User Guide Addendum

Information included in the Long Term Care (LTC) Preadmission Screening and Resident Review (PASRR) User Guide For Local Authorities has been updated to reflect changes.

The details of the changes are outlined in the addendum, which immediately follows the User Guide and can be accessed by using the bookmarks.

Click the link to view the following addendum: Certification of Ability to Serve Individual

Addendum added September 28, 2017.

For more information, contact the LTC Help Desk at 1-800-626-4117.
Long Term Care
Preadmission Screening
and Resident Review (PASRR)
User Guide For Local Authorities
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Learning Objectives

This User Guide is designed for the Preadmission Screening and Resident Review (PASRR) program as it relates to Local Authorities which can be either a Local Intellectual & Developmental Disability Authority (LIDDA) or a Local Mental Health Authority (LMHA). LIDDAs and LMHAs must use the Long Term Care (LTC) Online Portal to submit all screenings and evaluations. The LTC Online Portal is used to submit, monitor, and manage screenings and evaluations.

Learning Objectives

• Explain the LTC Online Portal benefits and security.
• Understand the LTC Online Portal basics and where you can locate additional information for using the LTC Online Portal.
• Explain the four different PASRR 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 the process for completion of the PASRR Evaluation when the individual is dually eligible.
• Explain when and how to submit the PASRR Evaluation on the LTC Online Portal.
• Understand how to participate in the Interdisciplinary Team (IDT) process and enter information on the IDT tab.
• Understand how PASRR Specialized Services (PSS) will be documented.
• Understand how to view NFSS requests and receive alerts.
• Explain how to access and delete alerts.

What is the LTC Online Portal

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.

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

- **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)** – Licenses and regulates a comprehensive array of services for persons who are aging or disabled and for persons who have Intellectual and Developmental Disabilities (IDD).

- **Texas Health and Human Services Commission (HHSC)** – Administers a comprehensive array of services for persons who are aging or disabled and for persons who have Intellectual and Developmental Disabilities (IDD). 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 HHS 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 for the LTC Online Portal

- **Texas State Legislature** – The state legislature allocates budgetary dollars for Texas Medicaid.
Medical Necessity (MN) and MN Determination Process

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

Definition of Medical Necessity

40 TAC §19.101 (75) states:

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 (Preadmission Only)

The flowchart above provides a high-level overview of the process used for MN determination. The overview shown above applies specifically to preadmission cases. Local Authorities (LAs) and Nursing Facilities (NFs) can utilize the LTC Online Portal to check the status of MN determination.

1) TMHP systems automatically check the PASRR Evaluation for Permanent MN (PMN). 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 (LA) 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 Nurse 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 five 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 (DLN) 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 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) The individual’s physician may submit additional information within 14 business days of the date on the denial letter by faxing to (512) 514-4223 additional medical information to the TMHP LTC department (40 TAC §19.2407). Or, the Local Authority may provide additional information by calling 1-800-727-5436, Option 2, and speaking with a TMHP nurse. The individual’s PASRR Evaluation and the additional (or new) medical information will be reviewed by the TMHP nurse and either approved or sent to the TMHP physician for a second MN determination. The TMHP physician will either approve the PASRR Evaluation or uphold the original decision to deny.

11) If the Local Authority 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 Doctor Review, the PASRR Evaluation is sent to the TMHP physician for review.

12) If the TMHP physician does not approve the MN on the PASRR Evaluation, the PASRR Evaluation will be set to status MN Denied.

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

Note: Medical Necessity can be approved on the MDS, regardless of the PE.

Medical Necessity Determination on PE

The PE is completed by the LA to confirm a suspicion of Mental Illness (MI), Intellectual Disability (ID), and/or Developmental Disability (DD) documented by the PASRR Level 1 (PL1). The LA is responsible for submitting the PE on the LTC Online Portal. Nursing Facilities (NFs) are unable to submit a PE on the LTC Online Portal.

MN can be determined only on PEs that have been initiated and submitted from a Preadmission PL1. The MDS will then inherit the MN determined by the Preadmission PE. The MDS Long Term Care Medicaid Information (LTCMI) will be rejected until MN determination is performed on the Preadmission PE.
If the MN on PE is determined to be denied and the resident or their legally authorized representative disagrees, the LA will be required to attend the Fair Hearing.

Request for Fair Hearing Following MN Denial

- 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, an 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 HHS.

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. 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 HHS 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 HHS’ action will be explained.

- The hearing officer will issue a final written order. The decision by the hearing officer is HHS’s 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 HHS 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.
- Providers may access the LTC Online Portal once the Provider’s Administrator has granted them access.
- 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, PASRR Evaluations, and the PASRR Specialized Services (PSS) form.

LTC Online Portal Security

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 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 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 number** – assigned by HHS to providers of Medicaid services.
- **Vendor number** – up to five-digit numeric or alpha-numeric number assigned by HHS. 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.

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

3) You may be prompted to accept the AMA/ADA End-User Agreement. If so, read the document and click “ACCEPT” at the bottom of the page.

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.

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 9 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 8 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](http://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](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.

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

Portal features based on your security permissions can 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: Submit Form, Search (with drop-down options Form Status Inquiry [FSI], Letters, Vendors), Worklist (with drop-down options for Current Activity and Drafts), Printable Forms, Alerts, and Help.

Home

The Home link in the light-blue navigational bar will take you to the Long Term Care Homepage.
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)

Form Status Inquiry allows you to search for and monitor the status of all PASRR Level 1 Screenings and PASRR Evaluations as well as retrieve IDTs, and PSS forms.

FSI allows you to retrieve submissions to:

- Research and review statuses.
- Retrieve a PSS, PASRR Level 1 Screening, or PASRR Evaluation.
- Provide additional information on the IDT, PSS, PASRR Level 1 Screening, or PASRR Evaluation.
- When allowed, make updates to a document.
- Export search results to Microsoft Excel®.
To locate a PSS, PASRR Level 1 Screening, or PASRR Evaluation using FSI:

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

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

![Form Status Inquiry](image)

3) **Type of Form**: Choose the appropriate document from the drop-down box.

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

   **Note**: To search without selecting a **Type of Form**, you must enter Medicaid Number, SSN, or First Name and Last Name.

5) **Vendor Number**: Choose your Local Authority Vendor/Provider Number combination, assigned to you by HHS.
6) You can narrow results by entering specific criteria in the additional fields (Note: the additional fields that are available to choose from will depend on the type of form you have chosen):
   - Document Locator Number (DLN)
   - Medicaid Number
   - Last Name
   - First Name
   - Form Status
   - Social Security Number (SSN)
   - Mental Illness
   - Intellectual Disability
   - Developmental Disability
   - PASRR Eligibility
   - Discharged/Deceased

7) Enter the “From Date” and “To Date.” These are required fields. Dates are searched against the TMHP Received Date (date of successful submission).
8) 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
- Provider Number
- Vendor Number
- NF Vendor Number
- NF Provider Number
- Reason Code
- SPT Mtg Date

<table>
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<th>View Detail</th>
<th>DLN</th>
<th>TMHP Received Date</th>
<th>SSN</th>
<th>Medicaid #</th>
<th>Medicare #</th>
<th>First Name</th>
<th>Last Name</th>
<th>Status</th>
<th>Provider Number</th>
<th>Vendor Number</th>
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<td>Negative PASRR Eligibility</td>
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<td>Detail</td>
<td>11/3/20</td>
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<td>Negative PASRR Eligibility</td>
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<td></td>
<td>Negative PASRR Eligibility</td>
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**2917 record(s) returned.**

Export Data to Excel
9) Click the View Detail link to the left of the DLN to display the details document.

**Current Activity**

The Current Activity feature allows you to view PSS forms, PASRR Level 1 Screening, and 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 PSS, 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/provider numbers to which the user is linked.

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

2) Choose Current Activity from the drop-down menu.

3) Click the desired Vendor/Provider Number combination. This will display the Current Activity for that Vendor/Provider Number.
4) The results page will display a summary of PSS forms, PASRR Level 1 Screening, and PASRR Evaluation submissions with 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

5) The numbers in the first column are the DLNs associated with the particular vendor number that was selected in step 1. Click the DLN link to display the details of the PSS form, 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 can be documents that have not been submitted on the LTC Online Portal but have been started and saved. Documents saved as drafts will not have a DLN. However, once submitted, a document 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 PSS form, 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 PSS form, PASRR Level 1 Screening, or PASRR Evaluation. Drafts are saved for 60 days and will then be deleted.
To access a saved draft:

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

2) Choose **Drafts** from the drop-down menu.

![Image of Worklist with Drafts option highlighted]

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

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

![Image of Vendor Numbers]

4) A list of drafts saved for the selected vendor/provider number will display.

![Image of Drafts section with list of saved drafts]
5) 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:

![Confirmation Message]

- 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 **Search** link on the blue navigational bar.

2) Choose **Vendors** from the drop-down menu.

3) Enter the Vendor Number, Provider 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.”

4) Click the “Search” button in the lower right corner of the screen.
5) The search results are displayed.

6) Click the View link to view detailed information about the Nursing Facility.
Letters Search

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 Legally Authorized Representative (LAR), 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 **Search** link on the blue navigational bar.

2) Choose **Letters** from the drop-down menu.

3) Enter information in the fields to help locate a specific letter. The more information entered for the search, the more specific the results will be. Both the From Date and the To Date and the Contract/Vendor Number are required and must include one of the following criteria: Medicaid Number - Social Security Number - Last Name and First Name. Letters do not have DLNs, but to search for letters associated with a particular individual you can enter the DLN of the form that prompted the letter. 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.

4) 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.
5) 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 reads “No Results Found.”

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

The Printable Forms feature allows you to view, print, or interactively fill out, or save certain documents to your desktop for your records. Documents 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 Portable Document Format (PDF). 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 for example, PASRR Level 1 Screening by clicking the corresponding link.

3) A new window and application called Adobe Reader® will open and display the blank document in PDF.

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.

   ![Print Screen]

   **Note:** The print screen varies based on the version of Adobe you are using and the printer you have installed. 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, Print IDT (Interdisciplinary Team), 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 PSS form, 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 PSS forms, the IDT tab, 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 fill in certain information on 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.

<table>
<thead>
<tr>
<th>Fields Blank and Enabled</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field No. and Name</td>
<td>Field No. and Name</td>
<td>Field No. and Name</td>
<td></td>
</tr>
<tr>
<td>A0600. Date of Assessment</td>
<td>C0100. Mental Illness</td>
<td>F0100. Exempted Hospital Discharge</td>
<td></td>
</tr>
<tr>
<td>A1100. Date of Last Physical Examination</td>
<td>C0200. Intellectual Disability</td>
<td>F0200. Expedited Admission Category</td>
<td></td>
</tr>
<tr>
<td>A1200A. Certification of Signature</td>
<td>C0300. Developmental Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1200B. Signature Date</td>
<td>D0100P. NF Date of Entry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fields Blank and Disabled</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field No. and Name</td>
<td>Field No. and Name</td>
<td>Field No. and Name</td>
<td></td>
</tr>
<tr>
<td>B0650. Individual is deceased or has been discharged?</td>
<td>E0100C. A group home</td>
<td>E0300F. Other Individual</td>
<td></td>
</tr>
<tr>
<td>B0655. Deceased/Discharged Date</td>
<td>E0100D. Family home</td>
<td>E0300G. Unknown</td>
<td></td>
</tr>
<tr>
<td>C0400. LA - MI Provider No.</td>
<td>E0100E. Other</td>
<td>E0400. Comments about with whom the individual would like to live</td>
<td></td>
</tr>
<tr>
<td>C0500. LA - MI Vendor No.</td>
<td>E0100F. Other Location</td>
<td>E0500A. Admitted To</td>
<td></td>
</tr>
<tr>
<td>C0600. LA - MI NPI/API No.</td>
<td>E0100G. Unknown</td>
<td>E0500B. Admitted To Other</td>
<td></td>
</tr>
<tr>
<td>C0700. LA - IDD Provider No.</td>
<td>E0200. Comments about where the individual would like to live</td>
<td>E0600A. Community Program</td>
<td></td>
</tr>
<tr>
<td>C0800. LA - IDD Vendor No.</td>
<td>E0300A. By themselves</td>
<td>E0600B. Other Community Program</td>
<td></td>
</tr>
<tr>
<td>C0900. LA - IDD NPI/API No.</td>
<td>E0300B. With a roommate</td>
<td>E0700. Name of ICF/IID Facility</td>
<td></td>
</tr>
<tr>
<td>D0100N. NF is willing and able to serve individual</td>
<td>E0300C. With family</td>
<td>E0800. Own Home/Family Home Comments</td>
<td></td>
</tr>
<tr>
<td>E0100A. Live alone with support</td>
<td>E0300D. With a lot of friends</td>
<td>E0900. Alternate Placement Date of Entry</td>
<td></td>
</tr>
<tr>
<td>E0100B. A place where there is 24 hour care</td>
<td>E0300E. Other</td>
<td>All Section G fields (IDT tab)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fields Auto Populated and Disabled</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
<th>Field No. and Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field No. and Name</td>
<td>Field No. and Name</td>
<td>Field No. and Name</td>
<td></td>
</tr>
<tr>
<td>A0100. Name</td>
<td>A0400. Provider No.</td>
<td>D0100C. NPI</td>
<td></td>
</tr>
<tr>
<td>A0200A. Street Address</td>
<td>A0500. Vendor No.</td>
<td>D0100D. Facility Name</td>
<td></td>
</tr>
<tr>
<td>A0200B. City</td>
<td>A0510. County</td>
<td>D0100E. Street Address</td>
<td></td>
</tr>
<tr>
<td>A0200C. State</td>
<td>B0500. Age at Time of Screening</td>
<td>D0100F. City</td>
<td></td>
</tr>
<tr>
<td>A0200D. ZIP Code</td>
<td>D0100A. Provider No. (NF user only)</td>
<td>D0100G. State</td>
<td></td>
</tr>
<tr>
<td>A0300. NPI/API</td>
<td>D0100B. Vendor No. (NF user only)</td>
<td>D0100H. ZIP Code</td>
<td></td>
</tr>
</tbody>
</table>
Fields Autopopulated 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>A0700. Screener</td>
<td>B0400. Birth Date</td>
<td>D0100J. NF Contact First Name</td>
</tr>
<tr>
<td>A0800. Position/Title</td>
<td>B0600. Gender</td>
<td>D0100K. NF Contact Middle Initial</td>
</tr>
<tr>
<td>A0900. Type of Entity</td>
<td>B0700. Previous Residence</td>
<td>D0100L. NF Contact Last Name</td>
</tr>
<tr>
<td>A1000. Current Location</td>
<td>B0800. Next of Kin</td>
<td>D0100M. NF Contact Suffix</td>
</tr>
<tr>
<td>B0100. Individual Name</td>
<td>D0100A. Provider No. (LA user only)</td>
<td>D0100Q. Comments</td>
</tr>
<tr>
<td>B0200. Social Security and Medicare Numbers</td>
<td>D0100B. Vendor No. (LA user only)</td>
<td></td>
</tr>
<tr>
<td>B0300. Medicaid No.</td>
<td>D0100L. Phone</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 PSS forms and 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. 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.

   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.

   Or

   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.

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. The “Update Form” button is not available on the PSS form. To have a PSS form updated, contact HHS PASRR at PASRR_Support@hhsc.state.tx.us.
Add Note

The Add Note feature located on the yellow Form Actions bar is always available unless the PSS form, PASRR Level 1 Screening, or 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 PSS form, PASRR Level 1 Screening, or a PASRR Evaluation is added to the History trail. Once a note has been saved, it cannot be corrected or deleted.

