Long Term Care Online Portal Workshop

for

Intermediate Care Facility/Facilities (ICF)/for Individuals with an Intellectual Disability or Related Conditions (IID) Program Providers

USER GUIDE
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Learning Objectives

What is the Long Term Care (LTC) Online Portal

Providers must use the LTC Online Portal to submit all forms and assessments. The LTC Online Portal is used to submit, monitor, and manage forms and assessments. This user guide is designed for Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/IID) program users.

You will begin by learning the basics of the LTC Online Portal, such as how to log in, set up your account, what the buttons 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 forms and assessments in an easier, more convenient manner.

The LTC Online Portal will now be the method available to submit, monitor, and manage forms and assessments. The Client Assignment and Registration (CARE) system that is currently used is not going away entirely, and the ICF/IID policies currently in place will remain the same.

**Note:** State Supported Living Centers (SSLCs) will continue to enter the Individual Movement Form as they do today. SSLCs will not submit the Individual Movement Form directly on the LTC Online Portal because there is an interface between the AVATAR Client Registration System (CRS) and the LTC Online Portal. DADS will submit Individual Movement Forms to TMHP via a batch interface between the CRS and the LTC Online Portal. These forms will still undergo the same validation checks and be routed to the same workflow as forms entered directly on the LTC Online Portal.

After attending the Long Term Care (LTC) Online Portal Workshop, you will be able to:

- Understand the Medicaid team roles.
- Identify National Provider Identifier (NPI) requirements.
- Describe the Purpose of the LTC Online Portal.
- Identify the benefits of the LTC Online Portal.
- Obtain an LTC Online Portal administrator account.
- Understand basic LTC Online Portal features.
- Submit Level of Care (LOC) and Level of Need (LON) Assessments.
- Understand how to correct assessments.
- Understand how to inactivate forms and assessments.
- Understand how to print both completed and blank forms and assessments.
- Identify form and assessment statuses.
- Report Medicaid waste, abuse and fraud.
- Understand Health Insurance Portability and Accountability Act (HIPAA) of 1996 guidelines and provider responsibilities.
- Identify additional resources.
• Identify the options on the blue navigational bar.
• Identify the options on the yellow Form Actions bar.
Medicaid Team

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

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

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

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

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

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

- **Texas Health and Human Services Commission (HHSC)** – Oversees operations of the entire health and human services system in Texas. HHSC operates the Medicaid acute care program and several other related programs. HHSC’s Office of Eligibility Services (OES) determines eligibility for Medicaid.

- **Texas Medicaid & Healthcare Partnership (TMHP)** – Contracted by the state as the claims administrator to process claims for providers under traditional Medicaid. TMHP processes and approves claims for traditional Long Term Care (LTC). TMHP does not pay LTC claims; this is done by the comptroller. Responsibilities also include the following:
  - Determination of Medical Necessity (MN)
  - Provider Education
  - Provide timely processing of claims (except for services covered by the STAR+PLUS premium) and represents the Department of Aging and Disability Services (DADS) at Fair Hearings
  - Provide yearly manuals, quarterly LTC Bulletins, and Remittance and Status (R&S) Reports
  - Maintain the TMHP Call Center/Help Desk, Monday through Friday, 7:00 a.m.–7:00 p.m., Central Time
  - Provide training sessions for providers, including technical assistance to the LTC Online Portal
  - Conduct training sessions for providers, which includes technical assistance on the LTC Online Portal

- **Texas State Legislature** – The state legislature allocates budgetary dollars for Texas Medicaid.
National Provider Identifier (NPI) Requirements

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 established the National Provider Identifier (NPI) as the 10-digit standard unique identifier for health-care providers. The NPI is required by covered health-care providers, clearinghouses, and health plans in HIPAA-covered transactions.

NPI is required on all claims submitted electronically, through third-party software, or through TexMedConnect. On the LTC Online Portal, NPI is used for security purposes, and links providers to their forms and assessments so that only those associated with that NPI are viewable. Without an NPI, providers would not be able to locate their forms and assessments on the LTC Online Portal.

To obtain an NPI, go to https://nppes.cms.hhs.gov/NPPES.

NPI is required on claims and form and assessment submissions using the following methods:

- Electronic:
  - TexMedConnect
  - LTC Online Portal
  - Third-party software vendor
The LTC Online Portal

Benefits of Using the LTC Online Portal

- Web-based application.
- 24/7 availability.
- Texas Medicaid & Healthcare partnership (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.
- Edits are in place to verify the validity of data entered.
- Provides error messages that must be resolved before forms and assessments can be submitted.
- Providers have the ability to monitor the status of their forms and assessments by using Form Status Inquiry (FSI) or Current Activity.
- Electronically submitted forms and assessments are processed faster than the mailed paper forms and assessments.
- Allows users to add notes to forms and assessments.

LTC Online Portal Security

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

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

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

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

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

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

- **Provider contract number** – assigned by DADS to providers of Medicaid services.
- **Vendor number** – up to five-digit numeric or alpha-numeric number assigned by DADS. Also known as a component code.
• **Vendor password** – you must call the Electronic Data Interchange (EDI) Help Desk at **1-888-863-3638** to obtain your vendor password. Please note that it may take three to five business days by postal mail to receive the password, therefore you may want to choose to receive your vendor password by email.

**How to Create an LTC Online Portal Administrator Account**

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

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

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

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

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

   b) To create a new TMHP User Account with an existing provider/vendor account, click the **New Username and Activate Existing Provider** link.
   ○ If selected, go to step 7 in this User Guide.
7) 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.

8) Provider Type: Choose **NF/Waiver Programs** from the drop-down box.
9) Enter your Provider Number, Vendor Number, and Vendor Password.

10) Click the “Next” button.

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

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

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

My Account

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

To access My Account:

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

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

**Note:** You may be prompted to enter your LTC Online Portal User name and Password.

4) The “My Account” page will display.
Log In to the LTC Online Portal

1) Go to www.tmhp.com.

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

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

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

6) Click the “OK” button. After log in, Form Status Inquiry (FSI) will display by default.
LTC Online Portal Basics

Blue Navigational Bar Links

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

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

Home

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

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

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

- Access the LTC Online Portal.
- Access TexMedConnect.
- Access provider manuals and guides.
- Access bulletins and banner messages.
Submit Form

The Submit Form feature is how you will submit forms and assessments:

How to submit a form or assessment:

1) Log in to the LTC Online Portal.
2) Click the Submit Form link located on the blue navigational bar.
3) Type of Form: Choose from the drop-down box.
4) Program Code: Choose from the drop-down box.
5) Vendor Number: Choose from the drop-down box.
6) As an option, you may enter additional information about the Individual, this will auto populate the form or assessment with the Individual's demographical information (except gender).
7) Click the “Enter Form” button and the form or assessment will display so that data can be entered in the fields.
8) Click the tabs to move to different sections of the form or assessment.
9) Enter all required information in the fields as indicated by the red dots.
10) Once you have entered all the required data in 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 form or assessment until you are ready to submit.

**Note:** The form or assessment does not have to be complete to save the draft.

Or

b) At the bottom of the screen click the “Submit Form” button.

---

**Form Status Inquiry (FSI)**

The Form Status Inquiry on the blue navigational bar allows you to search for, and monitor, the status of all form and assessment types, meaning that you may use FSI to search for either type of form: the ID/RC 8578 Assessment or the Individual Movement Form (you can search across all form types). FSI also enables you to search for forms and assessments that are expiring by entering a future date in the Expiration To Date field.
FSI allows you to retrieve submissions in order to:

- Research and review statuses.
- Provide additional information to a form or assessment.
- Make corrections (only the ID/RC 8578 Assessment can be corrected).
- Perform inactivations.
- Export the search results to Microsoft Excel.
- Search for forms and assessments that are expiring (see Note below).

**Note:** To search for forms and assessments that are expiring you will need to enter either a date range in the From Date and To Date ranges or the Expiration From Date or the Expiration To Date ranges. You may enter a future date in the Expiration To Date field.

To locate a form or assessment using FSI:

1) Click the **Form Status Inquiry** link on the blue navigational bar.
2) Type of Form: Choose from the drop-down box.

3) Program Code: Choose from the drop-down box.

4) Vendor Number: Choose from the drop-down box.

5) Enter data for all required fields as indicated by the red dots. You can narrow results by entering specific criteria in the additional fields: DLN, Last Name, First Name, Medicaid Number, Form Status, CARE ID, From and To Dates, and Purpose Code. Remember, to search for forms and assessments that are expiring you will have to enter either a date range in the From Date and To Date ranges or the Expiration From Date or the Expiration To Date ranges. Dates are searched against the TMHP Received Date (date of successful submission).

6) 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.

7) Click the View Detail link to the left of the DLN to display the details of the form or assessment.

Descriptions of the column headings seen above are for results of the example of an ID/RC 8578 Assessment:

- **View Detail**: The hyperlink used to open the document.
- **DLN**: The unique document locator number assigned to each successful submission.
- **TMHP Received Date**: The actual date the form or assessment was successfully submitted on the LTC Online Portal.
- **CARE ID**: Client Assignment and Registration ID.
- **Medicaid #**: (Individual Movement Form: 13; ID/RC 8578: 8) Medicaid Number of the Individual as it was entered upon submission.
- **First Name**: (Individual Movement Form: 12a; ID/RC 8578: 4) The First Name of the Individual as it was entered upon submission.
- **Last Name**: (Individual Movement Form: 12c; ID/RC 8578: 4b) Last Name of the Individual as it was entered upon submission.
• **Status:** The status of the form or assessment at the time of the search.
• **Purpose Code:** The Purpose Code.
• **Contract Number:** The provider number.
• **Vendor Number:** A number assigned by DADS (also known as a the site identification number).
• **Expiration Date:** Expiration date of the LOC determination/LON assignment.

