LONG-TERM CARE (LTC)

Home and Community-based Services (HCS) and Texas Home Living (TxHmL) Waiver Programs

PROVIDER USER GUIDE

Contents

Purpose

Providers and Local Intellectual and Developmental Disability Authorities (LIDDAs) must use the Long-Term Care (LTC) Online Portal to submit, monitor, and manage assessments or forms. This User Guide is designed for Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program users to:

- Understand the user's roles.

- Submit Level of Care (LOC) and Level of Need (LON) Assessments.

- Understand the provider and LIDDA workflow process.

- Understand how to correct assessments and forms.

- Understand how to inactivate assessments or forms.

- Understand how to print both completed and blank assessments or forms.

- Identify assessment or form statuses.

- Understand how to report Medicaid waste, abuse, and fraud.

- Understand the Health Insurance Portability and Accountability Act (HIPAA) of 1996 guidelines and provider and LIDDA responsibilities.

- Identify additional resources.

- Identify the options on the blue navigational bar link.

An understanding of the LTC Online Portal is considered a prerequisite for this User Guide. Refer to the _**Long-Term Care (LTC) User Guide for General Information, Online Portal Basics, and Program Resources**_ for detailed information on the LTC Online Portal.

Note: Paper assessments or forms are still available on the Health and Human Services Commission (HHSC)-LTC website to fulfill record-keeping requirements. Forms may be printed from TMHP after entered. Please note that fields may vary slightly between the HHSC paper form and the form printed from TMHP, but all required elements are present.

Medicaid Team

The following groups and individuals make up the Texas Medicaid Team. Together, they make it possible to deliver Medicaid services to Texans.

- **Applicant**—A Texas resident seeking services in a program.

- **Centers for Medicare & Medicaid Services (CMS)**—The agency in the Texas Health and Human Services (HHS) that is responsible for federal administration of the Medicare, Texas Medicaid, and the state Children's Health Insurance Program (CHIP).

- **Home and Community-based Services (HCS)**—A non-capitated 1915(c) waiver that provides home and community-based services to individuals with intellectual or developmental disabilities as cost-effective alternatives to institutional care.

- **Individuals**—A individual enrolled in a program. Individuals are those served by Texas Medicaid.

- **LIDDAs**—Serve as the point of entry for publicly funded intellectual and developmental disability (IDD) programs, whether the program is provided by a public or private entity. LIDDAs:

  - Provide or contract to provide an array of services and supports for individuals with intellectual and developmental disabilities. They are responsible for enrolling eligible individuals into the following Medicaid programs:

    - Intermediate Care Facility (ICF) for Individuals with Intellectual Disabilities (IID), which includes state supported living centers (SSLCs)

    - Home and Community-based Services (HCS)

    - Texas Home Living (TxHmL)

  - Are responsible for Permanency Planning for consumers under 22 years of age who live in an ICF/IID, SSLCs, or a residential setting of the HCS Program.

- **Providers**—An entity that provides services under a contract with Texas HHS. The provider is the preferred term for "provider agency." Providers are the crucial players in a quality waiver delivery program. The focus is on providing the best care possible while being reimbursed for allowed services rendered.

- **Texas Health and Human Services (HHS)**—Provides administrative oversight of Texas health and human services programs including, but not limited to: long-term services and support to older individuals and individuals with physical, intellectual, and developmental disabilities. HCS and TxHmL services are provided through the 1915(c) waivers. Waiver support at HHS includes but is not limited the following areas: Local Procedure Development and Support (LPDS), Program Enrollment and Support (PES), Utilization Review (UR), Provider Claims, Long-Term Services Support Policy, Provider Fiscal Compliance, Contract Administration and Provider Monitoring, Intellectual and Developmental Disabilities (IDD) Behavioral Health, and Waiver Survey and Certification.
  Also, HHS regulates providers of long-term services and supports, and HHS administers the state's guardianship program and provides direct administration of certain programs. Texas HHSC's Office of Eligibility Services (OES) determines eligibility for Texas Medicaid.

- **Texas Home Living (TxHmL)**—The Texas Home Living Program, operated by HHSC and approved by the Centers for Medicare & Medicaid Services (CMS) in accordance with §1915(c) of the Social Security Act, provides community-based services and supports to eligible individuals who live in their own homes or their family homes.

- **Texas Medicaid & Healthcare Partnership (TMHP)**—Contracted by the state as the claims administrator to process claims for providers under traditional Medicaid. TMHP processes and approves claims for traditional LTC. TMHP does not pay LTC claims; this is done by the comptroller. Responsibilities also include the following:

  - Provider education

  - Provide timely processing of claims (except for services covered by the STAR+PLUS premium)

  - Provide yearly manuals, quarterly LTC Bulletins, and bi-weekly Remittance and Status (R&S) Reports

  - Maintain the TMHP Call Center/Help Desk, Monday through Friday, 7:00 a.m.–7:00 p.m., Central Time

  - Provide training sessions for providers, including technical assistance for the LTC Online Portal

- **Texas State Legislature**—The state legislature allocates budgetary dollars for Texas Medicaid.

LTC Online Portal Basics

What is the LTC Online Portal?

The Long-Term Care (LTC) Online Portal is a web-based application that allows providers and LIDDAs to:

- Submit assessments and forms.

- Create Worklists.

- Make corrections to existing assessments and forms.

- Conduct status inquiries.

- Retrieve reports.

Benefits of the LTC Online Portal

Some of the benefits of the LTC Online Portal include:

- The LTC Online Portal is a web-based application.

- The LTC Online Portal is available 24/7 for use.

- TMHP provides LTC Online Portal technical support by telephone at 800-626-4117, Option 1. Technical support hours are from 7:00 a.m.–7:00 p.m., Central Time, Monday through Friday—excluding holidays.

- The LTC Online Portal verifies the validity of entered data.

- The ability to identify errors and display messages for the user to correct on the LTC Online Portal before assessments and forms are submitted.

- Electronically filed assessments and forms are quickly processed.

- Users can submit additional information through notes or by correcting incomplete/inaccurate information.

General Security Information

Security clearance and access to the LTC Online Portal features are based on the role of the user, allowing them to complete the tasks associated with their job requirements. Users will receive the security profile which their job requires. The options available on the blue navigational bar are based on the security profile assigned to each user. Some options on the blue navigational bar may not be available for all users.

Refer to the *LTC Online Portal General Security Roles & Permissions Guide* for more information.

Accessing the LTC Online Portal

To access the LTC Online Portal:

1) Go to: https://secure.tmhp.com/LTC/Careforms/.

2) A pop-up appears for the LTC Online Portal and login information is required. Click **Sign in**. The LTC Online Portal displays the Form Status Inquiry (FSI) screen by default.

Blue Navigational Bar Links

All LTC Online Portal features that are available for your security level are located on the blue navigational bar at the top of the screen.

Depending on your security permissions, the options found on the blue navigational bar may include: Dashboard, Submit Form, Search, Worklist, Printable Forms, and/or Alerts.
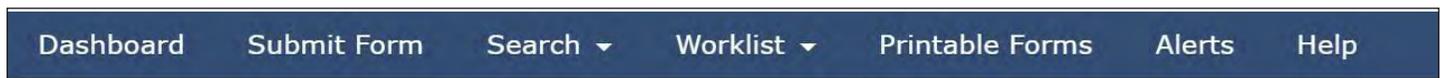
My Account

When the blue navigational bar is displayed, click the **My Account** link at the far right to go to the My Account page.
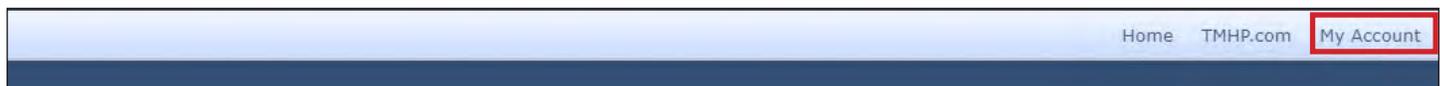
From the My Account page, you can perform various maintenance activities for an account such as: setting up user accounts, changing passwords, and other administrative tasks.

Dashboard

From the LTCOP Blue Navigational Bar, click **Dashboard** to access information about individuals associated to the specific provider or LIDDA who are enrolling in or are enrolled in HCS and TxHmL. Dashboard information does not include terminated individuals.

