

Long-Term Care (LTC) User Guide for Preadmission Screening and Resident Review (PASRR)



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

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Learning Objectives

After reading this *Long-Term Care (LTC) User Guide for Preadmission Screening and Resident Review (PASRR)*, you will be able to:

- Understand the PASRR process.
- Understand the Interdisciplinary Team (IDT) meeting requirements and the Quarterly and Local Authority (LA) Update meeting requirements.
- Understand the process for requesting specialized services using the Authorization Request for PASRR Nursing Facility Specialized Services (NFSS) form.
- Understand how to update forms and the consequences of doing so.
- Identify NFSS form statuses.
- Understand and respond to alerts.
- Recognize how to prevent Medicaid waste, abuse, and fraud.
- Understand that complying with the Health Insurance Portability and Accountability Act (HIPAA) is *your* responsibility. You should seek legal representation when needed and consult the manuals or speak to your Texas Medicaid & Healthcare Partnership (TMHP) provider representative when you have questions.
- Identify additional resources.

Medicaid Team

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

- **Centers for Medicare & Medicaid Services (CMS)** – The federal agency that oversees Medicaid at the federal level. CMS creates and administers guidelines, rules, and regulations.
- **Managed Care Organization (MCO)** – State-contracted entity that has been given delegated authority to provide acute and long-term services to support enrolled managed care members.
- **Medicaid Recipient** – A person enrolled in a Medicaid program and served by Texas Medicaid.
- **Providers** – The crucial players in a quality health-care program. The focus is on providing the best care possible and being reimbursed for allowed services rendered.
- **Texas Health and Human Services Commission (HHSC)** – Licenses, regulates, and administers a comprehensive array of services for people who are aging or disabled and for people who have intellectual and developmental disabilities (IDD) and/or serious mental illness (SMI) and other behavioral health illness. HHSC oversees the operations of the entire health and human services system in Texas and operates the Medicaid acute care program and several other related programs. The Texas HHSC's Office of Eligibility Services (OES) determines eligibility for Medicaid.
- **Texas Medicaid & Healthcare Partnership (TMHP)** – Contracted by the state as the claims administrator to process claims for providers under traditional Medicaid. TMHP processes and approves claims for traditional LTC. TMHP does not pay LTC claims. This is done by the comptroller. Responsibilities also include the following:
 - Determination of medical necessity (MN)
 - Provider education
 - Timely processing of claims (except for services covered by STAR+PLUS premium) and representation of HHSC at fair hearings
 - Provision of yearly manuals, quarterly LTC Provider Bulletins, and bi-weekly Remittance and Status (R&S) Reports
 - Staffing of the TMHP Call Center/Help Desk Monday through Friday, 7:00 a.m.–7:00 p.m., Central Time
 - Provision of training sessions for providers, including technical assistance for the LTC Online Portal

Preadmission Screening and Resident Review (PASRR) Process

Preadmission Screening and Resident Review (PASRR) is a federally mandated program that requires all states to pre-screen all people, regardless of payor source or age, seeking admission to a Medicaid certified nursing facility (NF). It was created in 1987 as part of the nursing home reform through language in the Omnibus Budget Reconciliation Act (OBRA).

PASRR has three goals:

- To identify people with mental illness (MI), intellectual disability (ID), or developmental disability (DD)/related conditions (RC) (this includes adults and children)
- To ensure appropriate placement, whether in the community or in an NF
- To ensure people with MI and/or IDD receive the required specialized services (SS)

Each state approaches the PASRR program details differently, but the basic requirements are the same for all states. The PASRR process for Texas is as follows:

- An initial PASRR Level 1 Screening (PL1) is completed for every person applying for NF placement to identify people suspected of having MI, ID, or DD.
- If the initial screening is positive (meaning that the person may have MI, ID, or DD), a PASRR Evaluation (PE) is completed by a qualified and impartial reviewer.
- People who are confirmed to have MI, ID, or DD are evaluated to determine the need for SS, and appropriate placement options are reviewed.

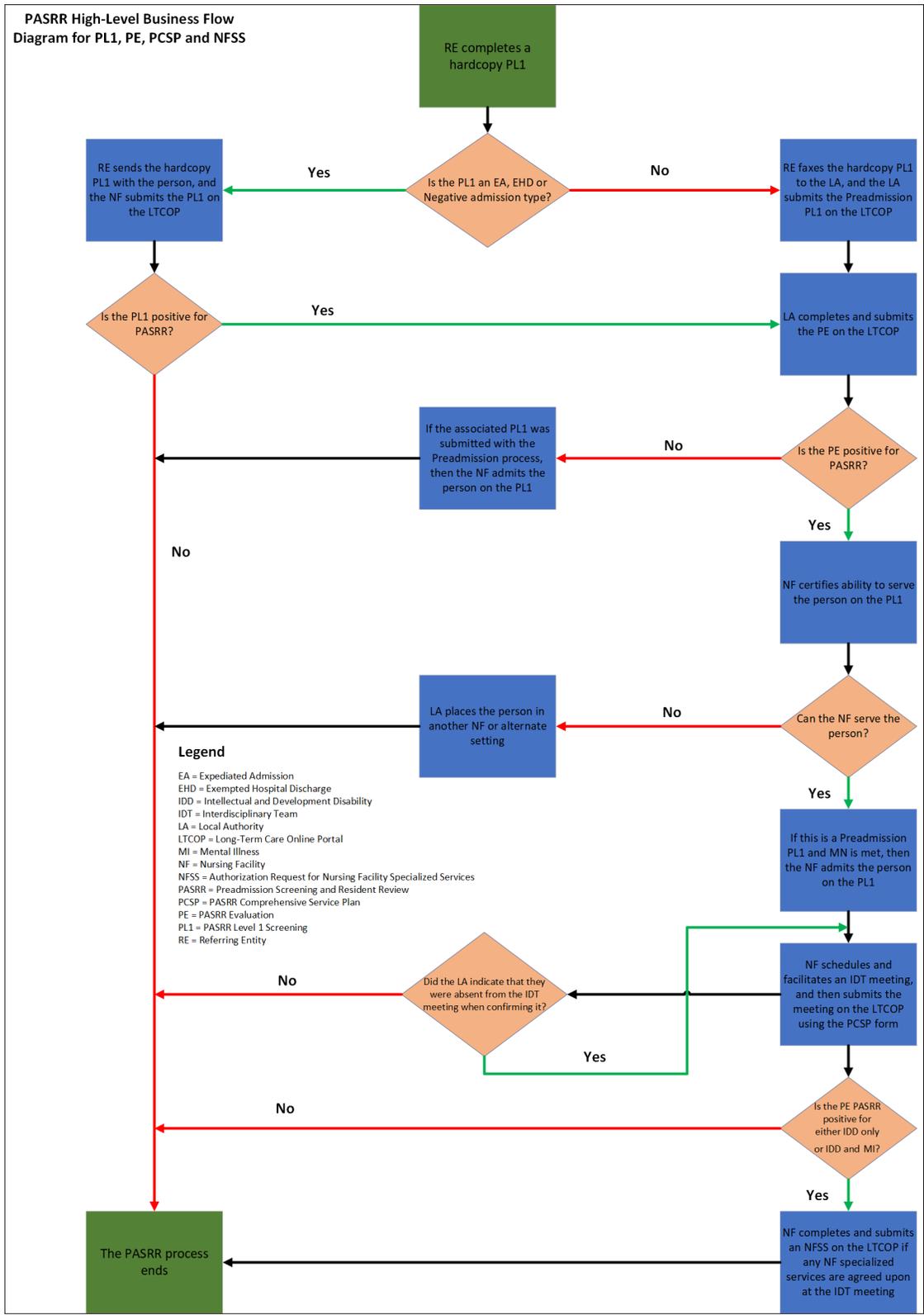
In Texas, Local Intellectual and Developmental Disability Authorities (LIDDAs), Local Mental Health Authorities (LMHAs), and Local Behavioral Health Authorities (LBHAs) play key roles in the PASRR process. In this user guide, the term Local Authority (LA) is used for a LIDDA, LMHA, and/or LBHA.

The information on the hard copy of the PL1 Screening Form, which is completed by the Referring Entity (RE), is submitted directly on the LTC Online Portal by either the NF or the LA (if a preadmission) and is assigned a Document Locator Number (DLN) when successfully submitted. To check on status information, providers can use Form Status Inquiry (FSI) or Current Activity to access the PL1 Screening Forms and the associated PEs that were submitted for their facility. If the PL1 indicates suspicion of MI, ID, or DD, an alert goes out to the LA to complete the PE.

The PE is used to complete an evaluation to confirm or disprove the suspicion of MI, ID, or DD documented on the PL1 Screening Form, to determine whether the NF is the appropriate placement for the person, and to determine whether the person could benefit from SS. The LA has 72 hours to complete a face-to-face visit with the person and seven days to submit the PE on the LTC Online Portal from the first notification to complete the PE.

If the person is PASRR negative based on the PE, a letter will be provided to the person or their Legally Authorized Representative (LAR). If the person does not agree with this result, the person or LAR can contact the PASRR Evaluator at the LA stated on the letter for questions regarding the reason for the determination. The person or their LAR has the option to request a fair hearing. More information on fair hearings can be found in the Fair Hearing Process section of this user guide.

If a person is discharged to an acute care medical hospital for less than 30 days and is readmitted to the same NF, it is not necessary to submit a new PL1 Screening Form unless the first PL1 has been inactivated or updated with a discharge date.



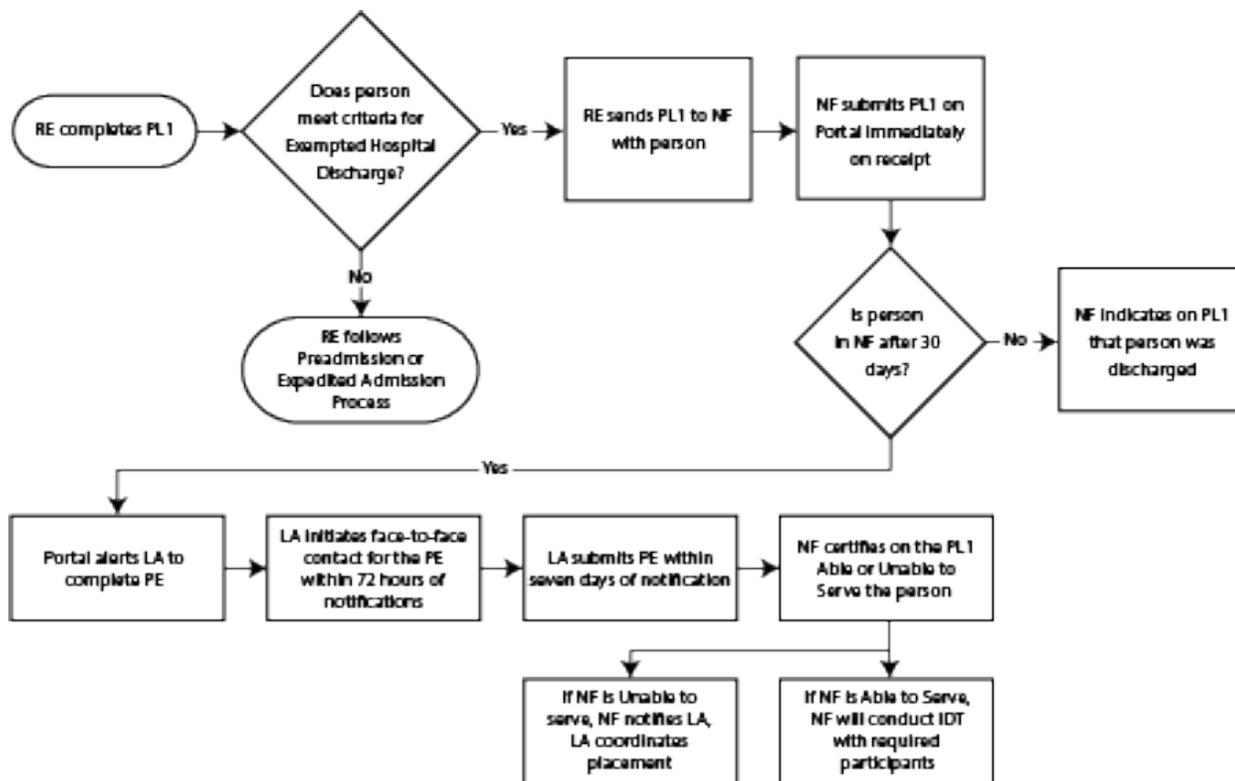
Overview of PASRR Admission Processes

There are four different PASRR admission processes:

- 1) Exempted Hospital Discharge
- 2) Expedited Admission
- 3) Preadmission
- 4) Negative PASRR Eligibility

To decide which admission process to follow, the RE must first determine if there is a suspicion of PASRR eligibility. If there is a suspicion of PASRR eligibility, then the PL1 screening status is considered positive, and one of the first three processes can be followed. If there is no suspicion of positive PASRR eligibility, the person is considered PASRR negative, and then the Negative PASRR Eligibility process is followed. Below are flowcharts explaining the different processes at a high level.

Exempted Hospital Discharge Admission Process



- 1) The Exempted Hospital Discharge process starts when an RE completes the PL1 with a suspicion of positive PASRR eligibility and determines if the person is eligible for Exempted Hospital Discharge Admission. The criterion for an admission under Exempted Hospital Discharge is that the person is not expected to remain in the NF more than 30 calendar days, which must be certified by the physician.

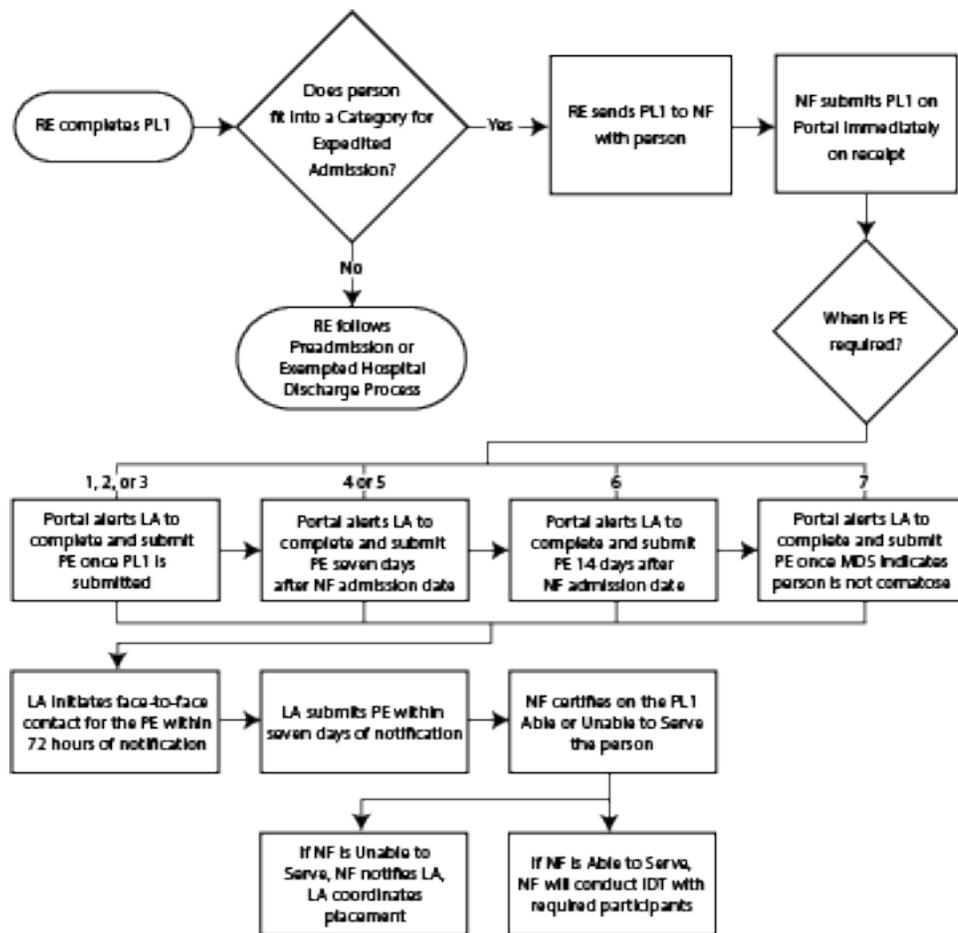
- 2) If the person does not meet the criterion for Exempted Hospital Discharge, then the RE follows the Expedited Admission Process or the Preadmission Process.
- 3) If the person **does** meet the Exempted Hospital Discharge criterion, then:
 - a) The RE sends the PL1 Screening Form to the admitting NF with the person.
 - b) The NF submits the PL1 Screening Form on the LTC Online Portal immediately upon receipt.

Note: *If the NF attempts to submit the Minimum Data Set (MDS) Long-Term Care Medicaid Information (LTCMI) without first submitting the PL1 Screening Form, the LTCMI will not be accepted. If the MDS LTCMI is rejected because an associated PL1 can't be found and you know that the associated PL1 contains correct demographic information, then the NF needs to submit a modification of the MDS with correct demographic information to CMS.*

- 4) If the person is discharged from the NF prior to 30 calendar days from the admission date, the NF must enter a discharge date on the PL1 Screening Form.
- 5) If the person is still in residence at the NF after 30 calendar days from the admission date, then:
 - a) The LTC Online Portal alerts the LA to complete a PE.
 - b) The LA initiates face-to-face contact for the PE within 72 hours of notification.
- 6) The LA submits the PE on the LTC Online Portal within seven calendar days of notification by the LTC Online Portal. Authorization for payment to the LA for completion of the PE is determined as a result of successful submission of the PE on the LTC Online Portal.
- 7) If the PE is positive, the NF reviews the PE, including recommended SS, and certifies on the PL1 Screening Form by clicking on the **Able to Serve the Individual** or **Unable to Serve the Individual** button.
- 8) If the NF is **unable** to serve the person, the LTC Online Portal will generate an alert notifying the LA and HHSC PASRR Unit. The LA will coordinate placement into another NF or an alternate setting.
- 9) If the NF is **able** to serve the person, the NF will convene the IDT meeting with required participants.

Note: *For more information about certification, see the [Certification of the NF's Ability to Serve the Individual](#) section of this user guide.*

Expedited Admission Process



- 1) The Expedited Admission process starts when a Referring Entity completes the PL1 Screening with a suspicion of positive PASRR eligibility and screens for Expedited Admission using the following seven categories:

Category #	Category Name	Description
1	Convalescent Care	Person admitted from an acute care hospital to an NF for convalescent care with an acute physical illness or injury that required hospitalization and is expected to remain in the NF for more than 30 days as documented by a physician's certification
2	Terminal Illness	A medical prognosis that his or her life expectancy is six months or less if the illness runs its normal course; medical prognosis is documented by a physician's certification, which is kept in the person's medical record maintained by the NF

Category #	Category Name	Description
3	Severe Physical Illness	An illness resulting in ventilator dependence or a diagnosis such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, or congestive heart failure that results in a level of impairment so severe that the person could not be expected to benefit from specialized services
4	Delirium	Provisional admission pending further assessment in case of delirium where an accurate diagnosis cannot be made until the delirium clears
5	Emergency Protective Services	Provisional admission pending further assessment in emergency situations requiring protective services, with placement in the NF not to exceed seven days
6	Respite	Very brief and finite stay of up to a fixed number of days to provide respite to in-home caregivers to whom the person with MI or IDD is expected to return following the brief NF stay
7	Coma	Severe illness or injury resulting in inability to respond to external communication or stimuli, such as coma or functioning at brain stem level

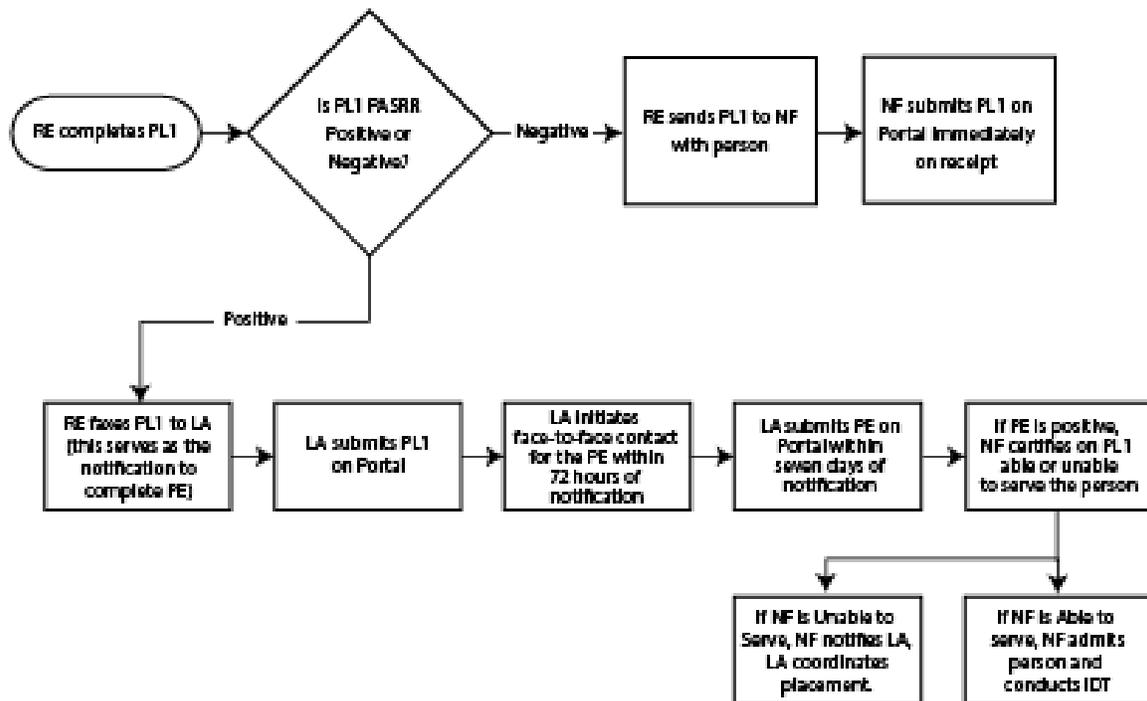
- 2) If the person **does not** meet Expedited Admission or the Exempted Hospital Discharge criteria, then the RE follows the Preadmission process (described in a subsequent diagram).
- 3) If the person **does** meet Expedited Admission criteria, then the RE sends the PL1 Screening Form to the admitting NF along with the person.

Note: *If the NF attempts to submit the MDS LTCMI without first submitting the PL1 Screening Form, the LTCMI will not be accepted. If the MDS LTCMI is rejected because an associated PL1 can't be found and you know that the associated PL1 contains correct demographic information, then the NF needs to submit a modification of the MDS with correct demographic information to CMS.*

- 4) The LA is required to complete a PE based on the Expedited category:
 - a) If the Expedited Admission category is 1, 2, or 3, the LTC Online Portal will create an alert for the LA to complete the PE after the PL1 Screening Form is successfully submitted on the LTC Online Portal by the NF.
 - b) If the Expedited Admission category is 4 or 5, the LTC Online Portal creates the alert seven calendar days after the NF admission date.
 - c) If the Expedited Admission category is 6, the LTC Online Portal creates an alert 14 calendar days after the NF admission date.
 - d) If the Expedited Admission category is 7, the LTC Online Portal will alert the LA to complete a PE when the MDS indicates that the person is no longer comatose.
- 5) Notified by an alert, the LA initiates the face-to-face contact for the PE within 72 hours of notification by the LTC Online Portal.
- 6) The LA will submit the PE on the LTC Online Portal within seven calendar days of notification. Authorization for payment to the LA for completion of the PE is determined as a result of successful submission of the PE on the LTC Online Portal.
- 7) The NF reviews the positive PE, including recommended SS, and certifies on the PL1 Screening Form by clicking on the **Able to Serve the Individual** or **Unable to Serve the Individual** button.
- 8) If the NF is **unable** to serve the person, the LTC Online Portal will generate an alert notifying the LA and HHSC PASRR Unit. The LA will coordinate placement into another NF or an alternate setting.
- 9) If the NF is **able** to serve the person, the NF will convene the IDT meeting with required participants.

Note: For more information about certification, see the [Certification of the NF's Ability to Serve the Individual](#) section of this user guide.

Preadmission Process



- 1) The Preadmission process starts when there is a potential NF admission from an RE in the community (such as from home, a group home, a psychiatric hospital, jail, etc.), there is a suspicion of positive PASRR eligibility, and the person doesn't qualify for an Expedited Admission or Exempted Hospital Discharge admission type. The RE may require assistance from the LA or NF to complete the PL1 Screening Form. Only an LA can submit a positive PL1 Screening Form with the Preadmission process. The NF is not allowed to submit positive Preadmission PL1s. If the PL1 is negative, follow the Negative PASRR Admission Process.
- 2) Because the PL1 Screening is a preadmission type:
 - a) The RE faxes the PL1 Screening Form to the LA (this serves as the notification to complete the PE).
 - b) The LA submits the PL1 Screening Form on the LTC Online Portal.
 - c) The LA initiates face-to-face contact for the PE within 72 hours of notification by the RE (see step 2a for notification).
 - d) The LA submits the PE on the LTC Online Portal within seven calendar days of notification by the RE (see step 2a for notification). Authorization for payment to the LA for completion of the PE is determined as a result of successful submission of the PE on the LTC Online Portal.
- 3) If the PE is positive for PASRR eligibility, the NF reviews the PE, including recommended SS and Medical Necessity (MN), and certifies in the Section D tab of the PL1 Screening Form by clicking on the **Able to Serve the Individual** or **Unable to Serve the Individual** button before the person can be admitted to the NF. For more information, refer to the [Certification of the NF's Ability to Serve the](#)

[Individual](#) section of this user guide.

Note: *If the NF attempts to submit the MDS LTCMI before the positive Preadmission PL1 Screening Form and PE have been submitted and before MN determination has been made if the PE was positive for PASRR eligibility, then the LTCMI will not be accepted. For more information about LTCMI Rejections, see the LTCMI Rejections section of the Long-Term Care (LTC) User Guide for Nursing Facility Forms 3618/3619 and Minimum Data Set/Long-Term Care Medicaid Information (MDS/LTCMI). If the MDS LTCMI is rejected because an associated PL1 can't be found, and you know that the associated PL1 contains correct demographic information, then the NF needs to submit a modification of the MDS with correct demographic information to CMS.*

- I. If the NF is **unable** to serve the person, the LTC Online Portal will send an alert to the LA and HHSC PASRR Unit. The LA will then need to coordinate placement of the person into another NF or alternate setting by working with the RE and the other identified NFs listed on the PL1 Screening Form.
 - II. If the NF is **able** to serve the person, the NF admits the person on the PL1 by clicking on the **Admitted to NF** button on the yellow Form Actions bar and entering the date of admission, and the NF will conduct the IDT meeting with required participants.
 - III. If the NF is able to serve the person but does not enter a date of admission on the PL1, the PL1 will move to a status of **NF Placement Process Exhausted** within 90 days of the PE submission.
- 4) If the PE is negative for PASRR eligibility, then the NF must admit the person on the Preadmission PL1 by using the **Admitted to NF** button if the person decides to reside in their NF. If the person decides not to reside in their NF, then the LA will need to follow the instructions in the [Diversion](#) section of this user guide.

Negative PASRR Eligibility Process

The RE or the NF, when it is an NF to NF transfer, will complete the PL1 screening. If the PL1 screening is negative (when the response to questions on the PL1 fields in PASRR Screening Section C0100.Mental Illness, C0200.Intellectual Disability, and C0300.Developmental Disability are all “No”), the RE or NF will follow the Negative PASRR Eligibility process.

The NF that admits the person will submit the PL1 on the LTC Online Portal immediately upon receipt.

When the PL1 Screening is negative:

- 1) The RE sends the PL1 Screening Form to the admitting NF with the person.
- 2) The NF admits the person immediately upon arrival at the NF and the NF submits the PL1 Screening Form on the LTC Online Portal right away.
- 3) Failure to submit a negative PL1 into the LTC Online Portal will prevent the LTCMI from being accepted.

Note: *If the person is PASRR Negative based on a PL1 Screening, a PE is not completed unless requested by HHSC, an NF, or the person/LAR.*

Detailed instructions for the PL1 Screening Form can be found online at: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions>

Process for NF Diversions and Transitions

Introduction

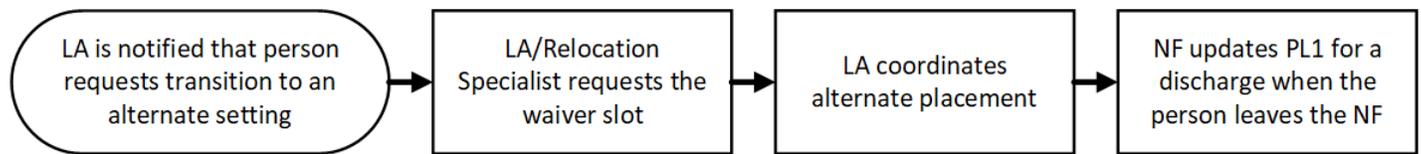
A transition is defined as the process that occurs for a person who is positive for MI, ID, or DD and is currently residing in an NF and wants to move to a community setting. The LA can be notified of the person's desire to move to another setting by HHSC, the NF, the LAR, the person or an alert manually generated on the LTC Online Portal.

A diversion is defined as the process that occurs for a person who is positive for ID and/or DD and is at risk of being admitted to an NF and would rather move to or remain in a community setting. The LIDDA is notified of the person's desire to live in a community setting by the RE completing the Alternate Placement Preferences subsection of the PL1 Screening form, or by the person/LAR during the PE interview.

Transitions

- 1) The LA (LIDDA, LMHA or LBHA) is notified that a person requests to be transitioned to an alternate setting.
- 2) The LIDDA is responsible for requesting waiver slots from HHSC, for example Home & Community-based Services (HCS) or Texas Home Living (TxHmL), if that is where the person desires to transition to. If the person wants a different waiver, the LA (LIDDA, LMHA or LBHA) would make a referral to the Relocation Specialist.
- 3) The LA (LIDDA, LMHA or LBHA) coordinates alternate placement by working with the Relocation Specialist to develop a transition plan. Refer to the *Intellectual and Developmental Disability Preadmission Screening and Resident Review (IDD-PASRR) Handbook* or the *Preadmission Screening and Resident Review Mental Illness Handbook* for instructions on transitions.
- 4) After the person has been discharged from the facility, the NF *must* complete and submit the discharge and the Alternate Placement Disposition section on the PL1 with the **Update Form** button.
Note: *If the person desires to move to another NF, the current NF should complete the Alternate Placement Disposition section by selecting "4. Other" in field E0500A and then entering "NF" in field E0500B. The Update Form function was enhanced to replace the need for the LA to enter the disposition separately on the PL1 via the **Enter Disposition** button.*

The process described above is seen in the following diagram:

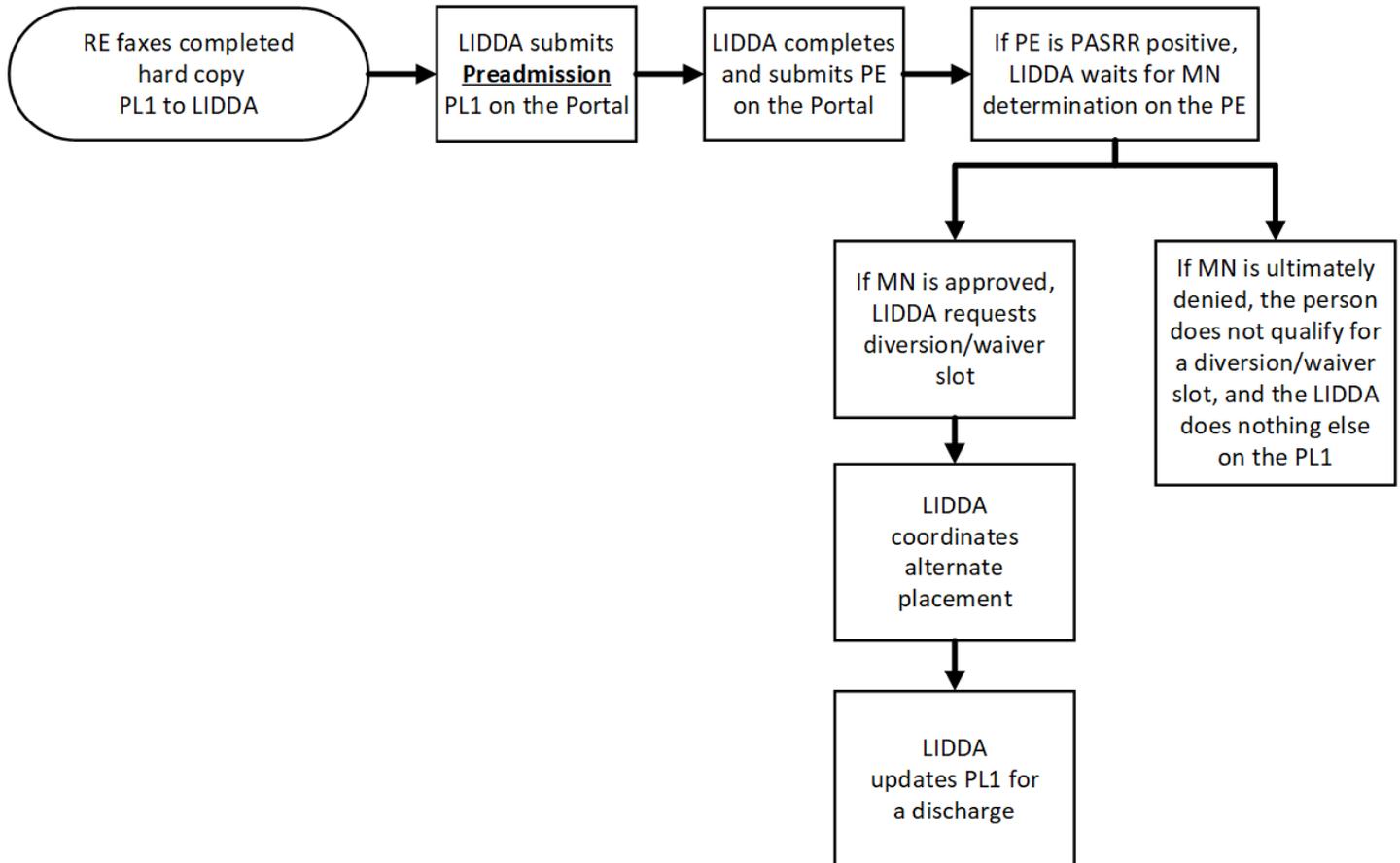


Diversions

- 1) When the person who is suspected of being PASRR positive for ID and/or DD and is **NOT** a current resident of an NF, the PL1 **MUST** be submitted following the Preadmission Process section of this guide. The RE starts this process by faxing the completed hardcopy PL1 Screening Form to the LIDDA.
- 2) The LIDDA submits the Preadmission PL1 Screening form on the LTC Online Portal. (A Preadmission PL1 means that it must be submitted as positive for PASRR eligibility [at least ID/DD for diversions] by selecting “1. Yes” in field C0200 and/or C0300, selecting “0. No” in field F0100. Exempted Hospital Discharge, and selecting “0. Not Expedited Admission” in field F0200. Expedited Admission.)
- 3) The LIDDA initiates a face-to-face contact for the PE within 72 hours of notification by the RE (the date the fax was received).
- 4) The LIDDA completes and submits the PE on the LTC Online Portal within seven calendar days of notification by the RE.
 - a) If the PE is positive for PASRR eligibility, the LIDDA must wait for MN to be determined on the PE.
 - b) If the PE is negative for PASRR eligibility, the LIDDA must stop the process at this point and allow the system to automatically move the PL1 to the **NF Placement Process Exhausted** status when 90 calendar days have passed since the PE was submitted.
- 5) If MN is denied on the PE, the LIDDA will proceed to follow the process outlined in the Medical Necessity (MN) and the MN Process section of this guide.
 - a) If MN is still denied after a fair hearing was conducted, or the opportunity for a fair hearing has expired, the person does not qualify for a diversion/waiver slot. The LIDDA must stop the process at this point and does **NOT** proceed to Step 6. The system will automatically move the PL1 to the **NF Placement Process Exhausted** status when 90 calendar days have passed since the PE was submitted and no NF has admitted the person on the PL1.
 - b) If the MN denial is overturned after a fair hearing was conducted, the LIDDA proceeds to Step 6.
- 6) If MN is approved on the PE, the person qualifies for a diversion/waiver slot.
 - a) The LIDDA requests a diversion/waiver slot as outlined in the *Intellectual and Developmental Disability Preadmission Screening and Resident Review (IDD-PASRR) Handbook*.
 - b) The LIDDA then coordinates alternate placement for the applicable community program.
 - c) The LIDDA **MUST** update the PL1 for a discharge, using the **Update Form** button, after enrollment in the community program but no later than 45 calendar days following the diversion/waiver slot request. The Update Form function was enhanced to replace the need for the LA to enter the disposition separately on the PL1 via the **Enter Disposition** button.

Note: For a diversion, “2. ICF/IID,” “3. Own home/family home,” or “4. Other” should **NOT** be selected in field E0500A.

The following diagram illustrates the steps mentioned above:



Note: The LA will see the **Enter Disposition** button on the Form Actions bar of active PL1s that are completed with a suspicion of positive PASRR eligibility. This function was replaced by subsequent enhancements made to the PL1 submission process and the PL1 update process when discharging a person from the NF. If there is a scenario that requires the LA to enter a disposition on the PL1 outside of discharging a person on the PL1, then the LA would click on the **Enter Disposition** button, complete the Alternate Placement Disposition section on the Section E tab, and then click on the **Save Disposition** button to save the updates. Entering the disposition in this manner moves the PL1 to the **Individual Chose Alternate Setting** status. The PL1 can still be updated for a discharge by the PL1 submitter or admitting NF from this status when the person actually leaves the NF.

The screenshot shows the top portion of the PASRR Level 1 Screening form. At the top right, there is a grey box with a lock icon and the text "UnLock Form". Below this, the title "PASRR LEVEL 1 SCREENING" is centered. Underneath, the text "Current Status: Individual Placed in NF - PE Confirmed" is followed by redacted fields for "Name:", "DLN:", and "Username:". Below that, "PE DLN:" is followed by a redacted field. A yellow bar labeled "Form Actions:" contains several buttons: "Print", "Add Note", "Initiate PE", "Enter Disposition" (which is highlighted with a red box), and "Print IDT". Below the yellow bar is a navigation bar with tabs for "Section A.", "Section B.", "Section C.", "Section D.", "Section E.", "Section F.", and "IDT".

The screenshot shows the top portion of the PASRR Level 1 Screening form, similar to the first one. It includes the "UnLock Form" button, the title "PASRR LEVEL 1 SCREENING", and the current status and redacted fields. The yellow "Form Actions:" bar contains buttons for "Print", "Add Note", "Initiate PE", "Save Disposition" (highlighted with a red box), and "Print IDT". The navigation bar below shows "Section A.", "Section B.", "Section C.", "Section D.", "Section E." (which is highlighted in blue), "Section F.", and "IDT".

Resident Reviews

A Resident Review (RR) is a review of a person’s condition and placement after the person has been admitted to an NF. The purpose of the RR is to ensure that people with positive PASRR eligibility are getting appropriate SS and to determine if the person still needs to be in an NF.

An RR is completed for a person with positive PASRR eligibility who experienced a significant change in status in their mental or physical condition. When the NF submits an MDS with the 04. Significant change in status assessment:

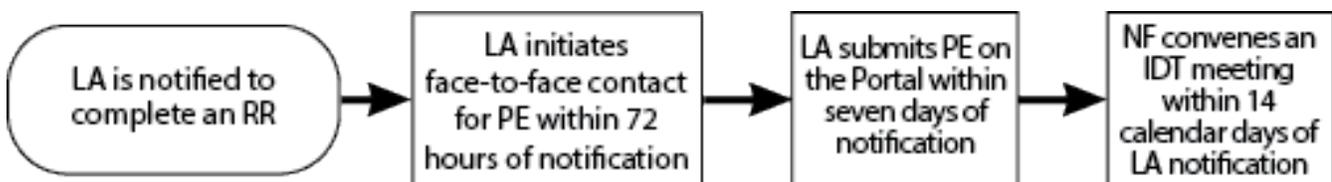
- 1) Assess the person’s need for continued care in an NF;
- 2) Assess the person’s need for NFSS, LIDDA specialized services, and LMHA/LBHA specialized services; and
- 3) Identify alternate placement options.

