



LONG-TERM CARE PROVIDER BULLETIN



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Video About Medicaid Eligibility Reports on the LTCOP Dashboard Now Available on YouTube

An educational video focused on Medicaid eligibility reports on the Long-Term Care Online Portal (LTCOP) Dashboard has been added to the Texas Medicaid & Healthcare Partnership's (TMHP's) [Home and Community-based Services \(HCS\) and Texas Home Living \(TxHmL\) YouTube playlist](#). This video, titled "Medicaid Eligibility Reports on the LTCOP Dashboard," is for Long-Term Care (LTC) providers and local intellectual and developmental disability authorities (LIDDAs) and discusses the following topics:

- "Lost/Losing Medicaid by end of month" reports
- "Medicaid Annual Renewal due within 1 year" reports
- How to view the Medicaid recertification date and Medicaid eligibility end date
- How to export data from the LTCOP Dashboard
- Best practices for using the Medicaid eligibility reports

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

RUG to PDPM LTC Transition Training and Certification Information

In April 2022, the Nursing Facility Payment Methodology Advisory Committee (NF PMAC) voted to recommend that the Texas Health and Human Services Commission (HHSC) [transition the payment methodology for nursing facilities from Resource Utilization Group \(RUG\)-III to a Texas version of the Centers for Medicare & Medicaid Services \(CMS\) Payment Driven Payment Model for Long-Term Care \(PDPM LTC\)](#).

PDPM LTC will replace the current RUG methodology effective September 1, 2025, following CMS guidelines. Deadlines for completing the new training and obtaining certification are specified below.

HHSC-Required Training Has Been Updated

The Office of Inspector General (OIG) and HHSC Medicaid and Children's Health Insurance Program (CHIP) Services (MCS) have been working to redesign and update the current training content and delivery mechanism to align with the updated payment methodology.

The redesigned training modules provide information for nursing facility providers and managed care organizations (MCOs) related to the assessors' completion of the MDS, SK-SAI, and MN/LOC assessments. The training also covers fraud, waste, and abuse in Medicaid. Currently the assessors register for and access the certification training through Texas State University's (TXST's) Minimum Data Set Resource Utilization Review Online training course. The current process of accessing the training and receiving a two-year certification through TXST will no longer be in effect.

To align with the implementation of the new PDPM LTC methodology, OIG and HHSC will host the updated trainings (exact location to be determined), beginning no later than September 1, 2025. They will be available at no cost. Information and links for the trainings will be sent out at a later date.

OIG is working with TXST and MCS to ensure this transition is as smooth as possible.

Individuals Affected by the Training Update

This transition impacts Medicaid Nursing Facilities, STAR+PLUS Home and Community Based Services (HCBS), and Medically Dependent Children's Program (MDCP) MCOs. The following individuals must take the updated training:

- Nursing facility registered nurse (RN) assessment coordinators who sign the Long-Term Care Medicaid Information (LTCMI) or successor form or who certify the completeness of a Minimum Data Set (MDS) assessment for Medicaid reimbursement
- Service coordinators who conduct the Medical Necessity/Level of Care (MN/LOC) assessment for STAR+PLUS HCBS
- MCO staff and MCO-contracted staff administering the Medically Dependent Children Program (MDCP) portion of the STAR Kids Screening and Assessment Instrument (SK-SAI)

Deadlines for Completing Training

Assessors who registered for the training before June 16, 2025, will have access to the RUG training at the TXST website and must complete it by August 31, 2025.

Assessors who have not yet registered for the training must complete the new PDPM LTC training by November 30, 2025.

- Assessors attempting to register for the TXST RUG training in August 2025 will be directed to complete a form and will be asked to provide OIG with information such as their first name, last name, license number, license state, email address, course selection, and Community Services-Waivers or Nursing Facility.
- If assessors have a certification that expires before September 1, 2025, they will be granted an extension to take the new training by November 30, 2025.