Numbers and charts show the total count of individuals applicable to each section. Users can click any of the colored numbered boxes or chart slices and will be taken to the Individual List View page. The Individual List View page shows filtered information based on what the user clicks.
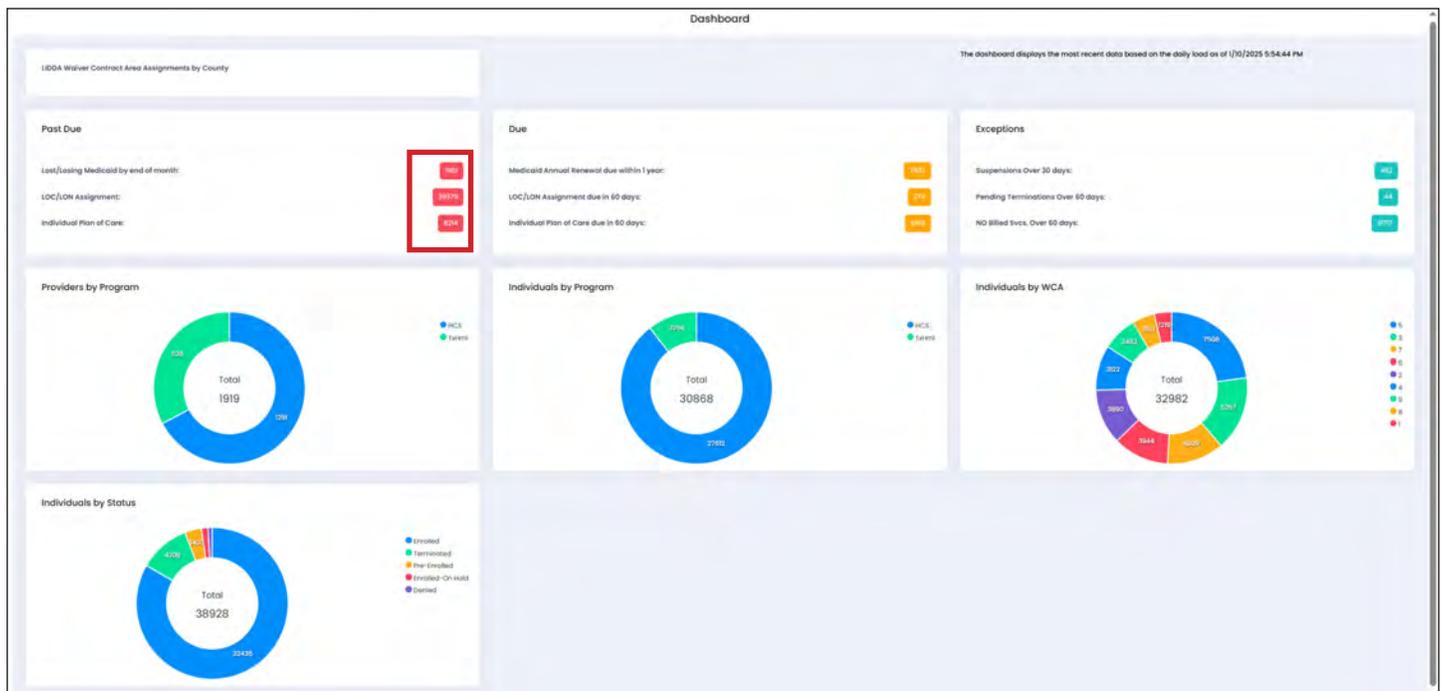
Dashboard information is updated daily and not in real time. On the main page, users will see the date and time of the last daily load on the top-right corner of the Dashboard. This can help determine if technical issues have occurred in the LTC Online Portal. If users see that the date of the last daily load is not current, then something has prevented the system from updating and information may not be accurate at the time they are viewing it.

Dashboard sections include:

- **LIDDA Waiver Contract Area Assignments by County**—The report displays the assigned waiver contract area (WCA) for each LIDDA listed by county, along with the service area and county code.

- **Past Due**

    - **Lost/Losing Medicaid by end of month**—Displays all enrolled individuals whose Medicaid eligibility is expiring by the end of the month or has ended.

    - **LOC/LON Assignment**—Displays all enrolled individuals whose Level of Care (LOC) or Level of Need (LON) has ended.

- **Individual Plan of Care**—Displays all enrolled individuals whose Individual Plan of Care (IPC) has ended.

- **Due**

  - **Medicaid Annual Renewal due within 1 year**—Displays all enrolled individuals whose Medicaid annual renewal is due within one year.
    Note: Medicaid Types without an annual renewal date will be excluded from this report.

  - **LOC/LON Assignment due in 60 days**—Displays all enrolled individuals whose LOC or LON is set to expire in 60 days.

  - **Individual Plan of Care due in 60 Days**—Displays all enrolled individuals whose IPC Enrollment or IPC Renewal is set to expire in 60 days.

- **Exceptions**

  - **Suspension Over 30 days**—Displays the number of all enrolled individuals whose suspension is over 30 days.

  - **Pending Terminations Over 60 days**—Displays all enrolled individuals whose Form 3616 Request for Termination of Waiver Program Services has been in status *Pending LA Review* or *Pending Provider Review* over 60 days.

  - **No Billed Svcs. Over 60 days**—Displays all enrolled individuals whose last claim submission date is over 60 days ago.

- **Individuals by Program**

  - The section shows all enrolled individuals who are assigned to HCS Service Group (SG) 21 or TxHmL SG 22.

- **Individuals by Status**

  - This section shows all individuals by status: *Pre-enrolled*, *Enrolled*, *Enrolled-On Hold*, *Denied*, and *Terminated*.

- **Individuals by WCA**

  - The section shows all enrolled individuals assigned to a WCA.

- **Providers by Program (LIDDA Only)**

  - The section shows all providers who are assigned to HCS SG 21 or TxHmL SG 22.

Individual List Page

When the user clicks on an individual-related hyperlink from the Dashboard, the Individual List page displays and the page heading is labeled with the hyperlink that was clicked.

Enter filter criteria on the page to narrow the results. Results can be sorted by clicking on the column headings. The user can click the "Export" button to export all results to an Excel® spreadsheet.

Users can click a CARE ID hyperlink to view the individual's detailed information or a Program Provider No. hyperlink to view the provider's detailed information. Refer to the Individual Detail Page and Provider Detail Page sections for more information.

Individual Detail Page

The Individual Detail page allows users to see and print detailed information for the individual, estimated annual costs, levels, individual history, Medicaid information, hold details, and service limits. The information displayed is populated from the individual's IPC from the current IPC year. Information for the next IPC year displays when the current IPC year expires. The labeled tabs at the bottom of the page allow users to view additional information.

The Demographics tab shows information for the individual including the residential address and mailing address, enrollment information, and guardian information, if available.

The Estimated Annual Cost tab shows the individual's estimated costs for the year and the total units and dollars claimed as of the day information is being viewed.

The Levels tab shows information about the individual's LOC and LON.

The Individual History tab shows a list of assessments and forms submitted for the individual. To view any form, click the Document Locator Number (DLN) associated to a specific assessment or form.

The Medicaid tab shows Medicaid information for the individual.

The Hold Details tab shows information associated to holds for the individual.

The Service Limits tab shows service and spending limits along with the corresponding utilization for Transition Assistance Services (TAS) and Minor Home Modifications (MHM) (both pre and concurrent combined).

Provider Detail Page

The Provider Detail page allows users to see and print detailed information for the provider, number of individuals, provider information, contract information, and locations. The labeled tabs at the bottom of the page allow users to view additional information.

The Individuals tab shows the number of individuals enrolled with the provider by county.

The Provider Information tab shows information including services the provider provides and service areas they cover.

The Contract Information tab shows information related to the contract and legal entity. Public provider contract capacity information is only available in the Slot Tracking system. LIDDAs should reference the LIDDA Handbook for information regarding LIDDA responsibility for public provider choice.

The Locations tab shows the total number of locations and information for each location.

Provider List Page (LIDDA Only)

When a LIDDA clicks on a provider-related hyperlink from the Dashboard, the Provider List page displays and the page heading is labeled with the hyperlink that was clicked.

