



Long-Term Care (LTC) Online Portal User Guide

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



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

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Learning Objectives

What is the Long-Term Care (LTC) Online Portal

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

You will begin by learning the basics of the LTC Online Portal, such as how to log in, set up your account, what the buttons on the blue navigational bar do, and the features on the yellow Form Actions bar. These lessons will enable you to use the LTC Online Portal to enter and manage all of your forms and assessments in an easier, more convenient manner.

Note: *State Supported Living Centers (SSLCs) will continue to enter the Individual Movement Form as they do today. SSLCs will not submit the Individual Movement Form directly on the LTC Online Portal because there is an interface between Integrated Resident Information System (IRIS) and the LTC Online Portal. Health and Human Services Commission (HHSC) will submit Individual Movement Forms to TMHP via a batch interface between IRIS and the LTC Online Portal. These forms will still undergo the same validation checks and be routed to the same workflow as forms entered directly on the LTC Online Portal.*

This ICF/IID User Guide will help you to:

- Understand the Medicaid team roles.
- Identify National Provider Identifier (NPI) requirements.
- Describe the Purpose of the LTC Online Portal.
- Identify the benefits of the LTC Online Portal.
- Obtain an LTC Online Portal administrator account.
- Understand basic LTC Online Portal features.
- Submit Level of Care (LOC) and Level of Need (LON) Assessments.
- Understand how to correct assessments.
- Understand how to inactivate forms and assessments.
- Understand how to print both completed and blank forms and assessments.

- Identify form and assessment statuses.
- Report Medicaid waste, abuse, and fraud.
- Understand Health Insurance Portability and Accountability Act (HIPAA) of 1996 guidelines and provider responsibilities.
- Identify additional resources.
- Identify the options on the blue navigational bar.
- Identify the options on the yellow Form Actions bar.

Medicaid Team

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

- **Centers for Medicare & Medicaid Services (CMS)** – The federal agency that oversees Medicaid on a federal level. CMS creates and administers guidelines, rules, and regulations.
- **Health Maintenance Organization (HMO)** – State-contracted entity that has been given delegated authority to provide acute and long term services to support enrolled managed care members.
- **Person/People** – Those who are served by Texas Medicaid.
- **Providers** – The crucial players in a quality health-care program. The focus is on providing the best care possible while being reimbursed for allowed services rendered.
- **Texas Health and Human Services Commission (HHSC)** – Oversees operations of the entire health and human services system in Texas. HHSC operates the Medicaid acute care program and several other related programs. HHSC's Office of Eligibility Services (OES) determines eligibility for Medicaid.
- **Texas Medicaid & Healthcare Partnership (TMHP)** – Contracted by the state as the claims administrator to process claims for providers under traditional Medicaid. TMHP processes and approves claims for traditional Long-Term Care (LTC). TMHP does not pay LTC claims; this is done by the comptroller. Responsibilities also include the following:
 - Determination of Medical Necessity (MN)
 - Provider education
 - Provide timely processing of claims (except for services covered by the STAR+PLUS premium)
 - Provide yearly manuals, quarterly LTC Bulletins, and bi-weekly Remittance and Status (R&S) Reports
 - Maintain the TMHP Call Center/Help Desk, Monday through Friday, 7:00 a.m.–7:00 p.m., Central Time
 - Provide training sessions for providers, including technical assistance for the LTC Online Portal
- **Texas State Legislature** – The state legislature allocates budgetary dollars for Texas Medicaid.

National Provider Identifier (NPI) Requirements

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

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

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

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

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

The LTC Online Portal

Benefits of Using the LTC Online Portal

- Web-based application.
- 24/7 availability.
- Texas Medicaid & Healthcare Partnership (TMHP) provides LTC Online Portal technical support by telephone at 1-800-626-4117, from 7:00 a.m.–7:00 p.m., Central Time, Monday through Friday—excluding holidays (state your provider account type as Nursing Facility/Waiver, Vendor Number [0+Component Code], and Medicaid Provider Number).
- Edits are in place to verify the validity of data entered.
- Provides error messages that must be resolved before forms and assessments can be submitted.
- Providers have the ability to monitor the status of their forms and assessments by using Form Status Inquiry (FSI) or Current Activity.
- Electronically submitted forms and assessments are processed faster.
- Allows users to add notes to forms and assessments.

LTC Online Portal Security

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

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

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

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

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

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

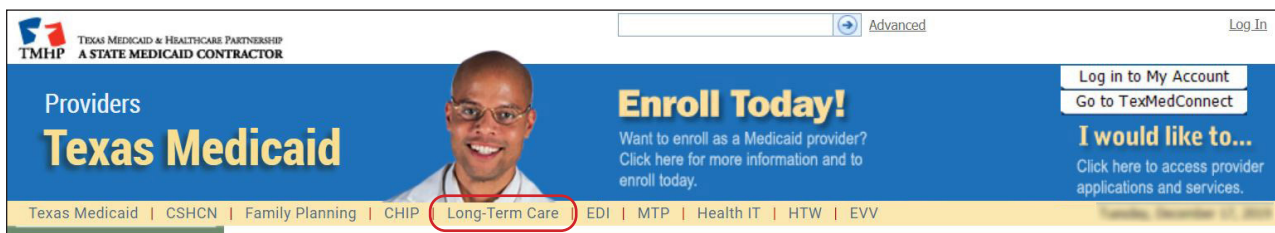
- **Provider number** – assigned by HHSC to providers of Medicaid services.
- **Vendor number** – up to five-digit numeric or alpha-numeric number assigned by HHSC. Also known as a component code.
- **Vendor password** – you must call the Electronic Data Interchange (EDI) Help Desk at **1-888-863-3638**, Option 3, (state your provider account type as Nursing Facility/Waiver, Vendor Number [0+Component Code], and Medicaid Provider Number) to obtain your vendor password. Note that it may take three to five business days by postal mail to receive the password, therefore you may want to choose to receive your vendor password by email.

How to Create an LTC Online Portal Administrator Account

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



- 3) Click **Long-Term Care** on the yellow bar.



- 4) Click **I would like to...** on the blue bar located at the top of the screen.

The screenshot shows the TMHP website header with the logo and navigation links. The main content area has a blue bar with the text "Providers Long-Term Care". To the right of this bar, there is a red-bordered box containing the text "I would like to..." and "Click here to access provider applications and services." Below the blue bar is a yellow navigation bar with links for Texas Medicaid, CSHCN, Family Planning, CHIP, Long-Term Care, EDI, MTP, Health IT, HTW, and EVV. A sidebar on the left contains links for Long-Term Care Home, Program Information/FAQ, and Information Letters. A central banner reads "Mark Your Calendar! Register Now for Long-Term Care". On the right, there is a "TexMedConnect" section with a photo of a smiling woman and text about online claims filing.

- 5) Click the **Activate my account** link.

This screenshot shows the same TMHP website but with the "I would like to..." section expanded. It contains the text "Click the links below to perform tasks and access provider applications." followed by a heading "Unsecured Provider Tasks" and a sub-heading "The following tasks can be performed without logging to a provider account:". Below this, there is a list of two links: "Activate my account" and "Register for a Webinar". The "Activate my account" link is circled in red. The rest of the page layout, including the navigation bars and sidebar, remains the same as in the previous screenshot.

- 6) From here you have a few options:

- a) If you are not currently a Texas Medicaid provider, you will be prompted to enroll in Texas Medicaid. To enroll as a Texas Medicaid Provider, visit the Doing Business with HHS section of the [HHS.texas.gov](https://www.hhs.texas.gov) website for more information.

- b) To create a new TMHP User Account with an existing provider/vendor account, click the **Create Account and link to a Nursing Facility/Waiver Program provider** link. This option will allow you to submit 3618s, 3619s, MDS, MDS Quarterly, MN/LOC, 8578s, Individual Movements, PASRR Level 1 Screenings, PASRR Evaluations, Star Kids Screening and Assessment Instrument (SK-SAI), H1700, and Star Kids Individual Service Plan (SK-ISP).

Why are you creating a new account?

I want to create an account to enroll and administer a new Texas Medicaid and other state healthcare programs provider.

Create a Provider Enrollment Account.

I want to create an account to administer an existing enrolled Texas Medicaid and other state healthcare programs provider.

Select type of provider from the options below:

Create Account and link to an Acute Care provider

Create Account and link to a Long Term Care provider

Create Account and link to a Nursing Facility/Waiver Program provider

i Select this option if you are creating a new Provider Administrator account and wish to link your account to an existing Nursing Facility/Waiver Program participant.

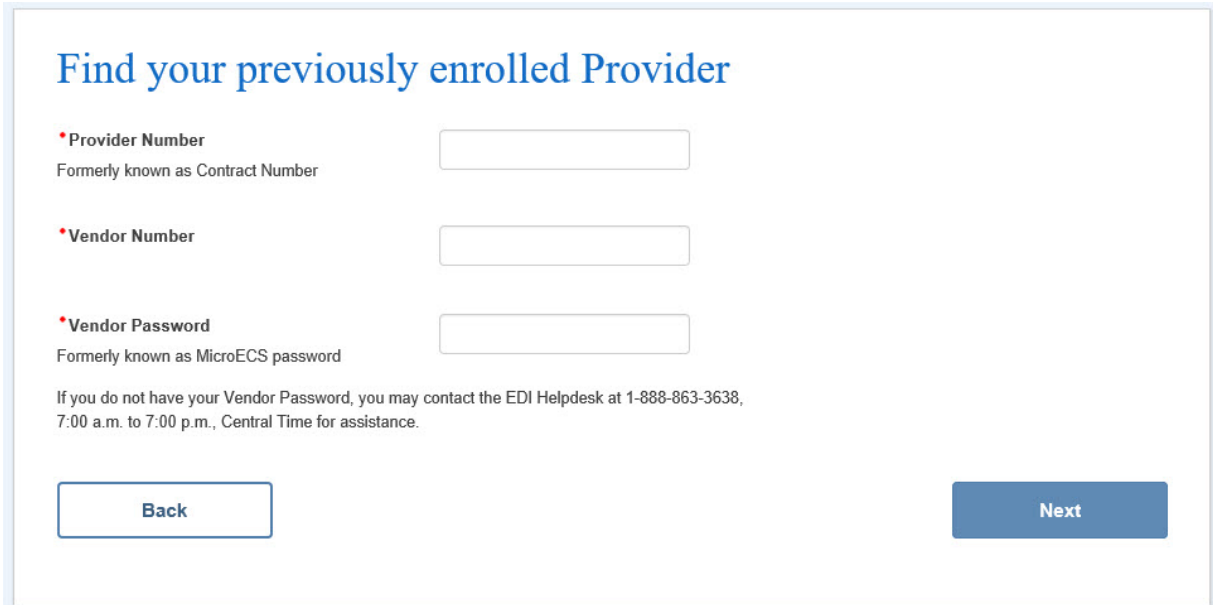
This will allow you to submit and view:

- 3016, 3018, and 8578 transactions
- MDS and MDS Quarterly transactions
- MN/LOC and Individual Movement forms
- PASRR Level 1 screenings or PASRR Evaluations
- Submit SK-SAI, H1700, and/or SK-ISP forms

Click here if you already have an existing Provider Administrator account and wish to link your account to an existing enrolled Medicaid provider.

Next

- 7) Enter your Provider Number, Vendor Number, and Vendor Password.



The screenshot shows a web form titled "Find your previously enrolled Provider" in blue text. Below the title are three input fields, each preceded by a red asterisk indicating a required field. The first field is labeled "Provider Number" with the subtext "Formerly known as Contract Number". The second field is labeled "Vendor Number". The third field is labeled "Vendor Password" with the subtext "Formerly known as MicroECS password". Below these fields is a line of text: "If you do not have your Vendor Password, you may contact the EDI Helpdesk at 1-888-863-3638, 7:00 a.m. to 7:00 p.m., Central Time for assistance." At the bottom of the form are two buttons: a white "Back" button on the left and a blue "Next" button on the right.

- 8) Click the **Next** button.
- 9) To create a New Account, you will fill in all the required fields as indicated by the red dots.
- 10) Check the **I agree to these terms** box at the bottom of the screen under the General Terms and Conditions section, to indicate agreement. You won't be able to agree to these terms until you have scrolled through all of the General Terms and Conditions.

11) In the I'm not a robot box, click the white check box on the left side of the screen. You will be required to authenticate your status before moving forward in the process.

Create New Account

*** User Name** 8-20 characters(no spaces or special characters)
Must be a different than your EDI Submitter ID

*** First Name** (no special characters)

*** Last Name** (no special characters)

*** Business Telephone** xxx-xxx-xxxx

*** Email** To ensure delivery to your inbox please add donotreply@tmhp.com to your address book today

*** Confirm Email** Retype email address. Do not copy and paste

*** Password** 8-20 characters(no spaces)

*** Confirm Password** Retype password. Do not copy and paste


*** General Terms and Conditions**

You have entered the secure portion of the Texas Medicaid & Healthcare Partnership (TMHP) website. Throughout the terms herein, reference to TMHP means TMHP, ACS State Healthcare, LLC, its parent company, affiliates, subsidiaries, employees, consultants, and subcontractors.

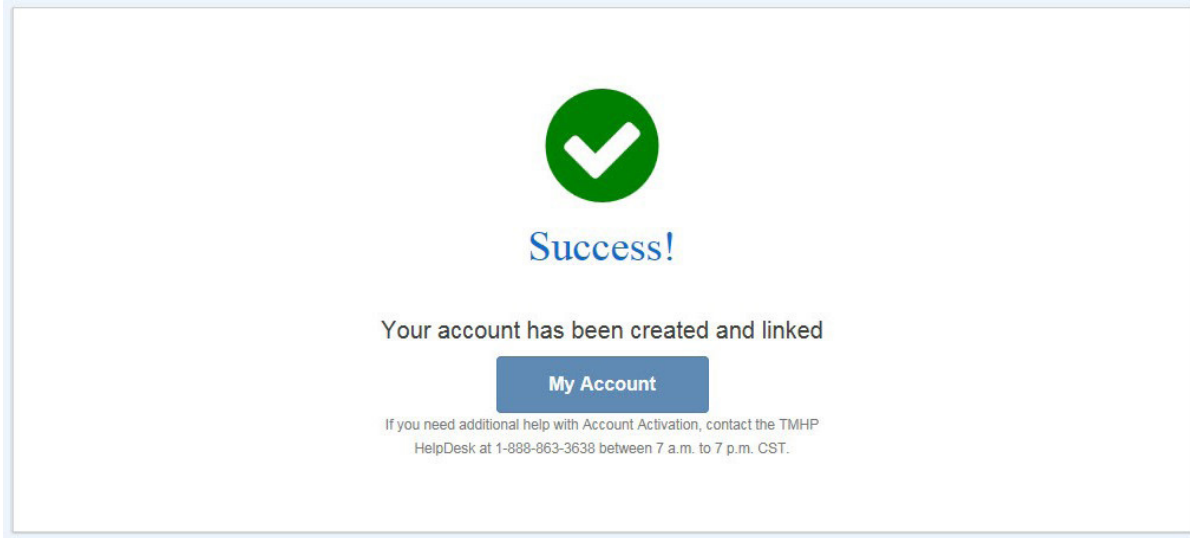
Terms of Use
By accepting the terms of use, you will be allowed access to programs, reports, and information protected by federal and state law contained in the secure portion of this website. Only authorized persons in lawful possession of a password provided by TMHP to provide such passwords may enter and access the secure portion of this website. The use of this website is subject to the terms of use contained herein.