Beginning September 1, 2025:

- PDPM LTC training will be available online through HHSC (exact location to be determined).
- The interim process for completing a form described in the section above will end.
- Going forward, assessors must access and complete PDPM LTC training as their current RUG certification period ends.
- The training materials will be available at no cost for participants to review.
- Certificates will not be issued for completing the PDPM LTC training.
- New assessors who were certified between June 16, 2025, and August 30, 2025, must complete the new training no later than November 30, 2025.
- Assessors with a certification that expires between September 1, 2025, and November 30, 2025, must complete the new training no later than November 30, 2025.

For all questions or concerns relating to Medicaid Fraud For Nursing Facilities PDPM LTC training, email OIG_UR@hhs.texas.gov.

For questions about PDPM LTC training for STAR+PLUS HCBS and MDCP, email Managed_Care_Initiatives@hhs.texas.gov.

MDS Version 1.20.1 Enhancements Available on the LTC Online Portal October 1, 2025

On October 1, 2025, the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care Online Portal (LTCOP) will implement several enhancements for version 1.20.1 of the Minimum Data Set (MDS). Additionally, updated portable document format (PDF) files of the MDS 3.0 Comprehensive and Quarterly assessments will be available for Assessment Reference Date (ARD, A2300) beginning October 1, 2025.

The following is an overview of the scheduled enhancements:

Section O

The following enhancements will be implemented for section O:

- **O0390. Therapy Services** will be added. This is a new checklist for therapy services received by residents.
- **O0400. Therapies** will be revised to focus on days of respiratory therapy.
- **O0420. Distinct Calendar Days of Therapy** will be removed.

Section A

The following enhancements will be implemented for section A:

- **A0800. Gender** will be replaced with A0810. Sex.
- **A1255. Transportation** will be added. This is new dropdown field.

Section I

- **I7900. None of the Above** will be added.

Section X

- **X0300. Gender** will be replaced with X0310. Sex.

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

New Computer-Based Trainings for Nursing Facility and Hospice Forms Now Available

New computer-based trainings (CBTs) for nursing facility forms 3618/3619 and Minimum Data Set (MDS)/Long-term Care Medicaid Information (LTCMI) and for hospice forms 3071/3074 are now available.

Providers can access the CBTs on the Texas Medicaid & Healthcare Partnership (TMHP) Learning Management System (LMS) by following these steps:

1. [Log into the LMS](#) using an existing account, or [sign up to create a new account](#).
2. Select the appropriate button to view the CBT in a web browser or to download the file for offline use.

New LMS users can access materials and take courses immediately after they register. Providers can always access CBTs and additional training materials on the LMS.

For LMS access issues, email TMHP LMS support at TMHPTrainingSupport@tmhp.com.

Free Online Continuing Nursing Education for LTC Nurses, Aides, and Administrative Leaders

The Texas Health and Human Services Commission (HHSC) and the University of Texas at Austin School of Nursing are pleased to announce a collaborative effort to improve long-term care (LTC) in Texas. This partnership includes eight web-based courses delivering best-practices education to LTC providers 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](#).

Save the Date! 2025 Quality in LTC Conference



The 2025 Quality in Long-Term Care Conference (QLTCC) will be held at the Renaissance Austin Hotel from August 27–28, 2025.

This year's theme is "Blazing a Trail to Quality Improvement in Long-Term Care."

The QLTCC offers presentations from nationally and internationally recognized experts.

The topics include caring for people with dementia, infection prevention and control, current health care trends, and cutting-edge advances in long-term care, aging, and disabilities. Please be aware that to continue providing quality programming of this caliber, it has become necessary to charge a registration

fee. We thank you for your understanding and for your continued support of this program. Continuing education credits are available for multiple disciplines. Both in-person and virtual options are also available. [Registration](#) opens June 2, 2025. Stay tuned for updates!

[Email UT Steve Hicks School of Social Work](#) for more information about this event.

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 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 directly at learn.tmhp.com or through the [TMHP website](#).

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 TMHPTraining-Support@tmhp.com.

Webinars and CBTs Available for LAs, MCOs, and Nursing Facility, Hospice, Community Services Waiver Program, and HCS and TxHmL Program Providers

Long-term care (LTC) training sessions are available in webinar or computer-based training (CBT) 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 (LAs) involved in NF PASRR, and managed care organizations (MCOs).