Enter filter criteria on the page to narrow the results. Results can be sorted by clicking on the column headings. The LIDDA can click the "Export" button to export all results to an Excel® spreadsheet.

LIDDAs can click a Provider No. hyperlink to view the provider's detailed information. Refer to the Provider Detail Page section for more information.

Submit Form

From the LTC Online Portal, click **Submit Form** to start a new assessment or form.

Note: How to submit an assessment or form is discussed in greater detail later in this User Guide.

Form Status Inquiry (FSI)

FSI is a query tool for monitoring forms that have been successfully submitted, and can be used to search across all assessment and form types. Click **Search** and select **Form Status Inquiry** from the drop-down options.
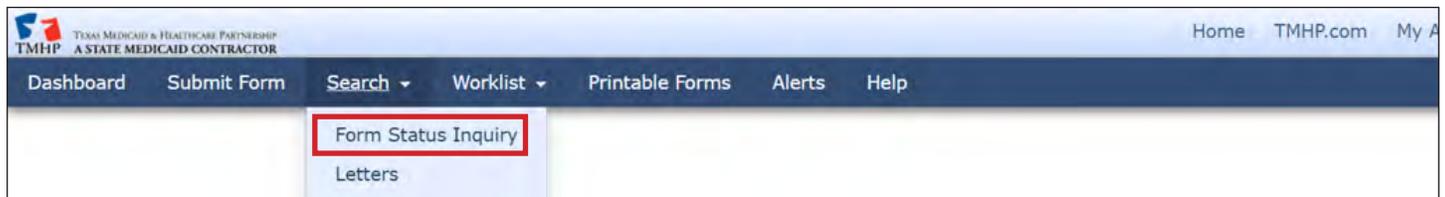
FSI allows you to retrieve submissions so that you can:

• Research and review statuses.

• Provide additional information to an assessment or form.

• Make edits.

• Make a decision on a request.

• Inactivate an assessment or form.

FSI can be performed in a number of ways, such as by:

• Type of Form.

• DLN.

• The individual's first name and last name.

• Social Security number.

• Medicaid number.

• Client Assignment and Registration (CARE) ID.

Search by Type of Form

To search by Type of Form:

1) Choose an option from the Type of Form drop-down box. For example, 8578 Intellectual Disability/Related Condition Assessment. The information on the screen changes based on the type of assessment or form chosen. **Note**: If you choose a specific assessment or form type from the drop-down, the search results are limited to only that particular type of assessment and form. To search for an assessment and form submitted for an individual, leave the Type of Form drop-down box blank and fill in the required information as indicated by the red dots, plus the Medicaid number or CARE ID.

2) Select a **Vendor Number** from the Vendor Number drop-down field. This is a required field.

3) Enter the From Date and To Date fields using the calendar icon, or enter it manually. The date must be entered in the mm/dd/yyyy format. These are required fields.

4) To narrow the search results, you can enter specific information about the individual. This is an optional step, as information does not have to be entered into all fields.
Note: Information under the FSI section will change depending on the assessment or form selected.

5) Click **Search** at the bottom of the screen.

Note: If the search results produce only one assessment or form, the results list still displays.

6) You are able to sort the listing shown at the bottom of screen by clicking on a heading column.

7) Click the **View Detail** link to display details of the assessment or form.

Search by Document Locator Number

To search by DLN:

1) Select a **Vendor Number** from the Vendor Number drop-down field. This is a required field.

2) Enter the From Date and To Date fields using the calendar icon, or enter it manually. The date must be entered in the mm/dd/yyyy format. These are required fields.

3) Enter the DLN in the DLN field.

4) Click **Search** at the bottom of the screen.

5) Once the search is complete, the assessment or form automatically opens.

Search by an Individual First Name and Last Name

To find all assessments or forms associated to an individual, leave the Type of Form drop-down box blank. Enter the individual's first and last name under the FSI section, in addition to any required fields indicated by the red dots. Certain fields, such a date range, are required for a search. Providers and LIDDAs are identified on the LTC Online Portal with a combination of the provider number and vendor number.

To use search by an individual's first name and last name:

1) Select a **Vendor Number** from the Vendor Number drop-down field. This is a required field.

2) Enter the From Date and To Date fields using the calendar icon, or enter it manually. The date must be entered in the mm/dd/yyyy format. These are required fields.

3) Enter the individual's first name and last name in the FSI section.

4) You can enter additional criteria to narrow the search results. This is an optional step.

5) Click **Search** at the bottom of the screen.

Note: If the search results produce only one assessment or form, the results list still displays.

6) You are able to sort the listing shown at the bottom of screen by clicking on a heading column.

7) Click the **View Detail** link to display details of the assessment or form.

Search by Social Security Number

Note: Assessments and forms that do not contain Social Security numbers will not display in the search results.

To search by Social Security number:

1) Select a **Vendor Number** from the Vendor Number drop-down field. This is a required field.

2) Enter the From Date and To Date fields using the calendar icon, or enter it manually. The date must be entered in the mm/dd/yyyy format. These are required fields.

3) Input the individual's social security number.

4) Click **Search** at the bottom of the screen.

5) A list of results displays at the bottom of the screen. To sort the results by a particular column, click a column heading.
   Note: If the search results produce only one assessment or form, the results list still displays.

6) To display the details of an assessment or form, click the **View Detail** link.

Search by Medicaid ID

Note: Assessments and forms that do not contain Medicaid IDs will not display in the search results.

To search by Medicaid ID:

1) Select a **Vendor Number** from the Vendor Number drop-down field. This is a required field.

2) Enter the From Date and To Date fields using the calendar icon, or enter it manually. The date must be entered in the mm/dd/yyyy format. These are required fields.

3) Enter the individual's Medicaid ID.

4) Click **Search** at the bottom of the screen.

5) A list of results displays at the bottom of the screen. To sort the results by a particular column, click a column heading.
   Note: If the search results produce only one assessment or form, the results list still displays.

6) To display the details of an assessment or form, click the **View Detail** link.

Search by CARE ID
To search by CARE ID:

1) Select a **Vendor Number** from the Vendor Number drop-down field. This is a required field.

2) Enter the From Date and To Date fields using the calendar icon, or enter it manually. The date must be entered in the mm/dd/yyyy format. These are required fields.

3) Enter the individual's CARE ID number in the CARE ID field.

4) Click **Search** at the bottom of the screen.

5) A list of results displays at the bottom of the screen. To sort the results by a particular column, click a column heading.
   Note: If the search results produce only one assessment or form, the results list still displays.

6) To display the details of an assessment or form, click the **View Detail** link.

Search Limitations
There are search limitations to be aware of, including:

- The From Date and To Date are required fields.

- Search results are limited to 250 displayed at a time; however, the user can choose the next page under the Results section to browse through the next 250 records.

Letters

In some cases, the LTC Online Portal automatically generates letters when there is a change in the status of an assessment or form that impacts service levels, LON, LOC, or eligibility. The following is an example of a list of letters that are automatically generated for 8578, 3608, 8582, and 3616.

Form	Status	Letter Type
ID/RC 8578 PC 2 IPC Enrollment	*Processed/Complete DADS SAS Resolution Complete PCS Processed/Complete*	HCS Enrollment Approval Letter TxHmL Enrollment Approval Letter
ID/RC 8578 PC 2	*LOC Denied*	HCS Enrollment Denial Letter (Generic) TxHmL Enrollment Denial Letter (Generic)
ID/RC 8578 PC 3 ID/RC 8578 PC 4	*LOC Approved/LON Modified LON Modified*	HCS LON Denial Letter TxHmL LON Denial Letter
ID/RC 8578 PC 3 ID/RC 8578 PC 4	*LON Sustained During Reconsideration*	HCS LON Reconsideration Denial Letter TxHmL LON Reconsideration Denial Letter
3608 IPC Enrollment 8582 IPC Enrollment	*Denied Due to Financial Ineligibility*	HCS Enrollment Denial Letter (Generic) TxHmL Enrollment Denial Letter (Generic)
3608 Renewal or Revision 3608 Transfer 8582 Renewal or Revision 8582 Transfer	*Denied Due to Financial Ineligibility*	HCS Termination Letter Advance Notice TxHmL Termination Letter Advance Notice
3608 Enrollment 3608 Renewal or Revision 3608 Transfer 8582 Enrollment 8582 Renewal or Revision 8582 Transfer	*Services Modified Services Denied Transfer Services Modified Transfer Services Denied*	HCS IPC Services Denial Letter TxHmL IPC Services Denial Letter *Letter sent if services on the IPC were not reduced.
3608 Renewal or Revision 3608 Transfer 8582 Renewal or Revision 8582 Transfer	*Services Modified Transfer Services Modified*	HCS IPC Services Reduction Letter TxHmL IPC Services Reduction Letter *Letter sent if services on the IPC were not denied.

