



LONG-TERM CARE (LTC) USER GUIDE

FOR MANAGED CARE ORGANIZATIONS (MCO)



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

v2025_0806

Contents

The Long-Term Care Online Portal (LTCOP) **1**

 Features of the LTCOP 1

 General Security Information 1

 Using the LTCOP 1

H1700-1/Individual Service Plan (ISP) Form **2**

 What Is the ISP Form? 2

 Benefits of Submitting ISP Forms on the LTC Online Portal 2

 Submitting an ISP 2

 Completing the H1700-1/ISP Form Fields 4

 Submitting Individual ISP forms by Multiple Users 7

 How to Inactivate a Form 7

 How to Resubmit a Form. 9

 Terminating a Form. 9

STAR Kids Screening and Assessment Instrument (SK-SAI) **10**

 What Is the SK-SAI? 10

 Letters. 10

 LTC Online Portal 10

 Screening and Assessment Instrument. 10

 Add Note 15

 Print 15

STAR Kids Individual Service Plan (SK-ISP) Form. **17**

 What Is the SK-ISP Form? 17

 Benefits of Submitting SK-ISP Forms on the LTC Online Portal 17

 Creating and Submitting an SK-ISP 17

 Creating and Submitting an SK-ISP using Submit Form. 17

 Creating and Submitting the SK-ISP Form From the SK-SAI Form 20

 Completing the SK-ISP Form Fields 20

 How to Save a Form as a Draft. 22

 How to Inactivate a Form 23

 How to Resubmit a Form. 24

 How to Terminate a Form 25

 SK-ISPs Reassessment or Overdue Report 25

Resource Information **27**

Helpful Contact Information 27

Texas Medicaid & Healthcare Partnership (TMHP)27

Health and Human Services Commission (HHSC)27

Informational Websites. 29

Other29

The Long-Term Care Online Portal (LTCOP)

The Long-Term Care Online Portal (LTCOP) is a web-based application that allows users to:

- Submit/view forms and assessments.
- Create saved searches.
- Conduct a form status inquiry.
- Retrieve reports.
- Add a note to a form or assessment.

Features of the LTCOP

The LTCOP has several features that makes it a user-friendly platform. These features include:

- Microsoft Edge and Google Chrome are the preferred browsers.
- It is accessible 24 hours a day, 7 days a week.
- Portal technical support is available by phone from Mondays through Fridays, excluding holidays, from 7 a.m.-7 p.m. Call 800-626-4117 to speak to a Texas Medicaid & Healthcare Partnership (TMHP) support agent.

General Security Information

Security clearance and access to certain LTCOP features are based on the role of the user, allowing them to complete the tasks associated with their job requirements. The options available on the LTCOP are based on the security profile assigned to each user; therefore, some options may not be available for all users.

Using the LTCOP

Detailed instructions for using the LTCOP can be found in the [*Long-Term Care User Guide for Online Portal Basics, General Information, and Program Resources*](#).

For questions about the LTCOP or assistance in using the portal, contact TMHP Portal technical support by phone from Mondays through Fridays, excluding holidays, from 7 a.m.-7 p.m. at 800-626-4117.

H1700-1/Individual Service Plan (ISP) Form

What Is the ISP Form?

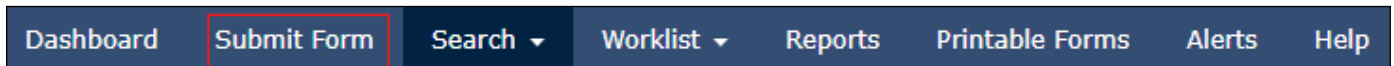
The H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan (ISP) form is used in the STAR+PLUS HCBS Waiver program. This form can be submitted online using the LTC Online Portal. Before an ISP can be submitted for a person, they must have a Medical Necessity and Level of Care (MN/LOC) assessment on file in status *Processed/Complete* or *CS Processed/Complete*.

Benefits of Submitting ISP Forms on the LTC Online Portal

- Many fields autofill with information from a person's MN/LOC.
- Form statuses can be tracked through the Form Status Inquiry (FSI) feature.
- The portal is available 24 hours a day, seven days a week.
- TMHP provides LTC Online Portal technical support by telephone at **800-626-4117** from 7:00 a.m.–7:00 p.m., Central Time, Monday through Friday, excluding holidays.

