Long Term Care User Guide for Hospice Providers
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Learning Objectives

After reading this Long Term Care (LTC) Hospice Services User Guide, you will be able to:

• The process for completing and submitting Hospice Form 3071 - Election/Cancellation/Discharge Notice.
• The process for completing and submitting Hospice Form 3074 - Physician Certification of Terminal Illness.
• Recognize how to prevent Medicaid waste, abuse, and fraud.
• Understand that complying with Health Insurance Portability and Accountability Act (HIPAA) is YOUR responsibility. You should seek legal representation when needed, and consult the manuals or speak to your Texas Medicaid & Healthcare Partnership (TMHP) Provider Representative when you have questions.
• Identify additional resources.
Forms to be Submitted

Hospice Form 3071–Election/Cancellation/Discharge Notice

Form 3071 is used to notify HHS of a Texas Medicaid Hospice individual's voluntary election, transfer, or cancellation of the Texas Medicaid Hospice program, or to update changes in the Texas Medicaid Hospice individual's location, condition, or status. Each Form 3071 must be completed by the hospice staff either as an election, an update, correction, or a cancellation. If an individual is discharged from Hospice for any reason and the individual re-elects Hospice, regardless of the amount of time, a new election and a new Physician Certification Form must be completed.

If the form is intended to elect an individual into the Hospice program, check the ELECT box and include only the FROM date. An individual or responsible party signature is required on all Elect form types.

If the form will update information already provided on an existing election document, check the UPDATE box, include only the FROM date, and complete the appropriate fields. Forms indicating Update do not require an individual or responsible party signature.

Complete an update transaction to a document if:

• The provider numbers change because of a change in ownership.
• The individual changes location from/to community or Nursing Facility.
• There is a change to the principal diagnosis.

Updates should be submitted when a provider needs to change the information for future services. If it is necessary to correct previously submitted information for previous service dates, submit a Correction. More information about Corrections to Form 3071 can be found in the “Corrections” section of this User Guide.

If the form is intended to cancel/terminate an individual from the Hospice program, check the CANCEL box and include only the TO Date. An individual or responsible party signature is required if the cancellation code is “14 - Recipient transferred to service other than hospice” or “77 - Recipient withdrew, was dissatisfied, or refused service.”

When an individual transfers from one hospice provider to another hospice provider, the hospice provider currently providing services enters cancel code 77 on Form 3071 and includes only the TO date. The hospice provider initiating services completes Form 3071, electing hospice and includes only the FROM date.

The transition from one hospice provider to another begins a new service authorization period because the service authorization date changes to reflect the date of transfer. The receiving hospice must complete a new Form 3074 prior to the end of the service authorization period for the transferring hospice.

On Line 13 enter the principal hospice diagnosis as reported by the certifying physician. Additional pertinent, coexisting diagnoses are entered on Lines 14 through 16. If there are additional diagnoses to be documented, enter them
in the Enter Comments Box (17). Document the ICD code for each diagnosis recorded. Non-specific diagnoses, such as “Adult Failure to Thrive” or “Debility” will not be accepted as the principal hospice diagnosis.

The Setting field indicates where the individual is receiving hospice services. The setting determines which hospice services are authorized. Community type settings are not authorized for Room and Board services. An individual who resides in an assisted living facility is considered to be in the “Community” and the setting should be “Home.” Verify the classification of the facility before indicating the individual is in an NF or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) facility. NF and ICF/IID facilities must have an associated Level of Service record per facility type.

The provider must maintain an original Form 3071 on file for reproduction. Submission of the form is outlined in the “How to Submit Form 3071” section of this User Guide. An original can be obtained on the HHS website: https://hhs.texas.gov/laws-regulations/forms.

This form is also located online at: www.tmhp.com/Pages/LTC/ltc_forms.aspx.

**Note:** The effective date of Form 3071 is the hospice election date or the individual’s signature date, whichever occurs last. See the “Helpful Telephone Numbers” section of this User Guide for contact information on hospice claims, policy, and contracting.

For hospice forms, policy questions should be directed to hospice@HHS.state.tx.us. TMHP only addresses technical questions related to using the LTC Online Portal for hospice form submission.

**Note:** If the individual enters the NF under hospice care, then there is no need to submit a 3618 or 3619 admission. If the individual has already been admitted to the NF on a 3618/19 and then enters hospice care (while remaining in the facility), the NF is responsible for discharging them to hospice care on a 3618/19. Once they have discharged the individual, they are no longer required to submit 3618 or 3619 forms to track the individual’s movements, as those movements will be tracked on the hospice form 3071.

**How to Submit Form 3071**

Paper copies of forms 3071 and 3074 with dates and signatures must be completed prior to electronic submittals via the TMHP portal. The signed and dated originals must be retained in the hospice individual’s medical/hospice record.

1. Log in to the LTC Online Portal.
2. Click the **Submit Form** link located in the blue navigational bar.
3. Type of Form: Choose **3071: Recipient Election/Cancellation/Discharge Notice** from the drop-down box.
4. Click the “Enter Form” button.
5. Enter all required information as indicated by the red dots.
   - Complete at least one of the following: Medicaid number or SSN.
   - If Election, choose Election and enter a “From” date only. Elections must include an individual or responsible party signature. Examples of when to choose ELECTION:
     - An individual is electing hospice for the first time.
     - An individual is re-electing hospice after a gap in hospice services.
     - An individual is transferring from one hospice provider to another. The election date will then be the date of transfer. The gaining provider must also submit form 3074 to begin a new service authorization period.
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- If Update, choose Update and enter a “From” date only. Use the comment box (17) to enter explanation of the update. Examples of when to choose UPDATE:
  - Hospice individual has an additional terminal diagnosis
  - Change in payment
  - Change in hospice ownership (CHOW) that results in a new provider number (This update is required in transfer the individual’s information to the new provider)
  - Change in hospice individual’s location or setting
  - Hospice individual is admitted to a Skilled Nursing Facility, (SNF) bed
  - Hospice individual’s admission to a Nursing Facility Medicaid bed

- If terminating the hospice program, choose Cancel and enter a “To” date only. If the Cancel Code is 14 or 77, an individual or responsible party signature is required.
  - An individual voluntarily revokes hospice service.
  - An individual expires.
  - An individual no longer meets hospice eligibility requirements.
  - An individual transfers to another service (other than hospice).
  - An individual transfers to another hospice provider, the losing provider chooses CANCEL and enters a Cancel Code 77 in Box 2.

- Setting indicates where the individual is receiving the hospice services.
- If the individual is in an Assisted Living facility, Setting should indicate “Home.”
- A setting of “SNF” indicates that the individual is classified as Medicare for a non-related condition.
- Enter the principal terminal ICD-Code, as stated by the certifying physician, in the first box marked by the red dot. All other terminal diagnoses may be entered in the remaining boxes. Additional pertinent diagnoses may be entered in the COMMENTS box (17) with the ICD-Code included.

**NOTE:** Diagnoses Debility and Failure to Thrive are no longer accepted as principal terminal diagnoses.

6. From here you have two choices:
   a. Click the “Submit Form” button to submit the form.
   or
   b. Click the “Save as Draft” button to store the form for future use, but not submit it. The form does not have to be complete to save the draft.

**Note:** If the form is successfully submitted, a DLN will be assigned and the LTC Online Portal will show “Your form was submitted successfully.” If there are errors they will be displayed in a box at the top of the screen. These errors will need to be resolved before the form will be successfully submitted. Once all errors are resolved, click the “Submit Form” button again to submit the form.

**Note:** Both the 3071 and 3074 must be submitted and processed prior to receipt of payment.
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## 3071 Recipient Election/Cancellation/Discharge Notice

### Provider Information

[Image: logo]

### Recipient Information

- **Medicaid Number (8)**
- **SSN (9)**
- **DOB (16)**

### Name

- **Last (7)**
- **First (11)**
- **Middle (11)**

### Address

- **Street (12)**
- **City (13)**
- **State (14)**
- **Zip (15)**

- **Name of facility/provider (if applicable)**
- **County Code (12)**

### Transaction Information

- **Form Type (1)**
- **Form (3)**
- **To (4)**

### All Terminal Diagnosis - List All Terminal Illnesses

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
</tr>
</tbody>
</table>

### Comments (17)

[Blank field]

### Hospice Information

- **Hospice Provider Name (18)**
- **Provider Number (19)**
- **Hospice Phone Number (20)**

### Physician Information

- **Physician First Name (21)**
- **Physician Last Name (22)**
- **State License No. (23)**

### Signatures

- **Hospice Representative**
  - **Last Name (25)**
  - **First Name (26)**
  - **Is Signature on Form? (26)**

- **Client**
  - **Is Signature on Form? (26)**
  - **Date Signed (27)**

[Submit Form button]
Hospice Form 3074–Medicaid/Medicare Physician Certification of Terminal Illness

Form 3074 fulfills several purposes. Form 3074 is used to capture the Medicaid Physician’s certification that the individual, based upon the principal hospice diagnosis, has a prognosis of six months or less to live if the terminal illness runs its normal course. Medicare physician certification and completion of enrollment in the Medicaid Hospice program are additional functions of Form 3074.