Once you have accepted the terms of use, you will not be asked to accept such terms again when you access the site another time. TMHP has the right at any time to change or modify the terms of use which will be posted on this website. Any use of the website by you after modified terms have been posted will be deemed to constitute acceptance by you of the modified terms. TMHP has the right at any time to change or discontinue any aspect or feature of this website and to terminate any users access to the website. TMHP has the right, but not the obligation, to monitor your

* I agree to these terms

I'm not a robot 
reCAPTCHA
Privacy - Terms

- 12) Click the **Submit** button to create your account and link it to a Nursing Facility/Waiver provider. Click the **My Account** button to be directed to your account.



Note: *The user name and password are used for future log ins to your account. Make a copy for your records.*

My Account

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

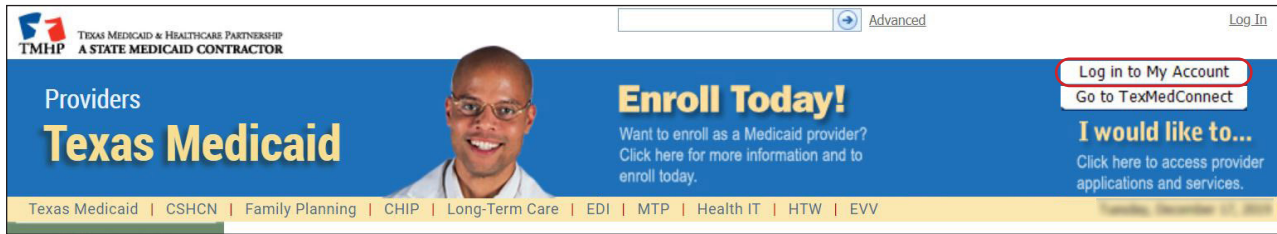
To access My Account:

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

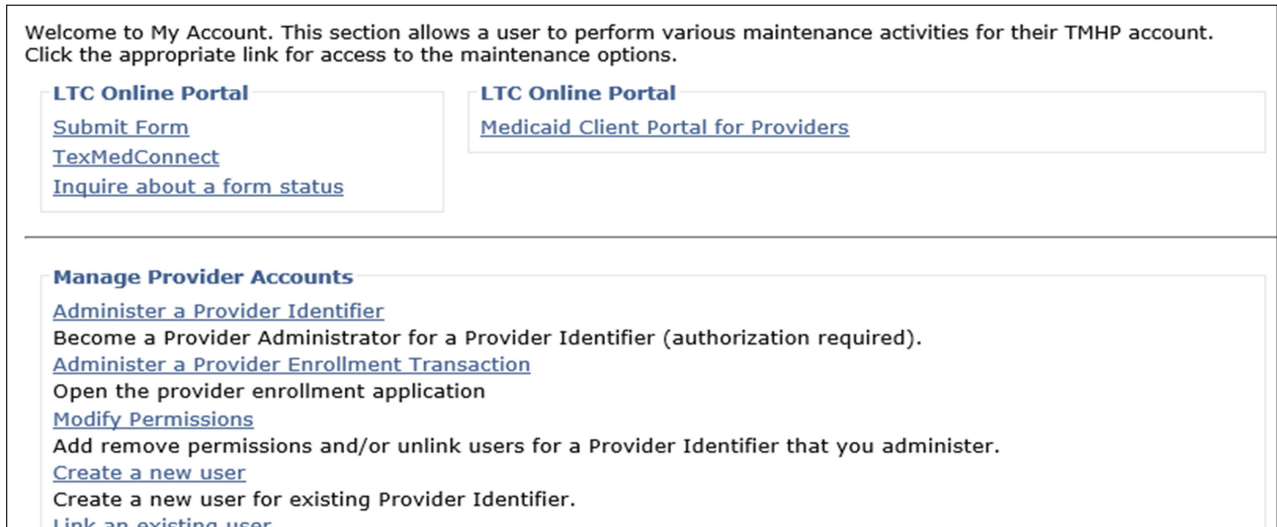


3) Click the **Log in to My Account** button on the blue bar located at the top of the screen.

Note: You may be prompted to enter your LTC Online Portal user name and password.



4) The My Account page will display.



Log In to the LTC Online Portal

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

The screenshot shows the TMHP website homepage. At the top, there is a green navigation bar with 'clients' and 'providers' (highlighted with a red box). Below this is a yellow bar with the date 'Monday, October 8,'. The main content area includes a 'Welcome to Texas Medicaid & Healthcare Partnership' message, the TMHP logo, and a 'Not yet a provider?' section with a 'Provider Education' link. A sidebar on the left contains links like 'TMHP Home', 'What is TMHP?', 'Privacy/HIPAA', 'Reporting Fraud', and 'Provider Lookup'.

- 3) Click **Long-Term Care** on the yellow bar.

The screenshot shows the 'Providers Texas Medicaid' page. The 'Long-Term Care' link in the yellow navigation bar is highlighted with a red box. The page features an 'Enroll Today!' section with a 'Log in to My Account' button and a 'Go to TexMedConnect' button. Below the navigation bar, there is a 'Managed Care News' section and a 'Check Client Eligibility' button.

- 4) Click the **Log In to LTC Online Portal** button on the blue bar.

The screenshot shows the 'Providers Long-Term Care' page. The 'Log In to LTC Online Portal' button in the blue navigation bar is highlighted with a red box. The page features a 'Mark Your Calendar!' section with a 'Register Now for Long-Term Care' button and a 'TexMedConnect' section with a 'Get started with online claims filing. Click here.' link.

5) Enter your user name and password.


Sign in

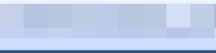
https://secure.tmhp.com

Username

Password

6) Click the **OK** button. After log in, Form Status Inquiry (FSI) will display by default.

 TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Home :: TMHP.com :: My Account Logged in as: 

Submit Form Search ▾ Worklist ▾ Printable Forms Alerts Help

Form Status Inquiry

Form Select

Type of Form ▾

Vendor Number • ▾

Form Status Inquiry

DLN	<input type="text"/>	Medicaid Number	<input type="text"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>
Form Status	<input type="text" value=""/> ▾		
SSN	<input type="text"/>		
CARE ID	<input type="text"/>		
From Date •	<input type="text" value="06/26/20"/> ▾	To Date •	<input type="text" value="07/26/20"/> ▾

LTC Online Portal Basics

Blue Navigational Bar Links

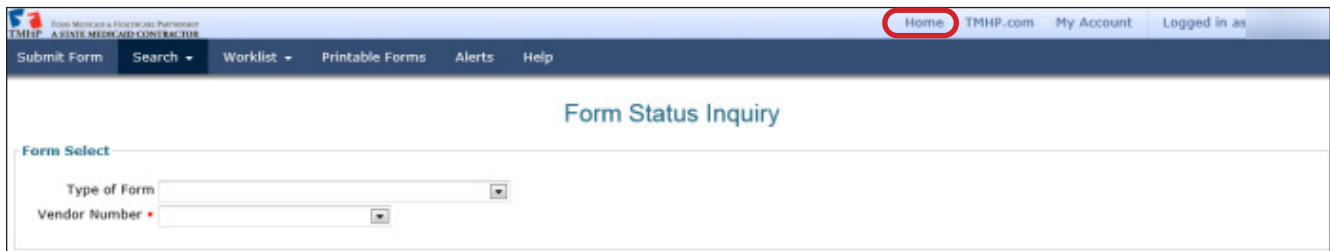
Portal features based on your security permissions can be found on the blue navigational bar located at the top of the portal screen.

Depending on your security permissions, the options found on the blue navigational bar may include: Submit Form, Search (with drop-down options Form Status Inquiry, Letters, Vendors), Worklist (with drop-down options for Current Activity and Drafts), Printable Forms, Alerts, and Help.



Home

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



Using the TMHP home page providers may:

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

Welcome to My Account. This section allows a user to perform various maintenance activities for their TMHP account. Click the appropriate link for access to the maintenance options.

LTC Online Portal

- [Submit Form](#)
- [TexMedConnect](#)
- [Inquire about a form status](#)

LTC Online Portal

- [Medicaid Client Portal for Providers](#)

Manage Provider Accounts

[Administer a Provider Identifier](#)

Become a Provider Administrator for a Provider Identifier (authorization required).

[Administer a Provider Enrollment Transaction](#)

Open the provider enrollment application

[Modify Permissions](#)

Add remove permissions and/or unlink users for a Provider Identifier that you administer.

[Create a new user](#)

Create a new user for existing Provider Identifier.

[Link an existing user](#)

Link an existing user to a Provider Identifier that you administer.

[Texas Medicaid EHR Incentive Program](#)

Register, attest, appeal and/or check your status

[Enroll to receive Electronic Remittance Advice \(ERA\)](#)

Enroll to receive Electronic Remittance Advice 835 file. Form must be completed, printed, and faxed as instructed. Note: To modify or cancel existing ERA Enrollment select link:

www.tmhp.com/Provider_Forms/EDI/TMHP-ERS-Agreement.pdf

[EVV Portal](#)

Add a new Provider Vendor Selection Form or search and update an existing form.

[Change your Remittance and Status Reports \(R&S\)/COF delivery method](#)

Modify your method of delivery of R&S reports.

Submit Form

The Submit Form feature allows providers to submit forms and assessments:

To submit a form or assessment:

- 1) Log in to the LTC Online Portal.
- 2) Click the **Submit Form** link located on the blue navigational bar.
- 3) Type of Form: Choose from the drop-down box.
- 4) Program Code: Choose from the drop-down box.

Submit Form

Form Select

Type of Form • 8578 Intellectual Disability/Related Condition Assessment ▼

Program •

- ICF (SSLC)
- ICF (Community / State)
- ICF (Non-State)

- 5) Vendor Number: Choose the appropriate Vendor Number from the drop-down box.
- 6) If desired, enter information about an existing recipient. This will auto populate the form or assessment with the recipient's demographical information (except gender).
- 7) Click the **Enter Form** button and the form will display for data entry.
- 8) Enter all required information as indicated by the red dots.
- 9) From here you have two choices:
 - a) Click the **Save as Draft** button, in the yellow Form Actions bar, to save the form or assessment until you are ready to submit. The form or assessment does not have to be complete to save the draft.
 - or
 - b) Click the **Submit Form** button, located at the bottom of the screen, to submit the form or assessment.

Form Status Inquiry (FSI)

Form Status Inquiry allows you to search for, and monitor, the status of an ID/RC 8578 Assessment or an Individual Movement Form. The search results will be limited to forms that you have entered when using the FSI. You can search across all form types, meaning you can search for the 8578 and the IMT at the same time, but to do so you must leave the Type of Form drop-down menu blank. FSI also enables you to search for 8578s that are expiring by entering future dates. FSI can also be used to search by a person or by Document Locator Number (DLN).

Note: FSI can retrieve information from the previous seven years. The search is based on the TMHP Received Date.

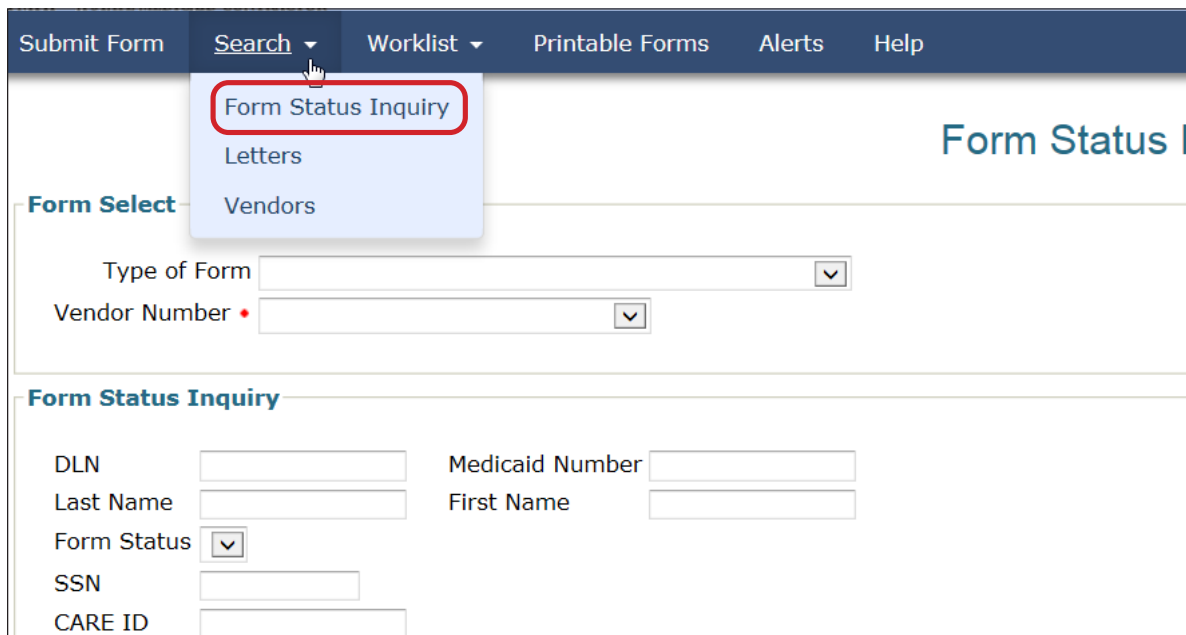
FSI allows you to retrieve submissions to:

- Research and review statuses.
- Provide additional information to a form or assessment.
- Make corrections (only the ID/RC 8578 Assessment can be corrected).
- Perform inactivations.
- Export the search results to Microsoft Excel™.
- Search for ID/RC 8578 Assessments that are expiring (you must enter a date range in either the From Date and To Date range* or the Expiration From Date and the Expiration To Date range. You may enter future dates when searching for 8578s).
- Perform a query for ID/RC 8578 Assessments that are current with their future expiration dates (e.g., for a roster of people with assessments during a 12-month window, enter today’s date as the Expiration From Date with the Expiration To Date as 12 months later).

