



# **Long-Term Care User Guide** **for Managed Care Organizations**



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

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# The TMHP Long-Term Care Online Portal

The TMHP Long-Term Care Online Portal (LTCOP) is a web-based application that allows users to:

- Submit/view forms and assessments.
- Create saved searches.
- Conduct a form status inquiry.
- Retrieve reports.
- Add a note to a form or assessment.

## Benefits of the LTCOP

- Web-based application – preferred web browsers are Microsoft Edge and Google Chrome
- 24/7 availability
- Texas Medicaid & Healthcare Partnership (TMHP) provides TMHP Portal technical support by telephone at 800-626-4117 from 7:00 a.m. – 7:00 p.m., Central Time, Monday through Friday – excluding holidays.

## General Security Information

Security clearance and access to certain LTCOP features are based on the role of the user, allowing them to complete the tasks associated with their job requirements. The options available on the LTCOP are based on the security profile assigned to each user; therefore, some options may not be available for all users.

## Using the LTCOP

Detailed instructions for using the LTCOP can be found in the [\*Long-Term Care User Guide for Online Portal Basics, General Information, and Program Resources\*](#).

For questions about the LTCOP or assistance in using the portal, contact TMHP Portal technical support by telephone at 800-626-4117.

# H1700 / Individual Service Plan (ISP) Form

## What is the ISP Form?

The H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan (ISP) form is used in the STAR+PLUS HCBS Waiver program. This form can be submitted online using the LTC Online Portal. Before an ISP can be submitted for a person, they must have a Medical Necessity and Level of Care (MN/LOC) assessment on file in status Processed/Complete or CS Processed/Complete.

## Benefits of Submitting ISP Forms on the LTC Online Portal

- Many fields auto-populate with information from a person's MN/LOC.
- Form statuses can be tracked through the Form Status Inquiry feature.
- The portal is available 24 hours a day, seven days a week.
- Texas Medicaid & Healthcare Partnership (TMHP) provides LTC Online Portal technical support by telephone at **800-626-4117** from 7:00 a.m. – 7:00 p.m., Central Time, Monday through Friday – excluding holidays.

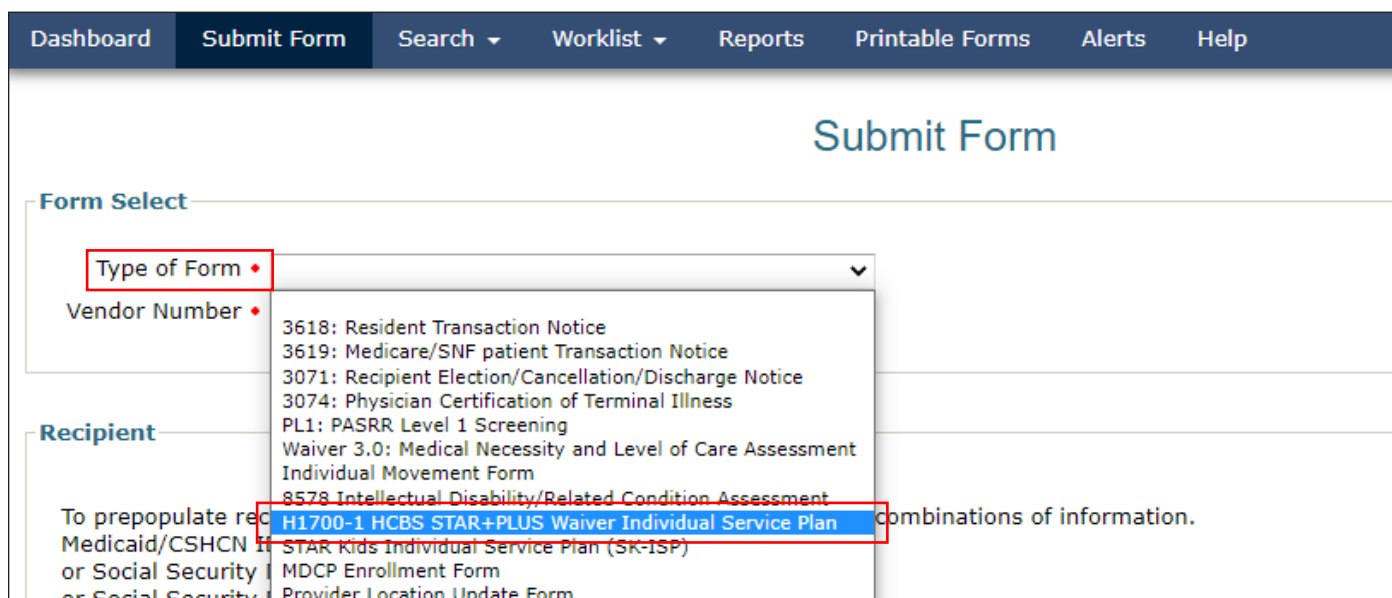
## Submitting an ISP

- 1) When the blue navigational bar is displayed, click the **Submit Form** link.



You may need to reenter your security credentials.

- 2) From the Type of Form drop-down menu, select **H1700-1 HCBS STAR+PLUS Waiver Individual Service Plan**.



- 3) Select the appropriate vendor or provider number, if applicable.

- 4) Enter the person's Medicaid number in the Medicaid Number field.
- 5) Click the **Enter Form** button in the bottom right corner of the screen. The form will appear.

### HCBS STAR+PLUS Waiver Individual Service Plan

**Current Status:** Unsubmitted

**Form Actions**

Print
Save as Draft

**Managed Care Organization**

Provider No.

MCO Name

• Service Coordinator

Plan Code

• County

**Applicant/Member**

Group Code

ME-Waiver ☐

The form may take a moment to populate the fields from the person's MN/LOC. You will not be able to edit the autofilled fields, which are tinted gray.

Required fields are indicated by a red dot.