The provider must maintain a blank Form 3074 on file for reproduction. An original can be found on the HHS website: https://hhs.texas.gov/laws-regulations/forms.

This form is also located online at: www.tmhp.com/Pages/LTC/ltc_forms.aspx or on the TMHP LTC Online Portal under the Printable Forms feature.

The physician completes Form 3074 when an individual elects hospice and every six months (recertification) thereafter. Physician certification statements are valid for six months and must be renewed each subsequent six month certification period. A hospice individual’s principal hospice diagnosis must be verified within two days of the hospice election date as evidenced by verbal verification by the hospice staff or receipt of physician(s) signature on Form 3074. The physician is allowed to sign and date the initial certification within the six-month terminal illness time frame the physician is certifying if a verbal verification is obtained. If no verbal verification is obtained, the physician’s signature must be obtained within two days of the initial election in order for the certification to be valid on the election date.

Note: Recertification forms must be signed no earlier than 15 calendar days before the recertification date or anytime during the six-month recertification period.

- If an individual is discharged from hospice services for any reason and that individual re-elects hospice, regardless of the amount of time, a new election (3071) and new Physician Certification Form (3074) must be completed.

Note: Both the 3071 and 3074 must be successfully submitted and processed prior to receipt of payment.

- If the initial certification statement is signed by the physician after the six-month time frame, the effective date will be the date the document was signed by the physician. Medicaid payment will not be made prior to that date.
- The two-day verbal verification period does not apply to recertification. The recertification statements must be signed and dated by the physician prior to the expiration date of the recertification period.
- Medicaid payment will not be made for any period where a gap exists in the certification periods. This form must be completed for the individual to receive Texas Medicaid Hospice services and for the provider to be paid for those services.

For hospice forms, policy questions should be directed to hospice@HHS.tx.state.us. TMHP only addresses technical questions related to using the LTC Online Portal for Hospice form submission.
How to Submit Form 3074

Paper copies of forms 3071 and 3074 with dates and signatures must be completed prior to electronic submittals via the TMHP portal. The signed and dated originals must be retained in the hospice individual's medical/hospice record.

1. Log in to the LTC Online Portal.

2. Click the Submit Form link located in the blue navigational bar.

3. Type of Form: Choose **3074: Physician Certification of Terminal Illness** from the drop-down box.

4. Click the “Enter Form” button.

5. Enter all required information as indicated by the red dots.

6. Verify the following are complete before submission of the form:
   - Complete at least one of the following: Medicaid number, SSN, or Medicare Number.
   - Election/Start Date is the Election date from the Form 3071 Elect.
   - Recertification? If this form is a recertification, check this box.
   - Cert/Recert Date - Indicate what the effective date is of this certification.
   - Verbal Verification - If completed within two days of Election, the physicians have six months to sign the certification (submission cannot occur until signatures are obtained).
   - If the form is being completed as an initial certification, two physician signatures are required unless the Exclusion Statement is signed.
   - If no verbal verification is given, the physician's signatures must be within two days of the Election on an initial certification. If no verbal verification is obtained and Form 3074 is not signed within two days of the Election, the effective date is the later of the two physician's signatures.
   - A recertification only requires one physician signature.
   - A recertification can be signed up to 15 calendar days prior to the recertification date or within the six-month recertification period.
   - The Exclusion Statement is only completed if the individual does not have an attending physician for the initial certification.
   - An error will occur if the license number does not pass validation. The form cannot be submitted until all errors are resolved.

7. From here you have two choices:
   a. Click the “Submit Form” button to submit the form.
   or
   b. Click the “Save as Draft” button to store the form for future use, but not submit it. The form does not have to be complete to save the draft.

**Note:** If the form is successfully submitted, a DLN will be assigned and the LTC Online Portal will show “Your form was submitted successfully.” If there are errors, they will be displayed in a box at the top of the screen. These errors will need to be resolved before the form can be successfully submitted. Once all errors are resolved, click the “Submit Form” button again to submit the form.
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3074 Physician Certification of Terminal Illness

Current Status: Unsubmitted

Provider Information

HOSPICE

Recipient Information

Medicaid Number (6)  
SSN (8)  
Medicare Number (7)  
Name  
• Last (5)  
• MDC  
• Street (11)  
• City  
• State  
• Zip  
Address

Certification Information

• Election/Start Date (9)  
Recertification? (10)  
• Cert/Recent Date (10)  

Hospice Information

• Hospice Provider Name (1)  
Provider Number (2)  001003108  
• Address (3)  
• City  
• State  
• Zip  

Verbal Verification (within two days of election date)

Last Name  
First Name  
Is Signature on Form? (12)  
Yes  
Date Signed (13)  

Certification/Recertification Physician Signatures

 Attending Physician  
Last Name (14)  
First Name  
Is Signature on Form? (15)  
Yes  
Date Signed (17)  
License Type (16)  State of TX Lic Num  
State License No.  
Hospice Physician  
Last Name (16)  
First Name  
Is Signature on Form? (19)  
Yes  
Date Signed (21)  
License Type (20)  State of TX Lic Num  
State License No.  

Exclusion Statement

Last Name  
First Name  
Is Signature on Form? (22)  
Yes  
Date Signed (23)  

Submit Form
Form 3071 and 3074 Corrections

Hospice providers must submit Forms 3071 and 3074 corrections directly on the LTC Online Portal. All fields, except the Provider Number, can be corrected on the Forms 3071 and 3074.

Correction to Forms 3071 and 3074

1. Log in to the LTC Online Portal.
2. Click the Search link in the blue navigational bar.
3. Choose Form Status Inquiry from the drop-down menu.
4. Search for Form 3071 or 3074 using the individual’s SSN, Medicaid Number, First and Last Name, or DLN.
5. Click the “Search” button.
6. Click the View Detail link.
7. Click the “Correct this form” button.
8. Complete only the fields needing correction.
9. Click the “Submit Form” button.

Note: If the form is successfully submitted, a DLN will be assigned and the LTC Online Portal will show “Your form was submitted successfully.” If there are errors, they will be displayed in a box at the top of the screen. These errors will need to be resolved before the form will be successfully submitted. Once all errors are resolved, click the “Submit Form” button again to submit the form.

10. Click the DLN link displayed in the “Your form was submitted successfully” message to return to the form.
11. Click the “Print” button in the yellow Form Actions bar to print the completed form.
MDS/LTCMI For Hospice Services

The LTC MDS is a standardized, primary screening and assessment tool of health status that forms the foundation of the comprehensive assessment for all recipients in a Medicare- or Medicaid-certified LTC facility. The MDS contains items that measure physical, psychological, and psychosocial functioning. The items in the MDS give a multidimensional view of the individual’s functional capacities and helps staff to identify health problems.

The processes described in pages 9-31 are completed only by NF providers in order that Hospice providers will then be able to search using the FSI function. Hospice providers will not complete these processes.

Assessments that Nursing Facility providers may submit to CMS and for Medicaid are:

- Admission assessment (required by day 14).
- Quarterly review assessment.
- Annual assessment.
- Significant change in status assessment.
- Significant correction to prior comprehensive assessment.
- Significant correction to prior quarterly assessment.
- Inactivation.
- Modification.

MDS 3.0 assessments that are accepted by federal CMS are retrieved by TMHP nightly, loaded onto the LTC Online Portal, and set to status **Awaiting LTC Medicaid Information.** Once the LTCMI has been successfully completed and submitted on the LTC Online Portal, the MN determination process will begin.

MDS 3.0 Admission assessments are effective based on the Entry Date entered into field A1600. System processing will start the Level record either based on the Entry Date or the completion date (Z0500B) minus 30 days, whichever is later.

**Note:** If the begin date of the Level record needs to be adjusted because the timeframe between Entry Date and the completion date is over 30 days, a telephone call is required to HHS LTC Provider Claims Services (512) 438-2200, Option 1, for the additional days.

All other assessment types will be effective based on the completion date (Z0500B).

All assessments without a Purpose Code are valid for 92 days from the completion date. Expiration dates on the MESAV also include a 31-day grace period for the next submission.

**An MDS 3.0 Admission assessment is valid in three situations:**

1. For a first physical admission into a NF, an Admission assessment is valid. Regardless of whether the individual is private pay, Medicare, or Medicaid, the provider should complete an Admission assessment for a first physical Omnibus Budget Reconciliation Act (OBRA) admission within 14 calendar days of admission to the NF.
Texas Medicaid, if a resident is active in a NF and discharges to another NF for even one day, then returns to
the original NF; the readmission to the original NF is considered a first physical admission. As soon as another
provider is introduced, the prior NF’s MDS cycle for the individual is ended and must be restarted if the indi-
vidual returns to the original NF. Discharging to the individual’s home, to Hospice, to another Medicaid service
(community services), or to the hospital is not discharging to another NF.