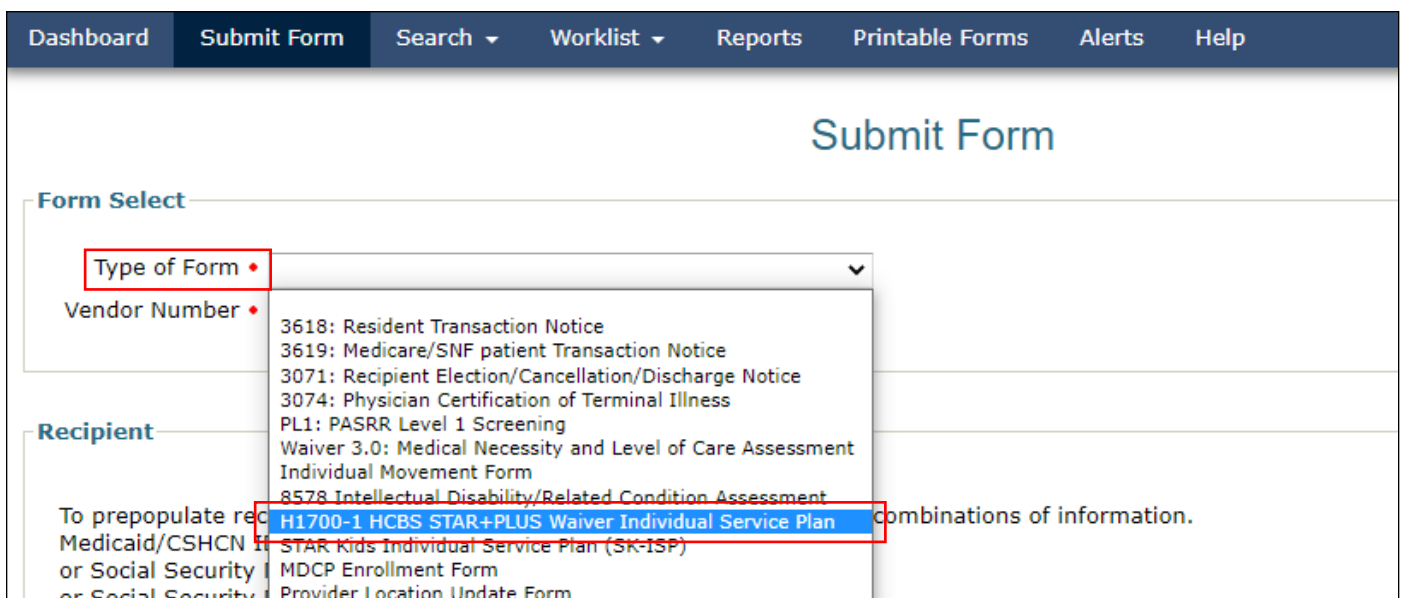
Submitting an ISP

- 1) When the blue navigational bar is displayed, click **Submit Form**.



You may need to reenter your security credentials.

- 2) From the Type of Form drop-down menu, select **H1700-1 HCBS STAR+PLUS Waiver Individual Service Plan**.



- 3) Select the appropriate vendor or provider number, if applicable.
- 4) Enter the person's Medicaid number in the Medicaid Number field.
- 5) Click **Enter Form** in the bottom-right corner of the screen. The form will appear.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Unsubmitted

Form Actions

[Print](#) [Save as Draft](#)

Managed Care Organization

Provider No.

MCO Name

• Service Coordinator

Plan Code

• County

Applicant/Member

Group Code

ME-Waiver ☐

The form may take a moment to populate the fields from the person's MN/LOC. You will not be able to edit the autofilled fields, which are tinted gray.

Required fields are indicated by a red dot.

The form sections of the ISP are:

- MCO Organization Information
- Applicant/Member Information
- Individual Service Plan Event
- Individual Service Plan Services

Completing the H1700-1/ISP Form Fields

- 1) Complete the Service Coordinator field.
- 2) Select the correct county from the County drop-down menu.

The screenshot displays the H1700-1/ISP form interface. It is divided into two main sections: 'Managed Care Organization' and 'Applicant/Member'.

Managed Care Organization Section:

- Provider No. (Text field)
- MCO Name (Text field)
- Service Coordinator (Text field, marked with a red dot indicating it is required)
- Plan Code (Text field)
- County (Dropdown menu, marked with a red dot indicating it is required)

Applicant/Member Section:

- Group Code (Text field)
- ME-Waiver (Text field)
- Medicaid No. (Text field, marked with a red dot indicating it is required)
- First Name (Text field)
- Middle Initial (Text field)
- Last Name (Text field)

The 'County' dropdown menu is open, showing a list of counties. The 'Karnes' county is highlighted in blue. A tooltip 'Select the county' is visible near the dropdown.

Note: Most of the Applicant/Member section of the ISP form will be autofilled using information from the MN/LOC on file for that person.

- 3) In the Applicant/Member section of the form, verify that the Medicaid number is correct. It is a required field.
- 4) Check the ME-Waiver box, if applicable, for the person.

Note: The “Type Authorization” indicates whether the current ISP will be submitted as an Initial ISP or a Reassessment. This field automatically determines whether the ISP is an Initial or a Reassessment based on the dates entered below and whether or not the person has an existing ISP on file. If the ISP has been out of date for 120 days, it resets to an Initial Assessment. Backdating is possible; this makes it possible to submit the ISP as a Reassessment instead of an Initial Assessment. Backdating must go back far enough to fall within the 120-day reassessment window. The SAS registration code Service Group 19/Service Code 13 must be filed for backdated months, and Service Group 19/Service Code 12 should be completed for upcoming months.

Example: If the MCO submits an ISP on June 15, 2015 (the effective date on the form) and the ISP From Date on the reassessment of the ISP is July 1, 2015, then SAS will create one record: a 19/12 (on time) for June 1, 2015 through May 31, 2016. However, if an MCO submits an ISP on June 15, 2015 (the effective date on the form) and

the ISP From Date on the reassessment of the ISP is June 1, 2015, then SAS will create two records. A 19/13 (late) for June 1 through June 30, 2015 and a 19/12 for July 1, 2015 through May 31, 2016.

- 5) Enter the ISP From Date. You can complete the ISP From Date field using the interactive calendar. The ISP From Date must be the first day of a selected month. For Initial forms, the portal will autofill the first day of the following month. The ISP expires one calendar year after the ISP From Date. The ISP To Date cannot be edited and will autofill based on the editable ISP From Date field. For a reassessment, the ISP From Date must be the day after the previous ISP To Date, or the form will not submit properly.

Note: Initial forms for ME-Waiver will automatically trigger review by Texas Health and Human Services Commission (HHSC) staff.

- 6) Choose the appropriate option from the required Enrolled From drop-down menu.
- 7) Check the MFPD box if the applicant/member qualifies for a Money Follows Person demonstration.
- 8) Choose the appropriate option from the required Living Arrangement after Entry into SPW field.

