



LONG-TERM CARE (LTC) USER GUIDE

FOR MANAGED CARE ORGANIZATIONS



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

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The Long-Term Care Online Portal

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

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

Features of the LTCOP

The LTCOP has several features that makes it a user-friendly platform. These features include:

- Microsoft Edge and Google Chrome are the preferred browsers.
- It is accessible 24 hours a day, 7 days a week.
- Portal technical support is available by phone from Mondays through Fridays, excluding holidays, from 7 a.m.-7 p.m. Call 800-626-4117 to speak to a Texas Medicaid & Healthcare Partnership (TMHP) support agent.

General Security Information

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

Using the LTCOP

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

For questions about the LTCOP or assistance in using the portal, contact TMHP Portal technical support by phone from Mondays through Fridays, excluding holidays, from 7 a.m.-7 p.m. at 800-626-4117.

H1700/Individual Service Plan (ISP) Form

What Is the ISP Form?

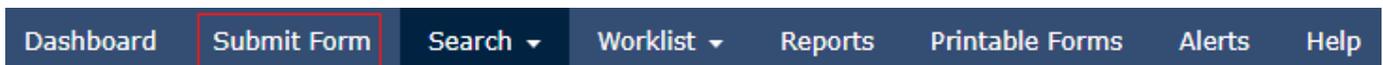
The H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan (ISP) form is used in the STAR+PLUS HCBS Waiver program. This form can be submitted online using the LTC Online Portal. Before an ISP can be submitted for a person, they must have a Medical Necessity and Level of Care (MN/LOC) assessment on file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

Benefits of Submitting ISP Forms on the LTC Online Portal

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

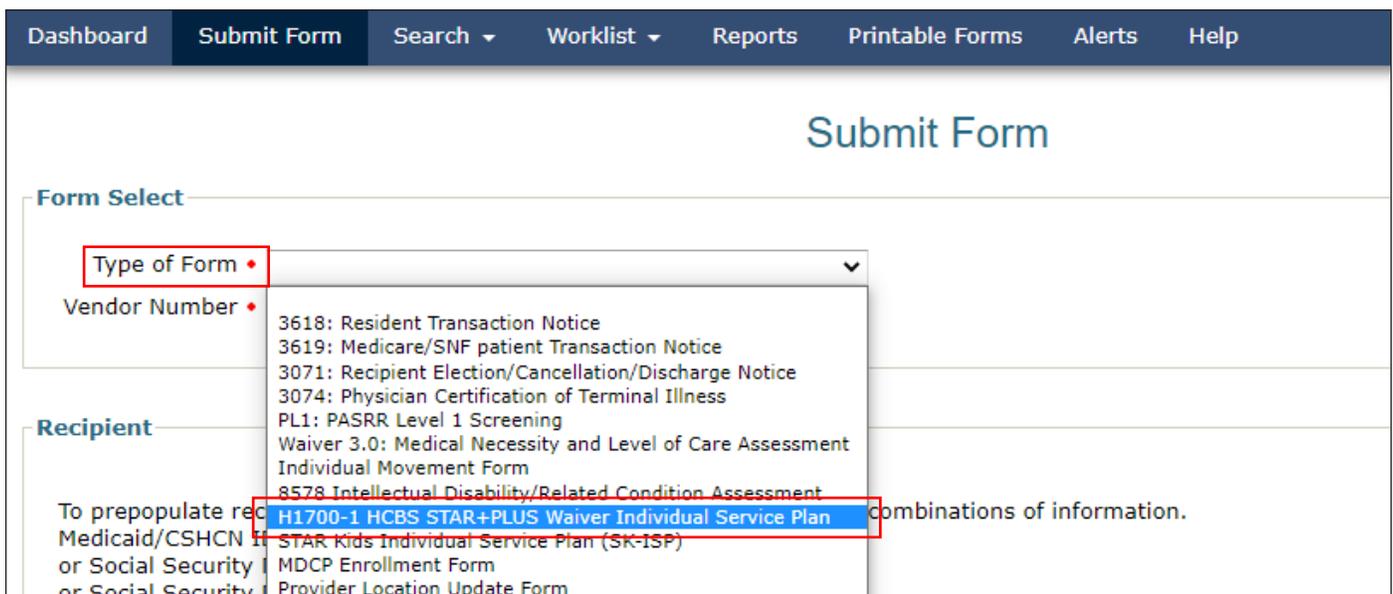
Submitting an ISP

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



You may need to reenter your security credentials.

