation is added to the History trail of the PASRR Level 1 Screening or the PASRR Evaluation. Once a note has been saved, it cannot be corrected or deleted.

To add a note to an already submitted PASRR Level 1 Screening and the PASRR Evaluation:
1) Follow the steps for utilizing FSI or Current Activity to locate the PASRR Level 1 Screening and the PASRR Evaluation.
2) Click the “Add Note” button. A text box will open.
3) Enter additional information (up to 500 characters).

4) Under the text box you can click the “Save” button to save your note or click the “Cancel” button to erase your note.

**Initiate PE**

The Initiate PE button is only available on the PASRR Level 1 Screening. Clicking the “Initiate PE” button will return the user to the Submit Form page. The fields on the Submit Form page will be auto populated. Click the “Enter Form” button to start filling out the PASRR Evaluation. More information about the Initiate PE button can be found in the Steps to Submitting a PASRR Evaluation section of this User Guide.

**Save as Draft**

The Save as Draft feature allows you to save PASRR Level 1 Screenings or PASRR Evaluations which have not been submitted on the LTC Online Portal. Once saved, these drafts will be accessible by all users under the submitter vendor/contract number to which the draft is linked. The user may access previously saved drafts by clicking the **Drafts** link located on the blue navigational bar. Drafts will stay in the system for two months and will then be deleted.

**Note:** The “Save as Draft” button will display on the yellow Form Actions bar until the PASRR Level 1 Screening or PASRR Evaluation being entered has been successfully submitted on the LTC Online Portal (a DLN is assigned).
Other Basic Information

Required Fields

On the LTC Online Portal, red dots indicate required fields. Fields without red dots are optional.

Field Description

If you are uncertain as to what a certain field is for, you can hover over the field with your mouse pointer and a description of the field will display.
History

Every PASRR Level 1 Screening and PASRR Evaluation has a History trail of form statuses. After opening a PASRR Level 1 Screening or PASRR Evaluation, scroll to the bottom. The History trail of the form will display a list of every status that has been held by the PASRR Level 1 Screening or PASRR Evaluation along with appropriate details. Notes added by you or any comments from TMHP or DADS will also be located in the History trail. The most recent status will appear at the bottom.

![History Table]

Current Form Status

Each submitted PASRR Level 1 Screening or PASRR Evaluation will display a status that indicates where the PASRR Level 1 Screening or PASRR Evaluation is in the workflow or whether any action is required to complete the PASRR Level 1 Screening or PASRR Evaluation.

The status is displayed at the top left corner of the PASRR Level 1 Screening or PASRR Evaluation. The status that is displayed is called the current status.

To view previous statuses and notes associated with a PASRR Level 1 Screening or PASRR Evaluation, go to the History trail.

A complete list of statuses with their descriptions is listed in Appendix B of this User Guide.

![Current Status Form Submitted]

UnLock Form

Upon opening a PASRR Level 1 Screening or PASRR Evaluation, it will automatically become locked by the user who opened the document. It will remain locked while that user is actively working in the PASRR Level 1 Screening or PASRR Evaluation. The document will unlock if the user clicks the “UnLock Form” button or if there is no activity in the PASRR Level 1 Screening or PASRR Evaluation for 15 minutes.

The UnLock Form button will unlock the document so that other authorized users can make changes to the document. When a document is locked, others will not be able to make changes or add additional information. When receiving
assistance from TMHP or DADS the user may be asked to unlock the document so that the person helping the user can make changes.

To unlock a document, click the “UnLock Form” button located in the upper right corner of the screen.

Error Messages

There are two types of error message that can occur, Field Validation Error message and Submission Error message.

If required information is missing or if information is invalid, a Field Validation Error message(s) will display and you will not be able to continue to the next step until the error is resolved. However, some error messages are simply warning messages and do allow the PASRR Level 1 Screening or PASRR Evaluation to proceed in the workflow.

You may need to scroll to the top of the screen to find the error message(s) since that is where they will be displayed. When you click an error message hyperlink, you will automatically go to the field containing that error.

The following errors must be fixed before the form will submit:

- Other Type of Entity is a required field.
- Current Location Name is a required field.
- Current Location Street Address is a required field.
- Current Location City is a required field.
- Current Location State is required field.
- Current Location ZIP Code is a required field.
- Current Location Phone Number is a required field.
- Date of Last Physical Examination is a required field.
- Certification of Signature is a required field.
- Referring Entity Signature Date is a required field.

If the PASRR Level 1 Screening or PASRR Evaluation was not submitted successfully, a submission error message will appear and the PASRR Level 1 Screening or PASRR Evaluation will not move forward in the workflow. However, some error messages are simply warning messages and do allow the PASRR Level 1 Screening or PASRR Evaluation to proceed in the workflow.

The error message you may receive upon submission will be specific to the error that caused it, and will be fairly self-explanatory as to how to correct the error. Unlike field validation error messages, submission errors are not hyperlinked.
**Entering Dates**

There are two ways to enter dates. You can click the calendar icon next to any of the date fields to activate the dynamic calendar and choose the desired date. Or, you may enter the date using the mm/dd/yyyy format.

![Calendar Icon](image)

**Timeout**

The LTC Online Portal will timeout after 20 minutes of no activity. To prevent this timeout from occurring, you can continue typing or click on the screen to reset the timer.

If you have been working on a PASRR Level 1 Screening or PASRR Evaluation and 20 minutes of no-activity has elapsed, you will lose any work you may have started, you will be logged out, and you will have to log back in. Therefore; it is recommended that if you will be away from the LTC Online Portal for more than 20 minutes, save your work as a draft.

If you are working on a previously submitted PASRR Level 1 Screening or PASRR Evaluation and a timeout occurs, you will lose only the work completed in the immediate past 20 minutes, you will not lose the information that was previously submitted.
Overview of PASRR Processes

There are five different PASRR processes: Admission Process for Exempted Hospital Discharge, Expedited Admission Process, Preadmission Process, Alternate Placement Process, and Resident Review Process. Below are diagrams explaining the different processes at a high-level.

Admission Process for Exempted Hospital Discharge

1) Referring Entity performs the PASRR Level 1 Screening and determines if individual is eligible for Exempted Hospital Discharge.

2) If the individual does not meet Exempted Hospital Discharge criteria, then the Referring Entity follows the Expedited Admission Process or the Preadmission process (described in a subsequent diagrams).

3) If the individual does meet Exempted Hospital Discharge criteria, then:
   a) The Referring Entity sends the PASRR Level 1 Screening to the admitting Nursing Facility with the individual.
   b) The Nursing Facility submits the PASRR Level 1 Screening on the Portal immediately on receipt.

4) If the individual is discharged from the Nursing Facility prior to 30 days from the admission date, the Nursing Facility indicates the discharge on the PASRR Level 1 Screening.
5) If the individual is still in residence at the Nursing Facility after 30 days from the admission date, then:
   a) The Portal alerts the Local Authority to perform a PASRR Evaluation.
   b) The Local Authority performs the PASRR Evaluation within 72 hours of notification (see step 5a).
   c) The Local Authority submits the PASRR Evaluation on the LTC Online Portal within 7 calendar days of notification by the Nursing Facility. (See step 5a for notification) Authorization for payment to the Local Authority for completion of the PASRR Evaluation is setup as a result of successful submission of the PASRR Evaluation on the LTC Online Portal.
   d) The Nursing Facility reviews the PASRR Evaluation, including recommended specialized services, and certifies if they are able or unable to serve the individual.
   e) If the Nursing Facility is unable to serve the individual, the Local Authority coordinates placement into another Nursing Facility or an alternate setting.
1) Referring Entity (RE) performs the PASRR Level 1 Screening (PL1) and screens for Expedited Admission using the following categories:

<table>
<thead>
<tr>
<th>Category #</th>
<th>Category Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Convalescent Care</td>
<td>Individual is admitted from an acute care hospital to a Nursing Facility for convalescent care with an acute physical illness or injury which required hospitalization and is expected to remain in the Nursing Facility for greater than 30 days.</td>
</tr>
<tr>
<td>2</td>
<td>Terminal Illness</td>
<td>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 nursing facility.</td>
</tr>
<tr>
<td>3</td>
<td>Severe Physical Illness</td>
<td>An illness resulting in ventilator dependence or diagnosis such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, congestive heart failure, which results in a level of impairment so severe that the individual could not be expected to benefit from specialized services.</td>
</tr>
<tr>
<td>4</td>
<td>Delirium</td>
<td>Provisional admission pending further assessment in case of delirium where an accurate diagnosis cannot be made until the delirium clears.</td>
</tr>
<tr>
<td>5</td>
<td>Emergency Protective Services</td>
<td>Provisional admission pending further assessment in emergency situations requiring protective services, with placement in the nursing facility not to exceed 7 calendar days.</td>
</tr>
</tbody>
</table>
2) If the individual does not meet Expedited Admission criteria, then the Referring Entity follows the Preadmission process (described in a subsequent diagram).

3) If the individual does meet Expedited Admission criteria, then

   a) The Referring Entity sends the PASRR Level 1 Screening to the admitting Nursing Facility (NF) with the individual.

   b) The Nursing Facility submits the PASRR Level 1 Screening on the Portal immediately on receipt.

4) The Local Authority (LA) is required to perform a PASRR Evaluation as follows:

   a) If the Expedited Admission category is 1, 2, or 3, then the Portal alerts the Local Authority to perform the PASRR Evaluation as soon as the PASRR Level 1 Screening is submitted.

   b) If the Expedited Admission category is 4 or 5, then the Portal alerts the Local Authority to perform the PASRR Evaluation 7 calendar days after the admission.

   c) If the Expedited Admission category is 6, then the Portal alerts the Local Authority to perform the PASRR Evaluation 14 days after the admission.

   d) If the Expedited Admission category is 7, then the state alerts the Local Authority to perform a PASRR Evaluation when the MDS indicates the individual is no longer comatose.

5) Once notified, the Local Authority performs the PASRR Evaluation (PE) within 72 hours of notification. (See step 4 for notification)

6) The Local Authority submits the PASRR Evaluation on the LTC Online Portal within 7 calendar days of notification. (See step 4 for notification) Authorization for payment to the Local Authority for completion of the PASRR Evaluation is setup as a result of successful submission of the PASRR Evaluation on the Portal.

7) The Nursing Facility reviews the PASRR Evaluation, including recommended specialized services, and certifies if they are able or unable to serve the individual.

8) If the Nursing Facility is unable to serve the individual, the Local Authority coordinates placement into another Nursing Facility or an alternate setting.

<table>
<thead>
<tr>
<th>Category #</th>
<th>Category Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Respite</td>
<td>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 or IDD is expected to return following the brief Nursing Facility stay.</td>
</tr>
<tr>
<td>7</td>
<td>Coma</td>
<td>Severe illness or injury resulting in inability to respond to external communication or stimuli, such as coma or functioning at brain stem level.</td>
</tr>
</tbody>
</table>
Preadmission Process

1) The Preadmission Process starts with the Referring Entity who performs the initial PASRR Level 1 Screening on paper for the individual seeking Nursing Facility placement.

2) If the PASRR Level 1 Screening is negative:
   a) The Referring Entity sends the PASRR Level 1 Screening to the admitting Nursing Facility with the individual.
   b) The Nursing Facility admits the individual and submits the PASRR Level 1 Screening on the LTC Online Portal system.

3) If the PASRR Level 1 Screening is positive:
   a) The Referring Entity faxes the PASRR Level 1 Screening to the Local Authority (this notification starts the 72 hour timer).
   b) The Local Authority submits the PASRR Level 1 Screening on the LTC Online Portal system immediately upon receipt.
   c) The Local Authority performs a PASRR Evaluation within 72 hours of notification by the Referring Entity (See step 3a for notification).
   d) The Local Authority submits the PASRR Evaluation on the LTC Online Portal within 7 calendar days of notification by the Referring Entity (See step 3a for notification). Authorization for payment to the Local Authority for completion of the PASRR Evaluation is setup as a result of successful submission of the PASRR Evaluation on the Portal.

4) The Nursing Facility reviews the PASRR Evaluation, including recommended services, and certifies if they are able or unable to serve the individual on the PASRR Level 1 Screening Section D.

5) The Local Authority coordinates placement of the individual by working with the Referring Entity and the identified Nursing Facilities on the PASRR Level 1 Screening (updating the PASRR Level 1 Screening with the admitted to date). The Local Authority updates the PASRR Level 1 Screening with the Admitted To date once the individual is placed.

Note: If the individual is PASRR Negative, then existing procedures for nursing home admissions are followed. A PASRR Evaluation is not performed unless requested by DADS.
Alternate Placement Process

1) The Local Authority is notified that the individual requests Alternate Placement. The notification could come from DADS, DSHS or the Nursing Facility. If this is a current Nursing Facility resident, then the notification can be a manually generated alert on the Portal. If the individual is NOT a current resident, the Local Authority is notified by the Referring Entity.

2) If the individual is a current resident of an Nursing Facility:
   a) The Local Authority performs Section E on the PASRR Level 1 Screening by clicking on the “Enter Disposition” button.
   b) The Local Authority coordinates Alternate Placement.
   c) The Nursing Facility will also indicate discharge of the individual on the PASRR Level 1 Screening.

3) If the individual is NOT a current resident of an Nursing Facility:
   a) The Referring Entity faxes the PASRR Level 1 Screening to the Local Authority.
   b) The Local Authority submits the PASRR Level 1 Screening on the Portal.
   c) The Local Authority performs Section E on the PASRR Level 1 Screening by clicking on the “Enter Disposition” button.
Resident Review Process

1) A Resident Review takes place when a Local Authority is notified to perform a PASRR Level 2 Evaluation on a resident of a Nursing Facility. 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 DADS, DSHS or the Nursing Facility. Refer to Appendix E for list of triggers and actions which should be taken. Refer to Appendix E for information on the triggers and the actions which should be taken.

2) The Local Authority performs a PASRR Evaluation within 72 hours of notification. (See step 1 for notification)

3) The Local Authority submits the PASRR Evaluation on the LTC Online Portal within 7 calendar days of notification. (See step 1 for notification) Authorization for payment to the Local Authority for completion of the PASRR Evaluation is setup as a result of successful submission of the PASRR Evaluation on the LTC Online Portal.

Resident Reviews

A Resident Review is a review of a PASRR Positive resident’s condition and placement after the individual has been admitted to a Nursing Facility. The purpose of the Resident Review is to ensure residents are getting correct specialized services and to determine if the individual still needs to be in a Nursing Facility. A Resident Review is performed on all residents who are PASRR Positive regardless of whether they have Medicaid benefits or not. A Resident Review may also be required by a Nursing Facility, DADS or DSHS on a potentially positive PASRR individual.