The form sections of the ISP are:

- MCO Organization Information;
- Applicant/Member Information;
- Individual Service Plan Event; and
- Individual Service Plan Services.

## Completing the H1700 / ISP Form Fields

- 1) Complete the Service Coordinator field.
- 2) Select the correct county from the County drop-down menu.

The screenshot displays the H1700 / ISP Form Fields, divided into two main sections: **Managed Care Organization** and **Applicant/Member**.

**Managed Care Organization Section:**

- Provider No. (Text field)
- MCO Name (Text field)
- Service Coordinator (Text field, marked with a red dot indicating it is required)
- Plan Code (Text field)
- County (Dropdown menu, marked with a red dot indicating it is required)

**Applicant/Member Section:**

- Group Code (Text field)
- ME-Waiver (Text field)
- Medicaid No. (Text field, marked with a red dot indicating it is required)
- First Name (Text field)
- Middle Initial (Text field)
- Last Name (Text field)

The **County** dropdown menu is open, showing a list of counties. The county **Karnes** is highlighted in blue. A tooltip with the text "Select the county" is visible near the dropdown arrow.

**Note:** Most of the Applicant/Member section of the ISP form will be auto-populated using information from the MN/LOC on file for that person.

- 3) In the Applicant/Member section of the form, verify that the Medicaid number is correct. It is a required field.
- 4) Check the ME-Waiver box, if applicable, for the person.

**Note:** The "Type Authorization" indicates whether the current ISP will be submitted as an Initial ISP or a Reassessment. This field automatically determines whether the ISP is an Initial or a Reassessment based on the dates entered below and whether or not the person has an existing ISP on file. If the ISP has been out of date for 120 days, it resets to an Initial assessment. Backdating is possible; this makes it possible to submit the ISP as a Reassessment instead of an Initial Assessment. Backdating must go back far enough to fall within the 120-day reassessment window. The SAS registration code Service Group 19/Service Code 13 must be filed for backdated months, and Service Group 19/Service Code 12 should be completed for upcoming months.

**Example:** If the MCO submits an ISP on June 15 2015 (the effective date on the form) and the ISP From Date on the reassessment of the ISP is July 1 2015, then SAS will create one record: a 19/12 (on time) for June 1 2015 through May 31 2016. However, If an MCO submits an ISP on June 15 2015 (the effective date on the form) and

the ISP From Date on the reassessment of the ISP is June 1 2015, then SAS will create two records. A 19/13 (late) for June 1 through June 30 2015; and a 19/12 for July 1 2015 through May 31 2016.

- 5) Enter the ISP From Date. You can complete the ISP From Date field using the interactive calendar. The ISP From Date must be the first day of a selected month. For Initial forms the portal will auto-populate the first day of the following month. The ISP expires one calendar year after the ISP From Date. The ISP To Date cannot be edited and will auto-populate based on the editable ISP From Date field. For a reassessment, the ISP From Date must be the day after the previous ISP To Date, or the form will not submit properly.

**Note:** Initial forms for ME-Waiver will automatically trigger review by Health and Human Services Commission (HHSC) staff.

- 6) Choose the appropriate option from the required Enrolled From drop-down menu.
- 7) Check the MFPD box if the applicant/member qualifies for a Money Follows Person demonstration.
- 8) Choose the appropriate option from the required Living Arrangement after Entry into SPW field.

**Individual Service Plan Event**

Effective Date: 05/31/2023

Type Authorization: ☒ Initial ☐ Reassessment

From Date: 6/1/2023

To Date: 5/31/2024

Enrolled From: Select

MFPD: ☐

Living Arrangement after Entry into SPW: Select

Individual Service Plan Services

Delivery Option	Service Category
Select	

**Note:** The final section on the ISP form is titled “Individual Service Plan Services.” This is a required section. You must enter at least one service to submit the ISP.

- 9) To enter a service:
  - a) Use the drop-down menu to select the appropriate option in the Delivery Option column.
  - b) Based on your selection, a new drop-down menu will populate in the required Service Category column. Use it to select the correct Service Category.

**Note:** Once a Service Category has been selected, it will no longer be available on the Service Category list



when adding additional Service rows.

10) Complete the required Estimated Annual Service Units column.

11) Complete the required Rate column.

12) The Estimated Annual Cost column will auto-populate.

13) Add new Service Categories as necessary.

**Note:** To add additional Service Categories, click the **Add Service** button and repeat the steps above. When multiple Service rows exist, a new column will appear on the right hand side of the screen and each Service row will have a Delete Service button. Clicking the **Delete Service** button will instantly delete that Service row. If you erroneously delete a Service row, you will need to click the **Add Service** button and re-enter the information.

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost	
Agency	Occupational Therapy (S9129, U3, U3)	100.00	\$100.00	\$10,000.00	Delete Service
Agency	Physical Therapy (S9131, U3, U3)	100.00	\$100.00	\$10,000.00	Delete Service
CDS	Protective Supervision (S5125, U3, U5, 99, UC)	100.00	\$100.00	\$10,000.00	Delete Service

**Add Service**

Total Est. Waiver Cost: \$30,000.00

Ventilator Use: None

RUG: CA1

Annual Cost Limit: \$80,118.00

**Submit Form**

Select an option from the required Ventilator Use drop-down menu.

**Note:** If the Total Estimated Waiver Cost exceeds the Annual Cost Limit, a new checkbox titled Over Annual Cost Limit override with GR approval will appear. If this box is present, it must be selected before the form can be submitted. Please note that this will automatically flag the ISP for review by HHSC staff.

14) Click the **Submit Form** button at the bottom right of the screen.

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost
Select				

**Add Service**

Total Est. Waiver Cost: \$0.00

Ventilator Use: Select

RUG: IB1

Annual Cost Limit: \$86,463.00

**Submit Form**

**Note:** If the ISP is flagged for review by HHSC staff, it can be tracked using the Form Status Inquiry (FSI) or Power Search tools on the blue navigational bar. Additionally, submitted ISPs may be found for 14 calendar days by clicking the **Current Activity** link on the blue navigational bar.