An RR is completed on all people, regardless of funding source. An RR may also be required by an NF or HHSC for a person originally suspected with negative PASRR eligibility who is now suspected of having MI, ID, or DD, to determine whether the resident qualifies for PASRR specialized services.

To complete an RR, the LA will meet face-to-face with the person and complete a new PE form initiated from the existing PL1, even if the PL1 is negative for PASRR eligibility. The LA is required to complete and submit the PE on the LTC Online Portal within seven calendar days of notification to complete a resident review.

Refer to [Appendix C](#) for actions which should be taken for each of the Resident Review Triggers.

Resident Reviews Process



- 1) An RR takes place when an LA is notified to complete a PE on a current resident of an NF. The notification is normally generated as an automatic alert in the LTC Online Portal, although the request could come as a manually-generated alert in the LTC Online Portal from HHSC or the NF. Refer to [Appendix C](#) for list of triggers and the actions which should be taken.
- 2) The LA initiates face-to-face contact within 72 hours of notification to complete a PE (See step 1 for notification).
- 3) The LA submits the PE on the LTC Online Portal within seven calendar days of notification (See step 1 for notification).
- 4) If the PE is positive for PASRR eligibility, the NF will convene the IDT meeting within 14 calendar days after admission to the NF or within 14 calendar days after the LTC Online Portal generated the

automatic notification to the LA to complete the PE. The NF can determine when the alert was sent to the LA by finding the applicable alert in their *Outgoing Alerts* section on the Alerts page.

Medical Necessity (MN) and the MN Process

For the PASRR Preadmission process, TMHP is responsible for reviewing successfully submitted PEs to determine MN for people who are PASRR Positive. The initial MDS assessment will inherit the MN determination from the PE, if the MDS assessment effective date is within 30 days (plus or minus) of the date of assessment of the PE. For other MDS submissions, including all other PL1 admission types (Expedited Admission, Exempted Hospital Discharge, and PASRR Negative people), TMHP is responsible for reviewing submitted MDS assessments to determine MN. The MDS LTCMI will be rejected while waiting for the MN determination on a positive PE initiated from a Preadmission PL1.

Definition of Medical Necessity

26 TAC §554.101 (75) states:

Medical Necessity is the determination that a recipient requires the services of licensed nurses in an institutional setting to carry out the physician's planned regimen for total care. A recipient's need for custodial care in a 24-hour institutional setting does not constitute a medical need. A group of health care professionals employed or contracted by the Medicaid claims administrator contracted with HHSC makes individual determinations of medical necessity regarding nursing facility care. These health care professionals consist of physicians and registered nurses.

26 TAC §554.2403(e) states:

A recipient may establish permanent medical necessity status after the completion date of any MDS assessment approved for medical necessity no less than 184 calendar days after the recipient's admission to the Texas Medicaid Nursing Facility Program.

General Qualifications for Medical Necessity Determinations

26 TAC §554.2401 states:

Medical necessity is the prerequisite for participation in the Medicaid (Title XIX) Long-term Care program. This section contains the general qualifications for a medical necessity determination. To verify that medical necessity exists, a client must meet the conditions described in paragraphs (1) and (2) of this section.

- 1) The person must demonstrate a medical condition that:
 - a) Is of sufficient seriousness that the person's needs exceed the routine care, which may be given by an untrained person; and
 - b) Requires licensed nurses' supervision, assessment, planning, and intervention that are available only in an institution.

- 2) The person must require medical or nursing services that:
- a) Are ordered by the physician;
 - b) Are dependent upon the person’s documented medical conditions;
 - c) Require the skills of a registered nurse or licensed vocational nurse;
 - d) Are provided either directly by or under the supervision of a licensed nurse in an institutional setting; and
 - e) Are required on a regular basis.

Note: *Medical Necessity is not the only prerequisite to qualify for Medicaid eligibility (ME).*

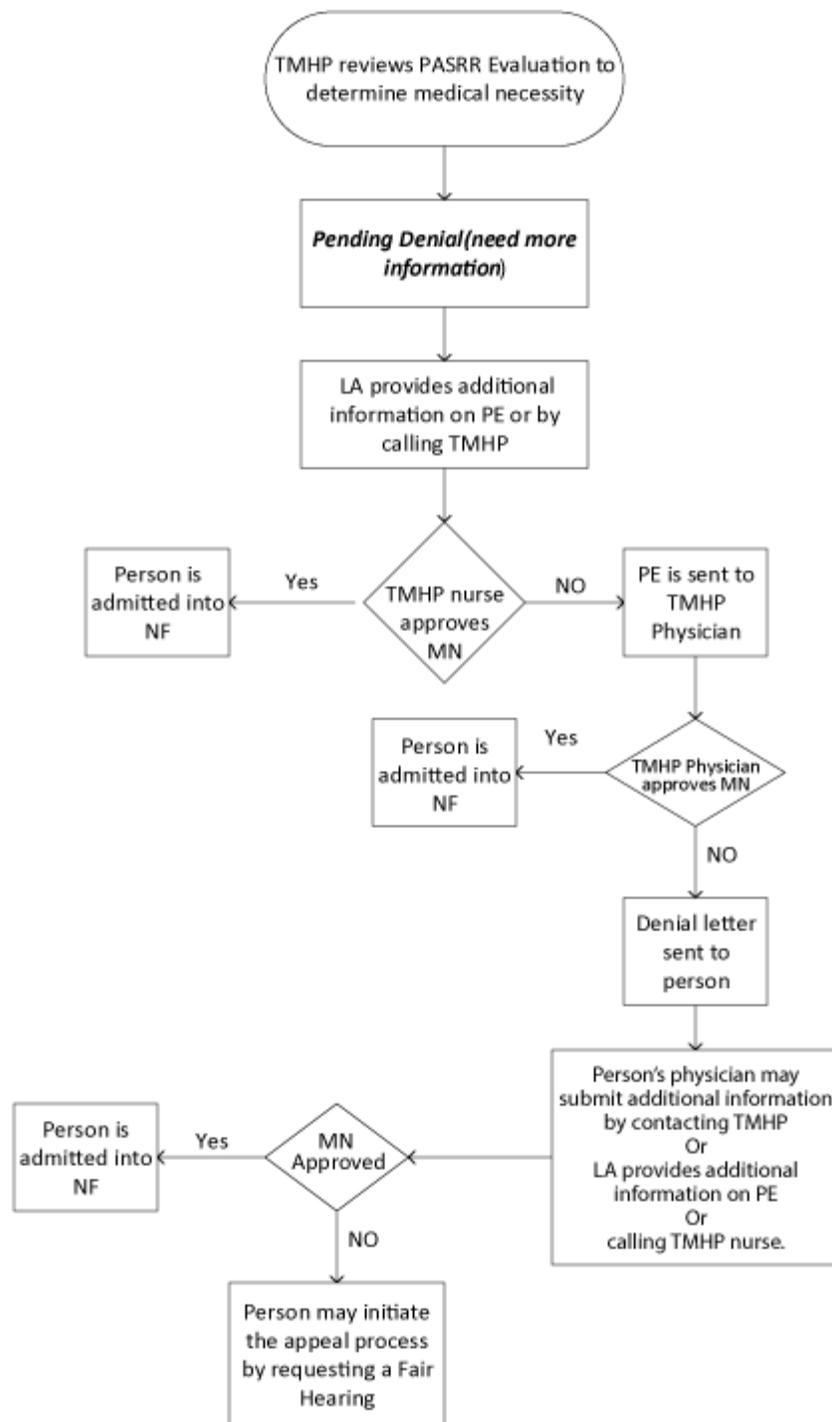
Manual Medical Necessity Determination on PASRR Evaluation

To expedite processing, TMHP automatically checks submitted PASRR evaluations with a Medicaid number to determine if the person already has Permanent MN (PMN). If the person has PMN, the MN is automatically approved. The History trail will state “Individual has permanent MN.”

For people who do not have PMN, TMHP systems automatically review specific criteria on the positive Preadmission PE. If the criteria are appropriately met, MN is automatically approved. The History trail will state “Medical Necessity Approved for the client based on PASRR Evaluation.” If MN could not be determined automatically, then the PE will be sent to a TMHP nurse for manual MN review. The status will be set to **Pending Review** on the FSI search results, and the last message showing in the History trail will be “The Form has failed Auto MN Approval.”

It is important that the NF verifies the History trail indicated MN approval before they admit the person into the facility. Failure to verify MN will delay or prevent the facility’s reimbursement.

The flowchart below provides a high-level overview of the process used for manual MN determination for a Preadmission PASRR Positive person. Providers can use the LTC Online Portal to check the status of MN determination.



- 1) Submissions for persons who do not have PMN or do not pass auto-MN are reviewed by the TMHP nurse for MN determination within five business days of successful submission of the positive PE initiated from a Preadmission PL1.

- 2) Once reviewed, the submission is either approved (meeting MN) or placed in a **Pending Denial (need more information)** status for up to 21 calendar days. FSI or Current Activity can be used by the LA to view the status of MN determination whether the PE is set to status **Approved, Denied, or Pending Denial (need more information)**. The NF can only use FSI to view a PE status.
- 3) The LA must check the History trail to see the results of MN determination. If MN was denied, then check the History trail for additional information requested by the TMHP nurse or doctor.
- 4) If the PE has a status of **Pending Denial (need more information)**, the LA must contact the NF to coordinate the additional medical information for the TMHP nurse.
- 5) The LA must either add additional medical information clarifying nursing/medical needs through the Add Note feature or by calling TMHP and speaking with a THMP nurse prior to the 21 calendar day deadline.
- 6) If the LA or person's physician does not provide additional information clarifying nursing/medical needs within 21 calendar days of the **Pending Denial (need more information)** status, the PE is sent to the TMHP physician for review.
- 7) If the TMHP nurse determines that MN has been met, the PE is approved and the NF can now admit the person physically and on the Preadmission PL1 after certifying that they are able to serve the person on the PL1.
- 8) If the TMHP nurse still cannot determine any licensed nursing need after additional information has been provided, the PE is sent to the TMHP physician for MN determination.
- 9) If the TMHP physician determines that MN has been met, the PE is approved.
- 10) If MN is denied by the TMHP physician, notification of denied MN is sent to the person in a letter. The letter states that the person's physician may submit additional medical information within 14 business days of the date on the denial letter by faxing additional medical information to the TMHP LTC department (26 TAC §554.2407). Or, the LA may provide additional medical information by using the Add Note feature of the PE on the LTC Online Portal or by calling and speaking with a TMHP nurse prior to the 14 business day deadline.
- 11) The person's PE and the additional (or new) medical information will be reviewed by the TMHP nurse who will either approve or send to the TMHP physician for a second MN determination. The TMHP physician will either approve the PE or uphold the original decision to deny.
- 12) The person may initiate the appeal process when notified by TMHP that the physician upheld the original decision to deny medical necessity. To request a fair hearing and appeal the MN determination, the person or their LAR should contact the TMHP number listed on the denial letter.
- 13) If a hearing is requested, additional information may be submitted at any time by the NF, LA, or by the person's physician either by telephone call to the TMHP nurses or by fax.

Note: *The LTMCI can be rejected when MN has not been documented on a Preadmission PE. Submitters are responsible for checking the status of their submitted forms, assessments, screenings, and evaluations using FSI or Current Activity and supplying additional information, if needed.*

MDS set to status PE MN Denied

When the MDS LTCMI is successfully submitted on the LTC Online Portal, and the positive PE it found was submitted from a Preadmission PL1, then MN will be determined on that PE instead of the MDS. If the Preadmission PE is denied MN, then the MDS is set to the **PE MN Denied** status. When the MDS is in this status, the **Check MN on PE** button will be displayed for the associated NF under the Workflow Actions section of the yellow Form Actions bar on the MDS. The NF should click on this button periodically to check if the MN denial on the PE has been overturned.

- 1) Locate and open the MDS assessment using FSI.
- 2) Click the **Check MN on PE** button on the yellow Workflow Actions bar.

MINIMUM DATA SET (MDS) – Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (NC) Item Set

Current Status: PE MN Denied Name: [redacted] DLN: [redacted] RUG: [redacted]

Form Actions: Print Correct this form Add Note

Workflow Actions: **Check MN on PE**

Section A.	Section B.	Section C.	Section D.
Section E.	Section F.	Section G.	Section H.
Section I.	Section J.	Section K.	Section L.
Section M.	Section N.	Section O.	Section P.
Section Q.	Section V.	Section X.	Section Z.
Section LTCMI.			

- 3) If the MN denial on the PE has been overturned (which means it's now approved for MN), the Change Status page will be displayed. The NF has the option to enter text on this page and it will be added to the History trail in the MDS, after clicking the **Change Status** button.
 - Click on the **Change Status** button.

Change Status for form [redacted] to MN Approved **Enter the notes below:**

Provider Message
Text that will be seen by the provider.

Please select standard message option from the list below.

W. Medical Necessity Approved for the individual based on PASRR Evaluation.

Internal System Message
Text that will ONLY be seen by internal users.

Text to be added to form history

- The MDS assessment will be set to status **MN Approved**.

MINIMUM DATA SET (MDS) – Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (NC) Item Set

Current Status: **MN Approved** Name: _____ DLN: _____ RUG: _____

Form Actions:

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

Section O. Section P. Section Q. Section V. Section X. Section Z. Section LTCMI. Section RUG.

- The following note will be posted in the MDS History trail: “Medical Necessity Approved for the individual based on PASRR Evaluation.”

History	
Pending LTCMI	Changed by System on 2/2/2021 12:17:36 PM
Form Submitted	Changed by _____ on 2/5/2021 2:12:12 PM
2/5/2021 2:12:12 PM	_____: Internal: Form entered workflow.
2/5/2021 2:12:20 PM	System : Internal: Medical Necessity inherited from PASRR Evaluation DLN _____
2/5/2021 2:12:20 PM	System : External: Medical Necessity inherited from PASRR Evaluation DLN _____
PE MN Denied	Changed by System on 2/5/2021 2:12:20 PM
2/5/2021 2:12:25 PM	System : Internal: Denied MN sent to DADS
3/15/2021 11:56:28 AM	_____: External: Resident is a Paranoid Schizophrenic with DX Amnesia for Long term memory deficits. Resident does not recognize medications and does not understand the importance of Medicine for MH issues. She needs assistance with ADLS. Resident needs to be evaluated by a nurse Q day. She takes Clozaril for Paranoid Schizophrenia and requires weekly CBC. Needs to remain in NH for mh stability and med administration, to prevent rehospitalization.
4/21/2021 11:53:13 AM	System : Internal: Medical Necessity Approved for the individual based on PASRR Evaluation
4/21/2021 11:53:13 AM	System : External: Medical Necessity Approved for the Individual based on PASRR Evaluation
MN Approved	Changed by _____ on 4/21/2021 11:53:13 AM
4/21/2021 11:53:13 AM	_____: External: W. Medical Necessity Approved for the individual based on PASRR Evaluation.

- If the MN denial on the PE has not been overturned, the NF will see the following message: “Medical Necessity (MN) on PE has not been overturned to approved.” The MDS will remain in the **PE MN Denied** status, and the **Check MN on PE** button will still be displayed so that the NF can check again later if the MN denial was overturned on the PE.

The screenshot displays the MDS form interface. At the top, a message box states: "Medical Necessity (MN) on PE has not been overturned to approved." Below this, there is an "UnLock Form" button. The form title is "MINIMUM DATA SET (MDS) – Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING Nursing Home Comprehensive (NC) Item Set". The current status is "PE MN Denied". Below the status, there are fields for Name, DLN, and RUG. A yellow bar contains "Form Actions" (Print, Correct this form, Add Note) and "Workflow Actions" (Check MN on PE). At the bottom, there is a grid of sections from A to Z.

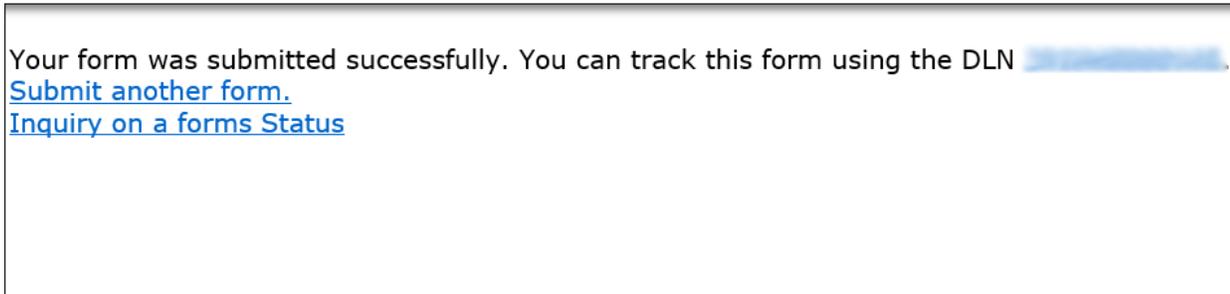
Section A.	Section B.	Section C.	Section D.
Section E.	Section F.	Section G.	Section H.
Section I.	Section J.	Section K.	Section L.
Section M.	Section N.	Section O.	Section P.
Section Q.	Section V.	Section X.	Section Z.

How to Submit a PASRR Level 1 Screening Form

- Log in to the LTC Online Portal. PL1 Screening Forms should not be submitted by a third-party software vendor.
- Click the **Submit Form** link located in the blue navigational bar.
- Type of Form: Select **PL1: PASRR Level 1 Screening** from the drop-down box.
- Vendor Number: Select the submitter Vendor Number/Provider Number from the drop-down box.
- Submitters may choose to enter the optional information in the Recipient section to auto populate some of the fields on the PL1. The choices are:
 - Medicaid/Children with Special Health Care Needs (CSHCN) ID
 - Social Security Number (SSN) and Last Name
 - SSN and Date of Birth
 - Date of Birth, Last Name, and First Name
- Click the **Enter Form** button.
- Enter all required information as indicated by the red dots. Remember that the person must be admitted under Exempted Hospital Discharge, Expedited Admission, or Negative Admission for submission of the PL1 Screening Form by an NF.
- For positive Preadmission PL1s, the LA enters all required information as indicated by the red dots. In Section F, indicate 0 in fields F0100 and F0200.
- From here, you have two choices:
 - Click the **Submit Form** button to submit the screening form.

b) Click the **Save as Draft** button to store the screening form for future completion, but not submit it. The screening form does not have to be complete to save the draft. Note that drafts are only available for 60 days.

10) If the PL1 screening form is successfully submitted, a DLN will be assigned and the LTC Online Portal will show a message stating “Your form was submitted successfully.” To print the submitted PL1 for your records, open the PL1 and click the **Print** button located on the yellow Form Actions bar.



If there are errors, they will be displayed in a box at the top of the screen. These errors will need to be resolved before the screening form will be successfully submitted. Once all errors are resolved, click the **Submit Form** button again to submit the screening form.

Note: Only certain valid alphanumeric characters can be added to text boxes on a form. The valid characters are 0-9, A-Z, a-z and the following: @/+,_-.

The LTC Online Portal will halt the submission of a PL1 which does not include the PASRR condition(s) identified on the latest PE by displaying an error message. The error message will state the PASRR condition of the latest PE and will allow the submitter to update the PL1 and resubmit.

• The previously submitted PE is positive for ID, DD and MI. Correct the PL1 to include ID, DD and MI and re-submit.

PASRR LEVEL 1 SCREENING

Current Status: Name: [redacted] DLN:0 Username: [redacted]

Form Actions:

Section D. Nursing Facility Choices

DD100. Nursing Facilities

Enter Provider No. and Vendor No. and click lookup tool to populate NF information.

(Hide NF Information)

A. Provider No. **B. Vendor No.**

C. NPI

D. Facility Name

E. Street Address

F. City

SAN ANTONIO

G. State

Texas(TX)

H. Zip Code

I. Phone

J. NF Contact First Name **K. NF Contact Middle Initial** **L. NF Contact Last Name** **M. NF Contact Suffix**

N. NF is willing and able to serve individual **O. NF Admitted the individual** **P. NF Date of Entry**

Yes

Q. Comments

This will occur with all scenarios including Change of Ownerships (CHOWs) and NF to NF transfers.

Note: *As an alternative to submitting a PL1 from the Submit Form page, users with the appropriate permissions can open an existing PL1 for the person they are submitting a new PL1 for and click on the **Use as template** button located on the yellow Form Actions bar. This function is only available if the user was also the submitter on the existing PL1 and it was not a converted PL1.*

PL1 Date of Assessment

Upon submission of a completed PL1 form, if a previous PL1 Screening Form is found with the same Date of Assessment, the new screening form will not be accepted. If a previous PL1 Screening Form is found with the Date of Assessment prior to the Date of Assessment on the new screening form, the new screening form will process, and the old screening form will be inactivated. A PL1 (and a PE for Preadmission) are required prior to the submission of the MDS LTCMI Admission Assessment.

Note: *When the PE is submitted, and goes into status **LA Action Required** because the Personal Information section contains inaccurate information, the LA can update the PE following the steps in the Completion Transaction Processing Errors section of this guide. Updates to the Personal Information on the PE will automatically update the associated Personal Information on the PL1.*

Certification of the NF's Ability to Serve the Individual

After a PL1 Screening is submitted and the LA has completed the PE, the NF will receive an alert when a positive PE has been submitted. However, if it has been more than 30 days since the alert was generated, the alert will be systematically deleted, and the NF will need to manually check if the associated PE is positive.

NF's can search for positive PE's on the Form Status Inquiry page. A positive and active PE will be in any status except **Negative PASRR Eligibility** or **Form Inactivated**. Then navigate to the associated PL1 Screening Form which could be set to **Pending Placement in NF - PE Confirmed, Individual Placed in NF - PE Confirmed**, or **Negative PASRR Eligibility** status.

Note: *NF's cannot certify their ability to serve the individual on converted PL1s. If a certification on a PL1 is required because a new PE is requested, then the NF must submit a new PL1 for the person so that the LA can initiate a new PE which will allow the NF to certify on the new PL1.*

Exempted Hospital Discharge, Expedited Admission, and Negative PL1

For PL1s submitted with the Exempted Hospital Discharge, Expedited Admission, or Negative PASRR Eligibility admission type, there will be only one NF identified in Section D. The NF identified in Section D of the PL1 Screening Form must certify that they have reviewed the recommended SS on the associated positive PE and determined whether or not the person can be served by selecting the **Able to Serve the Individual** button or the **Unable to Serve the Individual** button located on the yellow Form Actions bar.

Note: *When a PL1 has an associated negative PE, the buttons to certify the person on the PL1 will not be displayed. Therefore, the NF is not required to certify the PL1.*

Preadmission

For a PL1 submitted with the Preadmission admission type, there may be more than one NF identified in Section D.

If a positive PE has been submitted by the LA from a Preadmission PL1, then any NFs on the Section D tab have 90 days to certify their ability to serve the person on the PL1 as long as none of the NFs have admitted the person on the PL1 yet. If the NF uses the **Able to Serve the Individual** button, then they need to also admit the person on the PL1 by using the **Admitted to NF** button. If the NF uses the **Unable to Serve the Individual** button, then the NF cannot admit the person on the PL1. If none of the NFs can serve and admit the person on the PL1 within 90 days, then the system changes the PL1 to status **NF Placement Process Exhausted**.

If a negative PE has been submitted by the LA from a Preadmission PL1, then any NFs on the Section D tab have 90 days to admit the person on the PL1 by using the **Admitted to NF** button. If none of the NFs can admit the person on the PL1 within 90 days, then the system changes the PL1 status to **NF Placement Process Exhausted**.

When a Preadmission PL1 is in the **NF Placement Process Exhausted** status, then the LA must submit a new PE to restart the certification and/or NF placement process because the system will change the PL1 status back to status **Pending Placement in NF - PE Confirmed**. When the PL1 is back in this status, then the LA can also add more NF choices to the Section D tab by using the **Update NF Choices** and **Save NF Choices** buttons which will allow more opportunities for placement in an NF.

PASRR LEVEL 1 SCREENING

Current Status: Pending Placement in NF - PE Confirmed Name: _____ DLN: _____ Username: _____
 PE DLN: _____

Form Actions:

Section A. Section B. Section C. **Section D.** Section E. Section F.

Section D. Nursing Facility Choices

D0100. Nursing Facilities Enter Provider No. and Vendor No. and click lookup tool to populate NF information.

(Hide NF Information)

• A. Provider No. • B. Vendor No.

C. NPI

D. Facility Name

E. Street Address

F. City

G. State

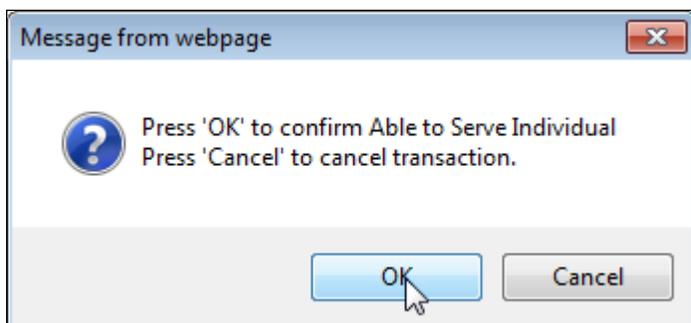
H. Zip Code • I. Phone

• J. NF Contact First Name K. NF Contact Middle Initial • L. NF Contact Last Name M. NF Contact Suffix

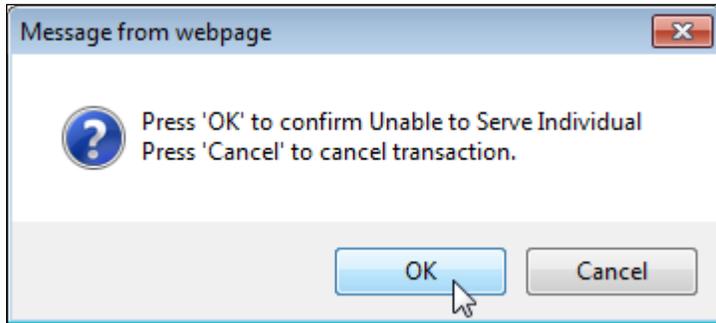
N. NF is willing and able to serve individual O. NF Admitted the individual P. NF Date of Entry

Q. Comments

- 1) Locate the PL1 Screening Form using FSI or Current Activity (for more information on using FSI or Current Activity, see the *LTC User Guide for Online Portal Basics, General Information, and Program Resources*).
- 2) There are two choices:
 - a) To certify the ability to serve the person, click the **Able to Serve the Individual** button located in the yellow Form Actions bar. Click the **OK** button when the pop-up window appears; or



- b) To certify that the NF does not have the ability to serve the person, click the **Unable to Serve the Individual** button located in the yellow Form Actions bar. Click the **OK** button when the pop-up window appears.



- 3) The following confirmation screen will appear when the **OK** button is clicked:

Your form was submitted successfully. You can track this form using the DLN
[Submit another form.](#)
[Inquiry on a forms Status](#)

- 4) The corresponding field in Section D of the PL1 Screening Form (D0100N) will be systematically updated to show either 0. No or 1. Yes.

PASRR Level 1 History Trail

Every PL1 Screening Form successfully submitted on the LTC Online Portal will have a History trail. After opening a PL1 form, scroll to the bottom. The History trail will display a list of every processing status that has been held by the document along with any appropriate details. Any notes added by a user, alerts that have been generated, and fields that have been updated will also be located in the History trail.

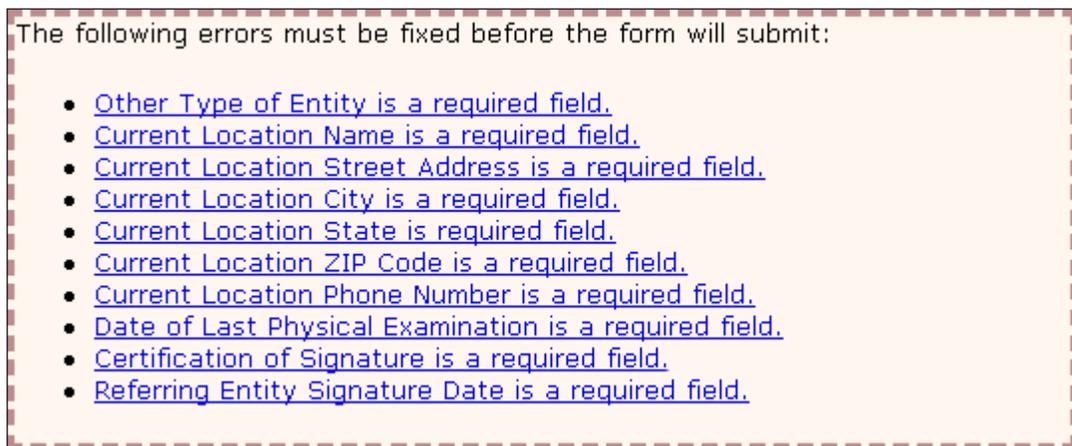
History	
Form Submitted	Changed by [redacted] on 4/26/2018 7:23:42 AM
4/26/2018 7:23:42 AM	[redacted] : Internal: Form entered workflow.
Negative PASRR Eligibility	Changed by System on 4/26/2018 7:23:42 AM
4/26/2018 7:23:42 AM	System : Internal: This individual is not eligible for PASRR specialized services. There is no indication of MI/IDD.
4/26/2018 7:23:42 AM	System : External: This individual is not eligible for PASRR specialized services. There is no indication of MI/IDD.

Error Messages

There are two kinds of error messages that can be raised when attempting to submit a PL1. They are form submission errors and field errors.

Form submission errors are generally due to incorrect or mismatching information on the form when compared to either other forms or the source of truth for the data (e.g. State database, CMS, etc.). Field errors are generally due to a data formatting error in a specific field or not entering data into a required field.

Below is an example of some of the field error messages:



Below is an example of some of the typical form submission error messages (the verbiage in carats [<>] will be substituted by the system with the applicable information):

“The previously submitted PE is positive for <PASRR Condition(s) of Latest PE>. Correct the PL1 to include <PASRR Condition(s) of Latest PE> and re-submit.”

“Individual’s identifying information is not valid. Please review Individual’s identifying information for <field name> to correct on this form. If this form cannot be corrected, please contact the TMHP LTC Help Desk to report this problem.”

The full list of form submission error messages can be found in the Appendix I: PL1, PE, and PCSP Form Submission Errors section of this user guide.

PASRR Evaluation

The PE is a face-to-face assessment completed with the person and/or the LAR. The PE is always completed when the PL1 Screening indicates that a person is suspected of having a positive PASRR condition with a “Yes” in at least one of the fields in Section C (C0100, C0200, and/or C0300). The PE verifies the person’s PASRR eligibility and lists any recommended SS. NFs review the PE to determine if they are able or unable to serve the person’s needs. If a PL1 indicates a negative PASRR condition, a PE is not required but may also be completed upon request from HHSC or a NF.

A PE is completed regardless of the person's Medicaid status. This includes people who already have Medicaid, are pending Medicaid approval, and those who have not applied for Medicaid or may not be eligible.

Over time, there can be multiple PL1s and multiple PEs for a person. If there are multiple active PL1's for a person at the same NF, then a new PE should be initiated from the active PL1 with the latest assessment date.

Here are a few things to remember:

- PEs are always completed when a PL1 is positive.
- PEs can only be completed and submitted on the LTC Online Portal by the LA.
- PEs can be requested by HHSC or an NF, even if the PL1 is negative.
- The PE must be completed prior to admission to the NF if the PL1 admission type is Preadmission.
- PEs can only be updated by the LA that submitted the PE.
- NFs can access PE forms for informational purposes only on the LTC Online Portal by using FSI. NFs can print PE forms that are accessible to them.

LAs, NFs, and referring entities work together to ensure both the PL1 and the PE are completed.

Note: *If an LA or NF needs to add a note to the PL1 or PE, refer to the Add Note section of the LTC User Guide for General Information, Online Portal Basics, and Program Resources.*

Dually Diagnosed Individuals

Dually diagnosed individuals are people who show signs of MI and IDD, MI and ID, or MI and DD. There are two sections on one PE and two payments for the PE if completed by separate LAs.

When two LAs are involved, the LA that initiates submitting a PE is responsible for completing common sections of the PE. All sections of the PE are common except Section B and Section C. Section B is specific to IDD and is for LIDDAs to use, while Section C is specific to MI and is for LMHAs/LBHAs to use. Upon submission by the submitting LA, the PE will be set to status **Pending Form Completion**. The other LA must complete the evaluation using the same PE, and should not initiate a new PE.

The PE is not considered complete until both sections (MI and IDD) are completed when the person is suspected of having a dual diagnosis. A system-generated alert is sent to the LA responsible for completing either the IDD or the MI section if only one part of the PE still needs to be completed.

Power Search for LA Evaluator

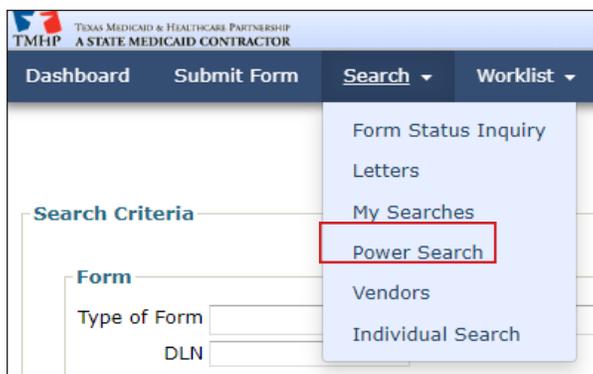
Power Search

Certain LA users will have the ability to search and access additional PASRR Forms submitted by other LAs and NFs, as well as forms submitted for other programs using the **Power Search** function on the LTC Online Portal to collect historical information and aid with completing and submitting PEs.

To perform these searches, the LA users MUST request a NEW LTC Online Portal username from their facility's system administrator. When creating a new LTC Online Portal user account for a person with an existing user account, the system administrator must use a different email address than the one used to create the original user account due to HIPAA concerns. The Information Technology (IT) contact at the LA can create the new email address to enter for the new username. The system administrator MUST grant ONLY the LA Evaluator profile/security permission to the new username. Following this procedure will ensure that the ability to search and access additional form types for a specific person will be available to the new username.

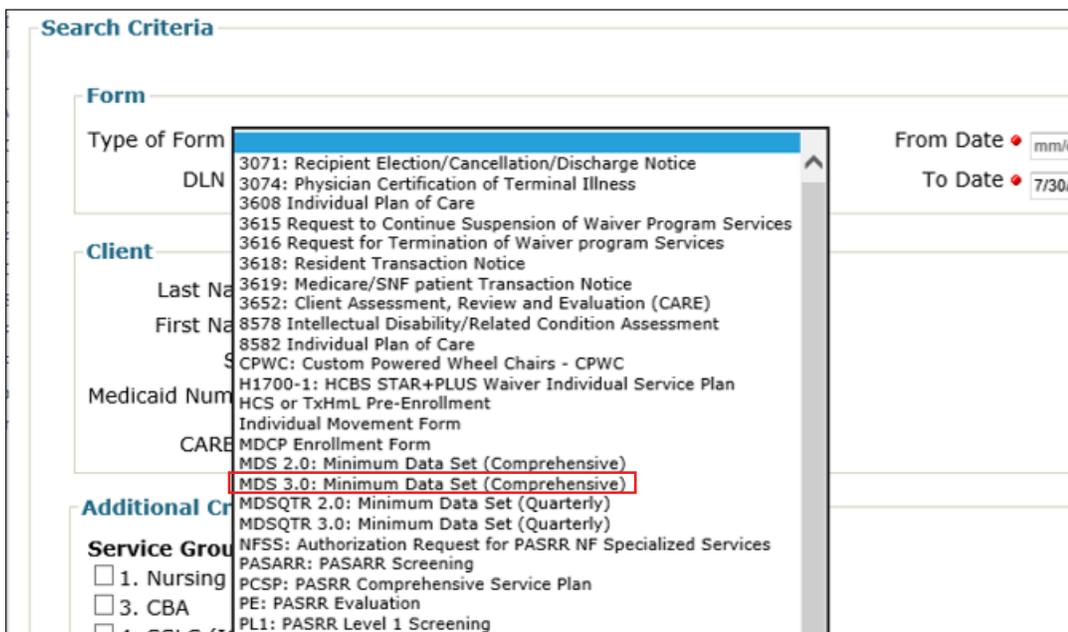
Once access has been granted, the user can then search and access any form type for a specific person. The LA Evaluator will have the ability to view and print any form type that was submitted on the LTC Online Portal for the person specified.

Power Search by Type of Form



From the Power Search screen:

- 1) Type of Form: Choose from the drop-down box. The search criteria fields on the screen change based on the type of form or assessment chosen. In this example, MDS 3.0: Minimum Data Set (Comprehensive) will be used. This is an optional field.



2) Enter the **From Date** and **To Date** manually, or using the calendar icon. These are required fields. The date must be entered in the MM/DD/YYYY format. In addition to the **From Date** and **To Date**, one of the following combinations must also be entered:

- Medicaid Number; or
- SSN and person’s Last Name; or
- SSN and Date of Birth; or
- Date of Birth, person’s First Name, and person’s Last Name.

The screenshot shows the 'Power Search' interface. Under the 'Search Criteria' section, there are two main categories: 'Form' and 'Client'.
 In the 'Form' section, 'Type of Form' is set to 'MDS 3.0: Minimum Data Set (Comprehensive)' and 'DLN' is empty. The 'From Date' is set to 'mm/dd/yyyy' and the 'To Date' is set to '7/30/2021'.
 In the 'Client' section, 'Last Name', 'First Name', 'SSN', 'Medicaid Number', and 'Medicare Number' are all empty. The 'Date of Birth' is set to 'mm/dd/yyyy'.
 A red box highlights the 'From Date' and 'To Date' fields, and another red box highlights the 'Client' section fields.

3) To narrow the search results, you can enter specific information about the form in the **Additional Criteria** section. This is an optional step as information does not have to be entered into the fields in this section.

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

The screenshot shows the 'Search Options' section. It contains three main areas:
 1. 'You may either' followed by a box containing 'Search for forms to view in any order' and a 'Search' button.
 2. 'or' followed by a box containing 'Create a list of forms to work in sequence' and a 'Work List' button.
 3. 'You may also optionally save this search for later use' followed by a 'Search Name:' label and an empty text input field.

Note: The **Work List** and **Save Search** buttons are disabled for the LA Evaluator.

An error message will be displayed, upon clicking the **Search** button, when the required search

criteria fields in the Client section are not entered.

- Please enter one of the following combinations, as applicable, to perform this search:
 Medicaid Number, or
 Social Security Number and Last Name, or
 Social Security Number and Date of Birth, or
 Date of Birth and Last Name and First Name.

5) A list of results is shown at the bottom of the screen when the required fields are completed and records are found. If there are no records found, then the “No Results Found” message will be displayed in the search results section. When records are found, click on the **DLN** link in the DLN column of the desired form to open and display it on the screen.

The form can also be printed and provided to the LA staff person who will be completing the PE to facilitate the PASRR eligibility determination.

[Export Data to Excel](#)
 Total Record(s): 2
 Displayed Record(s): 1 to 2

Locked	DLN	Medicaid	SSN	Name	Vendor Number	Provider Number	Status	Assessment Reason	Assessment Date
<input type="checkbox"/>	[Link]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Processed / Complete	01. Admission assessment (required by day 14)	[Redacted]
<input type="checkbox"/>	[Link]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Processed / Complete	04. Significant change in status assessment	[Redacted]

Steps to Submit a PASRR Evaluation

A PE can only be initiated by locating the PASRR Level 1 Screening for the person and then clicking the **Initiate PE** button on the yellow Form Actions bar. You cannot use the **Submit Form** link on the blue navigational bar to initiate a PE.

- 1) Go to www.tmhp.com.
- 2) Click **Programs**.
- 3) Click **Long-Term Care** from the drop-down menu.
- 4) Click the **LTC Online Portal** button.
- 5) Enter your username and password. Click the **OK** button. The FSI page will display by default.
- 6) Type of Form: Choose **PL1: PASRR Level 1 Screening** from the drop-down box.

Note: To search without selecting a Type of Form, you must enter Medicaid Number, SSN, or First Name and Last Name.

