Long Term Care Online Portal User Guide for Managed Care Organizations

Contents

TMHP Portal Basics

What is the TMHP Portal?

The TMHP Portal is a web-based application that allows users to:

• Submit/View forms and assessments.

• Create Saved Searches.

• Conduct a form status inquiry.

• Retrieve reports.

• Add a note to a form or assessment.

Benefits of the TMHP Portal

• Web-based application

• 24/7 availability

• Texas Medicaid & Healthcare Partnership (TMHP) provides TMHP Portal technical support by telephone at **1-800-626-4117**, Option 3, from 7:00 a.m. – 7:00 p.m., Central Time, Monday through Friday – excluding holidays.

General Security Information

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

Blue Navigational Bar Links

All TMHP Portal features that are available for your security level are located on the blue navigational bar at the top of the screen.

Depending on your security permissions, options may include: Submit Form, Search, Worklist, Printable Forms, or Help.

Submit Form	Search ▾	Worklist ▾	Printable Forms	Help

The Search and Worklist options each contain a menu of other features. The Search menu includes Form Status Inquiry, Letters, My Searches, Power Search, and Vendors. The Worklist menu includes Current Activity and Drafts.

Submit Form

The Submit Form feature allows providers to submit **Waiver 3.0: Medical Necessity and Level of Care Assessments, H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan,** and **STAR Kids Individual Service Plan (SK-SAI)** forms.

Note: The steps to submit H1700-1: HCBS STAR+PLUS Waiver Individual Service Plans and STAR Kids Individual Service Plans are covered in later sections of this user guide.

Form Status Inquiry (FSI)

The FSI feature provides a query tool for monitoring the status of forms and assessments that have been successfully submitted.

Note: Providers may use FSI to search for the following forms by selecting them individually in the "Type of Form" dropdown: Waiver 3.0: Medical Necessity and Level of Care Assessment, H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan, or STAR Kids Individual Service Plan (SK-ISP)..

FSI allows providers to retrieve assessments in order to:

- Access assessments to research and review statuses.

- Provide additional information to an assessment.

- Retrieve assessments to make corrections or perform inactivations.

- Resolve any assessments set to status ***Provider Action Required***.

1) Click or hover over the **Search** link on the blue navigational bar.

2) Click on the **Form Status Inquiry** link from the drop-down menu.

3) Type of Form: Choose the desired form from the drop-down box.

4) Enter data for all required fields as indicated by the red dots. Narrow results by entering specific criteria in the additional fields: "DLN," "Medicaid Number," "Last Name," "First Name," "SSN," "Form Status," "From" and "To" Dates, and "Reason for Assessment." Dates are searched against the TMHP Received Date (date of successful submission).

5) Click the "Search" button, and the TMHP Portal will return any matching submissions (records).

Note: FSI search results will only display the Type of Form selected.

6) Click the **View Detail** link of the requested assessment to open and view the assessment.

> **50** record(s) returned.
> Not all records returned. This search is limited to return 50 records. Please narrow your search.
> Export Data to Excel

	DLN	TMHP Received Date	SSN	Medicaid #	First Name	Last Name	Last Name	ISP From Date	ISP To Date	Status	Provider Number	County
View Detail	1320	7/22/2013								Processed/Complete	2976	
View Detail	0984	7/26/2013								Processed/Complete	2976	

Note: FSI can retrieve information from the previous seven years. The search is based on the TMHP Received Date. There is a 50-record line limit for search results; therefore, you may need to narrow your search to retrieve specific records. Descriptions of the column headings seen above are:

- **View Detail:** The hyperlink used to open the assessment.

- **DLN:** The unique document locator number (DLN) assigned to each successfully submitted assessment.

- **TMHP Received Date:** The actual date the assessment was successfully submitted on the TMHP Portal.

- **SSN:** (2.0: AA5a, 3.0: A0600A), **Medicaid #** (2.0: AA7, 3.0: A0700), **Medicare #** (2.0: AA5b, 3.0: A0600B), **First Name and Last Name** (2.0: AA1a and AA1c, 3.0: A0500A and A0500C): Information used to identify the individual associated with the assessment.

- **Status:** The status of the assessment at the time of the search.

- **RUG:** The assigned Resource Utilization Group (RUG) value.

- **RN Signature Date:** Date the assessment was completed as identified in field R2b for 2.0 Assessments and field Z0500B for 3.0 Assessments.

- **Purpose Code:** Utilization Review Assessment submitted by HHSC.

- **Provider Number:** The nine-digit number formerly known as a Contract Number.

- **Vendor Number:** The four-digit site identification number.

- **Reason for Assessment:** (2.0: AA8a, 3.0: A0310A):

Waiver 2.0: MN/LOC Assessment	Waiver 3.0: MN/LOC Assessment
AA8a = 01. Initial Assessment	A0310A = 01. Initial Assessment
AA8a = 02. Annual Assessment	A0310A = 03. Annual Assessment
AA8a = 03. Significant change in status assessment (SCSA)	A0310A = 04. Significant change in status assessment (SCSA)

Letters

Letter Search

The Letter Search feature allows you to find letters that have been created for a provider, Individual, or legally authorized representative (LAR). Only users with the necessary security profile have access to the Letter Search feature.