## Current Activity

The Current Activity feature only allows you to view form and assessment submissions and status changes that have occurred within the last 14 calendar days. After 14 days, you must utilize the FSI query tool to locate a form or an assessment.

1) Click the [Current Activity](#) link on the blue navigational bar.

2) Click the appropriate Vendor Number.

3) The results page will display a summary of form and assessment submissions and status changes that have occurred within the last 14 calendar days.

4) The numbers in the first column you see are the DLNs associated with a particular vendor number. Click the [DLN](#) link to display the details of the form or assessment. You may sort the Current Activity results by clicking the heading of a column. The first time you click a heading it is sorted in ascending order. By clicking the column heading a second time, the sort will change to descending order.
Drafts

Drafts are unsubmitted forms and assessments that have been started and saved, but not yet submitted on the LTC Online Portal. Forms and assessments saved as drafts will not have a DLN. Once submitted, the form or assessment will be assigned a DLN and will no longer be searchable under Drafts.

When you save a form or assessment as a draft, it will save under the vendor number which you selected when you entered the form or assessment. Drafts are saved for two months and will then be deleted.

To access a saved draft:

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

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

2) Click the appropriate vendor number hyperlink under Vendor Numbers.
3) A list of drafts saved for the selected vendor/contract number will display.

![Drafts table]

4) From here you have two choices:

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

Or

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

![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.

**Letters**

The Letters feature on the blue navigational bar allows authorized users (based on security level) to search for letters that have been created for an Individual, an LAR, or a provider (although the only type of letter that providers will receive in the mail will be letters concerning LON).

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

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

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

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

**Letter Search**

Letters do not have Document Locator Numbers (DLNs), but to search for letters associated with a particular form or assessment you can enter the DLN of the form or assessment to access any letters associated with a particular form or
assessment. If you choose to search by DLN, only the DLN must be entered, the date does not need to be entered for a search by DLN.

You can also enter a From Date or a To Date. You can enter the date manually or click the calendar icon to choose the date. The date must be entered in the mm/dd/yyyy format.

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 however, no results found, there will be a message that says “No Results Found.”

To view the details of a letter, click the View Letter link.
Sample Letter

March 27, 2012
101010101010

Contract #: 11111111/Vendor No.: 2222
DADS TX Provider
1 Main St.
Austin, TX 12345

Re: LEVEL OF NEED DENIAL FOR
    Ima Individual  CARE ID: 0123456  Medicaid #: 098765432

Dear Provider:

The Texas Department of Aging and Disability Services (DADS) Access and Intake, MR Authorities, Program Enrollment unit recently conducted a utilization review, as provided by DADS 40 TAC §9.240. This review was conducted to verify the Level of Need (LON) 5 assignment for the above-referenced individual.

After reviewing the clinical records of the above individual, DADS has determined that the LON 5 assignment for the above-referenced individual is not appropriate. The following item(s) was noticed during this review:

Partial LON Justification Packet Received.

Further, based on this review, DADS is approving a LON 8 and denying a LON 5 for the above-referenced individual, and effective March 31st, 2012, DADS TX Provider will be reimbursed accordingly. The approved LON is effective only for the time period until the LON is again submitted by DADS TX Provider, as required by DADS. DADS TX Provider should submit the LON for the above-referenced individual in accordance with the applicable schedule for submission of Level of Care.
Printable Forms

The Printable Forms feature allows you to view blank forms or assessments, print blank forms or assessments, or interactively complete forms or assessments and save them to your desktop for your unofficial records only. Forms and assessments saved to your desktop cannot be submitted to the LTC Online Portal, but can be printed.

**Note:** These LTC Online Portal Printable Forms cannot be used in place of official, signed forms and assessments required for record keeping.

1) Click the **Printable Forms** link on the blue navigational bar.
2) Choose a form or assessment by clicking the corresponding link. A new window and application called Adobe Reader® will open and display the blank document in Portable Document Format (PDF).

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

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

4) To print the entire document click on the printer icon. Then:
   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.
5) 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.

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, Use as template, Correct this form, Add Note, Inactivate Form, Fill Assessment Gap, Request LON Change, or Remand to Submitter. 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 form or assessment is being viewed in detail (but remember that not all possible buttons will display at one time).

Print

The Print feature allows you to print completed forms and assessments. 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 form or assessment, click the “Pages” radio button and enter the page range for the desired pages. When printing a form or assessment the Individual’s name will appear on the top right corner of each page. The name will be auto populated based on the information entered in the name field.
Use as Template

The Use as template feature allows you to complete a new form or assessment using the information from a previously submitted form or assessment as a template. Various fields will auto populate with the information from the form or assessment that you have chosen to use as a template, so be sure to check for accuracy.

Be careful not to confuse the Use as template feature with a similarly-named feature in TexMedConnect.

**Note:** Depending on the status of the form or assessment, the “Use as Template” button may or may not appear on the yellow Form Actions bar.

Use FSI or Current Activity to locate and display the form or assessment that you want to use as a template and then:

1) Click the “Use as template” button. Most of the data in the old document will be used to create and auto populate the new template document.

2) Enter data into the remaining fields that did not auto populate.

**Note:** Not all of the fields will be copied to the new document.
3) If you want a hard copy for your records, click the “Print” button located on the yellow Form Actions bar to print the document.

4) From here you have two choices:
   a) If you are ready to submit the form or assessment, 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.

   ![Submit Form Button]

   Or

   b) If you are not ready to submit the form or assessment, click the “Save as Draft” button located on the yellow Form Actions bar to save the document until you are ready to submit.

Correct This Form

The Correct this form feature allows users to make corrections to the ID/RC 8578 Assessment (corrections cannot be made to the Individual Movement Form). Corrections can be made only to assessments that are in the following statuses:

- Pending Physician License Verification.
- Out of State Physician License Invalid.
- Remanded to Submitter (i.e. assessment is correctable prior to DADS Authorization Process or if assessment has been remanded).

When you click the “Correct this form” button, you will complete a new assessment and the original assessment will be set to status Corrected.
When corrections are made to an assessment, a child (new, corrected) assessment is created. The information in the parent (original) assessment is copied to the child (new) assessment. The child assessment has a unique DLN. The parent DLN is shown on the child assessment.

**Note:** The steps to correct an assessment are covered in the “Corrections” section.

### Add Note

The Add Note feature located on the yellow Form Actions bar is always available unless the form or assessment 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 is added to the History trail of the form or assessment, not to the form or assessment itself (i.e., not added to Comments in the notes section).

The status field of a remanded form or assessment will change after a note has been added to the remanded form or assessment by the submitter. Once a note has been saved it cannot be corrected or deleted.

To add a note to an already submitted form or assessment:

1) Follow the steps for utilizing FSI or Current Activity to locate the form or assessment.

2) Click the “Add Note” button. A text box will open.
3) Enter additional information (up to 500 characters).

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

**Note:** If the form or assessment has been remanded to the Submitter, adding a note will change the status of the form or assessment to a review status for either DADS, the LA, or the provider.

**Inactivate Form**

The Inactivate Form feature allows users to inactivate a form or assessment. Once inactivated, the form or assessment will not be available for further processing. Inactivated forms and assessments may, however, be used as templates via the Use as template feature.

The 'Inactivate Form' button will be available on the ID/RC 8578 Assessment and the Individual Movement Form only in the following status:

- Remanded to Submitter (i.e., form or assessment is correctable prior to DADS Authorization Process or if form or assessment has been remanded).
- Inactivations are not allowed if the Individual Movement Form’s History trail contains any of the following statuses: Processed/Complete.
- DADS SAS Resolution Complete.
- PCS Processed/Complete.

Users with the proper security rights will be able to inactivate a submitted ID/RC 8578 Assessment that has been remanded by DADS staff.

**Note:** The steps to inactivate forms and assessments will be covered in the “Inactivations” section of this User Guide.
Save as Draft

The Save as Draft feature allows users to save unfinished or unsubmitted forms and assessments on the LTC Online Portal. Once saved, these drafts will be accessible by all users under the vendor/contract number to which the draft is linked. The user may access previously saved drafts by clicking the Drafts link located on the blue navigational bar. Drafts will stay in the system for two months and will then be deleted.

**Note:** The "Save as Draft" button will display on the yellow Form Actions bar until the form or assessment 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.

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

UnLock Form

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

The UnLock Form button will unlock the document so that other authorized users can make changes to the document. When a document is locked, others will not be able to make changes or add additional information. When receiving assistance from TMHP or DADS the user may be asked to unlock the document so that the person helping the user can make changes.
To unlock a document, click the “UnLock Form” button located in the upper right corner of the screen.

Error Messages

There are two types of error message that can occur. One is the Field Validation Error message and the other is the 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 form to proceed in the workflow.

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

If the form or assessment was not submitted successfully, a Submission error message will appear and the form will not move forward in the workflow. However, some error messages are simply warning messages and do allow the form 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. Submission errors are not hyperlinked whereas field validation error message are.

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

- Purpose Code is a required field.
- Facility/Provider Contract No. is a required field.
- Facility/Provider Vendor Number is a required field.
- Local Case No. is a required field.
- Medicaid Number is a required field.
- CARE ID is a required field.
- Certification of Freedom of Choice is a required field.

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

- Date Completed is a required field.
- Recommended LON is a required field.
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 form or assessment and 20 minutes of no-activity has elapsed, the LTC Online Portal will default to the FSI screen and you will lose any work you may have started (this also applies to forms and assessments that have not been submitted). Therefore it is recommended that if you think you will be away from the LTC Online Portal for more than 20 minutes, you save your work as a Draft.