To add a note to an already submitted PSS form, PASRR Level 1 Screening, or PASRR Evaluation:

1) Follow the steps for utilizing FSI or Current Activity to locate the PSS form, PASRR Level 1 Screening, or PASRR Evaluation.

2) Click the “Add Note” button. A text box will open.

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

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 in the Recipient section on the Submit Form page will be auto populated. Verify that the auto populated Vendor/Contract information is correct. 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 PSS forms, 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/provider number to which the draft is linked. The user may access previously saved drafts by clicking the Worklist link located on the blue navigational bar and then choosing Drafts from the drop-down menu. Drafts will stay in the system for 60 days 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, PASRR Evaluation, or PSS form 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 Trail

Every PASRR Level 1 Screening, PASRR Evaluation, and PSS has a History trail of form statuses. Additionally, there is a separate PASRR Transaction Identifier (PTID) History for the PE. After opening a PASRR Level 1 Screening, PASRR Evaluation, or PSS, scroll to the bottom. The History trail will display a list of every status that has been held by the PASRR Level 1 Screening, PASRR Evaluation, or PSS, along with appropriate details. Notes added by you or any comments from TMHP or HHS will also be located in the History trail. The most recent status will appear at the bottom of the History trail.

<table>
<thead>
<tr>
<th>History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form Submitted</td>
</tr>
<tr>
<td>Individual Placed in NF - Expedited Admission</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Awaiting PE</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Individual Placed in NF - PE Confirmed</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

The IDT History trail lists the date of the most recent IDT meeting at the top of the IDT History trail.

<table>
<thead>
<tr>
<th>IDT History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of IDT Meeting</td>
</tr>
<tr>
<td>3:17:51 PM</td>
</tr>
<tr>
<td>2:56:43 PM</td>
</tr>
</tbody>
</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.

UnLock Form

Upon opening a PSS form, 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 document. The document will unlock if the user clicks the “UnLock Form” button or if there is no activity in the document 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 HHS 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. Clicking “UnLock Form” will cause the user to exit the form.

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 document 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 (PSS form error messages will not be hyperlinked), 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 document was not submitted successfully, a submission error message will appear and the document will not move forward in the workflow. However, some error messages are simply warning messages and do allow the document 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.

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.**
Beginning June 23, 2017, an enhancement to the LTC Online Portal will halt the submission of a PL1 which does not include PASRR condition(s) identified on a latest PE by displaying an error message. The error message will state the PASRR condition of the latest PE and will allow the submitter to update the PL1 and resubmit. This will occur with all scenarios including Change of Ownership (CHOW) and transfers.

**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.
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 PSS form, 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 PSS form, 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 four different PASRR processes: Admission Process for Exempted Hospital Discharge, Expedited Admission Process, Preadmission Process, and the Negative PASRR Eligibility Process. Below are flowcharts explaining the different processes at a high-level.

Admission Process for Exempted Hospital Discharge

1) The Exempted Hospital Discharge process starts when a Referring Entity (RE) performs the PASRR Level 1 (PL1) Screening and determines if the individual is eligible for Exempted Hospital Discharge Admission. The criterion for an admission under Exempted Hospital Discharge is the individual is not expected to remain in the Nursing Facility (NF) more than 30 calendar days.

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

3) If the individual does meet the Exempted Hospital Discharge criterion, then:
   a) The RE sends the PL1 Screening Form to the admitting NF with the individual.
   b) The NF submits the PL1 Screening Form on the Portal immediately upon receipt.
NOTE: If the NF attempts to submit the Minimum Data Set (MDS) Long Term Medicaid Information (LTCMI) without first submitting the PL1 Screening Form, the LTCMI will not be accepted.

4) If the individual is discharged from the NF prior to 30 calendar days from the admission date, the NF indicates the discharge on the PL1 Screening Form.
   a) If the individual is still in residence at the NF after 30 calendar days from the admission date, then the LA initiates face-to-face contact for the PE within 72 hours of notification by the portal.

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

6) The NF reviews the PE, including recommended specialized services. If the PE is PASRR positive, then the NF certifies on the PL1 Screening Form if they are Able or Unable to serve the individual. If the PE is PASRR negative, no action is required.

7) If the NF is Unable to serve the individual, the LA will coordinate placement into another NF or an alternate setting.

8) If the NF is Able to serve the individual, the NF will conduct the IDT with required participants. The IDT will only be completed if the PE is PASRR positive.

9) The NF requests specialized services using the NFSS form.
Expedited Admission Process

1) Referring Entity performs the PL1 Screening 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 seven calendar days.</td>
</tr>
</tbody>
</table>
2) If the individual does not meet Expedited Admission criteria, then the RE follows the Exempted or Preadmission process as per the flow chart for Expedited Admission.

3) If the individual does meet Expedited Admission criteria, then:
   a) The RE sends the PL1 Screening Form to the admitting NF along with the individual.
   b) The NF submits the PL1 Screening Form on the LTC Online Portal immediately on receipt.

4) The LA is required to perform a PE based on the Expedited category:
   a) If the Expedited Admission category is 1, 2, or 3, the LTC Online Portal will create an Alert for the LA to complete the PE once the PL1 Screening Form is successfully submitted on the LTC Online Portal by the NF.
   b) If the Expedited Admission category is 4 or 5, the LTC Online Portal creates the Alert seven calendar days after the NF admission date.
   c) If the Expedited Admission category is 6, then the LTC Online Portal creates an Alert 14 calendar days after the NF admission date.
   d) If the Expedited Admission category is 7, the LTC Online Portal will alert the LA to perform a PE when the MDS indicates the individual is no longer comatose.

5) Once notified by an Alert, the LA initiates the face-to-face contact for the PE within 72 hours of notification by the RE.

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

7) The NF reviews the Positive PE, including recommended specialized services, and certifies on the PL1 Screening Form if they are Able or Unable to serve the individual.

8) If the NF is Unable to serve the individual, the LA will coordinate placement into another NF or an alternate setting.

9) If the NF is Able to serve the individual, the NF will conduct the IDT with required participants.

10) The NF requests specialized services using the NFSS form.
Preadmission Process

1) The Preadmission Process starts with the RE who performs the initial PL1 Screening on paper for the individual seeking Nursing Facility placement. This is completed prior to admission to the NF. The RE may require assistance from the NF or LA to complete the PL1 Screening Form.

**NOTE:** For *positive* Preadmissions, *both the PL1 Screening Form and PE must be completed before the individual can be admitted to the NF.*

2) If the PL1 Screening is negative:
   a) The RE sends the PL1 Screening Form to the admitting NF with the individual.
   b) The NF admits the individual and upon admission submits the PL1 Screening Form on the LTC Online Portal system.

3) If the PL1 Screening is positive:
   a) The RE faxes the PL1 Screening Form to the LA (this notification starts the 72 hour timer).
   b) The LA submits the PL1 Screening Form on the LTC Online Portal system immediately upon receipt.
   c) The LA initiates face-to-face contact for the PE within 72 hours of notification by the RE (See step 3a for notification).
   d) The LA submits the PE on the LTC Online Portal within seven calendar days of notification by the RE (See step 3a for notification). Authorization for payment to the LA for completion of the PE is setup as a result of successful submission of the PE on the Portal.
4) The NF reviews the Positive PE, including recommended specialized services, and certifies on the PL1 Screening Form Section D if they are Able or Unable to serve the individual.

**Note:** For more information about certification, see the Required Certification of Able or Unable to Serve the Individual section of this User Guide.

5) If the NF is **Unable** to serve, the LA will coordinate placement of the individual into another NF or alternate placement by working with the RE and the other identified NFs listed on the PL1 Screening Form. The LA updates the PL1 Screening Form with the “Admitted To” date once the individual is placed.

6) If the NF is **Able** to serve the individual, the NF will conduct the IDT with required participants.

7) The NF requests specialized services using the NFSS form.

**Note:** If the PL1 Screening is negative, then existing procedures for nursing home admissions are followed. A PASRR Evaluation is not performed unless requested by HHS.

**Negative PASRR Eligibility Process**

In the Negative PASRR Eligibility process (indicated by all PL1 fields C0100, C0200, and C0300 containing a “0. No”), the RE or the NF (when it’s an NF to NF transfer) will perform the PL1. The NF that admits the individual will submit the PL1 on the LTC Online Portal.
Additional Information

Alerts

Alerts are notices to the Local Authority and Nursing Facilities to perform some action. For example, the alert may be a notice to complete a PASRR Evaluation (PE), a notification of submission of an NFSS form, 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 is displayed.

- The alert list only contains alerts for your Vendor/Provider 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 link in the Alert Subject column to see the alert detail. The alert detail describes exactly what needs to be done. It also provides information about the individual and a hyperlink to the current PASRR Level 1 (PL1) Screening or PE.
To return to the Alerts list click the “Return to Alerts Page” button at the top of the page.
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 PL1 or PE dependent on the user’s security permissions. If incorrect data is submitted on the PL1 or PE, updates can be made by clicking the “Update Form” button on the yellow Form Actions bar.

The submitter or admitting NF of the PL1 can make updates to the PL1 at any time for deceased and discharged, even after an associated PE has been submitted. Only the submitter of the PL1 can make updates to the PL1 at any time for demographic information until an associated PE has been submitted. Only the submitter of the PE can make updates to the PE. However, not all fields on the PL1 and PE can be updated. For a chart of fields that can be updated, see the Available Fields section of this User Guide.

To make updates to the PL1 or PE, access the record utilizing FSI. The IDT section can be updated independently of the other sections of the PL1 by the NF. Updates to a PL1 occur when the associated PE is updated. Updates to a PL1 will not occur when changing an individual's information during the associated PEs submission.
Updates are not allowed to a PL1 when:

- The PL1 is set to status **Form Inactivated**.
- The PL1 is set to status **PL1 Inactive**.

**Note:** Updating fields B0650 (Individual is deceased or has been discharged?) and B0655 (Deceased/Discharged Date) will cause the PL1 form to be changed to status **PL1 Inactive**. If an associated PE exists on the LTC Online Portal, the PE will be changed to status **Form Inactivated**. The History trail for the PL1, and PE if applicable, will show this form inactivation due to the individual leaving the NF.

### 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. Updates to these fields (except fields B0650 and B0655) do not affect the PL1 form status.

When updating fields B0650 (Individual is deceased or has been discharged?) and B0655 (Deceased/Discharge Date) on the PL1 Screening Form, the status of the PL1 Screening Form changes. By updating these fields, the PL1 will be set to status **PL1 Inactive**. Fields B0650 and B0655 are the only PL1 Update fields with this effect.

**PASRR Level 1 Screening**

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>B0100A. First Name</td>
<td>B0600. Gender</td>
<td>B0700F. ZIP Code</td>
<td>B0800G. Phone Number</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>
</tr>
<tr>
<td>B0100C. Last Name</td>
<td>B0655. Deceased/Discharge Date</td>
<td>B0800A. Relationship to Individual</td>
<td>B0800I. City</td>
</tr>
<tr>
<td>B0100D. Suffix</td>
<td>B0700A. Previous Residence Type</td>
<td>B0800B. Other Relationship to Individual</td>
<td>B0800J. State</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>
</tr>
<tr>
<td>B0200B. Medicare No.</td>
<td>B0700C. Street Address</td>
<td>B0800D. Middle Initial</td>
<td></td>
</tr>
<tr>
<td>B0300. Medicaid No.</td>
<td>B0700D. City</td>
<td>B0800E. Last Name</td>
<td></td>
</tr>
</tbody>
</table>

The following fields on the PE can be updated until one of the MI/IDD Completion PTIDs is set to status **Invalid/Complete, Processed/Complete, or PCS Processed/Complete** anywhere in the PTID history (see the PASRR Evaluation - Authorization Section for more details).

Fields updated on the PE are also automatically updated on the associated PL1. The ability to update some fields is based on security permissions. The LMHA cannot update IDD Date of Assessment and the LIDDA cannot update the MI Date of Assessment. Other fields may also be unavailable based on Vendor/Provider Number combination.

**PASRR Evaluation**

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>A2400B. Middle Initial</td>
<td>A2600. Medicaid No.</td>
</tr>
<tr>
<td>A2400C. Last Name</td>
<td>A2700. Birth Date</td>
</tr>
<tr>
<td>A2500A. Social Security No.</td>
<td>A1700. Date of MI Assessment / A1000. Date of IDD Assessment (as long as the PASRR Evaluation is available)</td>
</tr>
</tbody>
</table>
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 **Search** link on the blue navigational bar.

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

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

4) Vendor Number: Choose the appropriate Vendor/Provider Number combination from the drop-down box.

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

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

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

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

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

11) Enter the updated information.

12) Click the “Submit Form” button.

A history note, detailing the changed fields, is added to both the PL1 and the PE when the PE is updated. When the PL1 is updated, a history note is only added to the PL1. 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. Updates to a PE can be made even if the PE is set to **Form Inactivated**.
PASRR Level 1 Screening

The PASRR Level 1 Screening is the preliminary screening for Mental Illness (MI), Intellectual Disability (ID), and/or Developmental Disability (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 updates 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
• 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 (positive PL1 only)</td>
<td>Referring Entity</td>
<td>Local Authority</td>
</tr>
<tr>
<td>Expedited Admission</td>
<td>Referring Entity/Nursing Facility</td>
<td>Nursing Facility</td>
</tr>
<tr>
<td>Exempted Hospital Discharge</td>
<td>Referring Entity/Nursing Facility*</td>
<td>Nursing Facility</td>
</tr>
<tr>
<td>Negative PASRR Eligibility</td>
<td>Referring Entity/Nursing Facility*</td>
<td>Nursing Facility</td>
</tr>
</tbody>
</table>

* The NF only performs the PL1 screening during NF to NF transfer or when instructed by HHS

If the admission type is positive PL1 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.

**Note:** If a PL1 screening (of any type) is not submitted prior to the submission of the Long Term Care Medicaid Information (LTCMI) section of the Minimum Data Set (MDS) form, the LTCMI will not be accepted on the LTC Online Portal, and will return the following message: “PASRR Screening (PL1) not Found. A PL1 is required before MDS LTCMI can be submitted; you may save the LTCMI and submit after the PL1 is Submitted.”
Steps to Submit a PASRR Level 1 Screening

Now that we have covered general information about the PASRR Level 1 Screening, we will go step-by-step through the process of submitting the PASRR Level 1 Screening:

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 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/Provider 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 (except the Section E and IDT 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, C and D 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/Provider 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.

**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 an uppercase 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 Local Authority 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 5 Nursing Facilities. If this is a PASRR Negative, Expedited Admission, or an Exempted 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 the 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 the 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 be successfully submitted and must be PASRR positive.*

**Adding an Initial Nursing Facility in Section D**

1) Enter the Provider 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 five Nursing Facilities can be added to the Nursing Facility Choice list for Preadmission only.

1) Click the Add NF Choice link.

2) Follow the steps in the previous section: Adding an Initial Nursing Facility in Section D.

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.

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.

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 or show the Nursing Facility information. When the Nursing Facility information is hidden, only the name of the Nursing Facility shows. When not hidden, the Nursing Facility information is shown.

To hide the Nursing Facility information, click the “-” next to the 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 five.

3) If it has been more than 90 days, or all five 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.

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**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.

