



LONG-TERM CARE PROVIDER BULLETIN



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Coming Soon: LTCOP Transitioning from RUG Methodology to PDPM LTC for Nursing Facility Providers

On September 1, 2025, the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal will transition from the current Resource Utilization Group (RUG) methodology system to the Patient Driven Payment Model (PDPM) Long-Term Care model for nursing facility daily care. This new methodology aims to enhance care quality by using patient-driven data to calculate daily rates. Nursing Facility Waivers in the Medicaid program will also transition to PDPM LTC.

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

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

Correction to “LTC Dashboard Data Export Report Column Names”

This is a communication to Home and Community-based Services and Texas Home Living program providers and local intellectual and developmental disability authorities regarding the Excel Export Reports on the Long-Term Care (LTC) Dashboard.

On June 21, 2024, two mislabeled column names were corrected on several LTC Dashboard Data Export Reports:

- Column O – Previously mislabeled as ‘Medicaid Eligibility End Date’ is now correctly labeled as ‘Last Billed Date;’ and
- Column P – Previously mislabeled as ‘Last Billed Date’ is now correctly labeled as ‘Medicaid Eligibility End Date.’

The corrected column names are reflected on the following LTC Dashboard Data Export Reports:

Past Due

- Medicaid Eligibility
- LOC/LON Assignment
- Individual Plan of Care

Due

- Medicaid Eligibility due in 90 days
- LOC/LON Assignment due in 60 days
- Individual Plan of Care due in 60 days

Exceptions

- Suspension Over 30 days
- Pending Termination Over 60 days
- NO Billed Svcs. Over 60 days

Other Dashboard Data

- Individual by Program
- Individual by LA
- Individual by WCA
- Individual by Status

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

TRAINING AND EVENTS

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 and then option 7).

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 and CBTs 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 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 involved in NF PASRR, and managed care organizations (MCOs).

The webinars that are currently offered include:

- [LTC Nursing Facility Forms 3618/3619 and MDS/LTCMI CBT](#) – 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 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 Forms 3071/3074 CBT](#) – 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 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. ■

REMINDERS

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:

- IMT-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, confirm 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. ■

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

The federal Centers for Medicare & Medicaid Services (CMS) implemented changes to the Minimum Data Set (MDS) 3.0, effective on October 1, 2024. The Texas Health and Human Services Commission (HHSC) worked 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 to 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 were available October 2, 2024. Updated versions of the viewable and printable PDFs are now available.

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 were added, deleted, or modified:

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

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)

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
R or P 13	R or P 40	R or P 79	R or P 97

Home and Community-Based Services (HCS)

R or P 14*	R or P 43	R or P 81	R or P 98
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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.

For more information on TexMedConnect and using MESAV, call the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care Help Desk at 800-626-4117, 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 available on the Texas Medicaid & Healthcare Partnership (TMHP) website. The *Provider Resources Guide* includes information on how to request assistance from the TMHP provider relations representatives. ■

Acronyms in This Issue

Acronym	Definition
ADL	Activities of Daily Living
ARD	Assessment Reference Date
CARE	Client Assignment and Registration System
CBT	Computer-based Training
CDS	Consumer-Directed Services
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

Acronym	Definition
OBRA	Omnibus Budget Reconciliation Act
OT	Occupational therapy
PAS/HAB	Personal Assistance Services and Habilitation
PASRR	Preadmission Screening and Resident Review
PC	Purpose Code
PDPM	Patient Driven Payment Model
PE	PASRR Evaluation
PES	Program Eligibility and Support
PT	Physical Therapy
Q&A	Question and Answer
RE	Referring Entity
RNs	Registered Nurses
R&S	Remittance and Status
RUG	Resource Utilization Group
TMHP	Texas Medicaid & Healthcare Partnership
TxHmL	Texas Home Living
UR	Utilization Review