Individual Service Plan Event

Effective Date: 05/31/2023

Type Authorization: ☒ Initial ☐ Reassessment

From Date: 6/1/2023

To Date: 5/31/2024

Enrolled From: Select

MFPD: ☐

Living Arrangement after Entry into SPW: Select

Individual Service Plan Services

Delivery Option	Service Category
Select	

Living Arrangement options: Select, Alone, With Other Waiver, Assisted Living, Adult Foster Care, With Family

Note: The final section on the ISP form is titled “Individual Service Plan Services.” This is a required section. You must enter at least one service to submit the ISP.

- 9) To enter a service:
 - a) Use the drop-down menu to select the appropriate option in the Delivery Option column.
 - b) Based on your selection, a new drop-down menu will populate in the required Service Category column. Use it to select the correct Service Category.

Note: Once a Service Category has been selected, it will no longer be available on the Service Category list

when adding additional Service rows.

10) Complete the required Estimated Annual Service Units column.

11) Complete the required Rate column.

12) The Estimated Annual Cost column will autofill.

13) Add new Service Categories as necessary.

Note: To add additional Service Categories, click **Add Service** and repeat the steps above. When multiple Service rows exist, a new column will appear on the right-hand side of the screen and each Service row will have a Delete Service button. Click **Delete Service** to instantly delete that Service row. If you erroneously delete a Service row, you will need to click **Add Service** and reenter the information.

Select an option from the required Ventilator Use drop-down menu.

Note: If the Total Estimated Waiver Cost exceeds the Annual Cost Limit, a new checkbox titled Over Annual Cost Limit Override for GR approval and Medically Fragile will appear, along with an alert directing you to either select the checkbox or modify the Total Est. Waiver Cost. Checking the box will automatically flag the ISP for review by HHSC staff.

Additionally, a warning message will be displayed at the top of the form underneath the Form Actions bar.

14) Click **Submit Form** at the bottom right of the screen.

Note: If the ISP is flagged for review by HHSC staff, it can be tracked using the FSI or Power Search tools on the blue navigational bar. Additionally, submitted ISPs can be accessed for 14 calendar days by clicking **Current Activity** on the blue navigational bar.

Submitting Individual ISP forms by Multiple Users

Multiple users may need to input data on an ISP form prior to submission. This can be done by clicking **Save as Draft** at the top of the form.

- 1) Fill out as many fields on the ISP form as possible using the steps described above.
- 2) Instead of clicking **Submit Form** at the bottom of the form, scroll to the top and click **Save as Draft**.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Unsubmitted

Form Actions

[Print](#) [Save as Draft](#)

Managed Care Organization

Provider No.

MCO Name

• Service Coordinator

Plan Code

• County

Applicant/Member

Group Code

ME-Waiver ☐

- 3) The ISP will now be available on the Drafts page.
- 4) Other users linked to that contract may now access the ISP form by clicking **Drafts** on the blue navigational bar.
- 5) Once the form is completed, it can be submitted by following the steps described above.

Note: The LTC Online Portal only supports single ISP form submissions. For users attempting to submit ISP forms in batches, use the existing batch transaction process using one of the following naming conventions: ISP:*.txt; ISP:*.dat; or ISP:*.zip.

How to Inactivate a Form

If HHSC Program Services Unit (PSU) staff set the form status to **MCO Action Required**, an MCO User should inactivate the form.

- 1) Log in to the LTC Online Portal.
- 2) Locate the form you want to inactivate using the Form Status Inquiry, Current Activity, or Power Search links in the blue navigational bar.
 - a) If using FSI or Power Search, you can search for Form H1700-1 using SSN, Medicaid number, or DLN. Click **Search**, then click **DLN**.

- b) If using Current Activity, click **DLN**.
- 3) To be eligible for inactivation, the form must be set to ***MCO Action Required***, ***PSU Action Required***, or ***Pending PSU Review*** status.
- 4) Click **Form Inactivate** on the Form Actions bar.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Pending PSU Review **Name:** [REDACTED] **DLN:** [REDACTED]

Form Actions

Add Note Use as Template Print **Form Inactivate**

Managed Care Organization

Provider No. [REDACTED]

MCO Name [REDACTED]

Service Coordinator [REDACTED]

Plan Code 86

County Collin

Applicant/Member

- 5) A note will be added to the form History trail.

Note: A form can no longer be inactivated once it is set to status ***Processed/Complete*** or ***PSU Processed/Complete***. Forms will automatically be inactivated after 45 days in ***MCO Action Required*** status.

How to Resubmit a Form

- 1) Inactivate the form using the steps above.
- 2) Click **Use as Template** on the yellow Form Actions bar.

The screenshot shows the 'HCBS STAR+PLUS Waiver Individual Service Plan' form. At the top right, there is a yellow box with a lock icon and an 'Unlock Form' button. Below the title, the 'Current Status' is 'Form Inactivated', and the 'Name' and 'DLN' fields are visible. A yellow 'Form Actions' bar contains three buttons: 'Add Note', 'Use as Template' (which is highlighted with a red border), and 'Print'. Below this bar, there is a section titled 'Managed Care Organization' with three input fields: 'Provider No.', 'MCO Name', and 'Service Coordinator'.

- 3) Edit the form as necessary using the process described in this User Guide.
- 4) Click **Submit** at the bottom right of the screen to submit the form.

Terminating a Form

MCO users may not terminate their own forms. Forms set to the ***Processed/Complete*** or ***PSU Processed/Complete*** statuses can be terminated only by PSU staff at HHSC.

STAR Kids Screening and Assessment Instrument (SK-SAI)

What Is the SK-SAI?