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**PASRR Level 1 Screening - Section F**

If the PL1 is negative (PL1 C0100, C0200, and C0300 are all “0. No”), then Section F will be blank and disabled and no information is required.

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 or the PL1 is PASRR Negative, then the admission type is Preadmission.

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**PASRR Level 1 Screening - Interdisciplinary Team (IDT)**

At this point the IDT section will be blank and disabled. Local Authorities (meaning both LIDDAs and LMHAs) must participate in the IDT meeting that is scheduled by the NFs to determine what specialized services a positive PASRR individual will receive and the agreed upon specialized services will be added to the individual’s comprehensive care plan. LMHAs are required to participate in IDT meetings for positive MI only PEs. LIDDAs are required to participate in IDT meetings for IDD only PEs. Both LIDDAs and LMHAs are required to attend IDT meeting for dual MI/IDD positive PEs.

Once the IDT meeting and agreed to Specialized Services have been documented by the NF in the IDT section of the PL1, the LA will receive an alert from the LTC Online Portal that an IDT confirmation is pending.

LIDDA/LMHAs have five business days from the date of the IDT meeting to confirm the information in the IDT section. The LIDDA/LMHA must take the following steps to confirm attendance at the IDT meeting and agreement of the specialized services that have been documented for the individual:
1) Click the IDT tab displayed on the PL1. Only the IDT Confirmation section will be enabled for LIDDA/LMHA entry, though other sections will be displayed and disabled.

2) Depending on field G0300 (Individual PASRR Condition) and the LIDDA/LMHA security permissions, the LIDDA/LMHA must complete required fields in the Mental Illness (MI) or Intellectual and Developmental Disability (IDD) portion of the IDT Confirmation section.
3) Once all required fields have been completed, the LIDDA/LMHA will submit their confirmation by clicking the “Submit Form” button.
4) Upon successful submission of the confirmation of the IDT by the LIDDA/LMHA, the LTC Online Portal will return a confirmation message indicating successful confirmation.

5) An IDT History trail will be displayed at the bottom of the IDT tab, and it will display a History of all the successfully submitted IDT meetings. The History will display “Date of IDT Meeting (MM-DD-YYYY)” as links in chronological order from most recent date of IDT meeting to oldest date of IDT meeting. Each IDT will display as a collapsible link and contain the history of that IDT meeting.

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.

The LTC Online Portal will halt the submission of a PL1 which does not include PASRR condition(s) identified on a latest PE by displaying an error message. The error message will state the PASRR condition of the latest PE and will allow the submitter to update the PL1 and resubmit. This will occur with all scenarios including Change of Ownership (CHOW) and transfers.
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.

If your form was submitted successfully, you can track this form using the DLN. Submit another form.
Inquiry on a form's status.

### 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) Select ‘Form Status Inquiry’ from the Search drop-down menu on the blue navigational bar.
2) Click the “Type of Form” drop-down menu and choose PL1: PASRR Level 1 Screening.

**Note:** To search without selecting a Type of Form, you must enter Medicaid Number, SSN, or First Name and Last Name.

3) Click the “Vendor Number” drop-down box and choose the appropriate Vendor/Provider 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.
History Trail

A history of the statuses for a PL1 can be found at the bottom of each section (except the IDT). The History trail of the PL1 shows the statuses of the PL1 as it processes through the submission and workflow processes. Any changes to the PL1 will also be shown here.

<table>
<thead>
<tr>
<th>History</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Form Submitted</td>
<td>10:55:51 AM</td>
</tr>
<tr>
<td>Individual Placed in NF - Exempted Hospital Discharge</td>
<td>10:55:52 AM</td>
</tr>
<tr>
<td>Individual</td>
<td>10:55:52 AM</td>
</tr>
<tr>
<td>Ind. has been admitted to the nursing facility and is likely to require less than 30 days of nursing facility services.</td>
<td></td>
</tr>
<tr>
<td>Awaiting PE</td>
<td>12:11:22 AM</td>
</tr>
<tr>
<td>TMHP : 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 (PE) is a face-to-face assessment performed with the individual and/or the Legally Authorized Representative (LAR). The PE verifies PASRR eligibility of the individual and lists any recommended specialized services. Nursing Facilities review the PE to determine if they are able or unable to serve the individual’s needs. The PE is always performed when the PASRR Level 1 (PL1) Screening indicates that a person is suspected of having a positive PASRR condition with a “Yes” in at least one of the fields in Section C (C0100, C0200, and C0300). If a PL1 indicates a negative PASRR condition, a PE may also be performed upon request from the state or a Nursing Facility.

A PE 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 PL1s and multiple PEs for an individual. By linking the active PE to the active PL1, it is always possible to determine which one is the active PL1 and PE.

Only Local Authorities can perform and submit the PE. The Nursing Facility or the Referring Entity must contact the Local Authority to perform a PE once the PL1 is completed and it indicates a suspicion that the individual is PASRR Positive. The Local Authority initiates face-to-face contact for PE within 72 hours of notification by the Referring Entity.

Here are a few things to remember:

• PL1s can only be updated by the LA that submitted the PL1.
• PEs are always done when a PL1 is positive.
• PEs can be requested by the state or a Nursing Facility, even if the PL1 is negative.
• The PE must be completed prior to admission to the Nursing Facility if the admission type is Preadmission.
• A PE is performed on individuals with a positive PL1 regardless of their Medicaid status:
  – Medicaid
  – Non-Medicaid
  – Pending Medicaid

Local Authorities, Nursing Facilities, and Referring Entities work together to ensure both the PL1 and the PE are completed.

Dually Diagnosed Individuals

Dually diagnosed individuals are individuals who show signs of both Mental Illness (MI) and Intellectual and Developmental Disability (IDD), MI and Intellectual Disability (ID), or MI and Developmental Disability (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 and is for LIDDDAs to use while Section C is specific to MI and is for LMHAs to use. 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.

### 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](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 FSI page will display by default.

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

   **Note:** *To search without selecting a Type of Form, you must enter Medicaid Number, SSN, or First Name and Last Name.*

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

8) You can narrow results by entering specific criteria in the additional fields:
   - 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/Provider 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
   – Date of Birth
   – First Name
   – Last Name

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 Provider Number and Vendor Number information. The IDD and MI Information fields for the Local Authority Provider Number, Vendor Number, and 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.

In section A, field A2300G. Setting of Assessment-Telephone Number, the LA must enter the LA contact/telephone number, not the setting of assessment telephone number.

**PASRR Evaluation - Section B**

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

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.

Field B0500. Recommended Services Provided/Coordinated by the Local Authority always has choices 1. Alternative Placement Services and 4. Service Coordination (SC) selected by default. These choices cannot be changed. Field B0600. 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.

Fields B0500. Recommended Services Provided/Coordinated by the Local Authority and B0600. Recommended Services Provided/Coordinated by Nursing Facility will auto populate with services based upon the areas of assistance needed by the individual as marked in field B0400. For a table with more information on auto populate behavior, 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 Specialized Service to be added.

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.

For an individual to have a positive PASRR outcome, a selection other than “None of the above apply” must be made in both C0300 and C0400. In addition, a “Yes” must be selected in either C0500, C0600, and/or C0700.
Complete the Recommended Services Provided/Coordinated by Local Authority choices in Section C1000, if applicable. 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.

![Add Recommended Specialized Service](image)

**Deleting a Recommended Specialized Service**

1) Click the **Delete Recommended Specialized Service** link next to the Specialized Service to be deleted.

**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.

When documenting a Developmental Disability (DD), it is important to note the date of onset in field D0100C. Do not leave this field blank or partially completed, especially for DD-only individuals. The date of onset will be the determining factor in PASRR eligibility. The HHS-approved related condition/developmental disability must have shown in the individual before the age of 22. The date of onset can be found in the medical record, documentation or collateral contact with the attending physician, or collateral contact with the family. The LA must exhaust every effort to determine the date of onset. This is critical in the identification and service delivery for DD-only individuals.

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.

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

**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.

Field E1500B is where you enter the explanation of findings to support the individual meets or does not meet a Nursing Facility level of care. This is a required field available to enter information to support or not support the individual being placed in an NF. LAs must list all known and documented medication side effects. This is particularly important for psychotropic medications. An expanded explanation may help assist NFs to determine the capacity to meet the individual’s needs. This information can also assist in alternate placement.
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 Completed 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.

Or

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

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.

Your form was submitted successfully. You can track this form using the DLN EnterDLN. Submit another form. Inquiry on a Forms Status

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.

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 HHS 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 HHS, the LA will be authorized to submit claims for PE Completion.
PASRR Transaction Identifier (PTID) Status

The PTID uniquely identifies the IDD or MI Completion Transaction. Each Completion Transaction also has an associated Status and an Action field. The history of each Completion Transaction is displayed below the fields, indicating the processing progress of the Completion Transaction.

- 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 HHS. A PE can still be updated even when its status is set to **Form Inactivated**.
- 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:
  1) Click the “Update Form” button on the yellow Form Actions bar.
  2) Once the updates are made, click the “Submit Form” button.
  3) The Status Change Confirmation Page will be displayed. Click the “Cancel” button to discard the change.
  
  or
  
  4) 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 HHS. 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. Then once the problem is resolved:

  1) Choose “Submit to SAS” from the Action drop-down box.
  2) Click the “Confirm” button.
  3) The Status Change Confirmation Page will be displayed. Click the “Cancel” button to discard the change.
  
  or
  
  4) 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 HHS.

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:

  1) Click the “Update Form” button on the yellow Form Actions bar.
  2) Update the Date of IDD or MI Assessment.
  3) Click the “Submit Form” button. The Status Change Confirmation Page will be displayed.
4) Click the “Cancel” button to discard the change.

or

5) Enter a comment and click the “Change Status” button to process the change.

6) The status of the Completion Transaction will change to Submit to SAS indicating that it has been resubmitted to HHS 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.

Completion Transaction Processing Errors

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.

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.

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).

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 HHS 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.
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:** To search without selecting a Type of Form, you must enter Medicaid Number, SSN, or First Name and Last Name.

3) Click the “Vendor Number” drop-down box and select the appropriate vendor/provider 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.
History Trail

A History trail of the statuses for the PASRR Evaluation can be found in the History trail at the bottom of each section. The History trail 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>9:29:31 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending PASRR Eligibility</td>
<td>PE Entered Workflow</td>
</tr>
<tr>
<td>9:29:31 PM</td>
<td>TMHP: Individual's PASRR eligibility status is pending review.</td>
</tr>
<tr>
<td>Positive PASRR Eligibility</td>
<td>9:29:33 PM</td>
</tr>
<tr>
<td>Form Submitted</td>
<td>7:19:52 PM</td>
</tr>
<tr>
<td>Pending PASRR Eligibility</td>
<td>Form workflow restarted by admin.</td>
</tr>
<tr>
<td>Positive PASRR Eligibility</td>
<td>7:19:52 PM</td>
</tr>
<tr>
<td>Form Submitted</td>
<td>7:19:52 PM</td>
</tr>
<tr>
<td>Positive PASRR Eligibility</td>
<td>TMHP: Individual is eligible for specialized services provided through the PASRR program.</td>
</tr>
</tbody>
</table>

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 HHS to request a Fair Hearing for the individual.

For MN Determination on PE, four Client Medical Necessity Letters will be systematically generated based on the PE. These letters are in Appendix H of this User Guide.

The letters are:

- Client Approval (MN on PE) Letter
- Client Pending Denial (MN on PE) Letter
- Client Overturn Approval (MN on PE) Letter
- Client Overturn Denial (MN on PE) Letter

Positive PASRR Evaluation - PASRR Specialized Services (PSS) Form

Only a LIDDA can create and submit a PSS form on the LTC Online Portal. The PSS form will be where LIDDAs will document Initial, Quarterly, and Updated PSS information on the LTC Online Portal for NF residents as a result of the
Service Planning Team (SPT) meetings. The PSS form will be initiated from a positive PE where the individual is IDD or dually diagnosed (IDD and MI).

LIDDAs will have the following capabilities regarding the PSS form:

- Utilize FSI and Current Activity
- Utilize the “Print” button
- Utilize the “Add Note” button
- Utilize the “Save as Draft” button
- Utilize the “Submit Form” button
- Utilize the “Initiate PSS” button

LMHAs will have the following capabilities regarding the PSS form:

- Utilize FSI and Current Activity
- Utilize the “Print” button
- Utilize the “Add Note” button

Nursing Facilities can access PSS forms for informational purposes only on the LTC Online Portal by using FSI and Current Activity. NFs can print PSS forms that are accessible to them.

Managed Care Organizations (MCOs) can access PSS forms via Power Search and Current Activity for Service Group 1 (SG1) clients enrolled in the associated STAR+PLUS plan code. MCOs can add notes and print PSS forms that are accessible to them.

**When to Complete and Submit the PSS Form**

**Initial SPT** - Following the successful submission of a positive PASRR Evaluation (PE) for an Intellectual Disability (ID) and/or Developmental Disability (DD) on the LTC Online Portal, the assigned LIDDA PASRR Service Coordinator must facilitate the initial SPT meeting within thirty days. During the initial SPT, the LIDDA PASRR Service Coordinator completes all fields on a blank hardcopy version of the PSS form to include all of the agreed upon specialized services, and enters and submits the information on the PSS form on the LTC Online Portal within five business days of the SPT meeting. A blank PSS form can be found on the LTC Online Portal, using the Printable Forms feature on [www.tmhp.com](http://www.tmhp.com).

**Quarterly SPT** - During the quarterly SPT, which must be held every three months, the LIDDA PASRR Service Coordinator completes all fields on a blank hardcopy version of the PSS form to include all of the agreed upon specialized services and enters and submits the information on the PSS form in the LTC Online Portal within five business days of the SPT meeting.

**Updates** - When services change and/or when a LIDDA PASRR Service Coordinator has been made aware of any changes in specialized services, which occurred outside of the SPT meetings, the LIDDA PASRR Service Coordinator must submit a new PSS form. Changes that require an update include:

- Change in Medical Condition
- Change in Services
- Deceased
- Discharged
- Refusal of Service Coordination
- Transfer
- Transition (Transition must only be used when an individual has transitioned into a community program. This is not to be used for a transition planning meeting.)
How to Complete and Submit the PSS Form on the LTC Online Portal

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

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

3) Type of Form: Choose **PE: PASRR Evaluation** from the drop-down box.

4) If the Vendor Number is not already auto populated, choose the Local Authority Vendor/Provider Number combination assigned to you by HHS, from the drop-down box.

5) You can narrow the results by entering specific criteria in the additional fields (**NOTE:** the additional fields that are available to choose from will depend on the type of form you have chosen):
   - Document Locator Number (DLN)
   - Medicaid Number
   - Last Name
   - First Name
   - Form Status
   - Social Security Number (SSN)

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

7) Click the “Search” button and the LTC Online Portal will return any matching PEs. A maximum of 50 records will display at a time.

8) Click the **View Detail** link to the left of the Document Locator Number (DLN) to display the details of the positive PE you are looking for.

9) On the yellow Form Actions Bar click the “Initiate PSS” button.

10) The PASRR Specialized Services form will display. Enter all required information as required by red dots.

**NOTE:** For the Individual and for the LAR in section A1600. SPT Participation, Field C. Title, use 11. Other and in field D. Other Title put N/A.