- 7) Vendor Number: Choose the appropriate Vendor/Provider Number combination from the drop-down box.
- 8) You can narrow results by entering specific criteria in the additional fields:
 - DLN
 - Medicaid Number

- Last Name
- First Name
- SSN
- Form Status
- Mental Illness
- Intellectual Disability
- Developmental Disability
- PASRR Eligibility

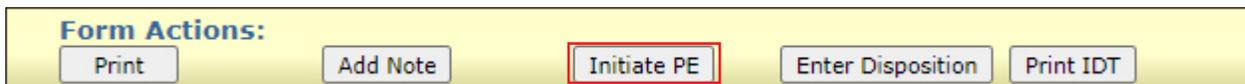
9) Enter the From Date and To Date for the PASRR Level 1 Screening. These are required fields.

10) Click the **Search** button at the bottom right of the screen.

11) Locate the PASRR Level 1 Screening in the search results section and click the **View Detail** link.

Note: Only PASRR Level 1 Screenings linked to the Vendor/Provider Number combination entered in Step 7 will be displayed.

12) Click the **Initiate PE** button on the yellow Form Actions bar. (This button will not be displayed on converted PL1s. If a new PE is requested for a person with an active converted PL1, then the NF must submit a new PL1 for the person which will allow the LA to initiate a new PE form.)



13) The Submit Form page will open. The following fields will be auto populated.

- Type of Form
- Vendor Number (enabled)
- Medicaid Number
- SSN
- Date of Birth
- First Name
- Last Name

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

To complete the PE, click each section tab and enter the information. Fields with red dots next to them are required fields in which you must enter data. If you try to submit a PE but have left information missing from fields with red dots, you will receive error messages indicating which required fields must be completed before the PE can be submitted.

PASRR Evaluation - Section A

Section A of the PE contains the Submitter Information, Assessment Information, IDD Information, MI Information, Setting of Assessment, and Personal Information. The Submitter Information will be auto populated from the Provider Number and Vendor Number information that was selected on the Submit Form page. The IDD and MI Information fields for the LA Provider Number, Vendor Number, and National Provider Identifier/Atypical Provider Identifier (NPI/API) will be auto populated from the information on the PASRR Level 1 Screening. The Personal Information will also be auto populated from the PASRR Level 1 Screening. Even though some fields in the Personal Information section are enabled for data entry, do NOT change them at this time. See note below.

In section A, field A2300G. Phone Number, the LA must enter the LA contact/telephone number, not the setting of assessment telephone number.

Note: Making any changes to the Personal Information section is not recommended because the PL1 will not be updated with the new information if the changes are made during the PE submission. If the Personal Information is changed after the PE is submitted by using the **Update Form** button on the PE, then the PL1 will be updated with the new information. Therefore, if the LA finds that the person's information needs to be updated during submission of a PE, the LA should stop completing the PE and contact the submitter of the PL1 to correct the wrong information. Then the LA should initiate the PE again from the PL1 by using the **Initiate PE** button.

PASRR Evaluation - Section B

Section B contains the Determination of PASRR Eligibility for people suspected of having ID or DD. This section is only filled out by the LIDDA who completed the IDD evaluation. If you are completing the IDD section of the PE, click I am completing the IDD section checkbox. This section is disabled for the LMHA/LBHA because they don't have permission to complete the IDD section on the PE.

Section B also contains the SS Determination/Recommendations for IDD. This section is completed for all people who are suspected of having ID and/or DD, regardless of their ME. Even though SS are recommended for all people who are confirmed for having ID and/or DD, Medicaid will only reimburse these services if the person has Medicaid benefits.

Below Section B is an area to list the SS which will be provided or coordinated by the LIDDA or IDD provider, and another area to list the SS which will be provided or coordinated by the nursing facility. Multiple SS can be listed for each.

Field B0500. Recommended Services Provided/Coordinated by the IDD Providers always defaults to choice 10. Habilitation Coordination when “1. Yes” is selected in field B0100 and/or B0200. This choice cannot be changed. Field B0600. Recommended Services Provided/Coordinated by the Nursing Facility does not have a default choice. For a list of the SS which can be selected, refer to [Appendix B](#).

LIDDA and NF recommended services will auto populate in fields B0500. Recommended Services Provided/Coordinated by IDD Providers and B0600. Recommended Services Provided/Coordinated by Nursing Facility based upon the areas of assistance needed by the person as marked in field B0400. For a table with more information on the auto populate behavior, refer to [Appendix B](#).

The LIDDA may still select options available in B0500 and B0600 independent of the auto population by clicking the **Add Recommended Specialized Service** link. If the LIDDA deselects a response in B0400, the auto populated choice(s) in B0500 and B0600 will also be deselected.

The final services selected in B0600 will be the services NF providers should review when determining whether or not they can meet the needs of the person. NF will have a better understanding of potential services to make sure they can meet the needs of the people and to better prepare for the IDT meeting.

Adding a Recommended Specialized Service

- 1) Click the **Add Recommended Specialized Service** link.

B0500.	Recommended Services Provided/Coordinated by IDD Providers	10. Habilitation Coordination Add Recommended Specialized Service
B0600.	Recommended Services Provided/Coordinated by Nursing Facility	Add Recommended Specialized Service

- 2) Click the drop-down box and select the Specialized Service to be added.

B0500.	Recommended Services Provided/Coordinated by IDD Providers	10. Habilitation Coordination <ul style="list-style-type: none"> 1. Alternate Placement Services 4. Service Coordination (SC) 5. Employment Assistance 6. Supported Employment 7. Day Habilitation 8. Independent Living Skills Training 9. Behavioral Support
B0600.	Recommended Services Provided/Coordinated by Nursing Facility	Add Recommended Specialized Service

PASRR Evaluation - Section C

Section C contains the Determination of PASRR Eligibility for people suspected of having MI as well as applicable SS Determination/Recommendations. This section is only filled out by the LMHA/LBHA who completed the MI evaluation. If you are completing the MI section of the PE, click the I am completing the MI section check box. This section is disabled for the LIDDA because they don't have permission to complete the MI section on the PE.

For a person to have a positive PASRR MI determination:

- The response to the question in field C0100. Does this individual have a PRIMARY diagnosis of Dementia? should be “No.”
- The person must have at least one MI diagnosis listed under C0300 and at least one functional limitation listed under C0400 checked.
- The “None of the above apply” response is not selected under C0300 or C0400.
- “Yes” to indicate a recent occurrence must be selected in either: C0500 Inpatient psychiatric treatment, C0600 Disruption to normal living situation, and/or C0700 intervention by law enforcement.

Complete the Recommended Services Provided/Coordinated by Local Authority choices in Section C1000. For a list of the SS which can be selected, refer to [Appendix B](#).

Adding a Recommended Specialized Service

- 1) Click the **Add Recommended Specialized Service** link.
- 2) Click the drop-down box and select the Specialized Service to be added.

Deleting a Recommended Specialized Service

- 1) Click the **Delete Recommended Specialized Service** link next to the Specialized Service to be deleted.

PASRR Evaluation - Section D

Section D is the Nursing Facility Level of Care Assessment for Preadmissions and includes the beginning of Evaluation of History and Physical Information. Most of the fields in Section D are required fields.

The Diagnosis information (D0100) allows you the option to add or delete a diagnosis code. You can add up to five diagnosis codes by clicking the **Add Diagnosis** link in this section. You can also delete a diagnosis code by clicking the **Delete Diagnosis** link. To look up the description for a diagnosis code, enter the diagnosis code and then press the tab key, enter key, or lookup icon. The diagnosis description is auto populated.

When documenting a diagnosis code for an ID or DD, it is important to note the date of onset in field D0100C. Do not leave this field blank or partially completed, especially for people with a diagnosis of ID or DD. The date of onset will be one of the determining factors in PASRR eligibility. The ID must have manifested before the age of 18. The RC/DD must have manifested before the age of 22. The date of onset can be found in the person’s medical records, or through collateral contact with the attending physician or the family. The LA must exhaust every effort to determine the date of onset. This is critical in the identification and service delivery for people with a diagnosis of ID or DD.

PASRR Evaluation

Current Status: Name: [REDACTED] DLN:0 Username: [REDACTED]

Form Actions:

Section D

Nursing Facility Level of Care Assessment

Evaluation of History and Physical Information

D0100. ♦ Diagnosis	A. Physical/Mental Diagnosis Code	B. Physical/Mental Diagnosis Description	C. Date of Onset, if known	D. Primary Diagnosis	
	<input type="text" value="q900"/> <input type="button" value="Q"/>	<input type="text" value="TRISOMY 21, NONMOS."/>	<input type="text" value="7/4/2001"/> <input type="button" value="▼"/>	<input checked="" type="radio"/>	Delete Diagnosis
	<input type="text" value="f72"/> <input type="button" value="Q"/>	<input type="text" value="SEVERE INTELLECTUAL"/>	<input type="text" value="7/4/2001"/> <input type="button" value="▼"/>	<input type="radio"/>	Delete Diagnosis
	<input type="text" value="f05"/> <input type="button" value="Q"/>	<input type="text" value="DELIRIUM DUE TO KNO"/>	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="▼"/>	<input type="radio"/>	Delete Diagnosis
	<input type="text" value="a78"/> <input type="button" value="Q"/>	<input type="text" value="Q FEVER"/>	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="▼"/>	<input type="radio"/>	Delete Diagnosis
	<input type="text" value="f064"/> <input type="button" value="Q"/>	<input type="text" value="ANXIETY DISORDER DL"/>	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="▼"/>	<input type="radio"/>	Delete Diagnosis
<input type="button" value="Add Diagnosis"/>					

A list of medications (D0200) can also be created. The Medication information allows you to add medications or delete medications. Click the **Add Medication** link to add up to 20 different medications. You can also delete a medication by clicking the **Delete Medication** link.

The LA must enter all documented side effects in D0200B for any listed medications in D0200A. This is especially important for psychotropic medications. This information can be found in the medical record or collateral contact with NF staff.

PASRR Evaluation - Section E

The Evaluation of History and Physical Information continues in Section E. Fall History, Medical Status, and Functional Assessment are contained in Section E. At the bottom of Section E (E1500), there are questions regarding the appropriateness of an NF placement. If you do not think an NF is the appropriate placement for a person, provide as much of an explanation as possible.

Field E1500B is a required field available to enter information to support or not support the person being placed in an NF. An expanded explanation may help assist NFs to determine their capacity to meet the person’s needs. This information can also assist in locating alternate placement for the person.

PASRR Evaluation - Section F

Section F contains the Return to Community Living information. The purpose of this section is to document the person’s previous community living experiences, alternate placement preferences, alternate placement options, barriers to community living, supports needed for successful community living, and referrals made for alternate placement.

When the person responds “Yes” to the question in F0500. Would the individual like to live somewhere other than a Nursing Facility?, the LA should complete the referral fields in the Referrals (F1000) section (found at the bottom of the screen) prior to submitting the PE. To complete Section F of the PE, the LA must select the program of interest to the person from the available drop-down menu in F1000A Program. After the LA has made the referral to the program in which the person is interested, the LA must add the date the referral was made in F1000D, the phone number of the person the referral was made to in F1000C, and any additional comments relating to the referral in F1000E. Once these steps are completed, the LA can submit the PE.

You can list multiple referrals. To add up to four referrals, click the **Add Referral** link. To delete a referral, click the **Delete Referral** link. HHSC will monitor completion of the referrals in F1000 when “1. Yes” is selected in field F0200B.

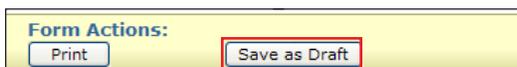
PASRR Evaluation - Authorization

The Authorization section does not require any data entry during the submission process, so you do not need to go to that section at this time.

Submitting the Completed PASRR Evaluation

When you have completed all the required fields, you will have two choices:

- a) You can click the **Save as Draft** button on the yellow Form Actions bar to save the PE until you are ready to submit.



- b) You can click the **Submit Form** button at the bottom of the screen to submit the PE.



The LTC Online Portal will validate the PE upon submission. If it does not pass the validations, error messages will be displayed indicating the error(s) and a DLN will not be generated. Correct the errors and resubmit.

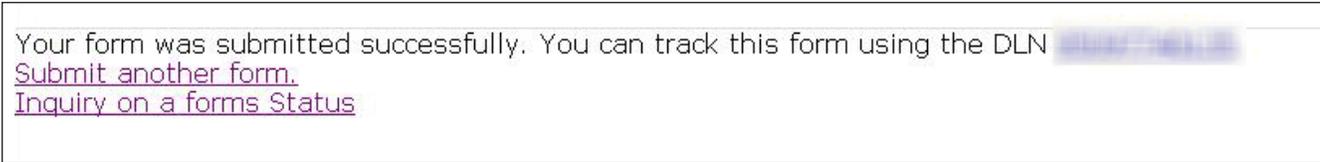
If the PE does not pass form submission validations, the LTC Online Portal will display one or more of the following error messages (the verbiage in carats [<>] will be substituted by the system with the applicable information):

“Individual’s identifying information is not valid. Please review Individual’s identifying information for <field name> to correct on this form. If this form cannot be corrected, please contact the TMHP LTC Help Desk to report this problem.”

“Submitter Contract number not valid for the PE Date of Assessment.”

The full list of form submission error messages can be found in the Appendix I: PL1, PE, and PCSP Form Submission Errors section of this user guide.

If the PE has been successfully submitted, a unique DLN will be assigned that can be used to locate and track the status of the PE by FSI, as shown in the image.



Your form was submitted successfully. You can track this form using the DLN [redacted]

[Submit another form.](#)

[Inquiry on a forms Status](#)

The DLN of the successfully submitted PE will be added to the associated PL1 Screening. The PE will also be updated with the PL1 Screening DLN. By doing so, both the PL1 Screening and the PE are linked together. This allows you to access the PE from the PL1 Screening and the PL1 Screening from the PE.

Note: *The LA should NOT change any personal information (ex. person’s name, SSN, birth date, etc.) on a PE while it’s being initiated from a PL1. Doing so will cause the PE and PL1 to be mismatched, and the PL1 cannot be changed after the PE is submitted. If the personal information is changed after the PE is submitted by using the **Update Form** button on the PE, then the PL1 will be updated automatically with the new information.*

PASRR Evaluation - Authorization Section

When a PE is submitted on the LTC Online Portal, an IDD Completion Transaction, an MI Completion Transaction, or both will be automatically created in the Authorization tab, based on the sections of the PE that were completed (Section B – IDD, Section C – MI, or both). Each Completion Transaction will be associated with the LA that submitted that PE Section.

The Completion Transaction is a request sent to HHSC to create a service authorization to reimburse the LA for completing the IDD or MI section of the PE. The Authorization Section tracks the status of each Completion Transaction. Once a service authorization has been created at HHSC, the LA will be authorized to submit claims for PE Completion.

Completion Transaction Processing Errors

The information below details how to resolve Completion Transaction processing errors based on the specific messages displayed in the applicable IDD and/or MI Completion History section. If the Completion Transaction failed to successfully process, and the Completion Transaction is in the status **LA Action Required**, then review the information in the corresponding IDD or MI Completion History for an explanation of why the Completion Transaction was not successfully processed at HHSC. Refer to

steps 1-4 below for instructions. A PE can still be updated when the Completion Transaction is in the status **LA Action Required** even when its form status is set to **Form Inactivated**.

Authorization			
	A. PTID	B. Status	C. Action
H0100. IDD Completion Transaction			Confirm
H0200. MI Completion Transaction		LA Action Required	Confirm
History			
IDD PE Completion			
MI PE Completion			
PE Completion Transaction Created	3/13/2020 3:19:30 PM		
3/13/2020 3:19:30 PM	TMHP : PE Completion Transaction (MI) has been created.		
SAS Request Pending	3/13/2020 3:19:31 PM		
3/13/2020 3:19:31 PM	TMHP : The request is being processed by DADS. Please allow 2-4 business days for the next status change.		
LA Action Required	3/14/2020 5:12:30 AM		
3/14/2020 5:12:30 AM	TMHP : PS-0002: This authorization request cannot be processed because the submitted Medicaid No. matches a different individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.		

- 1) Review the Date of the MI or IDD Assessment to ensure it is correct and that it is valid for the LA's contract date range.
- 2) Review the person's identifying information (First and Last Name, Medicaid No., SSN., Medicare No., and Birth Date) to ensure it is correct.

Note: The Medicaid No. field on the PE is used to capture the unique identifier for the person that is assigned by HHSC. These unique identifiers are assigned whether the person has ME or not.

- 3) If the steps above do not identify the source of the error, refer to [Appendix J: Completion Transaction Processing Errors and Suggested Actions](#) for suggested actions for the most recent Provider Message displayed in the History section of the Authorization tab for the IDD or MI PE Completion transaction containing the error. Use the Suggested Actions to identify and resolve the error.

PASRR Transaction Identifier (PTID) Status and History

The PTID Status and PTID History can be found on the Authorization tab of the PE. This status is related to the authorization request sent to HHSC for authorization of reimbursement of the PE. The LA should check the PTID status often to ensure no other information is needed to process the reimbursement. There are two different PTID statuses, one for MI and one for IDD. Refer to [Appendix G: Form and PTID Statuses](#) in this user guide for more information.

The PTID uniquely identifies the IDD or MI Completion Transaction. Each Completion Transaction also has an associated Status and an Action field. The History of each Completion Transaction is displayed below the fields, indicating the processing progress of the Completion Transaction as well as any processing errors.

- a) If the Completion Transaction status is **LA Action Required**, and changes to the person's identifying information, the Date of IDD, or MI Assessment are needed on the PE based on the Suggested Action for the PTID Message listed in Appendix J, then update the PE as follows:

- I. Open the PE, and click the **Update Form** button on the yellow Form Actions bar.
- II. Once the changes are made, click the **Submit Form** button. The PTID will be resubmitted to SAS automatically.
- III. Reopen the PE, and click the **Authorization tab**. Verify that the applicable PTID status now displays **Submit to SAS** or **SAS Request Pending**.

Note: SAS will reprocess the Completion Transaction overnight and return another response code. If the updated identifying information for the person now matches between the PE and HHSC, the new status of the Completion Transaction will be set to **Processed/Complete**.

An example of a PTID Message that requires the LA to update the PE is as follows:

Excerpt from the PTID History of a PE:

History	
IDD PE Completion	
PE Completion Transaction Created	7/24/2014 12:58:24 PM
7/24/2014 12:58:24 PM	TMHP : PE Completion Transaction (IDD) has been created.
SAS Request Pending	7/24/2014 12:58:25 PM
7/24/2014 12:58:25 PM	TMHP : The request is being processed by DADS. Please allow 2-4 business days for the next status change.
LA Action Required	7/25/2014 4:43:40 AM
7/25/2014 4:43:40 AM	TMHP : PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.

Note: Use the table in [Appendix J](#): Completion Transaction Processing Errors and Suggested Actions to match up the PTID Message with the Suggested Action.

PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.	PE Completion	The individual's Medicaid No. on the PE is not on file. <ul style="list-style-type: none"> • If the Medicaid No. is incorrect on the PE, update it and resubmit. • If the Medicaid No. is correct on the PE, contact HHSC at 211 to verify that the Medicaid No. on PE matches the Medicaid No. on file at HHSC for this individual. <ul style="list-style-type: none"> - If the identifying information on the PE is incorrect, update it as needed and resubmit. - If the identifying information on file at HHSC is incorrect, contact the individual or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the individual or LAR has confirmed that the information has been corrected by HHSC.
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- b) If the PTID status is **LA Action Required**, and no changes to the person's identifying information, the Date of IDD, or MI Assessment are needed on the PE, take the appropriate Suggested Action based on the Suggested Action for the PTID Message listed in Appendix J. The person or their LAR can contact HHSC and request that identifying information be corrected. Once the problem is resolved at HHSC, then the LA can resubmit the PTID to SAS as follows:

- I. Open the PE and go directly to the Authorization tab and select **Submit to SAS** from the Action drop-down box (H0100C or H0200C) for the PTID that needs to be resubmitted. Do not click the **Update Form** button.
- II. Click the **Confirm** button.
- III. Provide any details in the text box, if desired, on the Status Change Confirmation page.
- IV. Click on the appropriate button:
 - Click the **Change Status** button to accept the change. The status of the Completion Transaction will change to **Submit to SAS** or **SAS Request Pending**, indicating that it has been resubmitted to HHSC.
 - Click the **Cancel** button to discard the change.

Note: SAS will reprocess the Completion Transaction overnight and return another response code. If the person's identifying information now matches the information between the PE and HHSC, then the new status of the Completion Transaction will be set to **Processed/Complete**.

An example of a PTID Message that requires the LA to do something OTHER THAN update the PE is as follows:

Excerpt from the PTID History of a PE:

History	
IDD PE Completion	
PE Completion Transaction Created	7/24/2014 12:58:24 PM
7/24/2014 12:58:24 PM	TMHP : PE Completion Transaction (IDD) has been created.
SAS Request Pending	7/24/2014 12:58:25 PM
7/24/2014 12:58:25 PM	TMHP : The request is being processed by DADS. Please allow 2-4 business days for the next status change.
LA Action Required	7/25/2014 4:43:40 AM
7/25/2014 4:43:40 AM	TMHP : PS-0005 This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.

Note: Use the table in [Appendix J: Completion Transaction Processing Errors and Suggested Actions](#) to match up the PTID Message with the Suggested Action.

PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.	PE Completion	The individual's Medicaid No. on the PE is not on file. <ul style="list-style-type: none"> • If the Medicaid No. is incorrect on the PE, update it and resubmit. • If the Medicaid No. is correct on the PE, contact HHSC at 211 to verify that the Medicaid No. on PE matches the Medicaid No. on file at HHSC for this individual. <ul style="list-style-type: none"> - If the identifying information on the PE is incorrect, update it as needed and resubmit. - If the identifying information on file at HHSC is incorrect, contact the individual or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the individual or LAR has confirmed that the information has been corrected by HHSC.
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Using Form Status Inquiry (FSI) to Identify People with Specific PASRR Conditions

NFs can use FSI to identify people with specific PASRR conditions. This can assist NFs in identifying the number of people in the facility who are IDD only, MI only, IDD and MI, or PASRR Negative. Examples of how NFs can use FSI include determining:

- How many people are PASRR positive in preparation for a CHOW
- Who is eligible for a Durable Medical Equipment (DME).
- The people that are PASRR positive for a specific condition when asked by Regulatory staff.

The LTC Online Portal will:

- Derive and store the PASRR condition of people in an NF, as indicated by the latest active PE* for the person at the time of the most recent MDS LTCMI submission (*An active PE is one that is not set to status **Pending Form Completion** or **Form Inactivated**.)
- Provide the capability to export the resident-based search results to Microsoft Excel®.
- Provide a capability to search for people in the facility based on their PASRR condition, by selecting an option from the drop-down box in the FSI.
- Display a list of people when searching by a PASRR condition listed in the PASRR Eligibility Type drop-down box of the FSI. This function is different because all other searches will display forms or assessments in the Search Results section.

To use FSI this way:

- 1) Click the **Search** link on the blue navigational bar.
- 2) Choose **Form Status Inquiry** from the drop-down menu.
- 3) Type of Form: Choose one of the following options from the drop-down box:
 - **MDS 3.0: Minimum Data Set (Comprehensive)**
 - **MDSQTR 3.0: Minimum Data Set (Quarterly)**
- 4) Vendor Number: Choose the submitter Vendor Number/Provider Number from the drop-down box.

- 5) From the PASRR Eligibility Type drop-down box choose one of the following:
1. IDD Only
 2. MI Only
 3. IDD and MI
 4. Negative

The screenshot shows the 'Form Status Inquiry' application. The 'Form Select' section includes a 'Type of Form' dropdown menu set to 'MDSQTR 3.0: Minimum Data Set (Quarterly)'. Below it is a 'Vendor Number' field with a 'for Provider Number' dropdown. The 'Form Status Inquiry' section contains several input fields: DLN, Last Name, Form Status, SSN, Medicaid Number, and First Name. There are also date pickers for 'From Date' and 'To Date', both set to 03/23/20. A 'Purpose Code' and 'Reason for Assessment' dropdown are also present. The 'PASRR Eligibility Type' dropdown is open, showing a list of options: 1. IDD Only, 2. MI Only, 3. IDD and MI, and 4. Negative. A 'Search' button is located at the bottom right of the form.

- 6) For this search, the From and To dates are disabled and will default to the current date as both the start and end date once a PASRR Eligibility Type is selected from the drop-down menu.
- 7) Click the **Search** button. The search will return a list of all people currently residing in the NF who meet the search criteria. The status of the person must be **Active**. The **Active** status is based on the

PL1 and the latest 3618/3619 submission.

Form Select

Type of Form MDS 3.0: Minimum Data Set (Comprehensive)

Vendor Number [] for Provider Number []

Form Status Inquiry

DLN [] Medicaid Number []

Last Name [] First Name []

Form Status []

SSN []-[]-[]

From Date 04/28/2015 To Date 04/28/2015

Purpose Code []

Reason for Assessment []

PASRR Eligibility Type 2. MI Only

Search

6 record(s) returned.

[Export Data to Excel](#)

Last Name	First Name	PASRR Eligibility Type	Medicaid #	SSN	Medicare #	Vendor Number	Provider Number	Admission Date
BANKS	ROCKY	2. MI Only	6142289112	444444444	4444444444	5087	000007872	4/14/2014
BATTLE	JOHN	2. MI Only	5128627088	456743210	4567432100	5087	000007872	5/31/2014
BROWN	LINDA	2. MI Only	2573878011	457257840		5087	000007872	12/11/2011
HODGE	RAULPH	2. MI Only	520991226	444444444	4444444444	5087	000007872	5/2/2013
NOBLE	OLAS	2. MI Only	617877628	432826176	4328261760	5087	000007872	7/17/2013
SMALL	ROBERTA	2. MI Only	508894463	456112678		5087	000007872	4/23/2014

The PASRR Comprehensive Service Plan (PCSP) Form

The PCSP Form is completed on the LTC Online Portal to document the Specialized Services agreed upon at the Initial IDT/Service Planning Team (SPT), Annual IDT/SPT, Quarterly, and LA Update meetings.

When a meeting is submitted, updated, or added on a PCSP Form, the system will check for ME after the submitter clicks on the **Submit Form** button. After the system determines what the ME is, it will populate PCSP field A0810 with either

- 0. ME Not Found;
- 1. ME Confirmed; or
- 2. ME Undetermined.

This same determination will also be populated in the blue column headings on the Summary tab.

This information is helpful to guide the IDT's discussion regarding PASRR specialized services. When ME is not found or can't be determined, the IDT has the following options:

- Alternative services funding for SS can be explored.
- SS can be postponed when the person's Medicaid status is pending.

All of these options should be discussed and documented in the comment section of the PCSP Form. If the value in PCSP field A0810 is either "0. ME Not Found" or "2. ME Undetermined", then the selected PASRR specialized services will need to be delivered using a payer source other than Medicaid.

The PCSP Form for Nursing Facilities

For a person with a positive PE, the initial IDT meeting is held within 14 days of a person's admission into the NF or for a resident review, within 14 calendar days after the LTC Online Portal generated an automated notification for the LA to complete a PE, and annually thereafter. The IDT determines whether the person is best served in a facility or community setting and to identify which of the SS recommended for the person, or LAR on the person's behalf, wants to receive. The meeting information is to be submitted on the PCSP form by the NF and confirmed by the LA.

The IDT meeting is not valid if a representative from the LA(s) is not in attendance. The NF will need to reschedule the IDT meeting to include staff from the LA.

If the LTC Online Portal does not find a submitted and valid Initial or Annual IDT meeting within the past 12 months, the MDS LTCMI will be rejected.

The NF must submit an IDT meeting on the PCSP form before attempting to resubmit the MDS LTCMI. If the PCSP form is rejected because of an invalid PL1 or PE, a new PL1 and PE must be submitted before submitting the PCSP form and then resubmitting the MDS LTCMI.

The PCSP Form for Local Authorities

The only function that an LA should conduct for an initial or annual IDT meeting is to confirm their attendance at the meeting and whether all SS discussed at the meeting were recorded on the PCSP form. An LA must confirm the IDT meeting on the PCSP form with Meeting Type **Initial IDT/SPT** or **Annual IDT/SPT** by clicking on the **Confirm IDT** button within five business days after receiving notification from the LTC Online Portal. The LA confirms that the NF entered information from the IDT meeting correctly on the PCSP form.

The LA confirms that all the SS discussed and agreed upon during the IDT meeting are recorded correctly on the PCSP form. Additionally, the LA is confirming their attendance (either in person or by telephone) at the IDT meeting. The LA must enter a date in PCSP field A3400D. LA-MI Signature Date and/or A3500D. LA-IDD Signature Date that is on or after the date they received the alert to confirm the IDT meeting.

An IDT meeting will be invalidated by the system if the LA submits an IDT confirmation indicating that they were absent.

Note: *It is possible for the LA to confirm their attendance at the meeting and disagree with the list of SS if they were recorded inaccurately. When a discrepancy for the list of agreed-upon SS is identified by the LA, the LA should contact the NF to make the necessary corrections first before submitting their IDT confirmation.*

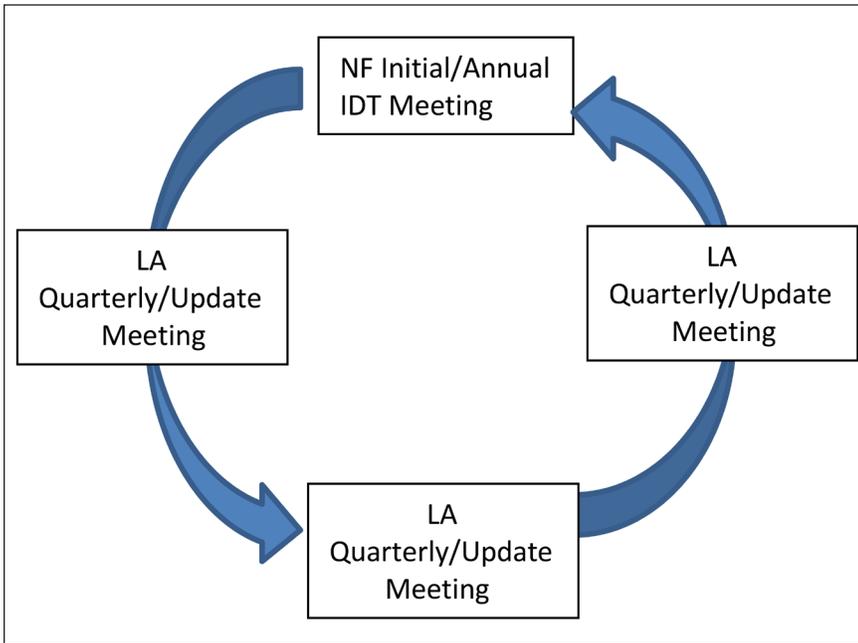
LIDDAs also use the PCSP form to record Quarterly SPT meetings and any LA Update meetings in between the Quarterly SPT meetings.

LMHAs/LBHAs also use the PCSP form to record MI Quarterly meetings and any LA Update meetings in between the MI Quarterly meetings.

LAs must not record Quarterly meetings on the same date as the NF's initial or annual IDT meeting. The NF's IDT meeting will serve as the LA's initial or annual SPT/Quarterly meeting, so entering another meeting for these dates is not necessary (Refer to figure below).

For more information, refer to the [Adding a Meeting on the PCSP Form](#) section of this user guide.

There are some slight differences between the method of submission used by the NF and the method used by the LA.



How to Complete and Submit the PCSP Form on the LTC Online Portal

- 1) Click the **Search** link on the blue navigational bar.
- 2) Choose **Form Status Inquiry** from the drop-down box.
- 3) Type of Form: Choose **PE: PASRR Evaluation**.
- 4) If the Vendor Number is not already auto populated, choose the Vendor/Provider Number combination assigned to the PCSP submitter by HHSC, from the drop-down box.
- 5) Users can narrow the search results by entering specific criteria in the additional fields:
 - PE DLN
 - Medicaid Number
 - Last Name
 - First Name
 - Form Status
 - SSN
- 6) Enter the From Date and To Date. These are required fields. Dates are searched against the TMHP Received Date (date of successful submission).

Figure – Form Status Inquiry (FSI)

- 7) Click the **Search** button and the LTC Online Portal will return any matching PEs. A maximum of 50 records will display at one time.
- 8) Click the **View Detail** link to the left of the DLN to display the details of the positive PE you are looking for. The PE should then display the **Initiate PCSP** button.

	DLN	TMHP Received Date	SSN	Medicaid	Medicare #	First Name	Last Name	Status	Provider Number	Vendor Number
View Detail	44222222	1/10/2019	44222222	44222222		JOHN	JOHN	Form Inactivated	44222222	44222222
View Detail	44222222	1/11/2019	44222222	44222222		JANE	JANE	Approved	44222222	44222222
View Detail	44222222	1/14/2019	44222222	44222222		JANE	JANE	Negative PASRR Eligibility	44222222	44222222
View Detail	44222222	1/14/2019	44222222	44222222	44222222	JANE	JANE	Positive PASRR Eligibility	44222222	44222222
View Detail	44222222	1/14/2019	44222222	44222222	44222222	JANE	JANE	Negative PASRR Eligibility	44222222	44222222
View Detail	44222222	1/15/2019	44222222	44222222		JANE	JANE	Negative PASRR Eligibility	44222222	44222222
View Detail	44222222	1/16/2019	44222222	44222222	44222222	JANE	JANE	Negative PASRR Eligibility	44222222	44222222
View Detail	44222222	1/16/2019	44222222	44222222		JANE	JANE	Form Inactivated	44222222	44222222
View Detail	44222222	1/17/2019	44222222	44222222		JANE	JANE	Negative PASRR Eligibility	44222222	44222222

Figure – View Detail Screen

Figure – Initiate PCSP Button

- 9) Click on the **Initiate PCSP** button. This will display the Initiate Form page.
 - The NF will select either **Initial IDT/SPT** or **Annual IDT/SPT** as the Type of Meeting from the drop-down box. This is the only method for an NF to submit an IDT meeting. An IDT meeting cannot be added to an existing PCSP DLN by using the **Add Meeting** button. The annual IDT meeting must be submitted on a new PCSP form initiated from the PE and will generate a new DLN for the next year. The LTC Online Portal will not allow the submission of another PCSP form that is indicated as a 1. Initial IDT/SPT meeting initiated from the same PE for the same provider number if an initial IDT meeting already exists on a PCSP DLN.
 - The LA will not need to initiate a new PCSP form because they will simply add their Quarterly/LA Update meeting to the existing PCSP DLN that contains the IDT meeting using the **Add Meeting** button.

10) Click the **Enter Form** button.

Figure – PCSP Form Initiated

11) The PCSP form will display. Enter all the required field information denoted by red dots. For more information, refer to the [Completing Required Fields](#) section of this user guide.

Figure – PCSP Form

12) When finished, the submitter may save the PCSP form by clicking on the **Save as Draft** button or clicking the **Submit Form** button to submit the PCSP.

Figure – Submit Form Button

Note: If the LA determines that a mistake was made on the PCSP form after submitting the Quarterly or LA Update meeting, the LA can contact the HHSC PASRR Unit to have the necessary corrections made as

long as another meeting has not been added to the current PCSP DLN or submitted on a newer PCSP DLN. If the NF determines that a mistake was made on the PCSP form after submitting the IDT meeting, refer to the [Updating an IDT Meeting on the PCSP Form](#) section to make the necessary corrections.

Completing Required Fields

There are some details to remember to ensure required fields are addressed.

- The PCSP form includes SS categorized by NF, IDD, and MI.
- There are two sections that contain MI SS.
- The SS listed in the A3110. Additional MI SS section are not listed on the PE but need to be discussed at the IDT/Quarterly/LA Update meeting.
- An option is required for SS based on the value in field A2400.
- For example, specialized services are only required to be completed in sections A2800. Nursing Facility Specialized Services, A2900. Durable Medical Equipment (DME), and A3000. IDD Specialized Services when the value in field A2400. Individual is PASRR positive for: is “1. IDD only”.
- Field A2700A. Nursing Facility Specialized Services Indication is only required to be completed if the value in field A2400 is
 - 1. IDD only; or
 - 3. IDD and MI.
- In field A2500A. Participant Type, the Habilitation Coordinator is one of the options for participant type.
- In some cases, the attendance type in field A2500B. Attendance Type, will only enable option 1. Yes – Attended in person in the event that 9. LIDDA – Habilitation Coordinator was selected in field A2500A.
- If the Habilitation Coordinator attended by phone, select a different option in field A2500A. Participant Type and select 2. Habilitation Coordinator in field A2500C. Title, so you are able to select the correct attendance type.
- Text box fields only allow specific alphanumeric characters. If an invalid character is entered, an error message will indicate which characters are allowed.
- Starting with field A2500 in the Participants Information section, the rows on the grid are not required. However, all participants who are required to be at the meeting must be entered or the submitter will receive an error message and will not be able to submit the meeting.

PCSP Form Summary Tab

After a PCSP form has been successfully submitted on the LTC Online Portal, a DLN will be assigned. Clicking on the Summary tab at the top of the PCSP form will display a summary of information that was entered for a meeting on the PCSP tab of the form, including information about meeting participants, SS information, and comments from the NF and LA.

The screenshot shows the top portion of the PCSP form. At the top, it reads "PCSP: PASRR Comprehensive Service Plan". Below this, the current status is "Form Completed", and fields for Name, DLN, and Username are present. A yellow "Form Actions" bar contains "Add Note" and "Print" buttons. Below the bar are two tabs: "PCSP" and "Summary", with "Summary" highlighted in red. A "PCSP" label is visible on the left, and a "Submitter Information" link is at the bottom left.

The screenshot shows the "Summary" tab selected. At the top, the "Form Actions" bar includes "Add Note", "Update Form", and "Print" buttons. Below are "PCSP" and "Summary" tabs, with "Summary" highlighted. The "Summary" section is expanded to show "Participants Information" with the code "B0100. Meeting Participation". A dropdown menu shows "10" entries. Below is a table with the following data:

	A. Participant Type	B. Attendance Type	C. Title	D. Other	E. Full Name	F. Type of Meeting	G. Date of Meeting
1	1. Individual	1. Yes - Attended in person	1. Diversion Coordinator			1. Initial IDT/SPT	9/10/2018
2	2. LA - IDD	2. Yes - Attended via phone	2. Habilitation Coordinator		t1	1. Initial IDT/SPT	9/10/2018

Figure – PCSP Summary Tab

PCSP Form History Trail

Located at the bottom of the PCSP form, the History trail shows what actions were taken, including submission of the form, submission of added meetings, updates to the form, and alerts.

The screenshot shows the "History" tab selected. It displays a table of actions:

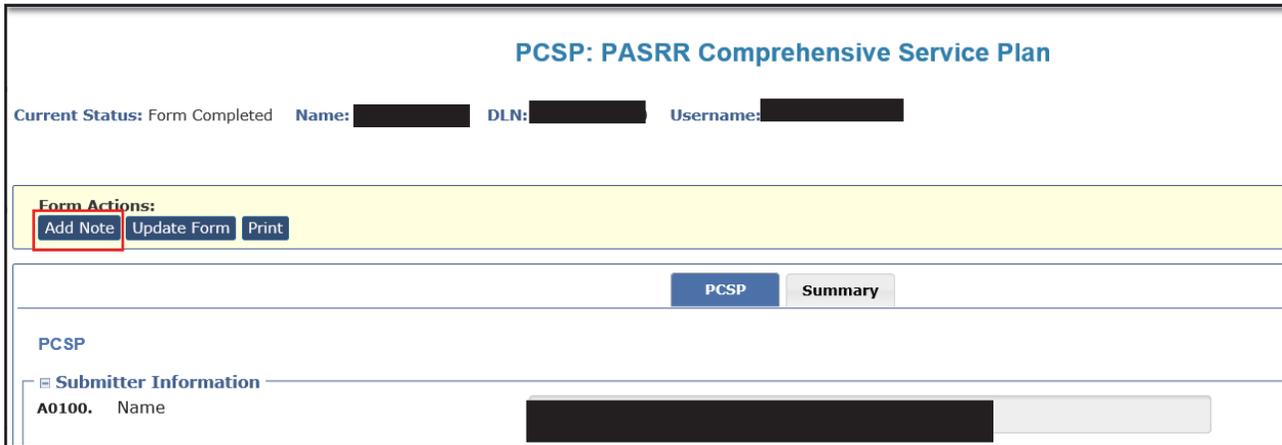
Form Completed	4/1/2021 12:52:50 PM
4/1/2021 12:52:50 PM	TMHP : This form was submitted from [redacted]
4/1/2021 12:52:50 PM	TMHP : Medicaid Eligibility found for the person for the Date of Meeting or later.
4/1/2021 12:52:50 PM	TMHP : An alert was created and submitted to the [redacted]
4/1/2021 1:03:10 PM	TMHP : The system has accepted IDD Specialized Services and Participation Confirmation of Initial/Annual Meeting.

