



LONG-TERM CARE PROVIDER BULLETIN



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Submitting HCS and TxHmL Individual Movement Forms

The Texas Health and Human Services Commission reminds Home and Community-Based Services Waiver (HCS) and Texas Home Living Waiver (TxHmL) providers to refrain from submitting the following Individual Movement Forms (IMTs) via the Long-Term Care (LTC) Online Portal:

- MT-Local Authority Reassignment
- IMT-Service Coordinator Update

These specific purpose codes are designated for LIDDA-use only and should not be submitted by HCS and TxHmL providers for any reason.

HCS and TxHmL providers can only submit the IMT for purpose codes “IMT-Suspension” and “IMT-Individual Update.” See page 193 in the *LTC HCS and TxHmL Waiver Programs Provider User Guide* for details.

Questions

For issues encountered while submitting the IMT on the TMHP LTC Online Portal, call TMHP at 800-626-4117, select option 1, then option 1. ■

Certification of an NF's Ability to Serve the Individual

The Texas Health and Human Services Commission (HHSC) and the Preadmission Screening and Resident Review (PASRR) unit would like to remind nursing facility (NF) providers of the requirement to certify on all PASRR Level 1 (PL1) Screening Forms their ability to serve individuals with a positive PASRR Evaluation (PE).

After a PL1 Screening Form is submitted and the local authority (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 the associated PE to see whether it's positive.

NF's can search for positive PEs 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: NFs cannot certify their ability to serve the individual on converted PL1 Screening Forms. If a certification on a converted PL1 Screening Form is required because a new PE is requested, then the NF must submit a new PL1 Screening Form for the person so that the LA can initiate a new PE, which will allow the NF to certify on the new PL1 Screening Form. ■

PASRR Preadmission Process for NF Providers

The Preadmission admission type is used when there is an NF admission from a referring entity (RE) in the community (such as from home, a group home, psychiatric hospital, jail, etc.) and if an individual is suspected of having MI, ID, or DD. If the RE is a family member, they may request assistance from the NF to complete the PL1 Screening Form. It's important that the NF follow the proper preadmission process.

The LA is responsible for submitting positive Preadmission PL1 Screening Forms, not the NF. The NF can't submit positive Preadmission PL1 Screening Forms after submission of a positive Preadmission PE. The NF is not allowed to admit the person until they have reviewed the PE, confirmed that Medical Necessity has been approved, and certified on the PL1 Screening Form that they are willing and able to serve the individual. If the Preadmission PL1 Screening Form is negative (there is no suspicion of MI, ID, or DD), the NF follows the negative PASRR admission process.

For questions about this information, email the PASRR Unit at PASRR.support@hhsc.state.tx.us.

Correction to “Claims Data Export Video for LTC Providers and FMSAs Now Available on YouTube”

This is a correction to the article titled “[Claims Data Export Video for LTC Providers and FMSAs Now Available on YouTube](#),” which was published on [tmhp.com](#) on September 19, 2023.

The article stated that Claims Data Export is a feature of the Long-Term Care (LTC) Online Portal. The article has been corrected to state that it’s a feature of TexMedConnect.

The revised article follows below.

An educational video detailing the Claims Data Export feature of TexMedConnect is now available on the Texas Medicaid & Healthcare Partnership’s (TMHP’s) [YouTube channel](#). This video is for LTC providers and financial management services agencies (FMSAs) and covers the following topics:

- Converting a Claims Data Export file to Excel
- Viewing cost reporting information in the Claims Data Export file
- Working with data in the Claims Data Export file

For more information, contact the LTC Help Desk at 800-626-4117 (select option 1). ■

Recordings Now Available: LTC Online Portal Enhancements for HCS and TxHmL Waiver Programs Webinars

The Long-Term Care (LTC) Online Portal Enhancements for Home and Community-based Services (HCS) and Texas Home Living (TxHmL) Waiver Programs webinar recordings and associated documents are now available on TMHP’s Learning Management System (LMS).

Providers and local intellectual and developmental disability authorities (LIDDAs) can access the recordings on TMHP’s LMS as follows:

1. Log into the [LMS](#) or sign up to [create a new account](#).
2. Select the **Webinars** button to view a list of available webinars.
3. Select the applicable webinar, titled “LTC Online Portal Enhancements for HCS and TxHmL Providers Webinar” or “LTC Online Portal Enhancements for HCS and TxHmL LIDDAs Webinar.”

Note: Microsoft Edge, Google Chrome, and Mozilla Firefox are the preferred browsers for accessing training materials in the LMS.

New LMS visitors can access materials and take courses immediately after they register. Providers can always access computer-based training and additional training materials on the LMS. ■

IPC and Transfer Form Submission Videos for HCS/TxHmL Providers and LIDDAs Now Available on YouTube

Educational videos on Individual Plan of Care (IPC) and Individual Movement (IMT) Local Authority (LA) reassignment forms have been added to the Texas Medicaid & Healthcare Partnership's (TMHP's) [YouTube channel](#). These videos are intended for Home and Community-based Services (HCS) and Texas Home Living (TxHmL) providers and local intellectual and developmental disability authorities (LIDDAs) and cover the following topics:

- **Addressing IPC Rate Changes**

This video describes how to address rate changes on 3608 and 8582 IPC forms using the Long-Term Care Online Portal (LTCOP).