STAR Kids is a managed care program designed to meet the needs of children and young adults 20 years of age or younger who receive Medicaid services from a number of different programs.

MCOs, along with the family, will assess each person's needs, and an ISP will be created. A core component of this program is the SK-SAI. Through service coordination, some of the identified needs will be addressed by connecting the person to services and qualified providers.

The SK-SAI provides a standardized care needs assessment that is comprehensive, holistic, consumer-directed, and evidence-based. It takes into consideration a person's social and medical issues to prioritize the barriers to their independent living.

Unlike other assessments processed by TMHP, the SK-SAI will include auto MN criteria for its people. The LTC Online Portal automatically approves MN when certain criteria are met. If the LTC Online Portal is unable to approve the SK-SAI based on the auto MN criteria, then the assessment must be reviewed by TMHP clinical staff to determine MN.

Letters

Like all assessments where MN is determined, letters are mailed out when the form reaches a certain status. HHSC has five letters that are used for the SK-SAI. Two of these letter types are mailed to the person or their Legally Authorized Representative (LAR), and three letter types are mailed to the person's doctor.

HHSC will mail the following letters:

- Client/Doctor Denial Letter—This letter will be generated and mailed once the SK-SAI goes into ***MN Denied*** status, which occurs once the HHSC physician denies MN.
- Client/Doctor Overturn Approval Letter—This letter will be generated and mailed if a SK-SAI has ***MN approved*** after initially having MN denied.

HHSC does not send a letter to the MCO. However, the MCO should be aware of the form status based on systematic notifications returned to the MCO. These notifications are based on the status of the form. In other words, the MCO should be aware of the status of the assessment.

LTC Online Portal

STAR Kids and STAR Health MCOs can view the STAR Kids SAI for retention and determination of MN (if applicable) and Resource Utilization Group (RUG) levels.

Screening and Assessment Instrument

The STAR Kids screening and assessment process will help identify the complexity and intensity of a person's physical, medical, mental, social, developmental, and behavioral needs. The process will also help identify personal

preferences and goals. HHSC will use findings from the STAR Kids screening and assessment process to identify trends and provide insight on conditions, outcomes, the utilization of services, and quality of care.

The SK-SAI can be pulled up by performing a Power Search. Once the proper SK-SAI has been found, you can view any part of the assessment. No changes to the form can be made online.

You can view the Current Status of the SK-SAI, which is displayed in the upper-left hand of the page above the yellow bar.

The form could be in one of the following statuses:

- *Appealed Doctor Review*
- *Corrected*
- *Denial Inventory*
- *Doctor Overturn Denied*
- *FH Appeal Denied*
- *FH Doctor Appeal Denied*
- *Form Inactivated*
- *ID Invalid*
- *Invalid/Complete*
- *Med ID Check Inactive*
- *Medicaid ID Pending*
- *MN Approved*
- *MN Denied*
- *Overturn Doctor Review Expired*
- *Overtured Doctor Review*
- *Pending Denial*
- *Pending Doctor Review*
- *Pending Fair Hearing*
- *Pending More Info*
- *Pending Nurse Review*
- *Processed/Complete*

The RUG/PDPM and MN status are displayed beside Current Status above the yellow bar. You can also click **Return to Search Results** to go back to the display of the results of your power search.

STAR Kids Screening and Assessment Instrument

Current Status: Processed/Complete Name: _____ DLN: _____ PDPM LTC: C1X MN Status: Approved

Return to Search Results

Form Actions:
Add Note Print

Core NCAM MDCP

Section A Section B Section C Section D Section E Section F Section G Section H Section I Section J Section K Section L Section M

Section P Section Q Section R Section Denials

SECTION A. IDENTIFICATION INFORMATION

Identification Information

A1. Date of Assessment Conducted With The Individual/LAR

A2. Reason for Assessment

☒ Initial ☐ Re-assessment ☐ Significant change in condition re-assessment ☐ Minor correction to recent assessment ☐ Major correction to recent assessment

A3. Legal Name

First Name Middle Initial Last Name Suffix

A4. Gender

☒ Male ☐ Female ☐ Unknown

A5. Birthdate

A6. Ethnicity And Race

The SK-SAI includes three modules: the Core Module, the Nursing Care Assessment Module (NCAM), and the Medically Dependent Children Programs (MDCP) Module.

STAR Kids Screening and Assessment Instrument

Current Status: Processed/Complete Name: _____ DLN: _____ PDPM LTC: C1X MN Status: Approved

Return to Search Results

Form Actions:
Add Note Print

Core NCAM MDCP

Section A Section B Section C Section D Section E Section F Section G Section H Section I Section J Section K Section L Section M

Section P Section Q Section R Section Denials

SECTION A. IDENTIFICATION INFORMATION

Identification Information

A1. Date of Assessment Conducted With The Individual/LAR

A2. Reason for Assessment

☒ Initial ☐ Re-assessment ☐ Significant change in condition re-assessment ☐ Minor correction to recent assessment ☐ Major correction to recent assessment

A3. Legal Name

First Name Middle Initial Last Name Suffix

A4. Gender

☒ Male ☐ Female ☐ Unknown

A5. Birthdate

A6. Ethnicity And Race

The Core tab shows basic demographics and other personal information about the person and about the person's behavioral and cognitive issues and needs.