Figure – PCSP Form History Trail

Adding Notes to the PCSP Form

To add a note to the form History:

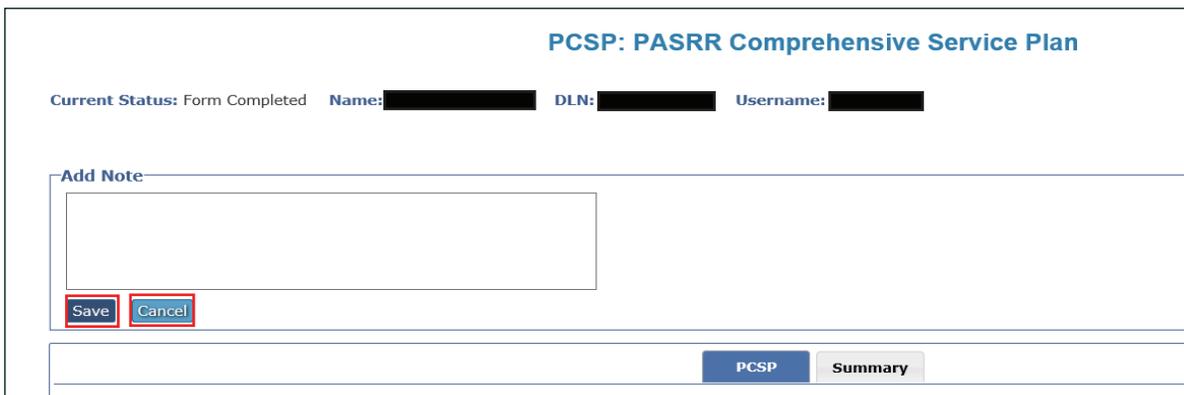
- 1) Click the **Add Note** button in the yellow Form Actions bar.



The screenshot shows the top portion of the 'PCSP: PASRR Comprehensive Service Plan' form. At the top, it displays the title and 'Current Status: Form Completed' along with redacted fields for Name, DLN, and Username. Below this is a yellow 'Form Actions' bar containing three buttons: 'Add Note' (highlighted with a red box), 'Update Form', and 'Print'. Underneath the actions bar are two tabs: 'PCSP' (active) and 'Summary'. A section titled 'PCSP' is visible, with a sub-section 'Submitter Information' containing a label 'A0100. Name' and a redacted text input field.

Figure – Add Note to PCSP Form

- 2) Enter the information you want in the text box and click the **Save** button. The note will appear on the PCSP form History. To cancel the note, click the **Cancel** button.



This screenshot shows the 'Add Note' section of the form. It features a large, empty text input box for entering the note. Below the text box are two buttons: 'Save' (highlighted with a red box) and 'Cancel' (also highlighted with a red box). The rest of the form interface, including the title, status, and tabs, is consistent with the previous screenshot.

Figure – Add Note Text Box

Updating an IDT Meeting on the PCSP Form

At times, it may be necessary for the NF to update an Initial IDT/SPT or Annual IDT/SPT meeting on the PCSP form to make corrections. NFs can make corrections to the IDT meeting on the PCSP form as long as:

- It is within 30 days from when the meeting was submitted or updated, and
- The LA has not confirmed the IDT meeting yet.

The NF can update the IDT meeting to make corrections by clicking on the **Update Form** button.

The NF updates the meeting as follows:

- 1) Click the **Update Form** button in the yellow Form Actions bar.

The screenshot shows the top portion of the PCSP form. At the top, it says "PCSP: PASRR Comprehensive Service Plan". Below that, it displays "Current Status: Form Completed" and fields for "Name:", "DLN:", and "Username:". A yellow bar labeled "Form Actions:" contains three buttons: "Add Note", "Update Form" (which is highlighted with a red box), and "Print". Below the yellow bar are two buttons: "PCSP" and "Summary". At the bottom left of the form area, the text "PCSP" is visible.

Figure – Update Form

- 2) Correct the information in the field(s) that need to be updated.
- 3) Click the **Submit Form** button at the bottom of the page. The fields that were updated will be displayed in form History.

The screenshot shows the bottom portion of the PCSP form. It includes fields for "D. LA - IDD Signature Date" (with a calendar icon), "E. LA - IDD Attendance Type" (with a dropdown arrow), and "F. LA - IDD Participation Confirmation Comments" (with a large text area). A yellow bar at the bottom right contains a "Submit Form" button highlighted with a red box. Below the form is a "History" section with a table:

History	
Form Completed	7/7/2021 9:55:58 AM
7/7/2021 9:55:58 AM	TMHP : This form was submitted from [redacted]
7/7/2021 9:55:58 AM	TMHP : Medicaid Eligibility found for the person for the Date of Meeting or later.
7/7/2021 9:55:59 AM	TMHP : An alert was created and submitted to the LA - IDD/LA - MI for confirmation of IDT.

Figure – Submit Form

History	
Form Completed	Changed by portal4335 on 1/28/2019 11:05:47 AM
1/28/2019 11:05:47 AM	portal4335 : Internal: This form was submitted from PE: [REDACTED]
1/28/2019 11:05:47 AM	portal4335 : External: This form was submitted from PE: [REDACTED]
1/28/2019 11:05:47 AM	System : Internal: An alert was created and submitted to the LA - IDD/LA - MI for confirmation of IDT.
1/28/2019 11:05:47 AM	System : External: An alert was created and submitted to the LA - IDD/LA - MI for confirmation of IDT.
	portal4335 : Internal: The following fields on the form have been updated: Field: A0800. Date of Meeting Old Value: 1/18/2019 New Value: 1/28/2019
	[REDACTED]
	Field: A3000F. Habilitation Coordination Old Value: 3. Ongoing New Value: 7. Not Needed
	Field: A2800A. Individual/LAR Refused all Services Old Value: FALSE New Value: TRUE
	Field: A2800B. Customized Manual Wheelchair (CMWC) Old Value: 7. Not Needed New Value: 1. Individual/LAR Refused
	Field: A2800D. Specialized Assessment Occupational Therapy (OT) Old Value: 7. Not Needed New Value: 1. Individual/LAR Refused
	Field: A2800E. Specialized Assessment Physical Therapy (PT) Old Value: 7. Not Needed New Value: 1. Individual/LAR Refused
	Field: A2800F. Specialized Assessment Speech Therapy (ST) Old Value: 7. Not Needed New Value: 1. Individual/LAR Refused
	Field: A2800G. Specialized Occupational Therapy (OT) Old Value: 4. Discontinued New Value: 1. Individual/LAR Refused
	Field: A2800H. Specialized Physical Therapy (PT) Old Value: 4. Discontinued New Value: 1. Individual/LAR Refused
	Field: A2800I. Specialized Speech Therapy (ST) Old Value: 4. Discontinued New Value: 1. Individual/LAR Refused
	Field: A2500C.3 Title Old Value: 12. Speech Therapist New Value: 13. Other
	Field: A2500C.4 Title Old Value: 2. Habilitation Coordinator New Value: 11. Service Coordinator
1/29/2019 11:20:30 AM	

Figure – History Trail Showing Updated Fields

Note: If the NF determines that a mistake was made on the PCSP form after submitting the IDT meeting, and the **Update Form** button is not displayed for the NF to update it, the NF can contact the HHSC PASRR Unit to have the necessary corrections made before the LA confirms the meeting, as long as another meeting has not been added to the current PCSP DLN or submitted on a newer PCSP DLN.

Printing the PCSP Form

To print a paper copy of the PCSP form, click the **Print** button in the yellow Form Actions bar.

PCSP: PASRR Comprehensive Service Plan

Current Status: Form Completed Name: [REDACTED] DLN: [REDACTED] Username: [REDACTED] Unlock Form

Form Actions:

Add Note Update Form Print

PCSP Summary

PCSP

Figure – Print Button

The Print grid appears, displaying all meetings submitted on this PCSP DLN. To print a meeting, click on the printer icon located to the far right of the meeting you want to print. A new window will open displaying the PDF version of the form. To cancel the printing or close the Print grid, click the **Cancel** button.

PCSP NF Alert

NFs will receive a Quarterly/Update Meeting Submission alert when an LA submits a Quarterly or LA Update meeting. The content of this alert can be viewed by the NF by navigating to the **Alerts** link in the blue navigation bar and then by clicking on the appropriate Alert Subject. This alert will be sent to the NF so the SPT or LA Update meeting can be printed through the PCSP form and SS can be updated on the person’s comprehensive care plan by the NF.

Select	Alert Subject	Vendor No.	Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	PL1 needs Certification – First Notification			+					1/8/2019	MI only
<input type="checkbox"/>	Quarterly/Update Meeting Submission								1/8/2019	IDD and MI

Figure – Alerts

Return To Alerts Page

Subject: Quarterly/Update Meeting Submission **Sent: 1/8/2019 1:32:29 PM**

A Quarterly or LA Update meeting has been submitted on the LTC Online Portal for an individual in your facility. A copy of the SPT Meeting on the PCSP form must be printed and revised services included in the Individual Comprehensive Care Plan.

Admitting Nursing Facility: [REDACTED]
 NPI No.: [REDACTED]
 Vendor No.: [REDACTED]
 Provider No.: [REDACTED]
 Individual: [REDACTED]
 Medicaid No.: [REDACTED]
 Social Security No.: [REDACTED]
 Medicare No.: [REDACTED]
 PASRR Comprehensive Service Plan DLN: [REDACTED]

Figure – Confirm Quarterly/Update Meeting

Adding a Meeting on the PCSP Form

The LA will complete and submit a PCSP form initiated from a PE only if a PCSP DLN does not already exist for an IDT meeting. If a PCSP DLN does exist, the LA will simply add the Quarterly/LA Update meeting to the existing PCSP DLN. An Initial IDT/SPT or Annual IDT/SPT meeting cannot be added to the PCSP DLN by using the **Add Meeting** button.

To add a Quarterly/LA Update meeting to the completed PCSP form, click the **Add Meeting** button on the yellow Form Actions Bar. Complete all required fields, and click on the **Submit Form** button to submit the meeting on the PCSP DLN.

For more information, refer to the [Completing Required Fields](#) section of this user guide.

- 1) After clicking the **Confirm IDT** button on the PCSP Form, scroll down to the section titled Local Authority Confirmation, which will display with some fields enabled and required.

Local Authority Confirmation

A3400. LA - MI Specialized Services and Participation Confirmation

A. I am Confirming the MI section

B. All MI Specialized Services selected were agreed to by the IDT

C. LA - MI Specialized Services Comments

D. LA - MI Signature Date **E. LA - MI Attendance Type**

F. LA - MI Participation Confirmation Comments

A3500. LA - IDD Specialized Services and Participation Confirmation

A. I am Confirming the IDD section

B. All IDD Specialized Services selected were agreed to by the IDT

C. LA - IDD Specialized Services Comments

D. LA - IDD Signature Date **E. LA - IDD Attendance Type**

F. LA - IDD Participation Confirmation Comments

- 2) Complete the applicable fields. When the value in field A2400 is 3. IDD and MI, then the LA only needs to complete the section related to their respective area. The LA must enter a date in PCSP field A3400D. LA-MI signature Date and/or A3500D. LA-IDD Signature Date that is on or after the date that they received the alert to confirm the IDT meeting.
- 3) After the appropriate fields have been completed, click the **Submit Form** button.

Note: When the LA is confirming an IDT and selects value “3. No – Did not attend” in the Attendance Type field (MI or IDD) of the Local Authority Confirmation Section of the PCSP form for Initial or Annual IDT meetings and submits form, the LTC Online Portal will display a pop-up warning message for the LA to confirm that they did not attend the IDT meeting with **OK** and **Cancel** buttons. Clicking the **OK** button on the pop-up warning message will have the system invalidate the IDT meeting by setting PCSP field A0700 to “5. Invalid” and add a note to the form history of the PCSP DLN for the invalidated meeting and for the system-generated alert to the NF. An alert will be sent to the NF to reconvene an invalidated IDT meeting. The NF must record the reconvened IDT meeting information by initiating a new PCSP form from the PE.

The system will also prevent the addition of meetings to the PCSP DLN of the invalidated meeting. The invalidated meeting also cannot be updated by the NF or HHSC PASRR Unit, and the other LA cannot confirm the IDT meeting if the person is positive for ID/DD and MI PASRR eligibility.

Authorization Request for PASRR Nursing Facility Specialized Services (NFSS)

The NFSS form allows NF personnel to request NFSS on behalf of the person through the LTC Online Portal. It allows requests to be submitted for specialized services for people with IDD or dual diagnoses of MI/IDD. SS cannot be requested on this form for people with MI only, who are 20 years of age and younger, have a negative PE, or who are not Medicaid-eligible. The form also allows NF providers to:

- Upload all required and supporting documentation directly to the LTC Online Portal as electronic attachments.
- Save drafts of PASRR NFSS forms prior to completing.
- Print out the completed form, or draft.
- Save time with pre-populated fields.

The NFSS form allows the NF to request multiple SS on a single form for a resident. The services can be selected from three types:

- Customized Manual Wheelchair (CMWC);
- DME; or
- Habilitative Therapies.

Providers can only request one type of service per form. For example, if the NF needs to request four DME items and three Habilitative Therapies, this request must be submitted on two separate NFSS forms. Providers will need to submit one request for all three therapies, and one for all four DME items.

The NFSS form has 17 tabs that include detailed sections for information on the provider and the person receiving services, and sections that allow providers to fill out information for the specific types of service requested. The tabs include:

- Resident/NF
- CMWC/DME Assessment
- CMWC Request
- Gait Trainer
- Orthotic Device
- Car Seat/Travel Restraint
- Mattress
- Positioning Wedge
- Prosthetic Device
- Standing Board/Frame
- OT Assessment
- OT Service

- PT Assessment
- PT Service
- ST Assessment
- ST Service
- Auth Summary

Completing and Submitting the NFSS Form

To generate, access, and submit NFSS forms on the LTC Online Portal, certain user permissions are required. Only NF users (not LA or MCO users) can submit or update these forms. An NF submitter (though not an Admin Only user) must have either a PL1 Submitter or PL1 Viewer user permission and the NFSS Submitter permission. The system validation will prevent Admin Only users from generating or opening an NFSS form.

Note: *NF providers should never set up or request access to the LTC Online Portal for DME providers or allow them to complete the NFSS form on the LTC Online Portal to request SS. It is the responsibility of the NF to request necessary SS. DME suppliers should be given a blank copy of Supplier Information and MSRP Quote sections of the NFSS form and the DME Signature Sheet for completion. The NF will then use the information from the DME provider to complete the required fields of the NFSS form on the LTC Online Portal.*

The NF must ensure that there is an active service authorization for NF daily care, Hospice daily care, or Medicare coinsurance before attempting to submit an NFSS form on the LTC Online Portal. If none of the service authorizations exist, the NFSS form will not submit, and an error message will be displayed. The following error message is one example:

The screenshot displays the 'Authorization Request for PASRR NF Specialized Services (NFSS)' form. At the top, it shows the current status as 'Unsubmitted' and fields for Name, DLN, and Username. A red error message box states: 'This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.' Below the error message is a 'Form Actions' section with 'Print' and 'Save as Draft' buttons. At the bottom, there is a horizontal navigation bar with tabs for various services: Resident/NF, CMWC/DME Assessment (selected), CMWC Request, Gait Trainer, Orthotic Device, Car Seat/Travel Restraint, Mattress, Positioning Wedge, Prosthetic Device, Standing Board/Frame, OT Assessment, OT Service, PT Assessment, PT Service, ST Assessment, ST Service, and Auth Summary.

To submit an NFSS form, the provider can gain access to the NFSS form only from a completed, active PL1 Screening form. The NFSS is launched from the PL1 utilizing the **Initiate NFSS** button found in the yellow Form Actions bar. The button will only appear when fields B0100 or B0200 are “1. Yes” on the PE.

Note: *Converted PL1s will not show the **Initiate NFSS** button.*

- 1) Log in to the LTC Online Portal and navigate to the Form Status Inquiry screen.

- 2) From the Type of Form drop-down box, choose **PL1: PASRR Level 1 Screening**.

- 3) Choose the appropriate Vendor Number from the drop-down box.
- 4) Enter the date range in which the PL1 was submitted. The default date range is 30 days.

- 5) Enter the DLN of the PL1, Medicaid Number, SSN, or Last/First Name of the person for which NFSS needs to be requested.

- 6) Click the **Search** button. The system will then display the search results.
- 7) Click **View Detail** for the appropriate PL1.
- 8) The **Initiate NFSS** button will be displayed in the yellow Form Actions bar. Click **Initiate NFSS**.

- 9) The person’s demographic information (completed during the PL1 Screening Form Submission process) will auto populate on the NFSS form. Confirm that the LAR’s information is correct if present on the Resident/NF tab of the NFSS form. If the LAR information on the NFSS form is incorrect, the NF should correct it with a valid name and address. Do not add unknown to the LAR name or address fields as this text will go into correspondence sent to the LAR. If the information is unknown, obtain it from the PE.

Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Unsubmitted **Name:** ██████████ **DLN:** 0 **Username:** ██████████

Form Actions:
Save as Draft

Resident/NF

CMWC/DME Assessment

CMWC Request

Gait Trainer

Orthotic Device

Car Seat/Travel Restraint

Mattress

Positioning Wedge

Prosthetic Device

Standing Board/Frame

OT Assessment

OT Service

PT Assessment

PT Service

ST Assessment

ST Service

Auth Summary

Resident/NF

Resident Information

A0100. Resident's Name	A. First Name <input style="width: 100%;" type="text"/>	B. Middle Initial <input style="width: 100%;" type="text"/>	
	C. Last Name <input style="width: 100%;" type="text"/>	D. Suffix <input style="width: 100%;" type="text"/>	
A0200. Social Security and Medicare Numbers	A. Social Security No. <input style="width: 100%;" type="text"/>	B. Medicare No. <input style="width: 100%;" type="text"/>	
A0300. Medicaid No.	<input style="width: 100%;" type="text"/>		
A0400. Birth Date and Age	A. Birth Date <input style="width: 100%;" type="text"/>	B. Age at Time of Submission <input style="width: 100%;" type="text"/>	

10) To begin requesting SS on this form, scroll to the Type of Service Requested section at the bottom of the Resident/NF tab.

Type of Service Requested

A2000. Request Type Select from only 1 category CMWC, DME, or Habilitative Therapies

A2100. CMWC Service Type

A2200. DME Service Type

A2210. Requested DME item Select all that apply

- A. Gait Trainer
- B. Orthotic Device
- C. Positioning Wedge
- D. Prosthetic Device
- E. Special Needs Car Seat or Travel Restraint
- F. Specialized or Treated Pressure-Reducing Support Surface Mattress
- G. Standing Board/Frame

A2300. Habilitative Therapies Select all that apply

- A. Occupational Therapy (OT)
- B. Physical Therapy (PT)
- C. Speech Therapy (ST)

[Submit Form](#)

11) Identify the type of SS for which you are requesting authorization in A2000.

Type of Service Requested

A2000. Request Type Select from only 1 category CMWC, DME, or Habilitative Therapies

A2100. CMWC Service Type

A2200. DME Service Type

A2210. Requested DME item Select all that apply

- A. Gait Trainer
- B. Orthotic Device
- C. Positioning Wedge
- D. Prosthetic Device
- E. Special Needs Car Seat or Travel Restraint
- F. Specialized or Treated Pressure-Reducing Support Surface Mattress

a) If you select “1. Customized Manual Wheel Chair (CMWC)” in A2000, the A2100 drop-down field becomes enabled and required. Selecting “1. CMWC Assessment Only” from the A2100 drop-down list will result in only the CMWC/DME Assessment tab being enabled for data entry. The rest of the form will be disabled. Selecting “2. CMWC” from the A2100 drop-down list will result in the CMWC/DME Assessment tab being enabled for data entry. After data is entered on the CMWC/ DME Assessment tab, then the CMWC Request tab becomes enabled for data entry. The rest of the form will be disabled.

Type of Service Requested

***A2000.** Request Type
Select from only 1 category CMWC, DME, or Habilitative Therapies
1. Customized Manual Wheel Chair (CMWC) ▼

***A2100.** CMWC Service Type
▼

A2200. DME Service Type
1. CMWC Assessment Only
2. CMWC

A2210. Requested DME item
Select all that apply

- A. Gait Trainer
- B. Orthotic Device
- C. Positioning Wedge
- D. Prosthetic Device
- E. Special Needs Car Seat or Travel Restraint
- F. Specialized or Treated Pressure-Reducing Support Surface Mattress
- G. Standing Board/Frame

A2300. Habilitative Therapies
Select all that apply

- A. Occupational Therapy (OT)
- B. Physical Therapy (PT)
- C. Speech Therapy (ST)

Submit Form

b) If you select “2. Durable Medical Equipment (DME)” in A2000, the A2200 drop-down field becomes enabled and required. Selecting “1. DME Assessment Only” from the A2200 drop-down list will result in only the CMWC/DME Assessment tab being enabled for data entry. The rest of the form will be disabled. Selecting “2. DME” from the A2200 drop-down list will enable and require the check boxes in A2210. Click on the check boxes of all applicable equipment. When data is entered on the CMWC/DME Assessment tab, then the tab(s) associated to the check boxes that you clicked on in A2210 become enabled for data entry. The rest of the form will be disabled.

Type of Service Requested

***A2000.** Request Type
Select from only 1 category CMWC, DME, or Habilitative Therapies
2. Durable Medical Equipment (DME) ▼

A2100. CMWC Service Type
▼

***A2200.** DME Service Type
▼

A2210. Requested DME item
1. DME Assessment Only
2. DME

- A. Gait Trainer
- B. Orthotic Device
- C. Positioning Wedge
- D. Prosthetic Device
- E. Special Needs Car Seat or Travel Restraint
- F. Specialized or Treated Pressure-Reducing Support Surface Mattress
- G. Standing Board/Frame

A2300. Habilitative Therapies
Select all that apply

- A. Occupational Therapy (OT)
- B. Physical Therapy (PT)
- C. Speech Therapy (ST)

Submit Form

c) If you select “3. Habilitative Therapies” in A2000, the check boxes in A2300 become enabled and required. Click on the check boxes of all applicable therapies. The assessment tabs associated to the therapies you clicked on in A2300 become enabled for data entry. The service tabs associated to the therapies you clicked on in A2300 become enabled upon data entry if the

therapy type is not for an assessment only. The rest of the form will be disabled.

Type of Service Requested

Select from only 1 category CMWC, DME, or Habilitative Therapies

A2000. Request Type • 3. Habilitative Therapies

A2100. CMWC Service Type [Dropdown]

A2200. DME Service Type [Dropdown]

A2210. Requested DME item Select all that apply

- A. Gait Trainer
- B. Orthotic Device
- C. Positioning Wedge
- D. Prosthetic Device
- E. Special Needs Car Seat or Travel Restraint
- F. Specialized or Treated Pressure-Reducing Support Surface Mattress
- G. Standing Board/Frame

A2300. Habilitative Therapies • Select all that apply

- A. Occupational Therapy (OT)
- B. Physical Therapy (PT)
- C. Speech Therapy (ST)

Submit Form

12) Scroll to the top of the form and select the appropriate tab. The selections made in the Type of Service Requested section on the Resident/NF tab will enable the associated tabs on the NFSS form for data entry. Complete the required fields as indicated by the red dots. For more detailed instructions on NFSS submissions, refer to the *Companion Guide for Completing the Authorization Request for PASRR Nursing Facility Specialized Services* located on the PASRR Forms and Instructions section of the HHSC website at <https://hhs.texas.gov/doing-business-hhs/provider-Portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions>.

Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Unsubmitted Name: ALBERT PARRA DLN: 0 Username: [redacted]

Form Actions:
Save as Draft

Resident/NF CMWC/DME Assessment CMWC Request Gait Trainer Orthotic Device Car Seat/Travel Restraint Mattress
Positioning Wedge Prosthetic Device Standing Board/Frame OT Assessment OT Service PT Assessment PT Service ST Assessment
ST Service Auth Summary

Resident/NF

Resident Information

A0100. Resident's Name

A. First Name B. Middle Initial C. Last Name D. Suffix

13) To submit the form, click the **Submit Form** button located at the bottom right hand side of the page.

14) After successful submission, the LTC Online Portal will issue a DLN for the NFSS form. The DLN can then be entered into FSI to find the form.

Important Features and Functions of the NFSS form

- 1) The Authorization section as seen on each of the tabs (except Resident/NF and Auth Summary) includes:
 - a) PTID Number
 - b) Status of the PTID
 - c) Action drop-down menu
 - d) Denial Reason Code
 - e) If Other text box
 - f) Date of Assessment
 - g) Other data fields may be available dependent upon the SS type (e.g. Begin Date, End Date, or Total Approved Price.)

Authorization

B5000. Assessment

A. PTID

B. Status

C. Action

D. Reason Code

1. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item.

2. Other

E. If Other

F. Date of Assessment

Confirm

Submit Form

- 2) The PTID Change Status Page displays when the **Confirm** button is clicked. Submitters can change the status by clicking the **Change Status** button, or reject the status change by clicking the **Cancel** button. Information entered in the message text area will display as a note in the PTID History which can be viewed by anyone who has access to the form.

3) Upload Attachments

- a) The NFSS form allows the NF submitter to upload required and supporting documentation as electronic attachments directly to the LTC Online Portal. This can be done in the Upload Attachments section located in all the tabs except Resident/NF and Auth Summary. An icon on each tab will indicate the required document(s) which are available as templates for easy download and completion for subsequent upload to the LTC Online Portal. The submitter will click on this icon and download the page/attachment, obtain the appropriate signatures or information, save the information on their computer, and upload the page/attachment back to the appropriate request/PTID by clicking on the **Click Here to Upload Documents** button. This will open up the user’s browser to locate the saved files. The PTID History will also show the date, time, and name of successfully uploaded attachments. Up to ten files can be uploaded at any time. Files cannot exceed 10mb per file. Supported file types are PDF, Image (JPG, TIF, and PNG), MS Word, MS Excel, and RTF.
- b) To remove an attachment, the **Delete** button is displayed and enabled once the attachment is successfully uploaded and PTID is not approved or denied. Once PTID gets approved or denied, the **Delete** button will no longer be available.

- 4) For DME and CMWC requests, the NFSS form must include uploaded Manufacturer’s Suggested Retail Price (MSRP) catalog pricing. The supplier must furnish information that verifies the prices listed on the Itemized MSRP List for each of the items listed. The catalog pricing for the item must indicate

the item is priced at an amount that is the same as, or less than, the MSRP. Refer to the “[Upload Attachments](#)” section in this guide for more information on uploading the forms.

- a) The applicable CMWC-related forms listed below need to be submitted in conjunction with the NFSS form if listed in the Upload Attachments section:
 - PASRR NF Specialized Services (NFSS) - CMWC/DME Signature Page
 - PASRR NF Specialized Services (NFSS) - CMWC Supplier Acknowledgment and Signature Page
 - PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification
 - b) The applicable DME-related forms listed below need to be submitted in conjunction with the NFSS form if listed in the Upload Attachments section.
 - PASRR NF Specialized Services (NFSS) - CMWC/DME Signature Page
 - PASRR NF Specialized Services (NFSS) - DME Supplier Acknowledgment and Signature Page
 - PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification
 - c) Additionally, for any approved DME item or CMWC in **Pending NF Receipt** status, the NF must certify by entering data into the required fields on the NFSS form that the item has been received and meets the needs of the person. A receipt certification attachment must be uploaded into the LTC Online Portal after the item has been delivered. The signature by the therapist on this attachment certifies that the item meets the needs of the person as specified in the assessment. It also indicates, by the administrator’s signature, that the item was delivered and received by the NF. Failure to submit this receipt confirmation will delay or prevent the facility’s reimbursement.
- 5) Submitters have the ability to add notes on the NFSS form on the LTC Online Portal. The NFSS form allows the submitter to add a note using either the **Add Note** button on the yellow Form Actions bar above the Resident/NF tab or by using the **Add Note** button located on each PTID Actions Bar located below the attachment section.

Up to 10 files can be uploaded, at any time. Files cannot exceed 10mb per file.
Supported file types: PDF, Image (JPG, TIF, PNG), MS Word, MS Excel, and RTF.

Successful Attachments

PTID Actions:
Add Note

Authorization

B5000. Assessment

A. PTID

B. Status

6) For convenience, each section of the service tabs are collapsible.

ST Assessment | ST Service | Auth Summary

ST Assessment

Authorization Type
E6100. Speech Therapy Authorization Type:

Therapist Identifying Information
E6200. Therapist's Name

A. First Name

B. Last Name

7) The Auth Summary tab is available to help NFs monitor the status of a request for SS and when multiple services are requested on one form using the PTID. Each assessment and service has its own PTID and the NF can follow the status of each PTID through the various stages. This page is read-only so any actions that need to be taken based on the status must be done in the Authorization section of the specified tab. For those services that a resident receives on a recurring basis, such as therapies, the submitter can use the **Populate** button on the NFSS form to populate data from a previously submitted assessment into a new NFSS service request. The **Populate** button is available only on Service PTID tabs. It populates data only on the Assessment PTID tab. This populated information can be edited to update assessment information, alleviating the need for the submitter to key in all assessment information again.

PTID Actions:
Populate

Authorization

C6000. CMWC Request

A. PTID

B. Status

C. Action

8) The PTID Actions **Update** button, located above the Authorization section, allows the submitter the ability to update a submitted NFSS form and record a history of changes on the LTC Online Portal. Refer to the [NFSS Form Updates](#) section in this user guide for more information on how to use this function.

PTID Actions:
Update | Add Note

Authorization

G3000. Physical Therapy Assessment

A. PTID

B. Status

C. Action

History Trail

Every NFSS form will have a Form History that is located at the bottom of each tab. The History section shows the different statuses the form goes through during submission, workflow, and validation processes. Forms that do not pass all the validations will not be submitted to the HHSC PASRR Reviewer’s workflow.

Additionally, a PTID will be created for each assessment or service request successfully submitted with an NFSS form. The PTID History is similar to the Form History, but is created to track each assessment or service request associated with the form as it moves through all the required statuses. Once an NFSS form is submitted, the submitter can check both the Form History and the PTID History by referring to the bottom of the assessment or service tab on the NFSS form.

When a PTID is in the **Pending Denial** status, the NF must check the PTID History for specific information on what additional information the HHSC PASRR Reviewer is requesting to continue processing the PTID request and a due date. The NF must set the **Pending Denial** PTID status back to **Pending State Review** before the date indicated by the HHSC PASRR Reviewer or the timer will run out and issue a system-generated denial.

PTID History	
PTID Submitted	3/29/2018 3:00:33 PM
3/29/2018 3:00:33 PM	TMHP : PTID entered workflow.
3/29/2018 3:00:33 PM	TMHP : Rogers supplier acknowledgement.pdf added as an attachment.
Pending State Review	3/29/2018 3:00:41 PM
3/29/2018 3:00:41 PM	TMHP : The Service has been sent for State review.
Pending Denial	5/15/2018 11:13:41 AM
5/15/2018 11:13:41 AM	TMHP : This request is Pending Denial, refer to the Authorization section on the NFSS form for more information.
5/15/2018 11:13:43 AM	TMHP : Pending Denial alert sent.
History	
Form Submitted	3/29/2018 3:00:34 PM
3/29/2018 3:00:34 PM	TMHP : This form was submitted from PL1: [REDACTED]
3/29/2018 3:00:34 PM	TMHP : The PE associated with this form is [REDACTED]
3/29/2018 3:00:34 PM	TMHP : NFSS Form request for CMWC/DME was not submitted within 30 calendar days of the IDT meeting.
Medicaid ID Pending	3/29/2018 3:00:36 PM
3/29/2018 3:00:36 PM	TMHP : Medicaid ID request submitted
ID Confirmed	3/29/2018 3:00:37 PM
3/29/2018 3:00:37 PM	TMHP : Medicaid ID [REDACTED] confirmed for this client
Pending Medicaid Eligibility	3/29/2018 3:00:37 PM
3/29/2018 3:00:37 PM	TMHP : Medicaid Eligibility request sent
Medicaid Eligibility Confirmed	3/29/2018 3:00:38 PM
3/29/2018 3:00:38 PM	TMHP : Medicaid eligibility confirmed for this client
Pending Applied Income	3/29/2018 3:00:38 PM
3/29/2018 3:00:38 PM	TMHP : Applied Income requested
Applied Income Confirmed	3/29/2018 3:00:39 PM
3/29/2018 3:00:39 PM	TMHP : Applied Income confirmed

The PTID Change Status Page displays when the **Confirm** button is clicked. Submitters can change the status by clicking **Change Status** button, or reject the status change by clicking **Cancel** button. Information entered in the message text area will display as a note in the PTID History which can be viewed by anyone who has access to the form.

Updating LA's Permissions to View PASRR NFSS Forms

TMHP LTC Online Portal Account Administrators can update a user's account to view the PASRR NFSS form on the LTC Online Portal.

LAs need to update user accounts with NFSS Viewer permission to view the NFSS form using the FSI or Current Activity page.

To activate these functions, go into **My Account**, select **Modify permissions**, and select the provider number that needs the NFSS permissions activated. Then check the box for NFSS Viewer, which will add those permissions.

H1700 Submitter More Info	PSS Access More Info	SKSAI Submitter More Info	SKSAI Viewer More Info	SKISP Submitter More Info	SKISP Viewer More Info	NFSS Viewer More Info	NFSS Submitter More Info
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

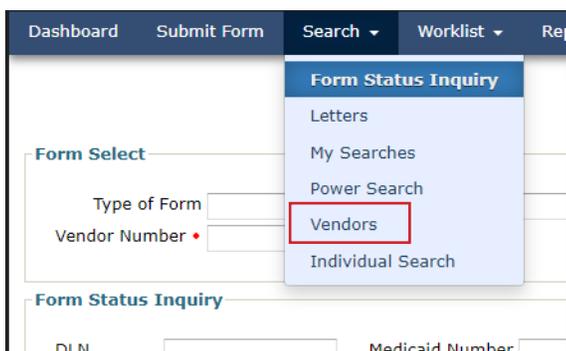
Print the PDF Version of the NFSS Form

NFs can find blank PDF copies of the NFSS by clicking on the specific form at www.tmhp.com/programs/ltc/forms or the Printable Forms page if they are logged onto the LTC Online Portal.

Search for the Nursing Facility by Name

To determine the NF's vendor and provider number when it is unknown, the LA can search for the NF by using the Vendors page to search for the NF's name.

- 1) Log in to the LTC Online Portal and navigate to the Form Status Inquiry screen.



2) Enter the Vendor Name and click the **Search** button.



The screenshot shows a web interface titled "Vendors". Under the heading "Vendor Search", there are three input fields: "Vendor Number", "Provider Number", and "Vendor Name". The "Vendor Name" field is highlighted with a red border. A yellow bar at the bottom of the search area contains a "Search" button, also highlighted with a red border.

3) For additional detail, click the **View** link.



The screenshot shows the "Vendors" search results page. It features the same "Vendor Search" form as above. Below the search bar, it displays "1 record(s) returned." and a table with the following columns: "Provider Number", "Vendor Number", and "Vendor Name". A "View" link is present in the first row of the table, highlighted with a red border. A yellow bar with a "Search" button is also visible above the table.

Search the Status of an Authorization Request Submitted on the NFSS Form

The LA can use the FSI page to search for the status of NFSS authorization request submitted on the NFSS form by viewing the PTID status.

232 record(s) returned.
[Export Data to Excel](#)

	PTID	DLN	IMHP Received Date	Type of Service Request	Therapy Authorization Type	SSN	Medicaid #	Medicare #	First Name	Last Name	Status	PTID Status	NF Vendor No.	NF Provider No.
View Detail			4/3/2018	CMWC Assessment							Applied Income Confirmed	Documented/Complete	4579	
View Detail			4/3/2018	CMWC							Applied Income Confirmed	Denied	4579	
View Detail			4/3/2018	CMWC Assessment							Applied Income Confirmed	Denied	5638	
View Detail			4/3/2018	CMWC							Applied Income Confirmed	Denied	5638	
View Detail			4/3/2018	OT Assessment	2. New						Applied Income Confirmed	Documented/Complete	5337	
View Detail			4/3/2018	OT Service	2. New						Applied Income Confirmed	Processed/Complete	5337	
View Detail			4/4/2018	OT Assessment	2. New						Applied Income Confirmed	Processed/Complete	5723	
View Detail			4/4/2018	OT Service	2. New						Applied Income Confirmed	Processed/Complete	5723	
View Detail			4/4/2018	PT Assessment	2. New						Applied Income Confirmed	Processed/Complete	5723	
View Detail			4/4/2018	PT Service	2. New						Applied	Processed/Complete	5723	

For additional detail, click the **View Detail** link. It is located left of the PTID. To display the details, click on the appropriate tab and read the PTID History notes.

Printing the NFSS Form

LAs will be able to print a copy of the submitted NFSS form by using the **Print** button located on the yellow Form Actions bar at the top of the form. Note that this function does not include any Form History notes, PTID History notes, or the Auth Summary tab.

Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Applied Income Confirmed Name: [REDACTED] DLN: [REDACTED]

Username: [REDACTED]



Form Actions:

[Print](#) [Add Note](#)

Letter Search

LAs can search for NFSS form-related letters that are addressed to residents or their LARs regarding SS requests on the Letters page found in the Search drop-down box on the blue navigational bar.

The screenshot shows the top navigation bar of the TMHP system. The 'Search' menu is expanded, showing options: 'Form Status Inquiry', 'Letters', 'My Searches', 'Power Search', 'Vendors', and 'Individual Search'. The 'Letters' option is highlighted with a red box. Below the navigation bar, the 'Form Select' section contains input fields for 'Type of Form' and 'Vendor Number'. The 'Form Status Inquiry' section contains input fields for 'DLN', 'Medicaid Number', 'Last Name', 'First Name', 'Form Status', 'SSN', 'CARE ID', 'From Date' (05/09/2022), and 'To Date' (06/08/2022).

The screenshot shows the 'Letters' search page. A red banner at the top states: 'Both (From Date and To Date) and (Provider/Vendor Number) are required and must include one of the following criteria: Medicaid Number - Social Security Number - Last Name and First Name.' Below this, there are three main sections: 'Generate Letter' with a 'Select Letter' dropdown and a 'Create Letter' button; 'Letter Search' with input fields for 'Referenced DLN', 'Vendor Number', 'Medicaid Number', 'Last Name', 'First Name', 'SSN', 'Care ID', 'Transaction Date', and 'Letter Status'. The 'From Date' and 'To Date' fields are highlighted with red boxes. At the bottom, the 'Search Options' section offers two choices: 'Search for forms to view in any order' with a 'Search' button, or 'Create a list of forms to work in sequence' with a 'Worklist' button.

Current Activity

Using the Current Activity page, LAs and NFs will be able to view the NFSS forms when the form status has changed within the last 14 days. The Current Activity page will not display any NFSS forms if only the PTID status has changed within the last 14 days.

The screenshot shows the TMHP interface. At the top, there is a navigation bar with 'Dashboard', 'Submit Form', 'Search', 'Worklist', 'Reports', and 'Printable Forms'. The 'Worklist' dropdown menu is open, showing 'Current Activity' (highlighted with a red box), 'Drafts', and 'PCS Workbench'. Below the menu, there is a 'Form Select' section with 'Type of Form' and 'Vendor Number' dropdown menus. Below that is a 'Form Status Inquiry' section with input fields for 'DLN', 'Last Name', 'Form Status', 'Medicaid Number', and 'First Name'.

Receiving and Viewing NFSS Alerts

The LTC Online Portal will issue an electronic alert to the applicable NF when an NFSS service or item request status is set to **Approved**, **Denied**, or **Pending Denial**. The applicable LA will also receive an alert when an NFSS service or item request status is set to **Approved** or **Denied**. NFs and LAs can view these alerts and continue to monitor the authorization request through the entire process by viewing the PTID History notes on the applicable service or item tab of the NFSS form.