11) When finished, you may save the PSS as a draft or click the “Submit Form” button to submit the PSS.
Reminders

- Provide pertinent information using the Add Note button.
- LTC providers are contractually obligated to follow the instructions provided in HHS Information Letters. The TMHP website at [www.tmhp.com/Pages/LTC/ltc_home.aspx](http://www.tmhp.com/Pages/LTC/ltc_home.aspx) contains HHS 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 seven 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 seven calendar days after receiving notification from the Referring Entity, Nursing Facility, or LTC Online Portal Alert.
- PSS forms must be submitted on the LTC Online Portal within five business days of the SPT meeting.
- LMHAs are required to participate in Interdisciplinary Team (IDT) meetings for positive MI only PEs. LIDDAS are required to participate in IDT meetings for IDD only PEs. Both LIDDAs and LMHAs are required to attend IDT meeting for dual MI/IDD positive PEs.
- Once the IDT meeting and Specialized Services have been documented by the NF in the IDT section of the PL1, the LA will receive an alert that an IDT confirmation is pending.
- Updates can only be completed by the LIDDA/LMHA that entered the Preadmission PL1
- 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.
HIPAA Guidelines and Provider Responsibilities

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 and password reset assistance.

Types of Calls to Refer to HHSC IDD PASRR Unit

Call HHSC IDD 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
• To have a PSS form updated, contact HHSC PASRR at PASRR.support@hhsc.state.tx.us.
• Call HHSC Contract Accountability and Oversight Unit at 512-438-2059 for PSS form questions.

Types of Issues to Refer to HHSC MI PASRR

Email pasrr@dshs.texas.gov about the following:
• Assistance/cooperation from a Hospital Referring Entity, LAHA/LBHA
• 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 HHSC PCS

Call HHSC 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>Option 1</td>
</tr>
<tr>
<td>Technical Support</td>
<td>Option 2</td>
</tr>
<tr>
<td>Fair Hearing</td>
<td>Option 3</td>
</tr>
<tr>
<td>General Inquiries, Technical Support</td>
<td>Option 4</td>
</tr>
<tr>
<td>Medical Necessity, Fair Hearing</td>
<td>Option 5</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>Consumer Rights &amp; Services Hotline</td>
<td>1-800-458-9858</td>
</tr>
<tr>
<td>Complaint for LTC Facility Agency</td>
<td>Option 2</td>
</tr>
<tr>
<td>Information about a Facility</td>
<td>Option 4</td>
</tr>
<tr>
<td>Provider Self-Reported Incidents</td>
<td>Option 5</td>
</tr>
<tr>
<td>Survey Documents/HHS Literature</td>
<td>Option 6</td>
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## Health and Human Services Commission (HHSC)

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
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<tbody>
<tr>
<td>HHSC (Individual ID Validation)</td>
<td>211</td>
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<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>
<tr>
<td>HHSC ID PASRR Unit</td>
<td>1-855-435-7180</td>
</tr>
<tr>
<td>Provider Claims Services</td>
<td>(512) 438-2200, Option 1</td>
</tr>
<tr>
<td>Provider Contracts and Vendor Holds</td>
<td>(512) 438-3544</td>
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# Informational Websites

<table>
<thead>
<tr>
<th>Texas Medicaid &amp; Healthcare Partnership (TMHP)</th>
<th>Website Address</th>
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<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:</td>
<td></td>
</tr>
<tr>
<td>Note: Instructions for providers on how to access clarification notices can also be found here.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.tmhp.com/Pages/LTC/ltc_home.aspx">www.tmhp.com/Pages/LTC/ltc_home.aspx</a></td>
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<td><a href="http://hhs.texas.gov">hhs.texas.gov</a></td>
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<tr>
<td>All HHS 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>PASRR Letters</td>
<td><a href="http://www.dads.state.tx.us/providers/pasrr/">https://www.dads.state.tx.us/providers/pasrr/</a></td>
</tr>
<tr>
<td>NF Letters</td>
<td><a href="http://www.dads.state.tx.us/providers/nf/">www.dads.state.tx.us/providers/nf/</a></td>
</tr>
<tr>
<td>Resources for HHS 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>
</tr>
</tbody>
</table>
Appendix A: Forms

PASRR Level 1 Screening

The PASRR Level 1 Screening is divided into seven sections labeled A through IDT tab. Below are images of each section.
PASRR Level 1 Screening - Section A

### Section A.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
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<tbody>
<tr>
<td>A0100.</td>
<td>Name</td>
</tr>
<tr>
<td>A0200.</td>
<td>Address</td>
</tr>
<tr>
<td>A0300.</td>
<td>NPI/API</td>
</tr>
<tr>
<td>A0400.</td>
<td>Provider No.</td>
</tr>
<tr>
<td>A0500.</td>
<td>Vendor No.</td>
</tr>
<tr>
<td>A0510.</td>
<td>County</td>
</tr>
<tr>
<td>A0600.</td>
<td>Date of Assessment</td>
</tr>
<tr>
<td>A0700.</td>
<td>Screener</td>
</tr>
<tr>
<td>A0800.</td>
<td>Position/Title</td>
</tr>
<tr>
<td>A0900.</td>
<td>Type of Entity</td>
</tr>
<tr>
<td>A1000.</td>
<td>Current Location</td>
</tr>
<tr>
<td>A1100.</td>
<td>Date of Last Physical Examination</td>
</tr>
<tr>
<td>A1200.</td>
<td>Signature</td>
</tr>
</tbody>
</table>

### Submitter Information

- **A0100. Name**: [Field]
- **A0200. Address**: A. Street Address, B. City, C. State, D. ZIP Code
- **A0300. NPI/API**: [Field]
- **A0400. Provider No.**: [Field]
- **A0500. Vendor No.**: [Field]
- **A0510. County**: [Field]

### Referring Entity Information

- **A0600. Date of Assessment**: [Field]
- **A0700. Screener**: A. First Name, B. Middle Initial, C. Last Name, D. Suffix
- **A0800. Position/Title**: [Field]
- **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
- **A1000. Current Location**: A. Name, B. Street Address, C. City, D. State, E. ZIP Code, F. Phone Number
- **A1100. Date of Last Physical Examination**: [Field]
- **A1200. Signature**: I certify that to the best of my knowledge this information is true and accurate. A. Certification of Signature, B. Signature Date
### PASRR Level 1 Screening - Section B

#### Personal Information

- **B0100.** Individual Name
  - A. First Name
  - B. Middle Initial
  - C. Last Name
  - D. Suffix

- **B0200.** Social Security and Medicare Numbers
  - A. Social Security No.
  - B. Medicare No.

- **B0300.** Medicaid No.
  - Enter ‘s’ if pending, ‘N’ if not Medicaid recipient

- **B0400.** Birth Date
  - mm/dd/yyyy

- **B0500.** Age at Time of Screening
  - 

- **B0600.** Gender
  - 

- **B0650.** Individual is deceased or has been discharged?
  - 

- **B0655.** Deceased/Discharged Date
  - mm/dd/yyyy

#### Previous Residence

- **B0700.** Previous Residence Type
  - A. Previous Residence Type
  - B. Other Residence Type
  - C. Street Address
  - D. City
  - E. State
  - F. ZIP Code
  - G. County of Residence

#### Next of Kin

- **B0800.** Next of Kin
  - A. Relationship to Individual
  - B. Other Relationship to Individual
  - C. First Name
  - D. Middle Initial
  - E. Last Name
  - F. Suffix
  - G. Phone Number
  - H. Street Address
  - I. City
  - J. State
  - K. ZIP Code

---

Submit Form
## PASRR Level 1 Screening - Section C

### PASRR Screen

#### C0100. Mental Illness
- Is there evidence or an indicator this is an individual that has a Mental Illness?

#### C0200. Intellectual Disability
- Is there evidence or an indicator this is an individual that has an Intellectual Disability?

#### C0300. 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)?

See DADS ICD 9 related condition list: [Click Here](#)
See DADS ICD 10 related condition list [Click Here](#)
On or after 10/1/2015 use DADS ICD-10 related conditions list

### Local Authority Information

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>C0400.</td>
<td>LA - MI Contract No.</td>
</tr>
<tr>
<td>C0500.</td>
<td>LA - MI Provider No.</td>
</tr>
<tr>
<td>C0600.</td>
<td>LA - MI NPI/API No.</td>
</tr>
<tr>
<td>C0700.</td>
<td>LA - IDD Provider No.</td>
</tr>
<tr>
<td>C0800.</td>
<td>LA - IDD Vendor No.</td>
</tr>
<tr>
<td>C0900.</td>
<td>LA - IDD NPI/API No.</td>
</tr>
</tbody>
</table>
PASRR Level 1 Screening - Section D

Section D.
Nursing Facility Choices

DO100.

Nursing Facilities

Enter Provider No. and Vendor No. and click lookup tool to populate NF information.

A. Provider No.
B. Vendor No.
C. NPI
D. Facility Name
E. Street Address
F. City
G. State
H. Zip Code
I. Phone
J. NF Contact First Name
K. NF Contact Middle Initial
L. NF Contact Last Name
M. NF Contact Suffix
N. NF is willing and able to serve individual
O. NF Admitted the individual
P. NF Date of Entry
Q. Comments

Submit Form

<  

>
# PASRR Level 1 Screening - Section F

## PASRR LEVEL 1 SCREENING

**Current Status:** Name: [Redacted] DLN: [Redacted] Username: [Redacted]

<table>
<thead>
<tr>
<th>Form Actions:</th>
<th>Print</th>
<th>Save as Draft</th>
<th>Print IDT</th>
</tr>
</thead>
</table>

| Section F, Section B, Section C, Section D, Section E, Section F, IDT |

### Admission Category

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F0100.</td>
<td><strong>Exempted Hospital Discharge</strong> 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)</td>
</tr>
<tr>
<td>F0200.</td>
<td><strong>Expedited Admission</strong> Does this individual meet any of the following categories for an expedited admission into the nursing facility? (Please select one category below)</td>
</tr>
</tbody>
</table>

- 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 Level 1 Screening - Interdisciplinary Team (IDT)

## IDT Meeting
- **08100. Type of IDT Meeting**
- **08200. Date of IDT Meeting**
- **08300. Individual PASRR Condition**

## IDT Participants Information
- **08400. IDT Participants**

## IDT Specialized Services
- **08500. Specialized services Indication**
- **08600. Individual Acceptance/Refusal of Specialized Services Indicated**
- **08700. List of Nursing Facility Specialized Services**
- **08800. List of LA/LMHA Specialized Services**

---

---
**Type of Durable Medical Equipment (DME)**

- Check all that apply
  - A. Gait Trainers
  - B. Standing Boards
  - C. Special Needs Car Seats or Travel Restraints
  - D. Specialized/Treated pressure reducing support surface mattresses
  - E. Positioning Wedges
  - F. Prosthetic Devices
  - G. Orthotic Devices

**Other Information**

- G1000. Individual is best served in

- G1100. Comments

**IDT Confirmation**

- G1200. LA/LMHA Specialized Services and Participation Confirmation

  The LA or LMHA agreed at the IDT meeting to the specialized services indicated above.

  - A. I am confirming the MI section
    - D. LA – MI We agree
    - E. LA – MI Attendance Type
    - F. LA – MI Participation Confirmation Comments
    - G. LA – MI Signature Date

  - H. LA – IDD We agree
  - I. LA – IDD Specialized Services Comments
  - J. LA – IDD Signature Date

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
### Personal Information

<table>
<thead>
<tr>
<th>Section</th>
<th>Field Name</th>
<th>Additional Information</th>
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</thead>
<tbody>
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<td>A2400.</td>
<td>Individual Name</td>
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<td></td>
<td></td>
<td>B. Middle Initial</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C. Last Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D. Suffix</td>
</tr>
<tr>
<td>A2500.</td>
<td>Social Security and Medicare Numbers</td>
<td>A. Social Security No.</td>
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<tr>
<td></td>
<td></td>
<td>B. Medicare No.</td>
</tr>
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<td>A2600.</td>
<td>Medicaid No.</td>
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<td>A2700.</td>
<td>Birth Date</td>
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<tr>
<td>A2800.</td>
<td>Age at Time of Screening</td>
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<tr>
<td>A2900.</td>
<td>Gender</td>
<td>D. Female</td>
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<td>A3000.</td>
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<td>Weight</td>
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<td>A3200.</td>
<td>Previous Residence</td>
<td>A. Previous Residence Type</td>
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<td>B. Other Residence Type</td>
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<tr>
<td></td>
<td></td>
<td>C. Street Address</td>
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<tr>
<td></td>
<td></td>
<td>D. City</td>
</tr>
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<td></td>
<td></td>
<td>E. State</td>
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<tr>
<td></td>
<td></td>
<td>F. Zip Code</td>
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<tr>
<td></td>
<td></td>
<td>G. County of Residence</td>
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<tr>
<td></td>
<td>H. Did the individual live with others?</td>
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<td>A3300.</td>
<td>Next of Kin</td>
<td>A. Relationship to Individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. Other Relationship to Individual</td>
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<tr>
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<td></td>
<td>C. First Name</td>
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<td></td>
<td>D. Middle Initial</td>
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<td></td>
<td>G. Phone Number</td>
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<td>H. Street Address</td>
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<td>I. City</td>
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<td>K. Zip Code</td>
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<td>A3400.</td>
<td>Additional Contact Information #1</td>
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<td>B. Other Relationship to Individual</td>
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<td></td>
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<td></td>
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### PASRR Evaluation - Section A (continued)

<table>
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<tr>
<th>A356B.</th>
<th>Additional Contact Information #2</th>
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<tbody>
<tr>
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<td>G. Phone Number</td>
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<td>H. Street Address</td>
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<td>I. City</td>
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<tr>
<td></td>
<td>J. State</td>
</tr>
<tr>
<td></td>
<td>K. Zip Code</td>
</tr>
</tbody>
</table>
## PASRR Evaluation - Section B

### Determination for PASRR Eligibility (IDD)

**B0100. Intellectual Disability**

To your knowledge, does the individual have an Intellectual Disability which manifested before the age of 18? (e.g. Mental Retardation)

**B0200. Developmental Disability**

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 OADS related condition list: [Click Here](#)

**B0300. Intervention by Law Enforcement**

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

If Type of Assessment is IDD and MI and the answer to B0100 and B0200 is No, skip to Section C.