When a Resident Review is performed, the Local Authority will meet face-to-face with the resident and complete a new PASRR Evaluation. The Local Authority is required to complete and submit the PASRR Evaluation on the LTC Online Portal within 7 calendar days of notification.

Refer to Appendix E for actions which should be taken for each of the Resident Review Triggers.
Additional Information

Alerts

Alerts are notices to the Local Authority and Nursing Facilities to perform some action. The alert may be a Resident Review or a notice to complete a PASRR Evaluation or some other action the Local Authority needs to take.

The LTC Online Portal also creates alerts automatically when some action needs to take place. The Alerts screen should be accessed on a daily basis. All alerts have a time frame associated with them. Alerts can also be deleted.

Refer to Appendix D for a list and additional information about each of the alerts.

Accessing Alerts

Follow the steps below to access the Alerts screen.

1) Go to www.tmhp.com.
2) Click “providers” on the green bar located at the top of the screen.
3) Click “Long Term Care” on the yellow bar.
4) Click the “Log In to LTC Online Portal” button on the blue bar.
5) Enter your User name and Password. Click the “OK” button. The Form Status Inquiry (FSI) page will display by default.
6) Click the Alerts link located on the blue navigational bar.

The Alerts screen opens and a list of incoming alerts are displayed.

• The alert list only contains alerts for your Vendor/Contract number.
• Alerts are only shown for the last 30 days from the current date. There is no way to access older alerts.
• Alerts can be sorted by clicking the column header of the Alerts list.
• Alerts can be deleted. You may want to delete alerts once you complete the required action.
The Alert Subject column provides a brief description of the alert. Click the desired Alert Subject link to see the alert detail. The alert detail describes exactly what needs to be done. It also provides information about the individual and a link to the current PASRR Level 1 Screening or PASRR Evaluation.

Click the “Return to Alerts Page” button at the top of the page to return to the Alerts list.
Deleting Alerts

As previously mentioned, alerts can be deleted by Local Authorities. When you have completed the action requested on an alert, you may want to delete the alert. Once an alert is deleted, it cannot be undone.

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

2) Click the “Delete Alert” button above the alert list.

3) “Are you sure you want to delete the selected alert(s)?” confirmation dialog box appears. Click the “OK” button to delete the alert, or click the “Cancel” button if you do not want to delete the alert.

Note: Alerts will only be deleted from the user that deleted the alert. Other users will still continue to see the alert until they delete it or it is more than 30 days old from the current date.

Update Form

In the PASRR Program, updates can be made to the PASRR Level 1 or PASRR Evaluation dependent on the user’s security permissions. If incorrect data is submitted on the PASRR Level 1 Screening or PASRR Evaluation, updates can be made by clicking the “Update Form” button on the yellow Form Actions bar. However, not all fields can be updated. To make updates to the PASRR Level 1 Screening or PASRR Evaluation, access the record utilizing FSI.

Updates on a PASRR Level 1 Screening are not allowed when:

• The form is set to status Form Inactivated.
• The form is set to status PL1 Inactivate
• When the associated PE is set to status Pending Form Completion

Updates on a PASRR Evaluation are not allowed when:

• (H0200B) Mental Illness (MI) Completion or (H0100B) Intellectual or Developmental Disability (IDD) Completion, on the Authorization tab, is in the following statuses:
  – SAS Request Pending
  – Submit to SAS
Available Fields

The following fields on the PASRR Level 1 Screening can be updated. After updating, you must click the “Submit Form” button to save the changes you have made.

<table>
<thead>
<tr>
<th>PASRR Level 1 Screening</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0600. Date of Assessment</td>
<td>B0400. Birth Date</td>
<td>B0700E. State</td>
<td>B0800F. Suffix</td>
<td></td>
</tr>
<tr>
<td>B0100A. First Name</td>
<td>B0600. Gender</td>
<td>B0700F. ZIP Code</td>
<td>B0800G. Phone Number</td>
<td></td>
</tr>
<tr>
<td>B0100B. Middle Initial</td>
<td>B0650. Individual is deceased or has been discharged?</td>
<td>B0700G. County of Residence</td>
<td>B0800H. Street Address</td>
<td></td>
</tr>
<tr>
<td>B0100C. Last Name</td>
<td>B0655. Deceased/Discharge Date</td>
<td>B0800A. Relationship to Individual</td>
<td>B0800I. City</td>
<td></td>
</tr>
<tr>
<td>B0100D. Suffix</td>
<td>B0700A. Previous Residence Type</td>
<td>B0800B. Other Relationship to Individual</td>
<td>B0800J. State</td>
<td></td>
</tr>
<tr>
<td>B0200A. Social Security No.</td>
<td>B0700B. Other Residence Type</td>
<td>B0800C. First Name</td>
<td>B0800K. ZIP Code</td>
<td></td>
</tr>
<tr>
<td>B0200B. Medicare No.</td>
<td>B0700C. Street Address</td>
<td>B0800D. Middle Initial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B0300. Medicaid No.</td>
<td>B0700D. City</td>
<td>B0800E. Last Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following fields on the PASRR Evaluation can be updated until one of the MI/IDD Completion PTIDs is set to status Processed/Complete or PCS Processed/Complete anywhere in the PTID history (see the PASRR Evaluation - Authorization Section for more details). Fields updated on the PASRR Evaluation are also updated on the associated PASRR Level 1 Screening. The ability to update some fields is based on security permissions. The MI Local Authority cannot update IDD Date of Assessment and the IDD Local Authority cannot update the MI Date of Assessment. Other fields may also be unavailable based on Vendor/Contract Number combination.

<table>
<thead>
<tr>
<th>PASRR Evaluation</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2400A. First Name</td>
<td>A2500B. Medicare No.</td>
<td></td>
</tr>
<tr>
<td>A2400B. Middle Initial</td>
<td>A2600. Medicaid No.</td>
<td></td>
</tr>
<tr>
<td>A2400C. Last Name</td>
<td>A2700. Birth Date</td>
<td></td>
</tr>
<tr>
<td>A2500A. Social Security No.</td>
<td>A1700/ A1000 Date of MI/IDD Assessment (as long as the PASRR Evaluation is available)</td>
<td></td>
</tr>
</tbody>
</table>

Who May Submit an Update?

Only the submitter of the PASRR Level 1 Screening or PASRR Evaluation can make updates to all available fields. The MI and IDD Local Authorities can only change the information in the section they completed. The Update Form button will not be displayed on the yellow Form Actions bar if a PASRR Level 1 Screening or PASRR Evaluation cannot be updated. Updates are processed immediately. You must click the “Submit Form” button once the updates are complete.
How to Submit an Update

To update a PASRR Level 1 Screening or a PASRR Evaluation, you will use FSI to locate the PASRR Level 1 Screening or PASRR Evaluation.

1) Click the **Form Status Inquiry** link on the blue navigational bar.

2) Type of Form: Choose **PL1: PASRR Level 1 Screening** or **PE: PASRR Evaluation**.

3) Vendor Number: Choose the Vendor/Contract Number combination, for the submitter, from the drop-down box.

4) Enter information in the Form Status Inquiry section, enter any additional information to narrow your search.

5) Enter a date range for “From Date” and “To Date.” These are required fields.

6) Click the “Search” button. The search results will then display at the bottom of the screen.

7) Click the **View Detail** link of the PASRR Level 1 Screening or PASRR Evaluation.
8) Click the “Update Form” button.

9) The PASRR Level 1 Screening or PASRR Evaluation will be displayed with the editable fields enabled.

10) Enter the updated information.

11) Click the “Submit Form” button.

A history note, detailing the changed fields, is added to both the PASRR Level 1 Screening and the PASRR Evaluation when the PASRR Level 1 Screening or PASRR Evaluation is updated. When a PTID is set to status LA Action Required, and the LA submits an update, the PTID will be set to status Submit to SAS, and the PTID will continue to be processed.

**Dually Diagnosed Individuals**

Dually diagnosed individuals are individuals who show signs of both MI and IDD, MI and ID, or MI and DD. There are two sections on one PASRR Evaluation and two payments for the PASRR Evaluation if performed by separate Local Authorities.

When two Local Authorities are involved, then the Local Authority that initiates submitting a PASRR Evaluation is responsible for completing common sections of the PASRR Evaluation. All sections of the PASRR Evaluation are common except Section B and Section C. Section B is specific to IDD while Section C is specific to MI. Upon submission by the submitting Local Authority, the PASRR Evaluation will be set to status Pending Form Completion. The other Local Authority must complete the evaluation using the same PE, and should not initiate a new PE.

The PASRR Evaluation is not considered complete until both sections (MI and IDD) are completed when the person is dually diagnosed. A system-generated alert is sent to the Local Authority responsible if only one part of the PASRR Evaluation is completed.
PASRR Level 1 Screening

The PASRR Level 1 Screening is the preliminary screening for MI, ID, and/or DD. The PASRR Level 1 Screening is performed on all individuals seeking admission to a Medicaid certified Nursing Facility, regardless of their Medicaid status. This includes individuals who already have Medicaid, pending Medicaid approval, or those who have not applied for Medicaid or may not be eligible.

The general path that the PASRR Level 1 Screening takes when it is successfully submitted on the LTC Online Portal is a series of checks and reviews known as the workflow. The parts of the PASRR Level 1 Screening workflow that relates to Local Authorities include:

- Making corrections to the PASRR Level 1 Screening that have been successfully submitted
- Defining potential Nursing Facilities for placement of the individual during the preadmission process
- Checking for Nursing Facilities certifying they are either able or unable to serve the individual
- Initiating a PASRR Evaluation from the PASRR Level 1 Screening
- Checking for Nursing Facilities who certify they can meet the needs of the individual
- Coordinating with admitting Nursing Facility to indicate date of admission
- Indicating Alternate Placement to a setting other than the Nursing Facility

The type of admission determines who will perform the PASRR Level 1 Screening and who will submit the PASRR Level 1 Screening on the LTC Online Portal.

<table>
<thead>
<tr>
<th>Type of Admission</th>
<th>PASRR Level 1 Screening Performed by</th>
<th>PASRR Level 1 Screening Submitted by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preadmission</td>
<td>Referring Entity</td>
<td>Local Authority</td>
</tr>
<tr>
<td>Expedited Admission</td>
<td>Nursing Facility/Referring Entity</td>
<td>Nursing Facility</td>
</tr>
<tr>
<td>Exempted Hospital Discharge</td>
<td>Nursing Facility/Referring Entity</td>
<td>Nursing Facility</td>
</tr>
</tbody>
</table>

If the admission type is Preadmission, once the paper version is completed, the Referring Entity will contact the Local Authority to submit the PASRR Level 1 Screening.

If the admission type is Expedited Admission or Exempted Hospital Discharge, either the Referring Entity or the Nursing Facility can complete the PASRR Level 1 Screening. If the Referring Entity performs the PASRR Level 1 Screening, the Referring Entity will contact the Nursing Facility to submit the PASRR Level 1 Screening.

Steps to Submit a PASRR Level 1 Screening

The generic steps to submit the PASRR Level 1 Screening have already been covered, now we will go step-by-step through the process of submitting the PASRR Level 1 Screening:

1) Go to [www.tmhp.com](http://www.tmhp.com).
2) Click “providers” on the green bar located at the top of the screen.
3) Click “Long Term Care” on the yellow bar.
4) Click the “Log In to LTC Online Portal” button on the blue bar.

5) Enter your User name and Password. Click the “OK” button. The Form Status Inquiry (FSI) page will be displayed by default.

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

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

8) Vendor Number: Choose the appropriate Vendor/Contract Number combination from the drop-down box.

9) Enter the optional information in the Recipient section to auto populate some of the fields on the PASRR Level 1 Screening. The choices are:
   - Medicaid/CSHCN ID
   - Social Security Number and Last Name
   - Social Security Number and Date of Birth
   - Date of Birth and Last Name and First Name

10) Click the “Enter Form” button at the bottom right of the screen. The PASRR Level 1 Screening will be displayed.

   To complete the PASRR Level 1 Screening, click the section tabs and enter the information. Fields with red dots are required fields in which you must enter data. If you try to submit a PASRR Level 1 Screening without completing the required fields, you will receive error messages indicating which required fields must be completed before the PASRR Level 1 Screening can be successfully submitted.

   If this is a PASRR Negative individual, Sections A, B, and C of the PASRR Level 1 Screening are the only sections which must be completed. Refer to Appendix A for images of the PASRR Level 1 Screening on the LTC Online Portal.

   Below is information about each section of the PASRR Level 1 Screening.

**PASRR Level 1 Screening - Section A**

Section A contains the Submitter Information and the Referring Entity Information. The Submitter Information will be auto populated with information from the Vendor/Contract Number combination from the Submit Form page.

The Referring Entity Information is information about the Referring Entity or organization who performed the PASRR Level 1 screening, if it was not the Local Authority.

**PASRR Level 1 Screening - Section B**

Section B contains the Personal Information for the individual. Some of this information may be auto populated if the Recipient Information is completed on the Submit Form page and the individual is located in TMHP’s Claims Management System. The Medicaid number is also required. If the client does not have a Medicaid number but has applied for Medicaid, enter a plus sign (+). Enter the letter N if the client has not applied for Medicaid or is not eligible for Medicaid.

**PASRR Level 1 Screening - Section C**

Section C contains the PASRR Screen and the Local Authority Information. The LA Information is auto populated by the LTC Online Portal and cannot be changed. The PASRR Screen has three questions which ask if there is evidence or an indication that the individual has Mental Illness, Intellectual Disability or Developmental Disability. If the answer to all three questions is “No,” the Individual is considered PASRR Negative. If the answer to any of the questions is “Yes,” the individual is considered PASRR Positive.
PASRR Level 1 Screening - Section D

Section D contains the Nursing Facility Choices. This section must always be completed. If the admission type is Preadmission and the individual is PASRR Positive, you can list up to 15 Nursing Facilities. If this is a PASRR Negative Preadmission, Exempted Admission, or an Expedited Hospital Discharge, only the admitting Nursing Facility must be listed.

Nursing Facilities are able to look at the PASRR Level 1 Screening and PASRR Evaluation to determine whether or not they can serve the individual. Nursing Facilities will certify they can serve the individual and provide the recommended specialized services by clicking the “Able to Serve Individual” button on the yellow Form Actions bar. If the Nursing Facility cannot serve the individual or provide the recommended specialized services they will click the “Unable to Serve Individual” button on the yellow Form Actions bar.

**Note:** Before the Nursing Facility can certify they are able or unable to serve the individual, the PASRR Evaluation must also be successfully submitted.

Adding an Initial Nursing Facility in Section D

1) Enter the Contract No. and Vendor No. for the Nursing Facility.