Performing a Letter Search

1) Click or hover over the **Search** link on the blue navigational bar.

2) Click on the **Letters** link from the drop-down menu to open the Letter Search page.

3) Enter the Vendor Number/Provider Number, and From Date and To Date fields using the calendar icon. These are required fields. The date must be entered in the MM/DD/YYYY format. You must also enter one of the following criteria:

    – Medicaid Number

    – Social Security Number

    – Last Name and First Name

    Although letters do not have DLNs, you can search by the DLN of an Individual's form or assessment to access letters associated with the form or assessment and the Individual. The date field does not need to be entered for a search by DLN.

4) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.

5) Click the "Search" button at the bottom of the screen.

6) The results of the search are shown at the bottom of the screen. The results display is limited to 100 records at a time. If there are more than 100 records found, only the first 100 records are displayed. If the record being searched for is not displayed in the first 100 records, enter additional search criteria to further limit the search. If there are no results, the "No Results" message is displayed.

7) To view the details of an individual letter, click the **View Letter** link in the first column of the results.

4 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			CLDEN					Completed	9/15/2010 5:00:03 PM
View Letter			DRDEN					Completed	9/15/2010 5:00:03 PM
View Letter			CLOTD					Completed	10/5/2010 12:10:11 AM
View Letter			DROTD					Completed	10/5/2010 12:10:12 AM

H2065-D/DS Notifications

MCO users can use the Letter search to find H2065-D/DS Notifications associated with a particular ISP form. The H2065-D/DS Notification is used by Program Services Unit (PSU) staff to communicate information about STAR+PLUS and STAR Kids Program Services. Once located, these notifications can be printed out, or saved in Adobe PDF format.

Initial forms that were processed successfully will set to status *Processed/Complete* or *PSU Processed/Complete* once PSU staff generates the accompanying H2065-D/DS notification.

My Searches

The My Searches feature allows you to access previously saved searches.

1) Click or hover over the **Search** link on the blue navigational bar.

2) Click on the **My Searches** link from the drop-down menu to open the My Searches page.

3) The My Searches page displays. The searches you have saved are listed under the My Saved Searches heading.
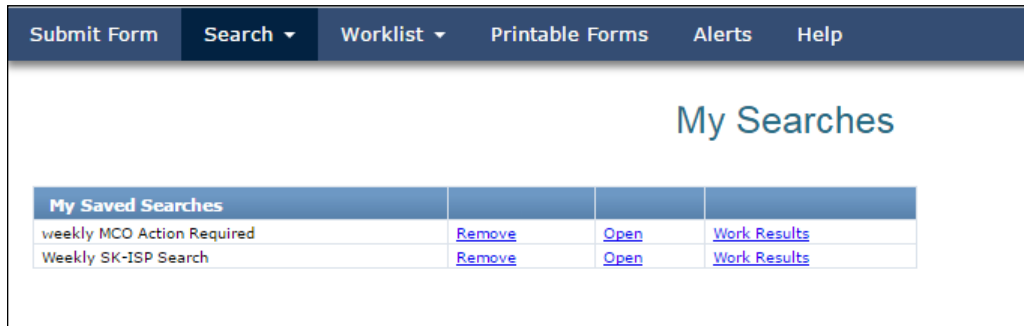
4) You will have three choices:

a) Click the **Remove** link to delete a saved search.

b) Click the **Open** link to open the predefined Power Search screen. The fields on the Power Search screen will contain the information that was saved when the search was created, with the exception of the "To Date." The "To Date" will automatically update to the current date.

c) Click the **Work Results** link to open the first form or assessment to be worked.

Upon opening, the document becomes automatically locked by the viewer and will remain locked for 20 minutes if there is no activity. If a document is locked, others will not be able to make changes or add additional information.