If you are working on a previously submitted form or assessment 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.
Current Status

Each submitted form or assessment will display a status that indicates where the form or assessment is in the workflow or whether any action is required to complete the form or assessment.

The status is displayed at the top left corner of the form or assessment. The status that is displayed is called the current status.

To view previous statuses and notes associated with a form or assessment, go to the History trail.

A complete list of statuses with their descriptions is listed in Appendix A of your User Guide. However, throughout this presentation, we will discuss common statuses you might see.
Forms and Assessments

There are two documents that ICF/IID program users will utilize; the Intellectual Disability/Related Condition (ID/RC) 8578 Assessment and the Individual Movement Form.

<table>
<thead>
<tr>
<th>Name</th>
<th>Purpose</th>
</tr>
</thead>
</table>
| Intellectual Disability/Related Condition (ID/RC) 8578 Assessment | • Initial Assessment of LOC and LON  
  • Renew program eligibility for LOC and LON  
  • Request a change in LON  
  • Request LOC and LON during a gap period |
| Individual Movement Form                          | • Admission  
  • Discharge  
  • Absence  
  • Return |

*Note: State Supported Living Centers (SSLCs) will submit the ID/RC 8578 Assessment via the LTC Online Portal but will submit the Individual Movement Form utilizing the AVATAR CRS (formerly known as CRS).*

Program users (LA, provider, etc.) will have the ability to access forms and assessments based on their association to an Individual. This means that program users will have access to a form or assessment submitted by a different entity, as long as that program user has a current association with the Individual. The following relationships constitute how each association is established:

For ICF/IID:
• LA to Individual association.
• ICF Provider to Individual association.
• SSLC to Individual association.

Providers will be able to perform the following tasks on the LTC Online Portal:
• Searching for forms and assessments using FSI or Current Activity.
• Submitting forms and assessments on the LTC Online Portal.
• Correcting assessments that have been remanded by DADS staff.
• Adding a note to a form or assessment. A note can be added to a form or assessment at any time.
• Inactivating a form or assessment to stop it from moving forward in the workflow.
• Reactivating Medicaid ID (MI) and Medicaid Eligibility (ME) check.
• Remanding ID/RC 8578 Assessments.
• Searching for letters.

Form Sections

On the LTC Online Portal forms and assessments are divided into tabbed sections that contain different information such as Diagnostics, Assessment Data, and Enrollment Data. Be sure to click the tabbed sections and enter the assessment information. Fields with red dots are required fields in which you must enter data.
Intellectual Disability/Related Condition (ID/RC) 8578 Assessment

The LA uses the ID/RC 8578 Assessment to request authorization from DADS for an Individual’s initial Level of Care (LOC) and Level of Need (LON).

The ID/RC 8578 Assessment can also be used by applicable ICF/IID program providers to:

- Request initial LOC and LON.
- Renew program eligibility for LOC and LON.
- Request a change in the LON.
- Request LOC and LON during a gap period.

The ID/RC 8578 Assessment can be used for different purposes when the ID/RC 8578 Assessment is assigned different Purpose Codes (PC). Each PC creates a different type of assessment. These assessments are:

- PC 2 = No Current Assessment (to request initial LOC and LON).
- PC 3 = Continued Stay Assessment (to renew program eligibility for LOC and LON, and request a change in the LON).
- PC 4 = Change LON on Existing Assessment (to request a change in the LON).
- PC E = Gaps in Assessment (to request LOC and LON during a gap period).

The general path that the ID/RC 8578 Assessment takes when it is entered on the LTC Online Portal is a series of checks and reviews known as the workflow. The parts of the ID/RC 8578 Assessment workflow that relate to providers and LAs include:

- Submitting the assessment on the LTC Online Portal.
- Making corrections to an assessment that has been remanded.
- Reactivating the check for Medicaid ID (MI) or Medicaid Eligibility (ME) (does not apply to service group 6).

ID/RC 8578 PC 2 No Current Assessment

State Supported Living Centers (SSLCs) and LAs will submit the ID/RC 8578 Assessment with Purpose Code 2 for initial programmatic eligibility in the ICF/IID program. The ICF/IID provider will notify the LA that the initial ID/RC 8578 Assessment is needed to admit the Individual into the facility. This LA notification date must be captured with the initial ID/RC 8578 Assessment.

The ID/RC 8578 Assessment and the Individual Movement Form are not dependent on each other and are submitted on the LTC Online Portal independently.

The generic steps to submit a form have already been covered, so now we will go step-by-step through the process of submitting the ID/RC 8578 Assessment with PC 2:

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 Submit Form link located on the blue navigational bar.
7) Type of Form: Choose **8578 Intellectual Disability/Related Condition Assessment** from the drop-down box.

8) Program Code: Choose one of the following programs from the drop-down box:
   - ICF (SSLC)
   - ICF (Community / State)
   - ICF (Non-State) (i.e. community)

9) Vendor Number: Choose from the drop-down box.

10) Click the “Enter Form” button at the bottom right of the screen to bring up a blank form, OR

11) As an option you can enter additional information in the Recipient section to auto populate fields on the assessment.

12) Click the “Enter Form” button at the bottom right of the screen. The ID/RC 8578 Assessment will display on the screen.

13) For the ID/RC 8578 Assessment you must choose a Purpose Code from the drop-down box in field number 13. In this case **2 = No Current Assessment**.

14) Click the tabbed sections and enter the assessment information. Fields with red dots are required fields in which you must enter data. If you try to submit an assessment but have left information missing from fields with red dots you will receive error messages indicating which required fields must be completed before the assessment can be submitted.

15) 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 assessment until you are ready to submit.

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

   Or

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

   ![Submit Form](image)

The LTC Online Portal will attempt to validate the ID/RC 8578 Assessment upon submission. If it does not pass validations, error messages will display indicating the error(s) and a DLN will not be generated.

If the assessment has been successfully submitted a unique DLN will be assigned that, utilizing FSI, can be used to locate and track the status of the assessment.
Reactivate MI or ME Check

Once a form or assessment is submitted, the LTC Online Portal automatically checks for both Medicaid ID and Medicaid Eligibility consecutively, for up to 180 days.

Within the 180 days, the LTC Online Portal first checks for a valid Medicaid ID. If a valid Medicaid ID is not found with 180 days, the Medicaid Eligibility check will not start, and the status is set to Medicaid ID Check Inactive. In this status, the “Reactivate Medicaid ID Check” button will display on the yellow Form Actions bar that allows the provider, DADS, or the LA to reactivate the Medicaid ID check.

If a valid Medicaid ID is found, the LTC Online Portal will continue to check for Medicaid Eligibility. Medicaid Eligibility is validated within whatever remains of the 180 days. If no eligibility is found during the remaining time, the status is set to Medicaid Eligibility Verification Inactive. In this status, the provider, LA, or DADS may reactivate the Medicaid Eligibility check.

Note: It is not required that you reactivate this check, and approval of LOC/LON is not dependent on Medicaid Eligibility; but payment for Medicaid Services will not be authorized if Medicaid Eligibility cannot be found.

If no admission to the ICF has been entered at the time of DADS review the ID/RC 8578 Assessment will be authorized for a 30 days from the physician's signature date. If the admission exists the ID/RC 8578 Assessment will be authorized for 180 days.

If DADS staff denies the LOC on the ID/RC 8578 Assessment, the assessment will be set to status LOC Denied, and a denial letter will be sent to the Individual or the Legally Authorized Representative (LAR). Denied LOC requests will be transmitted to DADS staff, who will have the ability to indicate that the Individual has requested an appeal. If an
Individual requests an appeal because the LOC was denied, the assessment will be set to status **LOC Decision Under Appeal**.

A denial status notification will also be provided to the provider and LA (or SSLC as applicable).

If DADS denial of LOC is upheld, the assessment will be set to status **LOC Decision Sustained During Appeal**. However, if DADS denial of LOC is overturned, the assessment will be set to status **LOC Decision Reversed During Appeal** and then attempt to validate ME. Modification of LOC or LON by DADS staff for an initial ID/RC 8578 Assessment is not considered a denial.

Either a successful or unsuccessful update will be indicated in the History trail. In the event of an unsuccessful update, the ID/RC 8578 Assessment will be routed to DADS manual workflow for resolution.

**ID/RC 8578 PC 3 Continued Stay Assessment**

Providers will submit ID/RC 8578 Assessment with PC 3 to request a renewal of LOC and LON. The LTC Online Portal will attempt to validate the ID/RC 8578 Assessment PC 3 Continued Stay upon submission. If it does not pass validations, error messages will be displayed and a DLN will not be generated.

The steps to submit the ID/RC 8578 Assessment with PC 3 are as follows:

1) Go to [www.tmhp.com](http://www.tmhp.com).
2) Click “providers” on the green area 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) Click the **Submit Form** link located on the blue navigational bar.
7) Type of Form: Choose **8578 Intellectual Disability/Related Condition Assessment** from the drop-down box.
8) Program Code: Choose one of the following programs from the drop-down box:
   - ICF (SSLC)
   - ICF (Community / State)
   - ICF (Non-State) (i.e. communities)
9) Vendor Number: Choose from the drop-down box.
10) As an option you can enter additional information in the Recipient section to auto populate fields in the form.
11) Click the “Enter Form” button at the bottom right of the screen. The ID/RC 8578 Assessment will display on the screen.
12) For the ID/RC 8578 Assessment you must choose a Purpose Code from the drop-down box in field number 13, in this case **3 = Continued Stay Assessment**.
13) Click the tabbed sections and enter the assessment information. Fields with red dots are required fields in which you must enter data. If you try to submit an assessment, but have left information missing from fields with red dots, you will receive error messages indicating which required fields must be completed before the assessment can be submitted.
14) 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 assessment until you are ready to submit.