Note: *The From Date and To Date are searched against the TMHP Received Date, which is the date of successful submission.

To locate a form or assessment using FSI:

- 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 from the drop-down box.
- This choice will determine the type of document that will display in the FSI results page.
 - To search across all form types, leave this blank but you must enter either Medicaid Number or Social Security number or First Name and Last Name.
 - You may omit the Type of Form field if you are the original submitter and enter the DLN of the document you need to retrieve. If you are not the original submitter, you must choose the Type of Form even if you enter a DLN.

Note: *ID/RC 8578 Purpose Code 2 assessments submitted by the LIDDA will only be visible to the provider if the IMT was submitted prior to the submission of the ID/RC 8578 Purpose Code 2. If the IMT was submitted after the ID/RC 8578 Purpose Code 2, the provider should refer to the person's MESAV to view the LOC/LON information including the effective date range.*

- 4) For Individual Movement Form and 8578 Form only, enter a Program Code: Choose from the drop-down box.
- 5) Vendor Number: Choose from the drop-down box.
- 6) Enter data for all required fields as indicated by the red dots. You can narrow results by entering specific criteria in the additional fields: DLN (only the DLN must be entered, the date does not need to be entered for a search by DLN), Last Name, First Name, Medicaid Number, Form Status, CARE ID, From and To Dates, and Purpose Code.

Note: *Remember, to search for 8578 Assessments that are expiring you will have to enter either a date range in the From Date and To Date ranges or the Expiration From Date or the Expiration To Date ranges. The From Date and To Date are searched against the TMHP Received Date (date of successful submission).*

- Click the **Search** button and the LTC Online Portal will return any matching submissions (records). Only 50 records will display at a time. To view the next set of records you must choose another page from the Select a page drop-down box. You may also export the search results to Microsoft Excel.

- The numbers in the second column are the DLNs associated with a particular vendor number. You may sort the FSI results by clicking the heading of a column. The first time you click a heading it is sorted in ascending order. By clicking the column heading a second time, the sort will change to descending order. Click the **View Detail** link to the left of the DLN to display the details of the form or assessment.

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

- View Detail:** The hyperlink used to open the document.
- DLN:** The unique document locator number assigned to each successful submission.
- TMHP Received Date:** The actual date the form or assessment was successfully submitted on the LTC Online Portal.
- CARE ID:** Client Assignment and Registration ID.
- Medicaid #:** (Individual Movement Form: 13; ID/RC 8578: 8) Medicaid Number of the person as it was entered upon submission.
- First Name:** (Individual Movement Form: 12a; ID/RC 8578: 4) The First Name of the person as it was entered upon submission.

- **Last Name:** (Individual Movement Form: 12c; ID/RC 8578: 4b) Last Name of the person as it was entered upon submission.
- **Status:** The status of the form or assessment at the time of the search.
- **Purpose Code:** The Purpose Code.
- **Provider Number:** Formerly known as the contract number.
- **Vendor Number:** A number assigned by HHSC (the Component Code with a leading zero).
- **Expiration Date:** Expiration date of the LOC determination/LON assignment.

Current Activity

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

- 1) Click the **Worklist** link on the blue navigational bar.
- 2) Choose **Current Activity** from the drop-down menu.
- 3) Click the appropriate Vendor Number.

The screenshot shows the top navigation bar with the following items: Submit Form, Search, Worklist (dropdown), Printable Forms, Alerts, and Help. Below the navigation bar, there is a message: "The user name is associated with the following Vendor/ Provider numbers. Select the Vendor/ Provider number to configure a administrator account." Underneath this message, there is a section titled "Vendor Numbers" with two input fields, each labeled "or Provider Number". The first input field is highlighted with a red circle.

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

The screenshot shows the "Current Activity" results page. The navigation bar is the same as in the previous screenshot. The main heading is "Current Activity". Below the heading is a table with the following columns: 8578, Received, Medicaid, CARE ID, SSN, Medicare, Name, Purpose Code, and Status. The table contains one row of data.

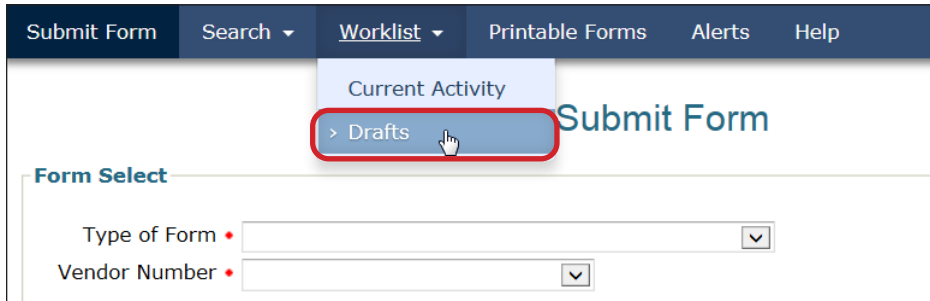
8578	Received	Medicaid	CARE ID	SSN	Medicare	Name	Purpose Code	Status
	5/11/20 8:43:29 AM						2	Pending DADS Review

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

Drafts

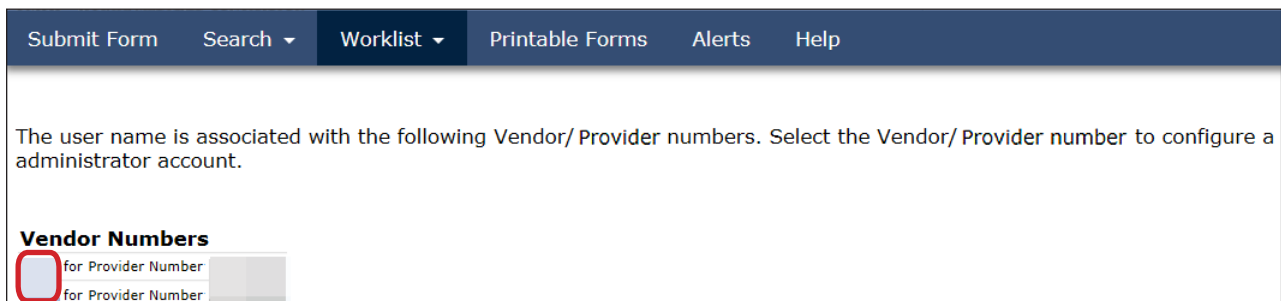
Drafts are unsubmitted forms and assessments that have been started and saved, but not yet submitted on the LTC Online Portal. Forms and assessments saved as drafts will not have a DLN. Once submitted, the form or assessment will be assigned a DLN and will no longer be searchable under Drafts.

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



To access a saved draft:

- 1) Click the **Worklist** link on the blue navigational bar.
- 2) Choose **Drafts** from the drop-down menu.
Note: *The initial Drafts page will display a list of all vendor/provider numbers to which the user is linked.*
- 3) Click the appropriate vendor number hyperlink under Vendor Numbers.



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

Date Created	Form Type	Description	Select
10/20/20 3:28:37 PM	ID/RC Assessment	[REDACTED]	Remove Open
10/20/20 3:29:56 PM	ID/RC Assessment	[REDACTED]	Remove Open
10/20/20 3:34:47 PM	Individual Movement	[REDACTED]	Remove Open

- 5) From here you have two choices:

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

or

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

The screenshot shows the 'Drafts' table with the 'Remove' link for the first draft highlighted in red. A confirmation dialog box is open over the table, asking for confirmation to delete the draft.

- Click the **OK** button to delete the draft.

or

- Click the **Cancel** button to keep the draft.

Note: Once a draft has been deleted, it cannot be retrieved.

Letters

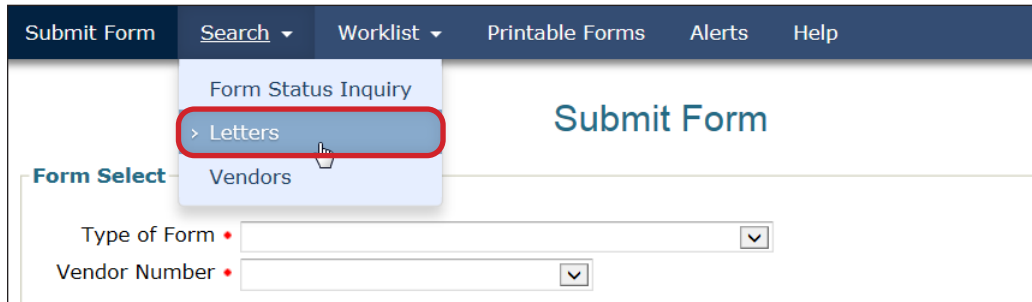
The Letters feature on the blue navigational bar allows authorized users (based on security level) to search for letters that have been created for a person, LAR, or a provider (although the only type of letter that providers will receive in the mail will be letters concerning LON).

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

On the Letters search screen you can enter information in the fields to help locate a specific letter. The more information entered for the search, the more specific the results will be.

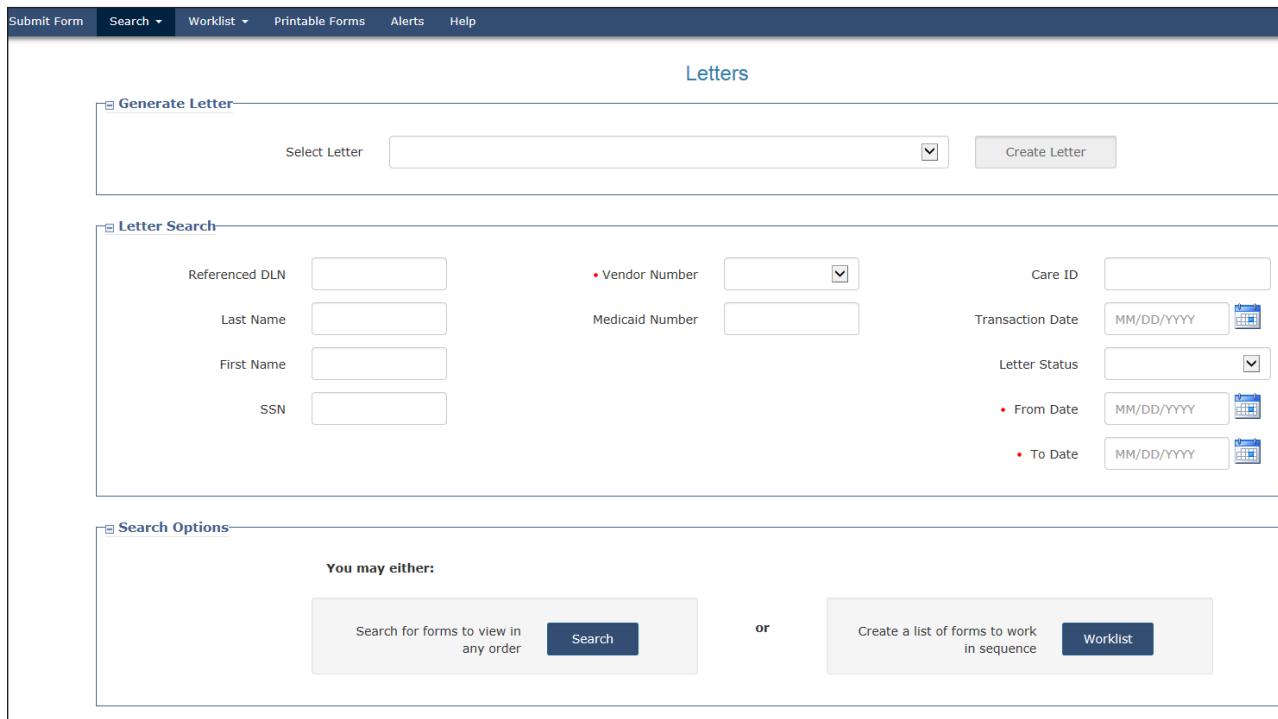
To access the Letters feature:

- 1) Click the **Search** link on the blue navigational bar.
- 2) Choose **Letters** from the drop-down menu. Letters do not have a Reference DLN, but to search for letters associated with a particular form or assessment you can enter the Reference DLN of the form or assessment.



- 3) A From Date and a To Date and the Vendor Number are required. One of the following criteria must also be included: Medicaid Number - Social Security number - Last Name and First Name. The more information entered for the search, the more specific the results will be. If you choose to search by Reference DLN, only the Reference DLN must be entered, the date does not need to be entered.

- 4) Click the **Search** button at the bottom left side of the screen.



The results of the search are shown at the bottom of the screen. The results display is limited to 100 records. If there are more than 100 records found, only the first 100 records are displayed. If however, there are no results found, a No Results Found message will be displayed.

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

Search Options

You may either Search for forms to view in any order or Create a list of forms to work in sequence

Search
Work List

10 record(s) returned.

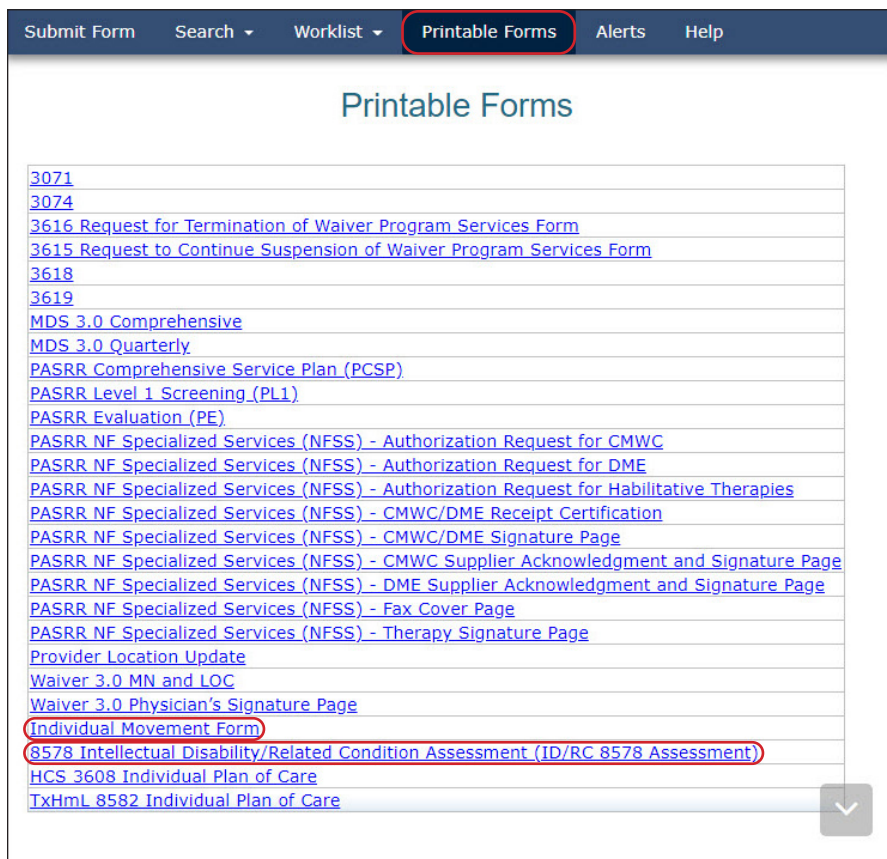
	Letter DLN	Referenced DLN	Letter Type	MD/DO Last Name	MD/DO First Name	Recipient Last Name	Recipient First Name	Status	ReceivedDate
View Letter			MODLONRECON					Completed	10/3/21 2:24:01 PM
View Letter			MODLONRECONINDLAR					Completed	10/3/21 2:24:01 PM
View Letter			MODLONRECON					Completed	10/3/21 2:27:07 PM
View Letter			MODLONRECONINDLAR					Completed	10/3/21 2:27:07 PM
View Letter			MODLONRECON					Completed	10/3/21 2:33:39 PM
View Letter			MODLONRECON					Completed	10/4/21 9:03:49 AM
View Letter			MODLONRECONINDLAR					Completed	10/4/21 9:03:50 AM
View Letter			MODLONRECON					Completed	10/4/21 9:29:31 AM
View Letter			LOCDEN					Completed	10/5/21 9:24:23 AM
View Letter			ENRLOCDEN					Completed	10/5/21 9:24:23 AM

Printable Forms

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

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

- 1) Click the **Printable Forms** link on the blue navigational bar.



