2008 Nursing Facilities and Hospice Quick Reference Guide
Helpful Telephone Numbers

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 ......................................................... Press 1
    Medical Necessity ......................................................... Press 2
    Technical Support ......................................................... Press 3
    Audio Message for Paper Submissions ............................... Press 4
    Fair Hearing ............................................................. Press 5
LTC Department (fax) ............................................................. 1-512-514-4223
Medicaid Hotline ............................................................. 1-800-252-8263

Department of Aging and Disability Services (DADS) ................. 1-512-438-3011
Provider Claims ............................................................... 1-512-438-2200
    Nursing Facility and Hospice .......................................... Press 1
    Using PCS Website Email .............................................. Press 2
    Deductions and Holds ................................................ Press 3
    Third Party Recovery .................................................. Press 4
    Home Community Services .......................................... Press 5
    TX Home Living ......................................................... Press 5
    Rehabilitative and Specialized Services .......................... Press 6
Criminal History Checks .................................................. 1-512-438-2363
Consumer Rights & Services Hotline ..................................... 1-800-458-9858
    Complaint for LTC Facility/Agency .................................. Press 2
    Information About a Facility ....................................... Press 4
    Provider Self-Reported Incidents .................................. Press 5
    Survey Documents/DADS literature ................................ Press 6
Facility Licensure/Certification ........................................ 1-512-438-2630
Hospice Policy (Medicaid) ................................................ 1-512-438-3519
Medication Aide Program ................................................ 1-512-231-5800
Nurse Aide Registry ......................................................... 1-800-452-3934
Nurse Aide Training ......................................................... 1-512-231-5800
Nursing Facility Administrator Program ................................ 1-512-231-5800
Nursing Facility Dental/Rehab Services ................................ 1-800-792-1109
Nursing Facility Policy ..................................................... 1-512-438-3161
Nursing Facility/Hospice Contracting .................................... 1-512-438-2080
Preadmission Screening and Resident Review (PASARR)–State Office .............................. 1-512-438-4345
Regulatory Services .......................................................... 1-512-438-2625
Health and Human Services (HHSC)
HHSC Ombudsman Office Medicaid Benefits ..................................................... 1-877-787-8999
Medicaid Fraud ................................................................. 1-800-436-6184
HHSC Utilization Review Administrator Manager .................................................. 1-512-491-2065
HHSC Program Manager .............................................................. 1-512-491-2065
Resource Utilization Groups (RUGs) Information
   Nurse Specialist (Corrective Action & RUGs) ................................................. 1-512-491-2074
   Purpose Code U Questions ................................................................. 1-512-491-2074
   RUG Training Information ................................................................. 1-512-245-7118
   RUG Training Online Course Questions ................................................. 1-512-245-7118
Vendor Drug .............................................................................. 1-800-252-8263
Informational Websites

Texas Medicaid & Healthcare Partnership (TMHP): www.tmhp.com
  CARE Form instructions: www.tmhp.com/ltc_programs
  HIPAA information: www.tmhp.com/hipaa
  Long Term Care Division: www.tmhp.com/ltc_programs
  Nursing Facility Long Term Care Medicaid Information (LTCMI) and Pre-admission Screening and Resident Review (PASARR) information is also available on the TMHP website.

Texas Department of Aging and Disability Services (DADS): www.dads.state.tx.us
  All DADS provider information can be found at www.dads.state.tx.us/providers/index.cfm. Please choose your particular provider type for available online resources:
    Assisted Living: http://www.dads.state.tx.us/providers/alf/index.cfm
    Handbooks: www.dads.state.tx.us/news_info/publications/handbooks/index.html#handbooks
    Consumer Rights and Services (includes information about how to make a complaint):
      www.dads.state.tx.us/news_info/report_problems.html
    Nursing Facility: www.dads.state.tx.us/providers/nf/index.cfm
    PASARR: www.DADS.state.tx.us/providers/pasarr/index.html
    Provider Claims Services: http://ausmis31.dhs.state.tx.us/cmsmail
    Provider Letters: http://www.dads.state.tx.us/providers/communications/letters.cfm
    See the page for your particular provider type at http://www.dads.state.tx.us/providers/index.cfm
    Email TILE to RUG questions to: RUGS@dads.state.tx.us