## Submitting Individual ISP forms by Multiple Users

Multiple users may need to input data on an ISP form prior to submission. This can be accomplished by using the Save as Draft function at the top of the form.

- 1) Fill out as many fields on the ISP form as possible using the steps described above.
- 2) Instead of clicking **Submit Form** at the bottom of the form, scroll back to the top and click **Save as Draft**.

The screenshot shows the 'HCBS STAR+PLUS Waiver Individual Service Plan' form. At the top, it says 'Current Status: Unsubmitted'. Below this is a 'Form Actions' bar with two buttons: 'Print' and 'Save as Draft'. The 'Save as Draft' button is highlighted with a red rectangular box. Underneath the actions bar are two main sections: 'Managed Care Organization' and 'Applicant/Member'. The 'Managed Care Organization' section includes fields for 'Provider No.', 'MCO Name', 'Service Coordinator' (with a red asterisk), 'Plan Code' (set to 46), and 'County' (a dropdown menu set to 'Select'). The 'Applicant/Member' section includes a 'Group Code' field (set to 19) and an 'ME-Waiver' checkbox.

- 3) The ISP will now be available on the Drafts page.
- 4) Other users linked to that contract may now access the ISP form by clicking the **Drafts** link on the blue navigational bar.
- 5) Once the form is completed, it can be submitted by following the steps described above.

**Note:** The LTC Online Portal only supports single ISP form submissions. For users attempting to submit ISP forms in batches, use the existing batch transaction process using one of the following naming conventions: ISP\*.txt; ISP\*.dat; or ISP\*.zip.

## How to Inactivate a Form

If HHSC Program Services Unit (PSU) staff set the form status to MCO Action Required, an MCO User should inactivate the form.

- 1) Log in to the LTC Online Portal.
- 2) Locate the form you wish to inactivate using the **Form Status Inquiry**, **Current Activity**, or **Power Search** links in the blue navigational bar.
  - a) If using FSI or Power Search, you may search for Form H1700-1 using SSN, Medicaid number, or DLN. Click the **Search** button, then click the **DLN** link.

- b) If using Current Activity, click the **DLN** link.
- 3) To be eligible for inactivation, the form must be set to status: MCO Action Required, PSU Action Required, or Pending PSU Review.
- 4) Click the **Form Inactivate** button on the Form Actions bar.

**HCBS STAR+PLUS Waiver Individual Service Plan**

**Current Status:** Pending PSU Review    **Name:** [REDACTED]    **DLN:** [REDACTED]

**Form Actions**

Add Note    Use as Template    Print    **Form Inactivate**

**Managed Care Organization**

Provider No. [REDACTED]

MCO Name [REDACTED]

Service Coordinator [REDACTED]

Plan Code 86

County Collin

**Applicant/Member**

- 5) A note will be added to the form History trail.

**Note:** A form can no longer be inactivated once it is set to status **Processed/Complete** or **PSU Processed/Complete**. Forms will automatically be inactivated after 45 days in status **MCO Action Required**.

## How to Resubmit a Form

- 1) Inactivate the form using the steps above.
- 2) Click the **Use as Template** button on the yellow Form Actions bar.

The screenshot shows the 'HCBS STAR+PLUS Waiver Individual Service Plan' form. At the top right, there is a yellow box with a lock icon and an 'Unlock Form' button. Below the title, the 'Current Status' is 'Form Inactivated', and the 'Name' and 'DLN' fields are populated with redacted text. A yellow 'Form Actions' bar contains three buttons: 'Add Note', 'Use as Template' (which is highlighted with a red border), and 'Print'. Below this bar is a section titled 'Managed Care Organization' with three input fields: 'Provider No.', 'MCO Name', and 'Service Coordinator', each containing redacted text.

- 3) Edit the form as necessary using the process described in this User Guide.
- 4) Click the **Submit** button at the bottom right of the screen to submit the form.

## How to Terminate a Form

MCO users may not terminate their own forms.

Forms set to the Processed/Complete or PSU Processed/Complete statuses can be terminated only by Program Services Unit (PSU) staff at HHSC.



# STAR Kids Screening and Assessment Instrument (SK-SAI)

## What is the SK-SAI?

STAR Kids is a managed care program to meet the needs of children and young adults 20 years-old and younger who receive Medicaid services from a number of different programs.

The people enrolled in STAR Kids and their families will receive assistance through the STAR Kids program. Through service coordination, some of the identified needs of the people will be addressed by connecting them to services and qualified providers. MCOs, along with the family, will assess each person's needs, and an Individual Service Plan will be created. A core component of this program is the STAR Kids Screening and Assessment (SK-SAI) Instrument.

The STAR Kids Screening and Assessment Instrument (SK-SAI) provides a standardized care needs assessment that is comprehensive, holistic, consumer-directed, evidence-based, and takes into consideration social and medical issues, for the purposes of prioritizing the person's needs that threaten independent living.

Unlike other assessments processed by TMHP, the SK-SAI will include auto Medical Necessity (MN) criteria for its people. The TMHP Online Portal automatically approves MN when certain criteria are met. If the TMHP Online Portal is unable to approve the SK-SAI based on the auto MN criteria, then the assessment will need to be reviewed by TMHP clinical staff to determine MN.

## Letters

Like all assessments where MN is determined, letters are mailed out if the form reaches certain statuses. TMHP has five letters for the SK-SAI. Two of these letter types mailed to the person or their Legally Authorized Representative (LAR), and three letter types are mailed to the person's doctor.

The letters which will be mailed out by TMHP are:

- Client/Doctor Denial Letter – This letter will be generated and mailed once the SK-SAI goes into a MN Denied status, which occurs once the TMHP physician denies MN.
- Client/Doctor Overturn Approval Letter – This letter will be generated and mailed if a SK-SAI has MN approved after initially having MN denied.