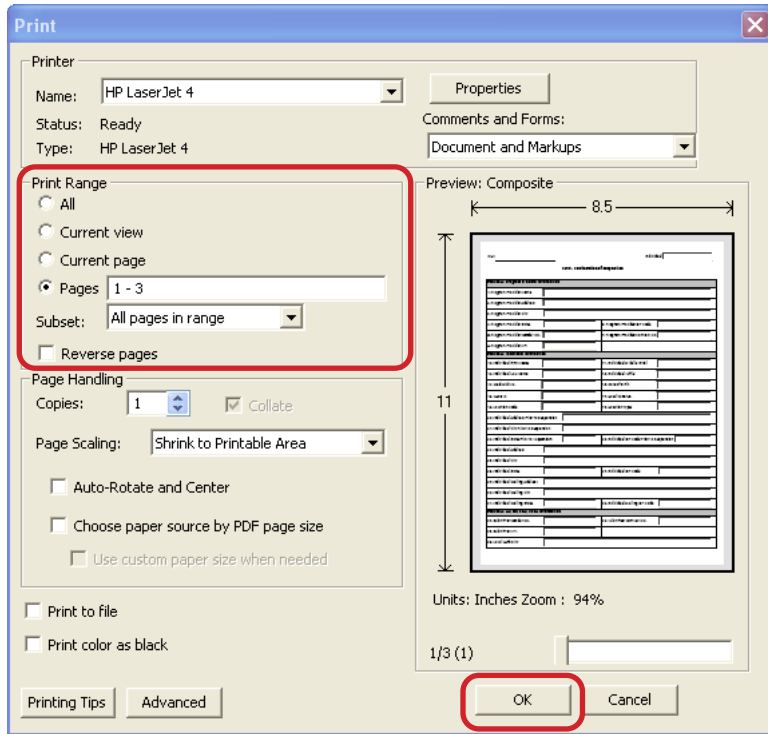
- 2) Choose a form or assessment by clicking the corresponding link. A new window and application called Adobe Reader® will open and display the blank document in Portable Document Format (PDF).

DLN		Individual	
8578 Intellectual Disability/Related Condition Assessment			
Purpose Code Information			
13. Purpose Code			
Facility / Provider Information			
1a. Submitter Provider No.		1b. Submitter Vendor Number	
1c. Submitter NPI			
1. Facility / Provider Name			
2. Facility / Provider No.		2a. Facility / Provider Vendor Number	
2b. Facility / Provider NPI Number			
3. Facility / Provider Mailing Address			
3a. Facility / Provider Mailing Address City			
3b. Facility / Provider Mailing Address State		3c. Facility / Provider Mailing Address ZIP Code	
Individual Information			
4. First Name		4a. Middle Initial	

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

- 3) Click the **Print** icon located at the top left of the PDF document.
- 4) To print the entire document click on the printer icon. Then:
- Printer: Choose the appropriate printer name from the drop-down box.
 - Print Range: Click the **All** radio button.
 - Click the **OK** button.

- 5) To print only certain pages instead of the entire document:
 - a) Printer: Choose the appropriate printer name from the drop-down box.
 - b) Print Range: Click the **Pages** radio button.
 - c) Enter the particular pages you want to print. (Example: entering 1-5 will print all pages 1 through 5; and if you enter 1, 3, 7 the printer will print only pages 1, 3, and 7.)
 - d) Click the **OK** button.



Help

The Help feature at the far right on the blue navigational bar will display a Help page with links to online guides that will assist with questions you may have about the LTC Online Portal.

Information regarding claims submissions via TexMedConnect can be found in the TexMedConnect User Guide. All user guides and manuals can be found on the TMHP website(www.tmhp.com).

The following are links to online guides to be used in conjunction with TMHP's LTC Online Portal:

- [Long Term Care Nursing Facility/Hospice Workshop User Guide](#)
The Long Term Care (LTC) Nursing Facility/Hospice Workshop User Guide provides step-by-step instructions for how to use the various features of the portal, each form type, when to submit the various forms and assessments and managing forms and assessments set to status "Provider Action Required".
- [LTCMI - Nursing Facility 3.0 Instructions](#)
The entry of 3.0 LTCMI (Long-Term Care Medicaid Information) can ONLY occur after the submission of the Federal MDS 3.0 Assessments and retrieval on TMHP's LTC Online Portal. This document covers only the LTCMI portion of the MDS 3.0 Assessments. All other 3.0 Assessment field information can be found on the Federal CMS website (www.cms.hhs.gov).
- [PASRR Screening Instructions](#)
PASRR Level I Screening Form
The PASRR Level I screening form is designed to identify persons who may have indicators of mental illness, intellectual disabilities, or developmental disabilities to determine if a PASRR Evaluation is required. The PASRR Level I Screening form must be completed and submitted in the Long Term Care Portal prior to a NF admission.

PASRR Evaluation
The PASRR Evaluation is an in-depth evaluation to determine if an individual has a PASRR eligible diagnosis of mental illness, intellectual disability, or developmental disability, has an interest in alternate placement, meets the NF level of care, and whether or not the individual would benefit from specialized services. The PASRR Evaluation must be completed and submitted in the Long Term Care Portal before a NF can certify whether or not the individual can be served in their facility.
- [Long Term Care Community Services Waiver Programs Workshop User Guide](#)
The Long Term Care (LTC) Community Services Waiver Programs Workshop User Guide provides step-by-step instructions for how to use the various features of the portal, information regarding the nuances of the Medical Necessity and Level of Care (MNL/C)

Yellow Form Actions Bar

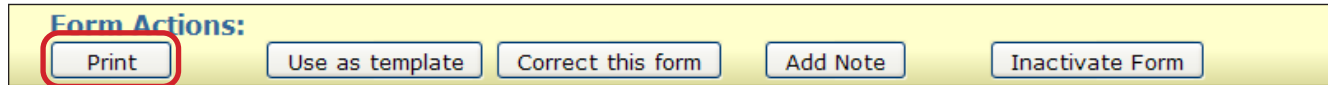
Depending on the status of a form or assessment and security permissions, options found on the yellow Form Actions bar may include: Print, Use as template, Correct this form, Add Note, Inactivate Form, Fill Assessment Gap, or Request LON Change. The options that display for your use will vary depending on your security level as well as the document status. The yellow Form Actions bar is available when an individual form or assessment is being viewed in detail (but remember that not all possible buttons will display at one time).

Form Actions:

Print Use as template Correct this form Add Note Inactivate Form

Print

The Print feature allows you to print completed forms and assessments. If you want a hard copy, click the **Print** button located on the yellow Form Actions bar to print the document.



Remember: To print only specific sections of a form or assessment, click the Pages radio button and enter the page range for the desired pages. When printing a form or assessment the person's name will appear on the top right corner of each page. The name will be auto populated based on the information entered in the name field.

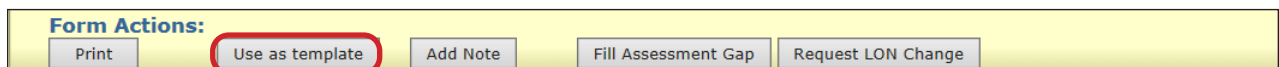
Use as Template

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

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

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

- 1) Click the **Use as template** button.



- When you click the **Use as template** button the Submit Form screen will open. The Type of Form and the Program drop-down boxes will be grayed out and unavailable to change. You must enter the appropriate Vendor Number.

Submit Form

Form Select

Type of Form • 8578 Intellectual Disability/Related Condition Assessment

Program • ICF (Non-State)

Vendor Number • for Provider Number

Recipient

To prepopulate recipient information please provide one of the following combinations of information.
 Medicaid/CSHCN ID
 or Social Security Number AND Last Name
 or Social Security Number AND Date of Birth
 or Date of Birth AND Last Name AND First Name

Medicaid Number

SSN

Date of Birth

First Name

Last Name

- Click the **Enter Form** button at the bottom right of the page.
- A new form or assessment will open with most of the information auto populated. Make sure to verify that the auto populated information is correct. Some of the fields will be grayed out and unavailable to change. Enter data into the remaining fields that did not auto populate.

Note: *Not all of the fields will be copied to the new document.*

ID/RC 8578 Assessment

Current Status: Name: [redacted] DLN:0

Form Actions:

PROV/INDIVIDUAL INFO | **DIAGNOSTICS** | **ASSESSMENT DATA** | **PHYSICIAN EVALUATION**

CERTIFICATIONS | **LA/DADS REVIEW** | **ENROLLMENT DATA**

Purpose Code Information

13 • Purpose Code

Facility/Provider Information

1a Submitter Provider No.

1b Submitter Vendor Number

1c Submitter NPI

1 Facility/Provider Name

2 • Facility/Provider No. Provider number of the facility

2a • Facility/Provider Vendor Number Vendor number of the facility

2b Facility/Provider NPI Number

3 Facility/Provider Mailing Address

3a Facility/Provider Mailing Address City

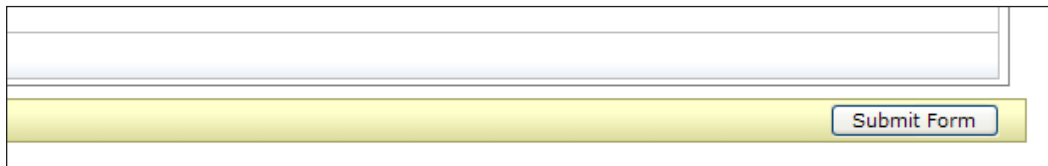
3b Facility/Provider Mailing Address State Texas(TX)

3c Facility/Provider Mailing Address ZIP Code

Individual Information

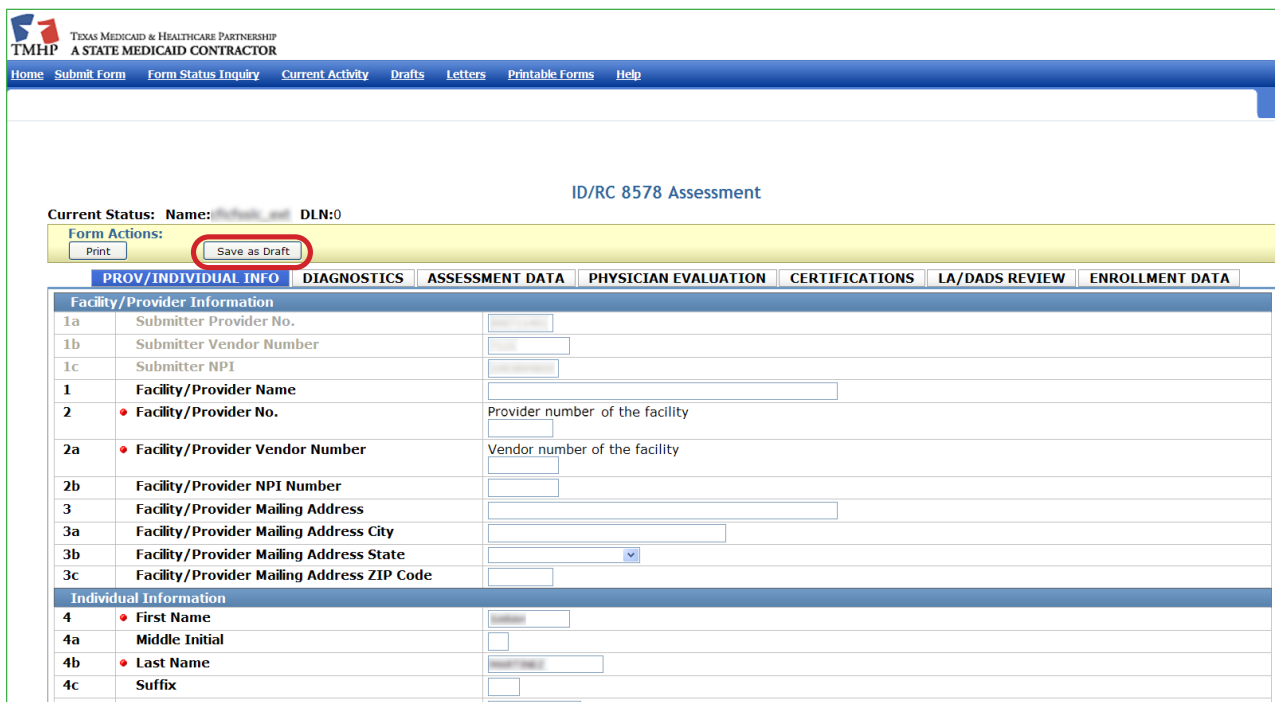
4 • First Name

- 5) If you want a hard copy for your records, click the **Print** button located on the yellow Form Actions bar to print the document.
- 6) From here you have two choices:
 - a) If you are ready to submit the form or assessment, click the **Submit Form** button located at the bottom right of the screen. If you have successfully submitted the document, a DLN will be generated.



or

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



Correct This Form

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

- *Pending Physician License Verification.*
- *Out of State Physician License Invalid.*

- **Remanded to Submitter** (i.e., the assessment is correctable prior to the Authorization Process or if the assessment has been remanded).

When you click the **Correct this form** button, you will complete a new assessment and the original assessment will be set to status **Corrected**.

When corrections are made to an assessment, a child (new) assessment is created. The information in the parent (original) assessment is copied to the child (new) assessment. The child assessment has a unique DLN. The parent DLN is shown on the child assessment.