Alerts

Incoming Alerts										
Select	Alert Subject	Vendor No.	Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	LA Action Required - Review PASRR Evaluation								2/23/2018	IDD
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification								2/22/2018	IDD
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification								2/22/2018	IDD
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification								2/22/2018	IDD
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification								2/21/2018	IDD
<input type="checkbox"/>	NFSS Request - Denied								2/20/2018	1. Customized Manual Wheel Chair (CMWC)

1 2 3

[Return To Alerts Page](#)

Subject: NFSS Request - Denied **Sent: 2/20/2018 8:42:13 AM**

A requested specialized service for the resident listed below has been denied.

Nursing Facility: [REDACTED]
Vendor No.: [REDACTED]
Provider No.: [REDACTED]
Individual: [REDACTED]
Medicaid No.: [REDACTED]
Social Security No.: [REDACTED]
NFSS DLN: 1 [REDACTED]
NFSS PTID: 1 [REDACTED] 8

Validations Requiring Provider Monitoring

Documents process through several validations before reaching status **SAS Request Pending**. The following will outline the various statuses which require close monitoring by the provider to ensure timely processing.

- 1) **PL1 Form Status: Awaiting PE** results in an alert being sent by the LTC Online Portal to the LA notifying the LA to complete the PE. Until the LA submits the PE, an NF cannot certify **Able to Serve the Individual** or **Unable to Serve the Individual**. If the PE is successfully submitted, the PL1 continues to the next validation:
 - **Pending Placement in NF - PE Confirmed** – This is a PL1 that was submitted with the Preadmission admission type. The person is seeking admission to an NF and a PE has been successfully submitted for the person. If the PE is positive for PASRR eligibility, the NF must view the PE, and certify ability to serve the person by clicking on the **Able to Serve the Individual** or **Unable to Serve the Individual** button on the PL1. The admitting NF must also enter the date they admitted the person by clicking on the **Admitted to NF** button and completing the required information if they are able to serve the individual. If the PE is negative for PASRR eligibility, the **Admitted to NF** button will appear immediately upon submission of the PE into the LTC Online Portal. This allows the NF to admit the person, if they decide to reside there, without having to certify their ability to serve someone who is PASRR negative.
 - **Individual Placed in NF - PE Confirmed** – This is a PL1 that was submitted with the Exempted Hospital Discharge or Expedited Admission admission type. The person has been admitted to a NF and a PE has been successfully submitted for the person. If the PE is positive for PASRR eligibility, the NF must view the PE, and certify ability to serve the person by clicking on the **Able to Serve the Individual** or **Unable to Serve the Individual** button on the PL1. Refer to the [Certification of the NF's Ability to Serve the Individual](#) section of this User Guide for instructions.
- 2) **NFSS Form Status: Medicaid ID** validation results in either:
 - **ID Confirmed** – The Medicaid ID has been confirmed, and the process continues to the next validation for Medicaid eligibility.
 - **Medicaid ID Pending** – In this status, the Medicaid ID validation attempts will occur nightly until eligibility is found, the request is canceled, or until 30 days have expired, whichever comes first.
 - **ID Invalid** – Medicaid ID validation failed on the NFSS form. The NFSS form cannot be processed until Medicaid ID is corrected. Contact the Medicaid Eligibility Worker to verify the person's name, SSN, and Medicaid ID. A new form must be submitted with the corrected information. The name entered must match the name shown on the person's Medicaid ID card.
 - If this information is accurate, the provider may contact TMHP to see what their options are regarding form resubmittal.
 - If this information is different, the incorrect information will need to be corrected and the form resubmitted.

Note: Updateable fields vary by form type. See the [Updates](#) section of this User Guide.

- **Med ID Check Inactive** – Medicaid ID validation on the NFSS form was attempted nightly for 30 days and failed, or the request was canceled. Contact the Medicaid Eligibility Worker to verify the person’s name, SSN, and Medicaid ID.

3) **NFSS Form Status: Medicaid Eligibility** validation will result in either:

- **Medicaid Eligibility Confirmed** – Medicaid eligibility is confirmed, and the process continues to the next validation for Applied Income.
- **Pending Medicaid Eligibility** – In this status, Medicaid eligibility validation attempts will occur nightly until eligibility is found, the request is canceled, or 30 days have expired, whichever comes first.
 - If ME has already been established, the provider may contact TMHP to see what their options are regarding form resubmittal.
 - After ME has been established, the provider must allow 14 days for the systems to interface. AFTER 14 days, the provider may call TMHP to see what their options are regarding form resubmittal.
- **ME Check Inactive** - Medicaid eligibility validation was attempted nightly for 30 days and failed, so the request was canceled. If the request is canceled, it is because the form was updated or inactivated and the status changes to those statuses, instead of **ME Check Inactive**.

4) **NFSS Form Status: Applied Income** validation will result in either:

- **Applied Income Confirmed** – Applied Income is confirmed and the PTID will move to **SAS Request Pending**.
- **Pending Applied Income** - In this status, Applied Income validation attempts will occur nightly until applied income is found, the request is canceled, or until 30 days have expired, whichever comes first.
 - If Applied Income has already been established, the provider may contact TMHP to see what their options are regarding form resubmittal.
 - After Applied Income has been established, the provider must allow 14 days for the systems to interface. After 14 days, the provider may call TMHP to see what their options are regarding form resubmittal.
- **AI Check Inactive** - Applied Income validation was attempted nightly for 30 days and failed, so the request was canceled. The NFSS form and PTID(s) cannot be processed any further. A new NFSS form must be submitted in order to start the process over again to request authorization to deliver SS.

Note: *An Applied Income check will be invoked for all NFSS forms submitted on the LTC Online Portal. NFSS form validations (Medicaid ID, ME, and Applied income) are all confirmed during a 30-calendar-day period, not 30 days each.*

- 5) **MDS Form Status: PE MN Denied** - The **Check MN on PE** button will be available to determine if MN denial was overturned on the Preadmission PE.
- 6) **PE Form Status: Pending Denial (need more information)** - MN on PE is pending denial and needs additional information.
- 7) **NFSS PTID Status: Pending Denial** - NFSS PTID is pending denial and needs additional information.
- 8) **NFSS PTID Status: Pending NF Receipt**- PTID for a CMWC or DME item is pending receipt and certification by the NF.
- 9) **NFSS PTID Status: Pending State Review** - PTID is pending review by the HHSC PASRR Reviewer.
- 10) **PE Form Status, NFSS PTID Status: Appealed** - Fair hearing has been requested by the resident/NF.
- 11) **NFSS PTID Status: Pending State Confirmation** - PTID is pending confirmation by the HHSC PASRR Reviewer of the CMWC or DME item received by the NF.
- 12) **NFSS PTID Status: Pending MD/DO License Verification** - MD/DO credentials are pending verification.

The example below shows an NFSS form that flows successfully:

History	
Form Submitted	8/24/2017 3:43:51 PM
8/24/2017 3:43:51 PM	TMHP : This form was submitted from PL1: [REDACTED]
8/24/2017 3:43:51 PM	TMHP : The PE associated with this form is [REDACTED]
Medicaid ID Pending	8/24/2017 3:43:53 PM
8/24/2017 3:43:53 PM	TMHP : Medicaid ID request submitted
ID Confirmed	8/24/2017 3:43:54 PM
8/24/2017 3:43:54 PM	TMHP : Medicaid ID [REDACTED] confirmed for this client
Pending Medicaid Eligibility	8/24/2017 3:43:54 PM
8/24/2017 3:43:54 PM	TMHP : Medicaid Eligibility request sent
Medicaid Eligibility Confirmed	8/24/2017 3:43:55 PM
8/24/2017 3:43:55 PM	TMHP : Medicaid eligibility confirmed for this client
Pending Applied Income	8/24/2017 3:43:55 PM
8/24/2017 3:43:55 PM	TMHP : Applied Income requested
Applied Income Confirmed	8/24/2017 3:43:55 PM
8/24/2017 3:43:55 PM	TMHP : Applied Income confirmed

The example below shows status **ID Invalid**, indicating that the assessment failed Medicaid ID validation:

ID Invalid	6/1/20 [REDACTED] 12:55:02 PM
6/1/20 [REDACTED] 12:55:02 PM	TMHP : Medicaid ID is not valid

The example below shows **SAS Request Pending** on an approved therapy service PTID.

PTID History	
Pending Submission	Changed by System on 4/4/2022 10:56:24 AM
4/4/2022 11:02:31 AM	System : Internal: [redacted] added as an attachment.
4/4/2022 11:02:31 AM	System : External: [redacted] added as an attachment.
4/4/2022 11:02:31 AM	System : Internal: [redacted] added as an attachment.
4/4/2022 11:02:31 AM	System : External: [redacted] added as an attachment.
4/4/2022 11:02:31 AM	System : Internal: [redacted] added as an attachment.
4/4/2022 11:02:31 AM	System : External: [redacted] added as an attachment.
PTID Submitted	Changed by System on 4/4/2022 11:03:30 AM
4/4/2022 11:03:30 AM	System : Internal: PTID entered workflow.
4/4/2022 11:03:30 AM	System : External: PTID entered workflow.
Pending State Review	Changed by System on 4/4/2022 11:03:52 AM
4/4/2022 11:03:52 AM	System : Internal: The Service has been sent for State review.
4/4/2022 11:03:52 AM	System : External: The Service has been sent for State review.
4/12/2022 1:41:46 PM	[redacted] : External: This request must undergo a Medical Review because the resident is in the hospice program. Please allow 5 - 7 business days for the Medical Review team to review the request.
4/12/2022 1:41:57 PM	[redacted] : Internal: Sent to [redacted]
Approved	Changed by [redacted] on [redacted]
4/19/2022 10:46:07 AM	[redacted] : Internal: The request for therapy services has been approved by the State PASRR reviewer.
4/19/2022 10:46:07 AM	[redacted] : External: The request for therapy services has been approved by the State PASRR reviewer.
SAS Request Pending	Changed by System on 4/19/2022 10:46:07 AM
4/19/2022 10:46:07 AM	System : Internal: The request is being processed by DADS. Please allow 2-4 business days for the next status change.
4/19/2022 10:46:07 AM	System : External: The request is being processed by DADS. Please allow 2-4 business days for the next status change.

History	
Pending Submission	Changed by System on 4/4/2022 10:56:24 AM
4/4/2022 10:56:24 AM	System : Internal: This form was submitted from PL1: [redacted]
4/4/2022 10:56:24 AM	System : External: This form was submitted from PL1: [redacted]
4/4/2022 10:56:24 AM	System : Internal: The PE associated with this form is [redacted]
4/4/2022 10:56:24 AM	System : External: The PE associated with this form is [redacted]
Form Submitted	Changed by System on 4/4/2022 11:03:30 AM
4/4/2022 11:03:30 AM	System : Internal: Form entered workflow.
4/4/2022 11:03:30 AM	System : Internal: This form was submitted from PL1: [redacted]
4/4/2022 11:03:30 AM	System : External: This form was submitted from PL1: [redacted]
4/4/2022 11:03:30 AM	System : Internal: The PE associated with this form is [redacted]
4/4/2022 11:03:30 AM	System : External: The PE associated with this form is [redacted]
Medicaid ID Pending	Changed by System on 4/4/2022 11:03:35 AM
4/4/2022 11:03:35 AM	System : Internal: Medicaid ID check sent to DADS
4/4/2022 11:03:35 AM	System : External: Medicaid ID request submitted
ID Confirmed	Changed by System on 4/4/2022 11:03:37 AM
4/4/2022 11:03:37 AM	System : Internal: Medicaid ID [redacted] confirmed for the State

The following example shows a PTID that has gone through the standard process.

PTID History	
PTID Submitted	8/24/2017 3:43:50 PM
8/24/2017 3:43:50 PM	TMHP : PTID entered workflow.
8/24/2017 3:43:50 PM	TMHP : therapy signature log.pdf added as an attachment.
8/24/2017 3:43:52 PM	TMHP : No previous Occupational Therapy for this resident and contract number can be found within the last year to populate the Occupational Therapy data.
Pending State Review	8/24/2017 3:43:57 PM
8/24/2017 3:43:57 PM	TMHP : The Service has been sent for State review.
Approved	8/24/2017 4:04:53 PM
8/24/2017 4:04:53 PM	TMHP : The request for therapy services has been approved by the State PASRR reviewer.
SAS Request Pending	8/24/2017 4:04:53 PM
8/24/2017 4:04:53 PM	TMHP : The request is being processed by DADS. Please allow 2-4 business days for the next status change.
Processed/Complete	8/25/2017 5:11:21 AM
8/25/2017 5:11:21 AM	TMHP : GN-9003: Processed at HHSC.
8/25/2017 5:11:21 AM	TMHP : SAS Change Request completed successfully.
8/25/2017 5:11:22 AM	TMHP : Approval alert sent.

Alerts

Alerts are notices in the LTC Online Portal to perform an action related to a PL1 Screening, a PE, a PCSP, or an NFSS form. A notification is normally generated as an automatic alert in the LTC Online Portal when an action needs to take place. A notification can also be generated manually in the LTC Online Portal from the HHSC PASRR Unit or the NF.

HHSC PASRR Unit employees use the Create Alert page to send alerts to NFs or LAs when they need to take action by a specific deadline. The Alerts screen should be accessed on a daily basis by the NF and LA on the LTC Online Portal to meet the deadline associated with the Alert. Refer to [Appendix K](#) for a description of all PASRR alerts.

Accessing Alerts

Follow the steps below to access the Alerts screen.

- 1) Go to www.tmhp.com.
- 2) Click **Programs**.
- 3) Click **Long-Term Care** from the drop-down menu.
- 4) Click the **LTC Online Portal** button.
- 5) Enter your Username and Password. Click the **OK** button. The FSI page will display by default.
- 6) Click the **Alerts** link located on the blue navigational bar.

Select	Alert Subject	Vendor No.	Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	NF unable to serve the person - Place person in another NF or alternate setting									
<input type="checkbox"/>	NF unable to serve the person - Place person in another NF or alternate setting									
<input type="checkbox"/>	NF unable to serve the person - Place person in another NF or alternate setting									

The Alerts screen displays a list of incoming and outgoing alerts and will only list alerts related to the Vendor/Provider numbers you are associated with. The NF will see the Outgoing Alerts section, but the LA will not see this section. Alerts are shown for the last 30 days from the current date. Alerts older than 30 days from the current date are not available because the system will delete them.

Alerts can be sorted by clicking the column header of the Alerts list. Alerts can be deleted. Keep in mind that once they are deleted alerts cannot be retrieved.

The Alert Subject column provides a brief description of the alert. Click the **Alert Subject** link to see the alert detail.

Alerts

Create Alert Delete Alert

Incoming Alerts										
Select	Alert Subject	Vendor No.	Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	NFSS Request - Pending Denial								5/15/2018	1. Customized Manual Wheel Chair (CMWC)
<input type="checkbox"/>	PL1 needs Certification - First Notification								5/10/2018	IDD only
<input type="checkbox"/>	NFSS Request - Denied								4/18/2018	3. Habilitative Therapies

Outgoing Alerts										
Select	Alert Subject	Recipient Vendor No.	Recipient Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	NFSS Request - Pending Denial								5/15/2018	1. Customized Manual Wheel Chair (CMWC)
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification								5/14/2018	MI and IDD
<input type="checkbox"/>	Conduct PASRR Evaluation - Second Notification								4/18/2018	MI
<input type="checkbox"/>	NFSS Request - Denied								4/18/2018	3. Habilitative Therapies
<input type="checkbox"/>	NFSS Request - Denied								4/18/2018	3. Habilitative Therapies

The alert detail describes what needs to be done. It also provides information about the person and the DLN to the applicable PL1 Screening Form, PE, PCSP, or NFSS.

7) Click the **Return to Alerts Page** button at the top of the page to return to the Alerts list.

[Return To Alerts Page](#)

Subject: PL1 needs Certification - First Notification Sent: 5/10/2018 10:07:45 AM

A positive PASRR Evaluation has been submitted. The Nursing Facility must review the PE, including PASRR recommended Specialized Services, and certify on the PL1 Screening form whether "Able to Serve the Individual" or "Unable to Serve the Individual" by clicking the corresponding button on the yellow "Form Actions" tool bar and confirming the selection on the pop up screen by clicking "OK". The Nursing Facility also needs to schedule and conduct the IDT meeting.

Nursing Facility: [REDACTED]
 Vendor No.: [REDACTED]
 Provider No.: [REDACTED]
 Individual: [REDACTED]
 Medicaid No.: + [REDACTED]
 Social Security No.: [REDACTED]
 PASRR Evaluation DLN: [REDACTED]
 PASRR Condition: IDD only

Creating Alerts

Nursing facility users can create alerts to be sent to the LA.

The Alert Subject drop-down contains nine options. NFs will only be allowed to select one of the first five options listed (the last four options will be disabled for the NF).

- Conduct PASRR Evaluation - First Notification
- Conduct PASRR Evaluation - Second Notification
- Complete IDD Section on the PASRR Evaluation
- Complete MI Section on the PASRR Evaluation
- Conduct PASRR Level 1 Screening
- Other - PL1
- Other - PE
- Other - NFSS
- Other - PCSP

The last four options in the Alert Subject drop-down and the following fields are only accessible by the HHSC PASRR Unit:

- Alternate Subject
- Alternate Subject Details
- NFSS DLN

- NFSS PTID
- PCSP DLN

Creating an alert with the Conduct PASRR Level 1 Screening alert subject will copy the data you enter in the Person's Information section to the Alerts page and alert details exactly as you entered it. This may look unpleasing to the eye and may also be missing some helpful information. Therefore, it is recommended to use the following tips when entering the person's information:

- Enter as much information that is known about the person.
- Enter the last name to start with an uppercase letter, or enter the entire last name with uppercase letters.
- Don't enter any invalid characters in the last name (the valid characters are: A-Z, a-z, 0-9, @, ", /, +, comma, period, _ (underscore), and - (dash).
- Click on the lookup tool (magnifying glass) to the right of the Provider No. field in the Send Alert To section so that the system will auto-populate the disabled fields in that section as well as in the alert details.
- If you change the provider number before sending the alert, then ensure that you click on the lookup tool to the right of the Provider No. field again so that the correct information is being auto-populated.

Follow the steps below to create alerts.

- 1) Click the **Alerts** link located on the blue navigational bar. The Alerts page displays.
- 2) Click the **Create Alert** button.

Alerts

Return To Alerts Page Send Alert

Create Alert

- Vendor/Provider No.
- Alert Subject
- Alternate Subject
- Alternate Subject Details
- PL1 Screening DLN
- PE DLN
- NFSS DLN
- NFSS PTID
- PCSP DLN

Send Alert To:

- Vendor No.
- Provider No.
- NPI/API
- LA or Facility Name
- Street Address
- City
- State
- Zip Code

Person's Information:

Please enter one of the following valid field combinations:
 Medicaid Number and Last Name
 or Medicare Number and Last Name
 or Social Security Number AND Last Name

- Last Name
- Medicaid No.
- Social Security No.
- Medicare No.

- 3) Choose the **Vendor/Provider No.** from the drop-down box.
- 4) Choose the **Alert Subject** from the drop-down box.
- 5) Enter the PL1 Screening DLN or PE DLN, if applicable (click on the lookup tool to the right of the DLN field to auto-populate the person's information in the last section of this page).
- 6) Enter the Vendor No. and Provider No. for the LA to whom the alert will be sent (click on the lookup tool to the right of the Provider No. field to auto-populate the rest of the LA's information).

- 7) Enter the person’s required information in the last section of this page only if the NF is asking the LA to complete a PL1.

Note: The instruction for valid field combinations for Medicare No. and Last Name in the Person’s Information section is actually not valid. Entering this combination will result in an error and will prevent you from sending the alert. If the individual’s information does not exist in the HHSC system, then the Conduct PASRR Level 1 Screening alert cannot be sent. Therefore, another mode of communication is necessary to request the LA to submit the Preadmission PL1 if the individual can’t be found in the HHSC system.

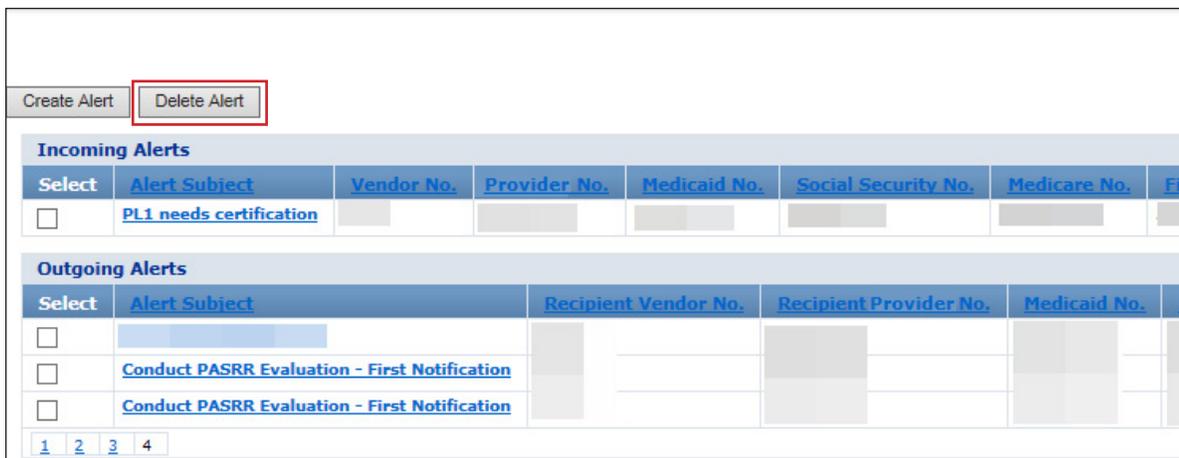
- 8) Click the **Send Alert** button. The Create Alert window will close and you will be returned to the Alerts page.

Deleting Alerts

You can delete alerts from your Alerts page, but the alert will not be deleted from the Alerts page of whomever the alert was sent to.

Deleted alerts cannot be restored, and alerts will automatically be deleted after 30 days. Once an alert is deleted, it cannot be retrieved. When you have completed the action requested on an alert, you may want to delete the alert.

- 1) Select the alert you wish to delete by clicking the box in the Select column next to the applicable alert. You can select multiple alerts.



- 2) Click the **Delete Alert** button above the alerts list.
- 3) A confirmation message is displayed. Click the **OK** button to delete the alert, or click the **Cancel** button if you do not want to delete the alert.

PASRR Level 1 Screening Form and PE Updates

Updates can be made to certain fields on the PL1 and PE Forms. The form submitter must submit updates directly on the LTC Online Portal. Only users with appropriate security permissions can submit updates.

Note: *The **Update Form** button will not be displayed in the yellow Form Actions bar on any submitted PL1 or PE that cannot be updated. This includes submission of these forms by a third-party software vendor for your facility. PL1 Screening Forms cannot be submitted by a third-party software vendor.*

PL1 and PE Updates

If incorrect data is submitted on the PL1 or PE, updates can be made by clicking the **Update Form** button on the yellow Form Actions bar. Generally speaking, submitters of a PL1 for any type of admission can make updates to the demographic information as well as the Discharged/Deceased fields until a PE is initiated from the PL1 and is submitted on the LTC Online Portal. No parent/child form is created when an update to a PL1 is submitted. The History trail shows the fields that have been updated by listing the new and previous values.

Fields Available for Updating

The PL1 Screening form cannot be updated if the status is set to **Form Inactivated** or **PL1 Inactive**. Additionally, a positive Preadmission PL1 cannot be updated by the NF for death/discharge if the status is set to **NF Placement Process Exhausted**. The NF will need to ask the LA that submitted the PL1 to update it for death/discharge. To avoid this issue, the admitting NF must enter an NF Date of Entry in Section D by clicking on the **Admitted to NF** button after certifying that they can serve the person if the associated PE is positive for PASRR eligibility.

On a Preadmission PL1, if the PE that is successfully submitted is negative for PASRR eligibility, the NF can click on the **Admitted to NF** button on the PL1 to admit the individual to the facility without needing to certify on the PL1 first. Once the NF has admitted the person on the Preadmission PL1, the system will update the status to **Individual Placed in NF - PE Confirmed** and the form history notes of the PL1 will also be updated to indicate that the individual has been admitted to the NF.

Updates to a PL1 will not occur when the LA changes a person's information while initiating a PE from the PL1. This will cause the PL1 and PE to have different information for the person. If the LA notices that changes are necessary on the PL1, they should contact the PL1 submitter to make the necessary changes before attempting to submit a PE again.

The fields on the Section E tab of the PL1 will be enabled when a PL1 is being updated for a discharge. If the PL1 is updated for any other reason (such as the individual is deceased or only the demographic information is being updated) then the fields on the Section E tab remain disabled.

If the PL1 has never been dispositioned by the LA, then fields E0500A and E0900 are blank, enabled and required. Then the other fields in the Alternate Placement Disposition section will become enabled and required after making certain selections in field E0500A. If the PL1 has been previously dispositioned

by the LA, then fields E0500A and E0900 already contain values and are enabled and required. Then the other fields in the Alternate Placement Disposition section may also contain values, but they can also be changed after making certain selections in field E0500A.

The following fields on the PASRR Level 1 Screening can be updated. This table does not include the fields on the Section E tab that are mentioned above. After updating, you must click the **Submit Form** button to save the changes you have made. Updates to the person’s demographic information does not change the PL1 status. However, updating fields B0650 (Individual is deceased or has been discharged?) and B0655 (Deceased/Discharge Date) will set the status to **PL1 Inactive**. Fields B0650 and B0655 are the only PL1 fields with this effect.

PASRR Level 1 Screening

Field No. and Name	Field No. and Name	Field No. and Name	Field No. and Name
A0600. Date of Assessment	B0400. Birth Date	B0700E. State	B0800F. Suffix
B0100A. First Name	B0600. Gender	B0700F. ZIP Code	B0800G. Phone Number
B0100B. Middle Initial	B0650. Individual is deceased or has been discharged?	B0700G. County of Residence	B0800H. Street Address
B0100C. Last Name	B0655. Deceased/Discharge Date	B0800A. Relationship to Individual	B0800I. City
B0100D. Suffix	B0700A. Previous Residence Type	B0800B. Other Relationship to Individual	B0800J. State
B0200A. Social Security No.	B0700B. Other Residence Type	B0800C. First Name	B0800K. ZIP Code
B0200B. Medicare No.	B0700C. Street Address	B0800D. Middle Initial	
B0300. Medicaid No.	B0700D. City	B0800E. Last Name	

A submitted PE can be updated unless one of the MI/IDD Completion PTIDs is in a status of **SAS Request Pending** or **Submit to SAS**, or has been set to a finalized status such as **Invalid/Complete, Processed/Complete, or PCS Processed/Complete** anywhere in the PASRR Transaction ID (PTID) History. Forms in **Form Inactivated** status can only be updated if one of the PTIDs is in status **LA Action Required**.

Fields updated on a submitted PE are also automatically updated in the corresponding PL1. The ability to update some fields is based on security permissions. Other fields may also be unavailable based on Vendor/Provider Number combination. Because NFs do not have write access to the PE, the NF will need to contact the LA and ask them to make these updates. The following fields on the PE can be updated by an LA.

PASRR Evaluation

Field No. and Name	Field No. and Name
A2400A. First Name	A2500B. Medicare No.
A2400B. Middle Initial	A2600. Medicaid No.
A2400C. Last Name	A2700. Birth Date
A2500A. Social Security No.	A1700. Date of MI Assessment / A1000. Date of IDD Assessment (as long as the PE is available)

A History note, detailing the changed fields, is added to both the PL1 and the PE when a submitted PE is updated. When the PL1 is updated that has no associated PE, a History note is only added to the PL1. When the PL1 that has an associated PE is updated with deceased or discharged, then a History note is added to both the PL1 and PE. When a PE PTID is set to status **LA Action Required**, and the LA submits an update, the PTID will be set to status **Submit to SAS**, and the PTID will continue to be processed. Updates to a PE when the PTID status is set to **LA Action Required** can be made even if the PE form status is set to **Form Inactivated**.

Making Updates to the PASRR Level 1 Screening or PE

- 1) Log in to the LTC Online Portal.
- 2) Click the **Search** link in the blue navigational bar.
- 3) Choose **Form Status Inquiry** from the drop-down menu.
- 4) Search for the PL1 Screening Form or PE using the person’s SSN, Medicaid Number, First and Last Name, or DLN and enter a date range for From Date and To Date. The date fields are required.
- 5) Click the **Search** button.
- 6) Click the **View Detail** link.
- 7) Click the **Update Form** button (this button will be displayed on active converted PL1s as well).

- 8) Complete only the fields needing updates.
- 9) Click the **Submit Form** button.

NFSS Form Updates

A successfully submitted NFSS form can be updated by the NF using the **Update** button. This button will appear on the yellow PTID Actions bar in the PTID Authorization section if the PTID is in one of the following statuses:

- **PTID Submitted**
- **Pending MD/DO License Verification (Only for Service PTIDs)**
- **Pending State Review**
- **Pending Denial**

Note: The **Update** button will not be displayed in the yellow PTID Actions bar on any NFSS form that cannot be updated.

As previously mentioned, the submitter can make updates to the form fields on the assessment or service tabs until the point that the HHSC PASRR Reviewer takes action on the request by changing the status to **Approved** or **Denied**. Once HHSC changes the status, the submitter can make no further updates to the form fields; however, attachments (signature pages, acknowledgement, and receipt certification pages, etc.) can still be uploaded and attached to the applicable tab on the NFSS form.

Making Updates to the NFSS form

- 1) Log in to the LTC Online Portal.
- 2) Click the **Search** link in the blue navigational bar.
- 3) Choose **Form Status Inquiry** from the drop-down menu.
- 4) Search for the NFSS form using the appropriate Vendor Number.
- 5) Enter the From Date and To Date in which the NFSS form was submitted. The date fields are required.
- 6) Enter the DLN, Medicaid Number, SSN, or Last/First Name of the person for which SS needs to be requested.
- 7) Click the **Search** button.
- 8) Click the **View Detail** link.
- 9) The NFSS form will open on the Resident/NF tab.
- 10) To locate the **Update** button, click on the appropriate tab and scroll to the Authorization section.
- 11) Click the **Update** button in the PTID Authorization section of the NFSS form.

PTID Actions:			
<input type="button" value="Update"/> <input type="button" value="Add Note"/>			
Authorization			
G3000. Physical Therapy Assessment	A. PTID	B. Status	C. Action
	<input type="text"/>	Pending State Review	<input type="button" value="v"/>

12) Complete only the fields needing updates.

Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Applied Income Confirmed Name: [REDACTED] DLN: [REDACTED] Username: [REDACTED] Unlock Form

Form Actions:
Print Add Note

Resident/NF CMWC/DME Assessment **CMWC Request** Gait Trainer Orthotic Device Car Seat/Travel Restraint Mattress Positioning Wedge
Prosthetic Device Standing Board/Frame OT Assessment OT Service PT Assessment PT Service ST Assessment ST Service Auth Summary

CMWC Request

Current Seating Equipment

C0100. Current Seating System

A. Does the resident have a current seating system?
 1. Yes

B. Describe the resident's current seating system, including the mobility base and age of the system/base.
 standard facility owned wheelchair with elevating footrests and standard cushion

C. Describe wheelchair type:
 standard facility owned wheelchair with elevating footrests and standard cushion

13) Click the **Submit Form** button.

PTID Actions:
Update Add Note

Authorization

C2000. Occupational Therapy

A. PTID [REDACTED] **B. Status** Pending MD/DO License Verification

C. Action [REDACTED]

D. Reason Code
 1. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item
 2. The therapy assessment indicates the resident will not benefit from therapy at this time
 3. Other

E. If Other
 [REDACTED]

F. Date of Assessment 07/14/2021 **G. Begin Date** [REDACTED] **H. End Date** [REDACTED] **I. Units Per Week** [REDACTED]

Confirm

PTID History

Pending Submission	Changed by System on 7/20/2021 4:17:41 PM
PTID Submitted	Changed by System on 7/20/2021 4:19:20 PM
7/20/2021 4:19:20 PM	System : Internal: PTID entered workflow.
7/20/2021 4:19:20 PM	System : External: PTID entered workflow.
Pending MD/DO License Verification	Changed by System on 7/20/2021 4:19:32 PM
7/20/2021 4:19:32 PM	System : Internal: Physician Out of State License AND License Number NOT blank.
7/20/2021 4:19:32 PM	System : External: Physician Out of State License AND License Number NOT blank.

Submit Form

Note: If the update is successfully submitted, the LTC Online Portal will show “Update was successful.” If there are errors, they will be displayed in a box at the top of the screen. These errors will need to be resolved before the update will be successfully submitted. Once all errors are resolved, click the **Submit Form** button again to submit the update.

14) The form remains open after the update was successfully submitted. You may perform other tasks or click on the **Unlock Form** button to close the form.

Inactivations

PASRR Level 1 Screening Inactivations

There is no **Inactivate Form** button on a PL1 Screening Form. If a new PL1 Screening Form is submitted for a person with an existing PL1 Screening Form, the previous PL1 Screening Form and any associated PEs will be inactivated automatically. Upon submission of this new PL1 Screening Form, a message will appear prompting you to confirm inactivation of the previous PL1 Screening Form and associated PE.

Another way to inactivate a PL1 (either before or after the PE is submitted) is to enter a deceased or discharged date. See the PASRR Level 1 Screening Updates instructions in the Updates section of this User Guide. When a person passes away or is discharged from the facility, the NF must update the PL1, using the **Update Form** button, to inactivate the form by completing fields B0650 and B0655 in Section B of the PL1. Failure to inactivate the PL1 will cause the LTC Online Portal to search for an IDT meeting within the last 12 months and will prevent submission of the MDS LTCMI when it does not find the IDT meeting. It is strongly recommended that the NF inactivate the PL1 as soon as possible after a person's death or discharge.

For people who are deceased or discharged, the PL1 can be updated at any time, even after a PE has been submitted. This update will change the status of the PL1 to **PL1 Inactive**.

Additionally, a positive Preadmission PL1 cannot be updated by the NF for death/discharge if the status is set to **NF Placement Process Exhausted**. The NF will need to ask the LA that submitted the PL1 to update it for death/discharge. To avoid this issue, the admitting NF must enter an NF Date of Entry in Section D by clicking on the **Admitted to NF** button after certifying that they can serve the person if an associated PE was submitted with positive PASRR eligibility. The **Admitted to NF** button will also be displayed for the NF immediately if the associated PE was submitted with negative PASRR eligibility, allowing the NF to admit the person on the Preadmission PL1 without first certifying if they can serve the person on the PL1.

Note: Any NFSS forms associated to the inactive PL1 will not be inactivated by the system. If an inactivation is needed for an NFSS form, contact the HHSC PASRR Unit for assistance.

PASRR Evaluation Inactivations

A PE will be inactivated by the system when a subsequent PE is submitted or when the initiating PL1 is inactivated. Any PCSP forms or retired PSS forms associated to the inactive PE will not be inactivated.

Fair Hearing Process

A fair hearing is an informal, orderly, and readily available proceeding held before an impartial HHSC enterprise hearing officer. At the hearing, a person/applicant (appellant), or their representative, including legal counsel, may present the case as they wish to show that any action, inaction, or agency policy affecting the case should be reviewed.

When a person receives a letter that indicates denied MN on a Preadmission PE, a denied NFSS request, or a negative PASRR determination, the letter also informs the person of their right to request a fair hearing. The person (or LAR) must request a fair hearing in the manner and within the timeframe specified on the letter.

A fair hearing request can be made to appeal the following in PASRR:

- Denial of MN on a submitted positive Preadmission PE
- Denial of a Medicaid Specialized Service on a submitted NFSS
- A negative PASRR determination on a submitted PE

Timeframes

In the case of a letter that indicates the submitted PE is negative for PASRR eligibility, a fair hearing can be requested up to 90 days after the date of the letter by contacting the LA who completed the PE.

In the case of a letter that indicates the denial of a service submitted on an NFSS, a fair hearing can be requested up to 90 days after the date of the letter by contacting the HHSC PASRR Unit.

In the case of a letter that indicates the final denial of MN on a submitted PE, a fair hearing can be requested up to 90 days after the date of the letter by contacting TMHP at 800-626-4117, Option 5.

Form 4803 - Receipt of Fair Hearing Request

Form 4803, Acknowledgment and Notice of Fair Hearing, serves as a notice of any fair hearing related to the PASRR process. It is sent to the appellant to acknowledge the receipt of a request for a hearing and to set a time, date, and place for the hearing. Form 4803 will be sent to all known parties and required witnesses at least ten calendar days in advance of the hearing.

The fair hearing is held at a reasonable place and time. They are normally scheduled in the order in which requests are received, and are usually held by teleconference.

Appellants may present their own case, or bring a friend, relative, or attorney to present their case. HHSC enterprise does not pay attorney fees. Appellants may request additional time to prepare for their case by contacting the hearing officer.

Appellants may request an interpreter at no cost. However, appellants must notify the hearing officer at least two days before the hearing if they are going to require an interpreter.

Before and during the hearing, appellants and their representatives have the right to examine the documents, records, and evidence that HHSC will use. To see medical evidence before the hearing, the

appellant must make a written request to the hearing officer. For NFSS fair hearings, the fair hearing packet will be sent by certified mail to the person or LAR before the fair hearing date. The appellant may bring witnesses and present facts and details about the case. The appellant may also question or disagree with any testimony or evidence that is presented by the department.

Appellants have the right to know all the information the hearing officer examines in making the decision. The laws and policies which apply to the appellant's case and the reasons for HHSC' action will be explained.

The hearing officer will issue a final written order. The decision by the hearing officer is HHSC' final administrative decision. If the appellant believes the hearing officer did not follow applicable policy and procedures, the appellant can submit a request for administrative review within 30 days of the date of the decision. The appellant submits the request for administrative review to the hearing officer, who will forward the request to the appropriate legal office for review.

The appellant may have to pay back any overpayments HHSC made to the appellant because the appellant did not supply correct and complete information or was overpaid while waiting for the hearing decision.

Reminders

- Provide pertinent information on the forms using the **Add Note** button.
- LTC providers are contractually obligated to follow the instructions provided in HHSC Information Letters. The TMHP website at www.tmhp.com/programs/ltc contains HHSC Information Letters and other important announcements.
- Not all buttons will display on the yellow Form Actions bar for some users because of security levels or status of the PASRR Level 1 Screening, PE, PCSP form, or NFSS form.
- The PASRR face-to-face evaluation must be completed within 72 hours after receiving a copy of the PL1 from a notification from the LTC Online Portal or by fax if it's to follow the Preadmission process.
- The PE must be successfully submitted on the LTC Online Portal within seven calendar days after receiving notification from the Referring Entity, nursing facility, or LTC Online Portal Alert.
- LIDDAs are required to participate in IDT meetings for IDD positive PEs. LMHAs and LBHAs are required to attend IDT meetings for MI positive PEs. LIDDAs, LMHAs, and LBHAs are required to attend IDT meetings for dual MI/IDD positive PEs.
- Once the IDT meeting has been documented and submitted by the NF on the LTC Online Portal, the LA will receive an alert to confirm the IDT meeting.
- Updates to the PL1 can only be completed by the LIDDA/LMHA/LBHA that submitted the Preadmission PL1. If the NF on the Preadmission PL1 has admitted the person on the PL1 by using the **Admitted to NF** button, then the NF can update the PL1 for deceased or discharged by using the **Update Form** button.
- When the admission type is Preadmission, the LA must successfully submit the positive Preadmission PASRR Level 1 Screening on the LTC Online Portal upon receipt of the Referring Entity. The receipt of the PL1 also serves as the notification that the PE must be submitted on the LTC Online Portal within seven calendar days.
- Check the LTC Online Portal daily for:
 - Alerts.
 - PASRR Level 1 Screenings when the status is **Pending Placement in NF - PE Confirmed** to coordinate the placement of the person by checking for an NF certifying that they are able to serve the person.
 - The PTID Status on the PASRR Evaluations Authorization tab and the NFSS Authorization section to ensure it has successfully processed to allow for payment of claims.
 - Alerts and PTID History notes from NFSS reviewers in which the NF must take action.
- When sending an email to the PASRR.Support@hhsc.state.tx.us mailbox to report issues/concerns with a submitted PASRR form, providers must not include information specific to a person. Use the DLN for a form associated with the person in the LTC Online Portal.