- **Entering a Revision IPC**

This video describes how to enter a revision IPC into the LTCOP, highlighting important information to keep in mind during the process.

- **Entering a Transfer in the Correct Order**

This video reviews several transfer scenarios and discusses best practices for entering transfer forms in the correct order.

For more information, contact the LTC Help Desk at 800-626-4117, option 1. ■

Quality in Long-Term Care Conference

Texas Health and Human Services (HHS), in collaboration with the University of Texas Steve Hicks School of Social Work, is hosting an informative two-day, in-person conference about quality in long-term care. The 2024 Quality in Long-Term Care Conference will be held at the Renaissance Austin Hotel on August 28–29, 2024. This year's theme is "Quality Matters in Long-Term Care." The conference will offer continuing education credit for multiple disciplines. The conference will integrate research, evidence-based best practices, and applied solutions for improving the quality of long-term care services in Texas. More information is available online at hhs.texas.gov/QMP. If you have questions about this event, email the UT Steve Hicks School of Social Work at qltcc@austin.utexas.edu. ■



Free Online Continuing Nursing Education for Long-Term Care Nurses, Aides, and Administrative Leaders

The Texas Health and Human Services Commission and the University of Texas at Austin School of Nursing are pleased to announce a collaborative effort to improve long-term care in Texas. This partnership includes eight web-based courses delivering best-practices education to providers of long-term care in Texas nursing facilities. The educational modules are:

- Infection Prevention and Control.
- Reducing Antipsychotic Use in Long-Term Care Facilities.
- Culture Change for Person-Centered Care.
- Quality Improvement.
- Advanced Geriatric Practice.
- Transition to Practice.
- Intellectual and Developmental Disabilities.
- Mental Health With Aging and Severe Mental Illness.

Continuing education credit is free and available for registered nurses, certified nurse aides, and licensed nursing facility administrators.

To register and to find out more, visit the [Johnson-Turpin Center: Continuing Nursing Education | School of Nursing website](#). ■

Reminder for Resource Utilization Group Training Requirements

Providers are reminded that Resource Utilization Group (RUG) training is required for registered nurses (RNs) who sign assessments as complete. RNs must successfully complete the required RUG training to be permitted to submit Minimum Data Set (MDS) and Medical Necessity and Level of Care (MN/LOC) Assessments on the Long-Term Care Online Portal. Training is valid for two years and must be renewed by completing the online RUG training offered by Texas State University.

It can take from two to seven business days to process and report completion of RUG training from Texas State University to the Texas Medicaid & Healthcare Partnership (TMHP), depending on the current volume of enrollments and completions.

To register for the RUG training or for more information, visit distancelearning.txst.edu/continuing-education/rugs-training.html. ■

Computer-Based Training in the TMHP Learning Management System

The following long-term care (LTC)-specific computer-based training (CBT) courses are currently available on the Texas Medicaid & Healthcare Partnership (TMHP) Learning Management System (LMS):

- **LTC Online Portal Basics**—This interactive CBT provides a basic overview of the LTC Online Portal, including information about creating an administrator account and an overview of the features of the blue navigational bar and the yellow Form Actions bar. Demonstrations and simulations appear throughout the CBT to provide opportunities for an interactive experience.
- **TexMedConnect for Long-Term Care (LTC) Providers**—This CBT demonstrates effective navigation and use of the LTC TexMedConnect web application. Providers will learn how to:
 - Log in to TexMedConnect.
 - Verify a client’s eligibility.
 - Enter, save, and adjust different types of claims.
 - Export Claim Data.
 - Find the status of a claim.
 - View Remittance and Status (R&S) Reports.

The TMHP LMS can be accessed through the [TMHP website](#) or directly at learn.tmhp.com.

Providers must create an account to access the training materials on the LMS. To create an account, click **Don’t have an account? Sign up here** on the LMS home page.

For questions about the LTC training CBTs and webinars, call the TMHP Contact Center at 800-626-4117 or 800-727-5436. For LMS login or access issues, email TMHP LMS support at TMHPTrainingSupport@tmhp.com. ■

Webinars Available for Nursing Facility, Hospice, Community Services Waiver Programs Providers, HCS and TxHmL Program Providers, Local Authorities, and MCOs

Long-term care (LTC) training sessions are available in webinar format. LTC providers can take advantage of live, online training webinars, as well as replays and recordings of those webinars, that cover topics relevant to tasks performed on the LTC Online Portal. These webinars target nursing facility (NF) and hospice providers, Community Services Waiver Program providers, Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers, local authorities involved in NF PASRR, and managed care organizations (MCOs).

The webinars that are currently offered include:

- [LTC Form 3618: Resident Transaction Notice and Form 3619: Medicare/Skilled Nursing Facility Patient Transaction Notice Webinar](#) – Provides information on sequencing of documents, provider

workflow process and rejection message, correcting and inactivating forms, and what the forms are used for.

