



LONG-TERM CARE PROVIDER BULLETIN



TEXAS
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Services

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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 this website 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 following [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 crosses 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, contact the TMHP LTC Help Desk at 800-626-4117, and select option 1. ■

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) and Texas Home Living (TxHmL) program providers, and local intellectual and developmental disability authorities (LIDDAs) who 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 this function is not performed, there will be a delay in the form processing.

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. ■

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). ■

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 this website 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 is 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
- Working with data in the Claims Data Export

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

Changes to LTC Online Portal MDS 3.0 Will Be Available on the LTC Online Portal April 1, 2024

The federal Centers for Medicare & Medicaid Services (CMS) deployed changes to the Minimum Data Set (MDS) 3.0, effective on October 1, 2023. 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 that display the relevant revisions 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 April 1, 2024. Updated versions of the viewable and printable PDFs will also be available April 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. The Date Signed as Complete (Z0500b) is the date used 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 A		
A1005, A1010, A1110, A1250, A1805, A2105, A2121, A2122, A2123, A2124		A0300A, A1000, A1100, A1800, A2100
Section B		
B1300	B0100	
Section C		
		C0900D and C1310
Section D		
D0150, D0160, D0700	D0100, D0500, D0500F, D0500H	D0200, D0300
Section F		
	F0700^	
Section G		
		G0110, G0120, G0300, G0400, G0600, G0900^
Section J		
J0410, J0510, J0520, J0530	J0300, J0700, J2800	J0400, J0500A, J0500B, J0600
Section K		
K0520	K0710	K0510
Section N		
N0415	N0300	N0410

New Items	Modified Items	Deleted Items
Section O		
O0110		O0100, O0600, O0700
Section Q		
Q0110, Q0310A, Q0310B, Q0500C, Q0550C, Q0610, Q0620	Q0400, Q0490, Q0500B, Q0550A, Q0550B	Q0100A, Q0100B, Q0100C, Q0300A, Q0300B, Q0600
Section V		
	V0100E^	
Section X		
		X0570A

Note: ^ Applies to the comprehensive assessment; not applicable to the quarterly assessment

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

Clarification on HCS and TxHmL IPCs Status in “Pending DADS Review”

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 required of submitters and how these actions run parallel to processes in the Intellectual Disability (ID) Client Assignment and Registration System (CARE).

Renewal and Revision IPCs

Renewal and Revision IPCs that have the status of either “*Pending DADS Review*” or “*Pending Coach Review*” require action from the submitter. This action is typically 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:

- IPC Cover Sheet (form 8599, which can be found at the [Form 8599, Individual Plan of Care \(IPC\) Cover Sheet](#) page on the Texas Health and Human Services (HHS) website)
- Copy of signed IPC, all pages
- Person-Directed Plan
- Implementation Plans for all services on the IPC (including breakdown of nursing and behavior hours, if requesting)

A packet *may* need to include, depending on the services requested:

- Comprehensive Nursing Assessment ([Form 8548](#) or a form with all of the same elements) for nursing hours
- Occupational Therapy (OT) evaluation, treatment plan, or assessment (include orders) for OT hours
- Physical Therapy (PT) evaluation, treatment plan, or assessment (include orders) for PT hours
- Speech/Language Therapy evaluation, plan, or assessment (include orders) for Speech hours
- Dietary evaluation for dietary hours (include orders)
- Dental treatment plan, if applicable
- Behavior Support Plan for Behavioral Support hours that meets HHSC criteria
- PAS/Hab (Personal Assistance Services/Habilitation) Assessment (form 8510) for PAS/Hab hours
- Transportation Plan (form 3598) for Transportation hours
- Audiology Treatment plan (and 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 requesting, including the following:
 - 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 using an annual vendor, 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.
 - Please see Section 6100 of the [HCS Billing Requirements](#) for more information.
- All documentation for Minor Home Modifications, if requesting, including the following:
 - Specifications from a recommendation by a licensed professional.
 - 3 bids based on the specifications.
 - Please see Section 6200 of the [HCS Billing Requirements](#) for more information.

Enrollment and Transfer IPCs

Enrollment and transfer IPCs remain in “*Pending DADS Review*” 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:

- Request for Transfer of Waiver Program Services (form 3617)
- *HCS Only*: IPC – HCS/Community First Choice (CFC) (form 3608)
- *TxHmL Only*: IPC – 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/Documentation Submission Details

The most efficient mode of submission for HCS/TxHmL documentation is through the IDD Operations Portal. To learn how to register and use the IDD Operations Portal or for answers to any questions, please visit <https://hhs.texas.gov/doing-business-hhs/provider-portals/resources/idd-ops-portal> or email IDD_Ops_Portal@hhsc.state.tx.us. Packets may also be submitted via fax at 512-438-4249.