HIPAA Guidelines and Provider Responsibilities

Providers must comply with the HIPAA. It is YOUR responsibility to comply with HIPAA, to seek legal representation when needed, and to consult the manuals or speak to your TMHP Provider Representative when you have questions.

Preventing Medicaid Waste, Abuse, and Fraud

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

How to Report Waste, Abuse, and Fraud

Reports may be made through the following website: <https://oig.hhsc.texas.gov/report-fraud-waste-or-abuse>. This website also gives instructions on how to submit a report, as well as how to submit additional documentation that cannot be transmitted over the Internet. The website also provides information on the types of waste, abuse, and fraud to report to the Office of the Inspector General (OIG).

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

Resource Information

Types of Calls to Refer to TMHP

Call TMHP at **800-626-4117, Option 1**, about the following:

- NF forms completion – including PASRR Level 1 Screening Form, PCSP, and NFSS form
- LA forms completion – including PASRR Level 1 Screening Form, PE, and PCSP
- Rejection codes on the forms and PTIDs
- Management of the **Provider Action Required** status
- Available options if form is set to status **ID Invalid**, but Medicaid number, SSN, or Medicare number and name match the Medicaid ID card
- PASRR Level 1 Screening Form, PE, PCSP, and NFSS form submission error messages, and NFSS PTID and PE PTID error messages
- PASRR Level 1 Screening Form, PE, PCSP, and NFSS status questions

Call TMHP at **800-626-4117, Option 2**, about the following:

- MN Determination on PE

Call TMHP at **800-626-4117, Option 3**, about the following:

- TMHP LTC Online Portal and TexMedConnect account setup

Types of Emails to Refer to HHSC PASRR Unit

Email PASRR.Support@hhsc.state.tx.us about the following:

- Assistance with or cooperation from an RE, NF, LIDDA, or LMHA/LBHA
- Assistance with locating information to complete and submit the PL1, PE, PCSP, and NFSS forms
- Assistance with locating forms, people residing in or entering an NF, LIDDAs, LMHA/LBHAs, or additional training resources
- Policy guidance on PASRR processes, specialized services, and therapist assessments
- Questions specifically related to MI/ID/DD or related conditions

For additional learning opportunities, information, and forms: <https://www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr>

Types of Calls to Refer to HHSC PCS

Call HHSC PCS at **512-438-2200, Option 1**, about the following:

- Denials or pending denials of people who have established prior permanent MN, after verifying Medicaid Number, contains a nine-digit numeric rather than + or N
- Resolution of forms in Manual Workflow (such forms have been rejected by SAS and must be reviewed by HHSC PCS)

Types of Calls to Refer to a Local Authority

- For a person at an NF with a PASRR Negative Letter
- When the NF needs to follow up after an alert was sent to the LA to complete and submit a PE for a Resident Review
- To invite the LA to participate in the IDT Meeting

Refer to the following link for a list of LA names and contact information: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/contact-program-staff>

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, MDS not in the LTC Online Portal, LTCMI questions, Claim Forms, Claim Submission, R&S Report, PL1 Screening Form, and PASRR Evaluation (PE).....	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).....	512-438-3011
Complaint & Incident Intake	800-458-9858
Complaint for LTC Facility/Agency	Option 2
Information About a Facility	Option 4
Provider Self-Reported Incidents.....	Option 5
Survey Documents/HHSC literature.....	Option 6

Community Services Contracts Unit Support.....	512-438-3550
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@hhs.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
Long-Term Care Regulatory Policy.....	512-438-3161
Provider Claims Services Hotline.....	512-438-2200
NF and Hospice (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
Provider Recoupment and Holds, including torts and trusts and/or annuities	Option 4
Home and Community-based Services	Option 5
TX Home Living.....	Option 5
Rehabilitation Therapy and Specialized Services.....	Option 6
Regulatory Services.....	512-438-2625
Health and Human Services Commission (HHSC)	
HHSC Ombudsman Office Medicaid Benefits	877-787-8999
Long-Term Care Ombudsman	800-252-2412
Medicaid Fraud	800-436-6184
Rate Analysis Help Line.....	512-730-7404
Resource Utilization Groups (RUGs) Information	
Nurse Specialist (Reconsideration & RUGs).....	512-491-2074
Texas State University RUG Training Information	512-245-7118
Texas State University Training Online Course Questions.....	512-245-7118

Informational Websites

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

- HIPAA information: www.tmhp.com/hipaa-privacy-statement
- Long-Term Care Division: www.tmhp.com/programs/ltc
- NF LTCMI and PASRR information is also available at: www.tmhp.com/programs/ltc
- Long-Term Care Provider News Archives: www.tmhp.com/news?program_id=56

Health and Human Services Commission (HHSC): <https://hhs.texas.gov/>

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

- Complaint & Incident Intake (includes information about how to make a complaint): <https://hhs.texas.gov/about-hhs/your-rights/complaint-incident-intake>
- 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: <https://apps.hhs.texas.gov/providers/communications/letters.cfm>
- Resources for HHSC Service Providers: <https://hhs.texas.gov/doing-business-hhs/provider-portals>
- HHSC Regions: <https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts>
- ICD-10 Code List: <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/icd10-codes.pdf>
- Vendor Drug Program: www.txvendordrug.com

Other Resources:

- [LTC User Guide for Online Portal Basics, General Information, and Program Resources](#) - for detailed information on how to use the LTC Online Portal, including:
 - Options on the blue navigational bar such as: Submit Form, Search (including Individual Search), Worklist, Printable Forms, Alerts, Help, and Dashboard.
 - Dashboard is accessible only for HCS/Texas Home Living (TxHmL) providers.
- Centers for Medicare & Medicaid Services: www.cms.gov
- National Provider Identifier (NPI):
 - To obtain: <https://nppes.cms.hhs.gov/NPPES>
- Texas Administrative Code: www.sos.state.tx.us/tac/index.shtml
- Texas State RUG Training:
www.txstate.edu/continuinged/CE-Online/RUG-Training
- Federal MDS 3.0 site: www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

Appendix A: Forms

PASRR Level 1 Screening

The PASRR Level 1 Screening is divided into seven sections labeled A through F and an IDT tab. The PASRR Level 1 Screening form can be found online at: www.tmhp.com/programs/ltc/forms

Instructions for the PASRR Level 1 Screening form can be found online at: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions>

PASRR Evaluation

The PE is divided into seven sections labeled A through F and an Authorization tab. The PASRR Evaluation can be found online at: www.tmhp.com/programs/ltc/forms

Instructions for the PE can be found online at: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions>

Nursing Facility Specialized Services (NFSS)

Below is the list of NFSS forms and information that can be found online at: www.tmhp.com/programs/ltc/forms

- PASRR NF Specialized Service (NFSS) - Authorization Request for CMWC
- PASRR NF Specialized Service (NFSS) - Authorization Request for DME
- PASRR NF Specialized Service (NFSS) - Authorization Request for Habilitative Therapies
- PASRR NF Specialized Service (NFSS) - CMWC/DME Receipt Certification
- PASRR NF Specialized Service (NFSS) - CMWC/DME Signature Page
- PASRR NF Specialized Service (NFSS) - CMWC Supplier Acknowledgment and Signature Page
- PASRR NF Specialized Service (NFSS) - DME Supplier Acknowledgment and Signature Page
- PASRR NF Specialized Service (NFSS) - Fax Cover Sheet
- PASRR NF Specialized Service (NFSS) - Therapy Signature Page

Below is the list of NFSS guides and information that can be found online at: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions>

- PASRR NF Specialized Services (NFSS) – Companion Guide
- PASRR NF Specialized Services (NFSS) – Detailed Item-by-Item Guide

PASRR Comprehensive Service Plan (PCSP) Form

The PCSP form can be found online at: www.tmhp.com/programs/ltc/forms

Instructions for the PCSP form can be found online at: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions>

Appendix B: Specialized Services Array (for Reference by LIDDAs)

There are different types of specialized services that can be recommended for a person.

LIDDA Provided/Coordinated Specialized Services Choices:

- 1) Alternate Placement Assistance
- 2) Determination of Intellectual Disability (DMR, This option was redefined and cannot be selected after 6/24/2016)
- 3) Vocational Training (This option was redefined and cannot be selected after 6/24/2016)
- 4) Service Coordination (SC)
- 5) Employment Assistance
- 6) Supported Employment
- 7) Day Habilitation
- 8) Independent Living Skills Training
- 9) Behavioral Support
- 10) Habilitation Coordination (Default value which is automatically added by the LTC Online Portal and is not selectable by the user)

Nursing Facility Provided/Coordinated Specialized Services Choices:

- 1) Specialized Physical Therapy (PT)
- 2) Specialized Occupational Therapy (OT)
- 3) Specialized Speech Therapy (ST)
- 4) Customized Manual Wheelchair (CMWC)
- 5) Durable Medical Equipment (DME)

Auto Population of Specialized Services (PE fields “B0500” and “B0600”)

Field Name	Auto Populates
B0100. To your knowledge, does the individual have an Intellectual Disability which manifested before the age of 18? (e.g. Mental Retardation)	PE B0500 10. Habilitation Coordination (if “1. Yes” is selected in field B0100)
B0200. To your knowledge, does the individual have a Developmental Disability other than an Intellectual Disability that manifested before the age of 22? (e.g. autism, cerebral palsy, spina bifida)	PE B0500 10. Habilitation Coordination (if “1. Yes” is selected in field B0200)
B0400A. Self-monitoring of nutritional support	PE B0500 8. Independent Living Skills Training

Field Name	Auto Populates
B0400B. Self-monitoring and coordinating medical treatments	PE B0500 8. Independent Living Skills Training
B0400C. Self-help with ADLs such as toileting, grooming, dressing and eating	PE B0600 2. Specialized Occupational Therapy (OT)
B0400D. Sensorimotor development with ambulation, positioning, transferring, or hand eye coordination to the extent that a prosthetic, orthotic, corrective or mechanical support devices could improve independent functioning	PE B0600 1. Specialized Physical Therapy (PT) PE B0600 2. Specialized Occupational Therapy (OT) PE B0600 5. Durable Medical Equipment (DME)
B0400E. Social development to include social/recreational activities or relationships with others	PE B0500 8. Independent Living Skills Training PE B0500 9. Behavioral Support
B0400F. Academic/educational development, including functional learning skills	PE B0500 8. Independent Living Skills Training
B0400G. Expressing interests, emotions, making judgments, or making independent decisions	PE B0500 8. Independent Living Skills Training
B0400H. Independent living skills such as cleaning, shopping in the community, money management, laundry, accessibility within the community	PE B0500 8. Independent Living Skills Training
B0400I. Vocational development, including current vocational skills	PE B0500 5. Employment Assistance PE B0500 6. Supported Employment PE B0500 7. Day Habilitation
B0400J. Additional adaptive medical equipment or adaptive aids to improve independent functioning	PE B0600 5. Durable Medical Equipment (DME)
B0400K. Speech and language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal)	PE B0600 3. Specialized Speech Therapy (ST)

Mental Health Recommended Services Provided/Coordinated by LMHA/LBHA:

- 1) Group Skills Training
- 2) Individual Skills Training
- 3) Intensive Case Management (This service is also subject to the <180 day stay requirement)

- 4) Medication Training & Support Services (Group)
- 5) Medication Training & Support Services (Individual)
- 6) Medication Training Group
- 7) Medication Training Individual
- 8) Psychiatric Diagnostic Interview Examination
- 9) Psychosocial Rehabilitative Services (Group)
- 10) Psychosocial Rehabilitative Services (Individual)
- 11) Routine Case Management (This service is also subject to the <180 day stay requirement)
- 12) Skills Training & Development (Group)
- 13) Skills Training & Development (Individual)

Appendix C: Resident Review Triggers

Trigger	Action
MDS Significant Change in Status Assessment (SCSA) is submitted.	If the change in condition indicated on the MDS during the MDS LTCMI submission affects PASRR eligibility, then convene the face-to-face interview with the person within 72 hours of notification. Complete and submit a new PASRR Evaluation within seven days of notification.
An MDS form indicating that the person is no longer comatose is submitted.	Convene the face-to-face interview with the person within 72 hours of notification. Complete and submit a new PASRR Evaluation within seven days of notification.
A person was admitted under Expedited Admission and the Expedited Admission timer has expired (see Appendix D).	Convene the face-to-face Interview with the person within 72 hours of notification. Complete and submit a new PASRR Evaluation within seven days of notification.
A person was admitted under Exempted Hospital Discharge and the person has stayed more than 30 days.	Convene the face-to-face interview with the person within 72 hours of notification. Complete and submit a new PASRR Evaluation within seven days of notification.
Nursing facility or HHSC requests a resident review.	Convene the face-to-face interview with the person within 72 hours of notification. Complete and submit a new PASRR Evaluation within seven days of notification.
When the PASRR Level 1 Screening and PASRR Evaluation are systematically updated for a person who is newly identified as Medicaid eligible.	Review the PASRR Evaluation to ensure that the PASRR eligibility and specialized services are still accurate. If the PASRR Evaluation is no longer accurate, then convene another face-to-face interview with the person within 72 hours of notification, and complete and submit the new PASRR Evaluation within seven days of notification.

Appendix D: Timers

Description	Length
Exempted Hospital Discharge exceeds 30 days	PASRR Evaluation must be completed after 30 days from nursing facility admission date.
Expedited Admission - Category 4 or 5	PASRR Evaluation must be completed within 7 days from nursing facility admission date.
Expedited Admission - Category 1, 2, or 3	PASRR Evaluation must be completed within 72 hours notification by nursing facility or LTC Online Portal Alert.
Expedited Admission - Category 6	PASRR Evaluation must be completed within 14 days from nursing facility admission date.
Expedited Admission - Category 7	PASRR Evaluation completed within 7 days from the LTC Online Portal Alert.
PASRR Evaluation	Face-to-face contact must be initiated within 72 hours of notification by the Referring Entity, nursing facility or LTC Online Portal Alert. PE must be successfully submitted within 7 calendar days of the notification.
NF Placement Process Exhausted (PL1 Form Status)	90 days have passed since the PE was submitted from a Preadmission PL1 and where none of the nursing facilities on the PL1 Section D tab have admitted the person on the PL1.
Med ID Check Inactive (NFSS Form Status)	If Medicaid ID Check validation is unable to validate after 30 days, the form moves into this status. This is a final status for the NFSS form.
ME Check Inactive (NFSS Form Status)	If Medicaid Eligibility Check validation is unable to validate after 30 days, form moves into this status. This is a final status for the NFSS form.
AI Check Inactive (NFSS Form Status)	If Applied Income Check validation is unable to validate after 30 days, the form moves into this status. This is a final status for the NFSS form.

Description	Length
Denied (NFSS PTID Status)	The NFSS PTID will move from Pending Denial to Denied if no action is taken within 14 days for DME/CMWCs or within 7 days for therapies. The HHSC PASRR Reviewer can also deny an NFSS request immediately if they determine that it can't be approved later.
Item Not Received (NFSS PTID Status)	When the NFSS PTID is in this status, the following note will appear in the PTID History: "365 days have elapsed since the DME or CMWC was approved. The item was not certified by the Nursing Facility."
FH Expired (NFSS PTID Status)	When the NFSS PTID is in this status, the following note will appear in the PTID History: "90 days have elapsed since the request was Denied."

Appendix E: Letters

Approval for MN on PE Letter



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Long Term Care Unit
P.O. Box 200765
Austin, TX 78720
1-800-727-5436

«prntdate»

«rfname» «rlname»

DLN: «DLN»

«relfname» «rellname»

«relstreet»

«relcity», «relstate» «relzip»

Dear «recvfname» «recvlname»,

This letter is to notify you that the individual identified above has been approved for medical necessity and admission to a nursing facility as a result of a Preadmission Screening and Resident Review (PASRR) Evaluation.

The PASRR Evaluation identified strengths and weaknesses with which you may need assistance.

Below are the Recommended Specialized Services indicated on the Preadmission Screening and Resident Review evaluation:

«Eval1fname» «Eval1lname»

«Eval1title»

«Eval1date»

«Recommended SS (LA MI)»

«Eval2fname» «Eval2lname»

«Eval2title»

«Eval2date»

«Recommended SS (LA IDD)»

«Recommended SS (NF IDD)»

Additionally, the PASRR Evaluation indicated that your needs could also be met in one or more of the following settings:

«Needs Can Be Met In»

If you have any questions, please contact the evaluator(s) at «Eval1phone».

Sincerely,

TMHP
LTC Unit

If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion, you may lodge a complaint by writing immediately to the Civil Rights Office, Texas Health and Human Services Commission, 701 West 51st Street, Suite 104W, Austin, TX 78751.

www.tmhp.com

Pending Denial (MN on PE) Letter



Long Term Care Unit
P.O. Box 200765
Austin, TX 78720
1-800-727-5436

«prntdate»

«rfname» «rlname»
«relfname» «rellname»
«relstreet»
«relcity», «relstate» «relzip»

DLN: «DLN»

Dear «recvfname» «recvlname»,

Recently, the individual identified above applied for the Nursing Facility program through the Texas Department of Aging and Disability Services. Texas Medicaid & Healthcare Partnership (TMHP), under contract with the Texas Health and Human Services Commission, determines medical necessity for the Nursing Facility program.

Based on review of the Preadmission Screening and Resident Review (PASRR) Evaluation submitted to TMHP on your behalf, TMHP has determined that you do not need the services of a licensed nurse on a regular basis; therefore, you do not meet medical necessity for the Nursing Facility program. Under PASRR regulations you must require skilled nursing services on a regular basis in order to qualify for admission to a nursing facility.

You have the right to submit more information to support your need for the services of a licensed nurse on a regular basis. If you feel your doctor or a different doctor may have more medical information that supports your need, ask your doctor to send the information to TMHP explaining your medical condition(s) and the nursing services you need related to it. Please have them fax this information directly to TMHP at 1-512-514-4223 within 14 business days from the date of this letter. If we do not receive information that supports the need for a licensed nurse, your case may be denied.

If you have any questions about your medical necessity determination for the Nursing Facility program, please contact Texas Medicaid & Healthcare Partnership (TMHP) at the telephone number listed at the top right.

If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion, you may lodge a complaint by writing immediately to the Civil Rights Office, Texas Health and Human Services Commission, 701 West 51st Street, Suite 104W, Austin, TX 78751.

www.tmhp.com

Overturn Approval (MN on PE) Letter



Long Term Care Unit
P.O. Box 200765
Austin, TX 78720
1-800-727-5436

«prntdate»

«rfname» «rlname»

DLN: «DLN»

«relfname» «rellname»

«relstreet»

«relcity», «relstate» «relzip»

Dear «recvfname» «recvlname»,

Texas Medicaid & Healthcare Partnership (TMHP) has reviewed the additional medical information recently submitted on your behalf and has determined that it supports your need for the services of a licensed nurse on a regular basis.

The former notification of pending or final denial for medical necessity has been **overtured** and you have been granted medical necessity for Medicaid reimbursed nursing facility care.

If you have any further questions, please contact TMHP at the telephone number listed above.

Sincerely,

TMHP
LTC Unit

NOTE: If you requested a Fair Hearing to appeal the former decision to deny medical necessity and you now want to withdraw your request for a hearing, please contact TMHP as soon as possible.

If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion, you may lodge a complaint by writing immediately to the Civil Rights Office, Texas Health and Human Services Commission, 701 West 51st Street, Suite 104W, Austin, TX 78751.

www.tmhp.com

Overturn Denial (MN on PE) Letter



Long Term Care Unit
P.O. Box 200765
Austin, TX 78720
1-800-727-5436

March 23, 2021

DLN: [REDACTED]

Dear [REDACTED],

Texas Medicaid & Healthcare Partnership (TMHP) has reviewed the Preadmission Screening and Resident Review submitted on your behalf and has determined that the services of a licensed nurse are not needed on a regular basis. Therefore, as you were previously notified, you do not meet medical necessity for the Nursing Facility program.

In accordance with Title 26 *Texas Administrative Code*, Chapter 554 Subchapter Y §554.2407, Medical Review and Evaluation, if you disagree with this decision, you have the right to ask for a fair hearing.

If you don't ask for the fair hearing within 90 days of the date of this letter, you may lose your right to a fair hearing.

If you ask for a fair hearing within 10 days from the date of this letter, you will continue to receive your benefits at the previous level until a decision is made on the fair hearing.

If you ask for a fair hearing, you will be sent a packet of information letting you know the date, time and location of your hearing. Most fair hearings are held by telephone and either you or another person that you choose may present your case at the hearing.

If you need special accommodations in order to participate in the hearing or if you need a language interpreter, please let us know. To request a Fair Hearing, contact TMHP at 1-800-727-5436 and select option 5, Monday through Friday, 7 AM to 7 PM.

You may represent yourself, have a lawyer, or another person represent you at a Fair Hearing. If you need information about free legal services in your area, call 2-1-1.

If you have any questions, please contact Texas Medicaid & Healthcare Partnership (TMHP) at the telephone number listed at the top right.

Sincerely,

TMHP
LTC Unit

If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion, you may lodge a complaint by writing immediately to the Civil Rights Office, Texas Health and Human Services Commission, 701 West 51st Street, Suite 104W, Austin, TX 78751.

www.tmhp.com

NFSS Approval Letter



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

HHSC IDD PASRR Unit
 Mail Code: [REDACTED]
 P.O. Box [REDACTED]

May 13, 2020

Dear [REDACTED]:

[REDACTED] sent us a request for Preadmission Screening and Resident Review (PASRR)-specialized services. The request was made because you have an intellectual or developmental disability (IDD) or a mental illness and IDD diagnosis.

The following services or items have been **approved**:

- Occupational Therapy

The status of all requested services is at the end of this letter. If you have any questions about this letter, please contact [REDACTED]. Refer to this letter with the Document Locator Number (DLN) [REDACTED].

Resident Name: [REDACTED]

DLN: [REDACTED]

Nursing Facility: [REDACTED]

Requested Service	Status	Status Date	Comment/Reason
Occupational Therapy	Complete	05/13/2020	No Action Necessary
Physical Therapy	Pending Denial	05/12/2020	We need more information to approve your request. Your nursing facility must submit the information by 05/19/2020. If we don't get the information by 05/19/2020, the request will be denied.
Speech Therapy	Denied	05/12/2020	Will wait to start ST service when the person gets the oral equipment installed.

NFSS Denial Letter



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

February 19, 2020

HHSC IDD PASRR Unit
 Mail Code: W-356
 P.O. Box 149030
 Austin, Texas 78714-9030
 1-855-435-7180

FirstName LastName
 1234 Any St
 Any Town, TX XXXXX0000

Dear FirstName LastName:

Nursing Facility Name sent us a request for Preadmission Screening and Resident Review (PASRR)-specialized services. The request was made because you have an intellectual or developmental disability (IDD) or a mental illness and IDD diagnosis.

The following service or items have been denied. The reason for denial is listed below:

- Speech Therapy

Reason for Denial: We needed more information to review your request. We didn't receive the information by the deadline.

You have 90 days from 02/19/2020 to ask for a fair hearing. If you do not ask for a fair hearing within 90 days of 02/19/2020, you may lose your right to a fair hearing.

To request a fair hearing, send a written request to:

Health and Human Services Commission
 IDD PASRR Unit: Fair Hearing Requests
 Mail Code: W-356
 P.O. Box 149030
 Austin, Texas 78714-9030

You can ask your Local Intellectual or Developmental Disability Authority (LIDDA) service coordinator for help with your fair hearing request.

The status of all requested services is at the end of this letter. If you have any questions about this letter, please contact Nursing Facility Name. Refer to this letter with the Document Locator Number (DLN) XXXXXXXXXXXXX.

Resident Name: FirstName LastName

DLN: XXXXXXXXXXXXX

Nursing Facility: Nursing Facility Name

Requested Service	Status	Status Date	Comment/Reason
Occupational Therapy	Denied	02/19/2020	We needed more information to review your request. We didn't receive the information by the deadline.
Physical Therapy	Denied	02/19/2020	We needed more information to review your request. We didn't receive the information by the deadline.
Speech Therapy	Denied	02/19/2020	We needed more information to review your request. We didn't receive the information by the deadline.

PASRR Evaluation - PASRR Negative Letter



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

January 01, 2021

DLN: [REDACTED]

Dear [REDACTED],

This letter is to inform you of the results of a recent Preadmission Screening and Resident Review (PASRR) Evaluation which was initiated based on a PASRR screening form that indicated you might have a qualifying Mental Illness (MI) or an Intellectual Disability or Developmental Disability (IDD). Your PASRR evaluation was performed by:

Evaluator Name: [REDACTED]
Evaluator Position/Title-MI Assessment: PASRR HC
Phone Number: [REDACTED]
Date of Assessment (for Mental Illness): Jan 01, 2021

Evaluator Name:
Evaluator Position/Title-IDD Assessment:
Phone Number:
Date of Assessment (for Intellectual or Developmental Disability):

Based on the evaluation, it has been determined that you are not eligible for specialized services because you do not have a qualifying diagnosis of mental illness, intellectual disability, or developmental disability as required by 42 CFR §438. Please note that the information in this letter does not affect your eligibility for nursing facility services.

If you disagree with the results of the PASRR Evaluation and wish to request a fair hearing, or if you have additional documentation for the Evaluator to consider or questions, please contact the evaluator(s) at the Local Authority at the number listed above, where included.

If you don't ask for the fair hearing within 90 days of the date of this letter, you may lose your right to a fair hearing.

Sincerely,

TMHP
LTC Unit

If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion, you may lodge a complaint by writing immediately to the Civil Rights Office, Texas Health and Human Services Commission, 701 West 51st Street, Suite 104W, Austin, TX 78751.

www.tmhp.com

Appendix F: Terms and Abbreviations

Term/Abbreviation	Description
Alert	An electronic notification generated by the LTC Online Portal either systematically or by a person using the LTC Online Portal.
Appellant	The person requesting a fair hearing when Medical Necessity on a Preadmission PE or NFSS request is denied. The fair hearing can also be requested when the PE determines negative PASRR eligibility.
Atypical Provider Identifier	A nine-digit number assigned to providers who do not provide medical services.
CMS	Centers for Medicare & Medicaid Services
Contact	Telephone, email, or verbal communication between the Referring Entity, nursing facility, and the Local Authority.
Coordinate	The act of organizing and working together with the Referring Entity, nursing facility, and Local Authority to arrange a suitable placement for the person receiving services.
Complete	Appear in person to screen or evaluate the person and fill out all fields on a blank hardcopy version of the PASRR Level 1 Screening or PASRR Evaluation.
Converted PL1	This is a PL1 which was created from information based on an MDS or retired PASRR form after the PASRR Redesign project was deployed in May 2013.
CSHCN	Children with Special Health Care Needs (Services Program)
Developmental Disability (DD)	A disability characterized by significant limitations in adaptive behavior, which covers many everyday social and practical skills that manifested before the age of 22. For the purposes of the PASRR program, also includes persons with related conditions as defined in Title 40 of the Texas Administrative Code.
DLN	Document Locator Number - a unique number assigned to each document which is successfully submitted on the LTC Online Portal.
DSHS	Department of State Health Services
Exempted Hospital Discharge	An admission when a physician has certified that a person who is suspected of having Mental Illness (MI), Intellectual Disability (ID), and/or Developmental Disability (DD) is likely to require less than 30 days of nursing facility services for the condition for which the person was hospitalized.

Term/Abbreviation	Description
Expedited Admission	<p>An admission of a person who is suspected of having MI, ID, and/or DD and meets the criteria for any of the seven Expedited Categories.</p> <ul style="list-style-type: none"> Convalescent Care Terminal Illness Severe Physical Illness Delirium Emergency Protective Services Respite Coma
Fair Hearing	<p>A fair hearing is an informal, orderly, and readily available proceeding held before an impartial health and human services enterprise hearing officer that can be requested by the person who was denied MN, the person's responsible party, or in the case of no responsible party, the Local Authority.</p>
FSI	<p>Form Status Inquiry - This is a page on the LTC Online Portal to perform searches on submitted forms.</p>
HHS/HHSC	<p>Texas Health and Human Services/Texas Health and Human Services Commission</p>
HIPAA	<p>Health Insurance Portability and Accountability Act</p>
Intellectual Disability (ID)	<p>Usually a permanent condition originating sometime between birth and age 18. The person's general intellectual functioning is significantly below average, and his or her behavior does not meet the level of personal independence and social responsibility expected of the person's age and culture. This is the preferred term for someone who is mentally retarded.</p>
Intellectual or Developmental Disability (IDD)	<p>This is a person who has a Developmental Disability or an Intellectual Disability. See those definitions for a complete description.</p>

Term/Abbreviation	Description
Interdisciplinary Team (IDT)	A designated group, including the person, and their legally authorized representative (if any), health-care professionals from diverse fields that meet within 14 days of the person's admission or within 14 days after the LTC Online Portal alert is sent to the LA to complete a PE. These people work in a coordinated fashion to identify which of the nursing facility specialized services, IDD specialized services, and MI specialized services recommended that the person, or legally authorized representative on the person's behalf, wants to receive and determine whether the person is best served in a nursing facility or community setting. The NF enters and submits the results of this meeting on the PCSP form initiated from a positive PE.
LAR	Legally Authorized Representative
LBHA	Local Behavioral Health Authority
LIDDA	Local Intellectual & Developmental Disability Authority (formerly Local Authority [LA])
LMHA	Local Mental Health Authority
Local Authority (LA)	Includes the Local Intellectual & Developmental Disability Authority (LIDDA), the Local Mental Health Authority (LMHA), and the Local Behavioral Health Authority (LBHA). The LIDDA and LMHA/LBHA provide an array of services and support for persons with MI or IDD.
LTC	Long-Term Care
Long-Term Care Medicaid Information (LTCMI)	The LTCMI is the replacement for the federal MDS Section S and contains items for Medicaid state payment. Once your MDS assessments have been transmitted to CMS, TMHP will retrieve all assessments that meet the retrieval criteria and assign a DLN. The assessment status will be set to Awaiting LTC Medicaid Information .
LTC Online Portal	Web-based application accessible through TMHP.com and used by nursing facilities, local authorities and Waiver program providers to submit or view forms, assessments, screenings, and evaluations and manage the service authorization process.
MCO	Managed care organization is a state-contracted entity that has been given delegated authority to provide acute and long-term services to support enrolled managed care members.

Term/Abbreviation	Description
MDS	Minimum Data Set is a standardized, primary screening and assessment tool of health status that forms the foundation of the comprehensive assessment for all people in a Medicare or Medicaid certified LTC facility. The MDS contains items that measure physical, psychological, and psychosocial functioning.
ME	Medicaid Eligibility
Mental Illness (MI)	A significant mental disorder resulting in functional limitations in major life activities within the past three to six months that would be appropriate for the person's developmental stage. Within the past two years, the disorder has required psychiatric treatment more than one time and more intensive than outpatient care or has experienced a significant disruption to the normal living situation. Does not include people with a primary diagnosis of dementia.
MESAV	Medicaid Eligibility Service Authorization Verification
MN	Medical Necessity – A determination made by TMHP based on the Preadmission PASRR Evaluation or MDS Assessment data that a person qualifies for licensed nursing care in an institutional setting.
NF	Nursing Facility
NFSS	Authorization Request for PASRR Nursing Facility Specialized Services
Notify	Telephone, email, verbal communication, or LTC Online Portal Alert
NPI	National Provider Identifier Number
PASRR	Preadmission Screening and Resident Review
PASRR Evaluation (PE)	The tool used to document whether the person is confirmed to have MI, ID, or DD. The PASRR Evaluation is also referred to as a PE.
PASRR Level 1 (PL1) Screening	The tool used to document whether there is evidence, indication, or suspicion that the person has MI, ID, and/or DD. The PASRR Level 1 Screening is also referred to as a PL1.
PASRR Negative	A person for whom a nursing facility or Referring Entity has indicated or suspects no MI, ID, and/or DD on the PASRR Level 1 Screening, or a person for whom a Local Authority has confirmed a negative determination of MI and/or IDD on the PASRR Evaluation.
PASRR Positive	A person for whom a nursing facility or Referring Entity has indicated MI, ID, and/or DD is suspected on the PASRR Level 1 Screening, or a person for whom a Local Authority has confirmed a positive determination of Mental Illness and/or IDD on the PASRR Evaluation.

Term/Abbreviation	Description
PCS	Provider Claims Services (workflow)
PCSP	PASRR Comprehensive Service Plan - This form combines and replaces the IDT Tab on the PL1 Screening Form, and the PASRR Specialized Services (PSS) Form, and it clarifies the specialized services identification process.
PTID	PASRR Transaction Identifier - This is on the NFSS and PE forms.
Person	A person who is a resident or desires to be a resident of a nursing facility. A PL1 must be completed for any person wishing to enter a nursing facility.
Permanent Medical Necessity (PMN)	A person's permanent medical necessity (PMN) status is established on the completion date of any MDS assessment approved for MN no less than 184 calendar days after the person's admission to the Texas Medicaid Nursing Facility Program.
Preadmission	An admission when the PASRR Level 1 Screening indicates a suspicion of positive PASRR eligibility but does not qualify to be submitted with the Expedited Admission, Exempted Hospital Discharge, or Negative PASRR Eligibility admission processes.
Processing	Movement of data towards a known goal or end result, by passing it through a series of stages or a sequence of actions by a computer.
Referring Entity (RE)	An entity such as a hospital discharge planner, physician's office, LAR, family member, or Intermediate Care Facility for Individuals with an Intellectual or Developmental Disability (ICF/IDD), that refers the person for nursing facility admission.
SAS	Service Authorization System - An HHSC system that processes requests for service authorizations.
SPT	Service Planning Team
SSN	Social Security number
Submit	To enter information for a PL1, PE, PCSP or NFSS form on the LTC Online Portal using a computer with access to the LTC Online Portal.
Submitter	The entity who clicks the Submit Form button on the PL1, PE, PCSP or NFSS form during the original creation and submission of the applicable form or meeting.
TAC	Texas Administrative Code
TMC	TexMedConnect (online claims submission portal/application)
TMHP	Texas Medicaid & Healthcare Partnership

Term/Abbreviation	Description
Workflow	Common term in LTC referring to a unique process to complete screenings and evaluations.
www.tmhp.com	TMHP's website; TMHP web-based applications (e.g. LTC Online Portal, LTC TexMedConnect) can be found at www.tmhp.com .

Appendix G: Form and PTID Statuses

The form and PASRR Transaction Identifier (PTID) status of a PASRR form is shown within the FSI or Current Activity results. Once a specific document is selected, the status can be located at the top of the page or at the bottom of the document in the History trail, on the Authorization tab of the PASRR Evaluation, and on the PTID History section of the applicable NFSS tab.

The tables below shows the form and PTID statuses broken out by PASRR Level 1 Screening, PASRR Evaluation, PCSP, and NFSS form.

PASRR Level 1 Screening Status	Description
<i>Awaiting PE</i>	A PL1 Screening Form has been submitted, but the PE for this person has not been submitted yet.
<i>Comatose - Awaiting Change in Condition</i>	The PASRR Level 1 Screening has been submitted and the person is in a coma. If the person's condition changes, the Local Authority will be notified to complete a PASRR Evaluation.
<i>Form Inactivated</i>	The status of a previous PASRR Level 1 Screening when a new PASRR Level 1 Screening is successfully submitted.
<i>Form Submitted</i>	The PASRR Level 1 has been successfully submitted to the LTC Online Portal. This is a transitional status that will only be found in the History section. This status can not be searched using FSI.
<i>Individual Chose Alternate Setting</i>	The person has chosen to live in an Alternate Setting and will not be admitted to a nursing facility.
<i>Individual Placed in NF - PE Confirmed</i>	The person has been admitted to a nursing facility and a PASRR Evaluation has been successfully submitted for the person. If the PE is positive for PASRR eligibility, the NF must certify ability to serve the person by clicking on the Able to Serve the Individual or Unable to Serve the Individual button on the PL1. Refer to the Certification of the NF's Ability to Serve the Individual section of this User Guide for instructions.
<i>Individual Placed in NF</i>	The person has been admitted to a nursing facility. This is a converted PL1 which was created from information based on an MDS or retired Preadmission Screening and Annual Resident Review (PASARR) form that indicated potential positive PASRR eligibility after the PASRR project was deployed in May 2013.
<i>Individual Placed in NF - Exempted Hospital Discharge</i>	The person has been admitted to the nursing facility as an Exempted Hospital discharge. The PASRR Level 1 Screening has been submitted on the LTC Online Portal by the nursing facility. The PASRR Evaluation has not been submitted by the LA yet.

PASRR Level 1 Screening Status	Description
Individual Placed in NF - Expedited Admission	The person has been admitted to a nursing facility as an Expedited Admission. The PASRR Level 1 Screening has been submitted on the LTC Online Portal by the nursing facility. The PASRR Evaluation has not been submitted by the LA yet.
Negative PASRR Eligibility	The PASRR Level 1 Screening submitted on the LTC Online Portal has indicated that the person is not suspected of having a Mental Illness, Intellectual Disability or Developmental Disability. This could also be a converted PL1 which was created from information based on an MDS or retired PASARR form that indicated potential negative PASRR eligibility after the PASRR project was deployed in May 2013.
NF Placement Process Exhausted	This occurs on a Preadmission PL1 Screening Form when a person has not been placed in an NF or alternate setting within 90 days of the associated submitted PE.
Pending Placement	The person has not been placed in an NF yet. This is a temporary status on a Preadmission PL1 Screening Form. The system will change this temporary status to Awaiting PE .
Pending Placement in NF - PE Confirmed	<p>This status is for a Preadmission PL1 after a PE has been initiated from it and submitted on the LTC Online Portal.</p> <p>If the associated PE is positive for PASRR eligibility, the NF must view the PE, and certify ability to serve the person by clicking on the Able to Serve the Individual or Unable to Serve the Individual button on the PL1. If the NF is able to serve the individual, then the admitting NF must also enter the date they admitted the person by clicking on the Admitted to NF button and completing the required information.</p> <p>If the PE is negative for PASRR eligibility, the NF will be able to admit the individual by clicking on the Admitted to NF button after the PE is submitted without needing to certify their ability to serve the individual.</p> <p>Once the NF admits the person on the PL1, the status of the Preadmission PL1 will automatically update to Individual Placed in NF - PE Confirmed and the form history notes of the PL1 will also update to indicate that the individual has been admitted to the NF.</p>

PASRR Level 1 Screening Status	Description
PL1 Inactive	The LTC Online Portal has inactivated the PASRR Level 1 Screening due to a resident being discharged or deceased. The PASRR Level 1 Screening can no longer be updated. If there is an associated PE, then the PE status was moved to Form Inactivated .

PASRR Evaluation Status	Description
Appealed	<p>Appealed Doctor Review – Additional information has been submitted after the PASRR Evaluation has had a fair hearing requested and is currently being reviewed by a TMHP physician.</p> <p>FH Doctor Appeal Denied – Additional information has been submitted after the PASRR Evaluation has been MN Denied and a TMHP physician has determined the additional information still does not support MN.</p> <p>Pending Fair Hearing – Fair hearing has been requested by the resident/NF.</p>
Approved	The information submitted on the Preadmission PASRR Evaluation meets the criteria to approve MN.
Denied	<p>Doctor Overturn Denied – Additional information has been submitted after the PASRR Evaluation has been placed in a status of MN Denied and a TMHP physician has determined the additional information still does not support MN.</p> <p>FH Appeal Denied – The PASRR Evaluation MN denial has been upheld by the Fair Hearing Officer.</p> <p>MN Denied – A TMHP physician has determined the submitted information on the PASRR Evaluation does not meet the criteria to approve MN. The submitter should contact the TMHP nurse line within 14 business days.</p> <p>Overturn Doctor Review Expired – The PASRR Evaluation will move into this status if no additional information has been submitted for review within the 14 business days following MN denial.</p>
Form Inactivated	The PASRR evaluation has been inactivated. If an inactive PE has a PTID in LA Action Required status, the PE can still be updated.