   ![Save as Draft](image)

   Or

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

   ![Submit Form](image)

   **Note:** Submission of the ID/RC 8578 Assessment PC 3 Continued Stay could create a gap. If it does, the submitter will see a message stating: “This request will create a gap in assessment dates for the Individual. Please submit an ID/RC 8578 Assessment Purpose Code E to fill the gap.”

The LTC Online Portal will attempt to validate the ID/RC 8578 Assessment upon submission. If it does not pass validations, error messages will display indicating the error(s) and a DLN will not be generated.

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

If the assessment is valid and the Individual is admitted to an ICF/IID facility, a note in the History trail will indicate whether the assessment is creating a gap in assessments.

The assessment will then be evaluated. If the assessment meets approval criteria, it will be set to status **Processed/Complete** and can then be displayed in an FSI or a Current Activity search.

If ME validation initially fails, it will automatically be rechecked for 180 calendar days. If ME is verified, the assessment will continue through the approval process.

If criteria are not met, the assessment will be sent to DADS staff for review. If the provider requests an increased LON, the provider will be notified that documentation is due to DADS within seven calendar days.

DADS staff will have the ability to remand the assessment for correction or more information. DADS staff will have the ability to correct or inactivate the assessment, approve, modify, or deny the LOC, and approve or modify the LON. (An LOC 1 or 8 are both allowed for ICF/IID and may be modified by DADS, which will not result in a denial).

If DADS staff approves the LOC and LON, the assessment will be set to status **LOC/LON Approved.** The assessment will move forward in the process until ME has been verified. Letters are not sent for approved assessment renewals.

If DADS staff denies the LOC, the ID/RC 8578 Assessment PC 3 will be set to status **LOC Denied** and a denial letter will be sent to the Individual or LAR and the provider will be notified.

If an Individual requests an appeal of LOC denial, the assessment will be set to status **LOC Decision Under Appeal.** If DADS denial of LOC is upheld, the assessment will be set to status **LOC Decision Sustained During Appeal.** If DADS denial of LOC is overturned, the assessment will be set to status **LOC Decision Reversed During Appeal,** and the assessment will continue through the process after ME is verified.

When an LOC request is modified, this is not considered a denial and the ID/RC 8578 Assessment will be set to status **Processed/Complete.**
When an LOC request is being appealed, DADS staff can allow temporary continuation of services; the assessment will be set to status **LOC Decision Under Appeal With Continuation of Services** (except PC 2).

In the event of an increased LON request from the provider, DADS staff will have the ability to indicate whether a Justification Packet was received within the required seven calendar days. This indicator will determine how the modified LON is processed. If DADS staff indicates that a Justification Packet was not received, the ID/RC 8578 Assessment will move forward in the process after verifying ME, but a modified LON will not trigger a letter and will not be eligible for reconsideration (a note in the History trail will inform the provider that the requested LON was modified because the required Justification Packet was not received in the required time).

DADS staff has the ability to modify the LON on the initial assessment.

If the denial of LON is upheld during the reconsideration process, the assessment will be set to status **LON Sustained During Reconsideration** and an Administrative Review letter will be sent to the provider and the Individual or LAR.

If the denial of LON is overturned, the assessment will be set to status **LON Reversed During Reconsideration**. DADS staff will have the ability to indicate that the provider requested an Administrative Review within 15 calendar days if the decision is upheld during reconsideration. If the provider requests an Administrative Review, the assessment will be set to status **Pending Administrative Review**. If the denial of LON is overturned during Administrative Review, it will be set to status **LON Reversed During Administrative Review**. If the denial of LON is upheld during Administrative Review, the assessment will be set to status **LON Sustained During Administrative Review**.

The LTC Online Portal will indicate either successful or unsuccessful update to SAS records, which will be indicated in the History trail. In the event of an unsuccessful update to SAS records, the assessment will be routed to DADS manual workflow for resolution.

**ID/RC 8578 PC E Gaps in Assessment**

Providers will submit the ID/RC 8578 Assessment PC E for Gaps in Assessment. The LTC Online Portal will auto populate the gap dates on the ID/RC 8578 Assessment PC E. The PC E must be initiated from the current ID/RC 8578 Assessment of the Individual, so the provider will need to search for the current assessment using FSI.

To locate an Individual’s current ID/RC 8578 Assessment using FSI:

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

2) Type of Form: Choose **8578 ID/RC Assessment** from the drop-down box.

3) Program Code: Choose from the drop-down box.

4) Vendor Number: Choose from the drop-down box.

5) Enter data for all required fields as indicated by the red dots. You can narrow results by entering specific criteria in the additional fields: DLN, Last Name, First Name, Medicaid Number, Expiration From and To Dates, and Purpose Code. Dates are searched against the TMHP Received Date (date of successful submission).

6) Click the “Search” button and the LTC Online Portal will return any matching submissions (records).

7) Click the **View Detail** link at the left of the DLN to display the details of the assessment.

8) Once the current assessment is open, the submitter will need to click the “Fill Gap” button on the yellow Form Actions bar to launch the Gaps in Assessment. When launched, the PC E Assessment will display and auto populate with read only fields (with data from the Individual’s current assessment) that are disabled so that the auto populated data cannot be changed.
9) Enter all required information in the fields as indicated by the red dots.

10) When all required fields are completed, there will be two choices:
   a) Click the “Save as Draft” button on the yellow Form Actions bar to save the assessment until ready to submit.

   ![Form Actions]

   Or

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

   ![Submit Form]

The LTC Online Portal will attempt to validate the ID/RC 8578 PC E Gaps in Assessment upon submission. If it does not pass validations, error messages will display indicating the error(s) and a DLN will not be generated.

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

There is not an approval letter for ID/RC 8578 PC E Gaps in Assessments.

**ID/RC 8578 Purpose Code 4 Change Level of Need (LON) on Existing Assessment**

Providers are responsible for submitting the ID/RC 8578 Assessment with Purpose Code 4 to initiate a change in LON assignment. The provider actions for the ID/RC 8578 Assessment PC 4 include:

- Provider submission process.
- A remand process.

The ID/RC 8578 Assessment PC 4 must be initiated from the current ID/RC 8578 Assessment of the Individual, therefore the provider will need to locate the current assessment using FSI.

To locate an Individual’s current ID/RC 8578 Assessment using FSI:

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

2) Type of Form: Choose **8578 ID/RC Assessment** from the drop-down box.

3) Program Code: Choose from the drop-down box.

4) Vendor Number: Choose from the drop-down box.

5) Enter data for all required fields as indicated by the red dots. You can narrow results by entering specific criteria in the additional fields: DLN, Last Name, First Name, Medicaid Number, and Purpose Code. Dates are searched against the TMHP Received Date (date of successful submission).

   **Note:** The narrowing search criteria fields that display when performing a Form Status Inquiry will vary based on the Type of Form chosen.

6) Click the “Search” button, and the LTC Online Portal will return any matching submissions (records).

7) Click the **View Detail** link to the left of the DLN to display the details of the assessment.
8) Once the assessment is open, there will be a “Request LON Change” button displayed on the yellow Form Actions bar. When the button is clicked, a new assessment will be opened with some of the fields auto populated (with data from the current assessment) and disabled so that you cannot change the auto populated data.

![Assessment Form](image-url)

9) Enter all required information in the fields as indicated by the red dots.

10) 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 assessment until you are ready to submit.

   ![Save as Draft](image-url)

   Or

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

   ![Submit Form](image-url)

**Note:** The “Request LON Change” button will be available for use with Purpose Codes 2, 3, or 4, with the most recent submission time stamp.

The LTC Online Portal will attempt to validate the ID/RC 8578 Assessment upon submission. If it does not pass validations, error messages will display indicating the error(s) and a DLN will not be generated.

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

If the 8578 Assessment is valid and the Individual is admitted to an ICF/IID facility, the assessment will be sent to DADS staff for review. All 8578 Assessment PC 4 Change in LON Assessments will be sent to DADS staff for review. If the
provider requests increased LON, the provider must send documentation (a Justification Packet) to DADS within seven calendar days.

**Individual Movement Form**

The ICF/IID Individual Movement Form allows program users to report an Individual's admission, discharge, absence, or return at an ICF/IID facility. The submission process for each different use of the Individual Movement Form is the same, with step 10, Purpose, being where the choice is made for one of the following: admission, discharge, absence, or return.

Providers will have the ability to print, add a note, use as a template, save as a draft, and, depending on security level, inactivate the Individual Movement Form.

The provider will submit an admission request via the Individual Movement Form on the LTC Online Portal for the ICF/IID program.

**Note:** SSLCs will continue to enter the Individual Movement Form utilizing the AVATAR CRS. DADS will submit Individual Movement records to TMHP via a batch interface between the AVATAR CRS and the LTC Online Portal. The Individual Movement Form will still undergo the same validation checks and be routed to the same workflow as non-SSLC forms entered directly on the LTC Online Portal.

The steps to submit an Individual Movement Form are as follows:

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) Click the **Submit Form** link located on the blue navigational bar.
7) Type of Form: Choose **Individual Movement Form** from the drop-down box.
8) Program Code: Choose one of the following programs from the drop-down box:
   - ICF (SSLC)
   - ICF (Community / State)
   - ICF (Non-State) (i.e. community)

9) Vendor Number: Choose from the drop-down box.

10) Purpose: Choose from the drop-down box. Depending on what you are trying to do, one of the following must be chosen: Admission, Discharge, Absence, or Return.

11) As an option you can enter additional information in the Recipient section to auto populate fields in the form.