- [LTC Nursing Facility Minimum Data Set \(MDS\) Assessment and Long-Term Care Medicaid Information \(LTCMI\) Webinar](#) – Provides information on the MDS assessment LTCMI, the purpose Codes E and M, and saving the LTCMI section of the MDS assessment.
- [LTC Nursing Facility PASRR Webinar, Part 1](#) – Provides information on the PASRR process, identifying the PCSP form, demonstrating how to request authorization to deliver specialized services using the NFSS form, and more.
- [LTC Nursing Facility PASRR Webinar, Part 2](#) – Provides information on medical necessity, fair hearings, validations requiring provider monitoring, system and manual alerts, updating the PL1 screening form, inactivating PL1 forms, and more.
- [LTC Hospice Form 3071 Election/Cancellation/Discharge Notice and 3074 Physician Certification of Terminal Illness Webinar](#) – Provides information on the sequencing of documents, what the forms are used for, how to fill out and submit the forms, effective dates, and form pairing.
- [LTC Online Portal Training for HCS and TxHmL Waiver Programs Webinar](#) – Provides information on the features and navigation of the LTC Online Portal, management of waiver program assessments and forms in the LTC Online Portal, and the purpose and workflow of the forms.

For a list of webinar descriptions, upcoming broadcast dates, registration links, recordings of past webinars, and Q&A documents, visit the TMHP Learning Management System (LMS) at learn.tmhp.com. ■

Updated: Section GG Being Added to the LTC Online Portal MDS 3.0 and MDS 3.0 PDFs

The Texas Health and Human Services Commission (HHSC) is working with the Texas Medicaid & Healthcare Partnership (TMHP) to display Section GG of the Minimum Data Set (MDS) v1.18.11.

Updates to the Long-Term Care (LTC) Online Portal to display Section GG of the MDS 3.0 Comprehensive and Quarterly assessments with an Assessment Reference Date (ARD, A2300) of October 1, 2023, or later will be available August 26, 2024. Updated versions of the viewable and printable PDFs will also be available August 26, 2024.

For more information, call the LTC Help Desk at 800-626-4117, option 1. ■

Changes to LTC Online Portal MDS 3.0 Will Be Available on the LTC Online Portal October 2, 2024

The federal Centers for Medicare & Medicaid Services (CMS) announced changes to the Minimum Data Set (MDS) 3.0, effective on October 1, 2024. The Texas Health and Human Services Commission (HHSC) is working with the Texas Medicaid & Healthcare Partnership (TMHP) to enable systems to intake and store these changes prior to the effective date.

Updates to the Long-Term Care (LTC) Online Portal that display the relevant revisions of the MDS 3.0 Comprehensive and Quarterly assessments with an Assessment Reference Date (ARD, A2300) of October 1, 2024, or later will be available October 2, 2024. Updated versions of the viewable and printable PDFs will be available October 1, 2024.

This use of the ARD does not alter the HHSC-LTC use of the Entry Date (A1600) as the effective date of MDS 3.0 Admission assessments and the Date Signed as Complete (Z0500b) as the effective date of all other MDS 3.0 assessments.

Items required for calculating the Resource Utilization Group (RUG) remain present on the LTC Online Portal in Section RUG.

The following MDS 3.0 Comprehensive and Quarterly assessment fields will be added, deleted, or modified:

New Items	Modified Items	Deleted Items
Section B		
	B1300	
Section GG		
	GG0130, GG0170	
Section N		
N0415K		

New Items	Modified Items	Deleted Items
Section O		
O0350	O0300A1	

For more information, call the LTC Help Desk at 800-626-4117, option 1. ■

PASRR Level 1 Screening Form Discharge Process Reminder

The Texas Health and Human Services Commission (HHSC) and the Preadmission Screening and Resident Review (PASRR) unit would like to remind nursing facility (NF) providers to discharge individuals on the PASRR Level 1 (PL1) Screening Form when an individual is deceased or has been discharged.

The instructions to inactivate the **old** PASRR Level 1 Screening Form (prior to June 30, 2023) are below:

1. Locate the PL1 Screening Form using the **Document Locator Number (DLN)** provided.
2. Once the PL1 Screening Form is pulled up, click the **Update Form** button at the top of the form.
3. Navigate to **Section B**, locate **Field B0650: Individual is deceased or has been discharged** and **Field B0655: Deceased/Discharged Date**, and fill them out accordingly.
4. If the individual was discharged, **Section E: Alternate Placement Disposition** must be filled out before you submit the form.
5. Once all has been completed, click the **Submit Form** button at the bottom of the screen, and the PL1 Screening Form will be inactivated.

The instructions to inactivate the **new** PASRR Level 1 Screening Form (after June 30, 2023) are below:

1. Locate the PL1 Screening Form using the **Document Locator Number (DLN)** provided.
2. Once the PL1 Screening Form is pulled up, click the **Update Form** button at the top of the form.
3. Navigate to the **Discharge** tab, locate **Field H0100: Individual is deceased or has been discharged?** and **Field H0150: Deceased/Discharged Date**, and fill them out accordingly.
4. If the individual was discharged, the **Alternate Placement Disposition** (located on the Discharge tab) must be filled out before you submit the form.
5. Once all has been completed, click the **Submit Form** button at the bottom of the screen, and the PL1 Screening Form will be inactivated.

For questions about this information letter, email the PASRR Unit at PASRR.support@hhsc.state.tx.us. ■

Reminder for HCS and TxHmL Providers Entering IPC Revisions to Add Individual Skills and Socialization

This notice is a reminder for Home and Community-based Services (HCS), Texas Home Living (TxHmL) program providers, and local intellectual and developmental disability authorities (LIDDAs) that are submitting an Individual Plan of Care (IPC) revision to add Individualized Skills and Socialization (ISS) on the IPC plan year.