2) Click the magnifying glass icon to auto populate the Nursing Facility information.

3) Most of the Nursing Facility information is automatically populated. The Local Authority must enter the telephone number and contact name for each facility.
Adding an Additional Nursing Facility Before Submission

Up to 15 Nursing Facilities can be added to the Nursing Facility Choice list for Preadmission only.

1) Click the **Add NF Choice**.

![Add NF Choice](image1)

2) Enter the Contract No. and Vendor No. for the Nursing Facility.

3) Click the magnifying glass icon to auto populate the Nursing Facility information.

![NF Information](image2)

4) Most of the Nursing Facility information is auto populated. The Local Authority must enter the telephone number and contact name for each facility.

Updating Nursing Facility Choices After Submission

If you have already submitted the PASRR Level 1 Screening and the status is set to *Pending Placement*, follow the steps below to update the Nursing Facility Choices.

1) Click the “Update NF Choices” button on the yellow Form Actions bar.

![Update NF Choices](image3)
2) Make the necessary corrections to either change the information for the Nursing Facility or add the Nursing Facility.

3) Click the “Save NF Choices” button on the yellow Form Actions bar to save your changes.

**Delete Nursing Facility**

NF choices can also be deleted. The Delete NF Choice link will only be shown when more than one Nursing Facility Choice is listed.

1) Click the **Delete NF Choice** link next to the Nursing Facility name you want to delete.

The Nursing Facility choice is deleted.

**Hiding and Showing Nursing Facility Information**

Section D also allows you to hide and showing the Nursing Facility information. When the Nursing Facility information is hidden, only the name of the Nursing Facility shows. When showing, all information about the Nursing Facility is shown.
To hide the Nursing Facility information, click the “-” next to the show Nursing Facility name.

To show the Nursing Facility information, click the “+” next to the Nursing Facility name.

**Coordinating Nursing Facility Placement**

When the admission type is Preadmission, Section D is used to coordinate Nursing Facility placement of an individual. Nursing Facilities will use this section to indicate whether they are able to serve or unable to serve the individual and provide the recommended specialized services as listed on the PASRR Evaluation. Once a Nursing Facility certifies it can meet the individual’s needs and is admitting the individual, the Nursing Facility will use this screen to enter the admission information.

The following rules apply:

1) There must be at least one Nursing Facility listed in Section D of the PASRR Level 1 Screening.

2) The number of Nursing Facilities listed cannot exceed 15.

3) If it has been more than 90 days, or all 15 of the Nursing Facilities have indicated they are unable to serve the individual, the placement process is exhausted. A new PASRR Level 1 Screening and PASRR Evaluation must be submitted. The PASRR Evaluation must be submitted before the Nursing Facilities can respond regarding whether or not they can serve the individual and before one of the Nursing Facilities can admit the individual.

4) The 90 day timer begins when the PASRR Evaluation is submitted.

**Note:** If a Nursing Facility submits the PASRR Level 1 Screening under an Expedited Admission or Exempted Hospital Discharge admission, the Nursing Facility information will be auto populated.
PASRR Level 1 Screening - Section E

Section E contains information about Alternate Placement Preferences and Alternate Placement Disposition. Complete this section if the individual would like to live in a setting other than a Nursing Facility. To enter information in Section E, click the “Enter Disposition” button on the yellow Form Actions bar.

Note: The Enter Disposition button will not be available until after the PASRR Level 1 Screening has been successfully submitted.

PASRR Level 1 Screening - Section F

Section F contains information about Admission Category. All of the fields in this section are required.

The first question identifies whether the admission type is Exempted Hospital Discharge. To indicate whether or not the admission type is an Exempted Hospital Discharge, answer the corresponding question by choosing “0. No” or “1. Yes” from the drop-down box, as applicable.

The second question identifies if the admission type is Expedited Admission. If this is not an Expedited Admission, click the radio button next to “0. Not Expedited Admission.” If the admission is Expedited, click the radio button next to the correct category.

If the admission type is not Exempted Hospital Discharge or Expedited Admission, then the admission type is Preadmission.

Submitting the PASRR Level 1 Screening

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

a) You can click the “Save as Draft” button on the yellow Form Actions bar to save the PASRR Level 1 Screening as a draft until you are ready to submit.

Or

b) At the bottom of the screen click the “Submit Form” button to submit the PASRR Level 1 Screening.

The LTC Online Portal will validate the PASRR Level 1 Screening upon submission. If it does not pass validations, error messages will be displayed indicating the error(s) and a DLN will not be generated. Correct any errors and resubmit.
If the PASRR Level 1 Screening has been successfully submitted, a unique DLN will be assigned that can be used to locate and track the status of the PASRR Level 1 Screening.

PASRR Level 1 Screening Status and History

The status and history of a PASRR Level 1 Screening can only be seen once the PASRR Level 1 Screening is submitted. FSI is used to locate previously-submitted PASRR Level 1 Screenings. Once you open the PASRR Level 1 Screening you can check the status and history.

To locate a previously submitted PASRR Level 1 Screening, follow the instructions below.

1) Click the Form Status Inquiry link on the blue navigational bar.
2) Click the “Type of Form” drop-down box and choose PL1: PASRR Level 1 Screening.

**Note:** You must always select the Type of Form even if you provide the DLN or other additional information.

3) Click the “Vendor Number” drop-down box and choose the appropriate Vendor/Contract Number combination.
4) In the Form Status Inquiry section, enter any additional information you may have.
5) Enter the “From Date” and “To Date.” These fields are required.
6) Click the “Search” button. A list of results are displayed at the bottom of the screen.
7) Click the View Detail link next to the desired PASRR Level 1 Screening.
8) The PASRR Level 1 Screening opens.

Current Form Status

The current form status of the PASRR Level 1 Screening is located at the top of the PASRR Level 1 Screening. A list of status codes and their meanings can be found in Appendix B.
Form History

A history of the statuses for the PASRR Level 1 Screening can be found in the history section at the bottom of each section. The history section of the PASRR Level 1 Screening shows the statuses of the PASRR Level 1 Screening as it processes through the submission and workflow processes. Any changes to the PASRR Level 1 Screening will also be shown here.

<table>
<thead>
<tr>
<th>History</th>
<th>3/21/2013 10:21:12 AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form Submitted</td>
<td>3/21/2013 10:21:12 AM</td>
</tr>
<tr>
<td>Pending Placement</td>
<td>3/21/2013 10:21:13 AM</td>
</tr>
<tr>
<td><strong>TMHP</strong> : Individual is pending placement. Each identified Nursing Facility must indicate ability or inability to serve the needs of the individual as documented on the PASRR Evaluation.</td>
<td></td>
</tr>
<tr>
<td>Awaiting PE</td>
<td>3/21/2013 10:21:13 AM</td>
</tr>
<tr>
<td><strong>TMHP</strong> : Pre-admission PL1 submitted by a Nursing Facility. Please contact the nearest local authority to conduct a PASRR Evaluation.</td>
<td></td>
</tr>
</tbody>
</table>
PASRR Evaluation

The PASRR Evaluation verifies PASRR eligibility of the individual and lists any recommended specialized services. Nursing Facilities review the PASRR Evaluation to determine if they are able or unable to serve the individual's needs. The PASRR Evaluation is always performed when the PASRR Level 1 Screening indicates a positive PASRR condition with a “Yes” in at least one of the fields in Section C (C0100, C0200, and C0300). A PASRR Evaluation may also be performed upon request from the state or a Nursing Facility if a PASRR Level 1 Screening indicates a negative PASRR condition with a “No” in all three fields (C0100, C0200, and C0300).

A PASRR Evaluation is performed regardless of the individual’s Medicaid status. This includes individuals who already have Medicaid, pending Medicaid approval, and those who have not applied for Medicaid or may not be eligible.

Over time, there can be multiple PASRR Level 1 Screenings and multiple PASRR Evaluations for an individual. By linking the active PASRR Evaluation to the active PASRR Level 1 Screening, it is always possible to determine which one is the active PASRR Level 1 Screening and PASRR Evaluation.

Only Local Authorities can perform and submit the PASRR Evaluation. The Nursing Facility or the Referring Entity must contact the Local Authority to perform a PASRR Evaluation once the PASRR Level 1 Screening is completed and it indicates the individual is PASRR Positive. The Local Authority has 72 hours to perform the PASRR Evaluation once the Referring Entity or Nursing Facility notifies the Local Authority.

Here are a few things to remember:

• PASRR Evaluations are always done when the individual is PASRR positive as a result of the PASRR Level 1 Screening.
• PASRR Evaluations can be requested by the state or a Nursing Facility, even if the PASRR Level 1 Screening is negative.
• The PASRR Evaluation must be completed prior to admission to the Nursing Facility if the admission type is Preadmission.
• A PASRR Evaluation is performed on PASRR Positive individuals regardless of their Medicaid status.
  – Medicaid
  – Non-Medicaid
  – Pending Medicaid
• Only a Local Authority can perform and submit a PASRR Evaluation.

Local Authorities, Nursing Facilities, and Referring Entities work together to ensure both the PASRR Level 1 Screening and the PASRR Evaluation are completed.
Steps to Submit a PASRR Evaluation

You cannot use the “Submit Form” link on the blue navigational bar to submit a PASRR Evaluation. A PASRR Evaluation can only be submitted by locating the PASRR Level 1 Screening for the individual and then clicking the “Initiate PE” button on the yellow Form Actions bar.

1) Go to www.tmhp.com.

2) Click “providers” on the green bar located at the top of the screen.

3) Click “Long Term Care” on the yellow bar.

4) Click the “Log In to LTC Online Portal” button on the blue bar.

5) Enter your User name and Password. Click the “OK” button. The Form Status Inquiry (FSI) page will display by default.

6) Type of Form: Choose PL1: PASRR Level 1 Screening from the drop-down box.

**Note:** You must always select the Type of Form even if you provide the DLN or other additional information.

7) Vendor Number: Choose the appropriate Vendor/Contract Number combination from the drop-down box.

8) You can narrow results by entering specific criteria in the additional fields:
   - Document Locator Number (DLN)
   - Medicaid Number
   - Last Name
   - First Name
   - Social Security Number (SSN)
   - Form Status
   - Mental Illness
   - Intellectual Disability
   - Developmental Disability
   - PASRR Eligibility

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

10) Click the “Search” button at the bottom right of the screen.

11) Locate the PASRR Level 1 Screening and click the View Detail link.

**Note:** Only PASRR Level 1 Screenings linked to the Vendor/Contract Number combination entered in step 7 will be displayed.

12) Click the “Initiate PE” button on the yellow Form Actions bar.

13) The Submit Form page will open. The following fields will be auto populated.
   - Type of Form
   - Vendor Number (enabled)
   - Medicaid
   - SSN
14) Click the "Enter Form" button at the left bottom corner of the screen.

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

Refer to Appendix A for images of the PASRR Evaluation on the LTC Online Portal.

**PASRR Evaluation - Section A**

Section A of the PASRR Evaluation contains the Submitter Information, Assessment Information, IDD Information, MI Information, Setting of Assessment, and Personal Information. The Submitter information will be auto populated from the Contract Number and Vendor Number information. The IDD and MI Information fields for the Local Authority Contract Number, Vendor Number, NPI/API will be auto populated from the information on the PASRR Level 1 Screening. The Personal Information will also be auto populated from the PASRR Level 1 Screening. Fields such as Social Security Number and Medicare number can be changed in the Personal Information.

**PASRR Evaluation - Section B**

Section B contains the Determination of PASRR Eligibility for IDD individuals. This section is only filled out by the Local Authority who performed the IDD evaluation. If you are completing the IDD section of the PASRR Evaluation, click the check box, “I am completing the IDD Section.” This section is disabled for the MI-only Local Authority.

Section B also contains the Specialized Services Determination/Recommendations for IDD. This section is completed for all individuals regardless of their Medicaid eligibility. Even though Specialized Services are recommended for all individuals, Medicaid will only reimburse for these services if the individual has Medicaid benefits.

Below this section is an area to list the specialized services which will be provided or coordinated by the Local Authority, and another area to list the specialized services which will be provided or coordinated by the Nursing Facility. Multiple specialized services can be listed for each. Specialized Services can be deleted and added.

The Recommended Services Provided/Coordinated by the Local Authority choices always has the Service Coordination (SC) choice selected by default. This choice cannot be changed. Recommended Services Provided/Coordinated by the NF does not have a default choice. For a list of the Specialized Services which can be selected, refer to Appendix C.
Adding a Recommended Specialized Service

1) Click the **Add Recommended Specialized Service** link.
2) Click the drop-down box and select the Specialized Service to be added.

Deleting a Recommended Specialized Service

1) Click the drop-down box and choose the Recommended Specialized Service you want to delete.
2) Click the **Delete Recommended Specialized Service** link.

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PASRR Evaluation - Section C

Section C contains the Determination of PASRR Eligibility for MI individuals as well as applicable Specialized Services Determination/Recommendations. This section is only filled out by the Local Authority who performed the MI evaluation. If you are completing the MI section of the PASRR Evaluation, click the "I am completing the MI Section" check box. This section is disabled for the IDD-only Local Authority.

Complete the Local Authority Provided/Coordinated Specialized Services choices in Section C if applicable. For a list of the Specialized Services which can be selected, refer to Appendix C.

---

PASRR Evaluation - Section D

Section D is the Nursing Facility Level of Care Assessment and includes the beginning of Evaluation of History and Physical Information. Most of the fields in Section D are required fields.

The Diagnosis information (D0100) allows you to add a diagnosis code and also to delete a diagnosis code. You can add up to four diagnosis codes by clicking the **Add Diagnosis** link in this section. You can also delete a diagnosis code by clicking the **Delete Diagnosis** link. To look up a diagnosis code, enter the diagnosis code and then press the tab or enter key. The diagnosis description is auto populated.
A list of medications (D0200) can also be created. The Medication information allows you to add medications or delete medications. Click the **Add Medication** link to add up to 20 different medications. You can also delete a medication by clicking the **Delete Medication** link.

**PASRR Evaluation - Section E**

The Evaluation of History and Physical Information continues in Section E. Fall History, Medical Status, and Functional Assessment are contained in Section E. At the bottom of Section E (E1500) is Appropriate Placement. If you do not think a Nursing Facility is the appropriate placement for an individual, provide as much of an explanation as possible.

**PASRR Evaluation - Section F**

Section F contains the Return to Community Living information. At the bottom of the screen you will find Referrals (F1000). You can list multiple Referrals. To add up to four Referrals, click the **Add Referral** link. To delete a referral, click the **Delete Referral** link.

**Submitting the PASRR Evaluation**

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

a) You can click the “Save as Draft” button on the yellow Form Actions bar to save the PASRR Evaluation until you are ready to submit.