There is no letter sent to the MCO by TMHP, however, the MCO should be aware of the form status based on systematic notifications returned to the MCO based off the status of the form. In other words the MCO should be aware of the status of the assessment.

## TMHP Online Portal

STAR Kids and STAR Health MCOs will be able to view the STAR Kids SAI for retention and determination of medical necessity (MN) (if applicable) and RUG levels.

## Screening And Assessment Instrument

The STAR Kids screening and assessment process will help identify the complexity and intensity of a person's physical, medical, mental, social, developmental, and behavioral needs. The process will also help identify personal preferences and goals. Findings from the STAR Kids screening and assessment process will also be used by HHSC to identify trends and provide insight on conditions, outcomes, the utilization of services and quality of care.

The SK-SAI can be pulled up by performing a Power Search. (See the LTC Online Portal Basics section of the guide for more information on Power Search.) Once the proper SK-SAI has been found you can view any part of the assessment. No changes to the form can be made online.

You can view the Current Status of the SK-SAI which is displayed in the upper left hand of the page above the yellow bar.

Statuses that the form could be in are:

- Appealed Doctor Review
- Corrected
- Denial Inventory
- Doctor Overturn Denied
- FH Appeal Denied
- FH Doctor Appeal Denied
- Form Inactivated
- ID Invalid
- Invalid/Complete
- Med ID Check Inactive
- Medicaid ID Pending
- MN Approved
- MN Denied
- Overturn Doctor Review Expired
- Overturned Doctor Review
- Pending Denial
- Pending Doctor Review
- Pending Fair Hearing
- Pending More Info
- Pending Nurse Review

- Processed/Complete

The RUG and MN status are displayed beside the Current Status above the yellow bar. You can also click **Return to Search Results** to go back to the display of the results of your power search.

STAR Kids Screening and Assessment Instrument

Current Status: Processed/Complete Name: DLN: RUG: CA1 MN Status: Approved

Form Actions:  
Add Note Restart Form Print

Section A Section B Section C Section D Section E Section F Section G Section H Section I Section J Section K Section L Section M

Section P Section Q Section R Section Denials

SECTION A. IDENTIFICATION INFORMATION

Identification Information

A1. Date of Assessment Conducted With The Individual/LAR  
10/01/2021

A2. Reason for Assessment  
Initial Re-assessment Significant change in condition re-assessment Minor correction to recent assessment Major correction to recent assessment

A3. Legal Name  
First Name Middle Initial Last Name Suffix

A4. Gender  
Male Female Unknown

A5. Birthdate

Return to Search Results

The SK-SAI includes three modules: the Core Module, the Nursing Care Assessment Module (NCAM), and the Medically Dependent Children Programs (MDCP) Module.

STAR Kids Screening and Assessment Instrument

Current Status: Processed/Complete Name: DLN: RUG: CA1 MN Status: Approved

Form Actions:  
Add Note Restart Form Print

Section A Section B Section C Section D Section E Section F Section G Section H Section I Section J

Section K Section L Section M Section P Section Q Section R Section Denials

Return to Search Results

The Core tab shows basic demographics and other personal information about the person, as well as information about the person's behavioral and cognitive issues and needs.

STAR Kids Screening and Assessment Instrument

Current Status: Processed/Complete Name: DLN: RUG: CA1 MN Status: Approved

Form Actions: Add Note Restart Form Print

Section A Section B Section C Section D Section E Section F Section G Section H Section I Section J Section K Section L Section M

Section P Section Q Section R Section Denials

SECTION A. IDENTIFICATION INFORMATION

Identification Information

A1. Date of Assessment Conducted With The Individual/LAR

10/01/2021

A2. Reason for Assessment

☒ Initial ☐ Re-assessment ☐ Significant change in condition re-assessment ☐ Minor correction to recent assessment ☐ Major correction to recent assessment

A3. Legal Name

First Name Middle Initial Last Name Suffix

A4. Gender

☒ Male ☐ Female ☐ Unknown

A5. Birthdate

The Nursing Care Assessment Module (NCAM) covers any complex condition the person might have and the nursing task that are needed that are associated with the conditions.

Core NCAM MDCP

Section N

SECTION N. COMPLEX CONDITIONS AND NURSING CARE

(Code items for last 30 days unless otherwise specified)

Neurological

N1. Individual has Seizure Disorder

a. Presence of seizures new since last assessment

b. Average number of seizures

c. Typical level of seizure intervention

d. Type of Seizures in the last 30 days

Code all that apply

☐ i. Generalized ☐ iii. Other (specify):

☐ ii. Focal/Partial

☐ No (If no, skip to N2) ☐ Yes

☒ No ☐ Yes (Code yes, if seizures is a new diagnosis since last assessment)

2. Less than 1 seizure/week

2. Moderate - rescue medications or c



The Medically Dependent Children Program (MDCP) Module covers items related to mental and physical needs of the person.

Core	NCAM	<b>MDCP</b>
------	------	-------------

Section 0

**SECTION 0. MDCP RELATED ITEMS**  
*(Use last 7 days as time reference unless otherwise specified)*

Reason For Assessment

**01. Reason For Assessment**  
☐ Initial ☒ Re-assessment ☐ Significant change in condition re-assessment ☐ Minor correction to recent assessment ☐ Major correction to recent assessment

Cognitive Patterns

**02. Individual Has No Discernable Consciousness, Is In A Persistent Vegetative State, Or Is In A Coma** ☐ No ☒ Yes (If yes, skip to 0.15)

**03. Making Self Understood (Expression)**

1. Usually understood - Difficulty finding

*Expressing information content – both verbal and non-verbal (however able; with communication device, if normally used). Enter "-" dash if unable to assess.*

## Add Note

The Add Note feature may be used to add additional Medical Necessity (MN) information that was not captured upon original submission. Information is added to the History trail of the assessment, not to the assessment itself.