When entering IPC revisions, if you update the effective date in field 12a, you must click the search icon located next to the date field. This will allow the individual's data to refresh and prepopulate from the web service based on the new effective date. If you don't perform this step, the form processing will be delayed.

Contact the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Help Desk at 800-626-4117 or 800-727-5436 for assistance with submitting forms. ■

Coronavirus (COVID-19)

For information about this evolving situation, visit the [COVID-19 web page](#) on the Texas Medicaid & Healthcare Partnership (TMHP) website. ■

Updated: Clarification on HCS and TxHmL IPCs in Pending DADS Review Status

Since May 2, 2022, Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers, local intellectual and developmental disability authorities (LIDDAs), and financial management services agencies (FMSAs) billing on behalf of consumer-directed services (CDS) have been submitting forms and claims to the Texas Medicaid & Healthcare Partnership (TMHP). In response to questions and concerns related to the processing of Individual Plan of Care (IPC) forms, the Texas Health and Human Services Commission (HHSC) is clarifying the actions that are required by submitters and how they align with processes in the Intellectual Disability (ID) Client Assignment and Registration System (CARE).

Renewal and Revision IPCs

Renewal and revision IPCs in either *Pending DADS Review* or *Pending Coach Review* status require action from the submitter, usually the submission of supporting documentation. The IPC will not be reviewed until action is taken. This is the same process that is in place for Exceeds flags in ID-CARE.

A packet submitted to Utilization Review (UR) *must* include the following:

- IPC Cover Sheet (Form 8599, which can be found at hhs.texas.gov/regulations/forms/8000-8999/form-8599-individual-plan-care-ipc-cover-sheet)
- Copy of signed IPC (all pages)
- Person-directed Plan

- Implementation Plans for all services on the IPC, including a breakdown of nursing and behavior hours if they are part of the request

A packet may include the following, depending on the services that are requested:

- Comprehensive Nursing Assessment ([Form 8584](#) or a form with all the same elements) for nursing hours
- Occupational therapy (OT) evaluation, treatment plan, or assessment (including orders) for OT hours
- Physical therapy (PT) evaluation, treatment plan, or assessment (including orders) for PT hours
- Speech and language therapy evaluation, plan, or assessment (including orders) for speech hours
- Dietary evaluation for dietary hours (including orders)
- Dental treatment plan, if applicable
- Behavior support plan for behavioral support hours that meets HHSC criteria
- PAS/HAB Assessment (Form 8510) for personal assistance services and habilitation (PAS/HAB) hours
- Transportation Plan (Form 3598) for transportation hours
- Audiology treatment plan (including orders), if applicable
- Cognitive rehabilitation therapy plan, if applicable (in HCS)
- Support consultation plan, if applicable (in HCS)
- Social work plan, if applicable (in HCS)
- All documentation for adaptive aids, if they are included in the request, including:
 - A list of items to be purchased, the number of each item needed, and the cost (based on the lowest bid) for each item.
 - Three bids for each item. Bids from online vendors are acceptable. If an annual vendor is used, three bids are needed only if an item costs \$500 per month or more; otherwise, an annual vendor bid can be submitted.
 - Proof of Medicaid denial and professional recommendations, as required in Appendix VII of the HCS Program Billing Requirements.

See Section 6100 of the HCS Billing Requirements at hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/long-term-care/hcs-billing-requirements.pdf for more information.

- All documentation for minor home modifications (three bids based on specs from licensed professional recommendations) if they are part of the request. See Section 6200 of the HCS Billing Requirements.

Enrollment and Transfer IPCs

Enrollment and transfer IPCs remain in *Pending DADS Review* status while the enrollment or transfer is being processed.

Enrollment IPCs may require additional documentation to be submitted to Program Eligibility and Support (PES). If an enrollment requires additional documentation, PES will contact the LIDDA that submitted the enrollment IPC.

Transfer IPCs *always require* a transfer packet to be submitted to PES. If a transfer packet requires additional documentation, PES will contact the LIDDA that submitted the transfer IPC.

A transfer packet submitted to PES *must* include the following:

- Request for Transfer of Waiver Program Services (Form 3617)
- *HCS only*: Individual Plan of Care – HCS/CFC (Form 3608)
- *TxHmL only*: Individual Plan of Care – TxHmL/CFC (Form 8582)

If an enrollment or transfer requires utilization review, UR will contact the LIDDA that submitted the enrollment or transfer packet.

Packet and Documentation Submission Details

The most efficient way to submit HCS and TxHmL documentation is through the Attachment function in the Long-term Care Online Portal (LTCOP). For more details on attachments, refer to the [“LTC Online Portal to Allow Electronic Attachments on HCS and TxHmL Waiver Program Forms”](#) notification posted on tmhp.com on June 28, 2023.

For questions about renewal, revision, or requested call back of IPC review packets, call HHSC UR at 512-438-5055, or email deskURLONIPC@hhs.texas.gov.

For questions about enrollments or transfers, call PES at 512-438-2484, or email enrollmenttransferdischargeinfo@hhs.texas.gov. ■

Overview of LTC Online Portal Enhancements for HCS and TxHmL Waiver Programs

On July 3, 2023, the Texas Medicaid & Healthcare Partnership (TMHP) implemented several enhancements to the TMHP Long-Term Care (LTC) Online Portal.