Form	Status	Letter Type
3608 Renewal or Revision 3608 Transfer 8582 Renewal or Revision 8582 Transfer	*Services Modified* *Transfer Services Modified*	HCS IPC Services Denial/Reduction Letter TxHmL IPC Services Denial/Reduction Letter *Letter sent if services on the IPC have been denied and reduced.
3616	*Termination Approved*	HCS Termination Letter (Death) TxHmL Termination Letter (Death) *Letter sent if death is the reason for the termination.
3616	*Termination Approved*	HCS Termination Letter Advance Notice TxHmL Termination Letter Advance Notice *Letter sent if the Termination Reason is other than death and the Requested Termination Date is after the letter generation date.
3616	*Termination Approved*	HCS Termination Letter No Advance Notice TxHmL Termination Letter No Advance Notice *Letter sent if the Termination Reason is other than death and the Requested Termination Date is after the letter generation date.

Letter Search

The Letter Search feature allows users to find letters that have been created for a provider, LIDDA, individual, or Legally Authorized Representative (LAR). Only users with the necessary security profile have access to the Letter Search feature.

Performing a Letter Search

To perform a Letter search:

1) Click **Search** on the blue navigational bar and select **Letters** from the drop-down field to open the Letter Search page.
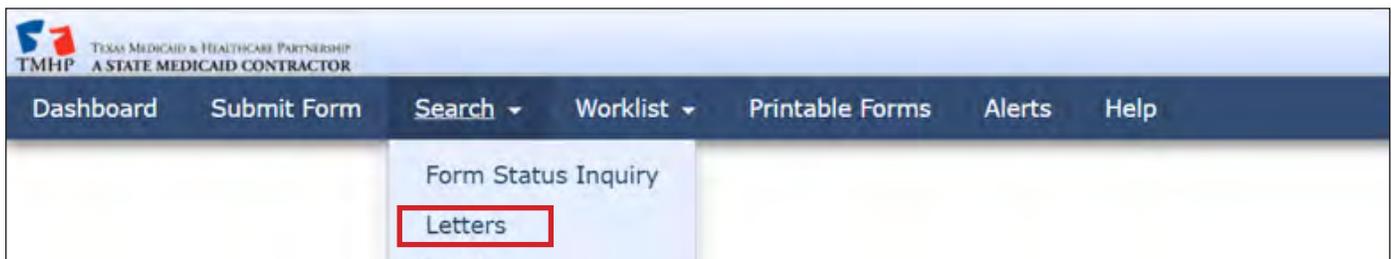
2) There are no required fields; however the more information entered, the more specific the results are. Although letters do not have DLNs, you can search by the DLN of the assessment or form from which the letter was generated to locate an associated letter. This is referred to as the Referenced DLN. If you choose to search by DLN, only the DLN must be entered. The Date field does not need to be entered for a search by DLN.

3) To search using criteria other than the DLN, enter the From Date and To Date fields using the calendar icon, or enter it manually. The date must be entered in the mm/dd/yyyy format. These are required fields.

4) Click **Search** at the bottom of the screen to search or click **Worklist**. A Worklist allows users to save search criteria used on a regular basis.

5) The results of the search are shown at the bottom of the screen. The results display is limited to 100 records at a time. If there are more than 100 records found, only the first 100 records are displayed. If the record being searched for is not displayed in the first 100 records, enter additional search criteria to further limit the search. If there are no results, the No Results message is displayed.
Note: If the search results produce only one letter, the results list still displays. Select the DLN for the

assessment or form that was found. It opens and displays on the screen.

6) To view the details of a letter, click the **View Letter** link in the first column of the results.

Individual Search

Individual Search allows users to search for specific information for an individual, including the individual's current status.

Note: LIDDAs are able to search and view information statewide.

To search by Individual Search:

1) Click **Individual Search** from the Search drop-down field.

2) Enter search criteria. You can search by entering information in the Individual, Address, or Provider sections.
Note: When searching for enrollments, enter the CARE ID instead of the Medicaid Number, since individuals might not have a Medicaid Number when enrolling.

3) Click **Search** or click **Reset** to clear the existing information.

4) When the "Search" button is clicked, search results are populated at the bottom of the screen.

5) Click the CARE ID hyperlink to view the individual's detailed information. Refer to the Individual Detail Page section for more information.

Provider Location Search

The Provider Location Search feature is only available for providers and can be used to view and manage provider location information for their counties.
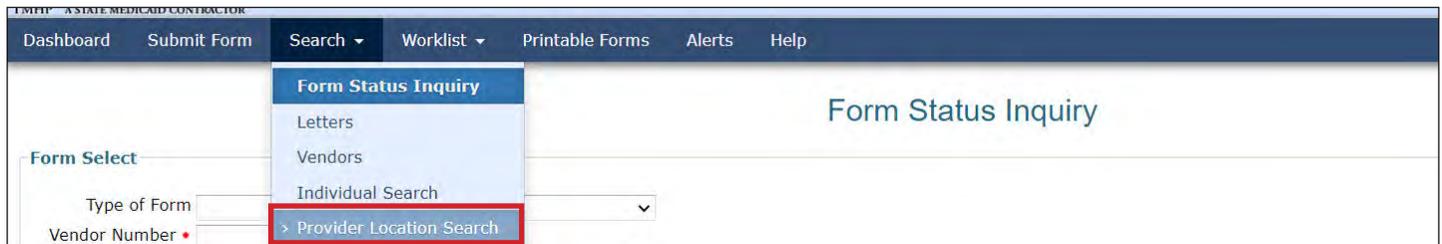
Providers are required to enter a vendor number on the Provider Location Search page to populate search results. Providers can also complete other fields on the page to narrow search results.
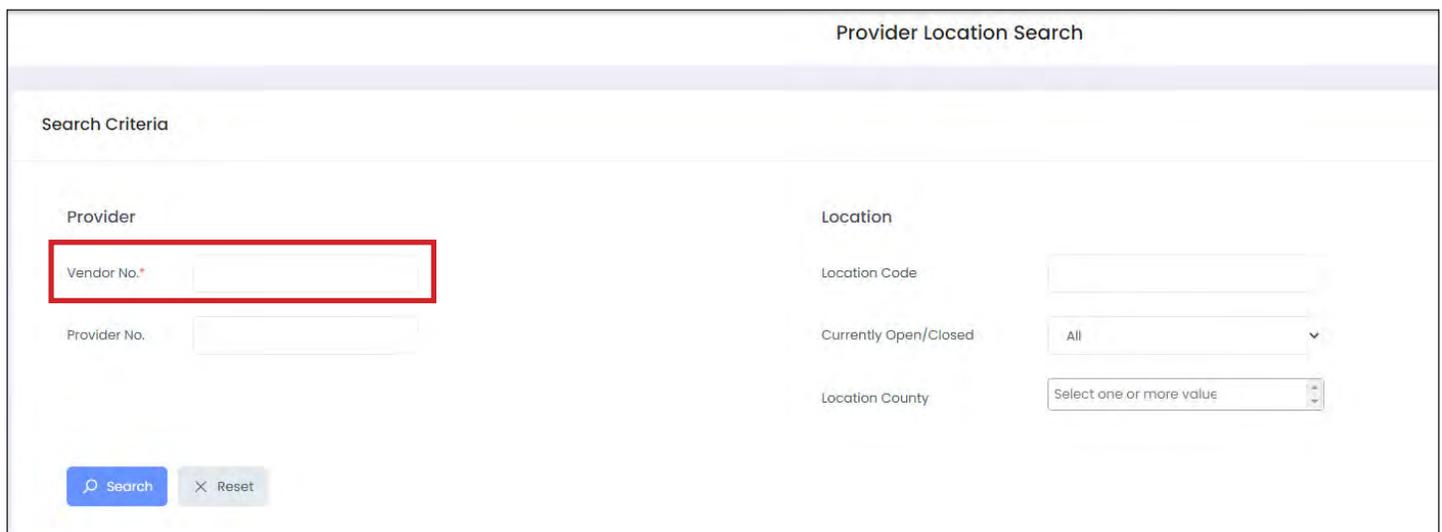
When the "Search" button is clicked, search results are populated at the bottom of the screen. Results can be sorted by clicking on the column headings. Providers can click **Export** to export all results to an Excel® spreadsheet.