12) Click the “Enter Form” button. The Individual Movement Form will display.
13) Click the tabbed sections and enter the information. Fields with red dots are required fields in which you must enter data. If you try to submit the form but have left information missing from fields with red dots you will receive error messages indicating which required fields must be completed before the form can be submitted.

14) 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 form until you are ready to submit.

Or

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

The LTC Online Portal will attempt to validate the form upon submission. If it does not pass validations, error messages will display indicating the error(s) and a DLN will not be generated.

If the form has been successfully submitted a unique DLN will be assigned that, utilizing FSI, can be used to locate and track the status of the form.
The LTC Online Portal will evaluate whether the form contains non-certified units (non-Medicaid beds). Non-certified units will be recorded in the History trail. If there are non-certified units, the form will be terminated and will not be sent to DADS.

If the form is free of non-certified units, the form will move forward in the workflow following ME validation. If ME validation fails, the automatic check will continue for 180 calendar days. If, after 180 days, ME has still not been validated the form will be set to status `Inactivated`. Forms set to status `Inactivated` due to ME failure can be reactivated by providers.

In the event of an unsuccessful submission to the SAS, the form will be routed to DADS manual workflow for resolution. Of course, at any time you may log in to the LTC Online Portal to check the status of the form in the History trail.

**Discharge using the Individual Movement Form**

Providers will submit a discharge request by utilizing the Individual Movement Form following the steps already covered, and indicating the discharge reason.

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**Note:** SSLCs will continue to enter the Individual Movement Form utilizing the AVATAR CRS. DADS will submit Individual Movement records to TMHP via a batch interface between the AVATAR CRS and the LTC Online Portal. The Individual Movement Form will still undergo the same validation checks and be routed to the same workflow as non-SSLC forms entered directly on the LTC Online Portal.

If a permanent discharge is indicated, the provider must document where the Individual will be going. If the form is valid and the Individual was admitted to the facility, the discharge request will be accepted into the SAS. There is not a DADS staff review of discharge requests (unless there is an unsuccessful update to the SAS). There are no letters, approved or denied, associated with the discharge request.

In the event of an unsuccessful submission the form will be routed to DADS manual workflow for resolution.

**Absence using the Individual Movement Form**

Providers will submit an absence request by utilizing the Individual Movement Form following the steps already covered, and indicating the absence reason.

**Return using the Individual Movement Form**

Providers will submit a return request by utilizing the Individual Movement Form following the steps already covered, and indicating the return reason.
Corrections

In the ICF/IID Program, corrections can be made only to the ID/RC 8578 Assessment. Corrections cannot be made to the Individual Movement Form (see the Inactivations section on how to inactivate the Individual Movement Form). Furthermore, providers can make corrections to an assessment only in one of the following statuses:

- Pending Physician License Verification
- Out of State Physician License Invalid
- Remanded to Submitter

Assessments are also correctable prior to DADS Authorization Process or if an assessment has been remanded to the submitter.

If incorrect data is submitted on an ID/RC 8578 Assessment, corrections can be made by clicking the “Correct this form” button. However, not all fields are correctable. To make corrections to an assessment, access the assessment utilizing FSI or Current Activity.

Examples of incorrect data include:

- Individual is listed as a male, but is actually a female.
- Individual’s diagnosis indicates diabetes, but the individual actually has hypoglycemia.

When to Correct an assessment

The ICF/IID assessments can only be corrected during the 14 calendar day time period following the original submission date.

Who May Submit the Correction?

The original submitter does not have to be the one who submits a correction, but the submission does have to be from the same vendor/contract number. Regardless of the current status of an ID/RC 8578 Assessment, corrections will not be allowed to be made to assessments that have at any time been set to status Corrected, Inactivated, Invalid/Complete. The Correct this form button will not be displayed on the yellow Form Actions bar on an assessment that cannot be corrected. Corrections are processed immediately.

How to Submit a Correction

You can use either FSI or Current Activity to access the ID/RC 8578 Assessment that you need to correct.
1) Click the **Form Status Inquiry** link on the blue navigational bar.

![Form Status Inquiry](image1)

2) **Type of Form**: Choose from the drop-down box.

![Form Status Inquiry](image2)

3) **Program**: Choose from the drop-down box.

4) **Vendor Number**: Choose from the drop-down box.

5) Enter data for all required fields as indicated by the red dots. Narrow results by entering specific criteria in the additional fields: “DLN,” “Last Name,” “First Name,” “SSN,” “Medicaid Number,” “Form Status,” “From Date,” and “To Date.”

6) Click the “Search” button. The Search results will then display at the bottom of the screen.
7) Click the **View Detail** link of the requested assessment.

![View Detail link](image)

8) Click the “Correct this form” button.

![Correct this form button](image)

9) A new assessment will be launched. (The status of the parent will be set to status **Corrected** when the “Correct this form” button is clicked and the new child assessment is launched.)

![Form history](image)
10) Enter all required fields and fields needing correction.

11) Click the “Submit Form” button.

The new (child) assessment DLN is assigned, creating the parent/child DLN relationship. The new child assessment becomes the current assessment and replaces the parent assessment. The original form or assessment (parent) is set to status **Corrected**.
Inactivations

Forms and assessments may need to be inactivated for many reasons. However, inactivations will be available only in certain statuses.

For the Individual Movement Form the “Inactivate Form” button will be available in the following statuses:

- Remanded to Submitter (i.e. form is correctable prior to DADS Authorization Process or if form has been remanded)

For the ID/RC 8578 Assessment the “Inactivate Form” button will be available in the following statuses:

- Pending Physician License Verification
- Out of State Physician License Invalid
- Remanded to Submitter (i.e. form is available for inactivation prior to DADS Authorization Process or if form has been remanded)

Forms and assessments can be inactivated through the LTC Online Portal by first retrieving the form or assessment using FSI or Current Activity. Once the form or assessment is inactivated, it will be set to status Inactivated. While an inactivated form or assessment cannot be reactivated, it can still be used as a template. Forms and assessments that have already processed to completion cannot be inactivated.

**Note:** Because the Individual Movement Form cannot be corrected, you could inactivate it and, utilizing the Use as template feature, auto populate the new form (just be certain to revise the information that was incorrect).

Who may Inactivate?

Inactivations may be performed based on the vendor/contract who originally submitted the form or assessment. DADS staff also has the ability to perform inactivations.
How to Inactivate a Form or Assessment

1) Log in to the LTC Online Portal.

2) Find your document using FSI or Current Activity. *(For more information on searching for a form or assessment using FSI go to the Form Status Inquiry section of this User Guide. For instructions on how to use Current Activity, go to the Current Activity section of this User Guide.)*

3) Click the View Detail link.

4) Click the “Inactivate Form” button.

5) When the dialog box stating “Are you sure you want to Inactivate this form?” appears:
   a) Click the “OK” button to inactivate the form or assessment.

   Or

   b) Click the “Cancel” button if you do not want to inactivate the form or assessment.

*Note:* Once inactivated, forms and assessments cannot be reactivated and will be set to status **Inactivated**.
Reminders

- Utilize FSI and Current Activity. These features will keep you informed of the status of your forms and assessments.
- Provide pertinent information in the “Add Note” section.
- The Printable Forms from the LTC Online Portal cannot be used as the official, signed forms that you are required to keep.
- Long Term Care providers are contractually obligated to follow the instructions provided in DADS Information Letters. The TMHP Website at www.tmhp.com/Pages/LTC/ltc_home.aspx contains Information Letters and other important announcements.
- This LTC User Guide may be accessed under the Help link located on the blue navigational bar on the LTC Online Portal.
- A “Reactivate Medicaid ID Check” button or a “Reactivate Medicaid Eligibility Check” button will display if the MI and ME checks have expired.
- Not all buttons will display on the yellow Form Actions bar for some users because security level and form and assessment status dictate which buttons are available (this applies to the blue navigational bar also).
- SSLCs will continue to enter the Individual Movement Form utilizing the AVATAR CRS. The Individual Movement Form will still undergo the same validation checks and be routed to the same workflow as non-SSLC forms entered directly on the LTC Online Portal.
- The CARE system that is currently used is not going away entirely, and the ICF/IID policies currently in place will remain the same.
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](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

<table>
<thead>
<tr>
<th>Service/Areas</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TMHP Call Center/Help Desk</strong></td>
<td>1-800-727-5436 or 1-800-626-4117</td>
</tr>
<tr>
<td><strong>Medicaid Hotline</strong></td>
<td>1-800-252-8263</td>
</tr>
<tr>
<td><strong>EDI Help Desk</strong></td>
<td>1-888-863-3638</td>
</tr>
<tr>
<td><strong>LTC Help Desk</strong></td>
<td>1-800-626-4117</td>
</tr>
<tr>
<td><strong>TMHP General Customer Service</strong></td>
<td>1-800-925-9126</td>
</tr>
<tr>
<td><strong>Medicaid Fraud</strong></td>
<td>1-800-436-6184</td>
</tr>
<tr>
<td><strong>Payment information for cost reports</strong></td>
<td>(512) 438-3597</td>
</tr>
<tr>
<td><strong>Quality assurance fee (QAF)</strong></td>
<td>(512) 438-3597 or (512) 438-3624</td>
</tr>
<tr>
<td><strong>ICF/IID durable medical equipment (DME), DME authorizations, Home and Community Based Services (HCS), Texas Home Living Waiver (TxHmL), home modifications, adaptive aids, and dental services approvals</strong></td>
<td>Provider Claims Services: (512) 438 2200, Option 5  Email: <a href="mailto:HCSAuths@dads.state.tx.us">HCSAuths@dads.state.tx.us</a></td>
</tr>
<tr>
<td><strong>Client Assessment Registration (CARE) System Help Desk for ICF/IID</strong></td>
<td>1-888-952-4357: request HHSC Field Support staff</td>
</tr>
<tr>
<td><strong>Program enrollment for utilization review (UR)/ usual, customary utilization control (UC), Purpose Codes, and Intellectual Disability Related Condition (IDRC) Assessment Form, level of service, level of need, level of care, and Inventory for Client and Agency Planning (ICAP)</strong></td>
<td>(512) 438-5055  Fax: (512) 438-4249</td>
</tr>
<tr>
<td><strong>Provider contracts and vendor holds for ICF/IIDs</strong></td>
<td>(512) 438-3544</td>
</tr>
<tr>
<td><strong>Invalid or inappropriate recoupments for ICF/IIDs</strong></td>
<td>HHSC Help Desk: (512) 438-4720 or 1-800-214-4175</td>
</tr>
<tr>
<td><strong>Consumer Rights and Services</strong></td>
<td><strong>Surrogate Decision Making Program (SDMP) for people receiving community based services through the ICF/IID program</strong></td>
</tr>
</tbody>
</table>
Appendix A: Form and Assessment Statuses