2. If the resident discharges from a NF and the Form 3618 discharge type indicates Return Not Anticipated, a new
Admission assessment is required if the individual readmits to the NF. Remember that the Form 3618 is expected
to match the MDS discharge tracking form also submitted for this individual. The MDS discharge tracking
form would indicate Discharge – Return Not Anticipated. Although CMS rules allow the use of the Reason for
Assessment on the discharge tracking form for any individual whose first physical admission to the NF is less than
14 days, a provider should NOT use this reason for assessment if the individual’s stay is being paid for by Texas
Medicaid. This is because if the provider does not complete an OBRA Admission assessment as completely as
possible, even if the individual is in the provider’s building for only one day, the provider will not have an MDS
assessment for billing purposes. If the Form 3618 or MDS tracking form discharge type is marked incorrectly, the
discharge type can be corrected.

3. If the resident is physically discharged from the facility for over 30 days – regardless of reason or location – CMS
requires an Admission assessment. For example, if the discharge to the hospital was marked “Return Antici-
pated,” and the individual is in the hospital over 30 days, a new MDS 3.0 Admission assessment is due. The
Entry Date should be the new admission to the facility after the discharge that was over 30 days. If the Entry
Date is submitted with a date prior to the discharge, a modification will be required to adjust the date so the
assessment is valid for the dates after readmission.

Validating the Appropriateness of an Admission Assessment

If the Entry Date of an MDS assessment overlaps with an established MDS for the same NF, the coding of Admis-
sion assessment is most likely in error.

One of the considerations in validating an Admission assessment is the relationship between the Entry Date and
the completion dates. An Admission assessment should be completed within 14 days of the Entry Date. CMS and
HHS will accept the assessment if the timeframe is longer, but the provider must validate whether an Admission
assessment is the appropriate reason for assessment. If the Entry Date is two years prior to the completion date, this
assessment probably should not be an Admission assessment.

If the Admission assessment is needed because the resident had a Form 3618 discharge indicating Return Not
Anticipated, the Entry Date should be the new readmission date, not an admission prior to the discharge. If the
provider already submitted the assessment with the Entry Date prior to the discharge date, a modification must be
transmitted to the state MDS database to adjust the Entry Date to the readmission date following the discharge.

Swing bed providers are required to submit MDS 3.0 assessments “A0200 Type of Provider” coded as “2. Swing
Bed.” MDS 3.0 assessments for swing bed providers include assessments listed in items A0310B, A0310C, A0310D,
and A0310F. These assessments are submitted to CMS; however, they are not retrieved by TMHP. Swing bed provid-
ers must complete the appropriate MDS 3.0 OBRA-required Comprehensive or Quarterly assessments listed in item
A0310A in accordance with the MDS 3.0 RAI User’s Manual if services provided are eligible for Medicaid reim-
bursement. OBRA-required assessments listed in A0310A that meet TMHP guidelines are retrieved by TMHP and
the associated LTCMI will have field S1c (Service Group) auto populated to equal ten (10) based on the vendor/
provider number provided upon log in.

MDS Discharge Tracking and Re-Entry Tracking forms (3.0: A0310F) are used by CMS, but are not retrieved and loaded
onto the LTC Online Portal. The 3618 and 3619 are used by the state for Medicaid processing of recipient movement.
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If the resident expires on the day the MDS Quarterly is due and there is no level of service for the date of death, the MDS Quarterly must be submitted to receive payment for the date of death.

To receive a RUG payment when a resident expires prior to completion of an Admission assessment, the Admission assessment must be completed and submitted to CMS with the information that is available. If CMS cannot calculate a RUG because the Admission assessment is incomplete or has errors, CMS will still assign a RUG value of BC1, which is the default rate. If the Admission assessment meets medical necessity and the resident has Medicaid eligibility for the days of services, payment can be made for the RUG value calculated by CMS.

Submission and Retrieval of MDS Assessment Providers should use their current method for submission to CMS, either through jRAVEN or another third-party software package. Validate the acceptance of the MDS 3.0 assessment using the validation report process from federal CMS.

TMHP receives assessments nightly. Only assessments that meet the following criteria will be loaded onto the LTC Online Portal:

- **Reason for Assessment:**
  - Admission assessment: A0310A=01.
  - Quarterly review assessment: A0310A=02.
  - Annual assessment: A0310A=03.
  - Significant change in status assessment: A0310A=04.
  - Significant correction to prior comprehensive assessment: A0310A=05.
  - Significant correction to prior quarterly assessment: A0310A=06.

- **National Provider ID (MDS 3.0: A0100A) should be entered to locate assessments set to status *Awaiting LTC Medicaid Information*.

- **Medicaid Number (MDS 3.0: A0700) contains “+” or a nine-digit numeric value.**

**Note:** Once accepted by CMS, it may be up to 48 business hours before the MDS 3.0 assessment is accessible on the LTC Online Portal for data entry in *Awaiting LTC Medicaid Information* status.

**Note:** The effective date of quarterly review assessments with a date after the 30-day submission period, can be adjusted by contacting HHS Provider Claim Services (PCS) directly to make the adjustment.

Assessments loaded onto the LTC Online Portal are assigned a DLN and set to status *Awaiting LTC Medicaid Information*.

Providers must log in to the LTC Online Portal and use FSI or Current Activity to find the submitted MDS assessment set to status *Awaiting LTC Medicaid Information*. Complete the LTCMI and submit.

The MDS assessment must be accepted by the LTC Online Portal and have an LTCMI completed to begin the MN determination process. Periodically review the status of the MDS assessment for MN and Medicaid Processing using FSI or Current Activity.

When an MDS assessment is set to status *PE MN Denied* but the MN determination on the PE has been overturned, the NF can change the status of the MDS assessment. For more information, see the “MDS set to status *PE MN Denied*” section of this User Guide.

**Note:** Providers should follow the federal MDS 3.0 RAI User’s Manual for submission of an assessment. If the provider follows the federal guidelines for submission, and completes the LTCMI on the LTC Online Portal, there will not be a lapse in Texas Medicaid coverage.
MDS Dually-Coded Assessments

Dually-coded assessments will be retrieved and loaded onto the LTC Online Portal nightly if the retrieval criteria above are present. If the assessment fails due to the Medicaid ID/Recipient name, the provider should refer to the MDS 3.0 RAI User’s Manual, Chapter five for further instructions and guidelines for submitting modifications to key resident identifying information fields. The MDS 3.0 RAI User’s Manual can be found under “Downloads” on the CMS website:

www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp#TopOfPage

Dually-coded assessments can be submitted as multiple combinations. If the individual has been established with MDS RUG’s for the facility, then discharges to the hospital and returns to Medicare, the assessment can be dually-coded for the appropriate Medicaid assessment due and the proper Medicare assessment due. An assessment for an established individual admitting to Medicare can be coded as a Medicaid Quarterly and a Medicare five-day assessment. If an assessment is coded for a Medicaid Admission assessment and a Medicare five-day assessment and the resident has a current RUG already established, the Medicaid admission RUG will not be used unless the individual was out over 30 days or discharged “Return Not Anticipated.” If the RUG is wanted for Medicaid, it will require inactivating the assessment at CMS and resubmitting with a different Medicaid reason for assessment.

Long Term Care Medicaid Information (LTCMI)

LTCMI is the replacement for the federal MDS Section S and contains state-specific items for Medicaid payment. Providers must access the LTC Online Portal and retrieve their MDS assessments to successfully complete the LTCMI. Providers should complete the LTCMI section as soon as possible to submit the MDS assessment into TMHP’s workflow for review within the anticipated quarter time frame. The anticipated quarter is within 92-days of the date the RN Assessment Coordinator signed the MDS assessment as complete (Z0500B). This is known as the 92-day timeliness rule.

Submission of LTCMI

To enter the LTCMI, the provider must log in to the LTC Online Portal and access their assessments set to status Awaiting LTC Medicaid Information using FSI or Current Activity. The LTCMI must be completed with all required data and be successfully submitted on the LTC Online Portal.

Note: The LTC Online Portal allows a 60-day grace period for submission of the LTCMI for Change of Ownership (CHOW) and new owners. Facilities have 60 days from the day the first MDS LTCMI is submitted on the LTC Online Portal with the new provider number to submit any additional MDS assessments in Awaiting LTC Medicaid Information status, whether within the 92-day submission window or not, without requiring a Purpose Code (PC) E.

MDS/LTCMI Submission for Hospice Services

Submitting the Long Term Care Medicaid Information (LTCMI) for hospice services is the same as for an NF, with the addition of these two steps.

First, the submitter will need to complete Section O.
Next, complete the hospice contract information on the LTCMI.

**LTCMI Rejections**

The Long Term Care Medicaid Information (LTCMI) may be rejected for a variety of issues. If an LTCMI has been rejected, it may be due to one of the following issues listed in this section.