Providers can click a Location Code hyperlink to view the Provider Location Detail page.

The Provider Location Detail page displays detailed information related to a provider location. There are labeled tabs at the bottom of the page that allow users to view additional information.

The Individuals tab shows the total number of individuals for the location within a selected date range. Providers can also view and export a list of individuals assigned to the location.
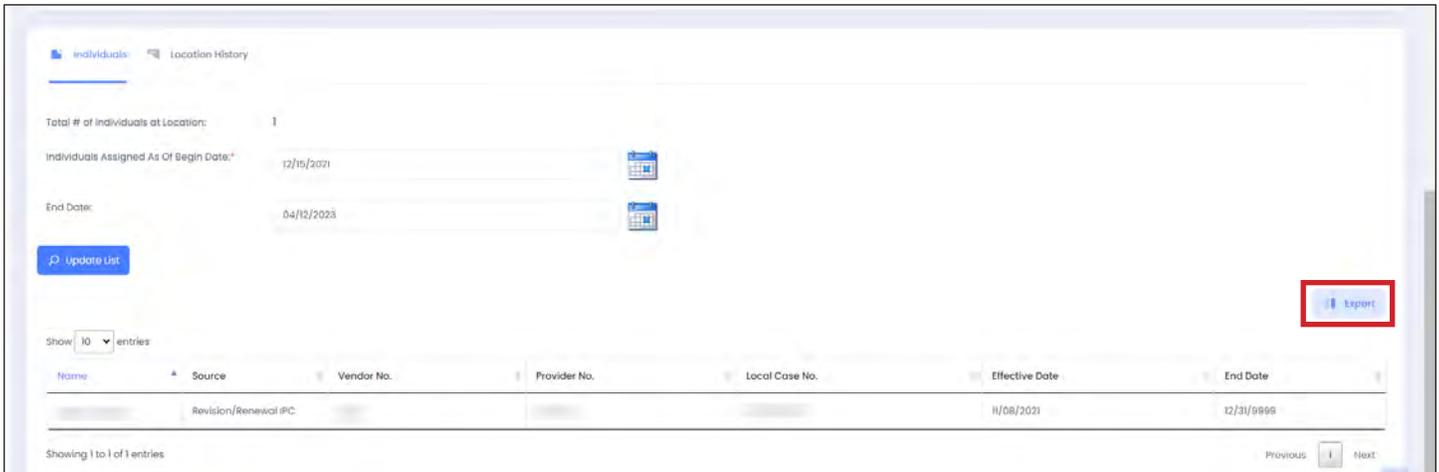
The Location History tab shows historical information for the location, including the location type and the effective and end dates.
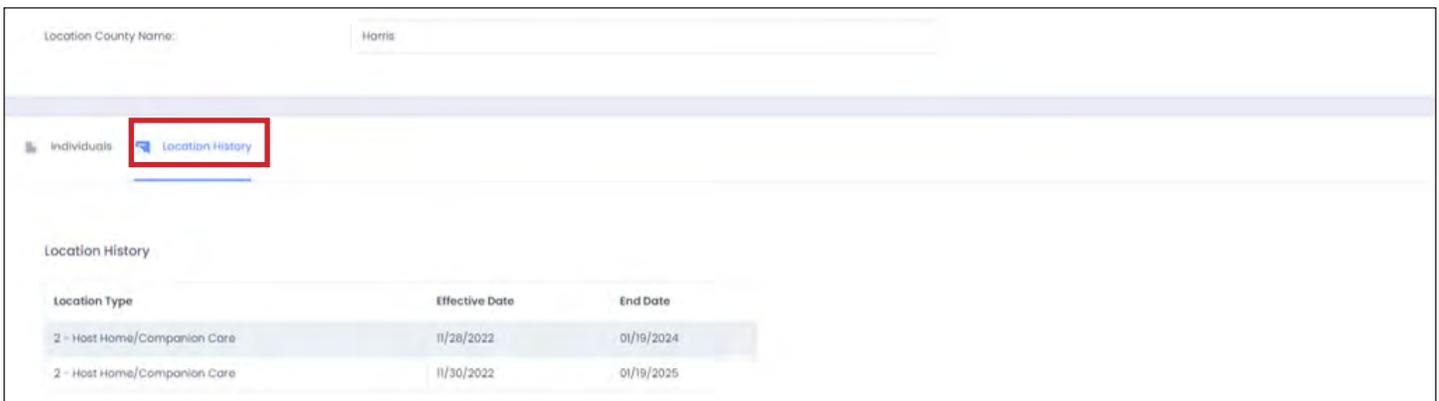
Current Activity

The Current Activity feature allows those with proper permissions to view submitted documents with status changes that have occurred within the last 14 calendar days. After 14 days, the information is deleted, and you must utilize FSI to locate documents.

To view Current Activity:

1) Click **Current Activity** from the Worklist drop-down menu.

2) Click the desired Vendor/Provider Number combination. This will display the Current Activity for that Vendor/ Provider Number. The results page will display document submissions and status changes that have occurred within

the last 14 calendar days.

3) Click the **DLN** link to display the details of the form.

Drafts

Drafts are documents that have not been submitted on the LTC Online Portal but have been started and saved. Documents saved as drafts will not have a DLN. A DLN is a unique number assigned to each document that is used to identify it. Once submitted, a document will be assigned a DLN. When a document is saved as a draft, it is saved under the vendor number that was selected when the document was started. Drafts are saved for 60 days and are then automatically deleted.

Note: When a draft is reopened, information on the draft does not update if there have been any individual or provider data changes since the draft was created. If any individual or provider data has changed since the draft was created, users should delete the draft and start the form from the Submit Form page.

To access a saved draft:

1) Click **Drafts** from the Worklist drop-down on the blue navigational bar.
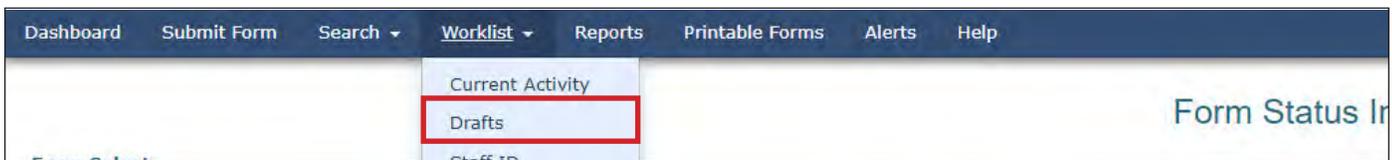
2) Choose one of the two following options:

a) Click the **Open** link to open a draft to edit and submit.

b) Click the **Remove** link to permanently delete the draft.

3) If you click the **Remove** link, you have two choices:

a) Click **OK** to delete the draft.

b) Click **Cancel** to keep the draft.
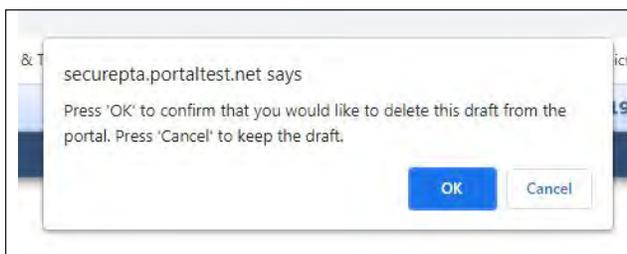
Note: Once a draft is removed, it cannot be retrieved.

Staff ID

The Staff ID feature gives providers access to Texas Medicaid Staff ID information for HCS and TxHmL vendors that are associated to the provider's LTC Online Portal user account. To access the feature, providers must have the Staff ID Inquiry permission or Staff ID Maintenance permission assigned to their LTC Online Portal user account. For help with assigning user permissions, account administrators may refer to the "Modify Permissions of Existing User" section of the *Managing Your Long-Term Care Online Portal Account: A Step-by-Step Guide*. LIDDAs do not have access to this feature.