The screenshot shows the top section of an assessment form. At the top right, it says "ID/RC 8578 Assessment". Below that, there are fields for "Current Status:", "Name:", and "DLN:". Below these fields is a yellow bar labeled "Form Actions:" containing five buttons: "Print", "Use as template", "Correct this form", "Add Note", and "Inactivate Form". The "Correct this form" button is circled in red.

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

Add Note

The Add Note feature located on the yellow Form Actions bar is always available unless the form or assessment is locked by another user.

The Add Note feature may be used to add information that was not captured upon original submission. The information that is typed into the Add Note text box is added to the History trail of the form or assessment, not to the form or assessment itself (i.e., not added to Comments in the notes section).

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

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

- 1) Follow the steps for utilizing FSI or Current Activity to locate the form or assessment.
- 2) Click the **Add Note** button. A text box will open.

This screenshot is similar to the previous one, showing the "Form Actions:" bar. In this instance, the "Add Note" button is circled in red, while the "Correct this form" button is not.

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

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

Note: *If the form or assessment has been remanded to the LIDDA or provider submitter, adding a note (by the LIDDA or provider) will change the status of the form or assessment from status **Remanded to Submitter** to a review status of **Pending DADS Review**. However, the form status will continue to be in status **Remanded to Submitter** if HHSC staff adds a note.*

Inactivate Form

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

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

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

Inactivations are not allowed if the ID/RC 8578 or Individual Movement Form's History trail contains any of the following statuses:

- **Processed/Complete.**
- **DADS SAS Resolution Complete.**
- **PCS Processed/Complete.**

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

Current Status: ██████████		Name: ██████████		DLN: ██████████	
ID/RC 8578 Assessment					
Form Actions:					
<input type="button" value="Print"/>	<input type="button" value="Use as template"/>	<input type="button" value="Correct this form"/>	<input type="button" value="Add Note"/>	<input type="button" value="Inactivate Form"/>	

Note: The steps to deactivate forms and assessments will be covered in the Inactivations section of this User Guide.

Save as Draft

The Save as Draft feature allows users to save unfinished or unsubmitted forms and assessments on the LTC Online Portal. Once saved, these drafts will be accessible by all users under the vendor/provider number to which the draft is linked. The user may access previously saved drafts by clicking the **Drafts** link located under **Worklist** on the blue navigational bar. Drafts will stay in the system for 60 days and will then be deleted.

Note: The **Save as Draft** button will display on the yellow Form Actions bar until the form or assessment being entered has been successfully submitted on the LTC Online Portal (a DLN is assigned).

Form Actions:	
<input type="button" value="Print"/>	<input type="button" value="Save as Draft"/>

Other Basic Information

Required Fields

On the LTC Online Portal, red dots indicate required fields. However, not all required fields have red dots.

Field Description

If you are uncertain as to what a certain field is for, you can hover over the field with your mouse pointer and a description of the field will display.

17	◆ Recommended LOC	<input type="text"/>
18	◆ Recommended LON	<input type="text"/>
67w	◆ Enrolled From	<input type="text"/>
Requested Begin and End Dates		
59	◆ Requested Begin Date	<input type="text"/>
60	◆ Requested End Date	<input type="text"/>

Enter the requested effective date of the LOC determination/LON assignment.

History Trail

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

40b	LA Contract No.	<input type="text"/>
Individual Movement Information		
10	Program	ICF_SSLC <input type="text"/>
11	Purpose	Admission <input type="text"/>
41	Effective Date	9/5/2012 <input type="text"/>
42	Effective Time	01:03 AM <input type="text"/>
Individual Information		
12a	Individual First Name	<input type="text"/>
12b	Individual Middle Initial	<input type="text"/>
12c	Individual Last Name	<input type="text"/>
12d	Individual Suffix	<input type="text"/>
13	Medicaid No.	<input type="text"/>
14	Date of Birth	5/17/1968 <input type="text"/>
15	Social Security No.	<input type="text"/>
16	CARE ID	<input type="text"/>
17	Local Case No.	<input type="text"/>
18	Location Code	<input type="text"/>
History		
Form Submitted	9/25/20	1:05:59 PM
Submitted	9/25/20	1:06:00 PM
Medicaid ID Pending	9/25/20	1:06:00 PM
9/25/2012 1:06:00 PM	TMHP : Medicaid ID request submitted.	
ID Confirmed	9/26/20	11:31:14 AM
9/26/2012 11:31:14 AM	TMHP : Medicaid ID <input type="text"/> confirmed for this Individual.	
Pending Medicaid Eligibility Verification	9/26/20	11:31:15 AM
9/26/2012 11:31:15 AM	TMHP : Medicaid Eligibility request submitted.	

UnLock Form

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

The **UnLock Form** button will unlock the document so that other authorized users can make changes to the document. When a document is locked, others will not be able to make changes or add information. When receiving assistance from TMHP or HHSC the user may be asked to unlock the document so that the person helping the user can make changes.

To unlock a document, click the **UnLock Form** button located in the upper right corner of the screen.

The screenshot shows the TMHP (Texas Medicaid & Healthcare Partnership) web application interface. At the top, there is a navigation bar with links: Home, Submit Form, Form Status Inquiry, Current Activity, Drafts, Printable Forms, and Help. Below the navigation bar, the main content area displays 'ID/RC 8578 Assessment'. A red circle highlights the 'UnLock Form' button in the upper right corner. Below the assessment title, there is a 'Form Actions' section with buttons for 'Print', 'Use as template', and 'Add Note'. At the bottom, there are several tabs: 'PROV/INDIVIDUAL INFO', 'DIAGNOSTICS', 'ASSESSMENT DATA', 'CERTIFICATIONS', 'LA/DADS REVIEW', and 'ENROLLMENT DATA'.

Error Messages

There are two types of error message that can occur. One is the Field Validation Error message and the other is the Submission Error message.

If required information is missing or if information is invalid, a Field Validation Error message(s) will display and you will not be able to continue to the next step until the error is resolved. Some error messages are simply warnings and do not prevent form submission or processing.

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

The screenshot shows an error message box with a dashed border. The text inside reads: 'The following errors must be fixed before the form will submit:'. Below this text is a list of six error messages, each with a blue hyperlink:

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

If the form or assessment was not submitted successfully, a Submission Error message will appear and the form will not move forward in the workflow.

The error message(s) received upon submission will be specific to the error that caused it and will be fairly self-explanatory as to how to correct the error. Submission Errors are not hyperlinked whereas field validation error message are.

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

- [Date Completed is a required field.](#)
- [Recommended LON is a required field.](#)

Entering Dates

There are two ways to enter dates. You can click the calendar icon next to any of the date fields to activate the dynamic calendar and choose the desired date. Or, you may enter the date using the mm/dd/yyyy format.

Submit Form Search Worklist Printable Forms Alerts Help

Form Status Inquiry

Form Select

Type of Form

Vendor Number

Form Status Inquiry

DLN Medicaid Number

Last Name First Name

Form Status

SSN

CARE ID

From Date To Date

May 2016

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Search

Timeout

The LTC Online Portal will timeout after 20 minutes of no activity. To prevent this timeout from occurring, you can continue typing or click on the screen to reset the timer.

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

If you are working on a previously submitted form or assessment and a timeout occurs, you will lose only the work completed in the immediate past 20 minutes, you will not lose the information that was previously submitted.

Current Status


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

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

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

A complete list of statuses and their descriptions can be found in Appendix A of this User Guide. We will also cover common statuses throughout this User Guide.

Submit Form Search Worklist Printable Forms Alerts Help



ID/RC 8578 Assessment

Current Status: Processed/Complete **Name:** [REDACTED] **DLN:** [REDACTED]

Form Actions:

PROV/INDIVIDUAL INFO **DIAGNOSTICS** **ASSESSMENT DATA** **PHYSICIAN EVALUATION** **CERTIFICATIONS**
LA/DADS REVIEW **ENROLLMENT DATA**

Purpose Code Information		
13	Purpose Code	E = Gaps in Assessment

Facility/Provider Information		
13	Submitter Contact No	[REDACTED]

Forms and Assessments

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

Name	Purpose
Intellectual Disability/Related Condition (ID/RC) 8578 Assessment	<ul style="list-style-type: none"> • Initial Assessment of LOC and LON • Renew program eligibility for LOC and LON • Request a change in LON • Request LOC and LON during a gap period
Individual Movement Form	<ul style="list-style-type: none"> • Admission • Discharge • Absence • Return

Note: State Supported Living Centers (SSLCs) will submit the ID/RC 8578 Assessment via the LTC Online Portal but will submit the Individual Movement Form utilizing the Integrated Resident Information System (IRIS).

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

For ICF/IID:

- LIDDA to person association.
- ICF Provider to person association.
- SSLC to person association.

Providers will be able to perform the following tasks on the LTC Online Portal:

- Searching for forms and assessments using FSI or Current Activity.
- Submitting forms and assessments on the LTC Online Portal.
- Correcting assessments that have been remanded by HHSC staff.

- Adding a note to a form or assessment. A note can be added to a form or assessment at any time.
- Inactivating a form or assessment to stop it from moving forward in the workflow.
- Reactivating Medicaid ID (MI), Medicaid Eligibility (ME), and Applied Income (AI) check.
- Remanding ID/RC 8578 Assessments.
- Searching for letters.

Note: In the event that you have trouble viewing a form, contact the TMHP Call Center/Help Desk at 1-800-626-4117, Option 1, then Option 4.

Form Sections

On the LTC Online Portal, forms and assessments are divided into tabbed sections that contain different information such as Diagnostics, Assessment Data, and Enrollment Data. Be sure to click the tabbed sections and enter the information. Fields with red dots are required fields in which you must enter data.

Intellectual Disability/Related Condition (ID/RC) 8578 Assessment

The LIDDA uses the ID/RC 8578 Assessment to request authorization from HHSC for a person's initial LOC and LON.

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

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

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

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

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

- Submitting the assessment on the LTC Online Portal.
- Making corrections to an assessment that has been remanded.
- Reactivating the check for MI, ME, or AI.

ID/RC 8578 PC 2 No Current Assessment

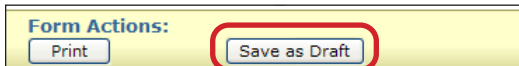
Select State Supported Living Centers (SSLCs) and LIDDAs will submit the ID/RC 8578 Assessment with Purpose Code 2 for initial eligibility in the ICF/IID program. The ICF/IID provider will notify the LIDDA that the initial ID/RC 8578 Assessment is needed to admit the person into the facility. This LIDDA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

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

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

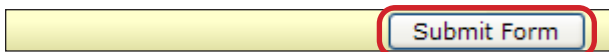
- 1) Go to www.tmhp.com.
- 2) Click **providers** on the green bar located at the top of the screen.
- 3) Click **Long-Term Care** on the yellow bar.
- 4) Click the **Log In to LTC Online Portal** button on the blue bar.
- 5) Enter your user name and password. Click the **OK** button. The Form Status Inquiry (FSI) page will display by default.
- 6) Click the **Submit Form** link located on the blue navigational bar.
- 7) Type of Form: Choose **8578 Intellectual Disability/Related Condition Assessment** from the drop-down box.

- 8) Program Code: Choose one of the following programs from the drop-down box:
 - ICF (SSLC)
 - ICF (Community / State)
 - ICF (Non-State) (i.e., community)
- 9) Vendor Number: Choose from the drop-down box.
- 10) As an option, you can enter additional information in the Recipient section to auto populate fields on the assessment.
- 11) Click the **Enter Form** button at the bottom right of the screen. The ID/RC 8578 Assessment will display on the screen.
- 12) For the ID/RC 8578 Assessment you must choose a Purpose Code from the drop-down box in field number 13. In this example **2 = No Assessment**.
- 13) Click the tabbed sections and enter the assessment information. Fields with red dots are required fields in which you must enter data. If you try to submit an assessment but have left information missing from fields with red dots you will receive error messages indicating which required fields must be completed before the assessment can be submitted.
- 14) When you have completed all the required fields you can:
 - a) Click the **Save as Draft** button on the yellow Form Actions bar to save the assessment until you are ready to submit.

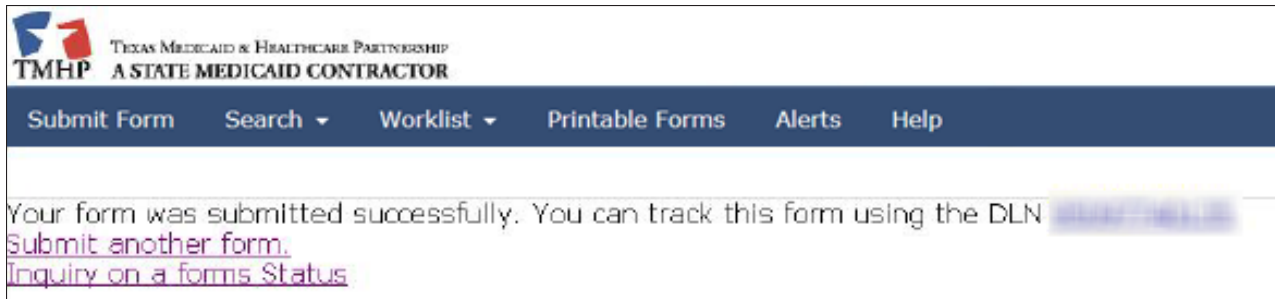


or

- b) At the bottom of the screen click the **Submit Form** button to submit the assessment. The LTC Online Portal will attempt to validate the ID/RC 8578 Assessment upon submission. If it does not pass validations, error messages will display indicating the error(s) and a DLN will not be generated.



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



15) To print the submitted document for your records, open the document and click the **Print** button located in the yellow Form Actions bar.

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

If HHSC staff denies the LOC on the ID/RC 8578 Assessment, the assessment will be set to status **LOC Denied**, and a denial letter will be sent to the person or the Legally Authorized Representative (LAR).

If either the person or LAR wish to appeal, the denied LOC appeal request will be transmitted to HHSC staff and the assessment will be set to status **LOC Decision Under Appeal**.

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

If HHSC denial of LOC is upheld, the assessment will be set to status **LOC Decision Sustained During Appeal**. However, if HHSC denial of LOC is overturned, the assessment will be set to status **LOC Decision Reversed During Appeal** and then will attempt to validate ME. Modification of LOC or LON on a PC 2 by HHSC staff for an initial ID/RC 8578 Assessment is not considered a denial.

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

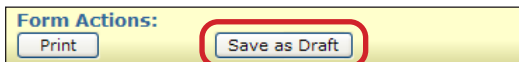
ID/RC 8578 PC 3 Continued Stay Assessment

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

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

- 1) Go to www.tmhp.com.
- 2) Click **providers** on the green area at the top of the screen.
- 3) Click **Long-Term Care** on the yellow bar.

