

## PASRR Comprehensive Service Plan (PCSP) Form

PCSP		
Submitter Information		
<b>A0100. Name</b>	<input style="width: 100%;" type="text"/>	
<b>A0200. Address</b>	<input style="width: 100%;" type="text"/>	
<b>A0300. NPI/API No.</b>	<input style="width: 100%;" type="text"/>	
<b>A0400. Provider No.</b>	<input style="width: 100%;" type="text"/>	
<b>A0500. Vendor No.</b>	<input style="width: 100%;" type="text"/>	
<b>A0600. County</b>	<input style="width: 100%;" type="text"/>	
Meeting Information		
<b>Type of Meeting</b>	<b>Reason Code</b>	<b>Transition To</b>
1. Initial IDT/SPT 2. Annual IDT/SPT 3. Quarterly 4. LA Update 5. Invalid (selected only by the system)	1. Change in Medical Condition 2. Change in Service 3. Deceased 4. Discharged 5. Refusal of Habilitation Coordination 6. Transfer 7. Transition 8. Refusal of MI Specialized Services	1. CLASS (SG 2) 2. PACE (SG 11) 3. DBMD (SG 16) 4. MDCP (SG 18) 5. STAR+Plus (SG 19) 6. HCS (SG 21) 7. TxHmL (SG 22) 8. YES (DSHS Waiver) 9. Other
<b>A0700. Type of Meeting</b>	<input style="width: 100%;" type="text"/>	
<b>A0800. Date of Meeting</b>	<input style="width: 100%;" type="text"/>	
<b>A0810. Medicaid Eligibility</b>	<input style="width: 100%;" type="text"/> 0. ME Not Found    1. ME Confirmed    2. ME Undetermined (selected only by the system)	
<b>A0900. Reason Code</b>	<input style="width: 100%;" type="text"/>	
<b>A1000. Transition To</b>	<input style="width: 100%;" type="text"/>	
<b>A1100. Other</b>	<input style="width: 100%;" type="text"/>	
<b>A1200. Date of Event</b>	<input style="width: 100%;" type="text"/>	
Nursing Facility Information		
<b>A1300. Provider No.</b>	<input style="width: 100%;" type="text"/>	
<b>A1400. Vendor No.</b>	<input style="width: 100%;" type="text"/>	
<b>A1500. NPI No.</b>	<input style="width: 100%;" type="text"/>	
<b>A1600. Facility Name</b>	<input style="width: 100%;" type="text"/>	

## PASRR Comprehensive Service Plan (PCSP) Form

### Local Authority Information

#### A1700. LA-MI Information

A. LA-MI Provider No.

B. LA-MI Vendor No.

C. LA-MI NPI/API No.

#### A1800. LA-IDD Information

A. LA-IDD Provider No.

B. LA-IDD Vendor No.

C. LA-IDD NPI/API No.

### Individual Information

#### A1900. Individual Name

A. First Name

B. Middle Initial

C. Last Name

D. Suffix

**A2000. Social Security No.**

**A2100. Medicare No.**

**A2200. Medicaid No.**

**A2300. Birth Date**

**A2400. Individual is PASRR positive for:**


1. IDD only   2. MI only   3. IDD and MI

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### Participants Information

#### A2500. Meeting Participation

*Identify all meeting participants:*

**A. Participant Type**

- 1. Individual
- 2. LA - IDD
- 3. LA - MI
- 4. Legally Authorized Representative
- 5. Nursing Facility - RN
- 6. Nursing Facility
- 7. Specialized Services Provider
- 8. Other
- 9. LIDDA - Habilitation Coordinator

**B. Attendance Type**

- 1. Yes - Attended in person
- 2. Yes - Attended via phone
- 3. No - Did not attend
- 4. No - Declined

**C. Title**

- 1. Diversion Coordinator
- 2. Habilitation Coordinator
- 3. Licensed Clinical Social Worker (LCSW)
- 4. Licensed Professional Counselor (LPC)
- 5. Licensed Psychologist
- 6. Occupational Therapist
- 7. Physical Therapist
- 8. Physician (MD or DO)
- 9. Qualified Mental Health Professional (QMHP)
- 10. Registered Nurse (RN)
- 11. Service Coordinator
- 12. Speech Therapist
- 13. Other
- 14. N/A
- 15. Qualified Intellectual Disability Professional (QIDP)