If a PL1 Screening Form (PL1) has not been submitted prior to the submission of the LTCMI, and there is no PL1 found on the LTC Online Portal for this individual, the LTCMI will not be accepted on the LTC Online Portal. Attempting to submit the LTCMI without a PL1 Screening Form will result in an error message stating: “PASRR Screening (PL1) not found. A PL1 is required before MDS LTCMI can be submitted; you may save the LTCMI and submit after PL1 is submitted.”

If a PL1 has been submitted with an assessment date that is prior to the assessment date of the LTCMI being submitted, and the Vendor/Provider numbers in Section D of the PL1 do not match the Minimum Data Set (MDS) LTCMI Vendor/Provider numbers of the NF, the LTCMI will not be accepted on the LTC Online Portal. Attempting to submit the LTCMI without a matching PL1 will result in an error message stating: “PASRR Screening (PL1) not found for this Nursing Facility. A PL1 is required before MDS LTCMI can be submitted; you may save the LTCMI and submit after PL1 is submitted.”

For Preadmission PASRR Positive individuals with an active PL1, the LTC Online Portal will not accept the LTCMI without an associated PASRR Evaluation (PE). Attempting to submit the LTCMI without a PE will result in an error message stating: “PASRR Evaluation (PE) not found. A PE is required before MDS LTCMI can be submitted. Please contact your Local Authority to perform the PASRR Evaluation; you may save the LTCMI and submit after...
In addition, when a PE is required for the admission process, an MDS LTCMI cannot be submitted prior to Medical Necessity (MN) Determination on the PE. The initial MDS assessment will inherit the MN determination from the PE, if the MDS assessment effective date is within 30 days (plus or minus) of the date of assessment of the PE. Attempting to submit the LTCMI prior to MN determination will result in an error message stating: “MDS LTCMI cannot be submitted prior to Medical Necessity (MN) Determination on the PASRR Evaluation; you may save the LTCMI and submit after MN on PE is complete.”

If the LTCMI is rejected because the latest Interdisciplinary Team (IDT) meeting on the latest PL1 submitted for the individual that is associated with the NF was not submitted on the LTC Online Portal within the last year, the NF will be able to save the LTCMI and resubmit it after successful submission of IDT meeting. The error message will read: “An Interdisciplinary Team (IDT) meeting submission is not found on the LTC Online Portal, or it was found but the IDT meeting date is more than one year ago. An IDT meeting submission is required before the MDS LTCMI can be submitted. You may save the LTCMI and submit after IDT is submitted.”

The LTC Online Portal will not reject the MDS LTCMI for missing an IDT meeting submission under the following circumstances:

- The PL1 is inactive (resident has been transferred, or deceased, or discharged).
- A positive PE for this individual at this NF was not found on the LTC Online Portal.
- The resident is in the Hospice Program (Service Group 8) as of the current date or the MDS Assessment Effective Date. Indication of Hospice will be checked both in the MDS (Section O and LTCMI) and Claims Management System.
- The NF has undergone a Change of Ownership (CHOW) and the system finds that the IDT (with the IDT meeting date within the past year) was submitted on the Pre-CHOW PL1.

Providers have the ability to save the LTCMI and attempt resubmission once the PL1 Screening Form, PE, or IDT meeting have been submitted on the LTC Online Portal.

**Finding Assessments Using Form Status Inquiry**

1. Click the **Submit Form** link located in the blue navigational bar.
2. Choose **Form Status Inquiry** link from the drop-down menu.
3. Type of Form: Choose one of the following options from the drop-down box:
   - MDS 3.0: Minimum Data Set (Comprehensive)
   - MDSQTR 3.0: Minimum Data Set (Quarterly)
4. Form Status: Choose **Awaiting LTC Medicaid Information** from the drop-down box.

5. Enter a date range for the period for which you are searching. The system default for the search is within the past month; however, the date range must include the period in which the assessment was submitted.

**Note:** It may take up to 48 business hours after submission to CMS before the MDS 3.0 assessment is accessible on the LTC Online Portal for data entry in **Awaiting LTC Medicaid Information** status.

6. Click the “Search” button and the search results will display.

7. Click the **View Detail** link to display the details of the assessment.
RUG Value

The Resource Utilization Group (RUG) is used for MDS 3.0 to classify relative direct care resource requirements for Nursing Facility residents and to determine the rate of payment for Nursing Facility Daily Care and Hospice room and boarding fees. Once an individual assessment is open, the RUG value can be found next to the DLN.

If You Cannot Locate Your MDS Using FSI or Current Activity

- After confirming the requested date range, be sure to verify all of the following: MDS was accepted (not rejected) by CMS via your validation report.
- A valid Medicaid number or + was entered in field A0700.
- A0700 does not contain an ‘N.’
- A0310A has a response of 01, 02, 03, 04, 05, or 06.
- A0310A does not contain a 99.
- Name on the MDS is exactly the same as the individual’s Medicaid ID card.
- NPI entered in field A0100A matches the Vendor/Provider information on the MESAV for that individual.

Using FSI to Identify Residents with Specific PASRR Conditions

Nursing Facilities can use FSI to identify residents with specific PASRR conditions. This can assist NFs in identifying the number of residents in the facility who are IDD only, MI only, IDD and MI, or PASRR Negative.

The LTC Online Portal will:

- Derive and store the PASRR condition of NF residents, as indicated by the latest active PASRR Evaluation (PE)* for the resident at the time of the most recent MDS LTCMI submission. (*An active PE is one that is not set to status Pending Form Completion or Form Inactivated).
- Provide the capability to export the resident-based search results to Microsoft Excel.
- Provide a capability to search for residents in the facility based on their PASRR condition, by selecting an option from the drop-down box in the FSI.
- Display a list of residents when searching by a PASRR condition listed in the “PASRR Eligibility Type” drop-down box of the FSI.

To use FSI this way you must select MDS 3.0: Minimum Data Set (Comprehensive) or MDSQTR 3.0: Minimum Data Set (Quarterly) from the FSI Type of Form drop-down box.

1. Click the Search link on the blue navigational bar.
2. Choose Form Status Inquiry from the drop-down menu.
3. Type of Form: Choose one of the following options from the drop-down box:
4. Vendor Number: Choose the submitter Vendor Number/Provider Number from the drop-down box.

5. From the PASRR Eligibility Type drop-down box choose one of the following:
   1. IDD Only
   2. MI Only
   3. IDD and MI
   4. Negative
6. Click the “Search” button. The search will return all current residents who meet the search criteria. Current residents are determined by fields “B0650. Individual is deceased or has been discharged?” and “B0655. Deceased/Discharged Date” of the PL1.

![Form Select](image)

6 record(s) returned.

Export Data to Excel

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>PASRR Eligibility Type</th>
<th>Medicaid #</th>
<th>SSN</th>
<th>Medicare #</th>
<th>Vendor Number</th>
<th>Provider Number</th>
<th>Admission Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** The PASRR Eligibility Type field will display on the FSI page to Local Authorities (LAs) who have authority to select an MDS 3.0 or MDSQTR 3.0 assessment; however, LAs will not be able to obtain FSI search results using the PASRR Eligibility Type field.
How to Submit Long Term Care Medicaid Information (LTCMI)

To enter the LTCMI, the provider must log in to the LTC Online Portal and access their assessments set to status Awaiting LTC Medicaid Information using FSI or Current Activity:

1. Click the “Section LTCMI” tab.

2. Enter data into remaining fields that are not auto populated. At this time, the provider will have the option to manually enter information or click the “Populate LTCMI” button and modify data as necessary.

Note: To ensure that the LTCMI can be submitted once completed, first check for the Submit Form button at the bottom of the screen. If the assessment is being used (locked) by another user, the Submit Form button will not be available (displayed). Additionally, a message will display in the upper right of the screen “This form is being viewed by another user and cannot be changed.”

3. From here you have two choices:
   a. Click the “Submit Form” button located at the bottom right of the screen, if ready to submit for processing.

   ![Submit Form button](image)

   or

   b. Click the “Save LTCMI” button located in the yellow Form Actions bar, if you would like to save the LTCMI prior to submission. The saved LTCMI will remain in status Awaiting LTC Medicaid Information.

   Reminder: The LTCMI will not be saved to Drafts.

4. Successful submission will display the DLN and a message “Your form was submitted successfully.”

   ![Your form was submitted successfully](image)

   You can track this form using the DLN and inquiry on a forms Status.
5. Unsuccessful submission will result in error messages being displayed at the top of the page (you will need to scroll to the top of the page to see the errors).

6. To print the submitted LTCMI for your records, open the document and click the “Print” button located in the yellow Form Actions bar.
   a. Printer: Choose the appropriate printer name from drop-down box.
   b. Print Range: Click the “Pages” radio button.
   c. Enter the pages to print. As an example, pages for the LTCMI for the MDS 3.0 Comprehensive are 41-44. Pages for the LTCMI for the MDS 3.0 Quarterly are 36-39.
   d. Click the “OK” button.