PASRR Evaluation Status	Description
Form Submitted	The PASRR Evaluation has been successfully submitted to the LTC Online Portal. A DLN has been assigned to the PASRR Evaluation and the active PASRR Level 1 Screening has been linked to the PASRR Evaluation. This is a transitional status that will only be found in the History section. This status can not be searched for using FSI.
Negative PASRR Eligibility	The PASRR Evaluation confirmed that the person does not have a Mental Illness, Intellectual Disability, or Development Disability.
Overtured Doctor Review	Positive preadmission evaluation was denied MN and provider supplied more information. The evaluation is undergoing additional review by a TMHP physician. It can still be approved or denied at this point.
Pending Denial (need more information)	<p>Pending Denial – A TMHP nurse was unable to approve MN on the PASRR Evaluation based on the submitted information. The submitter has 21 calendar days to submit clarifying or additional information for further review. This can be done by contacting the TMHP nurse, adding a note to the PASRR Evaluation, or faxing additional information to TMHP.</p> <p>Pending Doctor Review – The PASRR Evaluation is currently being reviewed by a TMHP physician to determine if the submitted information meets the criteria for MN determination.</p>
Pending Review	MN determination on the preadmission PE is pending TMHP nurse review because the positive preadmission PASRR Evaluation was not approved through the automated MN determination process.
Pending Form Completion	The PASRR Evaluation was completed with only one PASRR eligibility consideration so far (e.g. IDD only) when it was submitted for both PASRR eligibility considerations (e.g. IDD and MI). The other PASRR eligibility consideration still needs to be submitted by the applicable LA.
Pending PASRR Eligibility	PASRR Evaluation has been successfully submitted and is now pending evaluation of PASRR Eligibility. This is a transitional status that will only be found in the History section. This status can not be searched for using FSI.

PASRR Evaluation Status	Description
<i>Positive PASRR Eligibility</i>	The PASRR Evaluation indicates the person meets the requirements for PASRR services and it was initiated from an Exempted Hospital Discharge, Expedited Admission or Negative PL1.

PASRR Comprehensive Service Plan Status	Description
<i>Form Completed</i>	The PCSP form has been submitted successfully on the LTC Online Portal.

PASRR Nursing Facility Specialized Services Status	Description
<i>AI Check Inactive</i>	Applied Income (AI) validation on the NFSS form was attempted nightly for up to 30 days and failed, or the request was canceled. The NF must submit a new NFSS request after Applied Income can be processed successfully.
<i>Applied Income Confirmed</i>	AI is confirmed on an NFSS form.
<i>ID Confirmed</i>	Medicaid ID is confirmed on the NFSS form.
<i>ID Invalid</i>	Medicaid ID validation failed on the NFSS form. The NFSS form cannot be processed until Medicaid ID is corrected. Contact the Medicaid Eligibility Worker to verify the person's name, Social Security number, and Medicaid ID. A new form must be submitted with the corrected information. The name entered must match the name shown on the person's Medicaid ID card.
<i>Incomplete</i>	Indicates an incomplete Electronic Data Interchange form submission on an NFSS request. After five days in <i>Pending Submission</i> status, the status will be systematically set to <i>Incomplete</i> if the X12 275 file has not been received.
<i>ME Check Inactive</i>	Medicaid Eligibility (ME) validation on the NFSS form was attempted nightly for 30 days and failed, or the request was canceled.
<i>Med ID Check Inactive</i>	Medicaid ID validation on the NFSS form was attempted nightly for 30 days and failed, or the request was canceled. Contact the Medicaid Eligibility Worker to verify the person's name, Social Security number, and Medicaid ID.

PASRR Nursing Facility Specialized Services Status	Description
Medicaid ID Pending	Medicaid ID validation on the NFSS form is pending. Validation attempts occur nightly until deemed valid, invalid, or until 30 days has expired, whichever comes first. This status also applies to private-pay people whose NFSS requests are successfully, but unnecessarily submitted on the LTC Online Portal. If the person never applies for Medicaid, the status will be set to Med ID Check Inactive .
Pending Applied Income	Applied Income (AI) validation on the NFSS form is pending. Validation attempts occur nightly until AI is found, the request is canceled, or until 30 days have expired, whichever comes first.
Pending Medicaid Eligibility	Medicaid eligibility on the NFSS form is pending. Validation attempts occur nightly until eligibility is found, the request is canceled, or until 30 days has expired, whichever comes first.
Pending Submission	Incomplete Electronic Data Interchange submission of an NFSS form – awaiting submission of Form X12 275 (Additional Information to Support a Health Care Services Review) up to five calendar days to complete form submission on the LTC Online Portal.

The PTID and associated statuses for the PE are located on the Authorization tab, with the PTID statuses shown in the PTID Status columns (H0100B and H0200B). The IDD PTID Status and the MI PTID Status are shown separately. For the NFSS, the PTID and the associated statuses are located in the A. PTID and B. PTID Status columns in the Auth Summary tab and in the Authorization section of the assessment and service tabs on the NFSS form

PTID Transaction Status	Description
Appealed (NFSS Only)	Fair hearing has been requested by the person/LAR.
Approved (NFSS Only)	PTID is approved by the HHSC PASRR Reviewer.
Coach Pending More Info	PCS is waiting for additional information from the Provider.
Coach Review	PTID is under review by a PCS Coach.
Documented / Complete (NFSS Only)	Assessment PTID has successfully completed processing.
Denial Overturned (NFSS Only)	Denial of the PTID has been overturned or PTID is approved at fair hearing.
Denial Upheld (NFSS Only)	Denial of the PTID has been upheld or PTID is Denied at fair hearing.

PTID Transaction Status	Description
Denied (NFSS Only)	PTID has been denied by the HHSC PASRR Reviewer.
Denied No FH (NFSS Only)	Request for specialized services on the NFSS form did not pass the form validations; therefore, it did not reach the HHSC PASRR Reviewer's workflow. The person or the LAR have the option of requesting a fair hearing on the validation that failed (e.g. Medicaid eligibility).
FH Expired (NFSS Only)	Time period for requesting a fair hearing has expired.
Inactivated (NFSS Only)	PTID is Inactivated by the HHSC PASRR Reviewer.
Invalid / Complete	HHSC processing deemed this PASRR Evaluation PTID or NFSS PTID is invalid for processing. See the applicable history trail for details.
Item Not Received (NFSS Only)	CMWC or DME item has not been certified by an NF in 365 days.
Item Transferred (NFSS Only)	Requested CMWC or DME Item has been transferred to another nursing facility.
LA Action Required (PE Only)	The Local Authority should open the PASRR Evaluation and read the information in the PTID MI or IDD History to determine the correct action. See the table below for PTID status messages and the action which should be taken.
Out of State MD/DO License Invalid (NFSS Only)	Out of State MD/DO License is confirmed to be invalid.
Out of State MD/DO License Valid (NFSS Only)	Out of State MD/DO License is confirmed to be valid.
Out of State Therapist License Invalid (NFSS Only)	Therapist on the PTID is not licensed in Texas.
PCS Documented / Complete (NFSS Only)	PCS has successfully completed processing the Assessment PTID.
PCS Processed / Complete	PTID has been successfully processed by PCS.
Pending Denial (NFSS Only)	PTID is pending additional information for approval.
Pending MD/DO License Verification (NFSS Only)	Out of state MD/DO credentials are pending verification.
Pending More Info	PCS is awaiting additional information from the Provider.
Pending NF Receipt (NFSS Only)	CMWC or DME is pending receipt and certification by the NF.

PTID Transaction Status	Description
<i>Pending State Confirmation (NFSS Only)</i>	PTID is pending confirmation by the HHSC PASRR Reviewer for the receipt of the CMWC or DME item.
<i>Pending State Review (NFSS Only)</i>	PTID is pending review by the HHSC PASRR Reviewer for the assessment, service, or CMWC/DME item request.
<i>Processed / Complete</i>	PTID has successfully completed processing.
<i>Provider Action Required (NFSS Only)</i>	PTID requires action by the Provider.
<i>PTID Submitted (NFSS Only)</i>	NFSS PTID is successfully submitted on the LTC Online Portal.
<i>Recert - Reference Only (NFSS Only)</i>	This status indicates the assessment PTID for a therapy recertification has completed its processing.
<i>SAS Request Pending</i>	The NFSS form has passed all post-submission validations (Medicaid ID, Medicaid Eligibility, and Applied Income), assessment/item/service approvals and the NFSS PTID was sent to the HHSC SAS system for processing. The PE PTID was sent to the HHSC SAS system for processing.
<i>Submit to SAS</i>	PTID information is Submitted to HHSC SAS system.
<i>Submitted to PASRR Unit (NFSS Only)</i>	PTID is submitted to the HHSC PASRR Reviewer for review and completion.
<i>Submitted to PCS</i>	PTID is Submitted to the HHSC PCS for review and completion.

Appendix H: NFSS Form Validations

Based on information entered in certain fields and on the sequence in which the form is being initiated or submitted, validations will occur and may result in an error. The form will not be accepted until all errors are resolved. The system messages will display at the top of the LTC Online Portal submission page. If you do not receive the DLN number assigned after clicking the **Submit Form** button, there are errors that need to be resolved. You may need to scroll to the top of the page to see the errors.

System Validation Name (Invoked at time of the NFSS form initiation)	System Message	System Message Resolution (Assistance for resolving error)
Age	Resident must be at least 21 years of age to qualify for NF PASRR Specialized Services. Click OK to return to PL1	The NFSS submitter must wait until the person is at least 21 years old before attempting to submit the NFSS form again.
Valid Medicaid ID	Resident's Medicaid No. is not valid. Click OK to return to PL1	The NFSS submitter must validate the person's Medicaid number that is on file at HHSC by calling 211.
Valid Resident	Resident's identifying information is not valid. Please review Resident's identifying information for Last Name, SSN and Birth Date. Click OK to return to PL1	After returning to the PL1, the NFSS submitter must validate the person's last name, Social Security number and date of birth that are on file at HHSC.

System Validation Name (Invoked at time of NFSS form submission)	System Message	System Message Resolution (Assistance for resolving error)
Valid PL1 Validation	PL1 from which this form was initiated is no longer valid. Request for Authorization of PASRR NF Specialized Services must be initiated from a valid PL1.	Submitter must validate that the NFSS form is associated with an active PL1 form, which means that the PL1 cannot be in any one of the following form statuses: <i>PL1 Inactive, Form Inactivated, Individual Chose Alternate Setting, or NF Placement Process Exhausted</i>
Valid PE Validation	PE associated to the PL1 from which this form was initiated no longer reflects the resident as having IDD or IDD/MI. Request for Authorization of PASRR NF Specialized Services must be initiated from a valid PL1 which has a supporting IDD or IDD/MI PE.	Submitter must validate that the NFSS form is associated with an active PE form which is PASRR positive for ID or DD.
IDT Submitted Validation (Warning Only)	IDT not found. Click OK to continue with submission or Cancel to return to the form.	The associated IDT was not found in the database linked to a PCSP or the Initiating PL1. If you proceed with form submission, the system will insert the following note in the form History: IDT not found.

System Validation Name (Invoked at time of NFSS form submission)	System Message	System Message Resolution (Assistance for resolving error)
<p>IDT Date Validation (Warning Only)</p>	<p>One of the following warning messages will be displayed depending on the NFSS request type:</p> <p>Requests for CMWC/DME specialized services must be initiated within 30 calendar days of IDT date per §19.2704.</p> <p>Requests for Occupation Therapy specialized services must be initiated within 30 calendar days of IDT date per §19.2704.</p> <p>Requests for Physical Therapy specialized services must be initiated within 30 calendar days of IDT date per §19.2704.</p> <p>Requests for Speech Therapy specialized services must be initiated within 30 calendar days of IDT date per §19.2704.</p> <p>All of the above warning messages will include the following actions:</p> <p>Click OK to continue with submission or Cancel to return to the form.</p>	<p>If you proceed with form submission, the system will insert one of the following notes in the form History depending on the NFSS request type:</p> <p>NFSS Form request for CMWC/DME was not submitted within 30 calendar days of the IDT meeting.</p> <p>NFSS Form for Occupational Therapy was not submitted within 30 calendar days of the IDT meeting.</p> <p>NFSS Form for Physical Therapy was not submitted within 30 calendar days of the IDT meeting.</p> <p>NFSS Form for Speech Therapy was not submitted within 30 calendar days of the IDT meeting.</p>

System Validation Name (Invoked at time of NFSS form submission)	System Message	System Message Resolution (Assistance for resolving error)
<p>Physician License Validation</p>	<p>One of the following error messages will be displayed depending on the NFSS request type:</p> <p>Referring Physician's License No. is not valid.</p> <p>Physical Therapy Referring Physician's License No. is not valid.</p> <p>Occupational Therapy Referring Physician's License No. is not valid.</p> <p>Speech Therapy Referring Physician's License No. is not valid.</p>	<p>The NFSS submitter must validate the Physician's License on the NFSS form by verifying the License No., License Issuance Date, Signature Date, and License Expiration Date.</p>
<p>NF Contract Validation</p>	<p>One of the following error messages will be displayed depending on the NFSS request type:</p> <p>NF Contract No. is not valid for the Date of Assessment.</p> <p>NF Contract No. not valid for the Occupational Therapy Date of Assessment.</p> <p>NF Contract No. not valid for the Physical Therapy Date of Assessment.</p> <p>NF Contract No. not valid for the Speech Therapy Date of Assessment.</p>	<p>The NFSS submitter must validate the nursing facility's provider number (aka contract number) on the NFSS form and that the assessment date falls within the contract date range. If either of these conditions is no longer valid, then a new PL1 and PE may need to be submitted with a valid NF provider number and NF contract date range.</p>

System Validation Name (Invoked at time of NFSS form submission)	System Message	System Message Resolution (Assistance for resolving error)
Recert Therapy NF Contract Validation	NF Contract No. is not valid for today's date.	The NFSS submitter must validate the NF's provider number (aka contract number) on the NFSS form and that the attempted date of NFSS submission falls within the contract date range. If either of these conditions is no longer valid, then a new PL1 and PE may need to be submitted with a valid NF provider number and NF contract date range.

System Validation Name (Invoked at time of NFSS form submission)	System Message	System Message Resolution (Assistance for resolving error)
<p>Assessment Duplicate Check Validations</p>	<p>One of the following warning messages will be displayed depending on the NFSS request type:</p> <p>A previously approved assessment has been identified.</p> <p>A previously approved Occupational Therapy Assessment for the same Vendor No., Individual, and Date has been identified.</p> <p>A previously approved Physical Therapy Assessment for the same Vendor No., Individual, and Date has been identified.</p> <p>A previously approved Speech Therapy Assessment for the same Vendor No., Individual, and Date has been identified.</p> <p>All of the above warning messages will include the following actions:</p> <p>Click OK to submit or Cancel to return to the form.</p>	<p>This warning message indicates that the system found another NFSS form previously approved for the same NF vendor number, same Medicaid number, same NFSS request type, and same assessment date. The new NFSS form will be submitted on the LTC Online Portal if the NFSS submitter clicks on the OK button.</p>

System Validation Name (Invoked at time of NFSS form submission)	System Message	System Message Resolution (Assistance for resolving error)
<p>Daily Care Check Validation</p>	<p>This is the error message for a CMWC or DME assessment:</p> <p>This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p>This is the error message for a CMWC or DME item:</p> <p>This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p>(Continued on the next page.)</p>	<p>The system will not allow the NFSS form to be submitted on the LTC Online Portal. The NFSS submitter must submit their 3618, 3619, and/or MDS-LTCMI to establish the necessary service authorization.</p>

System Validation Name (Invoked at time of NFSS form submission)	System Message	System Message Resolution (Assistance for resolving error)
<p>Daily Care Check Validation</p>	<p>These are the error messages for the therapy assessments:</p> <p>The Occupational Therapy (OT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the OT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p>(Continued on the next page.)</p>	<p>The system will not allow the NFSS form to be submitted on the LTC Online Portal. The NFSS submitter must submit their 3618, 3619, and/or MDS/LTCMI to establish the necessary service authorization.</p>

System Validation Name (Invoked at time of NFSS form submission)	System Message	System Message Resolution (Assistance for resolving error)
<p>Daily Care Check Validation</p>	<p>The Physical Therapy (PT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the PT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p>The Speech Therapy (ST) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the ST assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p>(Continued on the next page.)</p>	<p>The system will not allow the NFSS form to be submitted on the LTC Online Portal. The NFSS submitter must submit their 3618, 3619, and/or MDS/LTCMI to establish the necessary service authorization.</p>

System Validation Name (Invoked at time of NFSS form submission)	System Message	System Message Resolution (Assistance for resolving error)
Daily Care Check Validation	<p>This is the error message for the therapy service:</p> <p>This Therapy request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p>	<p>The system will not allow the NFSS form to be submitted on the LTC Online Portal. The NFSS submitter must submit their 3618, 3619, and/or MDS/LTCMI to establish the necessary service authorization.</p>

Appendix I: PL1, PE, and PCSP Form Validations

If a PL1, PE, or PCSP does not pass form submission validations, the LTC Online Portal will display one or more of the following error messages:

PASRR Level 1 Submission Errors

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
PL1_PASRRConditionCheck	The previously submitted PE is positive for <PASRR Condition(s) of Latest PE>. Correct the PL1 to include <PASRR Condition(s) of Latest PE> and re-submit."	<p>The new PL1's PASRR eligibility doesn't match the previous positive PE's PASRR eligibility. The PL1 submitter must update the PASRR eligibility on the new PL1 to include the PASRR eligibility of the PE indicated in the error message. The PE submitted from the new PL1 will confirm or deny the PASRR eligibility selected on the new PL1.</p> <p>The <PASRR Condition(s) of Latest PE> verbiage in this error message will be substituted by the system with the actual PASRR condition(s) that was indicated on the latest PE as positive for PASRR eligibility (ex. MI, ID, or DD). All applicable PASRR conditions will be documented in this one error message.</p>

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Individual Info Validation	Individual's identifying information is not valid. Please review Individual's identifying information for <field name> to correct on this form. If this form cannot be corrected, please contact the TMHP LTC Help Desk to report this problem.	Refer to the message for guidance. The <field name> verbiage in this error message will be substituted by the system with the actual field name that contains the incorrect information (ex. Last Name, Social Security No., or Birth Date). If more than one of these fields contain incorrect information, you will see a separate error message for each one.
Submitter Contract Validation	Submitter Contract number not valid for the PL1 Date of Assessment.	Verify that the assessment date is within the submitter's contract date range. If it is not, then the contract date range will need to be updated.
NF Choice Contract Validation	NF Choice Contract number [contract number/vendor number] is not found for the PL1 Date of Assessment.	Verify that the assessment date is within the contract date range of the NF that is listed on the PL1 Section D tab. If it is not, then the contract date range will need to be updated.
LA MI Contract Validation	LA - MI Contract No. is not valid for the PL1 Date of Assessment.	Verify that the assessment date is within the LIDDA's contract date range. If it is not, then the contract date range will need to be updated.
LA IDD Contract Validation	LA - IDD Contract No. is not valid for the PL1 Date of Assessment.	Verify that the assessment date is within the LMHA/LBHA's contract date range. If it is not, then the contract date range will need to be updated.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Nursing Facility Choices Validation	The number of Nursing Facility Choices listed on Section D is not valid. There must only be one Nursing Facility Choice listed on Section D.	The LA cannot submit a PL1 with more than one NF choice on the Section D tab unless it's submitted with the preadmission process.
Duplicate Validation and Cross Demographic Information Validation	This form is a duplicate of a previously submitted form. Please revise and submit.	The new PL1 cannot be submitted because there is another PL1 already submitted with the same assessment date for the same person. If the assessment occurred on the same date as the previous PL1, another PL1 is not required. A PE will confirm PASRR eligibility if there's an issue with the PASRR eligibility on the previous PL1.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Inactivate Previous PL1 and PE Validation	<p>Another Active PL1 and Active PE exists for this individual. The PL1 and PE on record will be inactivated if you click OK and proceed with this PL1 submission. To Revise and resubmit this PL1, click the Cancel button.</p> <p>OR</p> <p>Another Active PL1 exists for this client. The PL1 on record will be inactivated if you click OK to proceed with this PL1 submission. To revise this PL1, click the Cancel button.</p>	<p>These are warning messages to indicate that the PL1 submitter will inactivate the previous PL1 (and also an associated PE if one exists) if the OK button is clicked.</p>
LA Contract County Validation	<p>The Section A County is not valid for the Contract No./ Vendor No., on the Date of Assessment.</p>	<p>When an LA is submitting a PL1, the system validates that the assessment date falls within the LA's contract date range for the county that is documented. The LA must verify their contract date range and county.</p>

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
NF PL1 Positive Validation	Nursing Facilities cannot submit a Preadmission PL1 with Positive PASRR Eligibility. Please update the form and resubmit.	<ul style="list-style-type: none"> The NF needs to change the admission type to Exempted Hospital Discharge or Expedited Admission if the person is suspected of being positive for PASRR eligibility. If this PL1 truly needs to be submitted with the preadmission process, then only the LA can submit the PL1. Therefore, the NF should contact the LA to submit the PL1 on the LTC Online Portal for the person.

PASRR Evaluation Submission Errors

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Individual Information Validation	Individual's identifying information is not valid. Please review Individual's identifying information for <field name> to correct on this form. If this form cannot be corrected, please contact the TMHP LTC Help Desk to report this problem.	<p>Refer to the message for guidance.</p> <p>The <field name> verbiage in this error message will be substituted by the system with the actual field name that contains the incorrect information (ex. Last Name, Social Security No., or Birth Date). If more than one of these fields contain incorrect information, you will see a separate error message for each one.</p>
Submitter Contract Validation	Submitter Contract number not valid for the PE Date of Assessment.	Verify that the assessment date is within the submitter's contract date range. If it is not, then the contract date range will need to be updated.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
LA IDD Contract Validation	LA - IDD Contract No. is not valid for the Date of IDD Assessment.	Verify that the assessment date is within the LIDDA's contract date range. If it is not, then the contract date range will need to be updated.
LA MI Contract Validation	The LA – MI Contract No. is not valid for the Date of MI Assessment.	Verify that the assessment date is within the LMHA/LBHA's contract date range. If it is not, then the contract date range will need to be updated.
Inactivate Previous PE Validation	Another Active PE exists for this client. The PE on record will be inactivated if you proceed with this PE submission. Click OK to proceed with this submission. To revise, click the Cancel button.	Refer to the message for guidance.
Duplicate Validation	This form is a duplicate of a previously submitted form. Please revise and submit.	The new PE cannot be submitted because there is another PE already submitted with the same assessment date for the same person. If corrections are required, submit another PE.
Invalid Date of Assessment Validation	The submitted date of assessment is earlier than the date of assessment that is currently on file.	If the assessment date was entered in error, the PE submitter must change the assessment date on the new PE to be the same or later than the assessment date on the previous PE.
Invalid Type of Assessment Validation	Another Active PE (Previous PE DLN) exists for this client. Please complete the Previous PE assessment (Previous PE DLN) and select 3. IDD and MI as the Type of Assessment.	An LA can't change the assessment type to dual PASRR eligibility on the previous PE if it was submitted with a single PASRR eligibility. A new PE must be submitted with a dual diagnosis (e.g. IDD and MI), and then indicate if one of them is negative where applicable.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Dual Type of Assessment Validation	Section B, IDD Assessment, OR Section C, MI Assessment must be completed. OR Section B, IDD Assessment, AND Section C, MI Assessment must be completed.	The PE submitter selected "3. IDD and MI" in field A0600 on the new PE. The Section B must be completed if field B0050 is checked. The Section C tab must be completed if field C0050 is checked.
PL1 and PE Assessment Date Validation	MI and IDD Date of Assessment must be on or after the PL1 Date of Assessment	The PE's assessment date cannot be before the initiating PL1's assessment date. The PE submitter must enter an assessment date on the PE that is the same or later than the PL1's assessment date.
PE Resident Review Check	A Resident Review cannot be conducted for this individual. The individual no longer resides in this Nursing Facility.	This message indicates that the PL1 was updated for a discharge or decrease of the person. Therefore, a PE cannot be completed or submitted on the LTC Online Portal for this person.

PCSP Submission Errors

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Valid Associated PL1 Validation	PL1 associated to the PE from which this form was initiated is no longer valid. PCSP form must be initiated from a PE with a valid PL1. The PASRR process must be started again by submitting a PL1, and associated PE and PCSP if applicable, if the individual is residing at the NF.	<p>A PL1 associated to the PCSP is invalid when the PL1 form status is in either NF Placement Process Exhausted or Individual Chose Alternate Setting.</p> <p>A PL1 associated to the PCSP can be inactive as long as the meeting date on the PCSP form is before the date of inactivation, discharge or decease on the PL1.</p>
Valid Initiating PE Validation	PE from which this form was initiated is no longer valid. PCSP form must be initiated from a valid PE. If this is a new meeting to be added on an existing PCSP DLN, then a new Initial IDT needs to be submitted before this meeting can be documented on the Portal.	A PE is not valid when it is inactive and the meeting date on the PCSP is later than the PE's inactivation date. If the meeting actually occurred before or on the date that the PE was inactivated, then the PCSP submitter should enter the correct meeting date on the PCSP form.
One Initial per PE Validation	An Initial IDT/SPT meeting has already been submitted for this PE.	Only one Initial IDT/SPT meeting can be initiated from a PE. If this is the next annual meeting, then the PCSP submitter must select the Annual IDT/SPT meeting type.
Annual time from Initial/Annual Validation	11 months have not passed since the individual's last Initial OR Annual IDT/SPT meeting was convened.	The next Annual IDT/SPT meeting cannot be convened until at least 334 days have passed since the last Initial or Annual IDT/SPT meeting was convened.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
LA submission after Initial/Annual for PE Validation	Quarterly/LA Update cannot be submitted as a new PCSP DLN if an Initial/Annual PCSP DLN is already present for the PE. Please use the 'Add Meeting' functionality on the existing Initial/Annual PCSP DLN to submit this meeting information.	Refer to the message for guidance.
NF Info matches Associated PL1 Validation	The NF information on the PCSP does not match the NF on the PL1.	If an LA is submitting a new PCSP form, they must enter the NF information that matches what is documented on the associated PL1.
Individual info Validation	Individual's identifying information is not valid. Please review Individual's identifying information for <field name> to correct on this form. If this form cannot be corrected, please contact the TMHP LTC Help Desk to report this problem.	Refer to the message for guidance. The <field name> verbiage in this error message will be substituted by the system with the actual field name that contains the incorrect information (ex. Last Name, Social Security No., or Birth Date). If more than one of these fields contain incorrect information, you will see a separate error message for each one.
NF Contract Validation	NF Provider No. is not valid for the Date of Meeting.	The meeting date does not fall within the NF's contract date range. The NF's contract may need to be updated to be valid for the meeting date.
LA - MI Contract Validation	LA - MI Provider No. is not valid for the Date of Meeting.	The meeting date does not fall within the LA-MI's contract date range. The LA-MI's contract may need to be updated to be valid for the meeting date.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
LA - DD Contract Validation	LA - IDD Provider No. is not valid for the Date of Meeting.	The meeting date does not fall within the LA-IDD's contract date range. The LA-IDD's contract may need to be updated to be valid for the meeting date.
Meeting Date Sequencing on PCSP	Another IDT/SPT meeting with a date on or later than this IDT/SPT meeting already exists.	Meetings cannot be submitted on the PCSP form out of date sequence. If a meeting actually occurred before the latest meeting submitted on the PCSP form, then contact PASRR.Support@hhsc.state.tx.us for assistance.
Required participant Validation	<p>NF-RN, Individual and/or LAR, LA - IDD (if individual is positive for ID and/or DD) and LA - MI (if individual is positive for MI) are required to be entered as a Participant Type.</p> <p>OR</p> <p>NF, Individual and/or LAR, LA - IDD (if individual is positive for ID and/or DD) and LA - MI (if individual is positive for MI) are required to be entered as a Participant Type.</p> <p>OR</p> <p>LA - IDD (if individual is positive for ID and/or DD) and LA - MI (if individual is positive for MI) are required to be entered as a Participant Type.</p>	The meeting submitter must add the missing participants to the Participants Information section on the PCSP form. Make sure that the correct participant type is selected in field A2500A of the applicable row so the system can pass the validation.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Date Validation of PCSP with PE	IDT/SPT meeting date cannot be earlier than the PE Assessment Date.	The meeting submitter must enter a meeting date on or after the PE's assessment date.
365 day check from Initial/ Annual Validation	This Quarterly or LA Update meeting must be added to the next Annual IDT/SPT meeting.	If the new meeting was convened more than 365 days from the last Initial or Annual IDT/SPT meeting date on the selected PCSP DLN, then the meeting submitter must find a more recent PCSP form submitted on the LTC Online Portal to add the new meeting to.
Valid Meeting Type Validation	Due to a system error, the meeting type entered in field A0700 was changed. Please enter the meeting information again by reopening the applicable PE DLN or PCSP DLN from FSI, and do not use the back arrow button on the IE web browser session during the meeting entry in order to avoid additional errors.	This validation is to ensure that the LA is only submitting a Quarterly or LA Update meeting type, and the NF is only submitting an Initial or Annual IDT/SPT meeting type.
Medicaid Eligibility Validation	<p>Medicaid Eligibility not found for the person for the Date of Meeting or later.</p> <p>OR</p> <p>Medicaid Eligibility is unable to be determined.</p> <p>Both of these messages include the following options: Please click on Cancel to return to the meeting without submitting or click OK to continue with the meeting submission.</p>	The purpose of this validation is to explain why the PASRR specialized services that are selected on the PCSP form may not be delivered using Medicaid funding. Other funding sources will be required to deliver the PASRR specialized services if Medicaid eligibility is not found or cannot be determined.

Appendix J: Completion Transaction Processing Errors for the PE Form

The PTID Messages and Suggested Actions table provides information about the PTID Messages you will see in the PE PTID History for MI and IDD.

Provider Message (Displayed in History)	Form/ Transaction	Suggested Action
<p>PS-0001: This authorization request cannot be processed because the submitted Medicaid No., Social Security No., or Medicare No. matches a different individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>The person’s identifying information on the PE does not match the identifying information on file.</p> <ul style="list-style-type: none"> • If a Medicaid No. was submitted, it does not match the last name on file. Update the information as needed, and resubmit. • If a Medicaid No. was not submitted but a Social Security No. was submitted, the Social Security No. does not match the last name on file. Update the information as needed, and resubmit. • If no Medicaid No. or Social Security No. was submitted, the Medicare No. submitted does not match the last name on file. Update the information as needed, and resubmit. • If the information that was submitted on the PE is correct for the applicable scenario above, contact HHSC at 211 to verify whether the identifying information on the PE matches the information that is on file at HHSC for this person. <ul style="list-style-type: none"> – If the identifying information on the PE is incorrect, update it as needed, and resubmit. – If the identifying information on file at HHSC is incorrect, contact the person or LAR, and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/ Transaction	Suggested Action
<p>PS-0002: This authorization request cannot be processed because the submitted Medicaid No. matches a different individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>The person’s identifying information on the PE does not match the identifying information on file for the submitted Medicaid No.</p> <ul style="list-style-type: none"> • If the Medicaid No. that was submitted does not match the First and Last Name on file, update the information as needed, and resubmit. • If the Medicaid No. that was submitted matches the First and Last Name on file but the Social Security No. submitted does not match the Social Security No. on file, update the information as needed, and resubmit. • If the Medicaid No. that was submitted matches the First and Last Name on file but the Medicare No. that was submitted does not match the Medicare No. on file, update the information as needed, and resubmit. • If the Medicaid No. that was submitted matches the First and Last Name, but the Birth Date that was submitted does not match the Birth Date on file, update the information as needed, and resubmit. • If the above information is all correct on the PE, contact HHSC at 211 to verify whether the identifying information on the PE matches the information that is on file at HHSC for this person. <ul style="list-style-type: none"> – If the identifying information on the PE is incorrect, update it as needed and resubmit. – If the identifying information that is on file at HHSC is incorrect, contact the person or LAR, and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/ Transaction	Suggested Action
<p>PS-0003: This authorization request cannot be processed because the submitted Social Security No. matches a different individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>A Medicaid No. was not submitted and the person's Social Security No. on the PE matches more than one person on file.</p> <ul style="list-style-type: none"> • If the Social Security No., First Name, or Last Name are incorrect on the PE, update the information as needed, and resubmit. • If the Social Security No., First Name, and Last Name are correct on the PE, contact HHSC at 211 to verify whether the identifying information on the PE matches the information on file at HHSC for this person. <ul style="list-style-type: none"> – If the identifying information on the PE is incorrect, update it as needed, and resubmit. – If the identifying information on file at HHSC is incorrect, contact the person or their LAR, and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/ Transaction	Suggested Action
<p>PS-0004: This authorization request cannot be processed because the submitted Medicare No. and Birth Date match a different individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>A Medicaid No. or Social Security No. was not submitted and the person's Medicare No. on the PE matches more than one person on file.</p> <ul style="list-style-type: none"> • If the Birth Date, Medicare No., First Name, or Last Name are incorrect on the PE, update the information as needed, and resubmit. • If the Birth Date, Medicare No., First Name and Last Name are correct on the PE, contact HHSC at 211 to verify whether the identifying information on the PE matches the information on file at HHSC for this person. <ul style="list-style-type: none"> – If the identifying information on the PE is incorrect, update it as needed and resubmit. – If the identifying information on file at HHSC is incorrect, contact the person or their LAR, and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.
<p>PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>The person's Medicaid No. on the PE is not on file.</p> <ul style="list-style-type: none"> • If the Medicaid No. is incorrect on the PE, update it and resubmit. • If the Medicaid No. is correct on the PE, contact HHSC at 211 to verify whether the Medicaid No. on the PE matches the Medicaid No. on file at HHSC for this person. <ul style="list-style-type: none"> – If the identifying information on the PE is incorrect, update it as needed, and resubmit. – If the identifying information on file at HHSC is incorrect, contact the person or their LAR, and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/ Transaction	Suggested Action
<p>PS-0006: This authorization request cannot be processed because a Medicaid No. cannot be identified by HHSC. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>A Medicaid No. was not submitted and the person's identifying information on the PE is not on file.</p> <ul style="list-style-type: none"> • If a Social Security No. was submitted: <ul style="list-style-type: none"> – There are multiple records on file for the Social Security No., First Name, and Last Name that were submitted on the PE, but none of them match the Birth Date that was submitted. – If the Social Security No., Name, or Birth Date on the PE are incorrect, update the information as needed, and resubmit. • If a Medicare No. was submitted: <ul style="list-style-type: none"> – There are multiple records on file for the Medicare No., First Name, Last Name, and Birth Date that were submitted on the PE. – If the Medicare No., Name, or Birth Date on the PE are incorrect, update the information as needed, and resubmit. • If the identifying information on the PE is correct, contact HHSC at 211 to verify that the identifying information on the PE matches the information on file at HHSC for this person. <ul style="list-style-type: none"> – If the identifying information on the PE is incorrect, update it as needed and resubmit. – If the identifying information on file at HHSC is incorrect, contact the person or their LAR and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/ Transaction	Suggested Action
<p>PS-1000: This authorization request cannot be processed because another LA has a PE Completion authorization for this individual and requested date. Contact HHSC LTC Provider Claims Services for assistance, if needed.</p>	<p>PE Completion</p>	<p>There is already a Service Authorization on file for the person, date, and service but for a different provider.</p> <ul style="list-style-type: none"> – If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit. – If the date is correct on the PE, contact HHSC Provider Claims Services at 512-438-2200, Option 1, for assistance.
<p>PS-1002: This authorization request modification cannot be processed because the individual's identifying information has been changed on the Portal since the authorization was created at HHSC.</p>	<p>PE Completion Modification</p>	<p>The person's Medicaid No., Social Security No., Medicare No., Birth Date, and Name are not allowed now to be modified that a Service Authorization has been created at HHSC. Contact HHSC Provider Claims Services at 512-438-2200, Option 1, for assistance.</p>
<p>PS-1004: This authorization request modification cannot be processed because another LA has a PE Completion authorization for this individual and requested date. Contact HHSC LTC Provider Claims Services for assistance, if needed.</p>	<p>PE Completion Modification</p>	<p>There is already a Service Authorization on file for the person on the requested date for the same service but for a different provider.</p> <ul style="list-style-type: none"> • If the requested Date of MI or IDD Assessment (for MI or IDD PE Completion) on the PE is incorrect, update it and resubmit. • If the date is correct on the PE, contact HHSC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form/ Transaction	Suggested Action
<p>PS-1005: This authorization request cannot be processed because the submitted Contract No. is not valid as of the Date of Assessment. Update the form or resubmit the transaction when the service becomes effective.</p>	<p>PE Completion, or PE Completion Modification</p>	<p>The provider’s contract is either not in effect as of the Date of MI or IDD Assessment, or the provider is not authorized to perform that service.</p> <ul style="list-style-type: none"> • Review the contract to determine whether the submitted service is authorized for the requested date. • If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit. • If the contract or service is not yet in effect, resubmit the rejected transaction after the service is effective in the system. • If the date and service are correct on the PE and covered by the contract, contact HHSC Provider Claims Services at 512-438-2200, Option 1, for assistance.
<p>PS-1006: This authorization request cannot be processed because more than one transaction was submitted on the same day, with the same Date of Assessment, for the same service.</p>	<p>PE Completion, or PE Completion Modification</p>	<p>HHSC attempted to process two transactions for the same person, provider, effective date, and service on the same day.</p> <ul style="list-style-type: none"> • Validate the effective date on the transactions submitted. • If the effective date is incorrect on one transaction, update the PE, and resubmit. In addition, resubmit the other rejected transaction so that both will be processed. • If one of the transactions was submitted in error, only resubmit the necessary transaction.