The Work Results function displays forms in sequence, and includes the standard Yellow Form Actions Bar options "Add Note," "Use as Template," and "Print," which are covered in the Yellow Form Actions Bar section of this User Guide. Once you have added a note or when you wish to proceed to the next form, you can click "Skip Form" to proceed to the next form or assessment in the search list.
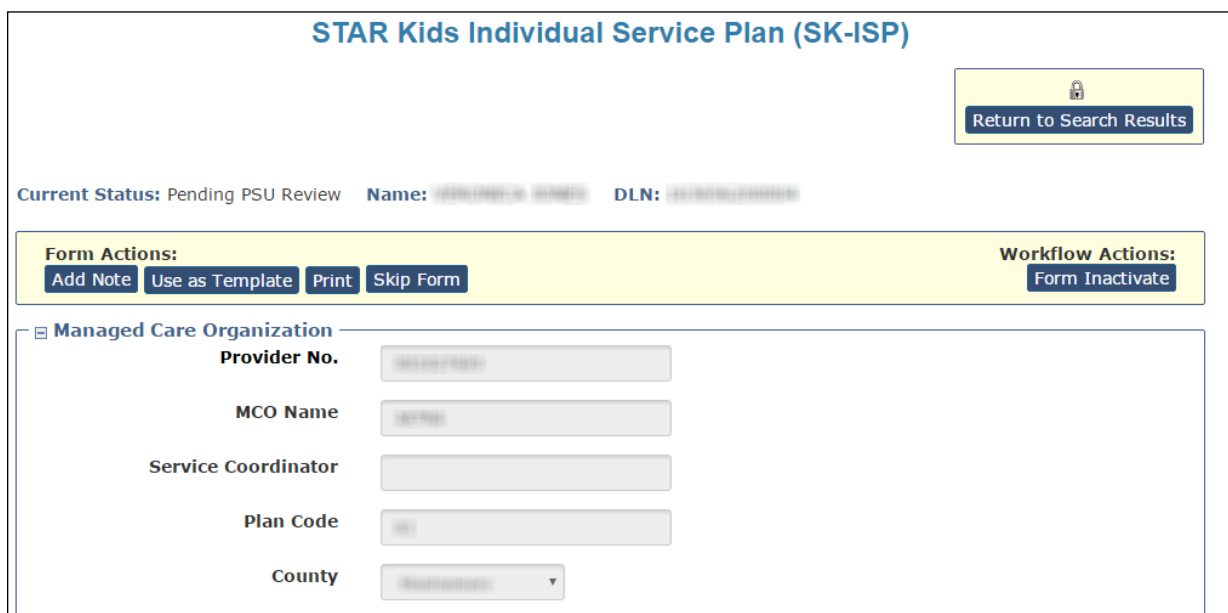
Power Search

Power Search is a query tool used for monitoring the status of forms and assessments that have already been successfully submitted, and can be used to search across all form and assessment types. Power Search is an advanced version of Form Status Inquiry (FSI) that is used by providers.

Power Search allows you to retrieve submissions so that you can:

- Locate forms and assessments.
- Research and review statuses.
- Export search results to Microsoft Excel™.

Power Search can be performed in a number of ways, such as:

- By Type of Form (must include date range).
- By Document Locator Number only (no other information needed).
- By Individual's name (must include date range).
- By Social Security number (must include a date range).
- By Medicaid number (must include a date range).
- By Plan Code (must include a date range).

Power Search by Type of Form

1) Click or hover over the **<u>Search</u>** link on the blue navigational bar.

2) Click on the **<u>Power Search</u>** link from the drop-down menu to open the Power Search page.

3) Type of Form: Choose from the drop-down box. The information on the screen may change based on the type of form or assessment chosen.

> **Note:** If you choose a specific form or assessment type from the drop-down box, the search results will be limited to only that particular type of form or assessment. To search across all form and assessment types, leave the Type of Form drop-down box blank and fill in the required information as indicated by the red dots. You are still required to enter information as indicated by the red dots, plus the Medicaid and/or Provider Numbers.

4) Enter the From Date and To Date fields using the calendar icon 🔽 (These are required fields). The date must be entered in the MM/DD/YYYY format.

> **Note:** ISP forms can be searched into future dates. All other forms can only be searched up to the current date.

5) To narrow the search results, you can enter specific information about the Client or Vendor. This is an optional step as information does not have to be entered into all fields.

6) Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This will also help to narrow the search results.

7) Click the "Search" button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the bottom of the screen. The listing may be sorted by clicking on the heading of a column for that group.

8) To display the details of a form or assessment, click the **DLN** link in the DLN column.

Power Search by Document Locator Number (DLN)

From Power Search:

1) Enter the DLN in the DLN field.

2) Click the "Search" button at the bottom left of the screen. The form or assessment will display.

Power Search by an Individual's First Name/Last Name

From Power Search:

1) To list all forms and assessments for an Individual, leave the Type of Form drop-down box blank.

2) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.

3) Enter the Individual's last name in the Last Name field and enter the first name in the First Name field.

4) When searching by an Individual's name, a provider number is required. Enter the appropriate provider number.

5) Click the "Search" button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the very bottom of the screen.

6) To display the details of a form or assessment, click the **DLN** link in the DLN column. The listing may be sorted by clicking on the heading of a column for that group.

Power Search by Social Security Number

From Power Search:

1) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.

2) Enter the Individual's Social Security Number (SSN) in the SSN field.

3) To narrow the search results, you can enter specific information about the Client or Vendor. This is an optional step as information does not have to be entered into all fields.

4) Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This will also help to narrow the search results.

5) Click the "Search" button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the very bottom of the screen.

6) To display the details of a form or assessment, click the **DLN** link in the DLN column.

Power Search by Medicaid Number

From Power Search:

1) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.

2) Enter the Individual's Medicaid Number in the Medicaid Number field.

3) To narrow the search results, enter specific information about the Client or Vendor. Use this when more refined details are needed. Only items with red dots are required.

4) Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This will also help to narrow the search results.

5) Click the "Search" button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the very bottom of the screen.

6) To display the details of a form or assessment, click the **DLN** link in the DLN column.

Power Search by Code Plan

From Power Search:

1) Select the type of form from the drop down menu.

2) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.

3) Select a Plan Code from the drop down menu in the Vendor section of the search criteria.

Note: MFPD has been retired, but the option still remains in the search page and can be used to locate historical forms.

4) To narrow the search results, enter specific information about the Client or Vendor. Use this when more refined details are needed. Only items with red dots are required.

5) Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This will also help to narrow the search results.

6) Click the "Search" button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the very bottom of the screen.

7) To display the details of a form or assessment, click the **DLN** link in the DLN column.

Creating a Saved Search of Regularly Used Criteria

Instead of having to recreate searches of criteria used on a regular basis, users can create a Saved Search. A Saved Search can save your frequently used search criteria.

From Power Search:

1) Type of Form: Choose from the drop-down box. (However, if you do not want to limit your Saved Search to just one type of form or assessment, do not choose from the drop-down box.

Note: The information on the screen will change based on the type of form or assessment.

2) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.

3) As an optional step, you can enter specific information about the Client or Vendor.

4) Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This is where you would most likely enter frequently used search criteria to create a meaningful Saved Search.

5) In the Search Options section at the bottom of the screen, go to the Search Name field, enter a search name that will have meaning to you as a saved Saved Search for later use.

6) Click the "Save Search" button at the bottom right of the screen.

Search Limitations

There are search limitations to be aware of, these include:

- The From Date and To Date are required fields.

- Search results are limited to 250 displayed at a time (User can choose the next page under the Results section to browse through the next 250 records).

- Data is stored on the TMHP Portal for seven years.

- An MCO will only be allowed to search for forms and assessments associated with their active members.

- When an NF resident transfers from one MCO to another MCO, the receiving MCO will be allowed to view forms and assessments for their new member up to and including 13 months prior to the start date.

- Search results may include the following forms or assessments: MDS 3.0 Comprehensive and MDS 3.0 quarterly assessments, PL1 Screening Forms, PASRR Evaluations, STAR Kids ISP forms, and forms H1700-1, 3071, 3074, 3618, and 3619.

Current Activity

The Current Activity feature allows users to view document submissions or status changes that have occurred within the last 14 calendar days. After 14 days, users must use the Power Search query tool to locate a document. Managed Care Organization (MCO) Portal users will be able to view forms and assessments submitted by a Nursing Facility (NF) or Hospice provider for members enrolled with that MCO.

Current Activity will display MDS 3.0 Comprehensive and Minimum Data Set (MDS) 3.0 Quarterly assessments in addition to Preadmission Screening and Resident Review (PASRR) Evaluations, PASRR Level 1 (PL1) Screening Forms, H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan forms, STAR Kids Individual Service Plan forms, STAR Kids Screening and Assessment forms, and Forms 3071, 3074, 3618, and 3619.

1) Click or hover over the **<u>Worklist</u>** link on the blue navigational bar.

2) Click on the **<u>Current Activity</u>** link from the drop-down menu to open the Current Activity page. Some users may see an additional category labeled "Vendor Numbers - Submitted forms." Whether or not that category is displayed is determined by your account permissions. Click the appropriate vendor number (if applicable).

> **Note:** The initial Current Activity page will display a list of all vendor/provider numbers to which the user is linked.
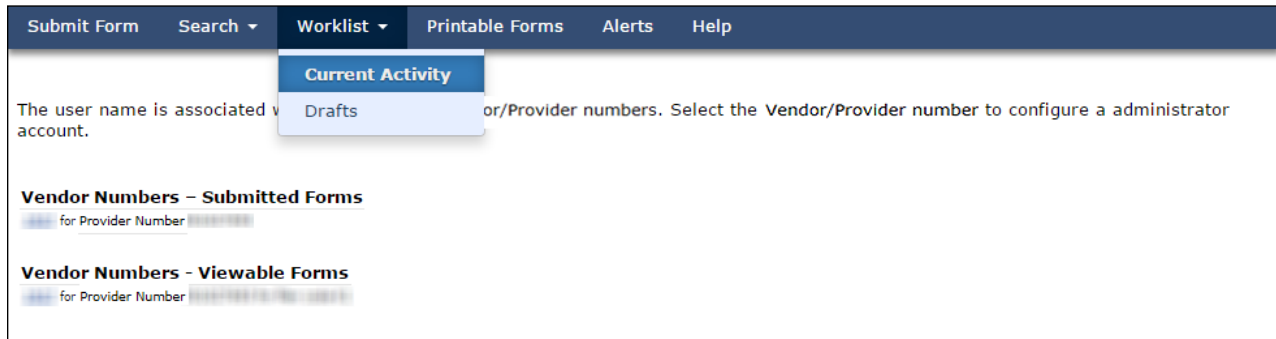
3) Clicking the appropriate vendor number will display a summary of all document status changes within the last 14 calendar days.