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



- 3) Select the appropriate vendor or provider number, if applicable.
- 4) Enter the person's Medicaid number in the Medicaid Number field.
- 5) Click **Enter Form** in the bottom-right corner of the screen. The form will appear.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Unsubmitted

Form Actions

Print Save as Draft

Managed Care Organization

Provider No. [Autofilled]

MCO Name [Autofilled]

• Service Coordinator [Empty]

Plan Code 46

• County Select

Applicant/Member

Group Code 19

ME-Waiver

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

Required fields are indicated by a red dot.

The form sections of the ISP are:

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

Completing the H1700/ISP Form Fields

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

The screenshot displays two sections of the form: **Managed Care Organization** and **Applicant/Member**.

Managed Care Organization Section:

- Provider No. (text input)
- MCO Name (text input)
- Service Coordinator (text input, marked with a red dot)
- Plan Code (text input)
- County (dropdown menu, marked with a red dot, currently showing "Select")

Applicant/Member Section:

- Group Code (text input)
- ME-Waiver (checkbox)
- Medicaid No. (text input, marked with a red dot)
- First Name (text input)
- Middle Initial (text input)
- Last Name (text input)

The County dropdown menu is open, showing a list of counties: Select, Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, **Karnes** (highlighted), Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, and Victoria. A tooltip "Select the county" is visible near the dropdown.

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

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

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

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

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

- 5) Enter the ISP From Date. You can complete the ISP From Date field using the interactive calendar. The ISP From Date must be the first day of a selected month. For Initial forms, the portal will autofill 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 autofill 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 Texas Health and Human Services Commission (HHSC) staff.

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

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

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

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

when adding additional Service rows.

10) Complete the required Estimated Annual Service Units column.

11) Complete the required Rate column.

12) The Estimated Annual Cost column will autofill.

13) Add new Service Categories as necessary.

Note: To add additional Service Categories, click **Add Service** 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 **Delete Service** will instantly delete that Service row. If you erroneously delete a Service row, you will need to click **Add Service** and reenter the information.

The screenshot shows the 'Individual Service Plan Services' form. At the top, there is a table with columns: Delivery Option, Service Category, Est. Annual Service Units, Rate, and Est. Annual Cost. Below the table, the 'Add Service' button is highlighted with a red box. The form fields include: Total Est. Waiver Cost (\$100,000.00), Ventilator Use (Select), RUG (CA2), and Annual Cost Limit (\$91,986.00). There is also a checkbox for 'Over Annual Cost Limit Override for GR and Medically Fragile'.

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 for GR approval and Medically Fragile will appear, along with an alert directing you to either select the checkbox or modify the Total Est. Waiver Cost.” Checking the box will automatically flag the ISP for review by HHSC staff.

This screenshot shows the same form as above, but with the 'Ventilator Use' dropdown set to 'None'. A red box highlights the 'Over Annual Cost Limit Override for GR and Medically Fragile' checkbox, which is now checked. Below the checkbox, a warning message is displayed: 'Total Est. Waiver Costs is over the Annual Cost Limit. Either check the "Over Annual Cost Limit Override for GR and Medically Fragile" checkbox or modify the Total Est. Waiver Cost.'

Additionally, a warning message will be displayed at the top of the form underneath the Form Actions bar.

The screenshot shows the 'Form Actions' bar with buttons for 'Print' and 'Save as Draft'. Below the bar, a red-bordered box contains the warning message: 'Total Est. Waiver Costs is over the Annual Cost Limit. Either check the "Over Annual Cost Limit Override for GR and Medically Fragile" checkbox or modify the Total Est. Waiver Cost.'