Health and Human Services Commission (HHSC): www.hhsc.state.tx.us
  HHSC Regions: www.hhsc.state.tx.us/about_hhsc/hhs_regions.html
  Vendor Drug Program: www.hhsc.state.tx.us/hcf/vdp/vdpstart.html

Other
  Centers for Medicare & Medicaid Services: www.cms.gov
  Department of State Health Services: www.dshs.state.tx.us
  Texas Administrative Code: www.sos.state.tx.us/tac/index.html
  RUG Training: http://www.txstate.edu/continuinged/programs/RUG-Training.html
<table>
<thead>
<tr>
<th>City - Region</th>
<th>Address</th>
<th>Mail Code</th>
<th>Phone</th>
<th>Fax</th>
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</thead>
<tbody>
<tr>
<td>Abilene - 2</td>
<td>4601 S. First St., Ste H, Abilene, TX 79605</td>
<td>001-6</td>
<td>1-325-795-5598</td>
<td>1-325-795-5604</td>
</tr>
<tr>
<td>Austin/Waco - 7</td>
<td>PO Box 977, Waco, TX 76703</td>
<td>942-1</td>
<td>1-254-750-9652</td>
<td>1-254-750-9698</td>
</tr>
<tr>
<td>Corpus Christi - 11</td>
<td>5155 Flynn Pkwy, Ste 211, Corpus Christi, TX 78411</td>
<td>073-4</td>
<td>1-361-878-3211</td>
<td>1-361-878-3298</td>
</tr>
<tr>
<td>Fort Worth - 3</td>
<td>1501 Circle Drive, Ste 155-B, Fort Worth, TX 76119</td>
<td>128-9</td>
<td>1-817-321-8116</td>
<td>1-817-321-8113</td>
</tr>
<tr>
<td>Houston - 6</td>
<td>PO Box 16017, Houston, TX 77222</td>
<td>179-1</td>
<td>1-713-735-8310</td>
<td>1-713-735-8905</td>
</tr>
<tr>
<td>San Antonio - 8</td>
<td>PO Box 23990, San Antonio, TX 78223</td>
<td>281-1</td>
<td>1-210-431-8759</td>
<td>1-210-431-2377</td>
</tr>
</tbody>
</table>

For RUG Questions, call: 1-512-491-2072, 1-512-491-4046, or 1-512-491-2025
For RUG Training Information, call: 1-512-491-4046, 1-512-491-2072, or 512-491-2025
or visit https://oig.hhsc.state.tx.us/Reports/Training.aspx.
Benefits of the LTC Online Portal

- Web-based application.
- 24/7 system availability.
- Application edits verify the validity of data that is entered on forms.
- Errors must be corrected before submission.
- Form status inquiry (FSI) provides a search tool for forms and assessments that have been submitted.
- Current Activity provides a search tool for forms and assessments submitted in the last 14 calendar days.
- Submit additional information through the LTC Online Portal.
- TMHP provides LTC Online Portal, reference manual, and technical support by phone at 1-800-727-5436, Option 3.

TMHP Website Security

- There is no website security changes related to transition from TILEs to RUGs.
- Effective September 1, 2008, Third Party Software Vendors will not be able to submit 3618, 3619, 3652, or LTCMI information on behalf of a provider.
- Administrator account required:
  - Strongly recommended to have multiple Administrator Accounts
- Provider can establish user accounts for each provider/contractor number.
- Provides for secure access to web functions.
Creating Administrator Account on TMHP.com

- Select the Activate my Account link from the “I would like to…” section of the TMHP home page.
Click the Create a provider/vendor administrator account to continue.

- Long Term Care providers will need the following items to create their account:
  - Vendor Number.
  - Contract Number.
  - Vendor Password.

Long Term Care providers must enter their 6-digit provider number and provide the following pieces of information, depending on the type of Provider Number, not all fields are required:

- NMC or TMHP EDI submitter ID
- TIN Texas Identifier Number

In addition to entering the information above, validation also includes verifying an ICN (claim number) for a paid or denied claim found on current Remittance and Status (R&S) reports, dated within the last three calendar weeks. If a current R&S is not available, a request for a PIN will be mailed to the facility.