H1700-1	Received	Medicaid	SSN	Name	ISP From Date	ISP To Date	Status	County	Current SAS Response Code
DLN	4/7/2015 11:06:24 AM				2/1/2015 12:00:00 AM	1/31/2016 12:00:00 AM	PSU Action Required	Aransas	
DLN	4/2/2015 11:04:38 AM				2/1/2015 12:00:00 AM	1/31/2016 12:00:00 AM	PSU Invalid/Complete	Aransas	
DLN	4/29/2015 2:42:52 PM				4/1/2015 12:00:00 AM	3/31/2016 12:00:00 AM	Form Inactivated	Calhoun	
DLN	4/29/2015 2:51:39 PM				4/1/2015 12:00:00 AM	3/31/2016 12:00:00 AM	Processed/Complete	Aransas	
DLN	5/6/2015 3:41:54 PM				2/1/2015 12:00:00 AM	1/31/2016 12:00:00 AM	Pending PSU Review	Collin	

4) Click the Document Locator Number (**<u>DLN</u>**) link to display the details of the document.

Users are able to sort the Current Activity results in a variety of ways. By clicking on the heading of a column, the user can choose to sort results by DLN, Received Date, Social Security number (SSN), Medicaid number, Name, Status, County, or Current SAS Response Code. When the user clicks on a column heading for the first time, it is sorted in ascending order. By clicking on the column heading a second time, the sort will change to descending order. Sorting will apply only within the form or assessment type where the header being clicked is located. MDS 3.0, and MDSQTR 3.0 are separate groups and column headings.

Yellow Form Actions Bar

The yellow Form Actions bar displayed at the top of a form or assessment provides options that allow you to take an action on a form or assessment. Options will vary depending on your security level, the type of form or assessment, as well as the form or assessment status. The yellow Form Actions bar is available when a form or assessment is being viewed in detail.

Add Note

The Add Note feature may be used to add information to the History trail of the form or assessment, not to the form or assessment itself (i.e., not added to the Comments). When you add a note, the TMHP Portal inserts your Username and the date. The Add Note feature is always available (unless the form or assessment is locked by another user).

Note: Once a note has been saved it cannot be corrected or deleted.

To add a note to a submitted form or assessment:

1) Locate the form or assessment using Power Search.

2) Click the "Add Note" button. A text box will open.

3) Enter information (up to 1500 characters).

4) You will have two choices:

   a) Click the "Save" button to save your note.

   Or

   b) Click the "Cancel" button to erase your note.

Use as Template

Use the Use as Template feature to open a form populated with information from a previous version. You can use this function to resubmit forms with edited information.
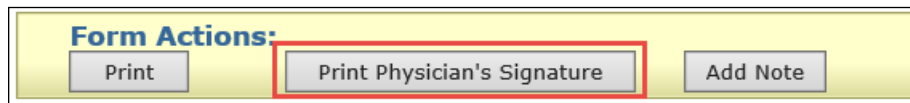

Print

Use the Print feature to print a hard copy of completed forms and assessments. Click the "Print" button to print the form or assessment. The "Print" button is available in all statuses, as well as prior to form or assessment submission. When you click the "Print" button, the TMHP Portal displays the form or assessment data in a Portable Document Format (PDF) document.
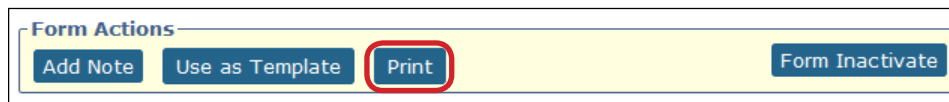
A Physician's Signature Page is required for all initial MN/LOC 3.0 assessments. After completing the assessment, an auto populated Physician's Signature Page PDF will generate upon clicking the Print Physician's Signature Page button located in the yellow Form Actions bar of the MN/LOC 3.0.

Note: When printing a form or assessment, the Individual's name will be auto populated on the top right corner of each page. The DLN will be on the top left corner of the page.

Form Inactivate

To be eligible for inactivation, the form must be set to status: ***MCO Action Required, PSU Action Required,*** or ***Pending PSU Review.*** A form is no longer eligible to be inactivated once it is set to status: ***Processed/Complete.***

Click the "Form Inactivate" button on the yellow Form Actions bar.

A note of the inactivation will be added to the form's History trail.

Note: If a form has been set to status: ***MCO Action Required*** for more than 45 days, it will automatically be inactivated.

H1700 / Individual Service Plan (ISP) Form

What is the ISP Form?

The H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan (ISP) form is used in Medicaid Waiver programs. These forms can be submitted online using the LTC Online Portal. Before an ISP can be submitted for an individual, they must have a Medical Necessity and Level of Care (MN/LOC) assessment on file in status **_Processed/Complete_** or **_CS Processed/Complete_**.

Benefits of Submitting ISP Forms on the LTC Online Portal

- Many fields auto-populate with information from an individual's MN/LOC.

- Track forms with Form Status Inquiry.

- 24/7 availability

- Texas Medicaid & Healthcare Partnership (TMHP) provides LTC Online Portal technical support by telephone at **1-800-626-4117**, Option 3, from 7:00 a.m. – 7:00 p.m., Central Time, Monday through Friday – excluding holidays.