The screenshot shows the 'STAR Kids Screening and Assessment Instrument' interface. At the top is a navigation bar with links: Dashboard, Submit Form, Search, Worklist, Reports, Printable Forms, Alerts, and Help. Below the navigation bar is the title 'STAR Kids Screening and Assessment Instrument'. On the right, there is a 'Return to Search Results' button. The main content area displays the 'Current Status: Processed/Complete', 'Name:', 'DLN:', 'RUG: CA1', and 'MN Status: Approved'. Below this, the 'Add Note' section is highlighted with a red border. It contains a text area for adding notes, a 'Provider Facing' dropdown menu, and 'Save' and 'Cancel' buttons. At the bottom, there is a section for 'Core', 'NCAM', and 'MDCP' with various sub-sections (A through R and Denials) listed below them.

Whatever information is entered into the Add Note box, click the **Save** button. The information is then added to the History trail of the assessment, not to the assessment itself. Once the note is saved, the content from the box will appear at the bottom of the history trail.

History	
Form Submitted	8/22/2016 4:33:24 PM
8/22/2016 4:33:24 PM	System : This form was submitted as a correction for <a href="#">[Link]</a>
Pending Review	8/22/2016 4:33:27 PM
8/22/2016 4:33:27 PM	System : The Form has failed Auto MN Approval.
Approved	8/22/2016 4:36:05 PM
Corrected	8/22/2016 4:48:25 PM
8/22/2016 4:48:25 PM	System : Form has been corrected by <a href="#">[Link]</a>
9/16/2016 2:27:24 PM	skmconew : Add a note to give more information on the need for MN.

## Print

You can also print the SK-SAI form from this page. Click the **Print** button at the top of your form.

TMHP

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
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Home · TMHP.com · My Account · Logged in as: cfadmin

Dashboard · Submit Form · Search · Worklist · Reports · Printable Forms · Alerts · Help

### STAR Kids Screening and Assessment Instrument

Return to Search Results

Current Status: Processed/Complete   Name:   DLN:   RUG: CA1   MN Status: Approved

**Form Actions:**  
[Add Note](#) [Restart Form](#) [Print](#)

Core

NCAM

MDCP

Section A

Section B

Section C

Section D

Section E

Section F

Section G

Section H

Section I

Section J

Section K

Section L

Section M

Section P

Section Q

Section R

Section Denials

#### SECTION A. IDENTIFICATION INFORMATION

Identification Information

**A1. Date of Assessment Conducted With The Individual/LAR**  
10/01/2021

**A2. Reason for Assessment**  
☒ Initial   ☐ Re-assessment   ☐ Significant change in condition re-assessment   ☐ Minor correction to recent assessment   ☐ Major correction to recent assessment

**A3. Legal Name**  

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>	<b>Suffix</b>
Tyler	J	Cheek	

The SK-SAI form will then be displayed in PDF format and the print commands can be followed from there.

DLN _____	Individual Identification _____
Current Status <u>Processed/Complete</u>	RUG <u>CA1</u>

### STAR Kids Screening and Assessment Instrument (SK-SAI) Form

#### STAR Kids Screening and Assessment Instrument - Core

**SECTION A. IDENTIFICATION INFORMATION**

1. Date of Assessment Conducted With The Individual/LAR	2. Reason For Assessment
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	<div style="margin-bottom: 5px;">0. Initial <span style="border: 1px solid black; padding: 0 5px;">0</span></div> <div style="margin-bottom: 5px;">1. Re-assessment</div> <div style="margin-bottom: 5px;">2. Significant change in condition re-assessment</div> <div style="margin-bottom: 5px;">3. Minor correction to recent assessment</div> <div style="margin-bottom: 5px;">4. Major correction to recent assessment</div>

**3. Legal Name**

(First Name)	(Middle Initial)	(Last Name)	(Suffix)

**4. Gender**

1. Male   2. Female   9. Unknown   1

**5. Birthdate**  

0

2

0

8

2

0

0

8

Month
Day
Year

**6. Ethnicity And Race**
 0. No   1. Yes   Ethnicity a. Hispanic or Latino 0  
 Race b. American Indian or Alaska Native 0   c. Asian 0   d. Black or African American 0  
 e. Native Hawaiian or other Pacific Islander 0   f. White 1   g. Other 0   h. Prefer not to identify 0  
 g. Other (specify):  
**7. Participants In Assessment****7. Participants In Assessment continued on next page**



# STAR Kids Individual Service Plan (SK-ISP) Form

## What is the SK-ISP Form?

The STAR Kids Individual Service Plan (SK-ISP) form is used for children and young adults with disabilities receiving services in the STAR Kids program. The SK-ISP includes information about a person's preferences, goals, service needs, and plans for obtaining services. These forms can be submitted online using the TMHP Portal.

Before an ISP can be submitted for a person, they must have a STAR Kids Screening and Assessment Instrument (SK-SAI) on file in status Processed/Complete with Medical Necessity (MN) approved.

## Benefits of Submitting SK-ISP Forms on the TMHP Portal

- Many fields are pre-filled with information from a person's SK-SAI.
- Track forms with Form Status Inquiry.
- 24/7 availability
- Texas Medicaid & Healthcare Partnership (TMHP) provides TMHP Portal technical support by telephone at **1-800-626-4117**, Option 3, from 7:00 a.m. – 7:00 p.m., Central Time, Monday through Friday – excluding holidays.