STAR Kids Screening and Assessment Instrument

Current Status: Processed/Complete Name: DLN: PDPM LTC: C1X MN Status: Approved

[Return to Search Results](#)

Form Actions:
[Add Note](#) [Print](#)

Core NCAM MDCP

Section A Section B Section C Section D Section E Section F Section G Section H Section I Section J Section K Section L Section M

Section P Section Q Section R Section Denials

SECTION A. IDENTIFICATION INFORMATION

Identification Information

A1. Date of Assessment Conducted With The Individual/LAR

A2. Reason for Assessment
☒ Initial ☐ Re-assessment ☐ Significant change in condition re-assessment ☐ Minor correction to recent assessment ☐ Major correction to recent assessment

A3. Legal Name
 First Name: Middle Initial: Last Name: Suffix:

A4. Gender
☒ Male ☐ Female ☐ Unknown

A5. Birthdate

A6. Ethnicity And Race

In the Core tab, under Section Q, there is field Q6C which asks whether a MDCP PDPM calculation is required

MDCP and CFC Determinations

Q6. MN (CFC or MDCP) and MDCP PDPM LTC

a. MN Determination Needed? ☐ No ☒ Yes

c. MDCP PDPM Calculation Required? ☐ No ☒ Yes

ERS - Emergency Response Services

Q7. Does The Individual Require ERS? ☐ No ☐ Yes

The NCAM covers any complex condition the person might have and the nursing tasks associated with the conditions.

Core **NCAM** MDCP

Section N

SECTION N. COMPLEX CONDITIONS AND NURSING CARE
(Code items for last 30 days unless otherwise specified)

Neurological

N1. Individual has Seizure Disorder

☒ No (If no, skip to N2) ☐ Yes

a. Presence of seizures new since last assessment

☒ No ☐ Yes (Code yes, if seizures is a new diagnosis since last assessment)

b. Average number of seizures

2. Less than 1 seizure/week

c. Typical level of seizure intervention

2. Moderate - rescue medications or c

d. Type of Seizures in the last 30 days
Code all that apply

☐ i. Generalized ☐ ii. Focal/Partial ☐ iii. Other (specify):

The MDCP Module covers items related to the mental and physical needs of the person.

Core NCAM **MDCP**

Section O

SECTION O. MDCP RELATED ITEMS
(Use last 7 days as time reference unless otherwise specified)

Reason For Assessment

O1. Reason For Assessment

☐ Initial ☒ Re-assessment ☐ Significant change in condition re-assessment ☐ Minor correction to recent assessment ☐ Major correction to recent assessment

Cognitive Patterns

O2. Individual Has No Discernable Consciousness, Is In A Persistent Vegetative State, Or Is In A Coma

☐ No ☒ Yes (If yes, skip to O.15)

O3. Making Self Understood (Expression)

1. Usually understood - Difficulty finding

Expressing information content – both verbal and non-verbal (however able; with communication device, if normally used). Enter "-" dash if unable to assess.

Add Note

The Add Note feature may be used to add additional Medical Necessity (MN) information that was not captured upon original submission.

STAR Kids Screening and Assessment Instrument

Current Status: Processed/Complete Name: DLN: PDPM LTC: C1X MN Status: Approved

Add Note

If you would like the provider to see the note, please select the provider facing option from the list below.

Provider Facing ▾

Save Cancel

Core NCAM MDCP

Section A Section B Section C Section D Section E Section F Section G Section H Section I Section J Section K Section L Section M

Section P Section Q Section R Section Denials

After the information is entered into the Add Note box, click **Save**. The information is then added to the assessment's History trail, not to the assessment itself. Once the note is saved, the content from the box will appear at the bottom of the History trail.

History	
Form Submitted	8/22/2016 4:33:24 PM
8/22/2016 4:33:24 PM	System : This form was submitted as a correction for [Link]
Pending Review	8/22/2016 4:33:27 PM
8/22/2016 4:33:27 PM	System : The Form has failed Auto MN Approval.
Approved	8/22/2016 4:36:05 PM
Corrected	8/22/2016 4:48:25 PM
8/22/2016 4:48:25 PM	System : Form has been corrected by [Link]
9/16/2016 2:27:24 PM	: Add a note to give more information on the need for MN.

Print

You can also print the SK-SAI form from this page. Click **Print** at the top of your form.

STAR Kids Screening and Assessment Instrument

Current Status: Form Submitted Name: DLN: PDPM LTC: NA MN Status: Not Started

Form Actions:

Add Note **Print**

Core NCAM MDCP

Section O

SECTION O. MDCP RELATED ITEMS
(Use last 7 days as time reference unless otherwise specified)

The SK-SAI form will then be displayed in PDF and the print commands can be followed from there.

DLN

Individual Identification

Current Status Processed/Complete

PDPM LTC

L2Y

STAR Kids Screening and Assessment Instrument (SK-SAI) Form

STAR Kids Screening and Assessment Instrument - Core

SECTION A. IDENTIFICATION INFORMATION

1. Date of Assessment Conducted With The Individual/LAR

— —

Month Day Year

2. Reason For Assessment

0. Initial 0
 1. Re-assessment
 2. Significant change in condition re-assessment
 3. Minor correction to recent assessment
 4. Major correction to recent assessment

3. Legal Name

(First Name)

(Middle Initial)

(Last Name)

(Suffix)

4. Gender

1. Male 2. Female 9. Unknown

 1

5. Birthdate

— —

Month Day Year

6. Ethnicity And Race

0. No 1. Yes

Ethnicity a. Hispanic or Latino

 0

Race b. American Indian or Alaska Native

 0

c. Asian

 0

d. Black or African American

 0

e. Native Hawaiian or other Pacific Islander

 0

f. White

 1

g. Other

 0

h. Prefer not to identify

 0

g. Other (specify):

7. Participants In Assessment

Name

Relationship to Individual

Jane Doe

Self

John Doe

Husband

Jemma Doe

Daughter

7. Participants In Assessment continued on next page

STAR Kids Individual Service Plan (SK-ISP) Form

What Is the SK-ISP Form?