Staff ID Inquiry Permission

Providers with the Staff ID Inquiry permission can search for staff records on the Staff ID Inquiry page.

To search for staff records:

1) Click **Staff ID** from the Worklist drop-down menu on the blue navigational bar.

2) Select a vendor number from the Vendor Number drop-down field, and click **Search** or press the "Enter" key on your keyboard. A list of vendor staff populates, along with the credential/license type, staff ID, and staff begin

and end dates.
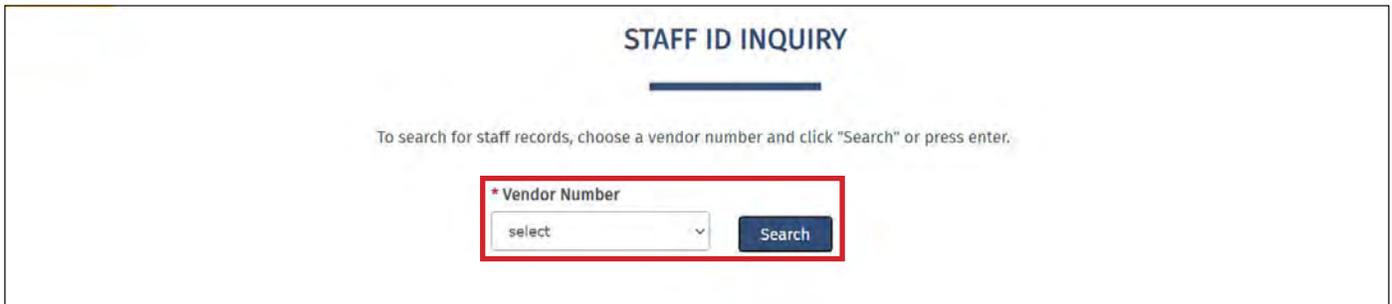
3) Users can click the column headings to sort the results or click **Print** to print all results. To search for staff records for a different vendor, select another vendor number from the Vendor Number drop-down field, and click **Search** or press the "Enter" key on your keyboard.

Staff ID Maintenance Permission

While providers with the Staff ID Inquiry permission can only search for staff records, providers with the Staff ID Maintenance permission can search for and manage staff records on the Staff ID Inquiry page.

To search for staff records:

1) Click **Staff ID** from the Worklist drop-down menu on the blue navigational bar.

2) Select a vendor number from the Vendor Number drop-down field, and click **Search** or press the "Enter" key on your keyboard. A list of vendor staff populates, along with the credential/license type, staff ID, and staff begin

and end dates.

3) Users can click the column headings to sort the results or click **Print** to print all results. To search for staff records for a different vendor, select another vendor number from the Vendor Number field, and click **Search** or press the "Enter" key on your keyboard.

To view an individual record:

1) Click **Staff ID** from the Worklist drop-down menu on the blue navigational bar.

2) Select a vendor number from the Vendor Number drop-down field, and enter a staff ID in the Staff ID field.

3) Click **Search,** or press the "Enter" key on your keyboard. Users might see multiple records for the same staff ID if there are different begin and end dates.

Add Records

The Add Record page allows providers with the Staff ID Maintenance permission to add staff records for the selected vendor.

To add a staff member's record for the selected vendor:

1) Select a vendor number from the Vendor Number drop-down field on the Staff ID Inquiry page, and click **Add**.

2) Complete all required fields and any other fields, as needed.

3) Click **Submit**, or press the "Enter" key on your keyboard. A confirmation message appears if you correctly entered all required fields.

4) Click **Add Another**, or click **Cancel** to return to the search results.

Edit Records

The Edit Record page allows providers with the Staff ID Maintenance permission to update staff records for the selected vendor.

To edit a staff member's record for the selected vendor:

1) Select a vendor number from the Vendor Number drop-down field on the Staff ID Inquiry page, and click **Search** or press the "Enter" key on your keyboard.

2) Click the "Actions" option for the staff member's record you want to update, and click **Edit**.
Note: Users cannot edit ended records.

3) Update the staff member's record.
Note: Staff IDs, first names, and last names cannot be updated. To update these fields, you must end or delete the current record, and add a new record for the staff member. To prevent issues with claims, users should not delete records that have been used in a past claim submission. Refer to the Delete Records and Add Records sections for more information.

4) Click **Submit**, or press the "Enter" key on your keyboard. The record is updated.

To update a staff member's record, please provide the information below and click "Submit" or press enter.

* Staff ID

License/Credential Type

* Last Name   Suffix   * First Name   M.I.

* Begin Date   End Date

Submit   Cancel

Delete Records

The Delete Record page allows providers with the Staff ID Maintenance permission to delete staff records for the selected vendor. Deleted records cannot be recovered or reactivated, and are permanently removed from the vendor list.

Note: To prevent issues with claims, users should not delete records that have been used in a past claim submission. Instead, it is recommended that you end the record. Refer to the Edit Records section for instructions on how to end a record.

To delete a staff member's record for the selected vendor:

1) Select a vendor number from the Vendor Number drop-down field on the Staff ID Inquiry page, and click **Search** or press the "Enter" key on your keyboard.

STAFF ID INQUIRY

To search for staff records, choose a vendor number and click "Search" or press enter. To add a record, choose a vendor number and select "Add". To view an individual record, choose a vendor number and enter a staff ID, and click "Search" or press enter.

* Vendor Number   Staff ID

Search   Add

2) Click the "Actions" option for the staff member's record you want to delete, and click **Delete**.
   Note: Only staff member records with a blank or future end date can be deleted. Users cannot delete ended

records.

3) Click **Submit**, or press the "Enter" key on your keyboard.

4) Click **OK** when the confirmation screen appears. The record is deleted. As noted above, a staff record *should not* be deleted if it has been used in a past claim submission.

Reactivate Records

The Reactivate Record page allows providers with the Staff ID Maintenance permission to reactivate staff records for the selected vendor.

To reactivate a staff member's record for the selected vendor:

1) Select a vendor number from the Vendor Number drop-down field on the Staff ID Inquiry page, and click **Search** or press the "Enter" key on your keyboard.

2) Click the "Actions" option for the staff member's record you want to reactivate, and click **Reactivate**.
   Note: Only one record can be active per staff ID.

3) Complete the required Begin Date calendar field. The End Date calendar field is optional.
   Note: When entering dates, users should keep the following in mind: begin dates must not be more than five years in the past; end dates must be on or after the begin date; begin dates must not be over 31 days in the future; begin and end dates cannot overlap another segment's begin and end dates.

4) Click **Submit**, or press the "Enter" key on your keyboard. The record is reactivated.

Service Coordination Unit Search

The Service Coordination Unit Search feature gives LIDDAs access to information for units that are associated to the LIDDA's LTC Online Portal user account. All LIDDAs have access to search and view unit information. To manage unit information, LIDDAs must have the Service Coordinator Maintenance permission assigned to their LTC Online Portal user account. For help with assigning user permissions, account administrators may refer to the "Modify Permissions of Existing User" section of the *Managing Your Long-Term Care Online Portal Account: A Step-by-Step Guide*. Providers do not have access to this feature.

Service Coordination Unit Search Inquiry Permission

LIDDAs with the Service Coordination Unit Search Inquiry permission can search and view unit information.

To search and view unit information:

1) Click **Service Coordination Unit Search** from the Worklist drop-down menu on the blue navigational bar.

2) Enter a vendor number in the required Vendor No. field. Other fields are optional and can be completed, as needed.

3) Click **Search**. A list of units populates, along with the unit ID, unit name, unit program, status, and open and close dates.

4) Click any of the column headings to sort results. Click **Print** to print all results, or click **Export** to export all results.

5) Click the unit ID in the search results list to view information. When a Unit ID link is clicked from the Unit Search page, information for the selected unit can be viewed on the Unit Information page. Refer to the Unit

<u>Information</u> section for more information.

Showing 1 to 1 of 1 entries

Service Coordination Unit Search Maintenance Permission

LIDDAs with the Service Coordination Unit Search Maintenance permission can manage unit information.