Questions

For questions about review packets, submitters can contact UR at 512-438-5055 or email deskURLONIPC@hhs.texas.gov.

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

Provider Webinar Available

To access a recording of the “TMHP LTC Portal for HCS/TxHmL Providers and FMSAs” webinar, please visit the [HCS and TxHmL Webinars and FAQs](#) web page. HHSC discussed this topic on December 8, 2022.



Coronavirus (COVID-19)

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

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. Continuing education credit for multiple disciplines will be provided for this event. The 2024 Quality in Long-Term Care Conference will be held at the Renaissance Austin Hotel on August 28–29, 2024. 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 will be available online at www.hhs.texas.gov/QMP in Spring 2024. If you have questions about this event, email the UT Steve Hicks School of Social Work at qltcc@austin.utexas.edu.



Join us for a free in-person conference.

2024
Quality in
Long-Term Care
CONFERENCE

SAVE THE DATE

Aug. 28–29

Renaissance Austin Hotel
9721 Arboretum Blvd. | Austin, Texas 78759

TEXAS The University of Texas at Austin Steve Hicks School of Social Work

TEXAS Health and Human Services

2400071

For more information about this event, email UT Steve Hicks School of Social Work at qltcc@austin.utexas.edu.

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 able 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 current volume of enrollments and completions.

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

Computer-Based Training on the Texas Medicaid & Healthcare Partnership 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 are able to 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 Programs 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, 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. ■

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) are no longer able to 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 are no longer able to 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) 2
- 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 are no longer able to 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 the Texas Health and Human Services Commission (HHSC) staff.

5. Users are no longer allowed to 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 are no longer allowed to 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 is now able to remand 3608 or 8582 IPC enrollment forms to LIDDAs for corrections prior to processing the form. LIDDAs will be able to 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 is now able to 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 TexMedConnect Medicaid Eligibility Service Authorization Verification (MESAV) system.

3. Providers and LIDDAs are now able to 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 are now able to 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 are now able to 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 are now able to 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 are now able to 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 is now able to 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 are now able to 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 spans 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 are now able to 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 are required to 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 are now able to 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 are now able to 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 are now able to 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 are now able to 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

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 (select option 1 and then woption 7). ■

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 (select option 1 and then option 7). ■

Changes to MDS Assessments on the TMHP LTC Online Portal Effective October 1

On October 1, 2023, the Texas Medicaid & Healthcare Partnership (TMHP) implemented the following changes to the Minimum Data Set (MDS) comprehensive and quarterly assessments on the Long-Term Care Online Portal (LTCOP).

TMHP updated 55 fields in the Resource Utilization Group (RUG) section to allow users to manually enter and validate data. Previously, these fields were read-only and autofilled with data from the Centers for Medicare & Medicaid Services (CMS) extract files. Following the update, the fields are no longer autofilled on MDS Omnibus Budget Reconciliation Act (OBRA) assessments with an assessment reference date (ARD) on or after October 1, 2023, and users are required to enter the data into the LTCOP.

The following items in the RUG section contain updated fields requiring that data be submitted manually:

- D0200 Resident Mood Interview
- D0300 Total Severity Score
- G0110 Activities of Daily Living (ADL) Assistance
- K0510 Nutritional Approaches
- O0100 Special Treatments, Procedures and Programs
- O0400. Therapies
- O0600 Physical Examinations
- O0700 Physician Orders

Note: All other fields in the RUG section will continue to be autofilled and read-only.

Providers that are using a third-party vendor for long-term care Medicaid information (LTCMI) submissions must ensure that the vendor is aware of these changes and coordinate RUG field submission with them.

The LTCMI and RUG sections must be completed at the same time for the MDS to move forward in the Medical Necessity workflow. Failure to complete required fields in either section will result in submission errors.

Note: Users currently complete the LTCMI section on the LTCOP, and there will be no change to this process.

If you have questions, contact the TMHP LTC Help Desk at 800-626-4117 (select option 1 and then option 7). ■

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
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.

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. ■

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 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 processes 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)

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. All of the content found under Long-Term Care and 1915c Waivers Program at tmhp.com is up-to-date information and 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 the ability to 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 of these 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, which includes 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. ■

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

Acronym	Definition
NF	Nursing Facility
OT	Occupational Therapy
OBRA	Omnibus Budget Reconciliation Act
PAS/Hab	Personal Assistance Services/Habilitation
PT	Physical Therapy
PES	Program Eligibility and Support
PC	Purpose Code
Q&A	Question and Answer
RNs	Registered Nurses
R&S	Remittance and Status
RUG	Resource Utilization Group
HHSC	Texas Health and Human Services Commission
TxHmL	Texas Home Living
TxHmL	Texas Home Living
TMHP	Texas Medicaid & Healthcare Partnership
UR	Utilization Review