The status of a form or assessment can be monitored by utilizing FSI or Current Activity. The status of a form or assessment 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. You may see the following statuses:

<table>
<thead>
<tr>
<th>ID/RC 8578 Assessment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal Withdrawal</td>
<td>The Individual or LAR has withdrawn a previous request for an appeal.</td>
</tr>
<tr>
<td>Approved (Non-Medicaid)</td>
<td>Final status for approved 8578 Assessments submitted for Individuals who</td>
</tr>
<tr>
<td></td>
<td>are not Medicaid Eligible.</td>
</tr>
<tr>
<td>Callback Initiated</td>
<td>DADS requests justification for an LON assignment review.</td>
</tr>
<tr>
<td>Corrected</td>
<td>The 8578 Assessment has been corrected by the submitter. There will be a</td>
</tr>
<tr>
<td></td>
<td>new DLN located in the History trail indicating the replacement DLN for the</td>
</tr>
<tr>
<td></td>
<td>corrected assessment. No further actions are allowed on assessments with a</td>
</tr>
<tr>
<td></td>
<td>status of corrected.</td>
</tr>
<tr>
<td>DADS SAS Resolution Complete</td>
<td>Final status for an 8578 Assessment that has been rejected by SAS and</td>
</tr>
<tr>
<td></td>
<td>DADS staff have taken action to resolve the issue.</td>
</tr>
<tr>
<td>Denied Due to Financial Ineligibility</td>
<td>DADS staff has denied LOC due to lack of ME.</td>
</tr>
<tr>
<td>ID Confirmed</td>
<td>The LTC online Portal has confirmed that an Individual has a Medicaid ID</td>
</tr>
<tr>
<td></td>
<td>number assigned.</td>
</tr>
<tr>
<td>Inactivated</td>
<td>The 8578 Assessment has been stopped from moving forward in the workflow.</td>
</tr>
<tr>
<td></td>
<td>An inactivated assessment cannot be reactivated.</td>
</tr>
<tr>
<td>Invalid/Complete</td>
<td>The final status for an 8578 Assessment that has been rejected by the SAS</td>
</tr>
<tr>
<td></td>
<td>and DADS staff has determined that the transaction is invalid.</td>
</tr>
<tr>
<td>LOC Approved/LON Modified</td>
<td>DADS has approved the requested LOC assignment, but modified the LON</td>
</tr>
<tr>
<td></td>
<td>assignment.</td>
</tr>
<tr>
<td>LOC Decision Reversed During Appeal</td>
<td>The state has reversed the original decision to deny an LOC assignment as</td>
</tr>
<tr>
<td></td>
<td>the result of an Individual’s request for an appeal.</td>
</tr>
<tr>
<td>LOC Decision Sustained During Appeal</td>
<td>The state has maintained the original decision to deny the LOC as the result</td>
</tr>
<tr>
<td></td>
<td>of an Individual’s request for an appeal.</td>
</tr>
<tr>
<td>LOC Decision Under Appeal</td>
<td>The state is reviewing the original decision to deny the LOC assignment is</td>
</tr>
<tr>
<td></td>
<td>under review as a result of an Individual’s request for an appeal.</td>
</tr>
<tr>
<td>LOC Decision Under Appeal With</td>
<td>While the state is reviewing the original decision to deny an LOC assignment,</td>
</tr>
<tr>
<td>Continuation of Services</td>
<td>the state has authorized the continuation of services for the Individual.</td>
</tr>
<tr>
<td>LOC Decision Under Appeal Without</td>
<td>While the state is reviewing the original decision to deny an LOC assignment,</td>
</tr>
<tr>
<td>Continuation of Services</td>
<td>the state has not authorized the continuation of services for the Individual.</td>
</tr>
<tr>
<td>ID/RC 8578 Assessment</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>LOC Denied</td>
<td>During the authorization process DADS has denied the requested LOC assignment.</td>
</tr>
<tr>
<td>LOC Modified/LON Approved</td>
<td>During the authorization process DADS has modified the requested LOC assignment and approved the LON assignment.</td>
</tr>
<tr>
<td>LOC Modified/LON Modified</td>
<td>During the authorization process DADS has modified both the request for LOC and LON assignments.</td>
</tr>
<tr>
<td>LOC/LON Approved</td>
<td>During the authorization process DADS has approved both the requested LOC and LON assignments.</td>
</tr>
<tr>
<td>LON Approved</td>
<td>During the authorization process DADS has approved the requested LON assignment.</td>
</tr>
<tr>
<td>LON Modified</td>
<td>During the authorization process, DADS has modified the requested LON assignment.</td>
</tr>
<tr>
<td>LON Reversed During Administrative Review</td>
<td>DADS has reversed the original decision to deny or modify an LON assignment during the final review of a request to reconsider an LON assignment review.</td>
</tr>
<tr>
<td>LON Reversed During Reconsideration</td>
<td>DADS has reversed the original decision to deny or modify the LON assignment during reconsideration of a request for an LON assignment review.</td>
</tr>
<tr>
<td>LON Sustained During Administrative Review</td>
<td>DADS sustains an original decision to deny or modify an LON assignment during the final review of a request to reconsider an LON assignment review.</td>
</tr>
<tr>
<td>LON Sustained During Reconsideration</td>
<td>DADS has sustained the original decision to deny or modify the LON assignment during reconsideration of a request for an LON assignment review.</td>
</tr>
<tr>
<td>ME Verification Check Activated</td>
<td>If, after 180 calendar days, the SAS cannot find Medicaid Eligibility for the Individual, either DADS or the original submitter can request reactivation of the Medicaid Eligibility check.</td>
</tr>
<tr>
<td>Medicaid Eligibility Verification Inactive</td>
<td>The SAS has reached the 180 day limit for checking an Individual’s Medicaid Eligibility. DADS staff or the original submitter can reactivate the search for Medicaid Eligibility.</td>
</tr>
<tr>
<td>Medicaid Eligibility Confirmed</td>
<td>The SAS has found Medicaid Eligibility for the requested date.</td>
</tr>
<tr>
<td>Medicaid ID Check Activated</td>
<td>If after 180 calendar days the SAS cannot find a Medicaid ID for an Individual, either DADS or the original submitter can request reactivation of the Medicaid ID check.</td>
</tr>
<tr>
<td>Medicaid ID Check Inactive</td>
<td>The SAS has reached the 180 day limit for checking an Individual’s Medicaid ID. DADS staff or the original submitter may reactivate the search for an Individual’s Medicaid ID.</td>
</tr>
<tr>
<td>Medicaid ID Pending</td>
<td>The SAS is checking for a valid Medicaid ID.</td>
</tr>
<tr>
<td>Pending DADS Review</td>
<td>The assessment is pending DADS review and authorization of the requested level of need assignment.</td>
</tr>
<tr>
<td>Pending DADS Review - LON</td>
<td>The assessment is pending DADS review and authorization of the requested LON assignment.</td>
</tr>
<tr>
<td>Pending DADS Review (Callback - LON Packet Not Received)</td>
<td>DADS has not received justification for the requested LON assignment review.</td>
</tr>
<tr>
<td>Pending DADS Review (Callback - LON Packet Received)</td>
<td>DADS has received LON justification packet and is reviewing the assessment for authorization.</td>
</tr>
<tr>
<td>Pending DADS Review (LON Packet Not Received)</td>
<td>DADS has not yet taken action on the assessment during the review and authorization of the requested LON assignment.</td>
</tr>
<tr>
<td>Pending DADS Review (LON Packet Received)</td>
<td>DADS has not yet taken action on the assessment during the review and authorization of the requested LON assignment. DADS has requested justification of LON assignment review which has been received.</td>
</tr>
</tbody>
</table>
### ID/RC 8578 Assessment