The trainings that are currently offered include:

- [LTC Nursing Facility Forms 3618/3619 and MDS/LTCMI CBT](#) – Provides information on the sequencing of documents, provider workflow process and rejection messages, correcting and inactivating forms, and the purpose of the forms.
- [LTC Nursing Facility PASRR CBT](#) - This informative, interactive CBT will replace the two-part PASRR webinar as the companion training to the LTC PASRR User Guide. The CBT will cover the same topics as the webinar, including the PL1 Screening Form, using the NFSS form to request authorization for specialized services, completing the PCSP form, determining medical necessity (MN) and appealing MN decisions using the fair hearing process, how to monitor system alerts, and more. This CBT will be published on the TMHP Learning Management System (LMS), and provider notifications will be posted on TMHP.com and in this bulletin.
- [LTC Hospice Forms 3071/3074 CBT](#) – Provides information on the sequencing of documents, the purpose of the forms, 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 or CBT 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. ■

Coming Soon: LTCOP Transitioning from RUG to PDPM LTC for NF Residents

On September 1, 2025, the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care Online Portal (LTCOP) will transition from the current Resource Utilization Group (RUG) to the Patient Driven Payment Model (PDPM) Long-term Care (LTC) methodology for nursing facility (NF) daily care reimbursement.

In 2020, the Texas Health and Human Services Commission (HHSC) Provider Finance Department convened the Nursing Facility Payment Methodology Advisory Committee (NF-PMAC) to gather external feedback on alternative NF payment methods to the RUG. The NF-PMAC, comprised of NF owners, NF associations, and managed care organization (MCO) representatives, met regularly between July 2020 and July 2022. The NF-PMAC voted to recommend the PDPM LTC as the preferred alternative to the RUG methodology. This new methodology aims to enhance care quality by using patient-driven data to calculate daily rates.

In 2023, Rider 25 from the 88th Texas Legislature directed HHSC to implement the approved PDPM LTC methodology.

Overview of the RUG to PDPM LTC Transition

- Release One (August 2024): HHSC worked with TMHP to update the LTCOP to display Section GG of the Minimum Data Set (MDS).
- Release Two (to be effective September 1, 2025):
 - Existing fields on the submitted MDS will be used to calculate the PDPM LTC value where the Assessment Reference Date (ARD) is September 1, 2025, or greater.
 - The PDPM LTC value will be saved in the LTCOP and will be viewable prior to the LTC Medicaid Information (LTCMI) submission.
 - The PDPM LTC value will be transmitted to downstream systems and trading partners for service reimbursement consideration in the same field and format as the legacy RUG value.

Transition Process Details

There will be no hard cutover from RUG to PDPM LTC value. The system will use the ARD to determine which methodology to apply. When PDPM LTC takes effect on September 1, 2025, members who are currently receiving services under RUG-based assessments will continue under that methodology until they undergo reassessment. PDPM LTC will be calculated using data submitted through the existing MDS submission process. For new NF residents and those reassessed on or after September 1, 2025, RUG levels will no longer be calculated, and only PDPM LTC levels will be applied. RUG levels are expected to be fully phased out and will no longer be used after all members transition to PDPM LTC.

New NF Daily Care Bill Codes

New bill codes will be introduced September 1, 2025, for NF daily care services corresponding to the new PDPM LTC levels. HHSC has also developed enhanced rates for the reimbursement of claims for residents with an HIV/AIDS diagnosis. Separate bill codes will be used for these claims. Claim templates will require updates as residents transition to PDPM LTC from RUG.

Post-Transition Requirements

NFs will continue to be required to complete the following:

- MDS Omnibus Budget Reconciliation Act (OBRA) assessments, as directed by the federal Centers for Medicare & Medicaid Services (CMS) Resident Assessment Instrument (RAI) manual.
- Section LTCMI.

Note: Section RUG will be disabled.

PDPM Resources

More information about the upcoming changes will be available in future articles on the TMHP [LTC web page](#).