Submitting an ISP

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

2) You may need to reenter your security credentials.
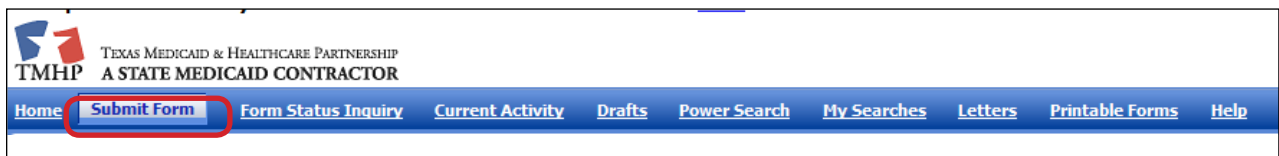
3) From the "Type of Form" drop-down menu, select "H1700-1 HCBS STAR+PLUS Waiver Individual Service Plan."

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

5) Enter the individual's Medicaid number in the Medicaid Number field.

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

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

Required fields are indicated by a red dot.

The form sections of the ISP are:

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

Completing the H1700 / ISP Form Fields

1) Complete the "Service Coordinator" field.

2) Select the correct county from the "County" drop-down menu.

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

3) In the Applicant/Member section of the form, verify that the Medicaid number is correct. It is a required field.

4) Check the ME-Waiver box, if applicable, for the individual.

> **Note:** The "Type Authorization" indicates whether the current ISP will be submitted as an Initial ISP or a Reassessment. This field automatically determines whether the ISP is an Initial or a Reassessment based on the dates entered below and whether or not the individual has an existing ISP on file. If the ISP has been out of date for 120 days, it resets to an "Initial" assessment. Backdating is possible; this makes it possible to submit the ISP as a Reassessment instead of an Initial Assessment. Backdating must go back far enough to fall within the 120 day reassessment window, and appropriate 1913s will be SAS generated for backdated months. 1912s will be SAS generated for upcoming months.

> **Example:** If the MCO submits an ISP on June 15 2015 (the effective date on the form) and the ISP From Date on the reassessment of the ISP is July 1 2015, then SAS will create one record: a 19/12 (on time) for June 1 2015 through May 31 2016. However, If an MCO submits an ISP on June 15 2015 (the effective date on the form) and the ISP From Date on the reassessment of the ISP is June 1 2015, then SAS will create two records. A 19/13 (late) for June 1 through June 30 2015; and a 19/12 for July 1 2015 through May 31 2016.

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

The ISP expires one calendar year after the "ISP From Date." The "ISP To Date" cannot be edited and will auto-populate based on the editable "ISP From Date" field. For a reassessment, the "ISP From Date" must be the day after the previous "ISP To Date," or the form will not submit properly.

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

6) Choose the appropriate option from the required "Enrolled From" drop-down menu.

7) Check the MFPD box if the applicant/member qualifies for a Money Follows Person demonstration.

8) Choose the appropriate option from the required "Living Arrangment after Entry into SPW" field.

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

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

Note: Once a Service Category has been selected, it will no longer be available on the Service Category list when adding additional Service rows.

10) Complete the required "Estimated Annual Service Units" column.

11) Complete the required "Rate" column.

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

13) Add new Service Categories as necessary.

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

Individual Service Plan Services

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

Add Service

Total Est. Waiver Cost	$30,000.00
Ventilator Use	None ▼
RUG	CA1
Annual Cost Limit	$80,118.00

Submit Form

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

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

15) Click the "Submit Form" button at the bottom right of the screen.

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

Submitting Individual ISP forms by Multiple Users

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

1) Fill out as many fields on the ISP form as possible using the steps described above.

2) Instead of clicking "Submit Form," scroll back to the top of the form and Click the "Save as Draft" button.

3) The ISP will now be available on the **Drafts** page.

4) Other users linked to that contract may now access the ISP form by clicking the "Drafts" link on the blue navigational bar.

5) Once the form is completed, it can be submitted by following the steps described above.

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

How to Inactivate a Form

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

1) Log in to the LTC Online Portal.

2) Locate the form you wish to inactivate using the **Form Status Inquiry**, **Current Activity**, or **Power Search** links in the blue navigational bar.

    a) If using FSI or Power Search, you may search for Form H1700-1 using SSN, Medicaid number, or DLN. Click the "Search" button, then click the **DLN** link.

    b) If using Current Activity, click the **DLN** link.

3) To be eligible for inactivation, the form must be set to status: **MCO Action Required**, **PSU Action Required**, or **Pending PSU Review**.

4) Click the "Form Inactivate" button on the yellow Form Actions bar.

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

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

How to Resubmit a Form

1)   Inactivate the form using the steps above.

2)   Click the "Use as Template" button on the yellow Form Actions bar.

3)   Edit the form as necessary using the process described in this User Guide.

4)   Click the "Submit" button at the bottom right of the screen to submit the form.

How to Terminate a Form

MCO users may not Terminate their own forms.

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

STAR Kids Individual Service Plan (SK-ISP) Form

What is the SK-ISP Form?