The following is an overview of the enhancements that were implemented:

Form Processing Improvements

1. Accuracy on the enrollment forms was improved by adding an indication that specifies whether an individual is enrolled in another waiver program during the submission process.

This will improve the enrollment process for people who are leaving another waiver program to enroll in Home and Community-based Services (HCS) or Texas Home Living (TxHmL) and will help prevent dual enrollments.

2. Local intellectual and developmental disability authorities (LIDDAs) can no longer submit an HCS or TxHmL Pre-enrollment form for the same program if the individual is currently pre-enrolled, pending enrollment, or enrolled in that program. Additionally, LIDDAs can no longer submit the following enrollment forms for the same program if the form has already been submitted or the individual is currently enrolled in that program:

- 8578 Intellectual Disability Related Condition (ID/RC) Assessment Purpose Code (PC)
- 3608 Enrollment Individual Plan of Care (IPC) or 8582 Enrollment IPC

The above changes allow the system to correctly pair enrollment forms and update form statuses, which eliminates the need to inactivate and resubmit enrollment forms.

3. The following fields will now autofill on 8578 ID/RC PC 2 assessments based on data that was previously entered on the individual's HCS or TxHmL Pre-enrollment form:
 - Local Case Number
 - Verification of Freedom of Choice indication
 - Verification of Freedom of Choice Signature Date

This will reduce data entry and the potential for form discrepancies.

4. Providers and LIDDAs can no longer submit forms if they are not currently associated with the individual.

This will decrease the potential for forms to be submitted out of sequence, which can only be corrected by Texas Health and Human Services Commission (HHSC) staff.

5. Users can no longer change the individual's mailing address on the 3608 or 8582 IPC forms.

This will prevent any confusion arising from the system autofilling subsequent forms with mailing addresses that have been updated through the system.

6. 3608 or 8582 IPC submissions no longer require users to enter at least one program provider service or consumer-directed service (CDS) when they request only Community First Choice (CFC) services.

This will prevent unnecessary rejections and processing delays.

7. Provider information is no longer required for 3616 Request for Termination forms with only CDS services.

This will ensure that accurate information is available, which means fewer delays in the submission of forms.

8. 3608 or 8582 IPCs that exceed the service limits can no longer be submitted.

This will reduce delays in the submission of forms and expedite 3608 or 8582 IPC processing, which means that claims are submitted faster, and payment is expedited.

9. Information about how to request a reconsideration and administrative hearing has been added to the instructions for level of need (LON) denial and reconsideration letters, which are generated on the LTC Online Portal.

This will streamline the process for requesting a reconsideration and hearing for LON denials.

10. The character limit for the email address of the service coordinator on the 3616 Request for Termination form has been increased to 50 characters.

This will ensure that the service coordinator's correct email address is entered.

Extending, Adding, or Modifying User Functionality

1. HHSC can now remand 3608 or 8582 IPC enrollment forms to LIDDAs for corrections prior to processing the forms. LIDDAs can use the **Update** button to change the data on the form. Once the changes are saved, the form will go to HHSC for review.

This will expedite the enrollment process.

2. HHSC can now automatically implement a fair hearing decision on a prior 8578 ID/RC assessment.

This will reduce administrative burden and reflect accurate information on the LTC Online Portal and in the TexMedConnect Medicaid Eligibility Service Authorization Verification (MESAV) system.

3. Providers and LIDDAs can now update additional fields and add services when correcting 3608 or 8582 IPCs, including processed IPCs.

Note: This enhancement is not applicable to enrollment IPCs.

This will reduce billing delays by allowing providers and LIDDAs to make timely corrections.

4. Providers and LIDDAs can now accurately certify the Explanation of Rights field when using the **Use as Template** button on a 3608 or 8582 IPC renewal.

This will ensure accurate certification when using a form template.

5. HHSC and providers can now update the location code and reactivate location availability requests on *applicable forms*. LIDDAs now have this capability when correcting location code data entry errors on forms they submitted.

This will allow HHSC, providers, and LIDDAs to restart the location validation to correct the form.

6. 3608 or 8582 IPCs can now be submitted after the fair hearing decision is attained on the associated 8578 ID/RC PC 3 or PC 4 and the decision is in one of the following statuses:

- Level of Care (LOC) Decision Sustained During Appeal
- LON Sustained During Reconsideration
- LON Sustained During Administrative Review

This will reduce administrative burden and delays in the processing of the forms.

7. Providers and LIDDAs can now change the individual's county to another county within the current service area when returning an individual from suspension. If the new county is not within the current service area, the change is not allowed.

This will decrease the potential for incorrect information on the form.

LTC Online Portal Will Be a More Centralized Information Platform

1. An individual's current provider can now view the individual's historical forms for their specific waiver program.

This will give providers a comprehensive view of an individual's forms.

2. Providers and LIDDAs can now upload and attach supporting documentation when submitting forms on the LTC Online Portal.

This will allow submission of supporting documents on the LTC Online Portal rather than the Intellectual and Developmental Disability (IDD) Online Portal, which will expedite review, submission, and payment.

Note: A [separate notification](#) is available regarding the transition of submissions from the IDD Portal to the LTC Online Portal.