- 4) Click the **Log In to LTC Online Portal** button on the blue bar.
- 5) Enter your user name and password. Click the **OK** button. FSI will display by default.
- 6) Click the **Submit Form** link located on the blue navigational bar.
- 7) Type of Form: Choose **8578 Intellectual Disability/Related Condition Assessment** from the drop-down box.
- 8) Program Code: Choose one of the following programs from the drop-down box:
 - **ICF (SSLC)**
 - **ICF (Community / State)**
 - **ICF (Non-State)** (i.e., communities)
- 9) Vendor Number: Choose from the drop-down box.
- 10) As an option, you can enter additional information in the Recipient section to auto populate fields in the form.
- 11) Click the **Enter Form** button at the bottom right of the screen. The ID/RC 8578 Assessment will display on the screen.
- 12) For the ID/RC 8578 Assessment you must choose a Purpose Code from the drop-down box in field number 13, in this case **3 = Continued Stay Assessment**.
- 13) Click the tabbed sections and enter the assessment information. Fields with red dots are required fields in which you must enter data. If you try to submit an assessment, but have left information missing from fields with red dots, you will receive error messages indicating which required fields must be completed before the assessment can be submitted.
- 14) When you have completed all the required fields you can:
 - a) Click the **Save as Draft** button on the yellow Form Actions bar to save the assessment until you are ready to submit.



or

- b) At the bottom of the screen click the **Submit Form** button to submit the assessment. The LTC Online Portal will attempt to validate the ID/RC 8578 Assessment upon submission. If it does not pass validations, error messages will display indicating the error(s) and a DLN will not be generated.



Note: *Submission of the ID/RC 8578 PC3 Continued Stay more than 180 days from the*

previous ID/RC expiration date requires HHSC approval and cannot be submitted by the provider. The provider must contact IDD PES (512-438-2484) for assistance.

If the assessment is valid and the person is admitted to an ICF/IID facility, a pop-up message will display upon submission to notify the submitter a gap has been created. A note also appears in the History trail.

A unique DLN will be assigned that, utilizing FSI, can be used to locate and track the status of the assessment. To print the submitted document for your records, open the document and click the **Print** button located in the yellow Form Actions bar.

The ID/RC 8578 Purpose Code 3 may be auto-approved by the system if certain criteria are met. If auto-approve criteria are not met, the assessment will be sent to HHSC staff for review. If the provider requests an increased LON, the provider will be notified that documentation is due to HHSC within seven calendar days.

HHSC staff will have the ability to remand the assessment for correction or more information. HHSC staff will have the ability to correct or inactivate the assessment, approve, modify, or deny the LOC, and approve or modify the LON.

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

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

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

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

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

In the event of an increased LON request from the provider, HHSC staff will have the ability to indicate whether a Justification Packet was received within the required seven calendar days. If

HHSC staff indicates that a Justification Packet was not received, the ID/RC 8578 Assessment will move forward in the process but a modified LON will not trigger a letter and will not be eligible for reconsideration (a note in the History trail will inform the provider that the requested LON was modified because the required Justification Packet was not received in the required time).

The LTC Online Portal will indicate either successful or unsuccessful update to Service Authorization System (SAS) records in the History trail. In the event of an unsuccessful update to SAS records, the assessment will be routed to HHSC manual workflow for resolution.

Once LOC/LON are approved, MI, ME, and AI verification will occur. If MI, ME, or AI validation initially fails, the portal will leave the form in the status of **Medicaid ID Pending**, **Pending Medicaid Eligibility Verification**, or **Pending Applied Income Verification** for 180 days. The portal will check each day for an update, if nothing is found after 180 days then the form moves into an **Inactive** status. Once MI, ME, and AI are verified, the assessment will continue processing.

ID/RC 8578 PC E Gaps in Assessment

Providers will submit the ID/RC 8578 Assessment PC E for Gaps in Assessment. The LTC Online Portal will auto populate the gap dates on the ID/RC 8578 Assessment PC E. The PC E must be initiated from the current ID/RC 8578 Assessment of the person, so the provider will need to search for the current assessment using FSI (if it has been fewer than 14 days since the current ID/RC 8578 was submitted, Current Activity may be used).

To locate a person's current ID/RC 8578 Assessment using FSI:

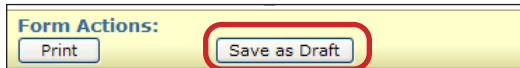
- 1) Click the **Search** link on the blue navigational bar.
- 2) Choose **Form Status Inquiry** from the drop-down menu.
- 3) Type of Form: Choose **8578 ID/RC Assessment** from the drop-down box.
- 4) Program Code: Choose from the drop-down box.
- 5) Vendor Number: Choose from the drop-down box.
- 6) Enter data for all required fields as indicated by the red dots. You can narrow results by entering specific criteria in the additional fields: DLN, Last Name, First Name, Medicaid Number, Expiration From and To Dates, and Purpose Code. Dates are searched against the TMHP Received Date (date of successful submission).
- 7) Click the **Search** button and the LTC Online Portal will return any matching submissions (records).
- 8) Click the **View Detail** link at the left of the DLN to display the details of the assessment.
- 9) Once the current assessment is open, the submitter will need to click the **Fill Assessment Gap** button (for the button to display the assessment must be set to status **Processed/Complete** or **PCS Processed/Complete**) on the yellow Form Actions bar to launch the Gaps in Assessment.

When launched, the PC E Assessment will display and auto populate with read only fields (with data from the person's current assessment) that are disabled so that the auto populated data cannot be changed.

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

11) When all required fields are completed, you can:

- a) Click the **Save as Draft** button on the yellow Form Actions bar to save the assessment until ready to submit.



or

- b) At the bottom of the screen click the **Submit Form** button to submit the assessment. The LTC Online Portal will attempt to validate the ID/RC 8578 PC E Gaps in Assessment upon submission. If it does not pass validations, error messages will display indicating the error(s) and a DLN will not be generated.



If the assessment has been successfully submitted, a unique DLN will be assigned that, utilizing FSI, can be used to locate and track the status of the assessment. To print the submitted document for your records, open the document and click the **Print** button located in the yellow Form Actions bar. There is not an approval letter for ID/RC 8578 PC E Gaps in Assessments, they are auto-approved.

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

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

- Provider submission process.
- A remand process.

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

To locate a person's current ID/RC 8578 Assessment using FSI:

- 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 **8578 ID/RC Assessment** from the drop-down box.
- 4) Program Code: Choose from the drop-down box.
- 5) Vendor Number: Choose from the drop-down box.
- 6) Enter data for all required fields as indicated by the red dots. You can narrow results by entering specific criteria in the additional fields: DLN, Last Name, First Name, Medicaid Number, and Purpose Code. Dates are searched against the TMHP Received Date (date of successful submission).

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

- 7) Click the **Search** button on the bottom right, and the LTC Online Portal will return any matching submissions (records).
- 8) Click the **View Detail** link to the left of the DLN to display the details of the assessment.
- 9) Once the assessment is open, there will be a **Request LON Change** button displayed on the yellow Form Actions bar. When the button is clicked, a new assessment will be opened with some of the fields auto populated (with data from the current assessment) and disabled so that you cannot change the auto populated data.

Submit Form Search Worklist Printable Forms Alerts Help

ID/RC 8578 Assessment

Current Status: Processed/Complete **Name:** [redacted] **DLN:** [redacted]

Form Actions:

Print Use as template Add Note Fill Assessment Gap **Request LON Change**

PROV/INDIVIDUAL INFO **DIAGNOSTICS** **ASSESSMENT DATA** **PHYSICIAN EVALUATION** **CERTIFICATIONS**

LA/DADS REVIEW **ENROLLMENT DATA**

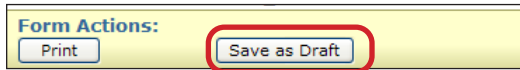
Purpose Code Information	
13	Purpose Code 3 = Continued Stay Assessment

Facility/Provider Information	
1a	Submitter Provider No. [redacted]
1b	Submitter Vendor Number [redacted]
1c	Submitter NPI [redacted]

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

11) When you have completed all the required fields, you can:

- a) Click the **Save as Draft** button on the yellow Form Actions bar to save the assessment until you are ready to submit.



or

- b) At the bottom of the screen click the **Submit Form** button to submit the assessment. The LTC Online Portal will attempt to validate the ID/RC 8578 Assessment upon submission. If it does not pass validations, error messages will display indicating the error(s) and a DLN will not be generated.



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

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

Individual Movement Form

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

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

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

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

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

- 1) Go to www.tmhp.com.
- 2) Click **providers** on the green bar located at the top of the screen.
- 3) Click **Long-Term Care** on the yellow bar.
- 4) Click the **Log In to LTC Online Portal** button on the blue bar.
- 5) Enter your user name and password. Click the **OK** button. The FSI page will display by default.
- 6) Click the **Submit Form** link located on the blue navigational bar.
- 7) Type of Form: Choose **Individual Movement Form** from the drop-down box.
- 8) Program Code: Choose one of the following programs from the drop-down box:
 - **ICF (SSLC)**
 - **ICF (Community / State)**
 - **ICF (Non-State)** (i.e., community)

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

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

The screenshot shows a web application interface for submitting forms. At the top, there is a navigation bar with links for 'Submit Form', 'Search', 'Worklist', 'Printable Forms', 'Alerts', and 'Help'. The main heading is 'Submit Form'. Below this, there are two main sections: 'Form Select' and 'Recipient'.
In the 'Form Select' section, there are four dropdown menus:

- 'Type of Form' is set to 'Individual Movement Form'.
- 'Program' is set to 'ICF (Community / State)'.
- 'Vendor Number' is set to 'for Provider Number'.
- 'Purpose' is open, showing a list of options: 'Admission', 'Discharge', 'Absence', and 'Return'. A red box highlights this dropdown menu.

The 'Recipient' section contains instructions: 'To prepopulate recipient information please provide one of the following combinations of information. Medicaid/CSHCN ID or Social Security Number AND Last Name or Social Security Number AND Date of Birth or Date of Birth AND Last Name AND First Name'. Below the instructions are input fields for 'Medicaid Number', 'SSN', 'Date of Birth' (with a date picker), 'First Name', and 'Last Name'. At the bottom right, there is a yellow bar with a grey 'Enter Form' button.

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

12) Click the **Enter Form** button. The Individual Movement Form will display.

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

Individual Movement

Current Status: Name: DLN:0

Form Actions:

Print Save as Draft

PROV/INDIVIDUAL INFO ICF/ID INFO CERTIFICATIONS

Provider Information		
2	Facility Provider Name	<input type="text"/>
3	Facility Provider Address	<input type="text"/>
4	Facility Provider City	<input type="text"/>
5	Facility Provider State	<input type="text" value=""/>
6	Facility Provider ZIP Code	<input type="text"/>
7	Facility Provider Vendor No.	<input type="text"/>
8	Facility Provider No.	<input type="text"/>
9	Facility Provider NPI	<input type="text"/>
31	Submitter Vendor No.	<input type="text"/>
32	Submitter Provider No.	<input type="text"/>
32a	Submitter NPI	<input type="text"/>
40a	LA Vendor No.	<input type="text"/>
40b	LA Provider No.	<input type="text"/>
Individual Movement Information		
10	Program	<input type="text" value="ICF_Community_State"/>
11	Purpose	<input type="text" value="Admission"/>
41	Effective Date	<input type="text" value="mm/dd/yyyy"/>
42	Effective Time	<input type="text" value="00:00 am"/>

- 14) When you have completed all the required fields, you can:

- a) Click the **Save as Draft** button on the yellow Form Actions bar to save the form until you are ready to submit.

Form Actions:

Print **Save as Draft**

OR

- b) At the bottom of the screen click the **Submit Form** button to submit the form. The LTC Online Portal will attempt to validate the form upon submission. If it does not pass validations, error messages will display indicating the error(s) and a DLN will not be generated.

Submit Form

If the form has been successfully submitted, a unique DLN will be assigned that, utilizing FSI, can be used to locate and track the status of the form. To print the submitted document for your records, open the document and click the **Print** button located in the yellow Form Actions bar.

Upon successful submission, the form will move into the Medicaid ID/Eligibility verification processes. If ME validation is not immediately successful, the automatic check will continue for 180 calendar days. If, after 180 days, ME has still not been validated the form will be set to status **Medicaid ID Check Inactive** or **Medicaid Eligibility Verification Inactive**. Forms can be reactivated by providers.

Once ME has been verified, the IMT form data will be submitted to SAS for processing. In the event processing by SAS is unsuccessful, the form will be routed to HHSC manual workflow for resolution.

Of course, at any time you may log in to the LTC Online Portal to check the status of the form.

Reactivate MI, ME, or AI Check

Once a form or assessment is submitted, the LTC Online Portal automatically checks for Medicaid ID, Medicaid Eligibility, and Applied Income consecutively, for up to 180 days, though it should be noted that the AI check occurs only on the 8578 ID/RC, not on the IMT.

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

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

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

If Medicaid Eligibility is found, the LTC Online Portal will continue to check for Applied Income. If no Applied Income record is found during the remaining time, the form or assessment is set to status **Applied Income Check Inactive**. In this status, the submitting entity or HHSC may reactivate the Applied Income check.

ID/RC 8578 Assessment

Current Status:Medicaid ID Check Inactive **Name:** _____ **DLN:** _____

Form Actions: Print Use as template Reactivate Medicaid ID Check

Workflow Actions:

PROV/INDIVIDUAL INFO **DIAGNOSTICS** **ASSESSMENT DATA** **PHYSICIAN EVALUATION** **CERTIFICATIONS** **LA/DADS REVIEW**

ENROLLMENT DATA

Purpose Code Information		
13	Purpose Code	2 = No Current Assessment

Facility/Provider Information		
1a	Submitter Provider No.	

UnLock Form

ID/RC 8578 Assessment

Current Status:Medicaid Eligibility Verification Inactive **Name:** _____ **DLN:** _____

Form Actions: Print Use as template Reactivate Medicaid Eligibility Check

Workflow Actions:

PROV/INDIVIDUAL INFO **DIAGNOSTICS** **ASSESSMENT DATA** **PHYSICIAN EVALUATION** **CERTIFICATIONS** **LA/DADS REVIEW**

ENROLLMENT DATA

Purpose Code Information		
13	Purpose Code	2 = No Current Assessment

Facility/Provider Information		
1a	Submitter Provider No.	
1b	Submitter Vendor Number	

ID/RC 8578 Assessment

Current Status:Applied Income Verification Inactive **Name:** _____ **DLN:** _____

Form Actions: Print Add Note Inactivate Form Reactivate Applied Income Check

Workflow Actions:

PROV/INDIVIDUAL INFO **DIAGNOSTICS** **ASSESSMENT DATA** **PHYSICIAN EVALUATION** **CERTIFICATIONS** **LA/DADS REVIEW**

ENROLLMENT DATA

Purpose Code Information		
13	Purpose Code	3 = Continued Stay Assessment

Facility/Provider Information		
1a	Submitter Provider No.	
1b	Submitter Vendor Number	
1c	Submitter NPI	

Note: When set to status *Medicaid ID Check Inactive*, *Medicaid Eligibility Verification Inactive*, or *Applied Income Check Inactive*, the approval of LOC/LON assignments will not be affected.