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

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost
Agency	Assist Living (Non-Apt) - Level 3: CA2, PC1, BB1, & IB1 (HCBS) (T2031, UA, U3)	100.00	\$1000.00	\$100,000.00

Add Service
 Total Est. Waiver Cost: \$100,000.00
 Ventilator Use: Select
 RUG: CA2
 Annual Cost Limit: \$91,986.00
 Over Annual Cost Limit Override for GR and Medically Fragile:

Submit Form

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

Submitting Individual ISP forms by Multiple Users

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

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

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Unsubmitted

Form Actions

Print Save as Draft

Managed Care Organization

Provider No. [input field]
 MCO Name [input field]
 Service Coordinator [input field]
 Plan Code: 46
 County: Select

Applicant/Member

Group Code: 19
 ME-Waiver:

- 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 **Drafts** 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 want 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 can search for Form H1700-1 using SSN, Medicaid number, or DLN. Click **Search**, then click **DLN**.
 - b) If using Current Activity, click **DLN**.
- 3) To be eligible for inactivation, the form must be set to MCO Action Required, PSU Action Required, or Pending PSU Review status.
- 4) Click **Form Inactivate** on the Form Actions bar.

The screenshot displays the 'HCBS STAR+PLUS Waiver Individual Service Plan' form. At the top right, there is a yellow box with a lock icon and a blue 'Unlock Form' button. Below this, the 'Current Status' is 'Pending PSU Review', and the 'Name' and 'DLN' fields are partially visible. A yellow 'Form Actions' bar contains four buttons: 'Add Note', 'Use as Template', 'Print', and 'Form Inactivate'. The 'Form Inactivate' button is highlighted with a red border. Below the actions bar, the 'Managed Care Organization' section is expanded, showing fields for 'Provider No.', 'MCO Name', 'Service Coordinator', 'Plan Code' (with the value '86'), and 'County' (with a dropdown menu showing 'Collin').

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

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

How to Resubmit a Form

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

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

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

Terminating a Form

MCO users may not terminate their own forms. Forms set to the Processed/Complete or PSU Processed/Complete statuses can be terminated only by Program Services Unit (PSU) staff at HHSC.

STAR Kids Screening and Assessment Instrument (SK-SAI)

What Is the SK-SAI?

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

MCOs, along with the family, will assess each person's needs, and an ISP will be created. A core component of this program is the SK-SAI. Through service coordination, some of the identified needs will be addressed by connecting the person to services and qualified providers.

The SK-SAI provides a standardized care needs assessment that is comprehensive, holistic, consumer-directed, and evidence-based. It takes into consideration a person's social and medical issues to prioritize the barriers to their independent living.

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

Letters

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

HHSC will mail the following letters:

- Client/Doctor Denial Letter—This letter will be generated and mailed once the SK-SAI goes into *MN Denied* status, which occurs once the HHSC 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.

HHSC does not send a letter to the MCO. However, the MCO should be aware of the form status based on systematic notifications returned to the MCO. These notifications are based on the status of the form. In other words, the MCO should be aware of the status of the assessment.

LTC Online Portal

STAR Kids and STAR Health MCOs can view the STAR Kids SAI for retention and determination of MN (if applicable) and Resource Utilization Group (RUG) levels.

Screening and Assessment Instrument

The STAR Kids screening and assessment process will help identify the complexity and intensity of a person's physical, medical, mental, social, developmental, and behavioral needs. The process will also help identify personal

preferences and goals. HHSC will use findings from the STAR Kids screening and assessment process 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 this 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.