![Form Actions: Press Save as Draft](image)

Or

b) At the bottom of the screen, click the “Submit Form” button to submit the PASRR Evaluation.

![Submit Form](image)

The LTC Online Portal will attempt to validate the PASRR Evaluation upon submission. If it does not pass the validations, error messages will be displayed indicating the error(s) and a DLN will not be generated. Correct the errors and resubmit.

If the PASRR Evaluation has been successfully submitted, a unique DLN will be assigned that can be used to locate and track the status of the PASRR Evaluation via FSI.

Once a DLN is assigned to the PASRR Evaluation, the PASRR Evaluation DLN will be added to the associated PASRR Level 1 Screening. The PASRR Evaluation will also be updated with the PASRR Level 1 Screening DLN. By doing so, both the PASRR Level 1 Screening and the PASRR Evaluation are linked together. This allows you to access the PASRR Evaluation from the PASRR Level 1 Screening and the PASRR Level 1 Screening from the PASRR Evaluation.
Letters

If the PASRR Evaluation indicates the individual is PASRR Negative, the PASRR Negative letter is automatically generated by the system and sent to the individual. Refer to Appendix H to see a copy of the letter.

If the individual does not agree with the PASRR Negative finding, the individual is directed to contact the Local Authority. The Local Authority will contact DADS to request a Fair Hearing for the individual. A different Local Authority would then perform a new PASRR Evaluation. If the finding is still PASRR Negative, the individual will be able to appeal the finding using the Fair Hearing process.

PASRR Evaluation - Authorization Section

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

The Completion Transaction is a request sent to DADS to create a service authorization to reimburse the Local Authority for completing the IDD or MI section of the PASRR Evaluation. The Authorization Section tracks the status of each Completion Transaction. Once a service authorization has been created at DADS, the LA will be authorized to submit claims for PE Completion.

PASRR Transaction Identifier (PTID) Status

The PASRR Transaction Identifier (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. If a Completion Transaction is in the status LA Action Required, review the information in the corresponding IDD or MI Completion Transaction History for an explanation of why the Completion Transaction was not successfully processed at DADS.

If the Completion Transaction failed to successfully process, use the General Instructions and Appendix B to determine the source of the problem and the suggested actions to resolve the problem. If changes to the individual's identifying information or the Date of IDD or MI Assessment are needed, click the “Update Form” button on the yellow Form Actions bar. Once the updates are made, click the “Submit Form” button. The Status Change Confirmation Page will be displayed. Click the “Cancel” button to discard the change, or enter a comment and click the “Change Status” button to process the change. The status of the Completion Transaction will change to Submit to SAS indicating that it has been resubmitted to DADS. If the PE has two Completion Transactions that are not in a completed status (Processed/Complete or PCS Processed/Complete), both will be automatically resubmitted.

If the Completion Transaction failed to successfully process and no changes to the individual’s identifying information or the Date of IDD or MI Assessment are needed, take no action on the Portal until the problem that caused the Completion Transaction to fail is resolved. Once the problem is resolved, choose “Submit to SAS” from the Action drop-down box and click the “Confirm” button. The Status Change Confirmation Page will be displayed. Click the “Cancel” button to discard the change, or enter a comment and click the “Change Status” button to process the change. The status of the Completion Transaction will change to Submit to SAS indicating that it has been resubmitted to DADS.

If the Date of IDD or MI Assessment submitted on the PE is incorrect (and the associated Completion Transaction has successfully processed), the date can still be changed. To do so, click the “Update Form” button on the yellow Form Actions bar, update the Date of IDD or MI Assessment, and click the “Submit Form” button. The Status Change Confirmation Page will be displayed. Click the “Cancel” button to discard the change, or enter a comment and click the “Change Status” button to process the change. The status of the Completion Transaction will change to Submit to SAS
indicating that it has been resubmitted to DADS in order to modify the effective date of the service authorization. This will cause an automatic recoupment if the LA has already submitted a claim for PE Completion using the “old” date.

The information below details how to resolve Completion Transaction processing errors based on the specific messages displayed in history. For a list of Completion Transaction processing errors and suggested actions, refer to Appendix B.

General Instructions

1) Review the Date of MI or IDD Assessment to ensure it is correct.

2) Review the individual's identifying information (First and Last Name, Medicaid No., Social Security No., Medicare No., and Birth Date) to ensure it is correct.

Note: The Medicaid No. field on the PE is used to capture the unique identifier for the individual that is assigned by HHSC. These unique identifiers are assigned whether or not the individual has Medicaid eligibility.

3) Review the contract to determine if it is in effect on the Date of MI or IDD Assessment and authorizes the type of service submitted (MI or IDD PE Completion).

4) If the steps above do not identify the source of the error, refer to Appendix B 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 to identify and resolve the error.

Rules for Reimbursement

The PASRR Level 1 Screening is not eligible for reimbursement to the Local Authority. Only the PASRR Evaluation is eligible for reimbursement. The PASRR Evaluation must be successfully submitted before reimbursement can be requested using LTC TexMedConnect.

More information about submitting claims on LTC TexMedConnect can be found by accessing the TMHP website.

1) Go to www.tmhp.com.

2) Click “providers” on the green bar located at the top of the screen.

3) Click the Provider Education link on the left side menu.

From this screen you can access Computer-Based Training (CBT), Workshop Registration, Workshop Materials, Past Webinars, and Radio TMHP.
How to Reprocess the PTID on the Authorization Tab

To reprocess the PTID transactions on the PASRR Evaluation Authorization Tab, you will use FSI to locate the PASRR Evaluation.

1) Locate the PASRR Evaluation using the FSI.
2) Once the PASRR Evaluation is open, click the “Authorization” tab.
3) Click the “Action” drop-down box (H0100C or H0200C) for the PTID that needs to be resubmitted.
4) Choose “Submit to SAS.”
5) Click the “Confirm” button. Provide details in the text box as prompted.

**Note:** Each PTID is resubmitted individually. To resubmit both PTIDs, you will need to choose “Submit to SAS” in both action boxes (H0100C and H0200C)

PASRR Evaluation Status and History

The status and history of a PASRR Evaluation is available once the PASRR Evaluation is submitted. The FSI screen is used to locate previously-submitted PASRR Evaluations. Once you open a PASRR Evaluation, you can check Form Status, PTID Status, PTID History, and Form History.

To locate a previously submitted PASRR Evaluation, follow the instructions below:

1) Click the Form Status Inquiry link on the blue navigational bar.
2) Click the “Type of Form” drop-down box and choose PE: PASRR Evaluation.

**Note:** You must always select the Type of Form even if you provide the DLN or other additional information.

3) Click the “Vendor Number” drop-down box and select the appropriate vendor/contract number combination.
4) In the Form Status Inquiry section, enter any additional information you have. If you are searching for a particular form or PTID status, click the Form Status drop-down box and choose the status you want to search for. The information in this section is optional except for the “From Date” and “To Date” fields.
5) Enter the “From Date” and “To Date.” These fields are required.
6) Click the “Search” button. A list of results are displayed at the bottom of the screen.
7) Click the View Detail link next to the desired PASRR Evaluation to open.

Current Form Status

The current form status of the PASRR Evaluation is located at the top of the PASRR Evaluation. A list of status codes and their meanings can be found in Appendix B.
Form History

A history of the statuses for the PASRR Evaluation can be found in the history section at the bottom of each section. The history section of the PASRR Evaluation shows a history of the status of the PASRR Evaluation as it processes through submission and workflow processes. PTID statuses for MI and IDD can only be seen on the Authorization tab.

<table>
<thead>
<tr>
<th>Form Submitted</th>
<th>Date</th>
<th>Status Description</th>
</tr>
</thead>
</table>

PTID Status and History

The PTID Status and PTID History can be found on the Authorization tab of the PASRR Evaluation. This status is related to the authorization request sent to DADS for reimbursement of the PASRR Evaluation. The Local Authority should check the PTID Status often to ensure no other information is needed to process the reimbursement. There are two different PTID statuses, one for MI and one for IDD. Refer to the PASRR Transaction Identifier (PTID) Status section, under the PASRR Evaluation - Authorization Section heading of this User Guide, for more information.
Reminders

- Provide pertinent information using the Add Note button.
- LTC providers are contractually obligated to follow the instructions provided in DADS Information Letters. The TMHP Website at [www.tmhp.com/Pages/LTC/ltc_home.aspx](http://www.tmhp.com/Pages/LTC/ltc_home.aspx) contains DADS Information Letters and other important announcements.
- Not all buttons will display on the yellow Form Actions bar for some users because of security levels or status of the PASRR Level 1 Screening or PASRR Evaluation.
- The PASRR Evaluation must be performed within 72 hours of notification by the Referring Entity, Nursing Facility or LTC Online Portal Alert.
- The PASRR Level 1 Screening must be successfully submitted on the LTC Online Portal within 7 calendar days of notification by the Referring Entity when the admission type is Preadmission.
- The PASRR Evaluation must be successfully submitted on the LTC Online Portal within 7 calendar days after receiving notification from the Referring Entity, Nursing Facility or LTC Online Portal Alert.
- Check the LTC Online Portal daily for:
  - Alerts page.
  - Check the PASRR Level 1 Screening when the status is *Pending NF Placement* or *Pending NF Placement - PE Confirmed* to coordinate the placement of the individual.
  - Check the PTID Status on the PASRR Evaluation Authorization tab to ensure it has successfully processed to allow for payment.
Reporting Medicaid Waste, Abuse, and Fraud

Medicaid fraud: “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: https://oig.hhsc.state.tx.us. 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 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, there is a telephone number for Client Fraud and Abuse reporting: 1-800-436-6184.
Providers must comply with the Health Insurance Portability and Accountability Act (HIPAA). 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.
Resource Information

Types of Calls to Refer to TMHP

Call TMHP at 1-800-626-4117, Option 1, about the following:

• Claim Submissions
• General Inquiries
• Management of PASRR Transactions with a status of “LA Action Required”
• PASRR Level 1 Screening and PASRR Evaluation submission error messages
• PASRR Level 1 Screening and PASRR Evaluation status questions

Call TMHP at 1-800-626-4117, Option 3, about the following:

• TMHP LTC Online Portal and TexMedConnect account setup

Types of Calls to Refer to DADS PASRR Unit

Call DADS PASRR Unit at 1-855-435-7180, Option 1, about the following:

• Assistance/cooperation from a Referring Entity, Local Authority or Nursing Facility
• Assistance with locating information to submit the PL1 Screening
• Assistance with locating information to perform and submit the PE
• Assistance with locating screenings and evaluations, individuals, or additional training resources

Types of Calls to Refer to DSHS PASRR

Call DSHS PASRR at 1-866-378-8440, Option 1, about the following:

• Assistance/cooperation from a Referring Entity, Local Authority or Nursing Facility
• Assistance with locating information to submit the PL1 Screening
• Assistance with locating information to perform and submit the PE
• Assistance with locating screenings and evaluations, individuals, or additional training resources

Types of Calls to Refer to DADS PCS

Call DADS PCS at (512) 438-2200, Option 1, about the following:

• Resolution of PASRR Transactions with a status of “Submitted to PCS”
### Helpful Telephone Numbers

#### Texas Medicaid & Healthcare Partnership (TMHP)

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDI Help Desk</td>
<td>1-888-863-3638</td>
</tr>
<tr>
<td>General Customer Service</td>
<td>1-800-925-9126</td>
</tr>
<tr>
<td>Long Term Care (LTC) Department</td>
<td></td>
</tr>
<tr>
<td>• General Inquiries, PL1 Screenings, PE Completion</td>
<td>1-800-727-5436/1-800-626-4117</td>
</tr>
<tr>
<td>• Medical Necessity</td>
<td></td>
</tr>
<tr>
<td>• Technical Support</td>
<td></td>
</tr>
<tr>
<td>• Fair Hearing</td>
<td></td>
</tr>
<tr>
<td>LTC Department (Fax)</td>
<td>(512) 514-4223</td>
</tr>
<tr>
<td>Medicaid Hotline</td>
<td>1-800-252-8263</td>
</tr>
</tbody>
</table>

#### Department of Aging and Disability Services (DADS)

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Department of Aging and Disability Services (DADS)</td>
<td>(512) 438-3011</td>
</tr>
<tr>
<td>Consumer Rights &amp; Services Hotline</td>
<td></td>
</tr>
<tr>
<td>• Complaint for LTC Facility Agency</td>
<td>1-800-458-9858</td>
</tr>
<tr>
<td>• Information about a Facility</td>
<td></td>
</tr>
<tr>
<td>• Provider Self-Reported Incidents</td>
<td></td>
</tr>
<tr>
<td>• Survey Documents/DADS Literature</td>
<td></td>
</tr>
<tr>
<td>PASRR Unit</td>
<td>1-855-435-7180</td>
</tr>
<tr>
<td>Provider Claims</td>
<td>(512) 438-2200, Option 1</td>
</tr>
<tr>
<td>Provider Contracts and Vendor Holds</td>
<td>(512) 438-3544</td>
</tr>
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</table>

#### Department of State Health Services (DSHS)

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of State Health Services (DSHS)</td>
<td>(512) 206-4500/1-866-378-8440</td>
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</table>

#### Health and Human Services Commission (HHSC)

<table>
<thead>
<tr>
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<th>Number</th>
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</thead>
<tbody>
<tr>
<td>HHSC (Individual ID Validation)</td>
<td>211</td>
</tr>
<tr>
<td>HHSC Ombudsman Office Medicaid Benefits</td>
<td>1-877-787-8999</td>
</tr>
<tr>
<td>Invalid or Inappropriate Recoupments</td>
<td>(512) 438-4720/1-800-214-4175</td>
</tr>
<tr>
<td>Medicaid Fraud</td>
<td>1-800-436-6184</td>
</tr>
<tr>
<td>Rate Analysis</td>
<td>(512) 491-1376</td>
</tr>
</tbody>
</table>
# Informational Websites