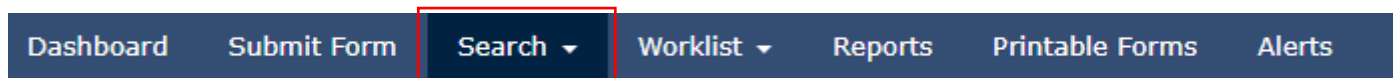
## Creating and Submitting an SK-ISP

There are two different ways to create and submit an SK-ISP form:

- Using the **Submit Form** link on the blue navigational bar
  - Using the Create ISP feature on the person's existing SK-SAI form
- Note:** Remember, the person must already have an SK-SAI form on file before an SK-ISP can be submitted.

## Creating and Submitting an SK-ISP using Submit Form

- 1) From the blue navigational bar, click the **Submit Form** link.



- 2) You may need to reenter your security credentials.

- 3) From the Type of Form drop-down menu, select **STAR Kids Individual Service Plan (SK-ISP)**.

The screenshot shows the 'Submit Form' page with the 'Form Select' section. The 'Type of Form' dropdown menu is open, displaying a list of form types. The 'STAR Kids Individual Service Plan (SK-ISP)' option is highlighted in blue. Other options visible include '3618: Resident Transaction Notice', '3619: Medicare/SNF patient Transaction Notice', '3071: Recipient Election/Cancellation/Discharge Notice', '3074: Physician Certification of Terminal Illness', 'PL1: PASRR Level 1 Screening', 'Waiver 3.0: Medical Necessity and Level of Care Assessment', 'Individual Movement Form', '8578 Intellectual Disability/Related Condition Assessment', 'H1700-1 HCBS STAR+PLUS Waiver Individual Service Plan', 'MDCP Enrollment Form', 'Provider Location Update Form', and '3608 Individual Plan of Care'. The 'Vendor Number' and 'Recipient' dropdowns are also visible but not selected.

- 4) Select the appropriate vendor or provider number, if applicable.
- 5) Enter the person's Medicaid number in the Medicaid Number field.

The screenshot shows the 'Submit Form' page with the 'Form Select' section. The 'Type of Form' dropdown is set to 'STAR Kids Individual Service Plan (SK-ISP)'. The 'Vendor Number' dropdown is empty. Below the 'Form Select' section is the 'Applicant/Member' section, which contains the text 'Please enter the Medicaid Number.' and a text input field labeled 'Medicaid Number'. The 'Medicaid Number' field is highlighted with a red box.

6) Click the **Enter Form** button in the bottom right corner of the screen. The form will appear.

The form may take a moment to populate fields from the person's SK-SAI. You will not be able to edit the auto-populated fields, which are tinted gray. Required fields are indicated by a red dot.

The form sections of the SK-ISP are:

- MCO Organization Information
- Applicant/Member Information
- Individual Service Plan Event
- Individual Service Plan Services

Complete the form using the instructions in the “Completing the SK-ISP Form Fields” section of this user guide.

## Creating and Submitting the SK-ISP Form from the SK-SAI Form

To create an SK-ISP form from the person's existing SK-SAI, open the SK-SAI and click the **Create SK-ISP** button on the Form Actions Bar:

Then complete the form using the instructions in the “Completing the SK-ISP Form Fields” section.

## Completing the SK-ISP Form Fields

- 1) Complete the **Service Coordinator** field.
- 2) Select the correct county from the County drop-down menu.

The screenshot displays the SK-ISP form interface. It is divided into two main sections: 'Managed Care Organization' and 'Applicant/Member'. In the 'Managed Care Organization' section, the 'Service Coordinator' field is highlighted with a red box. In the 'Applicant/Member' section, the 'County' drop-down menu is also highlighted with a red box and is currently open, showing a list of counties. 'Karnes' is selected and highlighted in blue. A tooltip 'Select the county in' is visible near the bottom of the list. Other fields like 'Provider No.', 'MCO Name', 'Plan Code', 'Group Code', 'ME-Waiver', 'Medicaid No.', 'First Name', 'Middle Initial', 'Last Name', and 'Date of Birth' are also visible but not highlighted.

**Note:** Most of the Applicant/Member section of the SK-ISP form will be autofilled using information from the SK-SAI on file for that person.

- 3) In the Applicant/Member section of the form, verify that the Medicaid number is correct. It is a required field.
- 4) Check the **ME-Waiver** box, if applicable, for the person.

**Note:** Initial forms for ME-Waiver will automatically trigger review by Health and Human Services Commission (HHSC) staff.

- 5) In the Individual Service Plan Event section, the Type Authorization will automatically indicate whether the current SK-ISP will be submitted as an Initial SK-ISP or a Reassessment.

**Note:** This field automatically determines whether the SK-ISP is an Initial or a Reassessment based on the dates entered below and whether or not the person has an existing SK-ISP on file. If the SK-ISP has been out of date for 120 days, it resets to an Initial assessment. Backdating is possible; this makes it possible to submit the SK-ISP as a Reassessment instead of an Initial Assessment. Backdating must go back far enough to fall within the 120 day reassessment window.



- 6) Enter the ISP From Date. You can complete the ISP From Date field using the interactive calendar. The ISP From Date must be the first day of a selected month. For Initial forms the portal will auto-populate the first day of the following month.

The SK-ISP expires one calendar year after the ISP From Date. The ISP To Date cannot be edited and will auto-populate based on the editable ISP From Date field. For a reassessment, the ISP From Date will default to the day after the previous ISP To Date.

**Note:** The final section on the SK-ISP form is titled “Individual Service Plan Services.” This is a required section. You must enter at least one service to submit the SK-ISP.

- 7) To enter a service:
- Use the drop-down menu to select the appropriate option in the Delivery Option column.
  - Based on your selection, a new drop-down menu will populate in the required Service Category column. Use it to select the correct Service Category.
- Note:** Once a Service Category has been selected, it will no longer be available on the Service Category list when adding additional Service rows.
- 8) Complete the required Estimated Annual Service Units column.
- 9) Complete the required Rate column.
- 10) The Estimated Annual Cost column will autofilled.
- 11) Add new Service Categories as necessary.