Vendors must enter their vendor number and provide the following pieces of information:

- Vendor number
- Contract number
- Vendor password
• Select the Account Type that you wish to set up:
  - Long Term Care is used for submitting 3071 and 3074 forms, viewing R&S, and using TexMedConnect.
  - NF/Waiver is used to submit forms 3618, 3619, LTCMI, PASARR, Medical Necessity and Level of Care.

• Provide the requested information and proceed to complete the Account Activation process.
- Provide the requested information and proceed to complete the Account Activation process.
- Check the box at the bottom of the screen to indicate agreement to the General Terms and Conditions.
- Click the **Create Provider Administrator** button to create your user ID.
- Access the My Account screen to administer your user account and to access any of the functions on the LTC Online Portal or TexMedConnect.
### Crosswalk of 3652 Nursing Facility Purpose Codes to MDS

<table>
<thead>
<tr>
<th>Purpose Code</th>
<th>Current Process</th>
<th>Future Process</th>
<th>Comments</th>
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<tbody>
<tr>
<td>P</td>
<td>Pre-admission for a client who requires a PASARR screening. The initiating activity for this Business Process is the need for screening/assessment of a potential Nursing Facility resident for the conditions of: 1. Mental Illness 2. Mental Retardation 3. Related Condition</td>
<td>The Form 3652-A Purpose Code P is replaced by the PASARR screening which is submitted on the LTC online Portal. Pre-admission for a client who requires a PASARR screening. The initiating activity for this Business Process is the need for screening of a potential Nursing Facility recipient for the conditions of: 1. Mental Illness 2. Mental Retardation 3. Related Condition</td>
<td>The PASARR Screening automatically defaults to a Purpose Code P as set by the LTC Online Portal during submission. The Long Term Care Medicaid Information (LTCMI) associated with the MDS Assessments has several PASARR related questions similar to the original 3652-A CARE Form. A “Y” in one or more of the responses in this section on the LTCMI (S2a – S2e) will result in a check on the LTC Online Portal for an existing Level 1 PASARR Screening. If the Level 1 has been completed and an MN determined the MDS Assessment will progress to be processed for Medicaid. If there is no Level 1 PASARR Screening available or no MN determined a PASARR Assessment will be required before the MDS Assessment can be processed.</td>
</tr>
<tr>
<td>1</td>
<td>Pre-admission for MN only. Does not satisfy PASARR. DADS nurses</td>
<td>Does not apply to MDS</td>
<td><strong>Comments</strong></td>
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*See "MDS Reasons for Assessment" at end of document.*
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</table>
| 1            | Complete Form 3652-A with a Purpose Code of 1:  
- At the request of the DADS Case Manager or HHSC Hearing Officer when medical necessity has been denied. If approved, will establish MN and TILE, or  
- For utilization review of current CBA and CWP recipients. |               |          |
| 2            | Admission to Medicaid | A 3618 Resident Transaction Notice is required for all residents being admitted into the Medicaid Program.  
Once a 3618 form has been submitted the Nursing Facility is required to follow one of the two procedures depending upon the status of the recipient's status.  
If the recipient has been previously admitted into the Nursing Facility under a payment source other than Medicaid this recipient should have MDS Assessments previously submitted according to the Federal CMS schedule requirements.  
- The LTC Online Portal will attempt to retrieve the covering MDS Assessment and any subsequent assessments for the resident according to the data provided on the 3618 Form. If located the MDS Assessment will be available on the LTC Online Portal in the Current Activity Report when the Provider logs into the system.  
- The Provider will then complete the LTC Medicaid Information form for the resident associating it with the MDS Assessment as | The submitted MDS Assessment will be used by TMHP to:  
- Determine MN and  
- Establish the RUG  
When TMHP receives a 3618 Resident Transaction Notice the LTC Online Portal will attempt to retrieve the covering MDS Assessment and any subsequent assessments for the resident from the Federal CMS Database, so the provider can use the existing assessment, rather than submitting an off-cycle MDS assessment. For a new resident, the provider will need to complete and submit an MDS admission assessment. |
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<th>Purpose Code</th>
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<tr>
<th>Future Process</th>
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previously submitted to the Federal CMS database.