<table>
<thead>
<tr>
<th><strong>Texas Medicaid &amp; Healthcare Partnership (TMHP)</strong></th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Website Address</strong></td>
</tr>
<tr>
<td>Texas Medicaid &amp; Healthcare Partnership</td>
<td><a href="http://www.tmhp.com">www.tmhp.com</a></td>
</tr>
<tr>
<td>HIPAA Information</td>
<td><a href="http://www.tmhp.com/Pages/TMHP/TMHP_HIPAA.aspx">www.tmhp.com/Pages/TMHP/TMHP_HIPAA.aspx</a></td>
</tr>
<tr>
<td>Long Term Care Division</td>
<td><a href="http://www.tmhp.com/Pages/LTC/ltc_home.aspx">www.tmhp.com/Pages/LTC/ltc_home.aspx</a></td>
</tr>
<tr>
<td>NF LTCMI and PASRR information is also available at: Note: Instructions for providers on how to access clarification notices can also be found here.</td>
<td><a href="http://www.tmhp.com/Pages/LTC/ltc_home.aspx">www.tmhp.com/Pages/LTC/ltc_home.aspx</a></td>
</tr>
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</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Website Address</strong></td>
</tr>
<tr>
<td>Texas Department of Aging and Disability Services</td>
<td><a href="http://www.dads.state.tx.us">www.dads.state.tx.us</a></td>
</tr>
<tr>
<td>All DADS Provider Information</td>
<td><a href="http://www.dads.state.tx.us/providers/index.cfm">www.dads.state.tx.us/providers/index.cfm</a></td>
</tr>
<tr>
<td>Consumer Rights and Services (Includes information about how to make a complaint)</td>
<td><a href="http://www.dads.state.tx.us/services/crs/index.html">www.dads.state.tx.us/services/crs/index.html</a></td>
</tr>
<tr>
<td>DADS Provider Claim Services</td>
<td><a href="https://hhsportal.hhs.state.tx.wps/portal">https://hhsportal.hhs.state.tx.wps/portal</a></td>
</tr>
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<td>PASRR</td>
<td><a href="http://www.dads.state.tx.us/providers/pasrr/index.html">http://www.dads.state.tx.us/providers/pasrr/index.html</a></td>
</tr>
<tr>
<td>Provider Letters (e.g. 2011-128, 2011-38, 2010-89, and 0927)</td>
<td><a href="http://www.dads.state.tx.us/providers/communications/letters.cfm">www.dads.state.tx.us/providers/communications/letters.cfm</a></td>
</tr>
<tr>
<td>Resources for DADS Service Providers</td>
<td><a href="http://www.dads.state.tx.us/providers/index.cfm">www.dads.state.tx.us/providers/index.cfm</a></td>
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<tr>
<th><strong>Department of State Health Services (DSHS)</strong></th>
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<td><strong>Name</strong></td>
<td><strong>Website Address</strong></td>
</tr>
<tr>
<td>Department of State Health Services</td>
<td><a href="http://www.dshs.state.tx.us">www.dshs.state.tx.us</a></td>
</tr>
<tr>
<td>DSHS Local Mental Health Authority Search</td>
<td><a href="http://www.dshs.state.tx.us/mhservices-search">www.dshs.state.tx.us/mhservices-search</a></td>
</tr>
<tr>
<td>DSHS PASRR Information</td>
<td><a href="http://www.dshs.state.tx.us/mhsa/pasrr/">http://www.dshs.state.tx.us/mhsa/pasrr/</a></td>
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<tr>
<th><strong>Health and Human Services Commission (HHSC)</strong></th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Website Address</strong></td>
</tr>
<tr>
<td>Health and Human Services Commission</td>
<td><a href="http://www.hhsc.state.tx.us/index.shtml">www.hhsc.state.tx.us/index.shtml</a></td>
</tr>
<tr>
<td>HHSC Regions</td>
<td><a href="http://www.hhsc.state.tx.us/research/dssi/brt/IMO.pdf">www.hhsc.state.tx.us/research/dssi/brt/IMO.pdf</a></td>
</tr>
</tbody>
</table>
Appendix A: Forms

PASRR Level 1 Screening

The PASRR Level 1 Screening is divided into six sections labeled A through F. Below are images of each section.
# PASRR Level 1 Screening - Section A

## Section A

### Submitter Information

- **A0100. Name**: 
- **A0200. Address**: 
  - A. Street Address: 
  - B. City: 
  - C. State: TX
  - D. ZIP Code: 
- **A0300. NPI/APN**: 
- **A0400. Contract No.**: 
- **A0500. Vendor No.**: 
- **A0510. County**: 

### Referring Entity Information

- **A0600. Date of Assessment**: 
- **A0700. Screener**: 
  - A. First Name: 
  - B. Middle Initial: 
  - C. Last Name: 
  - D. Suffix: 
- **A0800. Position/Title**: 
- **A0900. Type of Entity**: 
  - A. Type of Entity: 
  - B. Other Type of Entity: 
  - C. Physician First Name: 
  - D. Physician Middle Initial: 
  - E. Physician Last Name: 
  - F. Physician Suffix: 

### Current Location

- **A1000. Name**: 
- **A1010. Street Address**: 
- **A1020. City**: 
- **A1030. State**: TX
- **A1040. ZIP Code**: 
- **A1050. Phone Number**: 

### Date of Last Physical Examination

- **A1100. Date of Last Physical Examination**: 

### Signature

- **A1200. Signature**: 
  - I certify that to the best of my knowledge this information is true and accurate. 
  - A. Certification of Signature: 
  - B. Signature Date: 

[Submit Form]
# PASRR Level 1 Screening - Section B

## Personal Information

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B0100.</td>
<td>Individual Name</td>
</tr>
<tr>
<td>B0200.</td>
<td>Social Security and Medicare Numbers</td>
</tr>
<tr>
<td>B0300.</td>
<td>Medicaid No.</td>
</tr>
<tr>
<td>B0400.</td>
<td>Birth Date</td>
</tr>
<tr>
<td>B0500.</td>
<td>Age at Time of Screening</td>
</tr>
<tr>
<td>B0600.</td>
<td>Gender</td>
</tr>
<tr>
<td>B0650.</td>
<td>Individual is deceased or has been discharged?</td>
</tr>
<tr>
<td>B0700.</td>
<td>Previous Residence</td>
</tr>
<tr>
<td>B0800.</td>
<td>Next of Kin</td>
</tr>
</tbody>
</table>

## Next of Kin

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B0800.</td>
<td>Relationship to Individual</td>
</tr>
<tr>
<td>C. First Name</td>
<td></td>
</tr>
<tr>
<td>E. Last Name</td>
<td></td>
</tr>
<tr>
<td>G. Phone Number</td>
<td></td>
</tr>
<tr>
<td>H. Street Address</td>
<td></td>
</tr>
<tr>
<td>I. City</td>
<td></td>
</tr>
<tr>
<td>J. State</td>
<td></td>
</tr>
</tbody>
</table>
PASRR Level 1 Screening - Section C

PASRR LEVEL 1 SCREENING

Current Status: 

Form Actions: Print Save as Draft

Section A. Section B. Section C. Section D. Section E. Section F.

PASRR Screen

- **CD100. Mental Illness**: Is there evidence or an indicator this is an individual that has a Mental Illness?
  - [ ] Yes
  - [x] No

- **CD200. Intellectual Disability**: Is there evidence or an indicator this is an individual that has an Intellectual Disability?
  - [ ] Yes
  - [x] No

- **CD300. Developmental Disability**: Is there evidence or indicators that this is an individual that has a Developmental Disability (Related Condition) other than an Intellectual Disability (e.g. Autism, Cerebral Palsy, Spina Bifida)?
  - [x] Yes

See DABS related condition list: Click Here

Local Authority Information

- **CD400. LA - MI Contract No.**
- **CD500. LA - MI Vendor No.**
- **CD600. LA - MI NPI/API No.**
- **CD700. LA - IDD Contract No.**
- **CD800. LA - IDD Vendor No.**
- **CD900. LA - IDD NPI/API No.**

Submit Form
PASRR Level 1 Screening - Section D
# PASRR Level 1 Screening - Section E

**PASRR LEVEL 1 SCREENING**

**Section E.**

**Alternate Placement Preferences:**

<table>
<thead>
<tr>
<th>E010E. Where would this individual like to live now?</th>
<th>Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ A. Live alone with support</td>
<td></td>
</tr>
<tr>
<td>□ B. A place where there is 24 hour care</td>
<td></td>
</tr>
<tr>
<td>□ C. A Group Home</td>
<td></td>
</tr>
<tr>
<td>□ D. Family Home</td>
<td></td>
</tr>
<tr>
<td>□ E. Other</td>
<td></td>
</tr>
<tr>
<td>F. Other Location</td>
<td></td>
</tr>
<tr>
<td>□ G. Unknown</td>
<td></td>
</tr>
</tbody>
</table>

**E020E. Comments about where the individual would like to live**

**E030E. Living Arrangement Options**

<table>
<thead>
<tr>
<th>E030E. Where would this individual like to live?</th>
<th>Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ A. By themselves</td>
<td></td>
</tr>
<tr>
<td>□ B. With a roommate</td>
<td></td>
</tr>
<tr>
<td>□ C. With family</td>
<td></td>
</tr>
<tr>
<td>□ D. With a lot of friends</td>
<td></td>
</tr>
<tr>
<td>□ E. Other</td>
<td></td>
</tr>
<tr>
<td>F. Other Individual</td>
<td></td>
</tr>
<tr>
<td>□ G. Unknown</td>
<td></td>
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</table>

**E040E. Comments about with whom the individual would like to live**

**Alternate Placement Disposition:**

<table>
<thead>
<tr>
<th>E050E. Admission Information</th>
<th>A. Admitted to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B. Admitted to Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E060E. Specify Community Program</th>
<th>A. Community Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B. Other Community Program</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E070E. Name of ICF/IID Facility</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E080E. Own Home/Family Home Name’s</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E090E. Alternate Placement Date of Entry</th>
</tr>
</thead>
</table>
PASRR Level 1 Screening - Section F

F0100. Exempted Hospital Discharge

Has the physician certified that individual is likely to require less than 30 days of NF services? (For individuals being admitted from acute care in the hospital)

F0200. Expedited Admission

Does this individual meet any of the following categories for an expedited admission into the nursing facility?

- 0. Not Expedited Admission
- 1. Convalescent Care: Individual is admitted from an acute care hospital to an NF for convalescent care with an acute physical illness or injury which required hospitalization and is expected to remain in the NF for greater than 30 days.
- 2. Terminally Ill: 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 nursing facility.
- 3. Severe Physical Illness: An illness resulting in ventilator dependence or diagnosis such as chronic obstructive pulmonary disease, Parkinson’s disease, Huntington’s disease, amyotrophic lateral sclerosis, congestive heart failure, which result 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 nursing facility not to exceed 7 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 or ID 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.

Submit Form
PASRR Evaluation

The PASRR Evaluation is divided into seven sections labeled A through F and an Authorization Section. Below are images of each section.

PASRR Evaluation - Section A
### PASRR Evaluation - Section A (continued)

<table>
<thead>
<tr>
<th>Setting of Assessment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A2100. Type of Setting</td>
<td></td>
</tr>
<tr>
<td>A2200. Other Type of Setting</td>
<td></td>
</tr>
<tr>
<td>A2300. Setting of Assessment(s)</td>
<td></td>
</tr>
<tr>
<td>A. Name</td>
<td></td>
</tr>
<tr>
<td>B. Street Address</td>
<td></td>
</tr>
<tr>
<td>C. City</td>
<td></td>
</tr>
<tr>
<td>D. State</td>
<td>E. Zip Code</td>
</tr>
<tr>
<td>F. County</td>
<td></td>
</tr>
<tr>
<td>G. Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A2400. Individual Name</td>
<td></td>
</tr>
<tr>
<td>A. First Name</td>
<td>B. Middle Initial</td>
</tr>
<tr>
<td>C. Last Name</td>
<td>D. Suffix</td>
</tr>
<tr>
<td>A2500. Social Security and Medicare Numbers</td>
<td></td>
</tr>
<tr>
<td>A. Social Security No.</td>
<td>B. Medicare No.</td>
</tr>
<tr>
<td>A2600. Medicaid No.</td>
<td></td>
</tr>
<tr>
<td>A2700. Birth Date</td>
<td></td>
</tr>
<tr>
<td>A2800. Age at Time of Screening</td>
<td></td>
</tr>
<tr>
<td>A2900. Gender</td>
<td></td>
</tr>
<tr>
<td>1. Male</td>
<td>2. Female</td>
</tr>
<tr>
<td>A3000. Height</td>
<td></td>
</tr>
<tr>
<td>A3100. Weight</td>
<td></td>
</tr>
<tr>
<td>A3200. Previous Residence</td>
<td></td>
</tr>
<tr>
<td>A. Previous Residence Type</td>
<td></td>
</tr>
<tr>
<td>B. Other Residence Type</td>
<td></td>
</tr>
<tr>
<td>C. Street Address</td>
<td></td>
</tr>
<tr>
<td>D. City</td>
<td></td>
</tr>
<tr>
<td>E. State</td>
<td>F. Zip Code</td>
</tr>
<tr>
<td>G. County of Residence</td>
<td></td>
</tr>
<tr>
<td>H. Did the individual live with others?</td>
<td></td>
</tr>
<tr>
<td>A3300. Next of Kin</td>
<td></td>
</tr>
<tr>
<td>A. Relationship to Individual</td>
<td>B. Other Relationship to Individual</td>
</tr>
<tr>
<td>C. First Name</td>
<td>D. Middle Initial</td>
</tr>
<tr>
<td>E. Last Name</td>
<td>F. Suffix</td>
</tr>
<tr>
<td>G. Phone Number</td>
<td></td>
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<tr>
<td>H. Street Address</td>
<td></td>
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<tr>
<td>I. City</td>
<td></td>
</tr>
<tr>
<td>J. State</td>
<td>K. Zip Code</td>
</tr>
</tbody>
</table>
PASRR Evaluation - Section A (continued)

<table>
<thead>
<tr>
<th>A3400.</th>
<th>Additional Contact Information #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Relationship to Individual</td>
<td>B. Other Relationship to Individual</td>
</tr>
<tr>
<td>C. First Name</td>
<td>D. Middle Initial</td>
</tr>
<tr>
<td>E. Last Name</td>
<td>F. Suffix</td>
</tr>
<tr>
<td>G. Phone Number</td>
<td></td>
</tr>
<tr>
<td>H. Street Address</td>
<td></td>
</tr>
<tr>
<td>I. City</td>
<td></td>
</tr>
<tr>
<td>J. State</td>
<td>K. Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A3500.</th>
<th>Additional Contact Information #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Relationship to Individual</td>
<td>B. Other Relationship to Individual</td>
</tr>
<tr>
<td>C. First Name</td>
<td>D. Middle Initial</td>
</tr>
<tr>
<td>E. Last Name</td>
<td>F. Suffix</td>
</tr>
<tr>
<td>G. Phone Number</td>
<td></td>
</tr>
<tr>
<td>H. Street Address</td>
<td></td>
</tr>
<tr>
<td>I. City</td>
<td></td>
</tr>
<tr>
<td>J. State</td>
<td>K. Zip Code</td>
</tr>
</tbody>
</table>
### PASRR Evaluation - Section B