Circumstances for LTCMI Submission

Nursing Facilities are directed to complete the LTCMI when seeking full Medicaid reimbursement (when an individual is moving to full Medicaid or continuation of Medicaid payment). The LTCMI is not required for Medicare recipients or Co-insurance.

Note: HHS recommends completing the LTCMI if the individual could possibly become Full Medicaid during the time period the assessment represents. The LTCMI cannot be submitted until an admission, either Form 3618/3619, has been submitted.
**LTCMI Fields**

**Important:** Ensure that the information entered in the LTCMI does not conflict with information entered in the MDS assessment.

<table>
<thead>
<tr>
<th>Section A.</th>
<th>Section B.</th>
<th>Section C.</th>
<th>Section D.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section LTCMI**

<table>
<thead>
<tr>
<th>Section LTC Medical Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>51. Claims Processing Information</strong></td>
<td></td>
</tr>
<tr>
<td>51.a.</td>
<td>DADS Vendor/Site ID Number</td>
</tr>
<tr>
<td>51.b.</td>
<td>Provider Number</td>
</tr>
<tr>
<td>51.c.</td>
<td>Service Group</td>
</tr>
<tr>
<td>51.d.</td>
<td>Hospice Provider Number</td>
</tr>
<tr>
<td>51.e.</td>
<td>Purpose Code</td>
</tr>
<tr>
<td>51.f.</td>
<td>Missed Assessment or Prior Start Date</td>
</tr>
<tr>
<td>51.g.</td>
<td>Missed Assessment or Prior End Date</td>
</tr>
</tbody>
</table>

**52. PASARR Information**

<table>
<thead>
<tr>
<th>Section LTCMI</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>52.a.</td>
<td>To your knowledge, does the resident have an intellectual disability?</td>
</tr>
<tr>
<td>52.b.</td>
<td>To your knowledge, does the resident have a developmental disability?</td>
</tr>
<tr>
<td>52.c.</td>
<td>To your knowledge, does the resident have a condition of mental illness according to the PASARR guidelines?</td>
</tr>
<tr>
<td>52.d.</td>
<td>Is the resident a danger to himself/herself?</td>
</tr>
<tr>
<td>52.e.</td>
<td>Is the resident a danger to others?</td>
</tr>
<tr>
<td>52.f.</td>
<td>Are specialized services indicated?</td>
</tr>
</tbody>
</table>

**53. Physician’s Evaluation & Recommendation**

<table>
<thead>
<tr>
<th>Section LTCMI</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>53.a.</td>
<td>Does the HD/DD have plans for the eventual discharge of this resident?</td>
</tr>
<tr>
<td>53.b.</td>
<td>Rehabilitation Potential</td>
</tr>
<tr>
<td>53.c.</td>
<td>Did an HD/DD certify that this resident requires/continues to require nursing facility care?</td>
</tr>
<tr>
<td>53.d.</td>
<td>HD/DD Last Name</td>
</tr>
<tr>
<td>53.e.</td>
<td>HD/DD License #</td>
</tr>
<tr>
<td>53.f.</td>
<td>HD/DD License State</td>
</tr>
<tr>
<td>53.g.</td>
<td>HD/DD Military Spec Code</td>
</tr>
</tbody>
</table>

**54. Licenses**

<table>
<thead>
<tr>
<th>Section LTCMI</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>54.a.</td>
<td>RI Coordinator Last Name</td>
</tr>
<tr>
<td>54.b.</td>
<td>RI Coordinator License #</td>
</tr>
<tr>
<td>54.c.</td>
<td>RI Coordinator License State</td>
</tr>
</tbody>
</table>

**55. Primary Diagnosis**

<table>
<thead>
<tr>
<th>Section LTCMI</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>55.a.</td>
<td>Primary Diagnosis ICD Code</td>
</tr>
<tr>
<td>55.b.</td>
<td>Primary Diagnosis ICD Description</td>
</tr>
</tbody>
</table>

**56. Additional HR Information**

<table>
<thead>
<tr>
<th>Section LTCMI</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>56.a.</td>
<td>Tracheotomy Care</td>
</tr>
<tr>
<td>56.b.</td>
<td>Ventilator/Respirator</td>
</tr>
<tr>
<td>56.c.</td>
<td>Number of hospitalizations in the last 90 days</td>
</tr>
<tr>
<td>56.d.</td>
<td>Number of emergency room visits in the last 90 days</td>
</tr>
<tr>
<td>56.e.</td>
<td>Oxygen Therapy</td>
</tr>
<tr>
<td>56.f.</td>
<td>Special Ports/Central Lines/FICC</td>
</tr>
<tr>
<td>56.g.</td>
<td>At what developmental level is the resident functioning?</td>
</tr>
<tr>
<td>56.h.</td>
<td>Enter the number of times this resident has fallen in the last 90 days</td>
</tr>
<tr>
<td>56.i.</td>
<td>In the falls listed in 56h above, how many had the following contributory factors? (More than one factor may apply to a fall. Indicate the number of falls for each contributory factor.)</td>
</tr>
<tr>
<td>56.j.</td>
<td>Environmental (debris, slick or wet floors, lighting, etc.)</td>
</tr>
<tr>
<td>56.k.</td>
<td>Medication(s)</td>
</tr>
<tr>
<td>56.l.</td>
<td>Major Change in Medical Condition (Myocardial Infarction (MI), Heart Attack), Cerebrovascular Accident (CVA/Stroke), Syncope (Fainting), etc.)</td>
</tr>
<tr>
<td>56.m.</td>
<td>Poor Balance/Weakness</td>
</tr>
<tr>
<td>56.n.</td>
<td>Confusion/Disorientation</td>
</tr>
</tbody>
</table>

**58. Resident’s Current Address**

<table>
<thead>
<tr>
<th>Section LTCMI</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>58.a.</td>
<td>Resident’s Address</td>
</tr>
<tr>
<td>58.b.</td>
<td>City</td>
</tr>
<tr>
<td>58.c.</td>
<td>State</td>
</tr>
<tr>
<td>58.d.</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>58.e.</td>
<td>Phone</td>
</tr>
</tbody>
</table>

**22**
LTCMI Fields

S1. Claims Processing Information

- **S1a. HHS Vendor/Site ID Number.**
  Auto populated.
  - This field is auto populated based on the Provider Identifier (NPI) number in field A0100A.
  - This field is not correctable.
  - If A0100A NPI is not correct on the MDS, then the NPI must be fixed at the federal CMS level.

- **S1b. Provider Number.**
  Auto populated.
  - This field is auto populated based on the NPI number in field A0100A. This field is not correctable.
  - If an NPI has more than 1 provider number associated with it, be sure the correct provider number is selected from the drop-down box.

- **S1c. Service Group.**
  Auto populated.
  - This field is auto populated based on the user's log in credentials.
  - This field is not correctable on the TMHP LTC Online portal.

- **S1d. Hospice Provider Number.**
  Conditional.
  - This field is required if O0100K, Hospice care column 2 "While a Resident" is checked.
  - Enter the Medicaid Hospice provider number assigned by HHS. Entering the Hospice provider number in this field will allow the Hospice provider to view the assessment submitted on their behalf by the NF. This number will be validated and must contain a valid Hospice provider number to be accepted onto the LTC Online Portal. If not valid, the provider will receive an error message stating “Hospice Provider Number is invalid.”
## LTCMI Fields

- **S1e. Purpose Code.**  
  Optional.  
  - E. Missed Assessment  
  - M. Coverage Code must be P  
    - Providers should verify that the MESAV Coverage Code is P prior to submitting a Purpose Code M.  
    - This field is not removable once a Purpose Code has been selected and the assessment successfully submitted on the TMHP LTC Online Portal.

- **S1f. Missed Assessment or Prior Start Date (The first date the facility was not paid).**  
  Conditional.  
  - This field is required if S1e. Purpose Code = E or M.  
  - This would be the first missed assessment date (Check MESAV for gaps).  
  - Enter the date in mm/dd/yyyy format of the missed assessment start date.  
  - Start Date cannot be prior to September 1, 2008.  
  - Field is correctable.

- **S1g. Missed Assessment or Prior End Date (The last date the facility was not paid).**  
  Conditional.  
  - This field is required if S1e. Purpose Code = E or M.  
  - This would be the last missed assessment date (Check MESAV for gaps).  
  - Enter the date in mm/dd/yyyy format of the missed assessment or 3-month prior Retro Eligibility (Coverage code must be “P”) end date.  
  - Date cannot be greater than date of submission (i.e., today’s date).  
  - End date cannot be prior to the Start Date.  
  - Field is correctable.  
  - These dates are used to locate a gap of time. If a gap is not found within the range provided, the assessment will not be processed. Providers can submit a MDS Purpose Code E with a missed assessment date range greater than 92 days. This allows providers to submit one MDS Purpose Code E to cover large gaps in dates.