### Specialized Services Determination/Recommendations

**B0400.** Does the individual need assistance in any of the following areas?

- [ ] A. Self-monitoring of nutritional support
- [ ] B. Self-monitoring and coordinating medical treatments
- [ ] C. Self-help with ADLs such as toileting, grooming, dressing and eating
- [ ] 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
- [ ] E. Social development to include social/recreational activities or relationships with other
- [ ] F. Academic/educational development, including functional learning skills
- [ ] G. Expressing interests, emotions, making judgments, or making independent decisions
- [ ] H. Independent living skills such as cleaning, shopping in the community, money management, laundry, accessibility within the community
- [ ] I. Vocational development, including current vocational skills
- [ ] J. Additional adaptive medical equipment or adaptive aids to improve independent functioning
- [ ] K. Speech and Language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal)
- [ ] L. Other

- [ ] M. Other Areas

- [ ] N. None of the above apply

**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

## PASRR Evaluation

<table>
<thead>
<tr>
<th>Current Status:</th>
<th>Name: [Redacted] DLN: [Redacted] Username: pasrr_usr</th>
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</thead>
<tbody>
<tr>
<td>Form Actions:</td>
<td>Print <strong>Save as Draft</strong></td>
</tr>
</tbody>
</table>

### Section C

**TO BE COMPLETED FOR INDIVIDUALS SUSPECTED OF HAVING MENTAL ILLNESS**

**C0050. I am completing the MI section**

**Determination for PASRR Eligibility (MI)**

<table>
<thead>
<tr>
<th>C0100. Primary Diagnosis of Dementia</th>
<th>Does this individual have a PRIMARY diagnosis of Dementia?</th>
</tr>
</thead>
<tbody>
<tr>
<td>C0200. Severe Dementia Symptoms</td>
<td>Are the individual's Dementia symptoms so severe that they cannot be expected to benefit from PASRR Specialized Services?</td>
</tr>
</tbody>
</table>

**C0300. Mental Illness**

- Check all that apply
  - 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

**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

### Recent Occurrences

<table>
<thead>
<tr>
<th>C0500. Inpatient Psychiatric Treatment</th>
<th>Has this individual experienced a psychiatric treatment more intensive than outpatient care more than once in the past 2 years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>C0600. Disruption to normal living situation</td>
<td>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?</td>
</tr>
<tr>
<td>C0700. Intervention by Law Enforcement</td>
<td>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)</td>
</tr>
<tr>
<td>C0800. Based on the QMHP assessment, does the individual meet the PASRR definition of mental illness?</td>
<td>Yes No</td>
</tr>
</tbody>
</table>
PASRR Evaluation - Section C (continued)

### Specialized Services Determination/Recommendations

**C9000.** Does the individual need assistance in any of the following areas?  
Check all that apply

- A. Self-monitoring of health status
- B. Self-administering of medical treatment
- C. Self-scheduling of medical treatment
- D. Self-monitoring of medications
- E. Self-monitoring of nutritional status
- F. Self-help with ADLs such as appropriate dressing and appropriate grooming
- G. Independent Living such as supported housing
- H. Management of money
- I. Vocational development, including current vocational skills
- J. Psychological evaluation - for individuals who are suspected of having mental illness, but no diagnosis is available
- K. Discharge Planning - assessment, planning, facilitation of discharge (may only be delivered within 180 days or less, before planned discharge)
- L. Other

**Other areas**

- M. Other areas

- N. None of the above apply

**C1000.** Recommended Services Provided/Coordinated by Local Authority

Add Recommended Specialized Service

[Submit Form]
### PASRR Evaluation - Section D

<table>
<thead>
<tr>
<th>Section D</th>
<th>Nursing Facility Level of Care Assessment Evaluation of History and Physical Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0100.</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>D0200.</td>
<td>Medications</td>
</tr>
<tr>
<td>D0300.</td>
<td>Medication Allergies</td>
</tr>
<tr>
<td>D0400.</td>
<td>Number of hospitalizations in the last 90 days</td>
</tr>
<tr>
<td>D0500.</td>
<td>Number of emergency room visits in the last 90 days (include all emergency visits)</td>
</tr>
<tr>
<td>D0600.</td>
<td>Is this individual a danger to himself/herself?</td>
</tr>
<tr>
<td>D0700.</td>
<td>Is this individual a danger to others?</td>
</tr>
<tr>
<td>D0800.</td>
<td>Is this individual known to demonstrate self-injurious behaviors?</td>
</tr>
<tr>
<td>D0900.</td>
<td>Does the NF supervision and structure mitigate danger to self or others?</td>
</tr>
<tr>
<td>D1000.</td>
<td>Terminal Illness</td>
</tr>
<tr>
<td>D1100.</td>
<td>Hospice</td>
</tr>
<tr>
<td>D1200.</td>
<td>Does this individual require pacemaker monitoring?</td>
</tr>
<tr>
<td>D1300.</td>
<td>Does this individual have an internal defibrillator?</td>
</tr>
<tr>
<td>D1400.</td>
<td>Tracheostomy Care</td>
</tr>
<tr>
<td>D1500.</td>
<td>Does this individual require a ventilator or respirator on a continuous basis to breathe?</td>
</tr>
<tr>
<td>D1600.</td>
<td>Does this individual require a ventilator or respirator to breathe at least one time every day?</td>
</tr>
<tr>
<td>D1700.</td>
<td>Oxygen Therapy</td>
</tr>
<tr>
<td>D1800.</td>
<td>Does this individual have any Special Ports/Central Lines/PICC?</td>
</tr>
<tr>
<td>D1900.</td>
<td>Does this individual receive any treatments by injection?</td>
</tr>
<tr>
<td>D2000.</td>
<td>Pressure Ulcers</td>
</tr>
<tr>
<td>D2100.</td>
<td>Other Ulcers, wounds or skin issues</td>
</tr>
<tr>
<td>D2200.</td>
<td>Is this individual in a coma (persistent vegetative state or no discernible consciousness)?</td>
</tr>
<tr>
<td>D2300.</td>
<td>Memory Loss</td>
</tr>
</tbody>
</table>

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

**Form Actions:** [Print] [Save as Draft] [Section A.] [Section B.] [Section C.] [Section D.] [Section E.] [Section F.] [Authorization]
PASRR Evaluation - Section D (continued)

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<thead>
<tr>
<th></th>
<th>Developmental Level</th>
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<tbody>
<tr>
<td></td>
<td>A. Is the individual's developmental level normal for their chronological age?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. If No, at what developmental level is the individual functioning?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Orientation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Is the individual oriented to person?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. Is the individual oriented to place?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C. Is the individual oriented to time?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Is there any documentation that indicates that the individual has an appliance assisting with bladder or bowel function</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check all that apply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A. Indwelling catheter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. External catheter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C. Ostomy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D. Intermittent catheteranization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E. None of the above</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F. Unknown</td>
<td></td>
</tr>
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</table>

[Submit Form]
# PASRR Evaluation - Section E

## Section E

### Nursing Facility Level of Care Assessment

### Evaluation of History and Physical Information

<table>
<thead>
<tr>
<th>Code</th>
<th>Question / Description</th>
</tr>
</thead>
</table>
| 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/Dysorientation                                                            |
|       | H. Assault by Resident or Staff                                                       |
| E0200 | Does this individual have a history of medication error, non-compliance with self-medication regimen or drug seeking? |
| E0300 | Which option best describes the individual's speech pattern?  
Consider both verbal and non-verbal expressions |
| E0400 | Which option best describes the individual's ability to express ideas and wants?  
Understanding verbal content, however able, with a hearing aid or device if applicable |
| E0500 | Does this individual have an impaired mental status?  
If yes, how severe is the impairment? |
| E0600 | Does this individual have a hearing impairment? |
| E0700 | Does this individual have a vision impairment? |
| E0800 | Does this individual typically reject attempts at evaluation and assistance that are necessary to achieve goals for health and well being? |
| E0900 | Pain Management  
A. Is there an indication that the individual currently has issues with pain?  
B. If yes, how severe is the pain?  
C. If yes, what frequency is the pain occurring? |

---

100

v2017_0825
PASRR Evaluation - Section E (continued)

Instructions for Rule of 3

*When an activity occurs three times at any one given level, code that level.
*When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require 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 three 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 furniture
   - 1. Support
   - 2. Support

2. Support
   - 1. Self-Performance
   - B. Walk in room - how individual walks between locations in his/her room
   - 1. Support
   - 2. Support

1. Self-Performance
   - C. Walk in hallway - how individual walks in hallway or unit
   - 1. Support
   - 2. Support

2. Support
   - 1. Self-Performance
   - 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
   - 1. Support
   - 2. Support

1. Self-Performance
   - E. Locomotion Off Unit Or In Home - how individual moves to or returns from distant areas in his/her home (e.g. areas set aside for dining, activities or treatments). If facility has only one floor, how individual moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair
   - 1. Support
   - 2. Support

1. Self-Performance
   - F. Dressing - how individual puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and house dresses.
   - 1. Support
   - 2. Support

2. Support
   - 1. Self-Performance
   - G. Eating - how individual eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)
   - 1. Support
   - 2. Support

1. Self-Performance
   - H. Toilet use - how individual uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal or bedside commode, catheter bag or ostomy bag
   - 1. Support
   - 2. Support

1. Self-Performance
   - I. Medication Management - level of assistance the individual needs to take prescribed medications
   - 1. Support
   - 2. Support

1. Self-Performance
   - J. Transfer - how individual moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)
   - 1. Support
   - 2. Support

E1500. Appropriate Placement
   - A. Is placement in an NF appropriate for this individual at this time?
   - 1. Support
   - 2. Support

   - B. Exploration 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

Current Status: Name: [Redacted] DLN: [Redacted]

Form Actions: Print Save as Draft

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

Section F
Return to Community Living

F0100. Did the Individual or LAR participate in this assessment discussion?

F0200. Information And Expectations
- A. Has 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)?
- B. Does this individual/LAR expect to return to live in the community either following a short term stay in the nursing facility or at some point in the future?

F0300. Employment
- A. Has this individual been employed in the past 12 months?
- B. If Yes, what was the occupation?

F0400. Community-based Services
Did this individual receive community-based services? Check all that apply
- A. Adult Foster Care
- B. Community Attendant Services
- C. Community Based Alternative Program (CBA)
- D. Community Living Assistance and Support Services (CLASS)
- E. Consumer Managed Personal Assistance Services (CMAPAS)
- F. Day Activity and Health Services (DAHS)
- G. Deaf Blind with Multiple Disabilities (DBMD)
- H. Emergency Response Services
- I. Home and Community Based Services (HCS)
- J. In Home and Family Support Services
- K. Medically Dependent Children's Program (MDCP)
- L. Primary Home Care
- M. Psychological Rehabilitation
- N. STAR+PLUS
- O. Substance Use Treatment Services
- P. Texas Home Living (THLW)
- Q. Youth Empowerment Services (YES) Waiver
- R. None of the above
- S. Unknown
- T. Other

- U. Other community-based services

F0500. Would this individual like to live somewhere other than a Nursing Facility?

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
### PASRR Evaluation - Section F (continued)

**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 (CBAP)
  - 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 (HCBS)
  - 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 (T wiel)
  - R. Youth Empowerment Services (YES) Waiver
  - S. None of the above
  - T. Unknown
  - U. Other

- V. Other community-based services

---

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

- Check all that apply
  - 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
PASRR Evaluation - Section F (continued)

PASRR Evaluation - Authorization Section
Nursing Facility Specialized Services (NFSS)

Resident/NF - Section A

Authorization Request for PASRR NF Specialized Services (NFSS)

<table>
<thead>
<tr>
<th>Current Status: Unsubmitted</th>
<th>Name:</th>
<th>DLN: 0</th>
<th>Username:</th>
</tr>
</thead>
</table>

**Resident/NF**

<table>
<thead>
<tr>
<th>A0100.</th>
<th>Resident's Name</th>
<th>A. First Name</th>
<th>B. Middle Initial</th>
<th>C. Last Name</th>
<th>D. Suffix</th>
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</thead>
</table>

|--------|---------------------------------------|------------------------|-----------------|

<table>
<thead>
<tr>
<th>A0300.</th>
<th>Medicaid No.</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>A0400.</th>
<th>Birth Date and Age</th>
<th>A. Birth Date</th>
<th>B. Age at Time of Submission</th>
</tr>
</thead>
</table>

**Legally Authorized Representative (LAR) Information**

<table>
<thead>
<tr>
<th>A0500.</th>
<th>Resident's LAR Name</th>
<th>A. First Name</th>
<th>B. Last Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>A0600.</th>
<th>Resident's LAR Address and Phone Number</th>
<th>A. Street Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B. City</th>
<th>C. State</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>D. ZIP Code</th>
<th>E. Phone No.</th>
</tr>
</thead>
</table>
### Resident/NF - Section A (continued)

#### Nursing Facility Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0700. Nursing Facility</td>
<td></td>
</tr>
<tr>
<td>A. Provider No.</td>
<td></td>
</tr>
<tr>
<td>B. Vendor No.</td>
<td></td>
</tr>
<tr>
<td>C. NPI/API No.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0800. Nursing Facility Address</td>
<td></td>
</tr>
<tr>
<td>A. Street Address</td>
<td></td>
</tr>
<tr>
<td>B. City</td>
<td></td>
</tr>
<tr>
<td>C. State</td>
<td>Texas (TX)</td>
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<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>A0900. Nursing Facility Phone and FAX Number</td>
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</tr>
<tr>
<td>A. Phone No.</td>
<td></td>
</tr>
<tr>
<td>B. FAX No.</td>
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#### LIDDA and LMHA Information

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<th>Field</th>
<th>Value</th>
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<tr>
<td>A. Provider No.</td>
<td></td>
</tr>
<tr>
<td>B. Vendor No.</td>
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</tr>
<tr>
<td>C. NPI/API No.</td>
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</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
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<td>A1100. LMHA</td>
<td></td>
</tr>
<tr>
<td>A. Provider No.</td>
<td></td>
</tr>
<tr>
<td>B. Vendor No.</td>
<td></td>
</tr>
<tr>
<td>C. NPI/API No.</td>
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#### Type of Service Requested

<table>
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<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2000. Request Type</td>
<td>Select from only 1 category CMWC, DME, or Habilitative Therapies</td>
</tr>
<tr>
<td>A2100. CMWC Service Type</td>
<td></td>
</tr>
<tr>
<td>A2200. DME Service Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2210. Requested DME item</td>
<td>Select all that apply</td>
</tr>
<tr>
<td>A. Gait Trainer</td>
<td></td>
</tr>
<tr>
<td>B. Orthotic Device</td>
<td></td>
</tr>
<tr>
<td>C. Positioning Wedge</td>
<td></td>
</tr>
<tr>
<td>D. Prosthetic Device</td>
<td></td>
</tr>
<tr>
<td>E. Special Needs Car Seat or Travel Restraint</td>
<td></td>
</tr>
<tr>
<td>F. Specialized or Treated Pressure-Reducing Support Surface Mattress</td>
<td></td>
</tr>
<tr>
<td>G. Standing Board/Frame</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2300. Habilitative Therapies</td>
<td>Select all that apply</td>
</tr>
<tr>
<td>A. Occupational Therapy (OT)</td>
<td></td>
</tr>
<tr>
<td>B. Physical Therapy (PT)</td>
<td></td>
</tr>
<tr>
<td>C. Speech Therapy (ST)</td>
<td></td>
</tr>
</tbody>
</table>
# CMWC/DME Assessment - Section B

## Authorization Request for PASRR NF Specialized Services (NFSS)

**Current Status:** Unsubmitted  
**Name:** [Redacted]  
**DLN:** 0  
**Username:** [Redacted]

### CMWC/DME Assessment

<table>
<thead>
<tr>
<th>Resident/NF</th>
<th>CMWC/DME Assessment</th>
<th>CMWC Request</th>
<th>Gait Trainer</th>
<th>Orthotic Device</th>
<th>Car Seat/Travel Restraint</th>
<th>Mattress</th>
<th>Positioning Wedge</th>
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<tbody>
<tr>
<td>Prosthetic Device</td>
<td>Standing Board/Frame</td>
<td>OT Assessment</td>
<td>OT Service</td>
<td>PT Assessment</td>
<td>PT Service</td>
<td>ST Assessment</td>
<td>ST Service</td>
</tr>
</tbody>
</table>