- The LTC Online Portal will move the Assessment into the Medical Necessity Workflow process.
- Subsequent progress of the Medicaid process can be obtained by using the Form Status Inquiry function of the LTC Online Portal.

If the recipient has not been previously admitted into the Nursing Facility under a non-Medicaid payment source a Comprehensive Assessment for Initial Admission is required (AA8a = 01).

- The MDS Assessment will be retrieved from the Federal CMS database and be made available on the LTC Online Portal in the Current Activity Report when the Provider logs into the system.
- The Provider will then complete the LTC Medicaid Information form for the resident associating it with the MDS Assessment as previously submitted to the Federal CMS database.
- The LTC Online Portal will move the Assessment into the Medical Necessity Workflow process.
- Subsequent progress of the Medicaid process can be obtained by using the Form Status Inquiry function of the LTC Online Portal.

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See Rule 19.2403 (e) (4).

2 Transfer from another NF

Use the Purpose Code 2 when a resident is transferring from another facility if the recipient does not have permanent MN and the form is

The Nursing Facility that the recipient is transferred to must complete a new Admission MDS assessment in compliance with the federal MDS submission schedule.

See Rule 19.2403 (e) (4).
<table>
<thead>
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<tbody>
<tr>
<td>2</td>
<td>Admission into Hospice</td>
<td>When a recipient elects Hospice services in a Nursing Facility, the Hospice provider is required to submit Hospice Forms 3071 and 3074 via the LTC Online Portal (using the current mechanism).</td>
<td>Rule 371.214 (f) (2)</td>
</tr>
<tr>
<td></td>
<td>This purpose code is used when the admission into Hospice coincides with Admission into NF</td>
<td>An MDS assessment is not required to report Hospice election unless a Significant Change in Status Assessment (AA8a=03) is required according to the Federal CMS rules associated with a significant change at the time of Hospice Election.</td>
<td>Rule 371.214 (f) (3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Upon subsequent submission of the MDS Assessment for the Hospice recipient the following data are required:</td>
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<tr>
<td></td>
<td></td>
<td>$P_{10} \text{ (o not zero) is checked} $</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$S_{1c} = \text{Service Group 1 (NF)} $</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$S_{1d} = \text{Hospice Contract Number} $</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$S_{4a} = \text{RN Assessment Coordinator Last Name} $</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$S_{4b} = \text{RN Assessment Coordinator License Number} $</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>MN Review</td>
<td>The Nursing Facility is required to submit an MDS Quarterly Assessment (AA8a = 05) every 92 days.</td>
<td>The following changes will be implemented:</td>
</tr>
<tr>
<td></td>
<td>The 3652-A form with a Purpose Code 3 is submitted within 180 days of a Purpose Code 2 indicating a Medical Necessity Review. Permanent MN is granted when purpose code 3 becomes effective.</td>
<td>o The Provider will submit the MDS Quarterly Assessment to the Federal CMS database using their normal practices for their facility (e.g. RAVEN).</td>
<td>1. MN will be reviewed every quarter rather than on a 6 month basis. See Rule 19.2413 (b).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o The MDS Assessment will be retrieved from the Federal CMS database and be made available on the LTC Online Portal in the Current Activity Report when the Provider</td>
<td>2. Permanent MN is granted with at least 184 days of approved MN for the recipient. The Permanent MN clock will be kept with</td>
</tr>
<tr>
<td>Purpose Code</td>
<td>Current Process</td>
<td>Future Process</td>
<td>Comments</td>
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<tr>
<td>4</td>
<td>TILE review (every 6 months) Condition 1: o For Hospice recipients this review must be completed to allow a determination that a recipient needs continued hospice care. Complete only the fields marked with an asterisk on Form 3652.</td>
<td>Does not apply to MDS Assessments in the Nursing Facility. The Hospice resident will follow the MDS Assessment schedule and therefore will be assessed every 92 days.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>TILE review (every 6 months) Condition 2: o Do not submit Purpose Code 4 on an existing TILE 211 for non-hospice recipients in your facility; payment will continue</td>
<td>This function does not apply to the MDS Assessment process and will no longer be supported.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>TILE review (every 6 months) Condition 3: o Transfer admission from another facility for recipient with permanent MN</td>
<td>This function does not apply to the MDS Assessment process and will no longer be supported. The new facility must submit the MDS Assessments according to the Federal CMS schedule. The resident’s Permanent MN status will be validated during the submission of their assessment in the new facility.</td>
<td></td>
</tr>
<tr>
<td>R</td>
<td>Off-cycle case-mix change in</td>
<td>When a significant change in condition occurs the NF RUG will be calculated upon</td>
<td></td>
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*See “MDS Reasons for Assessment” at end of document.
<table>
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</table>
|              | **condition that changes TILE (once every 6 months).** If a recipient’s medical condition changes to the extent that the recipient may qualify for a different TILE, the NF provider can choose to complete a new assessment. Only two off-cycle assessments for any NF recipient are permitted per calendar year, one from January through June and one from July through December. This assessment sets a new schedule for submission of forms if permanent MN has been achieved. | provider will submit a comprehensive assessment as required by Federal CMS (AA8a = 03):  
   - The Provider will submit the MDS Significant Change in Status Assessment (SCSA) to the Federal CMS database using their normal practices for their facility (e.g. RAVEN).  
   - The MDS Assessment will be retrieved from the Federal CMS database and be made available on the LTC Online Portal in the Current Activity Report when the Provider logs into the system.  
   - The Provider will then complete the LTC Medicaid Information form for the resident associating it with the MDS Assessment as previously submitted to the Federal CMS database.  
   - The LTC Online Portal will move the Assessment into the Medical Necessity Workflow process.  
   - Subsequent progress of the Medicaid process can be obtained by using the Form Status Inquiry function of the LTC Online Portal. | submission. See Rule 19.2413 (h). |
| R            | **Admit to hospice.** When an NF recipient is admitted to or discharged from hospice, this represents a significant change in the recipient’s medical condition. Submit a Purpose Code R to reflect the change in the recipient’s status, and the admission to or discharge from hospice. These Purpose Code Rs are not included in the two allowable off-cycle assessments. | If a Significant Change in Status Assessment is required by Federal CMS rules for the person being admitted into Hospice:  
   - The Provider will submit MDS Significant Change in Status Assessment (SCSA) to the Federal CMS database using their normal practices for their facility (e.g. RAVEN). Including the following field in Section P: P1ao is checked indicating Hospice Care.  
   - The MDS Assessment will be retrieved from the Federal CMS database and be made available on the LTC Online Portal. | The State will no longer require a significant change in condition assessment for admission of a recipient into Hospice. This is an optional assessment only when it applies. See Rule 371.214 (f) (3). |