## S2. PASRR Information

- **S2a. To your knowledge, does the resident have an intellectual disability?**  
  Required.  
  Choose from the drop-down box:  
  - 0. No  
  - 1. Yes

- **S2b. To your knowledge, does the resident have a developmental disability?**  
  Required.  
  Choose from the drop-down box:  
  - 0. No  
  - 1. Yes

- **S2c. To your knowledge, does the resident have a condition of mental illness according to the PASRR guidelines?**  
  Required.  
  Choose from the drop-down box:  
  - 0. No  
  - 1. Yes

- **S2d. Is the resident a danger to himself/herself?**  
  Required.  
  Choose from the drop-down box:  
  - 0. No  
  - 1. Yes  
    - If unknown, then reply with 0. No.
**LTCMI Fields**

<table>
<thead>
<tr>
<th>S2e. Is the resident a danger to others?</th>
<th>Required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose from the drop-down box:</td>
<td></td>
</tr>
<tr>
<td>0. No</td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td>If unknown, then reply with 0. No.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S2f. Are specialized services indicated?</th>
<th>Disabled.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- This field is disabled. Click the “Determine Specialized Services” button to calculate and populate a value in S2f.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S3. Physician’s Evaluation &amp; Recommendation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>S3a. Does the MD/DO have plans for the eventual discharge of this resident?</th>
<th>Conditional.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose from the drop-down box:</td>
<td></td>
</tr>
<tr>
<td>0. No</td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td>This field is required if Admission assessment, SCSA, or Recovery of Lost Payment (Purpose Code E).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S3b. Rehabilitative Potential</th>
<th>Conditional.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose from the drop-down box:</td>
<td></td>
</tr>
<tr>
<td>1. good</td>
<td></td>
</tr>
<tr>
<td>2. fair</td>
<td></td>
</tr>
<tr>
<td>3. minimal</td>
<td></td>
</tr>
<tr>
<td>This field is required if Admission assessment, SCSA, or Recovery of Lost Payment (Purpose Code E).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S3c. Did an MD/DO certify that this resident requires/continues to require Nursing Facility care?</th>
<th>Conditional.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose from the drop-down box:</td>
<td></td>
</tr>
<tr>
<td>0. No</td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td>This field is required if Admission assessment, SCSA, or Recovery of Lost Payment (Purpose Code E).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S3d. MD/DO Last Name.</th>
<th>Required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the last name of the MD/DO.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S3e. MD/DO License #.</th>
<th>Conditional.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This field is required if S3g. MD/DO Military Spec Code # is not populated.</td>
<td></td>
</tr>
<tr>
<td>Enter the license number of the MD/DO.</td>
<td></td>
</tr>
<tr>
<td>This number is validated against the Texas Medical Board file.</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** An error will occur if the license number does not pass validation. The assessment will not be considered successfully submitted until all errors are resolved.

- Physicians are not required to complete the RUG training.

<table>
<thead>
<tr>
<th>S3f. MD/DO License State.</th>
<th>Required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose the license state in which the MD/DO is licensed from the drop-down box.</td>
<td></td>
</tr>
</tbody>
</table>
### LTCMI Fields

- **S3g. MD/DO Military Spec Code #.**
  - Conditional.
  - This field is required if S3e. MD/DO License # is not populated.
  - Enter the Military Spec Code number of the MD/DO.

Fields S3h through S3l (MD/DO information) are required if MD/DO is not licensed in Texas.

- **S3h. MD/DO First Name.**
  - Conditional.
  - This field is required if S3f License State is NOT Texas.
  - Enter the first name of the resident’s MD/DO.
  - This information is used to mail MN determination letters.

- **S3i. MD/DO Address.**
  - Conditional.
  - This field is required if S3f License State is NOT Texas.
  - Enter the street address of the resident’s MD/DO.
  - This information is used to mail MN determination letters.

- **S3j. MD/DO City.**
  - Conditional.
  - This field is required if S3f License State is NOT Texas.
  - Enter the city of the resident’s MD/DO mailing address.
  - This information is used to mail MN determination letters.

- **S3k. MD/DO State.**
  - Conditional.
  - This field is required if S3f License State is NOT Texas.
  - Enter the state of the resident’s MD/DO mailing address.
  - This information is used to mail MN determination letters.

- **S3l. MD/DO ZIP Code.**
  - Conditional.
  - This field is required if S3f License State is NOT Texas.
  - Enter the ZIP code of the resident’s MD/DO mailing address.
  - This information is used to mail MN determination letters.

- **S3m. MD/DO Phone.**
  - Optional.
  - This field is optional if S3f License State is NOT Texas.
  - Enter the telephone number of the resident’s MD/DO.
  - This information is used to contact MD/DO if necessary.

### S4. Licenses

**Provider Certification:** On behalf of this facility, I certify to the completeness of the MDS Assessment.

- **S4a. RN Coordinator Last Name.**
  - Required.
  - Enter the last name of the RN Assessment Coordinator. Providers must enter the same RN Coordinator name as entered in field z0500a of the MDS Assessment.
### LTCMI Fields

<table>
<thead>
<tr>
<th>S4b. RN Coordinator License #.</th>
<th>Required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>– Enter the license number of the RN Coordinator.</td>
<td></td>
</tr>
<tr>
<td>– Licenses issued in Texas will be validated against the Texas BON (Board of Nursing) or Compact License will be validated with the issuing state’s nursing board. This number is validated to ensure RUG training requirements have been met. The license numbers supplied at S4b must be RUG trained as offered by Texas State University. The assessment will not be accepted on the LTC Online Portal if the license # is not indicated as having completed the RUG training. The RUG training is online (web-based training) as offered by Texas State University. The training is valid for two years. The name entered in S4a should match the name in section Z0500A.</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** An error will occur if the license number does not pass validation. The assessment will not be considered “successfully submitted” until all errors are resolved.

<table>
<thead>
<tr>
<th>S4c. RN Coordinator License State.</th>
<th>Required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>– Choose the license state in which the RN Coordinator is licensed from the drop-down box.</td>
<td></td>
</tr>
</tbody>
</table>

### 55. Primary Diagnosis

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>– Enter a valid ICD code for the individual’s primary diagnosis. Use your best clinical judgment.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S5b. Primary Diagnosis ICD Description.</th>
<th>Optional.</th>
</tr>
</thead>
<tbody>
<tr>
<td>– Click the magnifying glass and the description will be auto populated based on the primary diagnosis ICD Code.</td>
<td></td>
</tr>
</tbody>
</table>

### 56. Additional MN Information

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Choose from the drop-down box:</td>
<td></td>
</tr>
<tr>
<td>1. Less than once a week.</td>
<td></td>
</tr>
<tr>
<td>2. 1 to 6 times a week.</td>
<td></td>
</tr>
<tr>
<td>3. Once a day.</td>
<td></td>
</tr>
<tr>
<td>4. Twice a day.</td>
<td></td>
</tr>
<tr>
<td>5. 3 – 11 times a day.</td>
<td></td>
</tr>
<tr>
<td>6. Every 2 hours.</td>
<td></td>
</tr>
<tr>
<td>7. 24 hour continuous.</td>
<td></td>
</tr>
</tbody>
</table>

› This field is only required and available for data entry if O0100E. Tracheostomy care column 2 “While a Resident” is checked AND the resident is 21 years of age or younger.

ENTRY TIP: This field will be disabled if field O0100E2. Tracheostomy Care is not checked on the MDS. The Provider must submit an MDS Modification if field O0100E2 is not checked and S6a is to be claimed for the add-on rate.
### LTCMI Fields

- **S6b. Ventilator/Respirator.**
  Conditional.
  Choose from the drop-down box:
  1. Less than once a week
  2. 1 to 6 times a week
  3. Once a day
  4. Twice a day
  5. 3 – 11 times a day
  6. 6 – 23 hours
  7. 24 - hour continuous
  - This field is only required and available for data entry if O0100F Ventilator or respirator column 2 “While a Resident” is checked. Do not include BiPAP/CPAP.

- **S6c. Number of hospitalizations in the last 90 days.**
  Required.
  - Record the number of times the resident was admitted to hospital with an overnight stay in the last 90 days (or since last assessment if less than 90 days). Enter 0 (zero) if no hospital admissions.
  - Valid range includes 0 – 90.

- **S6d. Number of emergency room visits in the last 90 days.**
  Required.
  - Record the number of times the resident visited the Emergency Room (ER) without an overnight stay in the last 90 days (or since the last assessment if less than 90 days). Enter 0 (zero) if no ER visits.
  - Valid range includes 0 – 90.

- **S6e. Oxygen Therapy.**
  Conditional.
  Choose from the drop-down box:
  1. Less than once a week
  2. 1 to 6 times a week
  3. Once a day
  4. Twice a day
  5. 3 – 11 times a day
  6. 6 – 23 hours
  7. 24 - hour continuous
  - This is a required field is only available for data entry if O0100C Oxygen therapy column 2 “While a Resident” is checked.