	A.	B.	C.	D. Other	E. Full Name	F. Type of Meeting	G. Date of Meeting
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PASRR Comprehensive Service Plan (PCSP) Form

### Alternate Placement Consideration

#### A2600. Alternate Placement Consideration

	1. PASRR Evaluation	2. Meeting Type <input style="width: 100%;" type="text"/>
		Date of Meeting = <input style="width: 80%;" type="text"/>
A. Individual Is Best Served In	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="checkbox"/> 0. Nursing Facility <input style="width: 50%;" type="checkbox"/> 1. Community Setting
B. Does the Individual wish to transition into the community?	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="checkbox"/> 0. No <input style="width: 50%;" type="checkbox"/> 1. Yes

### Specialized Services Information

#### A2700. Nursing Facility Specialized Services Indication

Complete only if A2400 = '1. IDD only' or '3. IDD and MI'.

	1. PASRR Evaluation	2. Meeting Type <input style="width: 100%;" type="text"/>
		Date of Meeting = <input style="width: 80%;" type="text"/>
A. I certify that the need for all rehabilitative therapies (not rehabilitative therapies) were discussed.	<input type="checkbox"/>	<input type="checkbox"/>

Options for the drop-downs for the Specialized Services

- |                           |                 |                  |               |
|---------------------------|-----------------|------------------|---------------|
| 1. Individual/LAR Refused | 3. Ongoing      | 5. Item Received | 7. Not Needed |
| 2. New                    | 4. Discontinued | 6. Pending       | 8. Completed  |

#### A2800. Nursing Facility Specialized Services

For each service, select the appropriate option from the drop-down list.

	1. PASRR Evaluation	2. Meeting Type <input style="width: 100%;" type="text"/>
		Date of Meeting = <input style="width: 80%;" type="text"/>
A. Individual/LAR Refused all Services	<input type="checkbox"/>	<input type="checkbox"/>
B. Customized Manual Wheelchair (CMWC)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
C. Durable Medical Equipment (DME)	<input type="checkbox"/>	Please See Below
D. Specialized Assessment Occupational Therapy (OT)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
E. Specialized Assessment Physical Therapy (PT)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
F. Specialized Assessment Speech Therapy (ST)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
G. Specialized Occupational Therapy (OT)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
H. Specialized Physical Therapy (PT)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
I. Specialized Speech Therapy (ST)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

## PASRR Comprehensive Service Plan (PCSP) Form

**A2900. Durable Medical Equipment (DME)**

For each service, select the appropriate option from the drop-down list.

	1. PASRR Evaluation	2. Meeting Type <input style="width: 100%;" type="text"/>
		Date of Meeting = <input style="width: 100%;" type="text"/>
A. Gait Trainer	<input type="checkbox"/>	<input type="checkbox"/>
B. Orthotic Device	<input type="checkbox"/>	<input type="checkbox"/>
C. Positioning Wedge	<input type="checkbox"/>	<input type="checkbox"/>
D. Prosthetic Device	<input type="checkbox"/>	<input type="checkbox"/>
E. Special Needs Car Seat or Travel Restraint	<input type="checkbox"/>	<input type="checkbox"/>
F. Specialized or Treated Pressure-Reducing Support Surface Mattress	<input type="checkbox"/>	<input type="checkbox"/>
G. Standing Board/Frame	<input type="checkbox"/>	<input type="checkbox"/>

**A3000. IDD Specialized Services**

For each service, select the appropriate option from the drop-down list.