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</table>
| E            | Retroactive MN determination; Recover lost payment (for missed assessment) | available on the LTC Online Portal in the Current Activity Report when the Provider logs into the system.  
  ○ The Provider will then complete the LTC Medicaid Information form for the resident associating it with the MDS Assessment as previously submitted to the Federal CMS database. And must include the following in the LTC MI Hospice fields:  
  ○ S1c = Service Group 1 (NF)  
  ○ S1d = Hospice Contract Number  
  ○ S4a = RN Assessment Coordinator Last Name  
  ○ S4b = RN Assessment Coordinator License Number  
  ○ The LTC Online Portal will move the Assessment into the Medical Necessity Workflow process.  
  ○ Subsequent progress of the Medicaid process can be obtained by using the Form Status Inquiry function of the LTC Online Portal. | See Rule 19.2413 (g). |

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</table>
| F            | Off-cycle PASARR due to change in PASARR condition. | Medicaid Information form for the resident associating it with the MDS Assessment as previously submitted to the Federal CMS database. And must include the following in the fields:  
  - SIE (Purpose Code) = E  
  - SIf = Missed Assessment Start Date  
  - S Ig = Missed Assessment End Date  
  - The LTC Online Portal will move the Assessment into the Medical Necessity Workflow process.  
  - Subsequent progress of the Medicaid process can be obtained by using the Form Status Inquiry function of the LTC Online Portal.  
  