The SK-ISP form is used for children and young adults with disabilities receiving services in the STAR Kids program. The SK-ISP includes information about a person's preferences, goals, service needs, and plans for obtaining services. These forms can be submitted online using the LTC Online Portal.

Before an ISP can be submitted for a person, they must have a SK-SAI on file in status ***Processed/Complete*** with ***MN approved***.

Benefits of Submitting SK-ISP Forms on the LTC Online Portal

- Many fields are autofilled with information from a person's SK-SAI.
- Forms can be tracked with FSI.
- The portal can be accessed 24 hours a day, 7 days a week.
- Portal technical support is available by phone from Monday through Friday, excluding holidays from 7 a.m.-7 p.m. Call 800-626-4117 to speak to a TMHP support agent.

Creating and Submitting an SK-ISP

There are two different ways to create and submit an SK-ISP form:

- Using the **Submit Form** link on the blue navigational bar
 - Using the Create ISP feature on the person's existing SK-SAI form
- Note:** Remember, the person must already have an SK-SAI form on file before an SK-ISP can be submitted.

Creating and Submitting an SK-ISP using Submit Form

- 1) From the blue navigational bar, click **Submit Form**.



- 2) You may need to reenter your security credentials.

- 3) From the Type of Form drop-down menu, select **STAR Kids Individual Service Plan (SK-ISP)**.

The screenshot shows the 'Submit Form' page with the 'Form Select' section. The 'Type of Form' dropdown menu is open, displaying a list of form options. The option 'STAR Kids Individual Service Plan (SK-ISP)' is highlighted in blue. The 'Vendor Number' dropdown is also highlighted with a red box. The 'Recipient' section is partially visible below.

- 4) Select the appropriate vendor or provider number from the **Vendor Number** drop-down, if applicable.
- 5) Enter the person's Medicaid number in the Medicaid Number field.

The screenshot shows the 'Submit Form' page with the 'Form Select' section. The 'Type of Form' dropdown is set to 'STAR Kids Individual Service Plan (SK-ISP)'. The 'Vendor Number' dropdown is empty. Below the 'Form Select' section is the 'Applicant/Member' section, which contains a text input field for the 'Medicaid Number' highlighted with a red box.

6) Click **Enter Form** in the bottom-right corner of the screen. The form will appear.

Form Actions

Print **Save as Draft**

STAR Kids Individual Service Plan (SK-ISP)

Current Status: Unsubmitted

Managed Care Organization

Provider No.

MCO Name

• Service Coordinator

Plan Code

• County

Applicant/Member

Group Code

ME-Waiver ☐

The form may take a moment to populate fields from the person’s SK-SAI. You will not be able to edit the autofilled fields, which are tinted gray. Required fields are indicated by a red dot.

The form sections of the SK-ISP are:

- MCO Organization Information
- Applicant/Member Information
- Individual Service Plan Event
- Individual Service Plan Services

Complete the form using the instructions in the “Completing the SK-ISP Form Fields” section of this user guide.

Creating and Submitting the SK-ISP Form From the SK-SAI Form

To create an SK-ISP form from the person's existing SK-SAI, open the SK-SAI and click **Create SK-ISP** on the Form Actions Bar:

Then complete the form using the instructions in the “Completing the SK-ISP Form Fields” section.

Completing the SK-ISP Form Fields

- 1) Complete the **Service Coordinator** field.
- 2) Select the correct county from the County drop-down menu.

Note: Most of the Applicant/Member section of the SK-ISP form will be autofilled using information from the SK-SAI on file for that person.

3) In the Applicant/Member section of the form, verify that the Medicaid number is correct. It is a required field.

4) Check the **ME-Waiver** box, if applicable, for the person.

Note: Initial forms for ME-Waiver will automatically trigger review by HHSC staff.

5) In the Individual Service Plan Event section, the Type Authorization will automatically indicate whether the current SK-ISP will be submitted as an Initial SK-ISP or a Reassessment.

Note: This field automatically determines whether the SK-ISP is an Initial or a Reassessment based on the dates entered below and whether or not the person has an existing SK-ISP on file. If the SK-ISP has been out of date for 120 days, it resets to an Initial assessment. Backdating is possible; this makes it possible to submit the SK-ISP as a Reassessment instead of an Initial Assessment. Backdating must go back far enough to fall within the 120-day reassessment window.

6) Enter the ISP From Date. You can complete the ISP From Date field using the interactive calendar. The ISP From Date must be the first day of a selected month. For Initial forms, the portal will autofill the first day of the following month. The SK-ISP expires one calendar year after the ISP From Date. The ISP To Date cannot be edited and will autofill based on the editable ISP From Date field. For a reassessment, the ISP From Date will default to the day after the previous ISP To Date.

Note: The final section on the SK-ISP form is titled “Individual Service Plan Services.” This is a required section. You must enter at least one service to submit the SK-ISP.

7) To enter a service:

- Use the drop-down menu to select the appropriate option in the Delivery Option column.
- Based on your selection, a new drop-down menu will populate in the required Service Category column. Use it to select the correct Service Category.
Note: Once a Service Category has been selected, it will no longer be available on the Service Category list when adding additional Service rows.

8) Complete the required Estimated Annual Service Units column.

9) Complete the required Rate column.

10) The Estimated Annual Cost column will autofilled.

11) Add new Service Categories as necessary.

Note: To add additional Service Categories, click the **Add Service** button and repeat the steps above. When multiple Service rows exist, a new column will appear on the right hand side of the screen and each Service row will have a Delete Service button. Clicking the **Delete Service** button will instantly delete that Service row. If you erroneously delete a Service row, you will need to click the **Add Service** button and re-enter the information.