	1. PASRR Evaluation	2. Meeting Type <input style="width: 100%;" type="text"/>
		Date of Meeting = <input style="width: 100%;" type="text"/>
A. Individual/LAR Refused all Services	<input type="checkbox"/>	<input type="checkbox"/>
B. Alternate Placement Services	<input type="checkbox"/>	<input type="checkbox"/>
C. Behavioral Support	<input type="checkbox"/>	<input type="checkbox"/>
D. Day Habilitation	<input type="checkbox"/>	<input type="checkbox"/>
E. Employment Assistance	<input type="checkbox"/>	<input type="checkbox"/>
F. Habilitation Coordination	<input type="checkbox"/>	<input type="checkbox"/>
G. Independent Living Skills Training	<input type="checkbox"/>	<input type="checkbox"/>
H. Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>
I. Supported Employment	<input type="checkbox"/>	<input type="checkbox"/>

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**A3100. MI Specialized Services**

For each service, select the appropriate option from the drop-down list.

	1. PASRR Evaluation	2. Meeting Type <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> Date of Meeting = <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>
A. Individual/LAR Refused all Services	<input type="checkbox"/>	<input type="checkbox"/>
B. Group Skills Training	<input type="checkbox"/>	<input type="checkbox"/>
C. Individual Skills Training	<input type="checkbox"/>	<input type="checkbox"/>
D. Intensive Case Management	<input type="checkbox"/>	<input type="checkbox"/>
E. Medication Training (Group)	<input type="checkbox"/>	<input type="checkbox"/>
F. Medication Training (Individual)	<input type="checkbox"/>	<input type="checkbox"/>
G. Medication Training & Support Services (Group)	<input type="checkbox"/>	<input type="checkbox"/>
H. Medication Training & Support Services (Individual)	<input type="checkbox"/>	<input type="checkbox"/>
I. Psychiatric Diagnostic Examination	<input type="checkbox"/>	<input type="checkbox"/>
J. Psychosocial Rehabilitative Services (Group)	<input type="checkbox"/>	<input type="checkbox"/>
K. Psychosocial Rehabilitative Services (Individual)	<input type="checkbox"/>	<input type="checkbox"/>
L. Routine Case Management	<input type="checkbox"/>	<input type="checkbox"/>
M. Skills Training & Development (Group)	<input type="checkbox"/>	<input type="checkbox"/>
N. Skills Training & Development (Individual)	<input type="checkbox"/>	<input type="checkbox"/>

**A3110. Additional MI Specialized Services**

For each service, select the appropriate option from the drop-down list.

	1. PASRR Evaluation	2. Meeting Type <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> Date of Meeting = <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>
A. Cognitive Processing Therapy	<input type="checkbox"/>	<input type="checkbox"/>
B. Counseling Services (CBT - Individual or Group)	<input type="checkbox"/>	<input type="checkbox"/>
C. Crisis Intervention Services	<input type="checkbox"/>	<input type="checkbox"/>
D. Peer Support	<input type="checkbox"/>	<input type="checkbox"/>
E. Pharmacological Management	<input type="checkbox"/>	<input type="checkbox"/>

**A3110 continued on next page**

## PASRR Comprehensive Service Plan (PCSP) Form

### A3110. Additional MI Specialized Services continued

F. Screening Brief Intervention and Referral to Treatment (SBIRT) Screening - Brief Intervention Not Provided	<input type="checkbox"/>	<input type="checkbox"/>
G. Screening Brief Intervention and Referral to Treatment (SBIRT) Screening - Brief Intervention Provided	<input type="checkbox"/>	<input type="checkbox"/>

### Comments

#### A3200. Nursing Facility Comments

#### A3300. Local Authority Comments

# PASRR Comprehensive Service Plan (PCSP) Form

## Local Authority Confirmation

### A3400. LA-MI Specialized Services and Participation Confirmation

A. I am Confirming the MI section

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

0. No  
1. Yes

C. LA-MI Specialized Services Comments

D. LA-MI Signature Date

E. LA-MI Attendance Type

- 1. Yes - Attended in person
- 2. Yes - Attended via phone
- 3. No - Did not attend

F. LA-MI Participation Confirmation Comments

### A3500. LA-IDD Specialized Services and Participation Confirmation

A. I am Confirming the IDD section

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

0. No  
1. Yes

C. LA-IDD Specialized Services Comments

D. LA-IDD Signature Date

E. LA-IDD Attendance Type

- 1. Yes - Attended in person
- 2. Yes - Attended via phone
- 3. No - Did not attend

F. LA-IDD Participation Confirmation Comments