#### Therapist Identifying Information

**B0100. Therapist’s Name**

A. First Name  
B. Last Name

**B0200. Therapist’s License**

A. License Type  
B. License No.  
C. License State

**B0300. Is the Therapist employed by the Nursing Facility?**

Y

**B0400. Therapist’s Employer Name**


**B0500. Therapist’s Employer Address**

A. Street Address

B. City  
C. State

D. ZIP Code

**B0600. Therapist’s Phone and FAX Number**

A. Phone No.  
B. FAX No.

**B0700. Therapist’s Signature Date**

**Date of Assessment**

**B0800. Date of Assessment**

**Postural Control**

**B0900. Postural Control**

A. Head Control  
B. Trunk Control  
C. Upper Extremities  
D. Lower Extremities

Select One

Select One

Select One

Select One
# CMWC/DME Assessment - Section B (continued)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Questions</th>
</tr>
</thead>
</table>
| 81000 | Skin Condition History | A. Is there a history of decubitus/skin breakdown?  
B. If Yes, explain: |
| 81100 | Current Skin Condition | A. Is there a current decubitus/skin breakdown?  
B. If Yes, explain and include the wound stage and wound dimensions of each current site: |
| 81200 | Orthopedic Conditions | Describe orthopedic conditions and/or range of motion limitations requiring special consideration (e.g. contractures, degree of spinal curvature, etc.): |
| 81300 | Other Physical Limitations | Describe other physical limitations or concerns (i.e. respiratory): |
| 81400 | Recent Medical Changes | Describe any recent or expected changes in medical/physical/functional status: |
| 81500 | Anticipated Surgery | A. Is surgery anticipated?  
B. If Yes, indicate the expected date  
C. If Yes, describe the procedure |
### Neurological Factors

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1600</td>
<td>Muscle Tone</td>
</tr>
<tr>
<td></td>
<td><strong>A.</strong> Indicate resident’s muscle tone:</td>
</tr>
<tr>
<td></td>
<td>![Image]</td>
</tr>
<tr>
<td></td>
<td><strong>B.</strong> Describe resident’s muscle tone:</td>
</tr>
<tr>
<td></td>
<td>![Image]</td>
</tr>
<tr>
<td></td>
<td><strong>C.</strong> Describe active movements affected by muscle tone:</td>
</tr>
<tr>
<td></td>
<td>![Image]</td>
</tr>
<tr>
<td></td>
<td><strong>D.</strong> Describe passive movements affected by muscle tone:</td>
</tr>
<tr>
<td></td>
<td>![Image]</td>
</tr>
<tr>
<td></td>
<td><strong>E.</strong> Describe reflexes present:</td>
</tr>
<tr>
<td></td>
<td>![Image]</td>
</tr>
</tbody>
</table>

### Functional Assessment

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1700</td>
<td>Current Ambulation</td>
</tr>
<tr>
<td></td>
<td><strong>A.</strong> Ambulatory Status:</td>
</tr>
<tr>
<td></td>
<td>![Image]</td>
</tr>
<tr>
<td></td>
<td><strong>B.</strong> No. of feet</td>
</tr>
<tr>
<td></td>
<td>![Image]</td>
</tr>
<tr>
<td></td>
<td><strong>C.</strong> Is the resident dependent upon a wheelchair or walker for ambulation?</td>
</tr>
<tr>
<td></td>
<td>![Image]</td>
</tr>
<tr>
<td></td>
<td><strong>D.</strong> If yes, describe the level of dependence. If No, describe the resident’s ability to ambulate.</td>
</tr>
<tr>
<td></td>
<td>![Image]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>B1800</td>
<td>Ambulation Potential</td>
</tr>
<tr>
<td></td>
<td><strong>A.</strong> Indicate ambulation potential:</td>
</tr>
<tr>
<td></td>
<td>![Image]</td>
</tr>
<tr>
<td></td>
<td><strong>B.</strong> No. of years</td>
</tr>
<tr>
<td></td>
<td>![Image]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B2000</td>
<td>Feeding</td>
</tr>
</tbody>
</table>
## CMWC/DME Assessment - Section B (continued)

### 82100. Feeding
- **A. Is the resident tube fed?**
  - [ ]
- **B. If Yes, explain:**
  - 

### 82200. Dressing:
- [ ]

### Education/Vocational Setting

#### 82300. Current Education/Vocational Setting
- **A. Does the resident have a current education/vocational setting?**
  - [ ]
- **B. If Yes, Name of education/vocational site:**
  - 
- **C. If Yes, has a therapist from the education/vocational setting been involved in this assessment?**
  - [ ]

#### 82310. Other Therapist from Education/Vocational Setting
- **A. First Name**
- **B. Last Name**
- **C. Phone No.**

### Referring Physician Identifying Information

#### 82400. Physician’s Information
- **A. Last Name**
- **B. License State**
- **C. License No.**
- **D. Military Spec Code**
- **E. Date Resident Last Seen**
- **F. Signature Date**
- **G. Physician’s Additional Comments**

Note: The following Physician information is required if Physician is not licensed in Texas.

#### 82500. Physician’s Information
- **First Name**

#### 82600. Physician’s Address and Phone Number
- **A. Street Address**
- **B. City**
- **C. State**
- **D. ZIP Code**
- **E. Phone No.**
CMWC/DME Assessment - Section B (continued)

### Upload Attachments

Required Document

- **CMWC/DME - Signature page**

Click here to Upload Documents

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Supported file types: PDF, Image (JPG, TIF, PNG), MS Word, MS Excel, and RTF.

Successful Attachments

### Authorization

**RS006 - Assessment**

<table>
<thead>
<tr>
<th>A. PTID</th>
<th>B. Status</th>
<th>C. Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**D. Reason Code**

- 1. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item.
- 2. Other

**E. If Other**

**F. Date of Assessment**

Confirm

Submit Form
CMWC Request - Section C

Authorization Request for PASRR NF Specialized Services (NFSS)

| Current Status: Unsubmitted | Name: | DLN: 0 | Username: |

**Form Actions:** Print Save as Draft

<table>
<thead>
<tr>
<th>Resident/NF</th>
<th>CMWC/DME Assessment</th>
<th>CMWC Request</th>
<th>Gait Trainer</th>
<th>Orthotic Device</th>
<th>Car Seat/Travel Restraint</th>
<th>Mattress</th>
<th>Positioning Wedge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prosthetic Device</td>
<td>Standing Board/Frame</td>
<td>OT Assessment</td>
<td>OT Service</td>
<td>PT Assessment</td>
<td>PT Service</td>
<td>ST Assessment</td>
<td>ST Service</td>
</tr>
</tbody>
</table>

**CMWC Request**

- **Current Seating Equipment**

  **C0100.** Current Seating System

  A. Does the resident have a current seating system?

  - [ ] Yes
  
  B. Describe the resident’s current seating system, including the mobility base and age of the system/base.

  - 

  C. Describe wheelchair type:

  - 

  D. Date of Purchase

  - 

  E. Describe why the current seating system does not meet the resident’s needs.

  - 

- **Requested Customized Seating Equipment**

  **C0200.** Describe the seating system that is being requested and how it must be customized to meet the resident’s specific medical needs.

  - 

  **C0300.** Describe the mobility base that is being requested.

  - 

  **C0400.** Describe the medical necessity for the requested customized seating system.

  - 

  **C0500.** Describe any anticipated modifications/changes to the requested equipment within the next five years.

  -
CMWC Request - Section C (continued)

- **Measuring Worksheet**
  
  **C0700.** Measurements Completed by:
  
  A. First Name  
  B. Last Name
  
  c. Title

  **C0800.** Measurements:
  
  A. Measurement Date  
  B. Height (in inches)  
  C. Weight (in pounds)

  **C0900.** All measurements should be recorded in inches
  
  A. Top of Head to bottom of buttocks  
  B. Top of shoulder to bottom of buttocks  
  C. Armpit to bottom of buttocks  
  D. Elbow to bottom of buttocks  
  E. Back of buttocks to back of knee  
  F. Foot length
  
  G. Head width  
  H. Shoulder width
  
  I. Armpit to armpit  
  J. Hip width
  
  K. Distance to bottom of left leg (popliteal to heel)  
  L. Distance to bottom of right leg (popliteal to heel)

  **M.** Additional Comments/Observations:

- **Environmental Assessment**
  
  **C1000.** Is the resident's living environment accessible and safe for the use of the CMWC requested?

  **C1100.** CMWC Transport
  
  A. Will the CMWC need to be transported?

  B. If Yes, describe how the item will be transported:

  **C1200.** Is the education/vocational site accessible to the requested CMWC?

  **C1300.** Are ramps available at the education/vocational site?

  **C1400.** Additional comments and observations of education/vocational therapist:
CMWC Request - Section C (continued)

Supplier Information and MSRP Quote - CMWC Request

Supplier Information

C1500. Supplier’s Business Name

C1600. Supplier’s Representative Completing Form

A. First Name

B. Last Name

C1700. Supplier’s Address

A. Street Address

B. City

C. State

D. ZIP Code

C1800. Supplier’s Phone and FAX Number

A. Phone No.

B. FAX No.

Itemized Manufacturer’s Suggested Retail Price (MSRP) Quote

C1900. Itemized Price Quote

A. Number of Items to Add

Add Additional Item

B. Item No.

C. HCPCS Code

D. Description of Item

E. Item Price

F. Quantity

G. Total Price

H. Approved Price

* Item Price must be based on MSRP.

I. Total Amount of All Items Requested

1. $ 0.00

2. $ 0.00

J. Minus 18%

1. $ 0.00

2. $ 0.00

K. Grand Total

1. $ 0.00

2. $ 0.00

Receipt Certification

Upon receipt of a CMWC, the authorizing therapist must verify that the CMWC meets the needs of the individual and that the specifications are as intended in accordance with HHSC rules and policies. This section to be filled out for each item requested and received.

Therapist Certification of Delivered CMWC

By signing the attachment, the therapist is certifying that the CMWC meets the needs of the individual and that the specifications are as intended in accordance with HHSC rules and policies. An attachment must be completed for each item requested and received.

C4300. Therapist’s Name

A. First Name

B. Last Name

C4400. Therapist’s License

A. License Type

B. License No.

C4500. Therapist’s Certification Date

NF Administrator Certification of Delivered CMWC

By signing the attachment, the NF Administrator is attesting that the CMWC has been delivered as prescribed in the assessment to an individual who is a resident in the facility.

C4600. NF Administrator’s Name

A. First Name

B. Last Name

C4700. CMWC Received Date

C4800. NF Administrator’s Certification Date
CMWC Request - Section C (continued)

### Upload Attachments

**Required Document**

- CMWC - Supplier Acknowledgement and Signature page
- CMWC - Receipt Certification

**Click here to Upload Documents**

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**Successful Attachments**

### Authorization

**CMWC Request**

<table>
<thead>
<tr>
<th>A. PTID</th>
<th>B. Status</th>
<th>C. Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**D. Reason Code**

- 1. Five years has not elapsed since the date of purchase of the previous item of this type
- 2. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item
- 3. The therapist's assessment indicates the resident will not benefit from a customized manual wheelchair at this time
- 4. Other

**E. If Other**

**F. Date of Assessment**

**G. Total Approved Price**

$ 0.00

**Confirm**

**Submit Form**
Gait Trainer - Section D

Authorization Request for PASRR NF Specialized Services (NFSS)

Form Actions:
Print Save as Draft

Gait Trainer

Environmental Assessment - Gait Trainer

D1000. Environment and Transport
A. Is the resident's living environment accessible and safe for the use of the DME item requested?

B. Will the DME item need to be transported?

C. If Yes, describe how the DME item will be transported:

D1100. DME Site Accessibility
A. Was a DME similar to the one requested used at this site?

B. If Yes, is the site accessible and safe for the use of the DME item?

D1200. Additional comments and observations of education/vocational therapist for this DME item:

Current DME Item - Gait Trainer

D1300. Does the resident have a current DME item or items?

D1310. Describe the resident's current DME item(s) (if the item requested is a replacement), including the type and the age of the item:

D1320. Describe why the current DME item(s) does/does not meet the resident's needs:
Gait Trainer - Section D (continued)

- Requested DME Item - Gait Trainer
  D1400. Describe the DME item being requested:
  
  D1410. Describe the medical necessity for the requested DME item:
  
  D1420. Describe any anticipated modifications/changes to the DME item within the next five years:
  
  D1430. Describe any equipment the resident must access on a regular basis and the effect, if any, this has on the use of the requested DME item (i.e. augmented communication device, wheelchair, other):

- Supplier Information and MSRP Quote - Gait Trainer
  Supplier Information
  D1500. Supplier’s Business Name
  
  D1510. Supplier’s Representative Completing Form
  A. First Name  B. Last Name
  
  D1520. Supplier’s Address
  A. Street Address  
  B. City  C. State
  
  D. ZIP Code
  
  D1530. Supplier’s Phone and FAX Number
  A. Phone No.  B. FAX No.

- Itemized Manufacturer’s Suggested Retail Price (MSRP) Quote
  D1600. Itemized Price Quote
  A. Number of Items to Add
  
  B. Item No.  C. HCPCS Code  D. Description of Item  E. Item Price*  F. Quantity  G. Total Price  H. Approved Price
  
  * Item Price must be based on MSRP.
  
  1. Total Amount of All Items Requested
  1. $ 0.00  2. $ 0.00
  
  2. J. Minus 18%
  1. $ 0.00  2. $ 0.00
  
  3. K. Grand Total
  1. $ 0.00  2. $ 0.00
**Gait Trainer - Section D (continued)**

**Receipt Certification**
Upon receipt of the DME, the authorizing therapist must verify that the DME meets the needs of the individual and that the specifications are as intended in accordance with HHSC rules and policies. This section to be filled out for each item requested and received.

**Therapist Certification of Delivered Gait Trainer**
By signing the attachment, the therapist is certifying that the DME meets the needs of the individual and that the specifications are as intended in accordance with HHSC rules and policies. An attachment must be completed for each item requested and received.

<table>
<thead>
<tr>
<th>D1600. Therapist's Name</th>
<th>A. First Name</th>
<th>B. Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>D1610. Therapist's License</th>
<th>A. License Type</th>
<th>B. License No.</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>D1620. Therapist's Certification Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**NF Administrator Certification of Delivered Gait Trainer**
By signing the attachment, the NF Administrator is attesting that the DME has been delivered as prescribed in the assessment to an individual who is a resident in the facility.

<table>
<thead>
<tr>
<th>D1630. NF Administrator's Name</th>
<th>A. First Name</th>
<th>B. Last Name</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>D1640. Gait Trainer Received Date</th>
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</table>

<table>
<thead>
<tr>
<th>D1650. NF Administrator's Certification Date</th>
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<tbody>
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<td></td>
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</table>

**Upload Attachments**
Required Document

- Gait Trainer - Supplier Acknowledgement and Signature page
- Gait Trainer - Receipt Certification

[Click here to Upload Documents]

Up to 10 files can be uploaded, at any time. Files cannot exceed 10mb per file. Supported file types: PDF, Image (JPG, TIF, PNG), MS Word, MS Excel, and RTF.