Note: If the Total Estimated Waiver Cost exceeds the Annual Cost Limit, a new checkbox titled “Over Annual Cost Limit override with GR approval” will appear. If this box is present, it must be selected before the form can be submitted. Note that this will automatically flag the SK-ISP for review by HHSC staff.

12) Click **Submit Form** at the bottom right of the screen.

Note: If the SK-ISP is flagged for review by HHSC staff, it can be tracked using the FSI or Power Search tools on the blue navigational bar. Additionally, submitted SK-ISPs can be accessed for 14 calendar days by clicking **Current Activity** on the blue navigational bar.

How to Save a Form as a Draft

- 1) Fill out as many fields on the SK-ISP form as possible using the steps described above.

- 2) Instead of clicking **Submit Form**, scroll back to the top of the form and click **Save as Draft**.

- 3) The SK-ISP will now be available on the Drafts page.
- 4) Other users linked to that contract may access the SK-ISP form by clicking **Drafts** on the blue navigational bar.
- 5) Once the form is completed, it can be submitted by following the steps described above.
Note: The TMHP Portal only supports single SK-ISP form submissions. For users attempting to submit SK-ISP forms in batches, use the existing batch transaction process using one of the following naming conventions: SK-ISP*.txt; SK-ISP*.dat; or SK-ISP*.zip.

How to Inactivate a Form

If HHSC PSU staff set the form status to **MCO Action Required**, an MCO user should then inactivate the form using the following steps:

- 1) Log in to the LTC Online Portal.
- 2) Locate the form you want to inactivate using the Form Status Inquiry, Current Activity, or Power Search links in the blue navigational bar.
 - a) If using FSI or Power Search, you may search for the SK-ISP using SSN, Medicaid number, or DLN. Click **Search**, then click **View Detail**.
 - b) If using Current Activity, click **DLN number** in the SK-ISP column.
- 3) To be eligible for inactivation, the form must be set to status **MCO Action Required** or **Pending PSU Review**.
- 4) Click **Form Inactivate** on the yellow Form Actions bar.

- 5) The status will be set to **Form Inactivated**, and a note will be added to the form History trail.

The screenshot shows the STAR Kids Individual Service Plan (SK-ISP) form. At the top, there is a navigation bar with links: Submit Form, Search, Worklist, Reports, Printable Forms, and Help. Below this, the form title "STAR Kids Individual Service Plan (SK-ISP)" is displayed. The current status is "MCO Action Required". The form includes fields for Name and DLN. A yellow bar contains "Form Actions" (Add Note, Use as Template, Print) and "Workflow Actions" (Form Inactivate, which is highlighted with a red box). Below the yellow bar, there are sections for "Managed Care Organization" (Provider No., MCO Name, Service Coordinator, Plan Code, County) and "Applicant/Member" (Group Code).

Note: A form is no longer eligible to be inactivated once it is set to status **Processed/Complete**, **PSU Processed/Complete**, **Form Inactivated**, **Transferred**, or **PSU Invalid/Complete**. Forms will be automatically inactivated after 45 days in status **MCO Action Required**.

How to Resubmit a Form

- 1) Inactivate the form using the steps above.
- 2) Click **Use as Template** on the yellow Form Actions bar.

The screenshot shows the STAR Kids Individual Service Plan (SK-ISP) form. The current status is "Form Inactivated". The form includes fields for Name and DLN. A yellow bar contains "Form Actions" (Add Note, Use as Template, which is highlighted with a red box, Print). Below the yellow bar, there are sections for "Managed Care Organization" (Provider No., MCO Name, Service Coordinator, Plan Code, County) and "Applicant/Member" (Group Code).

- 3) Edit the form as necessary using the process described in this user guide.
- 4) Click **Submit** at the bottom right of the screen to submit the form.

How to Terminate a Form

MCO users may not Terminate their own forms.

Forms set to **Processed/Complete** status or **PSU Processed/Complete** status can be Terminated by PSU staff at HHSC.

SK-ISPs Reassessment or Overdue Report

MCO staff can pull the SK-ISPs for Reassessment or Overdue Report from the LTC Online Portal. Portal administrators must create a non-admin user account for themselves to add MCO Reports Access.

- If only reports access is needed for this new user account, select only MCO Reports Access.
- To access the report, portal administrators must log in to the LTC Online Portal using this new non-admin user account's user name.

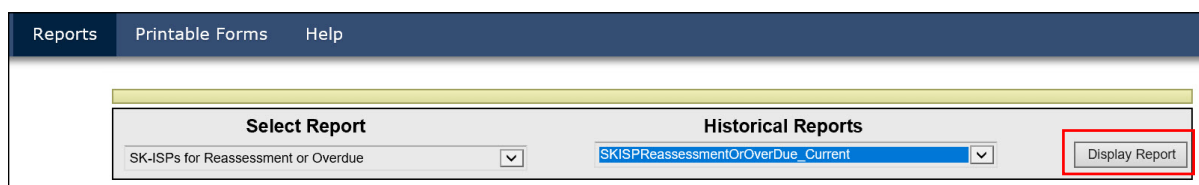
1) To start, Click **Reports** on the blue navigational bar.



2) The reports page will be displayed. Click the arrow beside the Select Report box. Select the SK-ISPs for Reassessment or Overdue Report from the drop-down menu.



3) After selecting the SK-ISPs for Reassessment or Overdue Report, you can then choose the Historical Report type. Click **Display Report**.