To search and view units:

1) Click **Service Coordination Unit Search** from the Worklist drop-down menu on the blue navigational bar.

2) Select a vendor number from the required Vendor No. drop-down field. Other fields are optional and can be completed, as needed.

3) Click **Search**. A list of units populates, along with the unit ID, unit name, unit program, status, and open and close dates.

4) Click any of the column headings to sort results. Click **Print** to print all results, or click **Export** to export all results.
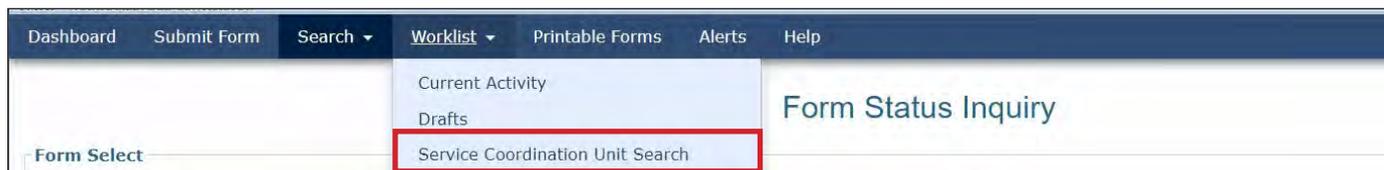
5) Click the unit ID link in the search results list to view information for the unit.

Unit Information

When a Unit ID link is clicked from the Unit Search page, information for the selected unit can be viewed.

To view information for a specific service coordinator or a service coordinator's assignments, click the appropriate Service Coordinator ID link or the Assignments link. Refer to the Personnel Details section and the Current Assignments section for more information.

Users with Service Coordination Maintenance permission have additional access including editing the unit, adding new unit personnel, linking existing unit personnel, and unlinking unit personnel.

Edit Unit

LIDDAs with Service Coordination Maintenance permission can edit unit information.

To edit unit information:

1) Click **Edit Unit** on the Unit Information page.

2) Update information for the unit and click **Save**. Click **Cancel** to return to the Unit Information screen.

Add New Unit Personnel

LIDDAs with Service Coordination Maintenance permission can add new unit personnel.

To add new unit personnel:

1) Click **Add New Unit Personnel** on the Unit Information page.

2) Enter the service coordinator's information and click **Save**.

Link Unit Personnel

LIDDAs with Service Coordination Maintenance permission can manage service coordinator personnel links to service coordination units.

To link unit personnel:

1) Click **Link Unit Personnel** on the Unit Information page.

2) Click the check box next to the service coordinator to be linked to the unit. Multiple service coordinators can be selected.

3) Click **Link to Unit**. The service coordinator is linked to the unit.
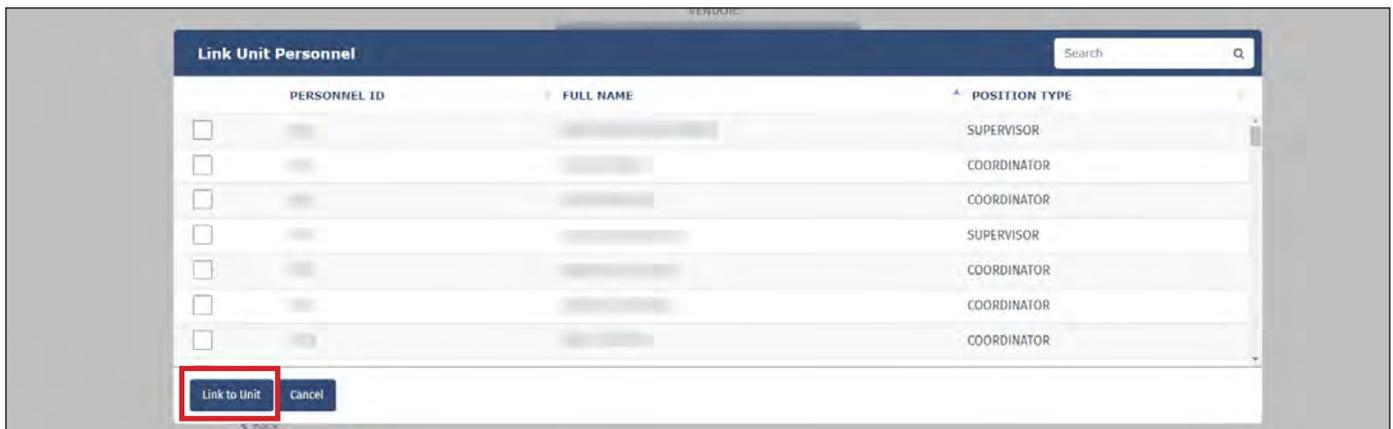
Search Coordination Personnel Search

The Service Coordination Personnel Search feature gives LIDDAs access to information for personnel who are associated to the LIDDA's LTC Online Portal user account. All LIDDAs have access to search and view personnel information. To manage personnel information, LIDDAs must have the Service Coordinator Maintenance permission assigned to their LTC Online Portal user account. For help with assigning user permissions, account administrators may refer to the "Modify Permissions of Existing User" section of the *Managing Your Long-Term Care Online Portal Account: A Step-by-Step Guide*. Providers do not have access to this feature.

Service Coordination Personnel Search Inquiry Permission

LIDDAs with the Service Coordination Personnel Search Inquiry permission can search and view personnel information.

To search and view personnel:

1) Click **Service Coordination Personnel Search** from the Worklist drop-down menu on the blue navigational bar.

2) Enter a vendor number from the required Vendor No. field. Other fields are optional and can be completed, as needed.

3) Click **Search**. A list of personnel populates, along with the service coordinator ID, full name, position type, status, Unit ID, and current assignments.

4) Click a Service Coordinator ID, Unit ID, or Assignments link to view more information. Refer to the Personnel Details section, Unit Information section, and the Current Assignments section for more information.

Service Coordination Personnel Search Maintenance Permission

LIDDAs with Service Coordination Personnel Search Maintenance permission can search, view, and maintain personnel information.

To search and view personnel:

1) Click **Service Coordination Personnel Search** from the Worklist drop-down menu on the blue navigational bar.

2) Select a vendor number from the required Vendor No. drop-down field. Other fields are optional and can be completed, as needed.

3) Click **Search**. A list of personnel populates, along with the service coordinator ID, full name, position type, status, Unit ID, and current assignments.

To search, please input the requested search criteria below and select "Search". When search results are displayed, select the "Service Coordinator ID" link from the list to view or edit a person's information, or select the "Current Assignments" link in the list to view a person's assignments. To add a new service coordinator, supervisor, or manager, navigate to the Unit Information screen for a unit they will belong to.

* Vendor No.	Unit Program	Unit ID	Status

Service Coordinator ID	Service Coordinator First Name	Service Coordinator Last Name

Search

4) Click any of the column headings to sort results. Click **Print** to print all results, or click **Export** to export all results.

5) Click a Service Coordinator ID, Unit ID, or Assignments link to view more information.

Print   Export

Service Coord. ID	Full Name	Position Type	Status	Unit ID	Current Assignments
		COORDINATOR	CLOSED		ASSIGNMENTS
		COORDINATOR	CLOSED		ASSIGNMENTS
		COORDINATOR	CLOSED		ASSIGNMENTS
		COORDINATOR	CLOSED		ASSIGNMENTS
		COORDINATOR	OPEN		ASSIGNMENTS

Personnel Details

When a Service Coordinator ID link is clicked from the Personnel Search page or the Unit Information page, information for the selected service coordinator can be viewed. The information available includes the service coordinator's ID number, name, position type, contact information, personnel begin and end dates, and unit information. All units currently linked to the selected service coordinator are displayed, and the results can be printed and exported.

Users with maintenance permission can click the "Edit" button to edit the service coordinator's information. Refer to the Edit Unit section for more information. To view Service Coordination assignments for the selected person, click the "List Assignments" button.

The selected personnel is displayed below. To edit the information, please select "Edit" below. To view Service Coordination assignments for this person, select "List Current Assignments" below.