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

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

Benefits of Submitting SK-ISP Forms on the TMHP Portal

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

Submitting an SK-ISP

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

2) You may need to reenter your security credentials.

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

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

5) Enter the individual's Medicaid number in the Medicaid Number field.

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

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

Required fields are indicated by a red dot.

The form sections of the SK-ISP are:

• MCO Organization Information;

• Applicant/Member Information;

• Individual Service Plan Event; and

• Individual Service Plan Services.

Completing the SK-ISP Form Fields

1) Complete the "Service Coordinator" field.

2) Select the correct county from the "County" drop-down menu.

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

3) In the Applicant/Member section of the form, verify that the Medicaid number is correct. It is a required field.

4) Check the ME-Waiver box, if applicable, for the individual.

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

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

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

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

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

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

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

Note: Once a Service Category has been selected, it will no longer be available on the Service Category list when adding additional Service rows.

8) Complete the required "Estimated Annual Service Units" column.

9) Complete the required "Rate" column.

10) The "Estimated Annual Cost" column will auto-populate.

11) Add new Service Categories as necessary.

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

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

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

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

How to Save a Form as a Draft

1) Fill out as many fields on the SK-ISP form as possible using the steps described above.

2) Instead of clicking "Submit Form," scroll back to the top of the form and Click the "Save as Draft" button.

3) The SK-ISP will now be available on the "Drafts" page.

4) Other users linked to that contract may access the SK-ISP form by clicking the **Drafts** link on the blue navigational bar.

5) Once the form is completed, it can be submitted by following the steps described above.

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

How to Inactivate a Form

If HHSC Program Services Unit (PSU) staff set the form status to **MCO Action Required**, a Managed Care Organization (MCO) user should inactivate the form.

1) Log in to the TMHP Portal.

2) Locate the form you wish to inactivate using the **Form Status Inquiry**, **Current Activity**, or **Power Search** links in the blue navigational bar.

   a) If using FSI or Power Search, you may search for the SK-ISP using SSN, Medicaid number, or DLN. Click the "Search" button, then click the **View Detail** link.

   b) If using Current Activity, click the DLN number in the SK-ISP column.

3) To be eligible for inactivation, the form must be set to status: **MCO Action Required** or **Pending PSU Review**.

4) Click the "Form Inactivate" button on the yellow Form Actions bar.

5) The status will be set to **Form Inactivated** and a note will be added to the form History trail.

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

How to Resubmit a Form

1) Inactivate the form using the steps above.

2) Click the "Use as Template" button on the yellow Form Actions bar.

3) Edit the form as necessary using the process described in this User Guide.

4) Click the "Submit" button at the bottom right of the screen to submit the form.

How to Terminate a Form

MCO users may not Terminate their own forms.

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

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

What is the STAR Kids Screening and Assessment Instrument (SAI)?

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

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

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

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

Letters

Like all assessments where MN is determined, there are letters mailed out if the form reaches certain statuses. TMHP has 5 letters for the SK-SAI. There are 2 letter types mailed to the individual, or their Legally Authorized Representative (LAR), and 3 letter types for the individual's doctor.

The letters, which will be mailed out by TMHP are:

- Client/Doctor Denial Letter – This letter will be generated and mailed once the SK-SAI goes into a MN Denied status, which occurs once the TMHP physician denies MN.

- Client/Doctor Overturn Approval Letter – This letter will be generated and mailed if a SK-SAI has MN approved after initially having MN denied.

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

TMHP Online Portal

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

Screening And Assessment Instrument

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

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

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

Statuses that the form could be in are:
- Pending more information;
- Invalid/Complete;
- Processed/Complete;
- MN Approved;
- Form Inactivated;
- Corrected;
- Appealed Doctor Review;
- Pending Nurse Review;
- Overturn Doctor Review Expired; and
- ID Invalid.

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

The STAR Kids SAI includes four modules: the Core Module, the Personal Care Assessment Module (PCAM), the Nursing Care Assessment Module (NCAM), and the Medically Dependent Children Programs (MDCP) Module.

The Core tab shows basic demographics and other personal information about the member.

The Personal Care Assessment Module (PCAM) covers information about the patients behavior and cognitive issues and needs.

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

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

Add Note

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

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

Print

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

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

DLN _____   Individual _____

STAR KIDS Screening and Assessment Instrument (SK-SAI) Form

SECTION A. IDENTIFICATION INFORMATION

1. Name

_____   _____   _____
(First)   (Middle Initial)   (Last)

2. Gender
1. Male   2. Female   9. Unknown   `2`

3. Birthdate

Month   Day   Year

4. Ethnicity And Race

Ethnicity
a. Hispanic or Latino   `1`

Race
b. American Indian or Alaska Native
c. Asian   `1`
d. Black or African American
e. Native Hawaiian or other Pacific Islander
f. White

5. Participants In Assessment

6. Individual's Profile

a. A little about myself:
I am an aspiring artist. My hands move swiftly giving the ability to

b. What people like about me:
The perspective with which i look at things around me

c. What's important to me:
Exploring outside world, which is an inspiration for my creativity

d. What others need to know and do to support me:
I receive best support from people with Attentiveness, Perseverance

e. What the people are like that support me best:
Help me walk to different places

f. How I like to spend my day:
Play, Draw and Paint

g. The services I am currently receiving are:
Physical Therapy and occupational Therapy