- **S6f. Special Ports/Central Lines/PICC.**
  Optional.
  Choose from the drop-down box:
  0. N = none present.
  1. Y = 1 or more implantable access system or CVC.
  2. U = unknown.
  - Use this field to indicate if the resident has any type of implantable access system or central venous catheter (CVC).
  - This includes epidural, intrathecal, or venous access or Peripherally Inserted Central Catheter (PICC) devices. This does NOT include hemodialysis or peritoneal dialysis access devices.
### LTCMI Fields

**S6g. At what developmental level is the resident functioning?**
Conditional.
Choose from the drop-down box:
- ‘–’ Unknown or unable to assess
- 1. < 1 Infant
- 2. 1 – 2 Toddler
- 3. 3 – 5 Pre-School
- 4. 6 – 10 School age
- 5. 11 – 15 Young Adolescence
- 6. 16 – 20 Older Adolescence

This is a required field for all assessments on residents who are 20 years of age or younger (based on birth date minus date of submission [TMHP Received date]). This field is not available for data entry if the resident is 21 years of age or older.

**S6h. Enter the number of times this resident has fallen in the last 90 days.**
Required.
- Record the number of times the resident has fallen in the last 90 days. Enter 0 (zero) if no falls.
- Each fall should be counted separately. If the resident has fallen multiple times in one day, count each fall individually.
- Valid range includes 0 (zero) – 999. Leading zeroes may be included or omitted from the submitted value. A decimal point and decimal values may not be included on the LTC Online Portal.

**S6i. In how many of the falls listed above was the person physically restrained prior to the fall?**
Conditional.
- This is a required field if S6h indicates the resident has fallen.
- Valid range includes 0 (zero) with a maximum being the number entered in S6h.

**S6j. In the falls listed in S6h above, how many had the following contributory factors? (More than one factor may apply to a fall. Indicate the number of falls for each contributory factor.)**
Conditional.
- S6j1 through S6j6 are required only if S6h indicates the resident has fallen.
- Valid range includes 1 (one) with a maximum being the number entered in S6h.
  - S6j1. Environmental (debris, slick or wet floors, lighting, etc.).
  - S6j2. Medication(s).
  - S6j3. Major Change in Medical Condition (Myocardial Infarction [MI/Heart Attack], Cerebrovascular Accident [CVA/Stroke], Syncope [Fainting], etc.).
  - S6j4. Poor Balance/Weakness.
  - S6j5. Confusion/Disorientation.
  - S6j6. Assault by Resident or Staff.

### S7. For HHS Only – RUG

**S7b. For HHS Only – RUG**
- When the LTCMI is printed S7b will show the calculated RUG value.

### S8. Resident’s Current Address

**S8a. Resident’s Address.**
Required.
- Enter the street address where the resident is presently living.
- This information is used to mail MN determination letters.

**S8b. City.**
Required.
- Enter the city where the resident is presently living.
- This information is used to mail MN determination letters.
**LTCMI Fields**

- **S8c. State.**
  - Required.
  - Enter the state where the resident is presently living.
  - This information is used to mail MN determination letters.

- **S8d. ZIP CODE.**
  - Required.
  - Enter the ZIP code where the resident is presently living.
  - This information is used to mail MN determination letters.

- **S8e. Phone.**
  - Optional.
  - Enter the contact telephone number for the resident if known. If the resident is residing in an NF and no other direct contact telephone number is known, enter the telephone number of the NF.

**S9. Medications**

- **Medication Certification checkbox.**
  - Required.
  - Providers are required to check the Medication Certification checkbox to certify that the resident is taking no medications or the medication listed are correct.

- **S9. Medications**
  - • S9 (1.) Medication Name and Dose Ordered. Free-form text.
  - Identify and record all medications that the resident received in the last 30 days. Also identify and record any medications that may not have been given in the last 30 days, but are part of the resident’s regular medication regimen (e.g., monthly B-12 injections). Do not record PRN medications that were not administered in the last 30 days.
  - • S9 (2.) RA (Route of Administration). Select from the list of options.
  - Determine the Route of Administration (RA) used to administer each medication. The MAR and the physician’s orders should identify the RA for each medication. Record the RA in column 2.
  - • S9 (3.) Freq (Frequency). Select from the list of options.
  - Determine the number of times per day, week, or month that each medication is given. Record the frequency in column 3.
  - • S9 (4.) PRN-n (number of doses) as necessary–number of times in last 30 days.
  - Pro Re Nata (PRN) means “as needed” in Latin. The PRN-n column is only completed for medications that have a frequency as PR. Record the number of times in the past 30 days that each medication coded as PR was given. Stat medications are recorded as a PRN medication. Remember, if a PRN medication was not given in the past 30 days, it should not be listed here.
  - Section N on MDS 3.0 assessments reflects the number of medications and section S9 allows for more detailed information to be submitted (i.e., name of medications).

- **S10. Comments**
  - Optional.
  - Enter up to 500 characters if needed.
  - It is essential that you include signs and symptoms that present an accurate picture of the resident’s condition.
  - The comment section can be used for additional qualifying data that indicates the need for skilled nursing care, such as:
    - Pertinent medical history.
    - Ability to understand medication.
    - Ability to understand changes in condition.
    - Abnormal vital signs.
    - Previous attempts at outpatient management of medical condition.
    - Results of abnormal lab work.
### LTCMI Fields

#### S11. Advance Care Planning

Advance care planning means planning ahead for how the resident wants to be treated if ill or near death. Sometimes when people are in an accident or have an illness that will cause them to die they are not able to talk or to let others know how they feel.

- **S11a. Does the resident report having a legally authorized representative?**
  - Required.
  - Choose from the drop-down box:
    - 0. No
    - 1. Yes
      - A Legally Authorized Representative (LAR) is a person authorized by law to act on behalf of a person with regard to a matter, and may include a parent, guardian, or managing conservator of a minor, or the guardian of an adult.

- **S11b. Does the resident report having a Directive to Physicians and Family or Surrogates?**
  - Required.
  - Choose from the drop-down box:
    - 0. No
    - 1. Yes
      - In states other than Texas, this document may be referred to as a Living Will.
      - Directive to Physician/Living Will is a document that communicates a resident’s wishes about medical treatment at some time in the future when he or she is unable to make their wishes known because of illness or injury.

- **S11c. Does the resident report having a Medical Power of Attorney?**
  - Required.
  - Choose from the drop-down box:
    - 0. No
    - 1. Yes

- **S11d. Does the resident report having an Out-of-Hospital Do Not Resuscitate Order?**
  - Required.
  - Choose from the drop-down box:
    - 0. No
    - 1. Yes
      - This form is for use when a resident is not in the hospital. It lets the person tell health-care workers, including Emergency Medical Services (EMS) workers, NOT to do some things if the person stops breathing or their heart stops.
      - If a resident does not have one of these forms filled out, EMS workers will ALWAYS give the person Cardiopulmonary Resuscitation (CPR) or advanced life support even if the advance care planning forms say not to. A person should complete this form as well as the Directive to Physicians and Family or Surrogates and the Medical Power of Attorney form if they do NOT want CPR.

#### S12. LAR Address

Legally Authorized Representative (LAR) Address is required if S11a. Does the resident report having a legally authorized representative? is indicated as 1. Yes.

- **S12a. LAR First Name.**
  - Conditional.
  - This field is required if field S11a = 1. Yes.
  - Enter the first name of the Legally Authorized Representative.

- **S12b. LAR Last Name.**
  - Conditional.
  - This field is required if field S11a = 1. Yes.
  - Enter the last name of the Legally Authorized Representative.
### LTCMI Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S12c. Address</td>
<td>This field is required if field S11a = 1. Yes. Enter the street address of the Legally Authorized Representative.</td>
</tr>
<tr>
<td>S12d. City</td>
<td>This field is required if field S11a = 1. Yes. Enter the city of the Legally Authorized Representative.</td>
</tr>
<tr>
<td>S12e. State</td>
<td>This field is required if field S11a = 1. Yes. Enter the state of the Legally Authorized Representative.</td>
</tr>
<tr>
<td>S12f. ZIP Code</td>
<td>This field is required if field S11a = 1. Yes. Enter the ZIP code of the Legally Authorized Representative.</td>
</tr>
<tr>
<td>S12g. Phone</td>
<td>This field is optional if field S11a = 1. Yes. Enter the contact telephone number for the Legally Authorized Representative if known.</td>
</tr>
</tbody>
</table>
Preventing 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.texas.gov/report-fraud. 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 Recipient Fraud and Abuse reporting 1-800-436-6184.
Providers must comply with the Health Insurance Portability and Accountability Act (HIPAA). It is YOUR responsibility to comply with HIPAA, to seek legal representation when needed, and to consult the manuals or speak to your TMHP Provider Representative when you have questions.
Resource Information