**Successful Attachments**

**Authorization**

<table>
<thead>
<tr>
<th>D8100. Gait Trainer</th>
<th>A. PTID</th>
<th>B. Status</th>
<th>C. Action</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>D. Reason Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Five years has not elapsed since the date of purchase of the previous item of this type</td>
</tr>
<tr>
<td>2. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item</td>
</tr>
<tr>
<td>3. Other</td>
</tr>
</tbody>
</table>

**E. If Other**

<table>
<thead>
<tr>
<th>F. Date of Assessment</th>
<th>G. Total Approved Price</th>
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</thead>
<tbody>
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<td></td>
<td>$ 0.00</td>
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</tbody>
</table>
## OT Assessment - Section E

### Authorization Request for PASRR NF Specialized Services (NFSS)

**Current Status:** Unsubmitted  
**Name:** [Redacted]  
**DLN:** 0  
**Username:** [Redacted]

### Form Actions:
- Print
- Save as Draft

### OT Assessment

#### Authorization Type
- E0100. Occupational Therapy Authorization Type:

<table>
<thead>
<tr>
<th>Prosthetic Device</th>
<th>Standing Board/Frame</th>
<th>OT Assessment</th>
<th>OT Service</th>
<th>PT Assessment</th>
<th>PT Service</th>
<th>ST Assessment</th>
<th>ST Service</th>
<th>Auth Summary</th>
</tr>
</thead>
</table>

#### Therapist Identifying Information

- E0200. Therapist’s Name
- A. First Name
- B. Last Name

- E0300. Therapist’s License
- A. License Type
- B. License No.
- C. License State

- E0400. Is the Therapist employed by the Nursing Facility?

- E0500. Therapist’s Employer Name

- E0600. Therapist’s Employer Address
- A. Street Address
- B. City
- C. State
- D. ZIP Code

- E0700. Therapist’s Phone and FAX Number
- A. Phone No.
- B. FAX No.

- E0800. Therapist’s Signature Date

#### Date of Assessment - Occupational Therapy
- E0900. Date of Assessment

---
# OT Assessment - Section E (continued)

<table>
<thead>
<tr>
<th>Therapy Assessment - Occupational Therapy</th>
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<tbody>
<tr>
<td>£1100. Treating impairment or dysfunction</td>
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</tr>
<tr>
<td>£1200. Initial Assessment/Current Level of Function and Underlying Impairments</td>
<td></td>
</tr>
<tr>
<td>£1300. Clinical Impressions</td>
<td></td>
</tr>
<tr>
<td>£1400. Reason for Skilled Services</td>
<td></td>
</tr>
<tr>
<td>£1500. Skilled Intervention Focus</td>
<td></td>
</tr>
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</table>

## Upload Attachments

Required Document

- Occupational Therapy - Signature page

[Click here to Upload Documents]

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[Successful Attachments]

## Authorization

<table>
<thead>
<tr>
<th>G1000. Occupational Therapy Assessment</th>
<th>A. PTID</th>
<th>B. Status</th>
<th>C. Action</th>
</tr>
</thead>
</table>

D. Reason Code
- 1. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item
- 2. Other
- E. If Other

F. Date of Assessment

[Confirm]

[Submit Form]
Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Unsubmitted  Name: [Redacted]  DLN: 0  Username: [Redacted]

Form Actions:
Print  Save as Draft

OT Service

- Therapy Treatment Plan - Occupational Therapy
  E1600. Diagnosis
  Add Diagnosis
  E1700. Long-Term Goals
  E1800. Short-Term Goals

- Recommended Habilitation - Occupational Therapy
  E1900. Recommended Habilitation
  A. Frequency: No. of times per week
  B. Duration: length of treatment
  C. Intensity: No. of times per day the therapist provides treatment

- Referring Physician Identifying Information - Occupational Therapy
  E2000. Physician’s Information
  A. Last Name
  B. License State
  C. License No.
  D. Military Spec Code
  E. Date Resident Last Seen
  F. Signature Date

Note: The following Physician information is required if Physician is not licensed in Texas.
  E2100. Physician’s Information
  First Name

  E2200. Physician’s Address and Phone Number
  A. Street Address
  B. City
  C. State
  D. ZIP Code
  E. Phone No.
OT Service - Section E (continued)

Upload Attachments

Required Document

- Occupational Therapy - Signature page

Click here to Upload Documents

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Successful Attachments

Authorization

C2000  Occupational Therapy

A. PTID
B. Status
C. Action

D. Reason Code

- 1. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item
- 2. The therapy assessment indicates the resident will not benefit from therapy at this time
- 3. Other

E. If Other

F. Date of Assessment
G. Begin Date
H. End Date
I. Units Per Week

Confirm

Submit Form
Appendix B: Form and PTID Statuses

The form and PASRR Transaction Identifier (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 table below shows the PTID statuses broken out by PASRR Level 1 Screening, PASRR Evaluation, and PSS.

<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 the 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>Form Submitted</td>
<td>The PASRR Level 1 has been successfully submitted to the LTC Online Portal.</td>
</tr>
</tbody>
</table>
### PASRR Evaluation Screening Statuses

<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.</td>
</tr>
</tbody>
</table>

### PASRR Specialized Services (PSS)

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form Submitted</td>
<td>The PSS has been successfully submitted to the LTC Online Portal. A DLN has been assigned to the PSS.</td>
</tr>
</tbody>
</table>

The PTID Statuses for the PE are located on the PASRR Evaluation Authorization tab, with the PTID Transaction Statuses shown in the PTID Status column (H0100B and H0200B). The IDD PTID Status and the MI PTID Status are shown separately. For the NFSS, the PTID and the associated Status are located in the “A. PTID” and “B. Status” fields of the “Authorization” section on the individual Request tabs.

### PTID Transaction Statuses

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved (NFSS Only)</td>
<td>PTID is Approved by DADS PASRR Reviewer</td>
</tr>
<tr>
<td>Coach Pending More Info</td>
<td>PTID is awaiting additional info by the PCS</td>
</tr>
<tr>
<td>Coach Review</td>
<td>PTID is under review by a PCS Coach</td>
</tr>
<tr>
<td>Documented / Complete (NFSS Only)</td>
<td>Assessment PTID has successfully completed processing</td>
</tr>
<tr>
<td>Denial Overturned (NFSS Only)</td>
<td>Denial of the PTID has been overturned or PTID is approved at Fair Hearing</td>
</tr>
<tr>
<td>Denial Upheld (NFSS Only)</td>
<td>Denial of the PTID has been upheld or PTID is Denied at Fair Hearing</td>
</tr>
<tr>
<td>Denied (NFSS Only)</td>
<td>PTID has been denied by DADS PASRR Reviewer</td>
</tr>
<tr>
<td>Denied No FH (NFSS Only)</td>
<td>PTID is Denied and no Fair Hearing is available</td>
</tr>
<tr>
<td>FH Expired (NFSS Only)</td>
<td>Time period for requesting a Fair Hearing has expired</td>
</tr>
<tr>
<td>Inactivated (NFSS Only)</td>
<td>PTID is Inactivated by DADS PASRR Reviewer</td>
</tr>
<tr>
<td>Incomplete</td>
<td>Indicates an incomplete EDI form submission. After 5 days in “Pending Submission” status, the status will be systematically set to “Incomplete” if the X12 275 file has not been received.</td>
</tr>
<tr>
<td>Invalid / Complete</td>
<td>DADS processing deemed this PASRR Evaluation invalid. See the History trail for details. For NFSS this means PTID is marked Invalid for processing</td>
</tr>
<tr>
<td>Item Not Received (NFSS Only)</td>
<td>CMWC or DME item has not been certified by an NF in 365 days</td>
</tr>
<tr>
<td>Item Transferred (NFSS Only)</td>
<td>Requested CMWC or DME Item has been transferred to another Nursing Facility</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>Status</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Out of State MD/DO License Invalid (NFSS Only)</td>
<td>Out of State MD/DO License is confirmed to be Invalid</td>
</tr>
<tr>
<td>Out of State MD/DO License Valid (NFSS Only)</td>
<td>Out of State MD/DO License is confirmed to be valid</td>
</tr>
<tr>
<td>Out of State Therapist License Invalid (NFSS Only)</td>
<td>Therapist on the PTID is not licensed in Texas</td>
</tr>
<tr>
<td>PCS Documented / Complete</td>
<td>PCS has successfully completed processing the Assessment PTID</td>
</tr>
<tr>
<td>PCS Processed / Complete</td>
<td>PTID has been successfully processed by PCS</td>
</tr>
<tr>
<td>Pending Denial (NFSS Only)</td>
<td>PTID is Pending Additional Information for approval</td>
</tr>
<tr>
<td>Pending Fair Hearing (NFSS Only)</td>
<td>Fair Hearing has been requested by the resident/NF</td>
</tr>
<tr>
<td>Pending MD/DO Licence Verification (NFSS Only)</td>
<td>MD/DO credentials are pending verification</td>
</tr>
<tr>
<td>Pending More Info</td>
<td>PTID is awaiting additional info by the PCS</td>
</tr>
<tr>
<td>Pending NF Receipt (NFSS Only)</td>
<td>CMWC or DME is pending receipt and certification by the NF</td>
</tr>
<tr>
<td>Pending State Confirmation (NFSS Only)</td>
<td>PTID is Pending Confirmation by DADS PASRR Reviewer</td>
</tr>
<tr>
<td>Pending State Review (NFSS Only)</td>
<td>PTID is Pending Review by DADS PASRR Reviewer</td>
</tr>
<tr>
<td>Processed / Complete</td>
<td>PTID has successfully completed processing</td>
</tr>
<tr>
<td>Provider Action Required (NFSS Only)</td>
<td>PTID requires action by the provider</td>
</tr>
<tr>
<td>Recert - Reference Only (NFSS Only)</td>
<td>This status indicates the assessment PTID for a therapy recertification that has completed it's processing</td>
</tr>
<tr>
<td>SAS Request Pending</td>
<td>PTID is awaiting processing at SAS</td>
</tr>
<tr>
<td>Submit to SAS</td>
<td>PTID information is Submitted to HHSC SAS system</td>
</tr>
<tr>
<td>Submitted to PASRR Unit (NFSS Only)</td>
<td>PTID is Submitted to DADS PASRR Unit for review and completion</td>
</tr>
<tr>
<td>Submitted to PCS</td>
<td>PTID is Submitted to DADS PCS for review and completion</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>
</table>
| **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. | PE Completion | The individual's identifying information on the PE does not match the identifying information on file.  
• If a Medicaid No. was submitted, it does not match the Last Name on file. Update the information as needed and resubmit.  
• If a Medicaid No. was not submitted but a Social Security No. was, the Social Security No. does not match the Last Name on file. Update the information as needed and resubmit.  
• If no Medicaid No. or Social Security No. was submitted, the Medicare No. submitted does not match the Last Name on file. Update the information as needed resubmit.  
• 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.  
  • 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-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. | PE Completion | The individual's identifying information on the PE does not match the identifying information on file for the submitted Medicaid No.  
• If the Medicaid No. submitted does not match the First and Last Name on file, update the information as needed and resubmit.  
• 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.  
• 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 resubmit.  
• 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.  
• 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.  
  • 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-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>
<tbody>
<tr>
<td><strong>PS-0006:</strong> 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.</td>
<td>PE Completion</td>
<td>A Medicaid No. was not submitted and the individual's identifying information on the PE is not on file.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If a Social Security No. was submitted:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If the Social Security No., Name and/or Birth Date on the PE are incorrect, update the information as needed and resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If a Medicare No. was submitted:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- There are multiple records on file for the Medicare No., First Name, Last Name and Birth Date submitted on the PE.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If the Medicare No., Name and/or Birth Date on the PE are incorrect, update the information as needed and resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 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.</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><strong>PS-1000:</strong> 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.</td>
<td>PE Completion</td>
<td>There is already a Service Authorization on file for the individual, date, and service for a different provider.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the date is correct on the PE, contact DADS Provider Claims Services at (512) 438-2200, Option 1, for assistance.</td>
</tr>
<tr>
<td><strong>PS-1002:</strong> 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.</td>
<td>PE Completion Modification</td>
<td>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) 438-2200, Option 1, for assistance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the requested Date of MI or IDD Assessment (for MI or IDD PE Completion) on the PE is incorrect, update it and resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the date is correct on the PE, contact DADS Provider Claims Services at (512) 438-2200, Option 1, for assistance.</td>
</tr>
<tr>
<td><strong>PS-1004:</strong> 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.</td>
<td>PE Completion Modification</td>
<td>There is already a Service Authorization on file for the individual, requested date and service, for a different provider.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the requested Date of MI or IDD Assessment (for MI or IDD PE Completion) on the PE is incorrect, update it and resubmit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the date is correct on the PE, contact DADS Provider Claims Services at (512) 438-2200, Option 1, for assistance.</td>
</tr>
<tr>
<td>Provider Message (Displayed in History)</td>
<td>Form/Transaction</td>
<td>Suggested Action</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------------</td>
<td>-----------------</td>
</tr>
</tbody>
</table>
| PS-1005: This authorization request cannot be processed because the submitted Provider No. is not valid as of the Date of Assessment. Update the form or resubmit the transaction when the service becomes effective. | PE Completion, or PE Completion Modification | The provider’s contract is either not in effect as of the Date of MI or IDD Assessment, or the provider is not authorized to perform that service.  
- Review the contract to determine 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) 438-2200, 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 Provider No. is not valid as of the Date of Assessment. Update the form or resubmit the transaction when the service becomes effective. | PE Completion, or PE Completion Modification | The provider’s contract is either not in effect as of the Date of MI or IDD Assessment, or the provider is not authorized to perform that service.  
- Review the contract to determine 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) 438-2200, Option 1, for assistance. |
Appendix C: Specialized Services Array

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

**LIDDA Provided/Coordinated Specialized Services Choices:**

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

**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)
   - a gait trainer;
   - a standing board;
   - a special needs car seat or travel restraint;
   - a specialized or treated pressure-reducing support surface mattress;
   - a positioning wedge;
   - a prosthetic device; and
   - an orthotic device.
### Auto Population of Specialized Services (PE fields B0500 and B0600)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Auto Populates</th>
</tr>
</thead>
<tbody>
<tr>
<td>B0400A. Self-monitoring of nutritional support</td>
<td>PE B0500 8. Independent Living Skills Training</td>
</tr>
<tr>
<td>B0400B. Self-monitoring and coordinating medical treatments</td>
<td>PE B0500 8. Independent Living Skills Training</td>
</tr>
<tr>
<td>B0400C. Self-help with ADLs such as toileting, grooming, dressing and eating</td>
<td>PE B0600 2. Specialized Occupational Therapy (OT)</td>
</tr>
<tr>
<td>B0400D. Sensorimotor development with ambulation, positioning, transferring, or hand eye coordination to the extent that a prosthetic, orthotic, corrective or mechanical support devices could improve independent functioning</td>
<td>PE B0600 1. Specialized Physical Therapy (PT)</td>
</tr>
<tr>
<td></td>
<td>PE B0600 2. Specialized Occupational Therapy (OT)</td>
</tr>
<tr>
<td></td>
<td>PE B0600 5. Durable Medical Equipment (DME)</td>
</tr>
<tr>
<td>B0400E. Social development to include social/recreational activities or relationships with others</td>
<td>PE B0500 8. Independent Living Skills Training</td>
</tr>
<tr>
<td></td>
<td>PE B0500 9. Behavioral Support</td>
</tr>
<tr>
<td>B0400F. Academic/educational development, including functional learning skills</td>
<td>PE B0500 8. Independent Living Skills Training</td>
</tr>
<tr>
<td>B0400G. Expressing interests, emotions, making judgments, or making independent decisions</td>
<td>PE B0500 8. Independent Living Skills Training</td>
</tr>
<tr>
<td>B0400H. Independent living skills such as cleaning, shopping in the community, money management, laundry, accessibility within the community</td>
<td>PE B0500 8. Independent Living Skills Training</td>
</tr>
<tr>
<td>B0400I. Vocational development, including current vocational skills</td>
<td>PE B0500 5. Employment Assistance</td>
</tr>
<tr>
<td></td>
<td>PE B0500 6. Supported Employment</td>
</tr>
<tr>
<td></td>
<td>PE B0500 7. Day Habilitation</td>
</tr>
<tr>
<td>B0400J. Additional adaptive medical equipment or adaptive aids to improve independent functioning</td>
<td>PE B0600 5. Durable Medical Equipment (DME)</td>
</tr>
<tr>
<td>B0400K. Speech and language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal)</td>
<td>PE B0600 3. Specialized Speech Therapy (ST)</td>
</tr>
</tbody>
</table>

### Mental Health Recommended Services Provided/Coordinated by LMHA:

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 the 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. For the NFSS, the Nursing Facility will receive an alert notifying them of the approval, denial or pending denial (requesting additional information) of its request for specialized services through the LTC Online Portal.