3. The following information on the Individual Detail page is now based on the most recent applicable form with an effective date range that includes the current date:

- Current physical address
- Location code
- Estimated annual cost
- Services

This will reduce administrative burden and provide current information when doing an Individual Search or viewing the Dashboard.

4. Providers can now view and export provider contract data from the Dashboard.

Note: Public provider contract information is available on the LTC Online Portal, excluding contract capacity information. LIDDAs must use the HHS Slot Tracking system to view a public provider's contract capacity information.

This will reduce administrative burden by giving a comprehensive view of provider contract details.

5. Providers can now search, view, and export location information using the new Provider Location Search screen.

This will reduce administrative burden and prevent delays in the processing of forms by giving a comprehensive view of provider location information on a single platform.

6. The service coordinator's name will now be added to the search results when the provider or LIDDA performs a Form Status Inquiry (FSI) for forms that include a service coordinator name.

This will reduce administrative burden and allow service coordinators to quickly identify 8578 ID/RC assessments and 3608 or 8582 IPCs that require their review.

7. Providers can now maintain and search Staff ID information on the LTC Online Portal using the new Staff ID screens.

This will reduce administrative burden by maintaining Staff ID information on a single platform.

8. LIDDAs can now create HCS and TxHmL service coordination units, assign personnel to each unit, and view and maintain service coordinator assignment information on the LTC Online Portal. The initial service coordinator assignment will be made on the HCS or TxHmL Pre-enrollment form using the new Enrollment Service Coordinator field.

This will reduce administrative burden and eliminate dual system data entry by maintaining information on a single platform.

9. Providers can now view and export additional data with more search date parameters using the Claims Data Export. The additional data will include:
 - Medicaid number
 - LON
 - Submission date
 - Level type
 - Level service
 - Line Item Control Number (LICN)
 - Healthcare Common Procedure Coding System (HCPCS) code
10. This will reduce administrative burden by receiving data for annual cost reporting on a single platform.

Account Preparation and Additional Resources

To effectively use these changes, HCS and TxHmL providers and LIDDAs that do not have an LTC Online Portal account must create an administrator or user account. Instructions on how to create an account are available in the [TMHP Account Setup for HCS and TxHmL Waiver Programs Quick Reference Guide \(QRG\)](#).

Additionally, providers and LIDDAs are encouraged to visit the TMHP [1915\(c\) Waiver Programs web page](#) for recent news, reference materials, education, and bulletins.

For more information, contact the TMHP LTC Help Desk at 800-626-4117, option 1. ■

Using “Submit Form” and “Use as Template” Options on IPC Renewals

Due to the Home and Community-based Services (HCS) and Texas Home Living (TxHmL) rate changes effective September 1, 2023, providers and local intellectual and developmental disability authorities (LIDDAs) are advised to use the **Submit Form** option on Individual Plan of Care (IPC) renewals.

When to Use “Submit Form” Instead of “Use as Template”

Use **Submit Form** instead of **Use as Template** under these conditions:

- There have been rate changes or enhancements.
- A provider or financial management services agency (FMSA) has been removed, added, or changed.
- The form is not autofilling with the most current information, and all other forms (e.g., transfers or individual updates) are correctly processed and in Processed/Complete status.

Complete Related Forms Prior to Selecting Use as Template

Before using the **Use as Template** option, ensure that all related forms are correctly processed and marked as Processed/Complete. For more information, contact the LTC Help Desk at 800-626-4117 (select option 1). ■

Eligibility Information Available for Long-Term Care Providers and LIDDAs

As a reminder, long-term care providers and LIDDAs that are seeking eligibility information can pull Medicaid Eligibility and Service Authorization Verification (MESAV) using any of the following field combinations through TexMedConnect. This service can be accessed 24 hours a day, 7 days a week.

- Medicaid/Client No. and Last Name
- Medicaid/Client No. and Date of Birth
- Medicaid/Client No. and Social Security Number
- Social Security Number and Last Name
- Social Security Number and Date of Birth (DOB)
- Last Name, First Name, and DOB

MESAV can provide the Medicaid eligibility Program Type, Coverage Code, and Medicaid Recertification Due Date to help providers ensure appropriate and continued Medicaid eligibility for long-term care services.

Listed below are the most common eligibility types that are valid for hospice and most other long-term care programs:

Program Type	Coverage Code
Type 12, 11	P
Type 13, 51	R
Type 01, 03, 07, 08, 09, 10, 14, 15, 18, 19, 20, 21, 22, 29, 37, 40, 43, 44, 45, 46, 47, 48, 55, 61, 63, 67	R or P

Note: The Medicaid recertification review due date is not available for all long-term care (LTC) clients, including children who are enrolled in foster care and Medicaid clients who are enrolled through Social Security (Coverage Code R, Program Type 13).