Discharge using the Individual Movement Form

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

If a permanent discharge is indicated, the provider must document where the person will be going. Successful submission of the IMT results in the assignment of a DLN. The form data is then sent to SAS for processing. Successful processing in SAS will result in the form being routed to HHSC manual workflow for resolution.

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

Absence using the Individual Movement Form

Providers will submit an absence request by utilizing the Individual Movement Form following the steps already covered, and indicating the absence reason. If two absences in a row are submitted the system will generate an error message that the person is currently absent from an ICF facility.

Return using the Individual Movement Form

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

Corrections

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

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

Assessments are correctable during the HHSC Authorization Process.

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

Examples of incorrect data include:

- Person is listed as a male, but is actually a female.
- Person's diagnosis indicates diabetes, but the person actually has hypoglycemia.

Note: *If a past date is displayed in field 64. Expiration Date, the form cannot be corrected. Additionally, If the field requiring an update is not correctable, the provider could inactivate the form, update the field and resubmit.*

Who May Submit the Correction?

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

How to Submit a Correction

You can use either FSI or Current Activity to access the ID/RC 8578 Assessment that you need to correct.

- 1) Click the **Search** link on the blue navigational bar.
- 2) Choose **Form Status Inquiry** from the drop-down menu.
- 3) Type of Form: Choose **8578 ID/RC Assessment** from the drop-down box
- 4) Program: Choose from the drop-down box.
- 5) Vendor Number: Choose from the drop-down box.
- 6) Enter data for all required fields as indicated by the red dots. You can narrow results by entering specific criteria in the additional fields: DLN, Last Name, First Name, Medicaid Number, and Purpose Code. Dates are searched against the TMHP Received Date (date of successful submission).
- 7) Click the **Search** button on the bottom right, and the LTC Online Portal will return any matching records.
- 8) Scroll to the bottom of the page. Click the **View Detail** link to the left of the DLN to display the details of the assessment.

5 record(s) returned.

[Export Data to Excel](#)

	DLN	TMHP Received Date	CARE ID	Medicaid #	First Name	Last Name	Status	Purpose Code	Provider Number	Vendor Number	Expiration Date
View Detail		1/13/20					Processed/Complete	3			1/11/20
View Detail		1/13/20					Processed/Complete	3			1/11/20
View Detail		1/21/20					Processed/Complete	3			2/15/20
View Detail		1/26/20					Processed/Complete	3			2/23/20
View Detail		3/21/20					Processed/Complete	E			1/12/20

- 9) Click the **Correct this form** button.

ID/RC 8578 Assessment

Current Status: **Name:** **DLN:**

Form Actions:

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

History		
Form Submitted	10/5/20	5:07:24 PM
Pending MD/DO License Verification	10/5/20	5:07:25 PM
10/5/20	5:07:25 PM	TMHP : License must be manually verified
Corrected	10/5/20	5:26:04 PM
10/5/20	5:26:04 PM	: Form has been corrected by DLN

- 11) Enter correct information into all required fields and fields needing correction.

- 12) Click the **Submit Form** button.

The new child assessment DLN is assigned, creating the parent/child DLN relationship. The new child assessment becomes the current assessment and replaces the parent assessment.

ID/RC 8578 Assessment

Current Status: PCS Processed/Complete **Name:** [REDACTED] **DLN:** [REDACTED]

Parent DLN: [REDACTED]

Form Actions:

Workflow Actions:

PROV/INDIVIDUAL INFO
DIAGNOSTICS
ASSESSMENT DATA
PHYSICIAN EVALUATION
CERTIFICATIONS

LA/DADS REVIEW
ENROLLMENT DATA
CHANGE HISTORY

Purpose Code Information		
13	Purpose Code	2 = No Current Assessment <input type="button" value="v"/>
Facility/Provider Information		
1a	Submitter Provider No.	[REDACTED]
1b	Submitter Vendor Number	[REDACTED]
1c	Submitter NPI	[REDACTED]
1	Facility/Provider Name	[REDACTED]
2	Facility/Provider No.	Provider number of the facility [REDACTED]
2a	Facility/Provider Vendor Number	Vendor number of the facility [REDACTED]
2b	Facility/Provider NPI Number	[REDACTED]
3	Facility/Provider Mailing Address	[REDACTED]
3a	Facility/Provider Mailing Address City	ABILENE [REDACTED]
3b	Facility/Provider Mailing Address State	Texas(TX) <input type="button" value="v"/>
3c	Facility/Provider Mailing Address ZIP Code	[REDACTED]

Inactivations

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

For the Individual Movement Form, the **Inactivate Form** button will only be available to HHSC staff and only before the form is set to status **Processed/Complete**. If you need to have an Individual Movement Form inactivated, contact Provider Claims Services (PCS) at 512-438-2200.

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

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

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

Who may Inactivate?

Inactivations may be performed based on the vendor/contract who originally submitted the form or assessment. HHSC staff also has the ability to perform inactivations.

ID/RC 8578 Assessment		
Current Status:	Name:	DLN:
Form Actions: <input type="button" value="Print"/> <input type="button" value="Use as template"/> <input type="button" value="Correct this form"/> <input type="button" value="Add Note"/> <input type="button" value="Inactivate Form"/>		
PROV/INDIVIDUAL INFO	DIAGNOSTICS	ASSESSMENT DATA
	LA/DADS REVIEW	PHYSICIAN EVALUATION
		CERTIFICATIONS
Purpose Code Information		
13	Purpose Code	2 = No Current Assessment
Facility/Provider Information		
1a	Submitter Provider No.	
1b	Submitter Vendor Number	
1c	Submitter NPI	
1	Facility/Provider Name	
2	Facility/Provider No.	Provider number of the facility
2a	Facility/Provider Vendor Number	Vendor number of the facility
2b	Facility/Provider NPI Number	
3	Facility/Provider Mailing Address	

How to Inactivate a Form or Assessment

- 1) Log in to the LTC Online Portal.
- 2) Find your document using FSI or Current Activity. (For more information on searching for a form or assessment using FSI go to the Form Status Inquiry section of this User Guide. For instructions on how to use Current Activity, go to the Current Activity section of this User Guide.)
- 3) Click the **View Detail** link.
- 4) Click the **Inactivate Form** button.
- 5) When the dialog box stating Are you sure you want to Inactivate this form? appears:
 - a) Click the **OK** button to inactivate the form or assessment.

or

Click the **Cancel** button if you do not want to inactivate the form or assessment.

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

Reminders

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

Reporting Medicaid Waste, Abuse, and Fraud

Medicaid fraud: “An intentional deceit or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.”

How to Report Waste, Abuse, and Fraud

Reports may be made through the following website: <https://oig.hhsc.state.tx.us>. This website also gives instructions on how to submit a report, as well as how to submit additional documentation that cannot be transmitted over the Internet. The website also provides information on the types of waste, abuse, and fraud to report to OIG.

If you are not sure if an action is waste, abuse, or fraud of Texas Medicaid, report it to OIG and let the investigators decide. If you are uncomfortable about submitting a report online, there is a telephone number for Client Fraud and Abuse reporting: **1-800-436-6184**.

HIPAA Guidelines and Provider Responsibilities

Providers must comply with the Health Insurance Portability and Accountability Act (HIPAA). It is your responsibility to comply with HIPAA, to seek legal representation when needed, and to consult the manuals or speak to your TMHP Provider Representative when you have questions.

Resource Information

TMHP Call Center/Help Desk	1-800-727-5436 or 1-800-626-4117 General Inquiries: Option 1 Technical Support: Option 3
Medicaid Hotline	1-800-252-8263
EDI Help Desk	1-888-863-3638
LTC Help Desk	1-800-626-4117
TMHP General Customer Service	1-800-925-9126
Medicaid Fraud	1-800-436-6184
Payment information for cost reports	(512) 438-3624
Quality assurance fee (QAF)	(512) 438-3597 or (512) 438-3624
ICF/IID durable medical equipment (DME), DME authorizations, Home and Community Based Services (HCS), Texas Home Living Waiver (TxHmL), home modifications, adaptive aids, and dental services approvals	Provider Claims Services: (512) 438-2200, Option 5
Client Assessment Registration (CARE) System Help Desk for ICF/IID	Request HHSC Field Support staff: 1-888-952-4357
Program enrollment for utilization review (UR)/usual, customary utilization control (UC), Purpose Codes, and Intellectual Disability Related Condition (IDRC) Assessment Form, level of service, level of need, level of care, and Inventory for Client and Agency Planning (ICAP)	Utilization Review: (512) 438-5055 Program Eligibility and Support: (512) 438-2484 Fax: (512) 438-4249
Provider contracts and vendor holds for ICF/IID	(512) 438-2630, Option 3
Invalid recoupments for ICF/IIDs	Provider Recoupments and Holds: (512) 438-2200, Option 3
Client Movement Questions – Only if prior to Implementation Form history before 2010 CARE questions Programmatic Eligibility (Functional)	HHSC Help Desk: 1-800-214-4175

<p>Consumer Rights and Services Surrogate Decision Making Program (SDMP) for people receiving community based services through the ICF/IID program</p>	<p>Consumer Rights and Services: 1-800- 458-9858 Email: CRSComplaints@hsc.state. tx.us Website: www.hhs.texas.gov/about- hhs/your-rights/consumer-rights- services</p>
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Appendix A: Form and Assessment Statuses

The status of a form or assessment can be monitored by utilizing FSI or Current Activity. The status of a form or assessment is shown within the FSI or Current Activity results or, once a specific document is selected, the status can be located at the top of the page or at the bottom of the document in the History trail. You may see the following statuses:

ID/RC 8578 Assessment	
Status	Description
<i>Appeal Withdrawn</i>	The person or LAR has withdrawn a previous request for an appeal.
<i>Applied Income Check Inactive</i>	The LTC Online Portal has reached the 180-day limit for checking a person's Applied Income. The search may be reactivated by either HHSC staff or an authorized user.
<i>Approved (Non-Medicaid)</i>	Final status for approved 8578 Assessments submitted for people who are not Medicaid Eligible.
<i>Callback Initiated</i>	HHSC requests justification for an LON assignment review.
<i>Corrected</i>	The 8578 Assessment has been corrected by the submitter. There will be a new DLN located in the History trail indicating the replacement DLN for the corrected assessment. No further actions are allowed on assessments with a status of corrected.
<i>HHSC SAS Resolution Complete</i>	Final status for an 8578 Assessment that has been rejected by SAS and HHSC staff have taken action to resolve the issue.
<i>Denied Due to Financial Ineligibility</i>	HHSC staff has denied LOC due to lack of ME.
<i>ID Confirmed</i>	The LTC online Portal has confirmed that a person has a Medicaid ID number assigned.

ID/RC 8578 Assessment	
Status	Description
<i>Inactivated</i>	The 8578 Assessment has been stopped from moving forward in the workflow. An inactivated assessment cannot be reactivated.
<i>Invalid/Complete</i>	The final status for an 8578 Assessment that has been rejected by SAS and HHSC staff has determined that the transaction is invalid.
<i>LOC Approved/LON Modified</i>	HHSC has approved the requested LOC assignment, but modified the LON assignment.
<i>LOC Decision Reversed During Appeal</i>	The state has reversed the original decision to deny an LOC assignment as the result of a person's request for an appeal.
<i>LOC Decision Sustained During Appeal</i>	The state has maintained the original decision to deny the LOC as the result of a person's request for an appeal.
<i>LOC Decision Under Appeal</i>	The state is reviewing the original decision to deny the LOC assignment is under review as a result of a person's request for an appeal.
<i>LOC Decision Under Appeal With Continuation of Services</i>	While the state is reviewing the original decision to deny an LOC assignment, the state has authorized the continuation of services for the person.
<i>LOC Decision Under Appeal Without Continuation of Services</i>	While the state is reviewing the original decision to deny an LOC assignment, the state has not authorized the continuation of services for the person.
<i>LOC Denied</i>	During the authorization process HHSC has denied the requested LOC assignment.
<i>LOC Modified/LON Approved</i>	During the authorization process HHSC has modified the requested LOC assignment and approved the LON assignment.
<i>LOC Modified/LON Modified</i>	During the authorization process HHSC has modified both the request for LOC and LON assignments.
<i>LOC/LON Approved</i>	During the authorization process HHSC has approved both the requested LOC and LON assignments.
<i>LON Approved</i>	During the authorization process HHSC has approved the requested LON assignment.
<i>LON Modified</i>	During the authorization process, HHSC has modified the requested LON assignment.
<i>LON Reversed During Administrative Review</i>	HHSC has reversed the original decision to deny or modify an LON assignment during the final review of a request to reconsider an LON assignment review.

ID/RC 8578 Assessment	
Status	Description
<i>LON Reversed During Reconsideration</i>	HHSC has reversed the original decision to deny or modify the LON assignment during reconsideration of a request for an LON assignment review.
<i>LON Sustained During Administrative Review</i>	HHSC sustains an original decision to deny or modify an LON assignment during the final review of a request to reconsider an LON assignment review.
<i>LON Sustained During Reconsideration</i>	HHSC has sustained the original decision to deny or modify the LON assignment during reconsideration of a request for an LON assignment review.
<i>ME Verification Check Activated</i>	If Medicaid Eligibility cannot be found for the person (during the 180 day check), either HHSC or the original submitter can request reactivation of the Medicaid Eligibility check.
<i>Medicaid Eligibility Verification Inactive</i>	The 180 day limit for checking a person's Medicaid Eligibility. HHSC staff or the original submitter can reactivate the search for Medicaid Eligibility.
<i>Medicaid Eligibility Confirmed</i>	The LTC Online Portal has found Medicaid Eligibility for the requested date.
<i>Medicaid ID Check Activated</i>	If a Medicaid ID for a person cannot be found (during the 180 day check), either HHSC or the original submitter can request reactivation of the Medicaid ID check.
<i>Medicaid ID Check Inactive</i>	The LTC Online Portal has reached the 180 day limit for checking a person's Medicaid ID. HHSC staff or the original submitter may reactivate the search for a person's Medicaid ID.
<i>Medicaid ID Pending</i>	The LTC Online Portal is checking for a valid Medicaid ID.
<i>Pending Applied Income Verification</i>	The LTC Online Portal is checking a person's Applied Income for the requested dates.
<i>Pending HHSC Review</i>	The assessment is pending HHSC review and authorization of the requested level of need assignment.
<i>Pending HHSC Review - LON</i>	The assessment is pending HHSC review and authorization of the requested LON assignment.
<i>Pending HHSC Review (Callback - LON Packet Not Received)</i>	HHSC has not received justification for the requested LON assignment review.
<i>Pending HHSC Review (Callback - LON Packet Received)</i>	HHSC has received LON justification packet and is reviewing the assessment for authorization.