Please note that the Default RUG rate rather than the actual RUG rate will be assigned to the period that was missed. |          |

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<tbody>
<tr>
<td></td>
<td>Subsequent progress of the Medicaid process can be obtained by using the Form Status Inquiry function of the LTC Online Portal.</td>
<td>The Federal CMS provides for two methods of Correction: 1) Modification/Inactivation of an existing assessment (affects an existing MDS assessment). 2) Significant Correction (Quarterly or Full) AA8a= 04 OR AA8a= 10 (new assessment, resets assessment cycle).</td>
<td>See Rule 19.2413 (h).</td>
</tr>
<tr>
<td>U</td>
<td>Case-mix assessment correction of TILE fields. Rules: • Correction to TILE fields 30, 31 and 50 through 99 • Completed by nursing facility staff with review by HHSC/UR. • Does not get submitted to TMHP. • Must be submitted within 60 days of assessment in error</td>
<td>o The Provider will submit the appropriate form according to the Federal CMS submission rules using their normal practices for their facility (e.g. RAVEN). o The MDS Assessment or Modification/Inactivation will be retrieved from the Federal CMS database and be made available on the LTC Online Portal in the Current Activity Report when the Provider logs into the system. o If the Correction is one of the Significant Correction Assessments the Provider will then complete the LTC Medicaid Information form for the resident associating it with the MDS Assessment as previously submitted to the Federal CMS database. o If it is a Modification to an existing MDS Assessment for Medicaid, the inaccurate record is moved into the history file in the Federal MDS Database and replaced with the corrected record in the active database. TMHP will replace the original form with the &quot;modification&quot; form on the LTC Online Portal and the form status will be changed to a</td>
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<td></td>
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<td>corrected status. The LTC Online Portal will move the assessment into the Medical Necessity Workflow process.</td>
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<td></td>
<td></td>
<td>o If it is an Inactivation the MDS Assessment will be located on the LTC Online Portal and moved to an “inactive” status.</td>
<td></td>
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<td></td>
<td>o When an MDS assessment inactivation is accepted into the TMHP LTC Online Portal and meets all the applicable TMHP form requirements, TMHP will place the form in the workflow for manual processing. (rather than submit it to DADS for processing). No automated processing of inactivations will be performed by DADS.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Subsequent progress of the Medicaid process can be obtained by using the Form Status Inquiry function of the LTC Online Portal.</td>
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<tr>
<td>W</td>
<td>Completed by the NF when the HHSC, Utilization Review (UR) Unit initiates vendor hold.</td>
<td>A Purpose Code W will no longer be used as the means of handling this corrective action; therefore, the need for a Purpose Code field on the LTCMI for this scenario is not required.</td>
<td>HHSC OIG UR is in the process of drafting rules for handling the Form Submission hold as a result of a high error rate.</td>
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<tr>
<td></td>
<td>• Only used during onsite compliance visit by UR</td>
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<tr>
<td></td>
<td>• Used during Form Submission Hold</td>
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<tr>
<td></td>
<td>• Paper process only</td>
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<td></td>
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<tr>
<td>X</td>
<td>Only used by HHSC UR staff following an onsite review.</td>
<td>The MFADS CMUR interface file will continue to be sent to DADS SAS to create the Level of Service record with the new RUG value following an onsite review. The file is sent with:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 3652 data is entered in MFADS CMUR system not the TMHP LTC Online Portal</td>
<td>• The new value for the RUG</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• An interface file is sent to DADS SAS to change the TILE in the Level of Service record</td>
<td>Purpose Code X indicating the reason for the change</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>NA</td>
<td>New Purpose Code for Retroactive Medicaid Assessment. This PC can be sent with Admission Assessment, Annual Assessment or Quarterly Review Assessment. MDSAS will determine whether or not the recipient has retroactive Medicaid eligibility. Missed Assessment Start and End Dates are used by the provider to identify the Retroactive Medicaid period. LTCMI: S1e = M (Purpose Code) S1f = Missed Assessment Start Date S1g = Missed Assessment End Date</td>
<td>See Rule 19.2611 (a) (1) – (5) AND (b) Retroactive Vendor Payment.</td>
</tr>
</tbody>
</table>
**MDS Reasons for Assessment**

Section AA
8. REASONS FOR ASSESSMENT

a. Primary reason for assessment

1. Admission assessment (required by day 14)
2. Annual assessment
3. Significant change in status assessment
4. Significant correction of prior full assessment
5. Quarterly review assessment
10. Significant correction of prior quarterly assessment
0. NONE OF ABOVE

b. Codes for assessments required for Medicare PPS or the State

1. Medicare 5 day assessment
2. Medicare 30 day assessment
3. Medicare 60 day assessment
4. Medicare 90 day assessment
5. Medicare readmission/return assessment
6. Other state required assessment
7. Medicare 14 day assessment
8. Other Medicare required assessment
A New Resident is Admitted 
or 
Transferred from another Nursing Facility

If resident has a diagnosis of MI/MR/RC contact DADS at 512-438-4345 to verify that a PASARR is on file.