The form could be in one of the following statuses:

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

The RUG and MN status are displayed beside 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 screenshot shows the 'STAR Kids Screening and Assessment Instrument' interface. At the top, the 'Current Status' is 'Processed/Complete', 'RUG' is 'CA1', and 'MN Status' is 'Approved'. A yellow bar contains 'Form Actions' with buttons for 'Add Note', 'Restart Form', and 'Print'. Below this is a navigation menu with tabs for 'Core', 'NCAM', and 'MDCP'. Under 'Core', sections A through M are listed. Section A, 'IDENTIFICATION INFORMATION', is expanded to show fields for 'A1. Date of Assessment' (10/01/2021), 'A2. Reason for Assessment' (radio buttons for Initial, Re-assessment, etc.), 'A3. Legal Name' (First Name, Middle Initial, Last Name, Suffix), and 'A4. Gender' (radio buttons for Male, Female, Unknown). A 'Return to Search Results' button is highlighted in the top right corner.

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

This screenshot shows the same form as above, but with the 'Core', 'NCAM', and 'MDCP' tabs highlighted with red boxes. The 'Return to Search Results' button is also highlighted. The form content below the navigation menu is identical to the previous screenshot, showing the 'SECTION A. IDENTIFICATION INFORMATION' fields.

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

The screenshot shows the STAR Kids Screening and Assessment Instrument interface. At the top, it displays the current status as 'Processed/Complete' and provides fields for Name, DLN, RUG (CA1), and MN Status (Approved). A 'Return to Search Results' button is visible in the top right. Below this, there are 'Form Actions' for 'Add Note', 'Restart Form', and 'Print'. The main navigation bar includes tabs for 'Core', 'NCAM', and 'MDCP'. The 'Core' tab is highlighted with a red box. Underneath, a sub-navigation bar lists sections from A to M, with 'Section A' selected. The content area displays 'SECTION A. IDENTIFICATION INFORMATION' with a sub-section 'Identification Information'. It includes fields for 'A1. Date of Assessment Conducted With The Individual/LAR' (10/01/2021), 'A2. Reason for Assessment' (radio buttons for Initial, Re-assessment, Significant change in condition re-assessment, Minor correction to recent assessment, Major correction to recent assessment), 'A3. Legal Name' (First Name, Middle Initial, Last Name, Suffix), and 'A4. Gender' (radio buttons for Male, Female, Unknown) and 'A5. Birthdate'.

The NCAM covers any complex condition the person might have and the nursing tasks associated with the conditions.

The screenshot shows the STAR Kids Screening and Assessment Instrument interface with the 'NCAM' tab selected and highlighted with a red box. The sub-navigation bar shows 'Section N' selected. The content area displays 'SECTION N. COMPLEX CONDITIONS AND NURSING CARE' with the instruction '(Code items for last 30 days unless otherwise specified)'. Under the 'Neurological' sub-section, it includes 'N1. Individual has Seizure Disorder' with four sub-items: 'a. Presence of seizures new since last assessment' (radio buttons for No, Yes), 'b. Average number of seizures' (dropdown menu showing '2. Less than 1 seizure/week'), 'c. Typical level of seizure intervention' (dropdown menu showing '2. Moderate - rescue medications or c'), and 'd. Type of Seizures in the last 30 days' (checkboxes for i. Generalized, ii. Focal/Partial, iii. Other (specify): with a text input field and a dropdown arrow).

The MDCP Module covers items related to the mental and physical needs of the person.

The screenshot displays a software interface with three tabs at the top: 'Core', 'NCAM', and 'MDCP'. The 'MDCP' tab is highlighted with a red border. Below the tabs is a 'Section O' button. The main content area is titled 'SECTION O. MDCP RELATED ITEMS' with a subtitle '(Use last 7 days as time reference unless otherwise specified)'. There are two expandable sections: 'Reason For Assessment' and 'Cognitive Patterns'. The 'Reason For Assessment' section contains '01. Reason For Assessment' with radio button options: 'Initial', 'Re-assessment' (selected), 'Significant change in condition re-assessment', 'Minor correction to recent assessment', and 'Major correction to recent assessment'. The 'Cognitive Patterns' section contains '02. Individual Has No Discernable Consciousness, Is In A Persistent Vegetative State, Or Is In A Coma' with radio button options: 'No' and 'Yes (If yes, skip to O.15)'. Below this is '03. Making Self Understood (Expression)' with a dropdown menu showing '1. Usually understood - Difficulty findir'. A note at the bottom of the section reads: 'Expressing information content - both verbal and non-verbal (however able; with communication device, if normally used). Enter "-" dash if unable to assess.'