A new patient driven payment model (PDPM) long-term care (LTC) calculation worksheet is now available.

Providers can access the worksheet on the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care [Reference Material web page](#) in the “General Information” section.

The HHSC Provider Finance Department’s [PDPM web page](#) includes additional details related to PDPM LTC development and the associated rates for Medicaid NF daily care.

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

Coming Soon: LTCOP Transitioning from RUG to PDPM LTC for STAR Kids and STAR+PLUS Waivers

On September 1, 2025, the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care Online Portal (LTCOP) will transition from the current Resource Utilization Group (RUG) to the State of Texas Patient Driven Payment Model (PDPM) for STAR Kids and STAR+PLUS Waivers reimbursement.

The Medical Necessity Level of Care (MN/LOC) and STAR Kids Screening and Assessment Instrument (SK-SAI) forms will be updated to reflect the PDPM LTC transition.

Note: The MN/LOC form version will not change, but a new SK-SAI form version will be implemented.

PDPM LTC Transition Background

In 2020, the Texas Health and Human Services Commission (HHSC) Provider Finance Department convened the Nursing Facility Payment Methodology Advisory Committee (NF-PMAC) to gather external feedback on alternative NF payment methods to RUG. The NF-PMAC, comprised of NF owners, NF associations, and managed care organization (MCO) representatives, met regularly between July 2020

and July 2022. The NF-PMAC voted to recommend the PDPM LTC as the preferred RUG alternative methodology. This new methodology aims to enhance care quality by using patient-driven data to calculate daily rates. Waiver programs will use a similar payment methodology as NF.

In 2023, Rider 25 from the 88th Texas Legislature directed HHSC to implement the approved PDPM LTC methodology.

Overview of the RUG to PDPM LTC Transition for STAR+PLUS

- New and existing MN/LOC form fields will be used to calculate the PDPM LTC value where the submission date is September 1, 2025, or greater.
- The PDPM LTC value will be transmitted to downstream systems and trading partners for service reimbursement consideration in the same field and format as the legacy RUG value.
- Section GG will be added to the updated MN/LOC form.
- Drafts saved before September 1, 2025, and reopened for edits on or after September 1, 2025, will be automatically updated to reflect the MN/LOC form changes, including the addition of Section GG.
- The printable version of the updated MN/LOC form will display the changes, including Section GG.
- Section G will be hidden for submissions made on or after September 1, 2025. It will be displayed for assessments submitted before that date, but it will not be editable.
- The tool tips under fields S5b, S5e, S5i, and S5l will be updated with additional language for better clarification.
- The Home and Community-Based Services (HCBS) STAR+PLUS Waiver Individual Service Plan (ISP) (H1700) form will calculate and display different scores based on which MN/LOC version was used:
 - H1700s will show a RUG score if they are linked to MN/LOC assessments submitted before September 1, 2025.
 - H1700s will show a PDPM LTC score if they are linked to MN/LOC assessments submitted on or after September 1, 2025.

Overview of the RUG to PDPM LTC Transition for STAR Kids

- New and existing SK SAI assessment fields in Section O. MDCP RELATED ITEMS will be used to calculate the PDPM LTC value when the submission dates are on or after September 1, 2025.
- The PDPM LTC value will be transmitted to downstream systems and trading partners for service reimbursement consideration in the same field and format as the legacy RUG value.
- Section Q of the core module will be updated to include a new field: Q6c. “MDCP PDPM Calculation Required?” Additionally, Question Q6b. “MDCP RUG Calculation Required?” will no longer be displayed.
- The Star Kids ISP (SK-ISP) form will display different scores based on which SK-SAI version was used:
 - SK-ISPs will show a RUG score if they are linked to SK-SAI assessments submitted before September 1, 2025.
 - SK-ISPs will show a PDPM LTC score if they are linked to SK-SAI assessments submitted on or after September 1, 2025.