ID/RC 8578 Assessment	
Status	Description
<i>Pending HHSC Review (LON Packet Not Received)</i>	HHSC has not yet taken action on the assessment during the review and authorization of the requested LON assignment.
<i>Pending HHSC Review (LON Packet Received)</i>	HHSC has not yet taken action on the assessment during the review and authorization of the requested LON assignment. HHSC has requested justification of LON assignment review which has been received.
<i>Pending HHSC SAS Resolution</i>	The assessment has been rejected by SAS and sent to HHSC staff for resolution.
<i>Pending LON Administrative Review</i>	HHSC changes the status to reflect that a request has been made for an administrative review of the LON modification.
<i>Pending LON Packet Receipt</i>	The system is awaiting confirmation by HHSC that justification for the requested increased LON has been received.
<i>Pending LON Packet Receipt (Call-back)</i>	HHSC has indicated needed justification for an assignment review LON has been received.
<i>Pending LON Reconsideration</i>	The system is awaiting HHSC to indicate the outcome of the reconsideration process.
<i>Pending Medicaid Eligibility Verification</i>	The LTC Online Portal is checking a person's Medicaid Eligibility for the requested dates.
<i>Pending SAS Update</i>	Assessment data has been transmitted to SAS and is awaiting a response.
<i>Pending Submission</i>	The assessment has been accepted by the LTC Online Portal and is performing validations.
<i>Processed/Complete</i>	The assessment has been processed without error.
<i>Rejected by SAS</i>	The assessment has not processed.
<i>Remanded to Submitter</i>	The assessment has been returned to the original submitter for corrections.
<i>Submit to SAS</i>	Transitional status when HHSC staff resubmits an assessment to SAS that has been previously rejected.
<i>Submitted</i>	The assessment has been successfully submitted into the LTC Online Portal workflow.

Individual Movement Form	
Status	Description
Appeal Requested	The form was previously denied and the person or their representative has requested an appeal.
Appeal Withdrawn	A previous request for a fair hearing on a previously denied form has been withdrawn.
Corrected	The form has been corrected by the submitter. There will be a new DLN located in the History trail indicating the replacement DLN for the corrected form. No further actions are allowed on forms with a status of Corrected .
HHSC SAS Resolution Complete	Final status for form that has been rejected by SAS and that HHSC staff have taken action to resolve the issue within SAS.
HHSC SAS Resolution Complete - Returned to Service	A person has been returned to waiver services after a suspension.
ID Confirmed	The LTC Online Portal has confirmed that a person has a Medicaid ID number assigned.
Inactivated	A form has been stopped from moving forward in the workflow. An inactivated form cannot be reactivated.
Individual Update: Pending Submission	The Individual Update form has been accepted by the LTC Online Portal and is performing validations.
Invalid/Complete	The final status for forms that have been rejected by the LTC Online Portal, and HHSC staff determined that the transaction is invalid.
Medicaid Eligibility Confirmed	The LTC Online Portal has found Medicaid Eligibility for the requested date.
Medicaid ID Pending	The LTC Online Portal is checking for a valid Medicaid ID.
Pending HHSC Review	The form is forwarded to HHSC for review and authorization.
Pending HHSC SAS Resolution	The form has been rejected by SAS and sent to HHSC staff for resolution.
Pending Medicaid Eligibility Verification	The LTC Online Portal is checking for a person's Medicaid Eligibility for the requested dates.
Pending SAS Update	Form data has been transmitted to SAS and is awaiting a response.
Processed/Complete	The form is complete and has been processed without error.
Processed/Complete (Non-Cert Units)	The form has processed successfully for non-Medicaid beds.

Individual Movement Form	
Status	Description
<i>Rejected by SAS</i>	The form has not processed.
<i>Remanded to Submitter</i>	The form has been returned to the original submitter for corrections.

Appendix B: Response Codes

SAS Response Code	Internal Message Text	External Message Text	Service Group(s)
CM-0003	CM-0003: The request cannot be processed because the Services being requested on the Admission form are not applicable for the Provider Number selected on the form.	CM-0003: The request cannot be processed because the Services being requested on the Admission form are not applicable for the Provider Number selected on the form.	ICF & SSLC 4, 5, and 6
CM-0004	CM-0004: The request cannot be processed because the returning Individual's hold record cannot be found.	CM-0004: The request cannot be processed because the returning Individual's hold record cannot be found.	ICF & SSLC 4, 5, and 6
CM-0012	CM-0012: This request cannot be processed because the Individual requesting an Absence does not have a valid Movement Code and Status Combination in the system.	CM-0012: This request cannot be processed because the Individual requesting an Absence does not have a valid Movement Code and Status Combination in the system.	ICF & SSLC 4, 5, and 6
CM-0013	CM-0013: Individual does not exist in SAS and hence must submit an ID/RC and Individual Movement Form with Purpose = Admission for enrollment to a Certified Bed in this program.	CM-0013: Individual does not exist in SAS and hence must submit an ID/RC and Individual Movement Form with Purpose = Admission for enrollment to a Certified Bed in this program.	SSLC 4
CM-0014	CM-0014: Individual must submit an ID/RC and Individual Movement Form with Purpose = Admission for enrollment to a Certified Bed in this program.	CM-0014: Individual must submit an ID/RC and Individual Movement Form with Purpose = Admission for enrollment to a Certified Bed in this program.	SSLC 4
CM-0015	CM-0015: The discharge request cannot be processed because the Individual is not currently enrolled in the program."	CM-0015: The discharge request cannot be processed because the Individual is not currently enrolled in the program."	ICF & SSLC 4, 5, and 6

SAS Response Code	Internal Message Text	External Message Text	Service Group(s)
CM-0016	CM-0016: The admission request cannot be processed because the effective date being requested overlaps with the Admission date for the Individual already admitted to an ICF/ID facility under a different Provider Number.	CM-0016: The admission request cannot be processed because the effective date being requested overlaps with the Admission date for the Individual already admitted to an ICF/ID facility under a different Provider Number.	ICF & SSLC 4, 5, and 6
CM-0018	CM-0018: This request cannot be processed because the Individual requesting Admission in the ICF/ID facility does not have a valid Movement Code and Status Combination in the system.	CM-0018: This request cannot be processed because the Individual requesting Admission in the ICF/ID facility does not have a valid Movement Code and Status Combination in the system.	ICF & SSLC 4, 5, and 6
CM-0019	CM-0019: This request cannot be processed because the Individual requesting a Discharge does not have a valid Movement Code and Status Combination in the system.	CM-0019: This request cannot be processed because the Individual requesting a Discharge does not have a valid Movement Code and Status Combination in the system.	ICF & SSLC 4, 5, and 6
CM-0020	CM-0020: This request cannot be processed because the Individual returning to the ICF/ID facility does not have a valid Movement Code and Status Combination in the system.	CM-0020: This request cannot be processed because the Individual returning to the ICF/ID facility does not have a valid Movement Code and Status Combination in the system.	ICF & SSLC 4, 5, and 6
CM-0021	CM-0021: This request cannot be processed because the Individual does not have a valid Movement Code and Status Combination in the system.	CM-0021: This request cannot be processed because the Individual does not have a valid Movement Code and Status Combination in the system.	SSLC 4
GN-0001	GN-0001: The request cannot be processed because the Individual's record does not exist in SAVERR/TIERS.	GN-0001: The request cannot be processed because the Individual's record does not exist in SAVERR/TIERS.	ICF & SSLC and HCS & TxHmL 4, 5, 6, 21, and 22

SAS Response Code	Internal Message Text	External Message Text	Service Group(s)
GN-0006	GN-0006: The request cannot be processed because the Provider Contract cannot accommodate a new Individual since the Contract Capacity is full.”	GN-0006: The request cannot be processed because the Provider Contract cannot accommodate a new Individual since the Contract Capacity is full.”	ICF & SSLC and HCS & TxHmL 4, 5, 6, 21 and 22
GN-0010	GN-0010: The request cannot be processed because the existing SAS record may have already been updated by HHSC State Office Staff manually	GN-0010: The request cannot be processed because the existing SAS record may have already been updated by HHSC State Office Staff manually.	ICF & SSLC and HCS & TxHmL 4, 5, 6, 21, and 22
GN-0016	GN-0016: The request cannot be processed because the Provider Number submitted on the form is not a valid Provider Number.	GN-0016: The request cannot be processed because the Provider Number submitted on the form is not a valid Provider Number.	ICF & SSLC and HCS & TxHmL 4, 5, 6, 21, and 22
GN-0017	GN-0017: The request cannot be processed because the Location submitted on the form is not a valid Location.	GN-0017: The request cannot be processed because the Location submitted on the form is not a valid Location.	SSLC & HCS 21, 4
GN-0018	GN-0018: This request cannot be processed because the submitted form contains invalid form status for the form type that cannot be processed by the system.	GN-0018: This request cannot be processed because the submitted form contains invalid form status for the form type that cannot be processed by the system.	ICF & SSLC and HCS & TxHmL 4, 5, 6, 21, and 22
GN-0019	GN-0019: This form cannot be processed because the Individual’s original records cannot be found (cannot find Parent DLN in SAS).	GN-0019: This form cannot be processed because the Individual’s original records cannot be found (cannot find Parent DLN in SAS).	ICF & SSLC and HCS & TxHmL 4, 5, 6, 21, and 22
GN-0020	GN-0020: This request cannot be processed because the submitted form contains invalid Purpose Code for the form type that cannot be processed by the system.	GN-0020: This request cannot be processed because the submitted form contains invalid Purpose Code for the form type that cannot be processed by the system.	ICF & SSLC and HCS & TxHmL 4, 5, 6, 21, and 22

SAS Response Code	Internal Message Text	External Message Text	Service Group(s)
GN-0021	GN-0021: This request cannot be processed because the submitted form contains invalid service group for the form type that cannot be processed by the system.	GN-0021: This request cannot be processed because the submitted form contains invalid service group for the form type that cannot be processed by the system.	ICF & SSLC and HCS & TxHmL 4, 5, 6, 21, and 22
GN-0022	GN-0022: This request cannot be processed because the submitted form contains an invalid TMHP change flag value that cannot be processed by the system.	GN-0022: This request cannot be processed because the submitted form contains an invalid TMHP change flag value that cannot be processed by the system.	ICF & SSLC and HCS & TxHmL 4, 5, 6, 21, and 22
LN-0001	LN-0001: The request cannot be processed because the Individual does not have an active Level of Service (LN) record in SAS.	LN-0001: The request cannot be processed because the Individual does not have an active Level of Service (LN) record in SAS.	ICF & SSLC and HCS & TxHmL 4, 5, 6, 21, and 22
MR-0003	MR-0003: The admission request cannot be processed because the Individual is already admitted to the facility and has active service authorizations overlapping the effect date of the Admission.	MR-0003: The admission request cannot be processed because the Individual is already admitted to the facility and has active service authorizations overlapping the effect date of the Admission.	ICF & SSLC 4, 5, 6
GN-9200	GN-9200: This form cannot be processed because of a SAS Rules Engine Error.	GN-9200: This form is being processed manually by HHSC. Allow an additional 10 business days for processing.	ICF & SSLC and HCS & TxHmL 4, 5, 6, 21 and 22
GN-9246	GN-9246: This form cannot be processed because of a technical error. Assistance from technical staff is required.	GN-9246: This form is being processed manually by HHSC. Allow an additional 10 business days for processing.	ICF & SSLC and HCS & TxHmL 4, 5, 6, 21 and 22

Appendix C: Terms and Abbreviations

Abbreviation	Description
Accepted	Term used to indicate files or transactions that successfully bypassed front-end rejection criteria and are accepted for further processing in Claims Management System.
AI	Applied Income
CARE ID	Client Assignment and Registration ID
CMS	Centers for Medicare & Medicaid Services
DD	Developmental Disability
DLN	Document Locator Number
EDI	Electronic Data Interchange
FSI	Form Status Inquiry
Gap	A period of time for a person for which there is no assessment coverage.
HHSC	Texas Health & Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
ICAP	Inventory for Client and Agency Planning
ICF/IID	Intermediate Care Facility/Facilities for Individuals with an Intellectual Disability or Related Conditions
ID	Intellectual Disability
ID CARE	Intellectual Disability Client Assignment and Registration (formerly MR CARE)
ID/RC	Intellectual Disability/Related Condition (formerly MR/RC)
IDD	Intellectual and Developmental Disabilities
IID	Individuals with an Intellectual Disability
IRIS	Integrated Resident Information System (replaces AVATAR CRS)
LA	Local Authority (umbrella encompassing both LIDDA and LMHA)
LAR	Legally Authorized Representative

Abbrevia- tion	Description
LIDDA	Local Intellectual and Developmental Disability Authority
LMHA	Local Mental Health Authority
LOC	Level of Care
LON	Level of Need
LTC	Long-Term Care
LTC Online Portal	Web-based application accessible via TMHP.com and used by nursing facility (NF) and waiver program providers to submit forms and assessments to TMHP and manage the service authorization process.
ME	Medicaid Eligibility
MI	Medicaid ID
MR CARE	See ID/CARE
NF	Nursing Facility
NPI	National Provider Identifier Number
NPPES	National Plan and Provider Enumeration System
PC	Purpose Code
PCS	Provider Claims Services (workflow)
Person/ People	The one receiving services (formerly individual, client, consumer, patient, or case)
QDDP	Qualified Developmental Disabilities Professional (SSLCs only)
QIDP	Qualified Intellectual Disability Professional
R&S	Remittance and Status Report
SAS	Service Authorization System
SG	Service Group
SSAS	Single Service Authorization System
SSLC	State Supported Living Center
SSN	Social Security number
TAC	Texas Administrative Code
TMC	TexMedConnect (online claims submission portal/application)
TMHP	Texas Medicaid & Healthcare Partnership
www.tmhp.com	TMHP's website; TMHP web-based applications (e.g., LTC Online Portal, TexMedConnect) can be found at www.tmhp.com.
Workflow	Common term in LTC referring to a unique process

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