Add Note

The Add Note feature may be used to add additional Medical Necessity (MN) information that was not captured upon original submission.

The screenshot shows the 'STAR Kids Screening and Assessment Instrument' interface. At the top, there is a navigation bar with links for Dashboard, Submit Form, Search, Worklist, Reports, Printable Forms, Alerts, and Help. Below the navigation bar, the title 'STAR Kids Screening and Assessment Instrument' is displayed. A 'Return to Search Results' button is visible in the top right corner. The current status is 'Processed/Complete', and the MN Status is 'Approved'. The 'Add Note' modal box is open, containing a dropdown menu for 'Provider Facing' and a text input field. Below the modal box, there are buttons for 'Save' and 'Cancel'. At the bottom of the interface, there are tabs for 'Core', 'NCAM', and 'MDCP', with 'Section A' through 'Section Denials' listed below them.

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

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

Print

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

The screenshot shows the 'STAR Kids Screening and Assessment Instrument' form. At the top, there is a navigation bar with 'Dashboard', 'Submit Form', 'Search', 'Worklist', 'Reports', 'Printable Forms', 'Alerts', and 'Help'. The user is logged in as 'My Account'. The form title is 'STAR Kids Screening and Assessment Instrument'. Below the title, there is a 'Return to Search Results' button. The current status is 'Processed/Complete', and the user's name, DLN, RUG (CA1), and MN Status (Approved) are displayed. A 'Form Actions' section contains 'Add Note', 'Restart Form', and 'Print' buttons. The form is divided into sections: Core, NCAM, and MDCP. Under 'Core', there are sub-sections from A to R and Denials. The 'SECTION A. IDENTIFICATION INFORMATION' section is expanded, showing 'A1. Date of Assessment Conducted With The Individual/LAR' with a date picker, 'A2. Reason for Assessment' with radio button options (Initial, Re-assessment, Significant change in condition re-assessment, Minor correction to recent assessment, Major correction to recent assessment), and 'A3. Legal Name' with input fields for First Name, Middle Initial, Last Name, and Suffix.

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

DLN _____	Individual Identification _____		
Current Status <u>Processed/Complete</u>	RUG <u>CA1</u>		
STAR Kids Screening and Assessment Instrument (SK-SAI) Form			
STAR Kids Screening and Assessment Instrument - Core			
SECTION A. IDENTIFICATION INFORMATION			
1. Date of Assessment Conducted With The Individual/LAR			
<input type="text" value="1"/> <input type="text" value="0"/> — <input type="text" value="0"/> <input type="text" value="1"/> — <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="1"/> Month Day Year	2. Reason For Assessment 0. Initial <input type="text" value="0"/> 1. Re-assessment 2. Significant change in condition re-assessment 3. Minor correction to recent assessment 4. Major correction to recent assessment		
3. Legal Name			
(First Name) <input type="text"/>	(Middle Initial) <input type="text"/>	(Last Name) <input type="text"/>	(Suffix) <input type="text"/>
4. Gender		5. Birthdate	
1. Male 2. Female 9. Unknown <input type="text" value="1"/>		<input type="text" value="0"/> <input type="text" value="2"/> — <input type="text" value="0"/> <input type="text" value="8"/> — <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> Month Day Year	
6. Ethnicity And Race			
0. No 1. Yes Ethnicity a. Hispanic or Latino <input type="text" value="0"/> Race b. American Indian or Alaska Native <input type="text" value="0"/> c. Asian <input type="text" value="0"/> d. Black or African American <input type="text" value="0"/> e. Native Hawaiian or other Pacific Islander <input type="text" value="0"/> f. White <input type="text" value="1"/> g. Other <input type="text" value="0"/> h. Prefer not to identify <input type="text" value="0"/> g. Other (specify): Testing Other Description <input style="width: 100%; height: 40px;" type="text"/>			
7. Participants In Assessment			
Name		Relationship to Individual	
Jane Doe		Self	
John Doe		Husband	
Jemma Doe		Daughter	
7. Participants In Assessment continued on next page			
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STAR Kids Individual Service Plan (SK-ISP) Form

What Is the SK-ISP Form?