Types of Calls to Refer to TMHP

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

- NF forms completion – including PASRR Level 1 Screening Form and NFSS form
- Rejection codes on the forms and PTIDs
- Management of the Provider Action Required status
- If the Medicaid, Social Security, or Medicare number and the name match the individual’s Medicaid ID card and the form is set to status ID Invalid, call TMHP to have the form restarted through the system.
- PASRR Level 1 Screening Form submission error messages and the NFSS Form and PTID error messages.
- PASRR Level 1 Screening Form and PASRR Evaluation status questions

Call TMHP at 1-800-626-4117, Option 2, about the following:

- MN Determination on MDS
- MN Determination on PE

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

- TMHP LTC Online Portal and TexMedConnect account setup

Types of Calls to Refer to HHS IDD PASRR Unit

Call HHS PASRR Unit at 1-855-435-7180 or email PASRR.Support@hhsc.state.tx.us about the following:

- Assistance or cooperation from an NF or LIDDA
- Assistance with locating information to perform and submit the PL1 Screening Form and NFSS form.
- Assistance with locating screenings and evaluations, individuals, or additional training resources
- Policy guidance on specialized services and therapist assessments
**Types of Calls to Refer to HHS MI PASRR**

Message HHS MI PASRR at [PASRR@dshs.texas.gov](mailto:PASRR@dshs.texas.gov) about the following:

- Assistance or cooperation from a Hospital RE or LMHA/LBHA

**Types of Calls to Refer to HHS PCS**

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

- Denials or pending denials of individuals who have established prior permanent medical necessity, after verifying MDS 3.0: A0700, Medicaid Number, contains a nine-digit numeric rather than “+” or “N.”
- A 3618/3619 admission submitted under the wrong contract -- that process must have a counteracting discharge submitted and the provider must call to request that HHS PCS set the incorrect form to status **Invalid/Complete**. A third form for the same Date of Above Transaction cannot be submitted until the forms with the incorrect contract have been set to status **Invalid/Complete**.
- Resolution of forms in Manual Workflow.
- Assistance with Processed/Complete forms which do not appear on MESAV.

**Types of Calls to Refer to a Local Authority**

- For a true preadmission when an individual just arrives without paperwork at the NF when not Expedited Admission or Exempted Hospital Discharge
- For an individual who just arrives at the NF with a PASRR Negative Letter from the PE and needs help calling the LA
- When the NF needs to follow up after an alert was sent to the LA to perform and submit a PE for a Resident Review
- To invite the LA to participate in the Interdisciplinary Team (IDT) Meeting
Helpful Contact Information

**Texas Medicaid & Healthcare Partnership (TMHP)**
- General Customer Service ................................................................. 1-800-925-9126
- Long Term Care (LTC) Department .................................................. 1-800-727-5436 / 1-800-626-4117
  - General Inquiries, MDS not in the LTC Online Portal, LTCMI questions, Claim Forms, Claim Submission, R&S Report, PL1 Screening Form, and PASRR Evaluation (PE) .......................... Option 1
  - Medical Necessity ......................................................................... Option 2
  - Technical Support .......................................................................... Option 3
  - Fair Hearing .................................................................................. Option 5
  - LTC Other Insurance Information and Updates ............................ Option 6
- LTC Department (fax) ...................................................................... (512) 514-4223
- Medicaid Hotline ............................................................................ 1-800-252-8263

**Health and Human Services (HHS)**.................................................. (512) 438-3011
- Consumer Rights & Services Hotline .............................................. 1-800-458-9858
  - Complaint for LTC Facility/Agency ................................................ Option 2
  - Information About a Facility ............................................................ Option 4
  - Provider Self-Reported Incidents ................................................... Option 5
  - Survey Documents/HHS literature ............................................... Option 6
- Community Services Contracts Unit Support ................................. (512) 438-3550
- Community Services Contracts Voice Mail (Contract Applications, Reenrollments and Reporting Changes, such as address and telephone number) ........................................... (512) 438-3550
- Criminal History Checks ................................................................... (512) 438-2363
- Facility Licensure/Certification (Reporting Changes, such as Service Area and Medical Director) ............................................. (512) 438-2630
- Home and Community Support Services Unit (Hospice Regulatory Requirements) ......................................................... (512) 438-3161
- Hospice Policy (Medicaid, Program Support, and Special Services Unit) .............................................................. hospice@hhs.state.tx.us
- Institutional Services Contracting ..................................................... (512) 438-2546
- Medication Aide Program ................................................................. (512) 231-5800
- Nurse Aide Registry .......................................................................... 1-800-452-3934
- Nurse Aide Training ......................................................................... (512) 231-5800
- NF Administrator Program ............................................................... (512) 231-5800
- NF Policy .......................................................................................... (512) 438-3161
- Regulatory Services ......................................................................... (512) 438-2625
  - PASRR Unit Policy Questions ....................................................... (855) 435-7180
- Provider Claims Services Hotline ..................................................... (512) 438-2200
  - NF and Hospice (Client Service authorizations, MESAV updates, and unable to determine Rate Key issues) ................................. Option 1
  - Personal Needs Allowance Payments (PNA) ................................. Option 2
  - Deductions and Holds .................................................................. Option 3
  - Provider Recoupment and Holds, including torts and trusts and/or annuities ................................................................. Option 4
  - Home Community Services ........................................................... Option 5
  - TX Home Living ............................................................................ Option 5
  - Rehabilitation Therapy and Specialized Services ........................... Option 6
**Long Term Care User Guide for Hospice Providers**

**Health and Human Services (HHS)**
HHS Ombudsman Office Medicaid Benefits ................................................................. 1-877-787-8999
Medicaid Fraud .............................................................................................................. 1-800-436-6184
Rate Analysis Help Line ................................................................................................. (512) 730-7404
Resource Utilization Groups (RUGs) Information
  Nurse Specialist (Reconsideration & RUGs) ............................................................... (512) 491-2074
  Texas State University RUG Training Information ................................................... (512) 245-7118
  Texas State University Training Online Course Questions ...................................... (512) 245-7118

**Informational Websites**

**Texas Medicaid & Healthcare Partnership (TMHP):** [www.tmhp.com](http://www.tmhp.com)
- HIPAA information: [www.tmhp.com/Pages/TMHP/TPMHP_HIPAA.aspx](http://www.tmhp.com/Pages/TMHP/TPMHP_HIPAA.aspx)
- Long Term Care Division: [www.tmhp.com/Pages/LTC/ltc_home.aspx](http://www.tmhp.com/Pages/LTC/ltc_home.aspx)
- NF LTCMI and PASRR information is also available at: [www.tmhp.com/Pages/LTC/ltc_home.aspx](http://www.tmhp.com/Pages/LTC/ltc_home.aspx)
- Long Term Care Provider News Archives [www.tmhp.com/Pages/LTC/LTC_news_archives.aspx](http://www.tmhp.com/Pages/LTC/LTC_news_archives.aspx)

**Health and Human Services (HHS):** [https://hhs.texas.gov/](https://hhs.texas.gov/)
All HHS provider information can be found at [https://hhs.texas.gov/doing-business-hhs/provider-portals/](https://hhs.texas.gov/doing-business-hhs/provider-portals/)
Please choose your particular provider type for available online resources:
  - Consumer Rights and Services (includes information about how to make a complaint): [https://hhs.texas.gov/about-hhs/your-rights/consumer-rights-services](https://hhs.texas.gov/about-hhs/your-rights/consumer-rights-services)
  - Provider Letters: [www.dads.state.tx.us/providers/communications/letters.cfm](http://www.dads.state.tx.us/providers/communications/letters.cfm)
  - Resources for HHS Service Providers: [https://hhs.texas.gov/doing-business-hhs/provider-portals](https://hhs.texas.gov/doing-business-hhs/provider-portals)
  - HHS Regions: [https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts](https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts)

**Department of State Health Services (DSHS):** [www.dshs.state.tx.us/](http://www.dshs.state.tx.us/)
- DSHS Local Mental Health Authority Search: [www.dshs.state.tx.us/mhservices-search](http://www.dshs.state.tx.us/mhservices-search)
- DSHS PASRR Information: [www.dshs.state.tx.us/mhsa/pasrr](http://www.dshs.state.tx.us/mhsa/pasrr)
Other

- Centers for Medicare & Medicaid Services: [www.cms.gov](http://www.cms.gov)
- Department of State Health Services: [www.dshs.state.tx.us](http://www.dshs.state.tx.us)
- National Provider Identifier (NPI):
  - To obtain: [https://nppes.cms.hhs.gov/NPPES](https://nppes.cms.hhs.gov/NPPES)
- Texas Administrative Code: [www.sos.state.tx.us/tac/index.shtml](http://www.sos.state.tx.us/tac/index.shtml)
- Texas State RUG Training: [www.txstate.edu/continuinged/CE-Online/RUG-Training](http://www.txstate.edu/continuinged/CE-Online/RUG-Training)