Listed below are the Medicaid Coverage Codes and Program Types acceptable for Home and Community-based Services (HCS) or Texas Home Living (TxHmL) enrollment:

Home and Community-Based Services (HCS)			
R or P 01	R or P 15	R or P 44	R or P 82
R or P 02	R or P 18	R or P 45	R or P 87
R or P 03	R or P 19	R or P 47	R or P 91
R or P 07	R or P 20	R or P 48	R or P 92
R or P 08	R or P 21	R or P 51*	R or P 93
R or P 09	R or P 22	R or P 55	R or P 94
R or P 10	R or P 29	R or P 61	R or P 95
R or P 12	R or P 37	R or P 70	R or P 96

Home and Community-Based Services (HCS)

R or P 13	R or P 40	R or P 79	R or P 97
R or P 14*	R or P 43	R or P 81	R or P 98

Texas Home Living (TxHmL)

R or P 01	R or P 18	R or P 45	R or P 88
R or P 02	R or P 19	R or P 47	R or P 91
R or P 03	R or P 20	R or P 48	R or P 92
R or P 07	R or P 21	R or P 55	R or P 93
R or P 08	R or P 22	R or P 61	R or P 94
R or P 09	R or P 29	R or P 70	R or P 95
R or P 10	R or P 37	R or P 79	R or P 96
R or P 12	R or P 40	R or P 81	R or P 97
R or P 13	R or P 43	R or P 82	R or P 98
R or P 15	R or P 44	R or P 87	

Note: MBIC R or P 88 is allowable for TxHmL ONLY. See supervisor is pending HCS enrollment has R or P 88. The only accepted Coverage Codes are R or P.

R = Regular coverage; **P** = Prior coverage

T = Only pays for community care services, doesn't work for waivers. When you see that, ask for prior coverage.

Any other Medicaid Coverage Code/Program Type is not accepted in the HCS or TxHmL Waiver.

* indicates the code is accepted in HCS but not TxHmL. ■

Proper Handling of Medicaid Overpayments by LTC Fee-for-Service Providers

It is important for providers to follow the proper procedures when they discover a Medicaid overpayment. The correct way to refund money to the Texas Health and Human Services Commission (HHSC) for a long-term care (LTC) fee-for-service (FFS) Medicaid overpayment always starts with a claim adjustment.

Claim adjustments that have been processed to Approved-to-pay (A) status will automatically refund money to HHSC by reducing payments for future billing. Claims that process to Transferred (T) status will require repayment by personal or company check or through a claim adjustment. If the adjustment claim has been processed to T status or the provider is no longer submitting new LTC FFS claims to offset the negative balance, then the provider should call HHSC Provider Recoupments and Holds to determine the appropriate method for returning the money. Providers should always contact HHSC Provider Recoupments and Holds before submitting a check for an overpayment.

Things to remember:

- To return an LTC FFS Medicaid overpayment to HHSC, providers should always submit an adjustment claim in TexMedConnect or through their third-party submitter. Providers should not use TMHP Form F0079 Texas Medicaid Refund Information Form to report LTC FFS overpayments. This form is exclusively used for acute-care claims.
- LTC FFS claim adjustments must include a negative claim detail to offset the original paid claim and a new claim detail to repay the claim at the correct (lower) amount. The net total of the adjustment claim must be negative.
- If they are submitted properly, LTC FFS claim adjustments to return money to HHSC will not be denied by the one-year claim filing deadline edit [Explanation of Benefits (EOB) F0250].

Some examples of overpayments that require a claim adjustment include:

- Original paid claims that were billed with too many units of service.
- Original paid claims that did not properly report LTC-relevant Other Insurance payments or coverage.
- Original paid claims that were billed with the wrong revenue code or Healthcare Common Procedure Coding System (HCPCS) code.

Contact Information

Entity	What they can do...
TMHP LTC Help Desk 800-626-4117, Option 1	Help file an adjustment claim Help providers understand their Remittance and Status (R&S) Reports
HHSC Provider Recoupments and Holds 512-438-2200, Option 3	Help facilitate payment to HHSC for outstanding negative balances (A or T claims)

Update: HCS and TxHmL Claim Details Cannot Overlap Multiple Service Authorizations

This is an update to the article titled “[HCS and TxHmL Claim Details Cannot Overlap Multiple Service Authorizations](#),” which was published on [tmhp.com](#) on July 25, 2023.

The explanation of benefits (EOB) description in the article has been updated to match the current EOB description that will appear on Remittance and Status (R&S) Reports. Additionally, resources for R&S Reports and TexMedConnect’s Medicaid Eligibility Service Authorization Verification (MESAV) have been added.

The EOB description previously stated, “A valid service auth for client for these service dates not available or claim dates cannot overlap more than one service auth.” The EOB was updated to clarify that service authorizations are available, but the claim cannot be billed in a date span that covers more than one service authorization. Additionally, this will prevent inaccurate units from being applied to the service utilization balances.

The Texas Health and Human Services Commission (HHSC) advises Home and Community-based Services (HCS) and Texas Home Living (TxHmL) providers and financial management services agencies (FMSAs) that accurate service utilization budgets are calculated when a claim detail’s dates of service (DOS) do not cross multiple Individual Plan of Care (IPC) service authorization periods. If a billed claim detail has DOS that cross multiple IPC service authorization periods, all claim detail billed units are subtracted from the most recent IPC service authorization period budget. Refer to the [example on the HHSC website](#).

New Edit: One IPC Service Authorization Period per Claim Detail

To prevent inaccurate service utilization balances, HHSC is implementing an edit that will deny a claim detail if the DOS cross multiple IPC service authorization periods. If this denial occurs, the provider or FMSA should submit a new and corrected claim by splitting the claim detail into two claim details, allowing the accurate IPC authorization period to be used to satisfy the number of units billed on each claim detail. The EOB that is received when the edit is activated is provided in the table below. The edit became effective on July 26, 2023.