4) Your search results will open and be displayed in a separate window. The report will display in a Microsoft Excel spreadsheet. The SK-ISPs for Reassessment or Overdue report is used to determine which people have an expired SK-ISP, or to note when the current SK-ISP is going to expire and a new SK-ISP has not yet been submitted. The ISP To Date of the most recent **Processed/Completed** or **PSU Processed/Complete** SK-ISP is used to determine when the SK-ISP is going to expire. The SK-ISPs are due to expire within three months, beginning on the first day of the current month. The SK-ISP will be included on the report as long as the ISP To Date is at least one day prior to the date the report is being run and is in either **Processed/Completed** or **PSU**

Processed/Complete status.

SK-ISPs For Reassessment or Overdue Report as of 11/30/2019					
Service Area	Name	Medicaid ID	Plan Code	Expiring ISP DLN	ISP Expiration Date
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	2/28/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	7/31/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	8/31/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	8/31/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	8/31/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	9/30/2018
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	1/31/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	1/31/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	3/31/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	5/31/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	6/30/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	6/30/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	6/30/2019
Tarrant	[REDACTED]	[REDACTED]	K1	[REDACTED]	7/31/2019

- a) Here is an example: A person has an SK-ISP with a date range 1/1/2021–12/31/2021. An SK-ISP has not yet been created for 1/1/2022–12/31/2022. If the report is run on 1/31/2022 (the report is generated on the last day of each month), the expiring DLN will be included in the report, with the ISP Expiration Date column showing the last day the person is eligible to receive services as of the report run date.

Resource Information

Helpful Contact Information

Texas Medicaid & Healthcare Partnership (TMHP)

General Customer Service.....	800-925-9126
Long-Term Care (LTC) Department	800-727-5436 / 800-626-4117
General Inquiries, LTCMI Questions, Claim Forms, H 1700-1 ISP Submission, STAR Kids ISP Submission, Claim Submission, R&S Report, PL1 Screening Form	Option 1
Medical Necessity	Option 2
Technical Support.....	Option 3
Fair Hearing.....	Option 5
LTC Other Insurance Information and Updates	Option 6
LTC Department Fax	512-514-4223
Medicaid Hotline.....	800-252-8263

Health and Human Services Commission (HHSC)

General Information	512-438-3011
Consumer Rights & Services Hotline	800-458-9858
Complaint for LTC Facility/Agency.....	Option 2
Information About a Facility	Option 4
Provider Self-Reported Incidents	Option 5
Survey Documents/DADS literature.....	Option 6
Community Services Contracts Unit Support.....	512-438-2080
Community Services Contracts Voice Mail (Contract Applications, Reenrollments and Reporting Changes, such as address and telephone number).....	512-438-3550
Criminal History Checks	512-438-2363
Facility Licensure/Certification (Reporting Changes, such as Service Area and Medical Director)	512-438-2630
Home and Community Support Services Unit (Hospice Regulatory Requirements)	512-438-3161
Hospice Policy (Medicaid, Program Support, and Special Services Unit).....	HospicePolicy@hhsc.state.tx.us

Institutional Services Contracting.....	512-438-2546
Medication Aide Program	512-231-5800
Nurse Aide Registry	800-452-3934
Nurse Aide Training	512-231-5800
NF Administrator Program.....	512-231-5800
NF Policy.....	512-438-3161
PASRR Unit Policy Questions	855-435-7180
Regulatory Services	512-438-2625
PDPM.....	PFD-LTSS@hhs.texas.gov
Provider Claims	512-438-2200
NF and Hospice (Client Service authorizations, MESAV updates, and unable to determine Rate Key issues)	Option 1
Personal Needs Allowance Payments (PNA).....	Option 2
Deductions and Holds	Option 3
Third Party Recovery	Option 4
Home Community Services.....	Option 5
Texas Home Living (TxHmL)	Option 5
Rehabilitative and Specialized Services	Option 6
NF Dental/Rehab Services	Option 6
HHSC Ombudsman Office Medicaid Benefits.....	877-787-8999
Medicaid Fraud.....	800-436-6184
Rate Analysis	512-491-1376

Informational Websites

Texas Medicaid & Healthcare Partnership (TMHP): tmhp.com

- HIPAA information: tmhp.com/hipaa-privacy-statement
- Long-Term Care Division: tmhp.com/programs/ltc
- NF LTCMI and PASRR information is also available at: tmhp.com/programs/ltc

Note: Instructions for providers on how to access clarification notices posted on LTC TMHP website: tmhp.com/programs/ltc

Texas Health and Human Services (HHS): hhs.texas.gov/

All HHS provider information can be found at hhs.texas.gov/doing-business-hhs/provider-portals. Choose your particular provider type for available online resources:

- Consumer Rights and Services (includes information about how to make a complaint): <https://www.hhs.texas.gov/services/your-rights>
- Hospice: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/hospice
- Nursing Facility: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf
- Nursing Facility MDS Coordinator Support Site: hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf/texas-minimum-data-set-mds
- PASRR: hhs.texas.gov/doing-business-hhs/provider-portals/resources/preadmission-screening-resident-review-pasrr
- Resources for HHS Service Providers: hhs.texas.gov/doing-business-hhs/provider-portals
- HHS Regions: hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts
- Vendor Drug Program: txvendordrug.com

Department of State Health Services (DSHS): dshs.state.tx.us/

Other

- Centers for Medicare & Medicaid Services: cms.gov
- Department of State Health Services: dshs.state.tx.us
- National Provider Identifier (NPI):
 - To obtain: nppes.cms.hhs.gov/NPPES/
- Texas Administrative Code: sos.state.tx.us/tac/index.shtml

- Federal MDS 3.0 site: cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

This document is produced by TMHP Training Services. Contents are current as of the time of publishing and are subject to change. Providers should always refer to the TMHP website for current and authoritative information.