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending DADS SAS Resolution</td>
<td>The assessment has been rejected by the SAS and sent to DADS staff for resolution.</td>
</tr>
<tr>
<td>Pending LON Administrative Review</td>
<td>DADS changes the status to reflect that a request has been made for an administrative review of the LON modification.</td>
</tr>
<tr>
<td>Pending LON Packet Receipt</td>
<td>The SAS is awaiting confirmation by DADS that justification for the requested increased LON has been received.</td>
</tr>
<tr>
<td>Pending LON Packet Receipt (Callback)</td>
<td>DADS has indicated needed justification for an assignment review LON has been received.</td>
</tr>
<tr>
<td>Pending LON Reconsideration</td>
<td>The SAS is awaiting DADS to indicate the outcome of the reconsideration process.</td>
</tr>
<tr>
<td>Pending Medicaid Eligibility Verification</td>
<td>The SAS is checking an Individual's Medicaid Eligibility for the requested dates.</td>
</tr>
<tr>
<td>Pending SAS Update</td>
<td>Assessment data has been transmitted to SAS and is awaiting a response.</td>
</tr>
<tr>
<td>Pending Submission</td>
<td>The assessment has been accepted by the LTC Online Portal and is performing validations.</td>
</tr>
<tr>
<td>Processed/Complete</td>
<td>The assessment has been processed without error.</td>
</tr>
<tr>
<td>Rejected by SAS</td>
<td>The assessment has not processed.</td>
</tr>
<tr>
<td>Remanded to Submitter</td>
<td>The assessment has been returned to the original submitter for corrections.</td>
</tr>
<tr>
<td>Submit to SAS</td>
<td>Transitional status when DADS staff resubmits to SAS the assessment that has been previously rejected.</td>
</tr>
<tr>
<td>Submitted</td>
<td>The assessment has been successfully submitted into the LTC Online Portal workflow.</td>
</tr>
</tbody>
</table>

### Individual Movement Form

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal Requested</td>
<td>The form was previously denied and the Individual or their representative has requested an appeal.</td>
</tr>
<tr>
<td>Appeal Withdrawn</td>
<td>A previous request for a fair hearing on a previously denied form has been withdrawn.</td>
</tr>
<tr>
<td>Corrected</td>
<td>The form has been corrected by the Submitter. There will be a new DLN located in the History trail indicating the replacement DLN for the corrected form. No further actions are allowed on forms with a status of corrected.</td>
</tr>
<tr>
<td>DADS SAS Resolution Complete</td>
<td>Final status for form that has been rejected by SAS and that DADS staff have taken action to resolve the issue within SAS.</td>
</tr>
<tr>
<td>DADS SAS Resolution Complete - Returned to Service</td>
<td>An Individual has been return to Waiver services after a suspension.</td>
</tr>
<tr>
<td>ID Confirmed</td>
<td>The SAS has confirmed that an Individual has a Medicaid ID number assigned.</td>
</tr>
<tr>
<td>Inactivated</td>
<td>A form has been stopped from moving forward in the workflow. An inactivated form cannot be reactivated.</td>
</tr>
<tr>
<td>Individual Update: Pending Submission</td>
<td>The Individual Update form has been accepted by the LTC Online Portal and is performing validations.</td>
</tr>
<tr>
<td>Invalid/Complete</td>
<td>The final status for forms that have been rejected by SAS, and DADS staff determined that the transaction is invalid.</td>
</tr>
<tr>
<td>Medicaid Eligibility Confirmed</td>
<td>The SAS has found Medicaid Eligibility for the requested date.</td>
</tr>
</tbody>
</table>
### Individual Movement Form

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid ID Pending</td>
<td>The SAS is checking for a valid Medicaid ID.</td>
</tr>
<tr>
<td>Pending DADS Review</td>
<td>The form is forwarded to DADS for review and authorization.</td>
</tr>
<tr>
<td>Pending DADS SAS Resolution</td>
<td>The form has been rejected by SAS and sent to DADS staff for resolution.</td>
</tr>
<tr>
<td>Pending Medicaid Eligibility Verification</td>
<td>The SAS is checking for an Individual’s Medicaid Eligibility for the requested dates.</td>
</tr>
<tr>
<td>Pending SAS Update</td>
<td>Form data has been transmitted to SAS and is awaiting a response.</td>
</tr>
<tr>
<td>Processed/Complete</td>
<td>The form is complete and has been processed without error.</td>
</tr>
<tr>
<td>Processed/Complete (Non-Cert Units)</td>
<td>The form has processed successfully for non-Medicaid beds.</td>
</tr>
<tr>
<td>Rejected by SAS</td>
<td>The form has not processed.</td>
</tr>
<tr>
<td>Remanded to Submitter</td>
<td>The form has been returned to the original submitter for corrections.</td>
</tr>
</tbody>
</table>
## Appendix B: Response Codes