Transition Process Details

There will be no hard cutover from RUG to PDPM LTC value. The system will use the submission date to determine which methodology to apply. When PDPM LTC takes effect on September 1, 2025, members who are currently receiving services under RUG-based assessments will continue under that methodology until they undergo reassessment. For new members and those reassessed on or after September 1, 2025, RUG levels will no longer be calculated, and only PDPM LTC levels will be applied. RUG levels are expected to be fully phased out and will no longer be used after all members transition to PDPM LTC.

PDPM Resources

More information about the upcoming changes will be available in future articles on the TMHP [LTC web page](#).

The HHSC Provider Finance Department's [PDPM web page](#) contains additional details related to PDPM LTC development.

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

Now Available: LTCOP Enhancements for HCS and TxHmL Waiver Programs

On January 17, 2025, the Texas Medicaid & Healthcare Partnership (TMHP) implemented several enhancements to the TMHP Long-Term Care Online Portal (LTCOP).

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

Form Processing Improvements

The LTCOP Home and Community-based Services (HCS) and Texas Home Living (TxHmL) enrollment form submission sequence has been streamlined. Local intellectual and developmental disability authorities (LIDDAs) are required to submit the pre-enrollment form first, followed by the 8578 Intellectual Disability Related Condition (ID/RC) Assessment Purpose Code (PC) 2. The LIDDA may now only submit the initial Individual Plan of Care (IPC) if the PC2 is approved.

This reduces processing delays caused by incorrect form submission order and ensures that the enrollment forms pair correctly.

The Prov/Individual Info tab on 8578 ID/RC assessments has been updated to autofill with the submission and end dates of the existing cycle for PC4 submissions.

This ensures that the correct IPC cycle dates are displayed, reducing confusion, billing holds, and delays.

The Texas Health and Human Services Commission (HHSC) Utilization Review (UR) staff can now release timeliness holds without requiring assistance from Provider Claims Services (PCS).

This minimizes delays related to timeliness holds that the UR has determined were outside the provider's control.

Medicaid Eligibility Reporting Improvements

The “Medicaid Eligibility” and “Medicaid Eligibility due in 90 days” reports on the LTCOP Dashboard have been streamlined and enhanced. This enhancement adds a Medicaid recertification column to each report, extends data pull ranges, and makes report titles more descriptive.

This reduces the administrative workload, provides more accurate and detailed reports, and prevents people from losing Medicaid coverage due to missed annual renewals.

Letter Generation Improvements

Level of Need (LON) letters generated after an LON increase has been denied or authorized at a different level than requested have been updated for clarity.

This reduces confusion and assists providers in understanding the assigned LON.

Account Preparation and Additional Resources

To effectively use these changes, HCS and TxHmL providers and LIDDAs that do not have an LTCOP 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).

Providers can use the Provider Quick Reference Contact List for HCS and TxHmL for guidance from HHSC staff who are knowledgeable about the specific issue being addressed.

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.

Medical Necessity for PASRR Positive Preadmission Evaluations

Local authorities (LAs), including local intellectual and developmental disability authorities (LIDDAs), local mental health authorities, local behavioral health authorities, and nursing facilities (NFs) are reminded that medical necessity (MN) is required for an individual to be admitted to an NF with a positive Preadmission Screening and Resident Review (PASRR) Evaluation (PE).

After a Positive PE is submitted into the Texas Medicaid & Healthcare Partnership (TMHP) Long-term Care (LTC) Online Portal, the LA must check the history section to confirm that their MN was approved. An individual must meet MN in order to be admitted to an NF. For the PASRR preadmission process, the TMHP LTC Online Portal must review successfully submitted Preadmission PEs to determine MN for individuals who are PASRR positive. The purpose of preadmissions is to ensure the individual is appropriate for an NF. The NF must decide whether they are willing to serve the individual. Before the NF can make this decision, MN must first be met.

For more information refer to the [LTC PASRR User Guide](#), or call the TMHP LTC Help Desk at 800-626-4117 and select option 1.

Submitting HCS and TxHmL Individual Movement Forms

The Texas Health and Human Services Commission (HHSC) 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) through the Long-Term Care (LTC) Online Portal:

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

These specific purpose codes are designated for local intellectual and developmental disability authority (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 the “Individual Movement Form” section 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 and 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 must manually check the associated PE to see whether it is positive.