**Note:** To add additional Service Categories, click the Add Service button and repeat the steps above. When multiple Service rows exist, a new column will appear on the right hand side of the screen and each Service row will have a Delete Service button. Clicking the **Delete Service** button will instantly delete that Service row. If you mistakenly delete a Service row, click the **Add Service** button and re-enter the information.

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost
Agency	Flexible Family Support Services-RN (H2015, 99, US)	100.00	\$100.00	\$10,000.00

**Add Service**

Total Est. Waiver Costs: \$10,000.00

RUG:

Annual Cost Limit:

**Submit Form**

**Note:** If the Total Estimated Waiver Cost exceeds the Annual Cost Limit, a new checkbox titled Over Annual Cost Limit override with GR approval will appear. If this box is present, it must be selected before the form can be submitted. Checking the box will automatically flag the SK-ISP for review by HHSC staff.

- 12) Click the **Submit Form** button at the bottom right of the screen.

**Note:** If the SK-ISP is flagged for review by HHSC staff, it can be tracked using the Form Status Inquiry (FSI) or Power Search tools on the blue navigational bar. Additionally, submitted SK-ISPs may be found for 14 calendar days by clicking the **Current Activity** link on the blue navigational bar.

## How to Save a Form as a Draft

- 1) Fill out as many fields on the SK-ISP form as possible using the steps described above.
- 2) Instead of clicking the **Submit Form** button, scroll back to the top of the form and click the **Save as Draft** button.

**Form Actions**

[Print](#) [Save as Draft](#)

**STAR Kids Individual Service Plan (SK-ISP)**

**Current Status:** Unsubmitted

**Managed Care Organization**

**Provider No.**

**MCO Name**

**Service Coordinator**

**Plan Code**

**County**

**Applicant/Member**

**Group Code**

**ME-Waiver** ☐

- 3) The SK-ISP will now be available on the Drafts page.
  - 4) Other users linked to that contract may access the SK-ISP form by clicking the **Drafts** link on the blue navigational bar.
  - 5) Once the form is completed, it can be submitted by following the steps described above.
- Note:** The TMHP Portal only supports single SK-ISP form submissions. For users attempting to submit SK-ISP forms in batches, use the existing batch transaction process using one of the following naming conventions: SK-ISP\*.txt; SK-ISP\*.dat; or SK-ISP\*.zip.

## How to Inactivate a Form

If HHSC Program Services Unit (PSU) staff set the form status to MCO Action Required, a Managed Care Organization (MCO) user should then inactivate the form using the following steps:

- 1) Log in to the TMHP Portal.
- 2) Locate the form you wish to inactivate using the **Form Status Inquiry**, **Current Activity**, or **Power Search** links in the blue navigational bar.
  - a) If using FSI or Power Search, you may search for the SK-ISP using SSN, Medicaid number, or DLN. Click the **Search** button, then click the **View Detail** link.
  - b) If using Current Activity, click the **DLN number** in the SK-ISP column.
- 3) To be eligible for inactivation, the form must be set to status MCO Action Required or Pending PSU Review.
- 4) Click the **Form Inactivate** button on the yellow Form Actions bar.
- 5) The status will be set to Form Inactivated, and a note will be added to the form History trail.

The screenshot displays the 'STAR Kids Individual Service Plan (SK-ISP)' form. At the top, there is a navigation bar with links: Submit Form, Search, Worklist, Reports, Printable Forms, and Help. Below this, the form title 'STAR Kids Individual Service Plan (SK-ISP)' is centered. The 'Current Status' is 'MCO Action Required'. Fields for 'Name' and 'DLN' are visible. A 'Unlock Form' button is in the top right. A yellow 'Form Actions' bar contains buttons for 'Add Note', 'Use as Template', and 'Print'. A 'Workflow Actions' section on the right contains the 'Form Inactivate' button, which is highlighted with a red rectangle. Below the actions bar, the form is divided into two main sections: 'Managed Care Organization' and 'Applicant/Member'. The 'Managed Care Organization' section includes fields for 'Provider No.', 'MCO Name', 'Service Coordinator', 'Plan Code', and 'County'. The 'Applicant/Member' section includes a 'Group Code' field.

**Note:** A form is no longer eligible to be inactivated once it is set to status Processed/Complete, PSU Processed/Complete, Form Inactivated, Transferred, or PSU Invalid/Complete. Forms will be automatically inactivated after 45 days in status MCO Action Required.

## How to Resubmit a Form

- 1) Inactivate the form using the steps above.
- 2) Click the **Use as Template** button on the yellow Form Actions bar.

- 3) Edit the form as necessary using the process described in this User Guide.
- 4) Click the **Submit** button at the bottom right of the screen to submit the form.

## How to Terminate a Form

MCO users may not Terminate their own forms.

Forms set to status **Processed/Complete** or **PSU Processed/Complete** can be Terminated by Program Services Unit (PSU) staff at HHSC.

## SK-ISPs Reassessment or Overdue Report

MCO staff can pull the SK-ISPs for Reassessment or Overdue Report from the LTC Online Portal. Portal administrators will need to create a non-admin user account for themselves to add MCO Reports Access.

- If only reports access is needed for this new user account, MCO Reports Access can be the only option selected.
- To access the report, portal administrators need to log in to the TMHP LTC Online Portal using this new non-admin user account's user name.

- 1) To start, Click **Reports** on the blue navigational bar.

- 2) The reports page will be displayed. Click the arrow beside the Select Report box. Select the SK-ISPs for Reassessment or Overdue Report from the drop-down menu.

The screenshot shows the 'Reports' page with a navigation bar containing 'Reports', 'Printable Forms', and 'Help'. Below the navigation bar, there are two main sections: 'Select Report' and 'Historical Reports'. In the 'Select Report' section, a dropdown menu is open, showing 'SK-ISPs for Reassessment or Overdue' as the selected option. In the 'Historical Reports' section, a dropdown menu is set to 'SKISPR reassessmentOrOverDue\_Current'. To the right of these dropdowns is a 'Display Report' button.