Provider Message (Displayed in History)	Form/ Transaction	Suggested Action
<p>PS-2000: This authorization request cannot be processed because the submitted Provider No. is not valid as of the Date of Assessment. Update the form or resubmit the transaction when the service becomes effective.</p>	<p>PE Completion, or PE Completion Modification</p>	<p>The provider’s contract is either not in effect as of the Date of MI or IDD Assessment, or the provider is not authorized to perform that service.</p> <ul style="list-style-type: none"> • Review the contract to determine whether the service that was submitted is authorized for the requested date. • If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit. • If the contract or service is not yet in effect, resubmit the rejected transaction after the service is effective in the system. • If the date and service are correct on the PE and covered by the contract, contact HHSC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Appendix K: Alert Descriptions

Alert	Communication to the Local Authority (Incoming Alerts)
<p>Change in comatose condition - Conduct PE</p>	<p>An MDS Assessment does not confirm comatose as indicated on the PL1 Screening. Conduct PE.</p> <p>The LA must initiate a new PE from the PL1 in Comatose - Awaiting Change of Condition status to evaluate what PASRR eligibility and specialized services are now available for the NF resident.</p>
<p>Change of condition - Conduct PE</p>	<p>An MDS SCSA indicates potentially PASRR positive eligibility. Conduct PE.</p> <p>The LA should check for what PASRR eligibility conditions were changed on the MDS first (ex. was MI positive and now MI negative). If the changed PASRR eligibility conditions no longer align with the latest PE, then the LA should complete and submit a new PE.</p>
<p>Complete IDD Section on the PASRR Evaluation</p>	<p>The IDD Section on the PASRR Evaluation <DLN> must be completed and submitted on the TMHP LTC Online Portal within 7 days of this notification.</p> <p>The IDD Section of the PASRR Evaluation has not been submitted on the TMHP LTC Online Portal.</p> <p>The LIDDA responsible for the IDD Section of the PASRR Evaluation should complete the IDD Section of the PE DLN indicated in the alert details.</p> <p>This alert is triggered for a dual PE because only the MI side has been completed and submitted thus far.</p>
<p>Complete MI Section on the PASRR Evaluation</p>	<p>The MI Section on the PASRR Evaluation <DLN> must be completed and submitted on the TMHP LTC Online Portal within 7 days of this notification.</p> <p>The MI Section of the PASRR Evaluation has not been submitted on the TMHP LTC Online Portal. The LMHA/LBHA responsible for the MI Section of the PASRR Evaluation should complete the MI Section of the PE DLN indicated in the alert details.</p> <p>This alert is triggered for a dual PE because only the IDD side has been completed and submitted thus far.</p>

Alert	Communication to the Local Authority (Incoming Alerts)
<p>Conduct PASRR Evaluation - First Notification</p>	<p>An individual exhibiting signs of MI and/or IDD requires a PASRR Evaluation. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification.</p> <p>This alert is sent for a current NF resident and is triggered for a PL1 that was submitted with the Exempted Hospital Discharge or Expedited Admission process.</p>
<p>Conduct PASRR Evaluation - First Notification (Pending NF Placement)</p>	<p>An individual exhibiting signs of MI and/or IDD is pending placement and PASRR Evaluation has not been completed. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification.</p> <p>This alert is sent for a person not yet admitted to an NF and is triggered for a PL1 that was submitted with the Preadmission process.</p>
<p>Conduct PASRR Evaluation - Second Notification</p>	<p>This is the second notice that an individual exhibiting signs of MI and/or IDD and requires a PASRR Evaluation. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification.</p> <p>This alert is triggered if it has been more than seven calendar days since the date of the alert of the first notification for a PL1 that was submitted with the Preadmission process.</p> <p>If the LA has already completed the PASRR Evaluation but has not entered it on the LTC Online Portal, the LA should submit the PASRR Evaluation immediately.</p>
<p>Conduct PASRR Evaluation - Second Notification</p>	<p>This is the second notice that an individual exhibiting signs of MI and/or IDD has been admitted to a nursing facility. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification.</p> <p>This alert is sent for a current NF resident and is triggered if it has been more than 7 calendar days since the date of the alert of the first notification for a PL1 that was submitted with an Exempted Hospital Discharge or Expedited Admission process.</p> <p>If the LA has already completed the PASRR Evaluation but has not entered it on the LTC Online Portal, the LA should submit the PASRR Evaluation immediately.</p>

Alert	Communication to the Local Authority (Incoming Alerts)
Conduct PL1 Screening	<p>A PASRR Level 1 Screening for the individual is required. Please conduct the PASRR Level 1 Screening and submit on the TMHP LTC Online Portal within 7 days of this notification.</p> <p>This alert can only be generated manually using the Create Alert button on the Alerts page. Only the NF or HHSC PASRR Unit have permission to create this alert and it can only be sent to an LA.</p>
Confirm IDT	<p>The NF has submitted a New or Updated IDT meeting on the LTC Online Portal for an individual for which your LA - IDD/LA - MI is responsible. Please check the IDT Meeting information on the PCSP form for accuracy and confirm.</p>
Individual Changed from Non-Medicaid to Medicaid	<p>The following PASRR Positive Individual has converted from Non-Medicaid to Medicaid.</p> <p>A PASRR Positive Individual was converted from Non-Medicaid to Medicaid on the PE by the system. Open the PE DLN to determine if an LA Update meeting needs to be convened and added to a PCSP form for any PASRR specialized services that can now be provided because a Medicaid number has been assigned.</p>
LA Action Required - Review PASRR Evaluation	<p>The PASRR Evaluation Completion payment authorization request failed to process. Refer to the error code and description in the PE PTID Completion history of the Authorization section for details.</p> <p>After reviewing the information in the PE PTID Completion history, then refer to Appendix J: Completion Transaction Processing Errors for the PE Form section of this user guide for suggested actions.</p>

Alert	Communication to the Local Authority (Incoming Alerts)
<p>NF resident turned 21 years old - Conduct PE</p>	<p>The NF resident indicated below turned 21 years old. Conduct a new PASRR Evaluation (PE) to determine if PASRR specialized services can now be considered for this resident. The PE must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification.</p> <p>If the PASRR Level 1 (PL1) Screening indicates a suspicion of positive PASRR eligibility for MI and ID/DD (“1. Yes” is selected in PL1 field C0100 and “1. Yes” is selected in PL1 field C0200 and/or C0300), then the LIDDA should submit the PE first. After the new PE is submitted by the LIDDA, then the LMHA/ LBHA should add their evaluation on the “Section C” tab of the new PE DLN. Follow these same instructions if the PL1 indicates a suspicion of negative PASRR eligibility for MI and ID and DD (“0. No” is selected in PL1 fields C0100, C0200 and C0300).</p> <p>The alert will help the LAs quickly detect when a resident turns 21 years of age and recommend appropriate specialized services by completing a new PE. The PL1 form history will be automatically updated with the system-generated alert.</p>
<p>NF unable to serve the person - Place person in another NF or alternate setting</p>	<p>The NF has indicated an ability to serve the person indicated in the PL1 DLN provided below. The LA needs to place the person in another nursing facility or alternate setting.</p> <p>The sentences above are what the alert details state. Refer to the alert details for the information about the person and PL1 DLN.</p> <p>When an NF certifies that they cannot meet the needs of an individual on a PL1 (by using the Unable to Serve the Individual button), the TMHP LTC Online Portal will immediately generate this alert to the LAs and the HHSC PASRR Unit. The LAs must then start the process to place the person in the appropriate setting.</p>
<p>NFSS Request - Approved</p>	<p>A requested specialized service for the resident listed below has been approved. It has been determined by a review of the information submitted that the requested item/service meets medical necessity.</p> <p>The sentences above are what the first part of the alert details state. Refer to the rest of the alert details for the information about the resident.</p>

Alert	Communication to the Local Authority (Incoming Alerts)
NFSS Request - Denied	<p>A requested specialized service for the resident listed below has been denied.</p> <p>The sentence above is what the first part of the alert details state. Refer to the rest of the alert details for the information about the resident.</p> <p>This alert was sent to the LA for informational purposes only. The NF or person/LAR can request a fair hearing if they disagree with this decision.</p>

Alert	Communication to the Nursing Facility (Incoming Alerts)
NFSS Request - Approved	<p>A requested specialized service for the resident listed below has been approved. It has been determined by a review of the information submitted that the requested item/service meets medical necessity.</p> <p>The sentences above are what the first part of the alert details state. Refer to the rest of the alert details for the information about the resident.</p>
NFSS Request - Denied	<p>A requested specialized service for the resident listed below has been denied.</p> <p>The sentence above is what the first part of the alert details state. Refer to the rest of the alert details for the information about the resident. The NF should check the PTID History section for the reason of the denial. There is an opportunity for a fair hearing to be requested if the person or NF disagrees with this decision.</p>
NFSS Request - Pending Denial	<p>A requested specialized service for the resident listed below cannot be processed at this time. Please submit any requested information by the due date, or the request will be denied and a new request will need to be submitted.</p> <p>The sentences above are what the first part of the alert details state. Refer to the rest of the alert details for the information about the resident. The NF should submit the requested information and change the PTID status back to Pending State Review before the due date.</p>

Alert	Communication to the Nursing Facility (Incoming Alerts)
PL1 Needs Certification - First Notification	A positive PASRR Evaluation has been submitted. The nursing facility must review the PE, including PASRR recommended Specialized Services, and certify on the PL1 Screening form whether "Able to Serve the Individual" or "Unable to Serve the Individual" by clicking the corresponding button on the yellow "Form Actions" tool bar and confirming the selection on the pop up screen by clicking "OK". The nursing facility also needs to schedule and conduct the IDT meeting.
PL1 Needs Certification - Second Notification	This is the second notice that a positive PASRR Evaluation has been submitted. The nursing facility must review the PE, including PASRR recommended Specialized Services, and certify on the PL1 Screening form whether "Able to Serve the Individual" or "Unable to Serve the Individual" by clicking the corresponding button on the yellow "Form Actions" tool bar and confirming the selection on the pop up screen by clicking "OK". The nursing facility also needs to schedule and conduct the IDT meeting.
Quarterly/ Update Meeting Submission	<p>A Quarterly or LA Update meeting has been submitted on the TMHP LTC Online Portal for an individual in your facility. A copy of the SPT Meeting on the PCSP form must be printed and revised services included in the Individual Comprehensive Care Plan.</p> <p>The sentences above are what the alert details currently state. Due to subsequent changes to the TAC Rules, a copy of the MI Quarterly and LA Update meetings must also be printed and revised services included in the Individual Comprehensive Care Plan.</p>
Reconvene IDT Meeting	The Initial or Annual IDT meeting was invalidated because the required local authority submitted their IDT meeting confirmation indicating that they did not attend this meeting. The nursing facility must reconvene the IDT meeting and ensure that the required local authority (LIDDA and/or LMHA/LBHA) can and did attend the new IDT meeting before submitting it on the Long-Term Care Online Portal.

Alert	Communication to the Nursing Facility (Outgoing Alerts)
Change in comatose condition - Conduct PE	An MDS Assessment does not confirm comatose as indicated on the PL1 Screening. Conduct PE.
Change in condition - Conduct PE	An MDS SCSA indicates potentially PASRR positive eligibility. Conduct PE.

Alert	Communication to the Nursing Facility (Outgoing Alerts)
Complete IDD Section on the PASRR Evaluation (only when generated manually by the NF)	The IDD Section on the PASRR Evaluation <DLN> must be completed and submitted on the TMHP LTC Online Portal within 7 days of this notification.
Complete MI Section on the PASRR Evaluation (only when generated manually by the NF)	The MI Section of the PASRR Evaluation <DLN> must be completed and submitted on the TMHP LTC Online Portal within 7 days of this notification.
Conduct PASRR Evaluation - First Notification (when generated automatically by the system or manually by the NF)	An individual exhibiting signs of MI and/or IDD requires a PASRR Evaluation. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification.
Conduct PASRR Evaluation - Second Notification (when generated automatically by the system or manually by the NF)	This is the second notice that an individual exhibiting signs of MI and/or IDD has been admitted to a nursing facility. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification.
Conduct PASRR Level 1 Screening (only when generated manually by the NF)	<p>A PASRR Level 1 Screening for the individual is required. Please conduct the PASRR Level 1 Screening and submit on the TMHP LTC Online Portal within 7 days of this notification.</p> <p>The sentences above are what the first part of the alert details state. Refer to the rest of the alert details for the information about the resident.</p>
Confirm IDT	The NF has submitted a New or Updated IDT meeting on the LTC Online Portal for an individual for which your LA - IDD/LA - MI is responsible. Please check the IDT Meeting information on the PCSP form for accuracy and confirm.

Alert	Communication to the Nursing Facility (Outgoing Alerts)
<p>NF resident turned 21 years old - Conduct PE</p>	<p>The NF resident indicated below turned 21 years old. Conduct a new PASRR Evaluation (PE) to determine if PASRR specialized services can now be considered for this resident. The PE must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification.</p> <p>If the PASRR Level 1 (PL1) Screening indicates a suspicion of positive PASRR eligibility for MI and ID/DD (“1. Yes” is selected in PL1 field C0100 and “1. Yes” is selected in PL1 field C0200 and/or C0300), then the LIDDA should submit the PE first. After the new PE is submitted by the LIDDA, then the LMHA/ LBHA should add their evaluation on the “Section C” tab of the new PE DLN. Follow these same instructions if the PL1 indicates a suspicion of negative PASRR eligibility for MI and ID and DD (“0. No” is selected in PL1 fields C0100, C0200 and C0300).</p> <p>The sentences above are what the first part of the alert details state. Refer to the rest of the alert details for the information about the resident.</p>
<p>NF unable to serve the person - Place person in another NF or alternate setting</p>	<p>The NF has indicated an inability to serve the person indicated in the PL1 DLN provided below. The LA needs to place the person in another nursing facility or alternate setting.</p> <p>The sentences above are what the first part of the alert details state. Refer to the rest of the alert details for the information about the resident.</p>
<p>NFSS Request - Approved</p>	<p>A requested specialized service for the resident listed below has been approved. It has been determined by a review of the information submitted that the requested item/service meets medical necessity.</p> <p>The sentences above are what the first part of the alert details state. Refer to the rest of the alert details for the information about the resident.</p>
<p>NFSS Request - Denied</p>	<p>A requested specialized service for the resident listed below has been denied.</p> <p>The sentence above is what the first part of the alert details state. Refer to the rest of the alert details for the information about the resident. The NF should check the PTID History section for the reason of the denial. There is an opportunity for a fair hearing to be requested if the person or NF disagrees with this decision.</p>

Alert	Communication to the Nursing Facility (Outgoing Alerts)
NFSS Request - Pending Denial	<p>A requested specialized service for the resident listed below cannot be processed at this time. Please submit any requested information by the due date, or the request will be denied and a new request will need to be submitted.</p> <p>The sentences above are what the first part of the alert details state. Refer to the rest of the alert details for the information about the resident. The NF should submit the requested information and change the PTID status back to Pending State Review before the due date.</p>

Alert	System-Generated Communication sent to HHSC PASRR Unit (Incoming Alerts)
NF unable to serve the person - Place person in another NF or alternate setting	<p>The NF has indicated an inability to serve the person indicated in the PL1 DLN provided below. The LA needs to place this person in another nursing facility or alternate setting.</p> <p>The sentences above are what the first part of the alert details state. Refer to the alert details for the information about the person and PL1 DLN. When an NF certifies that they cannot meet the needs of an individual on a PL1 (by using the Unable to Serve the Individual function), the LTC Online Portal will immediately generate the alert to the LAs and the HHSC PASRR Unit. The LAs must then start the process to place the individual in an appropriate setting.</p>

Appendix L: Provider Workflow Rejection Messages for the NFSS Form

Below are the SAS rejection messages that providers will receive if an error occurs during the nightly batch processing. The message numbers are in alphanumeric order.

The table contains three columns:

- 1) **Provider Message.** This is the system message that is displayed in the Form and PTID History trail.
- 2) **Form/Assessment.** Lists the forms or assessments that can receive this message.
- 3) **Suggested Action.** Specific instructions for resolving the issue that is listed in the system message.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
GN-9101 – GN-9105: This form cannot be processed because the individual's Applied Income is not available to the authorization system. Contact the HHSC Eligibility Worker to update the individual's Applied Income. Once the Applied Income has been updated, this form can be resubmitted.	3618, 3619, MDS, NFSS	The recipient's applied income is not available to the authorization system. <ul style="list-style-type: none"> • Pull a Medicaid Eligibility and Service Authorization Verification (MESAV) for the recipient that covers the date that was requested on the form or assessment. Note: <i>If the recipient does not already have Service Authorizations for your contract, this information will not be available on the MESAV.</i> • If the MESAV does not show an Applied Income for the dates of the form or assessment, contact the HHSC Eligibility Worker to update the Applied Income records. • After the Applied Income has been updated, resubmit the rejected form or assessment. If the recipient is already established in your facility, monitor the MESAV for updated Applied Income. • If the MESAV does show an Applied Income for the dates of the form or assessment, resubmit the rejected form or assessment.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>GN-9106: This form cannot be processed because HHSC does not have Long Term Care Financial Eligibility for this individual and timeframe. Contact the HHSC Eligibility Worker or SSI office.</p>	<p>3618, 3619, MDS, NFSS</p>	<p>The recipient's Medicaid eligibility is not available to the authorization system.</p> <ul style="list-style-type: none"> • Pull a MESAV for the recipient covering the date requested on the form or assessment. <p>Note: <i>If the recipient does not already have Service Authorizations for your contract, this information will not be available on the MESAV.</i></p> • If the MESAV does not show Long-Term Care Financial Eligibility for the dates on the form or assessment, contact the HHSC Eligibility Worker or Supplemental Security Income (SSI) office to update the Financial Eligibility records. • After the Financial Eligibility has been updated, resubmit the rejected form or assessment. If the recipient is already established in your facility, monitor the MESAV for updated Financial Eligibility. • If the MESAV does show Financial Eligibility for the dates on the form or assessment, resubmit the rejected form or assessment.
<p>GN-9248: This form cannot be processed due to one or more invalid Diagnosis Codes. Correct the Diagnosis Codes and resubmit.</p>	<p>MDS, NFSS</p>	<p>The submitted Primary <i>International Classification of Diseases</i> (ICD) Diagnosis Code is not valid.</p> <ul style="list-style-type: none"> • Modify the Primary Diagnosis Code on the LTCMI section as needed, and resubmit the rejected assessment. • If the Primary Diagnosis Code on the LTCMI section is valid, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>GN-9254: This form cannot be processed because the provider is not authorized to provide services on the effective date of the form. Correct the effective date as needed. For 3619 admissions, resubmit once the Medicare contract is effective in the system.</p>	<p>All</p>	<p>The provider's contract is either not in effect as of the effective date of the form or assessment, or the provider is not authorized to bill for the type of services covered by the form or assessment.</p> <ul style="list-style-type: none"> • Review the facility contract to determine whether the contract is in effect and authorizes the type of services covered by the form or assessment. • If the effective date of the form or assessment is wrong, modify the form or assessment, and resubmit the rejected form or assessment. • If the contract is not yet in effect, resubmit the rejected form or assessment after the service code is effective in the system. For 3619 admissions, resubmit the rejected form after the Medicare contract is effective in the system.
<p>PS-3001: This therapy assessment cannot be processed because the submitted Provider No. is not valid as of the Date of Assessment. Correct the therapy Date of Assessment or contact the HHSC IDD PASRR Unit to inactivate this assessment, then submit a new NFSS form with the correct Provider No.</p>	<p>NFSS (Therapy Assessment)</p>	<p>The Therapy Date of Assessment is outside the provider's contract dates.</p> <ul style="list-style-type: none"> • Confirm the Date of Assessment for the rejected therapy assessment, and submit a correction of the date as needed. • If the date is correct but the form is under the incorrect contract, contact the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us, and request that the form be inactivated, and submit a new NFSS form with the proper contract. • If there is not an active contract for the Date of Assessment, the submission must be held until the contract has been approved.
<p>PS-3002: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (Therapy Assessment)</p>	<p>This therapy service cannot be processed because the submitted Provider Number is not valid as of the therapy Begin Date. The submission cannot be processed until the contract has been approved. Email the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us if further assistance is required.</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3003: This CMWC/DME assessment cannot be processed because the submitted Provider No. is not valid as of the Date of Assessment. Correct the CMWC/DME Date of Assessment or contact the HHSC IDD PASRR Unit to inactivate this assessment, then submit a new NFSS form with the correct Provider No.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<p>The CMWC/DME Date of Assessment is outside the provider’s contract dates.</p> <ul style="list-style-type: none"> • Confirm the Date of Assessment for the rejected CMWC/DME assessment, and submit a correction of the date as needed. • If the date is correct but the form is under the incorrect contract, contact the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us, and request that the form be inactivated, and submit a new NFSS form with the proper contract. • If there is not an active contract for the Date of Assessment, the submission cannot be processed until the contract has been approved.
<p>PS-3004: This CMWC/DME item cannot be processed because the submitted Provider No. is not valid as of the Therapist’s Certification Date. Correct the CMWC/DME Therapist’s Certification Date or contact the HHSC IDD PASRR Unit to inactivate this service, then submit a new NFSS form with the correct Provider No.</p>	<p>NFSS (CMWC/DME item)</p>	<p>The CMWC/DME Therapist’s Certification Date is outside the provider’s contract dates.</p> <ul style="list-style-type: none"> • Confirm the Therapist’s Certification Date for the rejected CMWC/DME item, and submit a correction of the date as needed. • If the date is correct but the form is under the incorrect contract, contact the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us, and request that the form be inactivated, and submit a new NFSS form with the proper contract. • If there is not an active contract for the Therapist’s Certification Date, the submission cannot be processed until the contract has been approved.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3005: This therapy assessment cannot be processed because the submitted Provider No. is not valid for the requested service as of the Date of Assessment. Correct the therapy Date of Assessment or submit when the service becomes effective for the Provider No.</p>	<p>NFSS (Therapy Assessment)</p>	<p>The therapy Date of Assessment is outside the provider's contract dates for the requested service.</p> <ul style="list-style-type: none"> • Confirm the therapy Date of Assessment, and submit a correction of the date as needed. • If the requested service is not active on the contract for the Date of Assessment, contact the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us, and request assistance. The submission cannot be processed until the contract has been updated to include the requested service.
<p>PS-3006: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (Therapy Service)</p>	<p>This therapy service cannot be processed because the submitted service is not valid for the Contract Number as of the therapy Begin Date. If the requested service is not active on the contract, contact the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us, and request assistance. The submission cannot be processed until the contract has been updated to include the requested service.</p>
<p>PS-3007: This CMWC/DME assessment cannot be processed because the submitted Provider No. is not valid for the requested service as of the Date of Assessment. Correct the CMWC/DME Date of Assessment or submit when the service becomes effective for the Provider No.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<p>The CMWC/DME Date of Assessment is outside the provider's contract dates for the requested service.</p> <ul style="list-style-type: none"> • Confirm the CMWC/DME Date of Assessment, and submit a correction of the date as needed. • If the requested service is not active on the contract for the Date of Assessment, contact the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us, and request assistance. The submission cannot be processed until the contract has been updated to include the requested service.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3008: This CMWC/DME item cannot be processed because the submitted Provider No. is not valid for the requested item as of the Therapist's Certification Date. Correct the CMWC/DME Therapist's Certification Date or submit when the item becomes effective for the Provider No.</p>	<p>NFSS (CMWC/DME Item)</p>	<p>The CMWC/DME Therapist's Certification Date is outside the provider's contract dates for the requested item.</p> <ul style="list-style-type: none"> • Confirm the CMWC/DME Therapist's Certification Date, and submit a correction of the date as needed. • If the requested item is not active on the contract for the Therapist's Certification Date, contact the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us, and request assistance. The submission cannot be processed until the contract has been updated to include the requested item.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3009: This therapy assessment cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Contract No. as of the assessment date. Correct the therapy assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (Therapy Assessment)</p>	<p>There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the therapy Date of Assessment.</p> <ul style="list-style-type: none"> • Pull a MESAV, and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the Therapy Date of Assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, the services will not be authorized. • If the individual has elected Hospice services in the NF setting, confirm with the Hospice Provider that the NF Room and Board Service Authorization is present and covers the therapy Date of Assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, the services will not be authorized. • If a covering NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization is found and the Date of Assessment is incorrect, update it, and resubmit. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment. • If the 3618 or 3619 admission has not been processed, determine why the form was rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission. <p>(Continued on next page)</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3009: This therapy assessment cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Contract No. as of the assessment date. Correct the therapy assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (Therapy Assessment)</p>	<ul style="list-style-type: none"> • If the 3618/3619 has been processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it. • Once the covering 3618/3619 admission and MDS assessment have been processed, resubmit the therapy assessment. • If the 3618/3619 admission and MDS assessment have both been processed but there is no covering NF Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance. • If there is no hospice room and board service authorization, resubmit the NFSS form at a later time.
<p>PS-3010: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance</p>	<p>NFSS (Therapy Service)</p>	<p>This therapy service cannot be processed because the individual has no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization as of the therapy Begin Date. Establish the appropriate service authorization, and email the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us if further assistance is required.</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3011: This CMWC/DME assessment cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Provider No. as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<p>There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the CMWC/DME Date of Assessment.</p> <ul style="list-style-type: none"> • Pull a MESAV, and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the CMWC/DME Date of Assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, the services will not be authorized. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is found and the Date of Assessment is incorrect, update it, and resubmit. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment. • If the 3618 or 3619 admission has not been processed, determine why the form was rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission. • If the 3618/3619 has been processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it. • Once the covering 3618/3619 admission and MDS assessment have been processed, resubmit the CMWC/DME assessment. <p>(Continued on next page)</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3011: This CMWC/DME assessment cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Provider No. as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<ul style="list-style-type: none"> If the 3618/3619 admission and MDS assessment have both been processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3012: This CMWC/DME item cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Provider No. as of the Therapist's Certification Date. Correct the CMWC/DME item Therapist's Certification Date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Item)</p>	<p>There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the CMWC/DME item Therapist's Certification Date.</p> <ul style="list-style-type: none"> • Pull a MESAV, and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the CMWC/DME item Therapist's Certification Date. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, the services will not be authorized. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is found and the Therapist's Certification Date is incorrect, update it, and resubmit. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment. • If the 3618 or 3619 admission has not been processed, determine why the form rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission. • If the 3618/3619 is processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it. • Once the covering 3618/3619 admission and MDS assessment have been processed, resubmit the CMWC/DME item. <p>(Continued on next page)</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3012: This CMWC/DME item cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Provider No. as of the Therapist's Certification Date. Correct the CMWC/DME item Therapist's Certification Date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Item)</p>	<ul style="list-style-type: none"> If the 3618/3619 admission and MDS assessment have both been processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3013: This therapy assessment cannot be processed because a different Provider No. for the same Vendor No. has a Daily Care Service Authorization as of the Date of Assessment. Adjust the therapy Date of Assessment or contact the HHSC IDD PASRR Unit to inactivate this assessment, then submit a new NFSS form with the correct Provider No.</p>	<p>NFSS (Therapy Assessment)</p>	<p>This therapy assessment has been submitted using an incorrect Provider Number. The facility has had a Change of Ownership, and the therapy assessment must be submitted using the Provider No. that was active on the therapy Date of Assessment.</p> <ul style="list-style-type: none"> • Confirm the Date of Assessment for the rejected therapy assessment, and submit a correction of the date as needed. • If the date is correct but the form is under the incorrect contract, contact the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us and request to inactivate the form. Then submit a new NFSS form with the proper contract. • If there is not an active contract for the Date of Assessment, the therapy assessment cannot be processed until the contract has been approved.
<p>PS-3014: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance..</p>	<p>NFSS (Therapy Service)</p>	<p>This therapy service cannot be processed because the individual has a NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization for the same Vendor Number but a different Contract Number as of the therapy Begin Date. Establish the service authorization for daily care, and email the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us for further assistance.</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3015: This CMWC/DME assessment cannot be processed because a different Provider No. for the same Vendor No. has a Daily Care Service Authorization as of the Date of Assessment. Adjust the CMWC/DME Date of Assessment or contact the HHSC IDD PASRR Unit to inactivate this assessment, then submit a new NFSS form with the correct Provider No.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<p>This therapy assessment has been submitted using an incorrect Provider Number. The facility has had a Change of Ownership, and the therapy assessment needs to be submitted using the Provider No. that was active on the therapy Date of Assessment.</p> <ul style="list-style-type: none"> • Confirm the Date of Assessment for the rejected therapy assessment, and submit a correction of the date as needed. • If the date is correct but the form is under the incorrect contract, contact the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us, and request to inactivate the form. Then submit a new NFSS form with the proper contract. • If there is not an active contract for the Date of Assessment, the therapy assessment cannot be processed until the contract has been approved.
<p>PS-3016: This CMWC/DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance</p>	<p>NFSS (CMWC/DME Item)</p>	<p>This CMWC/DME item cannot be processed because the individual has a NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Authorization for the same Vendor Number but a different Contract Number as of the Therapist's Certification Date. Email the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us if further assistance is required.</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3017: This therapy assessment cannot be processed because the individual is enrolled with a different provider as of the assessment date. Correct the therapy assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (Therapy Assessment)</p>	<p>There is a NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization for a different provider that covers the therapy Date of Assessment.</p> <ul style="list-style-type: none"> • Pull a MESAV and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the therapy Date of Assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not processed, the services will not be authorized. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is found and the Date of Assessment is incorrect, update it, and resubmit. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment. • If the 3618 or 3619 admission has not been processed, determine why the form rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission. • If the 3618/3619 is processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it. • Once the covering 3618/3619 admission and MDS assessment have processed, resubmit the therapy assessment. <p>(Continued on next page)</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3017: This therapy assessment cannot be processed because the individual is enrolled with a different provider as of the assessment date. Correct the therapy assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (Therapy Assessment)</p>	<ul style="list-style-type: none"> If the 3618/3619 admission and MDS assessment were both processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.
<p>PS-3018: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (Therapy Service)</p>	<p>This therapy service cannot be processed because the individual has a NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Daily Care Medicare Coinsurance Service Authorization for a different Vendor Number as of the therapy Begin Date. The request cannot be processed until the contract has been updated.</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3019: This CMWC/DME assessment cannot be processed because the individual is enrolled with a different provider as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<p>There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the therapy Date of Assessment.</p> <ul style="list-style-type: none"> • Pull a MESAV, and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the CMWC/DME Date of Assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, you will not have services authorized. • If the individual has elected Hospice services in the NF setting, confirm with the Hospice Provider that the NF Room and Board Service Authorization is present and covers the CMWC/DME Date of Assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, you will not have services authorized. • If a covering NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization is found and the Date of Assessment is incorrect, update it, and resubmit. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment. • If the 3618 or 3619 admission is not processed, determine why the form rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission. <p>(Continued on next page)</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3019: This CMWC/DME assessment cannot be processed because the individual is enrolled with a different provider as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<ul style="list-style-type: none"> • If the 3618/3619 is processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it. • Once the covering 3618/3619 admission and MDS assessment have processed, resubmit the therapy assessment. • If the 3618/3619 admission and MDS assessment both processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance. • If there is no hospice room and board service authorization, resubmit the NFSS form at a later time.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3020: This CMWC/DME item cannot be processed because the individual is enrolled with a different provider as of the Therapist's Certification Date. Correct the Therapist's Certification Date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Item)</p>	<p>There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the therapy Date of Assessment.</p> <ul style="list-style-type: none"> • Pull a MESAV, and review the Service Authorizations to determine whether the recipient has an NF. • If the individual has elected Hospice services in the NF setting, confirm with the Hospice Provider that the NF Room and Board Service Authorization is present and covers the therapy Date of Assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not processed, you will not have services authorized. • If a covering NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization is found and the Date of Assessment is incorrect, update it and resubmit. • If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment. • If the 3618 or 3619 admission is not processed, determine why the form rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission. • If the 3618/3619 is processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it. • Once the covering 3618/3619 admission and MDS assessment have processed, resubmit the therapy assessment. <p>(Continued on next page).</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3020: This CMWC/DME item cannot be processed because the individual is enrolled with a different provider as of the Therapist's Certification Date. Correct the Therapist's Certification Date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Item)</p>	<ul style="list-style-type: none"> • If the 3618/3619 admission and MDS assessment were both processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services (PCS) at 512-438-2200, Option 1, for assistance. • If there is no hospice room and board service authorization, resubmit the NFSS form at a later time
<p>PS-3021: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (Therapy Service)</p>	<p>This therapy service cannot be processed because the individual was not at least 21 years of age as of the therapy Begin Date.</p> <ul style="list-style-type: none"> • If the Date of Birth is incorrect on the form, contact the person on their LAR, and ask them to contact HHSC MEPD to request that the error be corrected in the system. Resubmit the therapy service after the person or LAR has confirmed that the information has been corrected by HHSC. • If the Date of Birth is correct on the form, resubmit the request after the person is at least 21 years of age or older. • Email the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us if further assistance is needed.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3022: This CMWC/DME item cannot be processed because the individual was not at least 21 years of age as of the Therapist's Certification Date. Correct the Therapist's Certification Date or contact HHSC MEPD for assistance correcting the individual's Birth Date in their records.</p>	<p>NFSS (CMWC/DME Item)</p>	<p>The recipient was not at least 21 years of age as of the Therapist's Certification Date.</p> <ul style="list-style-type: none"> • If the Date of Birth is incorrect on the form, contact the person or their LAR, and ask them to contact HHSC MEPD to request that the error be corrected in the system. Resubmit the CMWC/DME item after the person or LAR has confirmed that the information has been corrected by HHSC. • If the Date of Birth is correct on the form, resubmit the request after the person is at least 21 years of age or older. • Email the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us if further assistance is needed.
<p>PS-3031: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (Therapy Service)</p>	<p>This therapy service cannot be processed because the individual has a therapy service for the same therapy type, therapy Begin Date, and Provider Number but for a different number of units. Allow 10 business days for the NFSS Reviewer to process this before emailing the HHSC PASRR Unit at: PASRR.Support@hhsc.state.tx.us for assistance.</p>
<p>PS-3032: This CMWC/DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (CMWC/DME Item)</p>	<p>This CMWC/DME item cannot be processed because the individual has a CMWC/DME item for the same item type, Therapist's Certification Date, and Contract Number but for a different dollar amount. Email the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us for assistance.</p>
<p>PS-3033: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (Therapy Service)</p>	<p>This therapy service cannot be processed because the individual has a therapy service for the same therapy type and Provider Number that covers the therapy Begin Date. Allow 10 business days before verifying a service authorization in MESAV.</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3036: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has a therapy service for the same Vendor Number with a more recent therapy Begin Date. Resubmit a recertification or restart no earlier than 30 days before the end date of the previous authorization.
PS-3037: This DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (DME Item)	This DME item cannot be processed because the individual has a more recent DME item of the same type (any provider). Allow 10 business days for the NFSS Reviewer to process this before emailing the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us for assistance.
PS-3038: This CMWC item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC Item)	This CMWC item cannot be processed because the individual has a more recent customized power or manual wheelchair (any provider). Allow 10 business days for the NFSS Reviewer to process this before emailing the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us for assistance.
PS-3039: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual does not have an associated therapy service for the same Vendor Number that ended within the previous 30 days and no associated therapy assessment for the same Vendor Number within the previous 60 days. Resubmit the request with an updated assessment.
PS-3040: This DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (DME Item)	This DME item cannot be processed because the individual has the same DME item type within the last 5 years (any provider). Allow 10 business days for the NFSS Reviewer to process this before emailing the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us for assistance.
PS-3041: This CMWC item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC Item)	This CMWC item cannot be processed because the individual has had a customized power or manual wheelchair within the last 5 years (any provider). Allow 10 business days for the NFSS Reviewer to process this before emailing the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us for assistance.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3042: This CMWC/DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (CMWC/DME Item)</p>	<p>This CMWC/DME item cannot be processed because the individual does not have an associated CMWC/DME assessment for the same Vendor Number within the previous 424 days (14 months). A new request must be submitted for the assessment and item. Email the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us if further assistance is required.</p>
<p>PS-3043: This CMWC assessment must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (CMWC Assessment)</p>	<p>This CMWC assessment cannot be processed because the individual has a service authorization for a customized power wheelchair with a begin date before the CMWC Date of Assessment (any provider). This request will require a longer processing time than usual, because this request must undergo a medical review. Email the HHSC PASRR Unit at PASRR.Support@hhsc.state.tx.us if further assistance is required.</p>
<p>PS-3044: This therapy assessment cannot be processed because the individual does not have a successfully processed MDS assessment for the submitted Provider No. as of the Date of Assessment. Correct the therapy Date of Assessment or submit the necessary MDS assessment.</p>	<p>NFSS (Therapy Assessment)</p>	<p>This therapy assessment cannot be processed because the individual has no Level of Service, Diagnosis, or Authorizing Agent record as of the therapy Date of Assessment, which indicates that the MDS assessment has not been successfully processed. Correct the MDS assessment, and ensure that the level of service, diagnosis, and/or Authorizing Agent record are updated, and then resubmit to SAS. Note: Contact Provider Claims Services for additional assistance at 512-438-2200, Option 1.</p>
<p>PS-3045: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (Therapy Service)</p>	<p>This therapy service cannot be processed because the individual has no Level of Service, Diagnosis, or Authorizing Agent record as of the therapy Begin Date, which indicates that the MDS assessment has not been successfully processed. Correct the MDS assessment, and ensure that the level of service, diagnosis, and/or Authorizing Agent record are updated, and then resubmit to SAS.</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3046: This CMWC/DME assessment cannot be processed because the individual does not have a successfully processed MDS assessment for the submitted Provider No. as of the CMWC/DME Date of Assessment. Correct the CMWC/DME Date of Assessment or submit the necessary MDS assessment.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<p>This CMWC/DME assessment cannot be processed because the individual has no Level of Service, Diagnosis, and/or Authorizing Agent record as of the CMWC/DME Date of Assessment, which indicates that the MDS assessment has not been successfully processed. Correct the MDS assessment, and ensure that the level of service, diagnosis, and Authorizing Agent record are updated, and then resubmit to SAS. Note: <i>Contact Provider Claims Services for additional assistance at 512-438-2200, Option 1.</i></p>
<p>PS-3047: This CMWC/DME item cannot be processed because the individual does not have a successfully processed MDS assessment for the submitted Provider No. as of the Therapist's Certification Date. Correct the CMWC/DME item Therapist's Certification Date or submit the necessary MDS assessment.</p>	<p>NFSS (CMWC/DME Item)</p>	<p>This CMWC/DME item cannot be processed because the individual has no Level of Service, Diagnosis, or Authorizing Agent record as of the Therapist's Certification Date, which indicates that the MDS assessment has not been successfully processed. Correct the MDS assessment, and ensure that the level of service, diagnosis, and Authorizing Agent record are updated, and then resubmit to SAS. Note: <i>Contact Provider Claims Services for additional assistance at 512-438-2200, Option 1.</i></p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3500: There is an existing assessment within 180 days of the submitted Date of Assessment (same Vendor No.), or the individual is under 21 years of age as of the Date of Assessment. No service authorization has been created. Contact the HHSC IDD PASRR Unit if additional information is needed.</p>	<p>NFSS (Assessment for any request type)</p>	<p>There is an existing assessment within 180 days of the submitted Date of Assessment (same Vendor Number), or the individual is under 21 years of age as of the Date of Assessment. No service authorization has been created in SAS, but this assessment can be used to support the creation of an associated CMWC/DME/Therapy service if all other conditions are satisfied.</p>
<p>PS-3701: This therapy assessment modification must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (Therapy Assessment)</p>	<p>This therapy assessment modification cannot be processed systematically. Research is needed to determine why the request was submitted as a modification. The HHSC PASRR Unit will contact the provider if additional information is needed.</p>
<p>PS-3702: This CMWC/DME assessment modification must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<p>This CMWC/DME assessment modification cannot be processed systematically. Research is needed to determine why the request was submitted as a modification. The PASRR Unit will contact the provider if additional information is needed.</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3703: This therapy service modification must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (Therapy Service)</p>	<p>This therapy service modification cannot be processed systematically. Research is needed to determine why the request was submitted as a modification. The HHSC PASRR Unit will contact the provider if additional information is needed.</p>
<p>PS-3704: This CMWC/DME item modification must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (CMWC/DME Item)</p>	<p>This CMWC/DME item modification cannot be processed systematically. Research is needed to determine why the request was submitted as a modification. The HHSC PASRR Unit will contact the provider if additional information is needed.</p>
<p>PS-3901: This therapy service inactivation must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (Therapy Service)</p>	<p>This therapy service inactivation cannot be processed systematically. Research is needed to determine why the request was submitted as an inactivation. The HHSC PASRR Unit will contact the provider if additional information is needed.</p>
<p>PS-3902: This CMWC/DME item inactivation must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (CMWC/DME Item)</p>	<p>This CMWC/DME item inactivation cannot be processed systematically. Research is needed to determine why the request was submitted as an inactivation. The HHSC PASRR Unit will contact the provider if additional information is needed.</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3903: This therapy assessment inactivation must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (Therapy Assessment)</p>	<p>This therapy assessment inactivation cannot be processed systematically because the therapy assessment has already been added to SAS. Research is needed to determine why the request was submitted as an inactivation. The PASRR Unit will contact the provider if additional information is needed.</p>
<p>PS-3904: This CMWC/DME assessment inactivation must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<p>This CMWC/DME assessment inactivation cannot be processed systematically because the CMWC/DME assessment has already been added to SAS. Research is needed to determine why the request was submitted as an inactivation. The PASRR Unit will contact the provider if additional information is needed.</p>

Appendix M: NFSS Medicaid Daily Care and Medicare Validations

NFSS Form Edits

System Validation Name (Invoked during initiation at time of submission of the NFSS form)	System Message	System Message Resolution (Assistance for resolving error)
NFSS Form Rejected - No Daily Care	This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider No. as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS Form.	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.
NFSS Form Rejected - No Daily Care	<p>This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider No. as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p>Note: <i>This message will only be displayed one time even if multiple items are requested.</i></p>	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.

System Validation Name (Invoked during initiation at time of submission of the NFSS form)	System Message	System Message Resolution (Assistance for resolving error)
NFSS Form Rejected - No Daily Care	The Occupational Therapy (OT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing authorization for the submitted Provider No. as of the assessment date. Correct the OT assessment date or submit the necessary paperwork to establish the appropriate service authorization before submitting the NFSS form.	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.
NFSS Form Rejected - No Daily Care	The Physical Therapy (PT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the PT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.
NFSS Form Rejected - No Daily Care	The Speech Therapy (ST) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the ST assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.

System Validation Name (Invoked during initiation at time of submission of the NFSS form)	System Message	System Message Resolution (Assistance for resolving error)
NFSS Form Rejected - No Daily Care	<p>This therapy request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p>Note: <i>This message will only be displayed one time even if multiple services are requested.</i></p>	<p>The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.</p>