#### Determination for PASRR Eligibility (IDD)

<table>
<thead>
<tr>
<th>B0100. Intellectual Disability</th>
<th>To your knowledge, does the individual have an Intellectual Disability which manifested before the age of 18? (e.g. Mental Retardation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B0200. Developmental Disability</td>
<td>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) See DDDS related condition list: <a href="#">Click Here</a></td>
</tr>
</tbody>
</table>

#### Specialized Services Determination/Recommendations

<table>
<thead>
<tr>
<th>B0400. Does the individual need assistance in any of the following areas?</th>
<th>Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Self-monitoring of nutritional support</td>
<td></td>
</tr>
<tr>
<td>B. Self-monitoring and coordinating medical treatments</td>
<td></td>
</tr>
<tr>
<td>C. Self-help with ADLs such as toileting, grooming, dressing and eating</td>
<td></td>
</tr>
<tr>
<td>D. Sensorimotor development with ambulation, positioning, transferring, or hand eye coordination to the extent that a prosthesis, orthotic, corrective or mechanical support devices could improve independent functioning</td>
<td></td>
</tr>
<tr>
<td>E. Social development to include social/recreational activities or relationships with other</td>
<td></td>
</tr>
<tr>
<td>F. Academic/educational development, including functional learning skills</td>
<td></td>
</tr>
<tr>
<td>G. Expressing interests, emotions, making judgments, or making independent decisions</td>
<td></td>
</tr>
<tr>
<td>H. Independent living skills such as cleaning, shopping in the community, money management, laundry, accessibility within the community</td>
<td></td>
</tr>
<tr>
<td>I. Vocational development, including current vocational skills</td>
<td></td>
</tr>
<tr>
<td>J. Additional adaptive medical equipment or adaptive aids to improve independent functioning</td>
<td></td>
</tr>
<tr>
<td>K. Speech and Language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal)</td>
<td></td>
</tr>
<tr>
<td>L. Other</td>
<td></td>
</tr>
<tr>
<td>M. Other Areas</td>
<td></td>
</tr>
</tbody>
</table>

| B0500. Recommended Services Provided/Coordinated by Local Authority | Add Recommended Specialized Service |

| B0600. Recommended Services Provided/Coordinated by Nursing Facility | Add Recommended Specialized Service |
PASRR Evaluation - Section C

TO BE COMPLETED FOR INDIVIDUALS SUSPECTED OF HAVING MENTAL ILLNESS

C0050. I am completing the MI section

Determination for PASRR Eligibility (MI)

Does this individual have a PRIMARY diagnosis of Dementia?

If Type of Assessment is MI only and the answer to C0100 is Yes, skip to C0200 then you may submit. If Type of Assessment is IOD and MI and the answer to C0100 is Yes, skip to C0800 then continue to Section D.

C0100. Primary Diagnosis of Dementia

A. Schizophrenia
B. Mood Disorder (Bipolar Disorder, Major Depression or other mood disorder)
C. Paranoid Disorder
D. Somatoform Disorder
E. Other Psychotic Disorder
F. Schizoaffective Disorder
G. Panic Or Other Severe Anxiety Disorder
H. Personality Disorder
I. Any Other disorder that may lead to a chronic disability diagnosable under the current DSM
J. None of the above apply

C0200. Severe Dementia Symptoms

Are the individual’s Dementia symptoms so severe that they cannot be expected to benefit from PASRR Specialized Services?

C0300. Mental Illness

Check all that apply

A. Appetite Disturbance
B. Sleep Disturbance
C. Personal Hygiene
D. Impaired Social Interaction
E. Threatening or Aggressive Behavior
F. Danger to Self or Others
G. Employment Difficulties
H. Housing Difficulties
I. Co-Occurring Substance Abuse
J. Criminal Justice Involvement
K. None of the above apply

C0400. Functional Limitation

Check all that apply

A. Appetite Disturbance
B. Sleep Disturbance
C. Personal Hygiene
D. Impaired Social Interaction
E. Threatening or Aggressive Behavior
F. Danger to Self or Others
G. Employment Difficulties
H. Housing Difficulties
I. Co-Occurring Substance Abuse
J. Criminal Justice Involvement
K. None of the above apply

C0500. Inpatient Psychiatric Treatment

Has this individual experienced a psychiatric treatment more intensive than outpatient care more than once in the past 2 years?

C0600. Disruption to normal living situation

Has this individual experienced a significant disruption to their normal living situation requiring supportive services (e.g. residential or respite services) in the last two years due to mental illness?

C0700. Intervention by Law Enforcement

Has the individual experienced intervention by law enforcement, protective services agencies or other housing officials in the last two years due to mental illness? (i.e. evicted, arrested, charged or convicted of a crime)

C0800. Based on the QMHP assessment, does the individual meet the PASRR definition of mental illness?

If the answer to C0800 is No, you may now submit.
PASRR Evaluation - Section C (continued)
### PASRR Evaluation - Section D

<table>
<thead>
<tr>
<th>Section D</th>
<th>Evaluation of History and Physical Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D0100.</strong> Diagnosis</td>
<td>Add Diagnosis</td>
</tr>
<tr>
<td><strong>D0200.</strong> Medications</td>
<td>Add Medication</td>
</tr>
<tr>
<td><strong>D0300.</strong> Medication Allergies</td>
<td></td>
</tr>
<tr>
<td><strong>D0400.</strong> Number of hospitalizations in the last 90 days</td>
<td></td>
</tr>
<tr>
<td><strong>D0500.</strong> Number of emergency room visits in the last 90 days (include all emergency visits)</td>
<td></td>
</tr>
<tr>
<td><strong>D0600.</strong> Is this individual a danger to himself/herself?</td>
<td></td>
</tr>
<tr>
<td><strong>D0700.</strong> Is this individual a danger to others?</td>
<td></td>
</tr>
<tr>
<td><strong>D0800.</strong> Is this individual known to demonstrate self-injurious behaviors?</td>
<td></td>
</tr>
<tr>
<td><strong>D0900.</strong> Does the NF supervise and structure mitigate danger to self or others?</td>
<td></td>
</tr>
<tr>
<td><strong>D1000.</strong> Terminal Illness</td>
<td>Is there a physician certification that the individual is expected to live less than 5 months in the individual's chart?</td>
</tr>
<tr>
<td><strong>D1100.</strong> Hospice</td>
<td>Is this individual on hospice?</td>
</tr>
<tr>
<td><strong>D1200.</strong> Does this individual require pacemaker monitoring?</td>
<td></td>
</tr>
<tr>
<td><strong>D1300.</strong> Does this individual have an internal defibrillator?</td>
<td></td>
</tr>
<tr>
<td><strong>D1400.</strong> Tracheostomy Care</td>
<td>A. Does this individual have a tracheostomy?</td>
</tr>
<tr>
<td></td>
<td>B. If yes, do they require care for their tracheostomy at least one time every day?</td>
</tr>
<tr>
<td><strong>D1500.</strong> Does this individual require a ventilator or respirator on a continuous basis to breathe?</td>
<td></td>
</tr>
<tr>
<td><strong>D1600.</strong> Does this individual require a ventilator or respirator to breathe at least one time every day?</td>
<td></td>
</tr>
<tr>
<td><strong>D1700.</strong> Oxygen Therapy</td>
<td>A. Does this individual require Oxygen Therapy?</td>
</tr>
<tr>
<td></td>
<td>B. If yes, how often?</td>
</tr>
<tr>
<td><strong>D1800.</strong> Does this individual have any Special Ports/Central Lines/PICC?</td>
<td></td>
</tr>
<tr>
<td><strong>D1900.</strong> Does this individual receive any treatments by injection?</td>
<td></td>
</tr>
<tr>
<td><strong>D2000.</strong> Pressure Ulcers</td>
<td>A. Does this individual have a pressure ulcer (bed sore or decubitus ulcer)?</td>
</tr>
<tr>
<td></td>
<td>B. If yes, is it staged as:</td>
</tr>
<tr>
<td></td>
<td>C. Number of ulcers</td>
</tr>
<tr>
<td><strong>D2100.</strong> Other Ulcers, wounds or skin issues</td>
<td>A. Does this individual have any other ulcers, wounds or skin issues?</td>
</tr>
<tr>
<td></td>
<td>B. If yes, is it staged as:</td>
</tr>
<tr>
<td><strong>D2200.</strong> Is this individual in a coma (persistent vegetative state or no discernible consciousness)?</td>
<td></td>
</tr>
</tbody>
</table>
### PASRR Evaluation - Section D (continued)

| D2300 | Memory Loss | A. Does this individual experience memory loss? [ ]
|-------|-------------|--------------------------------------------------|
|       |             | B. If yes, indicate the appropriate answer for type of memory loss: [ ]
| D2400 | Developmental Level | A. Is the individual's developmental level normal for their chronological age? [ ]
|       |             | B. If No, at what developmental level is the individual functioning? [ ]
| D2500 | Orientation | A. Is the individual oriented to person? [ ]
|       |             | B. Is the individual oriented to place? [ ]
|       |             | C. Is the individual oriented to time? [ ]
| D2600 | Is there any documentation that indicates that the individual has an appliance assisting with bladder or bowel function | Check all that apply
|       |             | □ A. Indwelling catheter
|       |             | □ B. External catheter
|       |             | □ C. Ostomy
|       |             | □ D. Intermittent catheterization
|       |             | □ E. None of the above
|       |             | □ F. Unknown

Submit Form
PASRR Evaluation - Section E

**Section E**

**Nursing Facility Level of Care Assessment**

**Evaluation of History and Physical Information**

**E0100.** Fall History
- **A.** Enter the number of times this individual has fallen in the last 90 days
- **B.** In how many of the falls listed above was the individual physically restrained prior to the fall?
- **C.** Environmental (e.g., debris, slick or wet floors, lighting)
- **D.** Medication(s)
- **E.** Major Change in Medical Condition (e.g., Myocardial Infarction (MI/Heart Attack), Cerebrovascular Accident (CVA/Stroke), Syncope [Fainting])
- **F.** Poor Balance/Weakness
- **G.** Confusion/Distraction
- **H.** Assault by Resident or Staff

**E0200.** Does this individual have a history of medication error, non-compliance with self-medication regimes or drug seeking?

**E0300.** Which option best describes the individual’s speech pattern?

**E0400.** Which option best describes the individual’s ability to express ideas and wants?

**E0500.** Which option best describes the individual’s ability to understand others?

**E0600.** Does this individual have an impaired mental status?

**E0700.** Does this individual have a hearing impairment?

**E0800.** Does this individual have a vision impairment?
### PASRR Evaluation - Section E (continued)

<table>
<thead>
<tr>
<th>E0900. Does this individual typically reject attempts at evaluations and assistance that are necessary to achieve goals for health and well being?</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E1000. Pain Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ A. Is there an indication that the individual currently has issues with pain?</td>
</tr>
<tr>
<td>✔️ B. If yes, how severe is the pain?</td>
</tr>
<tr>
<td>✔️ C. If yes, what frequency is the pain occurring?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E1100. Does this individual require assistance with eating and drinking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E1200. Eating</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ A. How does this individual eat?</td>
</tr>
<tr>
<td>✔️ B. How much food is eaten by mouth?</td>
</tr>
<tr>
<td>✔️ C. Does this individual require a mechanically altered diet? (Pureed food)</td>
</tr>
<tr>
<td>✔️ D. Is this individual on a therapeutic diet?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E1300. Which option best describes the individual’s functioning around urination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
</tr>
</tbody>
</table>
### Instructions for Rule of 3

When an activity occurs at one level, code that level.
- When an activity occurs at multiple levels, code the most dependent, with exceptions: total dependence (4), activity must occur full assist every time, and activity did not occur (8); activity must not have occurred at all.
- Example: three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
  - When there is a combination of full caregiver performance, and extensive assistance, code extensive assistance.
  - When there is a combination of full caregiver performance, weight bearing assistance and/or non-weight bearing.

If none of the above are met, code supervision.

#### 1. ADL Self-Performance

- **A. Bed mobility**
  - How individual moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep

- **B. Walk in room**
  - How individual walks between locations in his/her room

- **C. Walk in hallway**
  - How individual walks in hallway on unit

- **D. Locomotion On Unit Or In Room**
  - How individual moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair

#### 2. ADL Support Provided

- **Code for most support provided**: code regardless of individual's self-performance classification.

#### E1400. Activities of Daily Living (ADL)

#### E1500. Appropriate Placement

- **A. Is placement in an HF appropriate for this individual at this time?**
  - Yes
  - No

- **B. Explanation of findings to support that the individual meets or does not meet a nursing facility level of care. Include any additional information to support why this individual does or does not require the level of care provided in a Nursing Facility.**
### PASRR Evaluation - Section F

#### Return to Community Living

<table>
<thead>
<tr>
<th>Section F</th>
<th>Did the individual or LAR participate in this assessment discussion?</th>
</tr>
</thead>
</table>

#### Information And Expectations

<table>
<thead>
<tr>
<th>Section F</th>
<th>Did this individual received information regarding the services and support alternatives to the nursing facility admission (for Preadmission Screening) or continuation of the nursing facility stay (for Resident Review)?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section F</th>
<th>Did 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?</th>
</tr>
</thead>
</table>

#### Employment

<table>
<thead>
<tr>
<th>Section F</th>
<th>Has this individual been employed in the past 12 months?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section F</th>
<th>If Yes, what was the occupation?</th>
</tr>
</thead>
</table>

#### Community-based Services

<table>
<thead>
<tr>
<th>Did this individual receive community-based services? Check all that apply</th>
</tr>
</thead>
</table>

- A. Adult Foster Care
- B. Community Attendant Services
- C. Community Based Alternative Program (CBA)
- D. Community Living Assistance and Support Services (CLASS)
- E. Consumer Manages Personal Assistance Services (COMPAS)
- F. Day Activity and Health Services (DAHS)
- G. Deaf Blind with Multiple Disabilities (DBMD)
- H. Emergency Response Services
- I. Home and Community Based Services (HCBS)
- J. In Home and Family Support Services
- K. Medically Dependant Children’s Program (MDCP)
- L. Primary Home Care
- M. Psychological Rehabilitation
- N. STAR+Plus
- O. Substance Use Treatment Services
- P. Texas Home Living (THeML)
- Q. Youth Empowerment Services (YES) Waiver
- R. None of the above
- S. Unknown
- T. Other

<table>
<thead>
<tr>
<th>Other community-based services</th>
</tr>
</thead>
</table>

#### Would this individual like to live somewhere other than a Nursing Facility?

<table>
<thead>
<tr>
<th>Would this individual like to live somewhere other than a Nursing Facility?</th>
</tr>
</thead>
</table>
PASRR Evaluation - Section F (continued)

**F0600. Where would this individual like to live now?**
- Check all that apply
  - A. Live alone with support
  - B. A place where there is 24 hour care
  - C. A group home
  - D. Family home
  - E. Other
    - F. Other location
      - [ ]
  - G. Unknown