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

Before an ISP can be submitted for a person, they must have a SK-SAI on file in status *Processed/Complete* with *MN approved*.

Benefits of Submitting SK-ISP Forms on the LTC Online Portal

- Many fields are autofilled with information from a person's SK-SAI.
- Forms can be tracked with Form Status Inquiry (FSI).
- The portal can be accessed 24 hours a day, 7 days a week.
- Portal technical support is available by phone from Monday through Friday, excluding holidays from 7 a.m.-7 p.m Call 800-626-4117 to speak to a TMHP support agent.

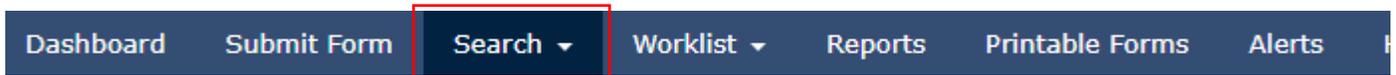
Creating and Submitting an SK-ISP

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

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

Creating and Submitting an SK-ISP using Submit Form

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



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

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

The screenshot shows the 'Submit Form' page with the 'Form Select' section expanded. The 'Type of Form' dropdown menu is open, displaying a list of form types. The 'STAR Kids Individual Service Plan (SK-ISP)' option is highlighted in blue. The 'Vendor Number' dropdown is also highlighted with a red box. The 'Recipient' section is partially visible below.

Type of Form
3618: Resident Transaction Notice
3619: Medicare/SNF patient Transaction Notice
3071: Recipient Election/Cancellation/Discharge Notice
3074: Physician Certification of Terminal Illness
PL1: PASRR Level 1 Screening
Waiver 3.0: Medical Necessity and Level of Care Assessment
Individual Movement Form
8578 Intellectual Disability/Related Condition Assessment
H1700-1 HCBS STAR+PLUS Waiver Individual Service Plan
STAR Kids Individual Service Plan (SK-ISP)
MDCP Enrollment Form
Provider Location Update Form
3608 Individual Plan of Care

- Select the appropriate vendor or provider number from the **Vendor Number** drop-down, if applicable.
- Enter the person's Medicaid number in the Medicaid Number field.

The screenshot shows the 'Submit Form' page with the 'Form Select' section. The 'Type of Form' dropdown is set to 'STAR Kids Individual Service Plan (SK-ISP)'. The 'Vendor Number' dropdown is empty. The 'Applicant/Member' section is visible, with a red box highlighting the 'Medicaid Number' input field.

Please enter the Medicaid Number.

Medicaid Number

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

Form Actions

Print Save as Draft

STAR Kids Individual Service Plan (SK-ISP)

Current Status: Unsubmitted

Managed Care Organization

Provider No.

MCO Name

Service Coordinator

Plan Code

County

Applicant/Member

Group Code

ME-Waiver

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

The form sections of the SK-ISP are:

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

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

Creating and Submitting the SK-ISP Form From the SK-SAI Form

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

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

Completing the SK-ISP Form Fields

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

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

- 3) In the Applicant/Member section of the form, verify that the Medicaid number is correct. It is a required field.
- 4) Check the **ME-Waiver** box, if applicable, for the person.
Note: Initial forms for ME-Waiver will automatically trigger review by HHSC staff.
- 5) In the Individual Service Plan Event section, the Type Authorization will automatically indicate whether the current SK-ISP will be submitted as an Initial SK-ISP or a Reassessment.
Note: This field automatically determines whether the SK-ISP is an Initial or a Reassessment based on the dates entered below and whether or not the person has an existing SK-ISP on file. If the SK-ISP has been out of date for 120 days, it resets to an Initial assessment. Backdating is possible; this makes it possible to submit the SK-ISP as a Reassessment instead of an Initial Assessment. Backdating must go back far enough to fall within the 120-day reassessment window.
- 6) Enter the ISP From Date. You can complete the ISP From Date field using the interactive calendar. The ISP From Date must be the first day of a selected month. For Initial forms, the portal will autofill 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 autofill based on the editable ISP From Date field. For a reassessment, the ISP From Date will default to the day after the previous ISP To Date.
Note: The final section on the SK-ISP form is titled “Individual Service Plan Services.” This is a required section. You must enter at least one service to submit the SK-ISP.
- 7) To enter a service:
 - Use the drop-down menu to select the appropriate option in the Delivery Option column.
 - Based on your selection, a new drop-down menu will populate in the required Service Category column. Use it to select the correct Service Category.
Note: Once a Service Category has been selected, it will no longer be available on the Service Category list when adding additional Service rows.
- 8) Complete the required Estimated Annual Service Units column.
- 9) Complete the required Rate column.
- 10) The Estimated Annual Cost column will autofilled.

11) Add new Service Categories as necessary.

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

The screenshot shows a web form titled "Individual Service Plan Services". At the top, there is a table with the following columns: Delivery Option, Service Category, Est. Annual Service Units, Rate, and Est. Annual Cost. The table contains one row with the following values: Agency (dropdown), Flexible Family Support Services-RN (H2015, 99, US) (dropdown), 100.00 (text input), \$100.00 (text input), and \$10,000.00 (text input). Below the table, there is a blue button labeled "Add Service" which is highlighted with a red rectangular box. Underneath the button are three text input fields: "Total Est. Waiver Costs" (containing \$10,000.00), "RUG", and "Annual Cost Limit". At the bottom right of the form is a blue button labeled "Submit Form".

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

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

This screenshot is identical to the previous one, showing the "Individual Service Plan Services" form. The table and input fields are the same. However, the blue button labeled "Submit Form" at the bottom right of the form is now highlighted with a red rectangular box.

Note: If the SK-ISP is flagged for review by HHSC staff, it can be tracked using the FSI or Power Search tools on the blue navigational bar. Additionally, submitted SK-ISPs can be accessed for 14 calendar days by clicking **Current Activity** 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 **Save as Draft**.

- 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 **Drafts** 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**, an MCO user should then inactivate the form using the following steps:

- 1) Log in to the LTC Online Portal.
- 2) Locate the form you want 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 **Search**, then click **View Detail**.
 - b) If using Current Activity, click **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 **Form Inactivate** on the yellow Form Actions bar.

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

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

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

How to Resubmit a Form

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

This screenshot is similar to the previous one, but the 'Current Status' is now 'Form Inactivated'. In the yellow 'Form Actions' bar, the 'Use as Template' button is highlighted with a red box. The 'Form Inactivate' button is no longer visible. The rest of the form structure remains the same.

- 3) Edit the form as necessary using the process described in this user guide.
- 4) Click **Submit** 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 Processed/Complete status or PSU Processed/Complete status can be Terminated by Program Services Unit (PSU) staff at HHSC.

SK-ISPs Reassessment or Overdue Report

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

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

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



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



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



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

Processed/Complete status.

SK-ISPs For Reassessment or Overdue Report as of 11/30/2019					
Service Area	Name	Medicaid ID	Plan Code	Expiring ISP DLN	ISP Expiration Date
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	2/28/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	7/31/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	8/31/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	8/31/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	8/31/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	9/30/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	1/31/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	1/31/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	3/31/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	5/31/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	6/30/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	6/30/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	6/30/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	7/31/2019

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

Resource Information

Helpful Contact Information

Texas Medicaid & Healthcare Partnership (TMHP)