<table>
<thead>
<tr>
<th>SAS Response Code</th>
<th>Internal Message Text</th>
<th>External Message Text</th>
<th>Service Group(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM-0003</td>
<td>CM-0003: The request cannot be processed because the Services being requested on the Admission form are not applicable for the Provider Contract Number selected on the form.</td>
<td>CM-0003: The request cannot be processed because the Services being requested on the Admission form are not applicable for the Provider Contract Number selected on the form.</td>
<td>ICF &amp; SSLC 4, 5 and 6</td>
</tr>
<tr>
<td>CM-0004</td>
<td>CM-0004: The request cannot be processed because the returning Individual’s hold record cannot be found.</td>
<td>CM-0004: The request cannot be processed because the returning Individual’s hold record cannot be found.</td>
<td>ICF &amp; SSLC 4, 5 and 6</td>
</tr>
<tr>
<td>CM-0012</td>
<td>CM-0012: This request cannot be processed because the Individual requesting an Absence does not have a valid Movement Code and Status Combination in the system.</td>
<td>CM-0012: This request cannot be processed because the Individual requesting an Absence does not have a valid Movement Code and Status Combination in the system.</td>
<td>ICF &amp; SSLC 4, 5 and 6</td>
</tr>
<tr>
<td>CM-0013</td>
<td>CM-0013: Individual does not exist in SAS and hence must submit an ID/RC and Individual Movement Form with Purpose = Admission for enrollment to a Certified Bed in this program.</td>
<td>CM-0013: Individual does not exist in SAS and hence must submit an ID/RC and Individual Movement Form with Purpose = Admission for enrollment to a Certified Bed in this program.</td>
<td>SSLC 4</td>
</tr>
<tr>
<td>CM-0014</td>
<td>CM-0014: Individual must submit an ID/RC and Individual Movement Form with Purpose = Admission for enrollment to a Certified Bed in this program.</td>
<td>CM-0014: Individual must submit an ID/RC and Individual Movement Form with Purpose = Admission for enrollment to a Certified Bed in this program.</td>
<td>SSLC 4</td>
</tr>
<tr>
<td>CM-0015</td>
<td>CM-0015: The discharge request cannot be processed because the Individual is not currently enrolled in the program.”</td>
<td>CM-0015: The discharge request cannot be processed because the Individual is not currently enrolled in the program.”</td>
<td>ICF &amp; SSLC 4, 5 and 6</td>
</tr>
<tr>
<td>CM-0016</td>
<td>CM-0016: The admission request cannot be processed because the effective date being requested overlaps with the Admission date for the Individual already admitted to an ICF/ID facility under a different Provider Contract Number.</td>
<td>CM-0016: The admission request cannot be processed because the effective date being requested overlaps with the Admission date for the Individual already admitted to an ICF/ID facility under a different Provider Contract Number.</td>
<td>ICF &amp; SSLC 4, 5 and 6</td>
</tr>
<tr>
<td>CM-0018</td>
<td>CM-0018: This request cannot be processed because the Individual requesting Admission in the ICF/ID facility does not have a valid Movement Code and Status Combination in the system.</td>
<td>CM-0018: This request cannot be processed because the Individual requesting Admission in the ICF/ID facility does not have a valid Movement Code and Status Combination in the system.</td>
<td>ICF &amp; SSLC 4, 5 and 6</td>
</tr>
<tr>
<td>CM-0019</td>
<td>CM-0019: This request cannot be processed because the Individual requesting a Discharge does not have a valid Movement Code and Status Combination in the system.</td>
<td>CM-0019: This request cannot be processed because the Individual requesting a Discharge does not have a valid Movement Code and Status Combination in the system.</td>
<td>ICF &amp; SSLC 4, 5 and 6</td>
</tr>
<tr>
<td>SAS Response Code</td>
<td>Internal Message Text</td>
<td>External Message Text</td>
<td>Service Group(s)</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>CM-0020</td>
<td>CM-0020: This request cannot be processed because the Individual returning to the ICF/ID facility does not have a valid Movement Code and Status Combination in the system.</td>
<td>CM-0020: This request cannot be processed because the Individual returning to the ICF/ID facility does not have a valid Movement Code and Status Combination in the system.</td>
<td>ICF &amp; SSLC 4, 5 and 6</td>
</tr>
<tr>
<td>CM-0021</td>
<td>CM-0021: This request cannot be processed because the Individual does not have a valid Movement Code and Status Combination in the system.</td>
<td>CM-0021: This request cannot be processed because the Individual does not have a valid Movement Code and Status Combination in the system.</td>
<td>SSLC 4</td>
</tr>
<tr>
<td>GN-0001</td>
<td>GN-0001: The request cannot be processed because the Individual's record does not exist in SAVER/ TIERS.</td>
<td>GN-0001: The request cannot be processed because the Individual's record does not exist in SAVER/ TIERS.</td>
<td>ICF &amp; SSLC and HCS &amp; TxHml 4, 5, 6, 21, and 22</td>
</tr>
<tr>
<td>GN-0006</td>
<td>GN-0006: The request cannot be processed because the Provider Contract cannot accommodate a new Individual since the Contract Capacity is full.</td>
<td>GN-0006: The request cannot be processed because the Provider Contract cannot accommodate a new Individual since the Contract Capacity is full.</td>
<td>ICF &amp; SSLC and HCS &amp; TxHml 4, 5, 6, 21, and 22</td>
</tr>
<tr>
<td>GN-0010</td>
<td>GN-0010: The request cannot be processed because the existing SAS record may have already been updated by a DADS State Office Staff manually</td>
<td>GN-0010: The request cannot be processed because the existing SAS record may have already been updated by a DADS State Office Staff manually.</td>
<td>ICF &amp; SSLC and HCS &amp; TxHml 4, 5, 6, 21, and 22</td>
</tr>
<tr>
<td>GN-0016</td>
<td>GN-0016: The request cannot be processed because the Provider Contract submitted on the form is not a valid Contract Number.</td>
<td>GN-0016: The request cannot be processed because the Provider Contract submitted on the form is not a valid Contract Number.</td>
<td>ICF &amp; SSLC and HCS &amp; TxHml 4, 5, 6, 21, and 22</td>
</tr>
<tr>
<td>GN-0017</td>
<td>GN-0017: The request cannot be processed because the Location submitted on the form is not a valid Location.</td>
<td>GN-0017: The request cannot be processed because the Location submitted on the form is not a valid Location.</td>
<td>SSLC &amp; HCS 21, 4</td>
</tr>
<tr>
<td>GN-0018</td>
<td>GN-0018: This request cannot be processed because the submitted form contains invalid form status for the form type that cannot be processed by the system.</td>
<td>GN-0018: This request cannot be processed because the submitted form contains invalid form status for the form type that cannot be processed by the system.</td>
<td>ICF &amp; SSLC and HCS &amp; TxHml 4, 5, 6, 21, and 22</td>
</tr>
<tr>
<td>GN-0019</td>
<td>GN-0019: This form cannot be processed because the Individual's original records cannot be found (cannot find Parent DLN in SAS).</td>
<td>GN-0019: This form cannot be processed because the Individual's original records cannot be found (cannot find Parent DLN in SAS).</td>
<td>ICF &amp; SSLC and HCS &amp; TxHml 4, 5, 6, 21, and 22</td>
</tr>
<tr>
<td>GN-0020</td>
<td>GN-0020: This request cannot be processed because the submitted form contains invalid Purpose Code for the form type that cannot be processed by the system.</td>
<td>GN-0020: This request cannot be processed because the submitted form contains invalid Purpose Code for the form type that cannot be processed by the system.</td>
<td>ICF &amp; SSLC and HCS &amp; TxHml 4, 5, 6, 21, and 22</td>
</tr>
<tr>
<td>GN-0021</td>
<td>GN-0021: This request cannot be processed because the submitted form contains invalid service group for the form type that cannot be processed by the system.</td>
<td>GN-0021: This request cannot be processed because the submitted form contains invalid service group for the form type that cannot be processed by the system.</td>
<td>ICF &amp; SSLC and HCS &amp; TxHml 4, 5, 6, 21, and 22</td>
</tr>
<tr>
<td>GN-0022</td>
<td>GN-0022: This request cannot be processed because the submitted form contains an invalid TMHP change flag value that cannot be processed by the system.</td>
<td>GN-0022: This request cannot be processed because the submitted form contains an invalid TMHP change flag value that cannot be processed by the system.</td>
<td>ICF &amp; SSLC and HCS &amp; TxHml 4, 5, 6, 21, and 22</td>
</tr>
<tr>
<td>SAS Response Code</td>
<td>Internal Message Text</td>
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<td>Service Group(s)</td>
</tr>
<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>LN-0001</td>
<td>LN-0001: The request cannot be processed because the Individual does not have an active Level of Service (LN) record in SAS.</td>
<td>LN-0001: The request cannot be processed because the Individual does not have an active Level of Service (LN) record in SAS.</td>
<td>ICF &amp; SSLC and HCS &amp; TxHmL 4, 5, 6, 21, and 22</td>
</tr>
<tr>
<td>MR-0003</td>
<td>MR-0003: The admission request cannot be processed because the Individual is already admitted to the facility and has active service authorizations overlapping the effect date of the Admission.</td>
<td>MR-0003: The admission request cannot be processed because the Individual is already admitted to the facility and has active service authorizations overlapping the effect date of the Admission.</td>
<td>ICF &amp; SSLC 4, 5, 6</td>
</tr>
<tr>
<td>GN-9200</td>
<td>GN-9200: This form cannot be processed because of a SAS Rules Engine Error.</td>
<td>GN-9200: This form is being processed manually by DADS. Allow an additional 10 business days for processing.</td>
<td>ICF &amp; SSLC and HCS &amp; TxHmL 4, 5, 6, 21 and 22</td>
</tr>
<tr>
<td>GN-9246</td>
<td>GN-9246: This form cannot be processed because of a technical error. Assistance from technical staff is required.</td>
<td>GN-9246: This form is being processed manually by DADS. Allow an additional 10 business days for processing.</td>
<td>ICF &amp; SSLC and HCS &amp; TxHmL 4, 5, 6, 21 and 22</td>
</tr>
</tbody>
</table>
# Appendix C: Terms and Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted</td>
<td>Term used to indicate files or transactions that successfully bypassed front-end rejection criteria and are accepted for further processing in CMS.</td>
</tr>
<tr>
<td>APN</td>
<td>Advanced Practice Nurse</td>
</tr>
<tr>
<td>AVATAR CRS</td>
<td>Client Registration System (formerly known as CRS)</td>
</tr>
<tr>
<td>Cap/Cap Tracking</td>
<td>Maximum amount set by DADS for defined Service Group/Service Code combinations. Caps are set initially per program; however, additional amounts may be considered by DADS per Individual.</td>
</tr>
<tr>
<td>CARE ID</td>
<td>Client Assignment and Registration ID</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CMS Claims Management System (TMHP Long Term Care)</td>
<td></td>
</tr>
<tr>
<td>DADS</td>
<td>Department of Aging and Disability Services</td>
</tr>
<tr>
<td>DD</td>
<td>Developmental Disability</td>
</tr>
<tr>
<td>DFPS</td>
<td>The Department of Family and Protective Services</td>
</tr>
<tr>
<td>DLN</td>
<td>Document Locator Number</td>
</tr>
<tr>
<td>DO</td>
<td>Doctor of Osteopathic Medicine</td>
</tr>
<tr>
<td>EDI</td>
<td>Electronic Data Interchange</td>
</tr>
<tr>
<td>FSI</td>
<td>Form Status Inquiry</td>
</tr>
<tr>
<td>Gap</td>
<td>A period of time for an Individual for which there is no assessment coverage.</td>
</tr>
<tr>
<td>HHSC</td>
<td>Texas Health &amp; Human Services Commission</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>ICAP</td>
<td>Inventory for Client and Agency Planning</td>
</tr>
<tr>
<td>ICF/IID</td>
<td>Intermediate Care Facility/Facilities for Individuals with an Intellectual Disability or Related Conditions</td>
</tr>
<tr>
<td>ID</td>
<td>Intellectual Disability Client Assignment and Registration (formerly MR CARE)</td>
</tr>
<tr>
<td>ID CARE</td>
<td>Intellectual Disability</td>
</tr>
<tr>
<td>ID/RC</td>
<td>Intellectual Disability/Related Condition (formerly MR/RC)</td>
</tr>
<tr>
<td>IDD</td>
<td>Intellectual and Developmental Disabilities</td>
</tr>
<tr>
<td>IID</td>
<td>Individuals with an Intellectual Disability</td>
</tr>
<tr>
<td>Individual</td>
<td>The person receiving services (formerly client, consumer, patient, or case)</td>
</tr>
<tr>
<td>LA</td>
<td>Local Authority (formerly MRA)</td>
</tr>
<tr>
<td>LAR</td>
<td>Legally Authorized Representative</td>
</tr>
<tr>
<td>LOC</td>
<td>Level of Care</td>
</tr>
<tr>
<td>LON</td>
<td>Level of Need</td>
</tr>
<tr>
<td>LTC</td>
<td>Long Term Care</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</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 and assessments to TMHP and manage the service authorization process.</td>
</tr>
<tr>
<td>ME</td>
<td>Medicaid Eligibility</td>
</tr>
<tr>
<td>MESAV</td>
<td>Medicaid Eligibility Service Authorization Verification</td>
</tr>
<tr>
<td>MHMR</td>
<td>Mental Health and Intellectual Disability</td>
</tr>
<tr>
<td>MI</td>
<td>Medicaid ID</td>
</tr>
<tr>
<td>MR CARE</td>
<td>See ID/CARE</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier Number</td>
</tr>
<tr>
<td>NPPES</td>
<td>National Plan and Provider Enumeration System</td>
</tr>
<tr>
<td>PA</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>PA</td>
<td>Physician's Authorization</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization</td>
</tr>
<tr>
<td>PC</td>
<td>Purpose Code</td>
</tr>
<tr>
<td>PCS</td>
<td>Provider Claims Services (workflow)</td>
</tr>
<tr>
<td>QDDP</td>
<td>Qualified Developmental Disabilities Professional (SSLCs only)</td>
</tr>
<tr>
<td>QIDP</td>
<td>Qualified Intellectual Disability Professional</td>
</tr>
<tr>
<td>R&amp;S</td>
<td>Remittance and Status Report</td>
</tr>
<tr>
<td>SAS</td>
<td>Service Authorization System</td>
</tr>
<tr>
<td>SG</td>
<td>Service Group</td>
</tr>
<tr>
<td>SSAS</td>
<td>Single Service Authorization System</td>
</tr>
<tr>
<td>SSCC</td>
<td>State Supported Living Center</td>
</tr>
<tr>
<td>SSN</td>
<td>Social Security Number</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><a href="http://www.tmhp.com">www.tmhp.com</a></td>
<td>TMHP's website; TMHP web-based applications (e.g. LTC Online Portal, TexMedConnect) can be found at <a href="http://www.tmhp.com">www.tmhp.com</a>.</td>
</tr>
<tr>
<td>Workflow</td>
<td>Common term in LTC referring to a unique process</td>
</tr>
</tbody>
</table>