**F0700. Community-based Program**
- **A. Is this individual interested in enrolling in a community-based program?**
  - Check all that apply
    - B. Adult Foster Care
    - C. Community Attendant Services
    - D. Community Based Alternative Program (CBA)
    - E. Community Living Assistance and Support Services (CLASS)
    - F. Consumer Manages Personal Assistance Services (CMPAS)
    - G. Day Activity and Health Services (DAHS)
    - H. Deaf Blind with Multiple Disabilities (DBMD)
    - I. Emergency Response Services
    - J. Home and Community Based Services (HCS)
    - K. In Home and Family Support Services
    - L. Medically Dependent Children's Program (MDCP)
    - M. Primary Home Care
    - N. Psychological Rehabilitation
    - O. STAR+Plus
    - P. Substance Use Treatment Services
    - Q. Texas Home Living (TxHL)
    - R. Youth Empowerment Services (YES) Waiver
    - S. None of the above
    - T. Unknown
    - U. Other
      - V. Other community-based services
        - [ ]
### PASRR Evaluation - Section F (continued)

**F0800. What challenges or barriers has the individual indicated that could impede the opportunity to return to the community?**

- [ ] A. Care needs are likely greater than the support available in community
- [ ] B. Accessible housing limited
- [ ] C. Limited or no family/friend support available
- [ ] D. Limited income to support community living
- [ ] E. Guardian/family likely not to support community living
- [ ] F. Interest list slot not available at this time
- [ ] G. Lost house during NF stay
- [ ] H. Affordable housing limited
- [ ] I. Other
  - [ ] J. Other challenges/barriers

**K. No challenges/barriers**

**Additional Information**

- [ ] L. Describe the individual’s strengths, available supports, and barriers to living in the community

**F0900. This individual’s needs can be met in:**

- [ ] Check all that apply

- [ ] A. An appropriate community setting
- [ ] B. List settings and supports required to enable community placement in the space below

- [ ] C. In an institutional setting
- [ ] D. NF
- [ ] E. ICF/IID
- [ ] F. Other
  - [ ] G. Other location

**F1000. Referrals**

- [ ] Add Referral

- [ ] Submit form
### PASRR Evaluation - Authorization Section

![Image of PASRR Evaluation - Authorization Section](image)

**Current Status:** Name: [Redacted] DLR:

**Form Actions:**

- [ ] Print
- [x] Save as Draft

**Authorization**

<table>
<thead>
<tr>
<th>A. PTID</th>
<th>B. Status</th>
<th>C. Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0100. IDD Completion Transaction</td>
<td></td>
<td>Confirm</td>
</tr>
<tr>
<td>H0200. MI Completion Transaction</td>
<td></td>
<td>Confirm</td>
</tr>
</tbody>
</table>

**History**

- IDD PT Completion
- MI PE Completion

[Submit Form]
Appendix B: Form and PTID Statuses

The form and PTID status of the PASRR Level 1 Screening or PASRR Evaluation can be monitored by utilizing FSI or Current Activity. The form status of a PASRR Level 1 Screening or the PASRR Evaluation is shown within the FSI or Current Activity results or, once a specific document is selected, the status can be located at the top of the page or at the bottom of the document in the History trail. PTID Status is located on the Authorization tab of the PASRR Evaluation.

The tables below break the statuses into status for the PASRR Level 1 Screening, PASRR Evaluation and PTID statuses.

<table>
<thead>
<tr>
<th>PASRR Level 1 Screening Statuses</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awaiting PE</td>
<td>A PASRR Level 1 Screening has been submitted but the PASRR Evaluation for this individual has not.</td>
</tr>
<tr>
<td>Comatose - Awaiting Change in Condition</td>
<td>The PASRR Level 1 Screening has been submitted and the individual is in a coma. If the individual’s condition changes, the Local Authority will be notified to complete a PASRR Evaluation.</td>
</tr>
<tr>
<td>Form Inactivated</td>
<td>The status of a previous PASRR Level 1 Screening when a new PASRR Level 1 Screening is successfully submitted.</td>
</tr>
<tr>
<td>Individual Chose Alternate Setting</td>
<td>The individual has chosen to live in an Alternate Setting and will not be admitted to a Nursing Facility.</td>
</tr>
<tr>
<td>Individual Placed in NF - PE Confirmed</td>
<td>The individual has been admitted to a Nursing Facility and a PASRR Evaluation has been successfully submitted for the individual.</td>
</tr>
<tr>
<td>Individual Placed in NF</td>
<td>The individual has been admitted to a Nursing Facility.</td>
</tr>
<tr>
<td>Individual Placed in NF - Exempted Hospital Discharge</td>
<td>The individual has been admitted to a Nursing Facility as an Exempted Hospital discharge. The PASRR Level 1 Screening has been submitted on the LTC Online Portal by the Nursing Facility.</td>
</tr>
<tr>
<td>Individual Placed in NF - Expedited Admission</td>
<td>Individual has been admitted to a Nursing Facility as an Expedited Admission. The PASRR Level 1 Screening has been submitted on the LTC Online Portal by the Nursing Facility.</td>
</tr>
<tr>
<td>Negative PASRR Eligibility</td>
<td>The PASRR Level 1 Screening submitted on the LTC Online Portal has determined the individual is PASRR Negative.</td>
</tr>
<tr>
<td>NF Placement Process Exhausted</td>
<td>No Nursing Facility has certified they can serve the individual.</td>
</tr>
<tr>
<td>Pending Placement</td>
<td>The individual has not been placed in a Nursing Facility.</td>
</tr>
<tr>
<td>Pending Placement in NF - PE Confirmed</td>
<td>The individual has not been admitted to a Nursing Facility but a PASRR Evaluation has been successfully submitted for the individual. The PASRR Level 1 Screening is in pending status awaiting an NF to certify they can meet the needs of the individual and admit.</td>
</tr>
<tr>
<td>PL1 Inactive</td>
<td>The LTC Online Portal has inactivated the PASRR Level 1 Screening due to a resident being discharged or deceased. The PASRR Level 1 Screening can no longer be corrected and is not linked to a PASRR Evaluation.</td>
</tr>
<tr>
<td>Submitted</td>
<td>The PASRR Level 1 has been successfully submitted to the LTC Online Portal.</td>
</tr>
</tbody>
</table>
## PASRR Evaluation Status Codes

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form Inactivated</td>
<td>The PASRR evaluation has been inactivated. No further actions allowed on the PASRR Evaluation.</td>
</tr>
<tr>
<td>Negative PASRR Eligibility</td>
<td>The PASRR Evaluation indicates the individual does not meet the requirements for PASRR services.</td>
</tr>
<tr>
<td>Pending Form Completion</td>
<td>The PASRR Evaluation has missing information.</td>
</tr>
<tr>
<td>Pending PASRR Eligibility</td>
<td>PASRR Evaluation has been successfully submitted and is now pending evaluation of PASRR Eligibility.</td>
</tr>
<tr>
<td>Positive PASRR Eligibility</td>
<td>The PASRR Evaluation indicates the individual meets the requirements for PASRR services.</td>
</tr>
<tr>
<td>Form Submitted</td>
<td>The PASRR Evaluation has been successfully submitted to the LTC Online Portal. A DLN has been assigned to the PASRR Evaluation and the active PASRR Level 1 Screening has been linked to the PASRR Evaluation.</td>
</tr>
</tbody>
</table>

The PTID Statuses are located on the PASRR Evaluation Authorization tab. The PTID Transaction Statuses is shown in the PTID Status column (H0100B and H0200B). The IDD PTID Status and the MI PTID Status are shown separately.

## PTID Transaction Statuses

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coach Pending More Info</td>
<td>DADS Provider Claims Services is reviewing.</td>
</tr>
<tr>
<td>Coach Review</td>
<td>DADS Provider Claims Services is reviewing.</td>
</tr>
<tr>
<td>Invalid/Complete</td>
<td>DADS processing deemed this PASRR Level 1 Screening or PASRR Evaluation invalid. See the History trail for details.</td>
</tr>
<tr>
<td>LA Action Required</td>
<td>The Local Authority should open the PASRR Evaluation 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 which should be taken.</td>
</tr>
<tr>
<td>PCS Processed/Complete</td>
<td>DADS has processed and complete. Please check MESAV.</td>
</tr>
<tr>
<td>PE Completion Transaction Created</td>
<td>A service authorization request has been created.</td>
</tr>
<tr>
<td>Pending More Info</td>
<td>DADS Provider Claims Services needs more information from the provider. See the History trail for further details on information required.</td>
</tr>
<tr>
<td>Processed/Complete</td>
<td>PASRR Evaluation has been processed and is complete. Please check MESAV.</td>
</tr>
<tr>
<td>SAS Request Pending</td>
<td>PASRR Evaluation has passed all validations (Medicaid ID, Medicaid Eligibility, Applied Income, etc.) and will be sent from TMHP to DADS for processing. Please allow two to four business days for the next status change.</td>
</tr>
<tr>
<td>Submit to SAS</td>
<td>The PASRR Evaluation has been submitted to DADS for processing.</td>
</tr>
<tr>
<td>Submitted to PCS</td>
<td>PASRR Evaluation has been submitted to DADS Provider Claims Service.</td>
</tr>
</tbody>
</table>
The PTID Messages and Suggested Actions table provides information about the PTID Messages you will see in the PTID History for MI and IDD.

<table>
<thead>
<tr>
<th>Provider Message (Displayed in History)</th>
<th>Form/Transaction</th>
<th>Suggested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 for assistance in determining the correct identifying information for this individual.</td>
<td>PE Completion</td>
<td>The individual’s identifying information on the PE does not match the identifying information on file.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If a Medicaid No. was submitted, it does not match the Last Name on file. Update the information as needed and resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If a Medicaid No. was not submitted but a Social Security No. was, the Social Security No. does not match the Last Name on file. Update the information as needed and resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 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 resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the information submitted on the PE is correct for the applicable scenario above, contact HHSC at 211 to verify that the identifying information on PE matches the information on file at HHSC for this individual.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If the identifying information on the PE is incorrect, update it as needed and resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 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.</td>
</tr>
<tr>
<td>PS-0002: This authorization request cannot be processed because the submitted Medicaid No. matches a different individual. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.</td>
<td>PE Completion</td>
<td>The individual’s identifying information on the PE does not match the identifying information on file for the submitted Medicaid No.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the Medicaid No. submitted does not match the First and Last Name on file, update the information as needed and resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the Medicaid No. 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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the Medicaid No. submitted matches the First and Last Name on file, but the Medicare No. submitted does not match the Medicare No. on file, update the information as needed and resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the Medicaid No. submitted matches the First and Last Name, and the Birth Date submitted does not match the Birth Date on file, update the information as needed and resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the above information is all correct on the PE, contact HHSC at 211 to verify that the identifying information on PE matches the information on file at HHSC for this individual.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If the identifying information on the PE is incorrect, update it as needed and resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 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.</td>
</tr>
</tbody>
</table>
**PTID Messages, Form/Transaction and Suggested Actions**

<table>
<thead>
<tr>
<th>Provider Message (Displayed in History)</th>
<th>Form/Transaction</th>
<th>Suggested Action</th>
</tr>
</thead>
</table>
| PS-0003: This authorization request cannot be processed because the submitted Social Security No. matches a different individual. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual. | PE Completion | A Medicaid No. was not submitted and the individual's Social Security No. on the PE matches more than one individual on file.  
- If the Social Security No., First Name and/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 that the identifying information on PE matches the information 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. |
| 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 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 individual's Medicare No. on the PE matches more than one individual on file.  
- If the Birth Date, Medicare No., First Name and/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 that the identifying information on PE matches the information 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. |
| 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. |
<table>
<thead>
<tr>
<th>Provider Message (Displayed in History)</th>
<th>Form/Transaction</th>
<th>Suggested Action</th>
</tr>
</thead>
</table>
| PS-0006: This authorization request cannot be processed because a Medicaid No. cannot be identified by HHSC. Update the form or contact HHSC for assistance in determining the correct the identifying information for this individual. | PE Completion | A Medicaid No. was not submitted and the individual’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 submitted on the PE, but none match the Birth Date submitted.  
  - If the Social Security No., Name and/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 submitted on the PE.  
  - If the Medicare No., Name and/or Birth Date on the PE are 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 PE matches the information 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. |
| PS-1000: This authorization request cannot be processed because another LA has a PE Completion authorization for this individual and requested date. Contact State staff for assistance, if needed. | PE Completion | There is already a Service Authorization on file for the individual, date and service, 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 DADS Provider Claims Services at 512-438-2000, Option 1, for assistance. |
| 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 DADS. | PE Completion Modification | Modification of the individual’s Medicaid No., Social Security No., Medicare No., Birth Date and/or Name is not allowed now that a Service Authorization has been created at DADS. Contact DADS Provider Claims Services at 512-438-2000, 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 State staff for assistance, if needed. | PE Completion Modification | There is already a Service Authorization on file for the individual, requested date and service, 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 DADS Provider Claims Services at 512-438-2000, Option 1, for assistance. |
<table>
<thead>
<tr>
<th>Provider Message (Displayed in History)</th>
<th>Form/Transaction</th>
<th>Suggested Action</th>
</tr>
</thead>
</table>
| 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 if the service 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 once the service is effective in the system.  
- If the date and service are correct on the PE and covered by the contract, contact DADS Provider Claims Services at 512-438-2000, Option 1, for assistance. |
| 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 | Two transactions for the same individual, provider, effective date and service attempted to process at DADS 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 process.  
- If one of the transactions was submitted in error, resubmit the needed transaction only. |
| PS-2000: 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 if the service 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 once the service is effective in the system.  
- If the date and service are correct on the PE and covered by the contract, contact DADS Provider Claims Services at 512-438-2000, Option 1, for assistance. |
Appendix C: Specialized Services Array

There are different types of Specialized Services that can be recommended for an individual.

**Local Authority Provided/Coordinated Specialized Services Choices:**

1) Alternate Placement Services

2) Determination of Intellectual Disability (DMR)

3) Vocational Training

4) Service Coordination (SC) (Default value, automatically added by the LTC Online Portal and 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)

**Mental Health Recommended Services Provided/Coordinated by Local Authority**

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 Interview 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)
# Appendix D: Alerts

Alerts are messages sent to the Local Authority via LTC Online Portal pertaining to new PASRR Level 1 Screening or PASRR Evaluations. Alerts also appear when a Resident Review is needed. Local Authorities should check the LTC Online Portal Alerts screen on a daily basis.