General Customer Service.....	800-925-9126
Long-Term Care (LTC) Department	800-727-5436 / 800-626-4117
General Inquiries, LTCMI Questions, Claim Forms, H 1700-1 ISP Submission, STAR Kids ISP Submission, Claim Submission, R&S Report, PL1 Screening Form	Option 1
Medical Necessity	Option 2
Technical Support.....	Option 3
Fair Hearing.....	Option 5
LTC Other Insurance Information and Updates	Option 6
LTC Department Fax.....	512-514-4223
Medicaid Hotline.....	800-252-8263

Health and Human Services Commission (HHSC)

General Information	512-438-3011
Consumer Rights & Services Hotline	800-458-9858
Complaint for LTC Facility/Agency.....	Option 2
Information About a Facility	Option 4
Provider Self-Reported Incidents.....	Option 5
Survey Documents/DADS literature.....	Option 6
Community Services Contracts Unit Support.....	512-438-2080
Community Services Contracts Voice Mail (Contract Applications, Reenrollments and Reporting Changes, such as address and telephone number).....	512-438-3550
Criminal History Checks	512-438-2363
Facility Licensure/Certification (Reporting Changes, such as Service Area and Medical Director)	512-438-2630
Home and Community Support Services Unit (Hospice Regulatory Requirements)	512-438-3161
Hospice Policy (Medicaid, Program Support, and Special Services Unit).....	HospicePolicy@hhsc.state.tx.us

Institutional Services Contracting.....	512-438-2546
Medication Aide Program	512-231-5800
Nurse Aide Registry	800-452-3934
Nurse Aide Training	512-231-5800
NF Administrator Program.....	512-231-5800
NF Policy.....	512-438-3161
PASRR Unit Policy Questions	855-435-7180
Regulatory Services	512-438-2625
Provider Claims	512-438-2200
NF and Hospice (Client Service authorizations, MESAV updates, and unable to determine Rate Key issues).....	Option 1
Personal Needs Allowance Payments (PNA).....	Option 2
Deductions and Holds	Option 3
Third Party Recovery	Option 4
Home Community Services.....	Option 5
Texas Home Living (TxHmL)	Option 5
Rehabilitative and Specialized Services	Option 6
NF Dental/Rehab Services	Option 6
HHSC Ombudsman Office Medicaid Benefits.....	877-787-8999
Medicaid Fraud.....	800-436-6184
Rate Analysis	512-491-1376
Resource Utilization Group (RUG) Information Nurse Specialist (Reconsideration & RUGs).....	512-491-1750 / 512-491-2074 / 512-491-2030
Texas State University RUG Training Information	512-245-7118
Texas State University Training Online Course Questions.....	512-245-7118

Informational Websites

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

- HIPAA information: tmhp.com/hipaa-privacy-statement
- Long-Term Care Division: tmhp.com/programs/ltc
- NF LTCMI and PASRR information is also available at: tmhp.com/programs/ltc

Note: Instructions for providers on how to access clarification notices posted on LTC TMHP website: tmhp.com/programs/ltc

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

All HHS provider information can be found at 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): hhs.texas.gov/about-hhs/your-rights/consumer-rights-services
- Hospice: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/hospice
- Nursing Facility: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf
- Nursing Facility MDS Coordinator Support Site: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf/texas-minimum-data-set-mds
- PASRR: hhs.texas.gov/doing-business-hhs/provider-portals/resources/preadmission-screening-resident-review-pasrr
- Resources for HHS Service Providers: hhs.texas.gov/doing-business-hhs/provider-portals
- HHS Regions: hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts
- Vendor Drug Program: txvendordrug.com

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

Other

- Centers for Medicare & Medicaid Services: cms.gov
- Department of State Health Services: dshs.state.tx.us
- National Provider Identifier (NPI):
 - To obtain: nppes.cms.hhs.gov/NPPES/
- Texas Administrative Code: sos.state.tx.us/tac/index.shtml

- Texas State RUG Training: distancelearning.txst.edu/continuing-education/rugs-training.html
- Federal MDS 3.0 site: cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