- 3) After selecting the SK-ISPs for Reassessment or Overdue Report, you can then choose the Historical Report type. Click the **Display Report** button.

This screenshot is similar to the previous one, but the 'Display Report' button is now highlighted with a red box, indicating it should be clicked. The dropdown menus remain the same.

- 4) Your search results will open and be displayed in a separate window. The report will display in a Microsoft Excel spreadsheet. The SK-ISPs for Reassessment or Overdue report is used to determine which people have an expired SK-ISP, or to note when the current SK-ISP is going to expire and a new SK-ISP has not yet been submitted. The ISP To Date of the most recent **Processed/Completed** or **PSU Processed/Complete** SK-ISP is used to determine when the SK-ISP is going to expire. The SK-ISPs are due to expire within three months, beginning on the first day of the current month. The SK-ISP will be included on the report as long as the ISP To Date is at least one day prior to the date the report is being run and is in a status of either **Processed/Completed** or **PSU Processed/Complete**.

Service Area	Name	Medicaid ID	Plan Code	Expiring ISP DLN	ISP Expiration Date
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	2/28/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	7/31/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	8/31/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	8/31/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	8/31/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	9/30/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	1/31/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	1/31/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	3/31/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	5/31/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	6/30/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	6/30/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	6/30/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	7/31/2019

- a) Here is an example: A person has an SK-ISP with a date range 1/1/2021 – 12/31/2021. An SK-ISP has not yet been created for 1/1/2022 – 12/31/2022. If the report is run on 1/31/2022 (report is generated on the last day of each month), the expiring DLN will be included in the report, the expiring DLN will be included in the report, with the ISP Expiration Date column showing the last day the person is eligible to receive services as of the report run date.

## Resource Information

### Helpful Contact Information

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

General Customer Service.....	800-925-9126
Long Term Care (LTC) Department .....	800-727-5436 / 800-626-4117
General Inquiries, LTCMI questions, Claim Forms, H 1700-1 ISP Submission, STAR Kids ISP Submission, Claim Submission, R&S Report, PL1 Screening Form .....	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.....	800-252-8263

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

General Information .....	512-438-3011
Consumer Rights & Services Hotline .....	800-458-9858
Complaint for LTC Facility/Agency.....	Option 2
Information About a Facility .....	Option 4
Provider Self-Reported Incidents.....	Option 5
Survey Documents/DADS literature.....	Option 6
Community Services Contracts Unit Support.....	512-438-2080
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).....	<a href="mailto:HospicePolicy@hhsc.state.tx.us">HospicePolicy@hhsc.state.tx.us</a>



Institutional Services Contracting.....	512-438-2546
Medication Aide Program .....	512-231-5800
Nurse Aide Registry .....	800-452-3934
Nurse Aide Training .....	512-231-5800
NF Administrator Program.....	512-231-5800
NF Policy.....	512-438-3161
PASRR Unit Policy Questions .....	855-435-7180
Regulatory Services.....	512-438-2625
Provider Claims .....	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
Third Party Recovery .....	Option 4
Home Community Services.....	Option 5
Texas Home Living (TxHmL) .....	Option 5
Rehabilitative and Specialized Services .....	Option 6
NF Dental/Rehab Services .....	Option 6
HHSC Ombudsman Office Medicaid Benefits.....	877-787-8999
Medicaid Fraud.....	800-436-6184
Rate Analysis .....	512-491-1376
Resource Utilization Group (RUG) Information Nurse Specialist (Reconsideration & RUGs).....	512-491-1750 / 512-491-2074 / 512-491-2030
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/hipaa-privacy-statement](http://www.tmhp.com/hipaa-privacy-statement)
- Long Term Care Division: [www.tmhp.com/programs/ltc](http://www.tmhp.com/programs/ltc)
- NF LTCMI and PASRR information is also available at: [www.tmhp.com/programs/ltc](http://www.tmhp.com/programs/ltc)

**Note:** Instructions for providers on how to access clarification notices posted on LTC TMHP website: [www.tmhp.com/programs/ltc](http://www.tmhp.com/programs/ltc)

**Health and Human Services (HHS):** <https://hhs.texas.gov/>

All HHS provider information can be found at <https://hhs.texas.gov/doing-business-hhs/provider-portals>. 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>
- Hospice: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/hospice>
- Nursing Facility: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf>
- Nursing Facility MDS Coordinator Support Site: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf/texas-minimum-data-set-mds>
- PASRR: <https://hhs.texas.gov/doing-business-hhs/provider-portals/resources/preadmission-screening-resident-review-pasrr>
- 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>
- HHS Regions: <https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts>
- Vendor Drug Program: [www.txvendordrug.com/downloads/index.asp](http://www.txvendordrug.com/downloads/index.asp)

**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/)

**Health and Human Services Commission (HHSC):** [www.hhsc.state.tx.us/index.shtml](http://www.hhsc.state.tx.us/index.shtml)

- HHSC Regions: [www.hhsc.state.tx.us/research/dssi/brt/IM0.pdf](http://www.hhsc.state.tx.us/research/dssi/brt/IM0.pdf)
- Vendor Drug Program: [www.hhsc.state.tx.us/hcf/vdp/vdpstart.html](http://www.hhsc.state.tx.us/hcf/vdp/vdpstart.html)

## 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>
  - Inform DADS: [www.dads.state.tx.us/providers/hipaa/forms.html](http://www.dads.state.tx.us/providers/hipaa/forms.html)
- 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/professional-development/PD-Online/RUG-Training.html](http://www.txstate.edu/continuinged/professional-development/PD-Online/RUG-Training.html)
- Federal MDS 3.0 site: [www.cms.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp)