<table>
<thead>
<tr>
<th>Alert</th>
<th>Action</th>
</tr>
</thead>
</table>
| **Complete the IDD Section on the PASRR Evaluation** | • The IDD Section of the PASRR Evaluation has not been submitted on the LTC Online Portal.  
• The Local Authority responsible for the IDD Section of the PASRR Evaluation should complete the IDD Section. |
| **Complete the MI Section on the PASRR Evaluation** | • The MI Section of the PASRR Evaluation has not been submitted on the LTC Online Portal.  
• The Local Authority responsible for the MI Section of the PASRR Evaluation should complete the MI Section. |
| **Conduct PASRR Evaluation - First Notification** | • The Local Authority must perform and submit a PASRR Evaluation for the individual within 7 calendar days of the notification.  
• This Alert can also be generated when the Individual was admitted to a Nursing Facility as an Expedited Admission.  
• This is the first notice to the Local Authority. |
| **Conduct PASRR Evaluation - First Notification (Pending NF Placement)** | • The individual has not been placed in a Nursing Facility or a Nursing Facility has not certified they can serve the individual.  
• The Local Authority must perform and submit a PASRR Evaluation for the individual within 7 calendar days of the notification.  
• This Alert can also be generated when the Individual was admitted to a Nursing Facility as an Expedited Admission.  
• This is the first notice to the Local Authority. |
| **Conduct PASRR Evaluation - Second Notification** | • The Local Authority must perform and submit a PASRR Evaluation 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.  
• If the Local Authority has already performed the PASRR Evaluation but has not entered it on the LTC Online Portal, the Local Authority should submit the PASRR Evaluation immediately. |
| **Conduct PASRR Level 1 Screening** | • The Local Authority should perform and submit a PASRR Level 1 Screening for an individual within 72 hours of the Alert date. |
| **Individual Changed from Non-Medicaid to Medicaid** | • Notification that the individual has been approved for Medicaid benefits and a Medicaid number has been assigned and updated on the PASRR Level 1 Screening and the PASRR Evaluation.  
• The individual is now eligible for Specialized Services.  
• No action needs to be taken. |
| **LA Action Required - Review PASRR Evaluation** | • The PASRR Evaluation Completion payment authorization failed to process.  
• Refer to the error code and description in the PASRR Evaluation PE PTID Completion history of the Authorization Section. |
| **PASRR Evaluation is Pending Denial (need more information)** | • The PASRR Evaluation status has been set to status *Pending Denial (need more information)*.  
• The Local Authority should provide additional information by using the “Add Note” button on the yellow Form Actions bar. |
## Appendix E: Resident Review Triggers

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Action</th>
</tr>
</thead>
</table>
| MDS Significant Change in Status Assessment (SCSA) is submitted.       | • Perform Face-to-Face Interview with resident within 72 hours of notification.  
  • Complete and submit a new PASRR Evaluation within 7 days of notification. |
| Individual was admitted under Expedited Admission and the Expedited Admission timer has expired (see Appendix F). | • Perform Face-to-Face Interview with resident within 72 hours of notification.  
  • Complete and submit a new PASRR Evaluation within 7 days of notification. |
| Individual was admitted under Exempted Hospital Discharge and the resident has stayed more than 30 days. | • Perform Face-to-Face Interview with resident within 72 hours of notification.  
  • Complete and submit a new PASRR Evaluation within 7 days of notification. |
| When a resident is identified as MI/ID/DD on the MDS, but no PASRR Evaluation has been submitted, the LTC Online Portal notifies the Local Authority to perform and submit a PASRR Evaluation. | • Perform Face-to-Face Interview with resident within 72 hours of notification.  
  • Complete and submit a new PASRR Evaluation within 7 days of notification. |
| Nursing Facility, DADS or DSHS requests a review.                      | • Perform Face-to-Face Interview with resident within 72 hours of notification.  
  • Complete and submit a new PASRR Evaluation within 7 days of notification. |
| 30 days prior to the expiration of ongoing services.                  | • Convene an IDT.  
  • Update the Specialized Services on the PASRR Evaluation. |
| When an MDS is submitted for a resident who is newly identified as Medicaid eligible. | • Review and, if necessary, revise the recommended Specialized Services for the individual. |
## Appendix F: Timers

<table>
<thead>
<tr>
<th>Description</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exempted Hospital Discharge exceeds 30 days</td>
<td>PASRR Evaluation performed 30 days from Nursing Facility admission date.</td>
</tr>
<tr>
<td>Expedited Admission - Category 4 or 5</td>
<td>PASRR Evaluation performed 7 days from Nursing Facility admission date.</td>
</tr>
<tr>
<td>Expedited Admission - Category 1, 2, or 3</td>
<td>PASRR Evaluation must be performed within 72 hours notification by Nursing Facility or LTC Online Portal Alert. Must be successfully submitted within 7 calendar days from date of notification.</td>
</tr>
<tr>
<td>Expedited Admission - Category 6</td>
<td>PASRR Evaluation must be performed 14 days from Nursing Facility admission date.</td>
</tr>
<tr>
<td>PASRR Evaluation</td>
<td>Performed within 72 hours of notification by the Referring Entity, Nursing Facility or LTC Online Portal Alert. Must be successfully submitted within 7 calendar days of the notification.</td>
</tr>
<tr>
<td>NF Placement Process Exhausted</td>
<td>90 days where none of the Nursing Facilities on Section D have answered yes or there are 15 Nursing Facilities in this section.</td>
</tr>
</tbody>
</table>
# Appendix G: Terms and Abbreviations

<table>
<thead>
<tr>
<th>Term/Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>Alert</td>
<td>An electronic notification generated by the LTC Online Portal either systematically or by an individual using the LTC Online Portal.</td>
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<tr>
<td>Alternate Placement</td>
<td>Placement of an individual into a setting other than a Nursing Facility with an emphasis on finding placement in a community setting.</td>
</tr>
<tr>
<td>Appellant</td>
<td>The Individual requesting a Fair Hearing when Medical Necessity is denied.</td>
</tr>
<tr>
<td>Atypical Provider Identifier</td>
<td>A 9-digit number assigned to providers who do not provide medical services.</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>Contact</td>
<td>Telephone, email or verbal communication between the Referring Entity, Nursing Facility, and the Local Authority.</td>
</tr>
<tr>
<td>Coordinate</td>
<td>The act of organizing and working together with the Referring Entity, Nursing Facility, and Local Authority to arrange a suitable placement for the individual.</td>
</tr>
<tr>
<td>CSHCN</td>
<td>Children with Special Health Care Needs (Services Program)</td>
</tr>
<tr>
<td>DADS</td>
<td>Department of Aging and Disability Services</td>
</tr>
<tr>
<td>Developmental Disability (DD)</td>
<td>A disability characterized by significant limitations in adaptive behavior, which covers many everyday social and practical skills that 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.</td>
</tr>
<tr>
<td>DLN</td>
<td>Document Locator Number - a unique number assigned to each document which is successfully submitted on the LTC Online Portal.</td>
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<tr>
<td>DSHS</td>
<td>Department of State Healthcare Services</td>
</tr>
<tr>
<td>EDI</td>
<td>Electronic Data Interchange. This is the help desk for question concerning the TMHP Portal, TexMedConnect, enrolling providers for electronic billing, diagnosing claim transmission problems and general help concerning the TMHP website.</td>
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<tr>
<td>Exempted Hospital Discharge</td>
<td>An admission when a physician has certified that an individual who is suspected of having MI, ID, and/or DD is likely to require less than 30 days of Nursing Facility services for the condition for which the individual was hospitalized.</td>
</tr>
<tr>
<td>Expedited Admission</td>
<td>An admission when an individual is suspected to have MI, ID, and/or DD and meets the criteria for any of the Expedited Categories.</td>
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<tr>
<td></td>
<td>1) Convalescent Care</td>
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<td></td>
<td>2) Terminal Illness</td>
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<td></td>
<td>3) Severe Physical Illness</td>
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<td></td>
<td>4) Delirium</td>
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<tr>
<td></td>
<td>5) Emergency Protective Services</td>
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<tr>
<td></td>
<td>6) Respite, Coma</td>
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<tr>
<td>Fair Hearing</td>
<td>A fair hearing is an informal, orderly, and readily available proceeding held before an impartial health and human services enterprise hearing officer that can be requested by the individual, the individual's responsible party, or in the case of no responsible party, the Local Authority.</td>
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<tr>
<td>Term/Abbreviation</td>
<td>Description</td>
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<tr>
<td>FSI</td>
<td>Form Status Inquiry</td>
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<tr>
<td>HHSC</td>
<td>Texas Health and Human Services Commission</td>
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<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<tr>
<td>HMO</td>
<td>Health Maintenance Organization - State-contracted entity that has been given delegated authority to provide acute and long term services to support enrolled managed care members.</td>
</tr>
<tr>
<td>ICF/IID</td>
<td>Intermediate Care Facility/Facilities for individuals with Intellectual Developmental Disabilities.</td>
</tr>
<tr>
<td>Individual</td>
<td>Term for a person who is not residing in a Nursing Facility</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability (IDD)</td>
<td>This is an individual that has a Developmental Disability or an Intellectual Disability. See those definitions for a complete description.</td>
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<tr>
<td>Intellectual Disability (ID)</td>
<td>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.</td>
</tr>
<tr>
<td>LAR</td>
<td>Legally Authorized Representative</td>
</tr>
<tr>
<td>Local Authority (LA)</td>
<td>Includes the Local Mental Health Authority and Local Authority - Serves as the point of entry for publicly funded intellectual and developmental disability programs, whether the program is provided by a public or private entity. They provide an array of services and support for persons with mental illness or intellectual and developmental disabilities.</td>
</tr>
<tr>
<td>LTC</td>
<td>Long Term Care</td>
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<tr>
<td>LTC Online Portal</td>
<td>Web-based application accessible via TMHP.com and used by Nursing Facility (NF) and Waiver program providers to submit forms, assessments, screenings and evaluations to TMHP and manage the service authorization process.</td>
</tr>
<tr>
<td>MDS</td>
<td>Minimum Data Set (MDS) is a standardized, primary screening and assessment tool of health status that forms the foundation of the comprehensive assessment for all recipients in a Medicare or Medicaid certified LTC facility. The MDS contains items that measure physical, psychological, and psychosocial functioning.</td>
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<tr>
<td>ME</td>
<td>Medicaid Eligibility</td>
</tr>
<tr>
<td>Mental Illness (MI)</td>
<td>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 individual’s developmental stage. Within the past two years, the disorder has required psychiatric treatment more than one time and more intensive than outpatient care or has experienced a significant disruption to the normal living situation. Does not include individuals with a primary diagnosis of dementia.</td>
</tr>
<tr>
<td>MESAV</td>
<td>Medicaid Eligibility Service Authorization Verification</td>
</tr>
<tr>
<td>MN</td>
<td>Medical Necessity – A determination made by TMHP based on the PASRR Evaluation and MDS Assessment data that an individual qualifies for licensed nursing care in an institutional setting.</td>
</tr>
<tr>
<td>NF</td>
<td>Nursing Facility</td>
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<tr>
<td>Notify</td>
<td>Telephone, email, verbal communication, or LTC Online Portal Alert</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier Number</td>
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<tr>
<td>PASRR Evaluation (PE)</td>
<td>The tool used to document whether or not the individual is confirmed to have MI, ID, or DD. The PASRR Evaluation is also referred to as a PE.</td>
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<tr>
<td>PASRR Level 1 Screening (PL1)</td>
<td>The tool used to document whether or not there is evidence or an indication that the individual has or might have MI and/or IDD. This tool is inclusive of an optional form for indicating Expedited Admission. The PASRR Level 1 Screening is also referred to as a PL1.</td>
</tr>
<tr>
<td>PASRR Negative Individual</td>
<td>An individual for whom a Nursing Facility or Referring Entity has indicated no Mental Illness or IDD is suspected on the PASRR Level 1 Screening, or an individual for whom an LA has indicated a negative determination of Mental Illness and/or IDD on the PASRR Evaluation.</td>
</tr>
<tr>
<td>PASRR Positive Individual</td>
<td>An individual for whom a Nursing Facility or Referring Entity has indicated Mental Illness or IDD is suspected on the PASRR Screening, or an individual for whom an LA has indicated a positive determination of Mental Illness and IDD on the PASRR Evaluation.</td>
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<tr>
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<tr>
<td>PCS</td>
<td>Provider Claims Services (workflow)</td>
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<tr>
<td>Perform</td>
<td>Appear in person to screen or evaluate the individual and fill out all fields on a blank hardcopy version of the PASRR Level 1 Screening or PASRR Evaluation.</td>
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<tr>
<td>Preadmission</td>
<td>An admission when the PASRR Level 1 Screening does not indicate an Expedited Admission or Exempted Hospital Discharge.</td>
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<tr>
<td>Referring Entity (RE)</td>
<td>An entity such as a hospital discharge planner, physician's office, or ICF, that refers the individual for Nursing Facility admission.</td>
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<tr>
<td>Processing</td>
<td>Movement of data towards a known goal or end result, by passing it through a series of stages or a sequence of actions by a computer.</td>
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<tr>
<td>Resident</td>
<td>Term for a person who is residing in a Nursing Facility.</td>
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<tr>
<td>RR</td>
<td>Resident Review</td>
</tr>
<tr>
<td>SAS</td>
<td>Service Authorization System</td>
</tr>
<tr>
<td>SSN</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Submit</td>
<td>To enter a PASRR Level 1 Screening or PASRR Evaluation on the LTC Online Portal using a computer with access to the LTC Online Portal.</td>
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<tr>
<td>Submitter</td>
<td>The entity who clicks the “Submit Form” button on the PASRR Level 1 Screening or PASRR Evaluation during the original creation and submission of the PASRR Level 1 Screening or PASRR Evaluation.</td>
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<tr>
<td>TAC</td>
<td>Texas Administrative Code</td>
</tr>
<tr>
<td>TMC</td>
<td>TexMedConnect (online claims submission portal/application)</td>
</tr>
<tr>
<td>TMHP</td>
<td>Texas Medicaid &amp; Healthcare Partnership</td>
</tr>
<tr>
<td>Workflow</td>
<td>Common term in LTC referring to a unique process to complete screenings and evaluations.</td>
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<tr>
<td><a href="http://www.tmhp.com">www.tmhp.com</a></td>
<td>TMHP’s website; TMHP web-based applications (e.g., LTC Online Portal, LTC TexMedConnect) can be found at <a href="http://www.tmhp.com">www.tmhp.com</a>.</td>
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</tbody>
</table>
Appendix H: Letters
If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion, you may lodge a complaint by writing immediately to the Civil Rights Office, Texas Health and Human Services Commission, 701 West 51st Street, Suite 104W, Austin, TX 78751.

www.tmhp.com