Form 3618 must be signed and electronically submitted within 72 hours of admission.

Submit AA8a=1 
Admission assessment – required by day 14
New Resident to Medicaid is Admitted to Hospice

If resident has a diagnosis of MI/MR/RC contact DADS at 512-438-4345 verify that a PASARR is on file.

Form 3071 and 3074 must be on file.

Submit AA8a=1 Admission assessment – required by day 14

Current Medicaid Resident is Admitted to Hospice

Form 3618 Discharge must be signed and electronically submitted within 72 hours of hospice election date.

If a significant change in status has not occurred continue with current MDS schedule.

If a significant change in status has occurred submit MDS AA8a=3 (Significant Change in Status Assessment) With a check in Section P1a.o Indicating hospice care

Complete Long Term Care Medicaid Information (LTCMI) Section S1d and Hospice contract number
Resident Returns
Prior Discharge Indicates Return Not Anticipated

If resident has a diagnosis of MI/MR/RC contact DADS at 512-438-4345 verify that a PASARR is on file.

Form 3618 must be signed and electronically submitted within 72 hours of admission.

Submit AA8a=1
Admission assessment – required by day 14
Resident Returns
Prior Discharge Indicates Return Anticipated

Resident returns to full Medicaid.

Has previous assessment expired?

No

Has resident had a change in condition?

No

An MDS is not required until the current assessment expires.

Yes

Complete AA8a=3 – Significant change in status assessment.

Form 3618 must be signed and electronically Submitted within 72 hours of admission.

Submit next MDS as scheduled
Minimum Data Set (MDS)
Quick Reference Guide
2008

MDS Phone Numbers
AT&T Global Dialer Helpdesk ................................................................. 1-800-905-2069
MDS Automation/Report Questions .......................................................... 1-512-438-2396
MDS Clinical Questions/Training ............................................................... 1-806-249-5579 Ext. 2
MDS/QI Technical Questions ................................................................. 1-800-727-5436, Press 3
MDS/RAP/Care Plan Training ................................................................. 1-512-458-1257 / 1-512-467-2242
QI Clinical Questions ................................................................................. 1-806-249-5579 Ext. 2
QI Report Questions ................................................................................. 1-512-438-2396
RAVEN Helpdesk .................................................................................. 1-800-339-9313
Swing Bed Automation/Technical .............................................................. 1-800-339-9313
Swing Bed Clinical MDS ......................................................................... 1-806-249-5579 Ext. 2

MDS Informational Websites
AT&T Global Dialer: www.qtso.com
Federal MDS site: www.cms.hhs.gov/MinimumDataSets20/
MDS Software Specifications: http://www.cms.hhs.gov/MDS20SWSpecs
MDS/RAP/Care Planning Training: www.tahsa.org
MDS/RAP/Care Planning Training: www.txhca.org
RAVEN Download: www.qtso.com/ravendownload.html
RAVEN: http://www.cms.hhs.gov/MinimumDataSets20/07_RAVENSoftware.asp#TopOfPage
State MDS Policy: www.dads.state.tx.us/providers/mds/index.cfm
MDS Submission Process

MDS data is keyed

Connect to MDS website using AT&T Global Network Dialer

Access MDS Welcome page

Transmit Assessments

Initial Feedback report created

Warnings or no errors received

Fatal error - Data is not stored on the MDS server

Data processed and final validation report created

Make appropriate changes, and transmit

Fatal error - Data is not stored on the MDS server

Make changes to the assessment and transmit

Warning received

Change required?

Yes

Create modification, request assessment, and modify transmit

No

No errors

Data is stored on the MDS state server

Final validation report created