EOB	EOB Description
F0268	A unique service authorization for this client is not available for these dates such as overlapping more than one authorization

Review Claims If a Service Utilization Balance Appears to Be Incorrect

If a provider or FMSA suspects that an individual’s service utilization balance is inaccurate or if the provider or FMSA has run out of available units for billing, they should review claims that were billed prior to July 26, 2023, with DOS that cross multiple IPC service authorization periods. Providers and FMSAs can adjust these claims by correcting and splitting the claim into two claim details. Each claim detail’s DOS and number of units billed should correspond to the appropriate IPC service authorization period and number of units available.

Providers and FMSAs can consult the R&S Report, TexMedConnect’s MESAV, or the X12 270-271 report for help with reconciling billed claim information or checking the client’s service utilization balance.

Refer to the following for assistance with R&S Reports or TexMedConnect:

- R&S Report information can be found on the Texas Medicaid & Healthcare Partnership (TMHP) Learning Management System (LMS). After logging in, search for Remittance and Status (R&S) Reports for LTC Providers: A Quick Reference Guide. Additional information is available on TMHP’s YouTube channel in the HCS and TxHmL waiver programs playlist.
- Instructions for TexMedConnect’s MESAV can be found on the TMHP LTC Reference Material page. Under “User Guides,” click **Long-Term Care (LTC) User Guide for TexMedConnect**.

TMHP can provide a list of claims with DOS that cross multiple IPC service authorization periods. To obtain a list or for any other assistance, call the TMHP LTC Help Desk at 800-626-4117, and select option 1. ■

Long-Term Care and 1915c Waivers Program Home Pages on TMHP.com

Long-term care (LTC) and 1915c Waivers Program have their own dedicated sections on tmhp.com. The content found under Long-Term Care and 1915c Waivers Program at tmhp.com is up to date and includes resources such as news articles, LTC Provider Bulletins, user guides, and webinar information and registration.

Additionally, there are links to the different Texas Medicaid & Healthcare Partnership (TMHP) applications such as TexMedConnect, the LTC Online Portal, the Learning Management System (LMS), and users can search all of tmhp.com.

To locate the Long-Term Care page or the 1915c Waivers Program page, click **Programs** at the top of tmhp.com, and then select **Long-Term Care (LTC)** or **1915c Waivers Programs** from the drop-down box.

The Long-Term Care and 1915c Waivers Program home pages feature recent news articles by category and news articles that have been posted within the last seven days. At the top of the Long-Term Care home page, there is a link to the LTC Online Portal. A link to TexMedConnect can be found on the home page of tmhp.com. Both links require a username and password.

On the left-hand side, there are links to:

- [Provider Bulletins](#), with links to recent Long-Term Care Provider Bulletins.
- [Provider Education](#), which includes a link to the LMS, where providers can find multimedia training content, recorded webinars and associated question-and-answer (Q&A) documents, user guides, and the TMHP YouTube channel.
- [Reference Material](#), including general information, user guides, and frequently asked questions.
- [Forms](#) and form instructions, including the various downloadable forms needed by long-term care providers.

Providers are encouraged to frequently visit tmhp.com for the latest news and information. ■

Provider Resources Guide

The [Long-Term Care \(LTC\) Provider Resources Guide](#) is now available on the Texas Medicaid & Healthcare Partnership (TMHP) website. The *Provider Resources Guide* includes a map of regional areas in Texas, along with the names and contact information of the TMHP provider relations representatives who serve each area. ■

Acronyms in This Issue

Acronym	Definition
ADL	Activities of Daily Living
ARD	Assessment Reference Date
CARE	Registration System
CBT	Computer-based Training
CDS	Consumer-Directed Service
CFC	Community First Choice
CMS	Centers for Medicare & Medicaid Services
DOB	Date of Birth
DOS	Dates of Service
EOB	Explanation of Benefits
FFS	Fee-For-Service
FMSAs	Financial Management Services Agencies
FSI	Form Status Inquiry
HCPCS	Healthcare Common Procedure Coding System
HCS	Home and Community-based Services
HHSC	Texas Health and Human Services Commission
ID	Intellectual Disability
ID/RC	Intellectual Disability Related Condition
IDD	Intellectual and Developmental Disability
IMT	Individual Movement
IPC	Individual Plan of Care
ISS	Individualized Skills and Socialization
LA	Local Authority
LICN	Line Item Control Number
LIDDAs	Local Intellectual and Developmental Disability Authorities
LMS	Learning Management System
LOC	Level of Care
LON	Level of Need
LTC	Long-Term Care
LTCMI	Long-Term Care Medicaid information
LTCOP	Long-Term Care Online Portal
MCOs	Managed Care Organizations
MDS	Minimum Data Set
MESAV	Medicaid Eligibility and Service Authorization Verification
MN/LOC	Medical Necessity and Level of Care
NF	Nursing Facility
OBRA	Omnibus Budget Reconciliation Act

Acronym	Definition
OT	Occupational therapy
PAS/HAB	Personal Assistance Services and Habilitation
PASRR	Preadmission Screening and Resident Review
PC	Purpose Code
Q&A	Question and Answer
RNs	Registered Nurses
R&S	Remittance and Status
RUG	Resource Utilization Group
TMHP	Texas Medicaid & Healthcare Partnership
TxHmL	Texas Home Living
UR	Utilization Review