7. Language
0. No   1. Yes
a. English   `1`
b. Spanish   `1`
c. American Sign Language   `0`
d. Other (specify): _____

8. Interpreter Needed
0. No   1. Yes

a. Individual   `0`
b. Either parent/guardian   `0`

9. Interpreter Information
a. Signature of interpreter
interpreterSignature1
b. Name of interpreter
interpreterName1
c. Date

Jul 31, 2016

Month   Day   Year

Resource Information

Helpful Contact Information

Texas Medicaid & Healthcare Partnership (TMHP)

General Customer Service 1-800-925-9126

Long Term Care (LTC) Department... 1-800-727-5436 / 1-800-626-4117
    General Inquiries, LTCMI questions, Claim Forms, H-1700 ISP Submission,
    STAR Kids ISP Submission, Claim Submission, R&S Report, PL1 Screening Form.............................Option 1
    Medical Necessity ....Option 2
    Technical Support...Option 3
    Fair Hearing ....Option 5
    LTC Other Insurance Information and Updates ....Option 6

LTC Department (fax) .... (512) 514-4223

Medicaid Hotline.. 1-800-252-8263

Health and Human Services (HHS)... (512) 438-3011

Consumer Rights & Services Hotline... 1-800-458-9858
    Complaint for LTC Facility/Agency...Option 2
    Information About a Facility..Option 4
    Provider Self-Reported Incidents...Option 5
    Survey Documents/DADS literature...Option 6

Community Services Contracts Unit Support .... (512) 438-2080

Community Services Contracts Voice Mail (Contract Applications,
Reenrollments and Reporting Changes, such as address and telephone number) .... (512) 438-3550

Criminal History Checks .... (512) 438-2363

Facility Licensure/Certification (Reporting Changes, such as Service Area and Medical Director) .... (512) 438-2630

Home and Community Support Services Unit (Hospice Regulatory Requirements) .... (512) 438-3161

Hospice Policy (Medicaid, Program Support, and Special Services Unit) .... hospice@dads.state.tx.us

Institutional Services Contracting.. (512) 438-2546

Medication Aide Program .... (512) 231-5800

Nurse Aide Registry.. 1-800-452-3934

Nurse Aide Training .... (512) 231-5800

NF Administrator Program .... (512) 231-5800

NF Policy... (512) 438-3161

PASRR Unit Policy Questions 1-855-435-7180

Health and Human Services (HHSC)

Informational Websites

Texas Medicaid & Healthcare Partnership (TMHP): www.tmhp.com

- HIPAA information: www.tmhp.com/Pages/TMHP/TMHP_HIPAA.aspx

- Long Term Care Division: www.tmhp.com/Pages/LTC/ltc_home.aspx

- NF LTCMI and PASRR information is also available at: www.tmhp.com/Pages/LTC/ltc_home.aspx

Note: *Instructions for providers on how to access clarification notices posted on LTC TMHP website:* *www.tmhp.com/Pages/LTC/ltc_home.aspx*

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

All HHS provider information can be found at https://hhs.texas.gov/doing-business-hhs/provider-portals. Choose your particular provider type for available online resources:

- Consumer Rights and Services (includes information about how to make a complaint): https://hhs.texas.gov/about-hhs/your-rights/consumer-rights-services

- Hospice: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/hospice

- Nursing Facility: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf

- Nursing Facility MDS Coordinator Support Site: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf/texas-minimum-data-set-mds

- PASRR: https://hhs.texas.gov/doing-business-hhs/provider-portals/resources/preadmission-screening-resident-review-pasrr

- Provider Letters: www.dads.state.tx.us/providers/communications/letters.cfm
- Resources for HHS Service Providers: https://hhs.texas.gov/doing-business-hhs/provider-portals
- HHS Regions: https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts
- Vendor Drug Program: www.txvendordrug.com/downloads/index.asp

Department of State Health Services (DSHS): www.dshs.state.tx.us/

- DSHS Local Mental Health Authority Search: www.dshs.state.tx.us/mhservices-search
- DSHS PASRR Information: www.dshs.state.tx.us/mhsa/pasrr/

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

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

Other

- Centers for Medicare & Medicaid Services: www.cms.gov
- Department of State Health Services: www.dshs.state.tx.us
- National Provider Identifier (NPI):
  – To obtain: https://nppes.cms.hhs.gov/NPPES
  – Inform DADS: www.dads.state.tx.us/providers/hipaa/forms.html
- Texas Administrative Code: www.sos.state.tx.us/tac/index.shtml
- Texas State RUG Training:
  www.txstate.edu/continuinged/professional-development/PD-Online/RUG-Training.html
- Federal MDS 3.0 site: www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

TMHP
TEXAS MEDICAID
&
HEALTHCARE PARTNERSHIP

A STATE MEDICAID CONTRACTOR