<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 seven 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 seven 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.                                                                                                                                                                                                                                                                                                                                 |
| Change of Condition - Conduct PASRR Evaluation | • An MDS Significant Change in Status Assessment (SCSA) indicates a potentially PASRR positive eligibility.  
• LIDDA/LMHA should contact the NF and determine whether the change in condition will affect PASRR eligibility. If so, the LIDDA/LMHA must conduct a new PE.  
• If PASRR Positive and alert is received, specialized services may need to be reviewed, depending on change of condition.                                                                                                                                                                                                                                                                 |
| Confirm IDT | • The NF has submitted a new or updated IDT meeting on the LTC Online Portal.  
• The LA should check the information on the IDT tab of the PL1 for accuracy and confirm.                                                                                                                                                                                                                                                                                                                                 |
| Conduct PASRR Evaluation - Second Notification | • The Local Authority must perform and submit a PASRR Evaluation within seven calendar days of this notification.  
• This alert is triggered if it has been more than seven 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 a Medicaid number has been assigned and updated on the PASRR Level 1 Screening and the PASRR Evaluation.  
• The individual may now be eligible for Specialized Services.  
• The Local Authority must check the individual's Medicaid eligibility status.                                                                                                                                                                                                                                                                                                                                 |

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**LTC Local Authority User Guide**

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<table>
<thead>
<tr>
<th>Alert</th>
<th>Action</th>
</tr>
</thead>
</table>
| 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. |
| NFSS Request - Approved       | - Final Status. No action necessary                                      |
| NFSS Request - Denied         | - PTID has been denied by DADS PASRR Reviewer. Contact the PASRR Unit with any questions. |
| NFSS Request - Pending Denial | - Please submit any requested information by the due date, or the request will be denied and a new request will need to be submitted. |
# 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.        | • If the change in condition affects PASRR eligibility, then perform Face-to-Face Interview with resident within 72 hours of notification.  
• Complete and submit a new PASRR Evaluation within seven 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 seven 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 seven days of notification. |
| Nursing Facility or HHS requests a review.                             | • Perform Face-to-Face Interview with resident within 72 hours of notification.  
• Complete and submit a new PASRR Evaluation within seven days of notification. |
| 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 seven 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 seven 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>Face-to-face contact initiated within 72 hours of notification by the Referring Entity, Nursing Facility or LTC Online Portal Alert. Must be successfully submitted within seven 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>
<tr>
<td>MI Check Inactive (NFSS Form Status)</td>
<td>If Medicaid ID Check is unable to validate after 30 days, form moves into this status. This is a final status for the NFSS form.</td>
</tr>
<tr>
<td>ME Check Inactive (NFSS Form Status)</td>
<td>If Medicaid ID Check is unable to validate after 30 days, form moves into this status. This is a final status for the NFSS form.</td>
</tr>
<tr>
<td>AI Check Inactive (NFSS Form Status)</td>
<td>If Medicaid ID Check is unable to validate after 30 days, form moves into this status. This is a final status for the NFSS form.</td>
</tr>
<tr>
<td>Denied (NFSS PTID Status)</td>
<td>PTID will move from Pending Denial to Denied if no action is taken within 14 days. This status is for the NFSS PTID.</td>
</tr>
<tr>
<td>Item Not Received (NFSS PTID Status)</td>
<td>When NFSS PTID is in this status, the following note will appear in the PTID history: “365 days have elapsed since the DME or CMWC was approved. The item was not certified by the Nursing Facility.”</td>
</tr>
<tr>
<td>FH Expired (NFSS PTID Status)</td>
<td>When NFSS PTID is in this status, the following note will appear in the PTID history: “90 days have elapsed since the request was Denied.”</td>
</tr>
</tbody>
</table>
## Appendix G: Terms and Abbreviations

<table>
<thead>
<tr>
<th>Term/Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<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>
</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 nine-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>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>
</tr>
<tr>
<td>DSHS</td>
<td>Department of State Health 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>
</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 of an individual who is suspected of having MI, ID, and/or DD and meets the criteria for any of the seven Expedited Categories. 1) Convalescent Care 2) Terminal Illness 3) Severe Physical Illness 4) Delirium 5) Emergency Protective Services 6) Respite 7) Coma</td>
</tr>
<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>
</tr>
<tr>
<td>FSI</td>
<td>Form Status Inquiry</td>
</tr>
<tr>
<td>HHSC</td>
<td>Texas Health and Human Services Commission</td>
</tr>
<tr>
<td>Term/Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>ICF/IID</td>
<td>Intermediate Care Facility/Facilities for individuals with Intellectual Developmental Disabilities.</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability (IDD)</td>
<td>This is an individual who has a Developmental Disability or an Intellectual Disability. See those definitions for a complete description.</td>
</tr>
<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>Interdisciplinary Team (IDT)</td>
<td>The Interdisciplinary Team (IDT) tab, on the PASRR Level 1 Screening</td>
</tr>
<tr>
<td>LAR</td>
<td>Legally Authorized Representative</td>
</tr>
<tr>
<td>LIDDA</td>
<td>Local Intellectual &amp; Developmental Disability Authority (formerly Local Authority [LA])</td>
</tr>
<tr>
<td>LMHA</td>
<td>Local Mental Health Authority</td>
</tr>
<tr>
<td>Local Authority (LA)</td>
<td>Includes the Local Intellectual &amp; Developmental Disability Authority (LIDDA) and the Local Mental Health Authority (LMHA). The LIDDA and LMHA serve as the point of entry for publicly funded intellectual and developmental disability programs, whether the program is provided by a public or private entity. The LIDDA and LMHA provide an array of services and support for persons with MI or IDD.</td>
</tr>
<tr>
<td>LTC</td>
<td>Long Term Care</td>
</tr>
<tr>
<td>Long Term Care Medicaid Information (LTCMI)</td>
<td>The LTCMI is the replacement for the federal MDS Section S and contains items for Medicaid state payment. Once your MDS assessments have been transmitted to CMS, TMHP will retrieve all assessments that meet the retrieval criteria and assign a DLN. The assessment status will be set to <em>Awaiting LTC Medicaid Information</em> status.</td>
</tr>
<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>MCO</td>
<td>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>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>
</tr>
<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>
</tr>
<tr>
<td>NFSS</td>
<td>Authorization Request for PASRR Nursing Facility Specialized Services</td>
</tr>
<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>
</tr>
<tr>
<td>PASRR</td>
<td>Preadmission Screening and Resident Review</td>
</tr>
<tr>
<td>Term/Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PASRR Evaluation (PE)</td>
<td>The tool used to document whether the individual is confirmed to have MI, ID, 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 there is evidence, indication, or suspicion that the individual has MI, ID, and/or DD. 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</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</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>
</tr>
<tr>
<td>PCS</td>
<td>Provider Claims Services (workflow)</td>
</tr>
<tr>
<td>PTID</td>
<td>PASRR Transaction Identifier</td>
</tr>
<tr>
<td>Perform</td>
<td>Appear in person to screen or evaluate the individual and fill out all fields on a blank hard-copy version of the PASRR Level 1 Screening or PASRR Evaluation.</td>
</tr>
<tr>
<td>Permanent Medical Necessity (PMN)</td>
<td>A recipient’s permanent medical necessity (PMN) status is established on the completion date of any MDS assessment approved for MN no less than 184 calendar days after the recipient’s admission to the Texas Medicaid Nursing Facility Program.</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>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>
</tr>
<tr>
<td>PSS</td>
<td>PASRR Specialized Services</td>
</tr>
<tr>
<td>Referring Entity (RE)</td>
<td>An entity such as a hospital discharge planner, physician’s office, LAR, family member, or ICF, that refers the individual for Nursing Facility admission.</td>
</tr>
<tr>
<td>Resident</td>
<td>Term for a person who is residing in a Nursing Facility.</td>
</tr>
<tr>
<td>SAS</td>
<td>Service Authorization System</td>
</tr>
<tr>
<td>SPT</td>
<td>Service Planning Team</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>
</tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
</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.
Dear «recvfname» «recvlname»,

Recently, the individual identified above applied for the Nursing Facility program through the Texas Department of Aging and Disability Services. Texas Medicaid & Healthcare Partnership (TMHP), under contract with the Texas Health and Human Services Commission, determines medical necessity for the Nursing Facility program.

Based on review of the Preadmission Screening and Resident Review (PASRR) Evaluation submitted to TMHP on your behalf, TMHP has determined that you do not need the services of a licensed nurse on a regular basis; therefore, you do not meet medical necessity for the Nursing Facility program. Under PASRR regulations you must require skilled nursing services on a regular basis in order to qualify for admission to a nursing facility.

You have the right to submit more information to support your need for the services of a licensed nurse on a regular basis. If you feel your doctor or a different doctor may have more medical information that supports your need, ask your doctor to send the information to TMHP explaining your medical condition(s) and the nursing services you need related to it. Please have them fax this information directly to TMHP at 1-512-514-4223 within 14 business days from the date of this letter. If we do not receive information that supports the need for a licensed nurse, your case may be denied.

If you have any questions about your medical necessity determination for the Nursing Facility program, please contact Texas Medicaid & Healthcare Partnership (TMHP) at the telephone number listed at the top right.

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
Dear «recvfname» «recvlname»,

Texas Medicaid & Healthcare Partnership (TMHP) has reviewed the additional medical information recently submitted on your behalf and has determined that it supports your need for the services of a licensed nurse on a regular basis.

The former notification of pending or final denial for medical necessity has been overturned and you have been granted medical necessity for Medicaid reimbursed nursing facility care.

If you have any further questions, please contact TMHP at the telephone number listed above.

Sincerely,

TMHP
LTC Unit

NOTE: If you requested a Fair Hearing to appeal the former decision to deny medical necessity and you now want to withdraw your request for a hearing, please contact TMHP as soon as possible.

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
Client Overturn Denial (MN on PE) Letter

Dear «recvfname» «recvlname»,

Texas Medicaid & Healthcare Partnership (TMHP) has reviewed the Preadmission Screening and Resident Review submitted on your behalf and has determined that the services of a licensed nurse are not needed on a regular basis. Therefore, as you were previously notified, you do not meet medical necessity for the Nursing Facility program.

In accordance with 40 Texas Administrative Code, Chapter 19, Subchapter Y, Section 19.2407, Medical Review and Evaluation, if you disagree with this decision, you have the right to ask for a fair hearing.

If you don’t ask for the fair hearing within 90 days of the date of this letter, you may lose your right to a fair hearing.

If you ask for a fair hearing within 10 days from the date of this letter, you will continue to receive your benefits at the previous level until a decision is made on the fair hearing.

If you ask for a fair hearing, you will be sent a packet of information letting you know the date, time and location of your hearing. Most fair hearings are held by telephone and either you or another person that you choose may present your case at the hearing.

If you need special accommodations in order to participate in the hearing or if you need a language interpreter, please let us know. To request a Fair Hearing, contact TMHP at 1-800-727-5436 and select option 5, Monday through Friday, 7 AM to 7 PM.

You may represent yourself, have a lawyer, or another person represent you at a Fair Hearing. If you need information about free legal services in your area, call 2-1-1.

If you have any questions, please contact Texas Medicaid & Healthcare Partnership (TMHP) at the telephone number listed at the top right.

Sincerely,

TMHP
LTC Unit

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
LTSS PTID Process Letter

Dear «residentfname» «residentlname»:

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

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

www.tmhp.com  L00154
LTSS PTID Process Letter (continued)

Resident Name: «residentfname» «residentlname»  DLN: «DLN»
Nursing Facility: «nfname»

<table>
<thead>
<tr>
<th>Requested Service</th>
<th>Status</th>
<th>Status Date</th>
<th>Comment/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>«svcname»</td>
<td>«svcstatus»</td>
<td>«svcstatusdate»</td>
<td>«svccomment»</td>
</tr>
</tbody>
</table>
Dear «residentfname» «residentlname»:

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

The status of all requested services is at the end of this letter. If you have any questions about this letter, please contact «nfname». Refer to this letter with the Document Locator Number (DLN) «DLN».
The Long Term Care Preadmission Screening and Resident Review (PASRR) User Guide For Local Authorities is produced by TMHP Provider Training Services. Contents are current as of the time of publishing and subject to change. Providers should always refer to the TMHP and HHS websites for current and authoritative information.
Certification of Ability to Serve Individual Addendum

Active Data Converted PASRR Level 1 (PL1) Screenings

The Long Term Care (LTC) Online Portal has been updated to remove the “Initiate PE” button from active data converted PL1s. If a Local Authority (LA) needs to submit a PASRR Evaluation (PE) on an active data converted PL1, the LA needs to contact the Nursing Facility (NF) to submit a new PL1. Then the option to “Initiate PE” will be available.

NF Certification of Ability to Serve Individual

The LTC Online Portal has been updated to allow NFs to certify their ability to serve an individual on subsequent positive PE submissions. This includes certifying on a negative PL1 Screening if the PE indicates positive PASRR eligibility. Prior to this update, NFs were only able to certify their ability to serve an individual on positive PL1s when the initial PE was submitted with positive PASRR eligibility.

To support this update, two new alerts have been created to notify NFs when an initial or subsequent PE submission requires the NF to certify their ability to serve an individual. The first notification is sent when an LA submits a positive PE. The second notification is sent seven calendar days after the first notification if the NF has failed to certify their ability to serve and the PE that created the first notification is still active. Both alerts will be shown in the History trail of the PL1.

The new alerts appear below.

<table>
<thead>
<tr>
<th>Alert</th>
<th>Communication received by the Nursing Facility (Incoming Alerts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PL1 needs Certification – First Notification</td>
<td>A positive PASRR Evaluation has been submitted. The Nursing Facility must review the PE, including PASRR recommended Specialized Services, and certify on the PL1 Screening form whether “Able to Serve the Individual” or “Unable to Serve the Individual” by clicking the corresponding button on the yellow “Form Actions” tool bar and confirming the selection on the pop up screen by clicking “OK.” The Nursing Facility also needs to schedule and conduct the IDT meeting.</td>
</tr>
<tr>
<td>PL1 needs Certification – Second Notification</td>
<td>This is the second notice that a positive PASRR Evaluation has been submitted. The Nursing Facility must review the PE, including PASRR recommended Specialized Services, and certify on the PL1 Screening form whether “Able to Serve the Individual” or “Unable to Serve the Individual” by clicking the corresponding button on the yellow “Form Actions” tool bar and confirming the selection on the pop up screen by clicking “OK.” The Nursing Facility also needs to schedule and conduct the IDT meeting.</td>
</tr>
</tbody>
</table>

**Note:** The original alert “PL1 needs certification” (which was triggered upon MDS LTCMI submission) has been removed.