NFs 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, the NF must submit a new PL1 Screening Form for the person. This LA can then 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 is important that the NF follows the proper preadmission process.

The LA—and not the NF—is responsible for submitting positive Preadmission PL1 Screening Forms. The NF should not submit positive Preadmission PL1 Screening Forms. **The NF is not allowed to admit the person until they have reviewed the PE, confirmed that MN 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@hhs.texas.gov.

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 as follows:

1. Locate the PL1 Screening Form using the **Document Locator Number (DLN)** provided.
2. Once the PL1 Screening Form is pulled up, click **Update Form** 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 **Submit Form** 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 **Update Form** 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 the steps have been completed, click **Submit Form** at the bottom of the screen, and the PL1 Screening Form will be inactivated.

For questions, email the PASRR Unit at PASRR.Support@hhs.texas.gov.

Coronavirus (COVID-19)

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

Eligibility Information Available for LTC Providers and LIDDAs

As a reminder, Long-term Care (LTC) 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 LTC services.

Listed below are the most common eligibility types that are valid for hospice and most other LTC 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 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).

For a list of acceptable Medicaid Coverage Codes and Program Types for Home and Community-based Services (HCS) or Texas Home Living (TxHmL) enrollment, please refer to the Texas Medicaid webpage [11000, Maintaining Medicaid Eligibility](#).

Note: Medicaid Buy-In for Children (Program Type 88) is allowable for TxHmL ONLY.

For more information on TexMedConnect and using MESAV, call the Texas Medicaid & Healthcare Partnership (TMHP) LTC Help Desk at 800-626-4117, option 1.

Proper Handling of Medicaid Overpayments by LTC FFS 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 deduction. If the adjustment claim has been processed to A or T status but 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 (PRH) to determine the appropriate method for refunding the money. Providers should always contact HHSC PRH 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)

LTC and 1915c Waiver Program Home Pages on TMHP.com

The Long-term Care (LTC) and 1915c Waiver Program have their own dedicated sections on tmhp.com. The content found on the LTC and 1915c Waiver 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.

Users can also find links to the different Texas Medicaid & Healthcare Partnership (TMHP) applications such as TexMedConnect, the LTC Online Portal, and the Learning Management System (LMS), and do a full search of tmhp.com.

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

The LTC and 1915c Waiver 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 LTC home page 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 LTC 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 LTC 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 available on the Texas Medicaid & Healthcare Partnership (TMHP) website and includes information on how to request assistance from the TMHP provider relations representatives. ■

Acronyms in This Issue

Acronym	Definition
ARD	Assessment Reference Date
CBT	Computer-Based Training
CHIP	Medicaid and Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
DOB	Date of Birth
EOB	Explanation of Benefits
FFS	Fee-For-Service
HCBS	Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System
HCS	Home and Community-Based Services
HHSC	Texas Health and Human Services Commission
ID/RC	Intellectual Disability Related Condition
IMTs	Individual Movement Forms
IPC	Individual Plan of Care
ISP	Individual Service Plan
LA	Local Authority
LIDDA	Local Intellectual and Developmental Disability Authority
LMS	Learning Management System
LON	Level of Need
LTC	Long-Term Care
LTCMI	Long-Term Care Medicaid Information
LTCOP	Long-Term Care Online Portal
MCO	Managed Care Organization
MDCP	Medically Dependent Children Program
MDS	Minimum Data Set
MESAV	Medicaid Eligibility and Service Authorization Verification
MN	Medical Necessity
MN/LOC	Medical Necessity Level of Care
NF	Nursing Facility
NF PMAC	Nursing Facility Payment Methodology Advisory Committee
OBRA	MDS Omnibus Budget Reconciliation Act
OIG	Office of Inspector General
PASRR	Preadmission Screening and Resident Review
PE	Evaluation
PC	Purpose Code
PCS	Provider Claims Services

Acronym	Definition
PDF	Portable Document Format
PDPM	Patient Driven Payment Model
PE	PASRR Evaluation
PL1	PASRR Level 1
Q&A	Question-and-Answer