* Service Coordinator ID

* Service Coordinator First Name

* Service Coordinator Last Name

* Position Type

* Service Coordinator Phone Number

* Email Address

* Personnel Begin Date

Personnel End Date

Edit   **List Assignments**

‹ Back

Print 🖨 Export ⬇

Current Assignments

When the Assignments link is clicked, information for the individuals assigned to the selected service coordinator can be viewed. The information available includes the individual's name, Medicaid ID, CARE ID, assignment begin date, and the assignment end date. The results on the Current Assignments page can be printed and exported.

VENDOR:

Service Coordinator ID: Coordinator Name: Phone Number:

Personnel Email:

‹ Back   Print 🖨 Export ⬇

Full Name	Medicaid ID	CARE ID	Assignment Begin Date	Assignment End Date
			08/09/2021	12/31/9999
			01/01/2023	12/31/9999
			04/01/2021	12/31/9999

Showing 1 to 3 of 3 entries   Previous 1 Next

Printable Forms

The Printable Forms feature allows you to view blank assessments and forms, print blank assessments and forms, interactively complete assessments and forms, and print or save them to your desktop.

To use Printable Forms:

1) Click **Printable Forms** on the blue navigational bar.

| Dashboard | Submit Form | Search ▾ | Worklist ▾ | Printable Forms | Alerts | Help |

2) Choose an assessment or form by clicking the corresponding link. A new window and application called Adobe Reader® opens and displays the editable, blank document in Portable Document Format (PDF).

3618
3619
MDS 3.0 Comprehensive
MDS 3.0 Quarterly
PASRR Comprehensive Service Plan (PCSP)
PASRR Level 1 Screening (PL1)
PASRR Evaluation (PE)
PASRR NF Specialized Services (NFSS) - Authorization Request for CMWC
PASRR NF Specialized Services (NFSS) - Authorization Request for DME
PASRR NF Specialized Services (NFSS) - Authorization Request for Habilitative Therapies
PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification
PASRR NF Specialized Services (NFSS) - CMWC/DME Signature Page
PASRR NF Specialized Services (NFSS) - CMWC Supplier Acknowledgment and Signature Page
PASRR NF Specialized Services (NFSS) - DME Supplier Acknowledgment and Signature Page
PASRR NF Specialized Services (NFSS) - Fax Cover Page
PASRR NF Specialized Services (NFSS) - Therapy Signature Page
Provider Location Update
Waiver 3.0 MN and LOC
Waiver 3.0 Physician's Signature Page
Individual Movement Form
8578 Intellectual Disability/Related Condition Assessment (ID/RC 8578 Assessment)
HCS 3608 Individual Plan of Care
TxHmL 8582 Individual Plan of Care
HCS or TxHmL Pre-enrollment

Note: Once open, you can enter information into the document and save it to your desktop. You cannot submit assessments and forms from your desktop through the LTC Online Portal.

3) Click the printer icon located at the top left of the PDF document.

4) To print the entire document, click the printer icon, then:

   a) Printer—Choose the appropriate printer name from drop-down box.

   b) Print Range—Click the "All" radio button.

   c) Click **OK**.

5) To print only certain pages instead of the entire document:

   a) Printer—Choose the appropriate printer name from drop-down box.

   b) Print Range—Click the "Pages" radio button.

   c) Enter the particular pages you want to print. For example, entering 1-5 will print all pages 1 through 5, and if you enter 1, 3, 7, the printer will print only pages 1, 3, and 7.

   d) Click **OK**.

Alerts

Alerts are automatically generated to notify a provider or LIDDA to perform an action related to an assessment and form. Providers and LIDDAs should access the Alerts page on a daily basis to check for alerts that require action.

Alerts are shown for the last 30 days from the current date. Alerts older than 30 days from the current date will be removed.

Note: Users can use FSI to search for assessments or forms that are older than 30 days from the current date and require action.

To view alerts:

1) Click **Alerts** from the blue navigational bar. The Alerts page appears and displays a list of alerts for Vendor/ Provider numbers associated to the user.
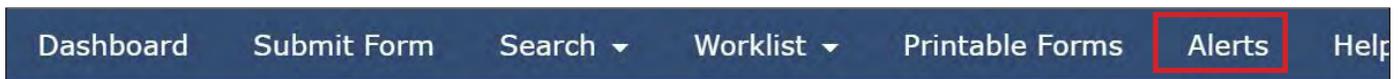
2) Click the **Alert Subject** link to see details of an alert.

3) Click **Return to Alerts Page** to return to the Alerts page.

Alerts can be deleted from the Alerts page by selecting the box next to the alert that the user wants to remove and then clicking **Delete Alert**. Once deleted, an alert cannot be retrieved.

Yellow Form Actions Bar

The yellow Form Actions bar displayed at the top of an assessment or form provides options that allow you to take an action on an assessment or form. Options vary depending on your security level, the type of assessment or form, as well as the document status. The yellow Form Actions bar is available when an assessment or form is open.

Options found on the yellow Form Actions bar may, depending on the criteria mentioned above, include: Print, Add Note, Use as template, Save as Draft, Correct this Form, Submit Form, Inactivate, and Restart Form.
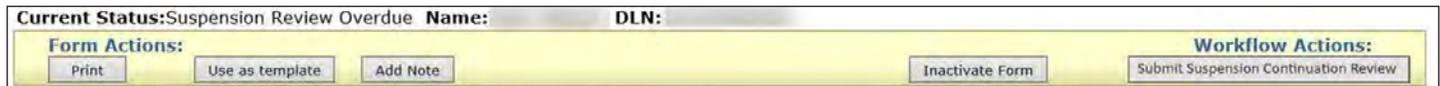
Print

Use the Print feature to print a hard copy of the completed assessments and forms. Click **Print** to print the assessment or form. The "Print" button is available in all statuses, as well as prior to assessment or form submission. When you click the "Print" button, the LTC Online Portal displays the assessment or form data in a PDF format.

Note: When printing an assessment or form, the individual's name is auto-populated on the top right corner of each page. The DLN is on the top left corner of the page.

Use as template

The Use as template feature lets you auto-populate a new assessment or form with information from an existing assessment or form for the *same individual*. For example, you may want to submit an assessment or form with a new Purpose Code for an individual. The Use as template feature allows you to auto-populate information such as name and address to a new, blank document. The Use as template feature is available in any assessment or form status but is not available on the 8578 Intellectual Disability/Related Condition (ID/RC) Assessment PC E and PC 4.

To use an existing assessment or form as a template:

1) Use FSI to locate and display the existing assessment or form you wish to use as a template.

2) Click **Use as template**. Most of the data in the old document is used to create and auto-populate the new document.
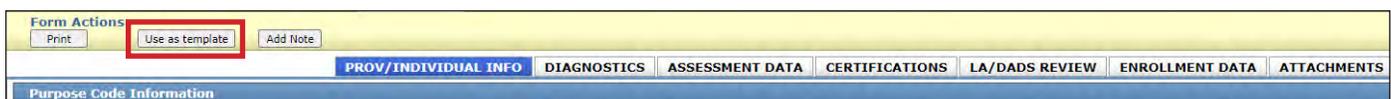
3) Enter data into the remaining fields that did not auto-populate.
   Note: Not all fields are copied to the new document. Be sure to check for accuracy when you use the Use as template feature.

4) Click the "Attachments" tab to upload new files. Attachments from the original assessment or form are not included in the new assessment or form, but are still accessible through the original DLN.

Add Note

The Add Note feature is available for all assessments and forms and may be used to add information that was not captured with the original submission. Unless the assessment or form is locked by another user, the Add Note feature is always available.

When you add a note, the LTC Online Portal inserts your user name and the date, and the current status of the assessment or form updates. Notes are added to the History trail of the assessment or form, not to the assessment or form itself (i.e., not added to the Comments in the notes section). The History trail is found at the bottom of an assessment or form.

To add a note to a submitted assessment or form:

1) Locate the assessment or form using FSI.

2) Click **Add Note**. A text box opens.

3) Enter information (up to 500 characters).

4) You have the choice to either:

   a) Click **Save** to save your note.
      Note: Once a note has been saved, it cannot be corrected or deleted.

   b) Click **Cancel** to erase your note.

Inactivations

Assessments and forms may need to be inactivated when you want to stop them from moving forward in the workflow or when incorrect information has been entered into a field that cannot be edited (e.g., Purpose Code or IPC Type). Once inactivated, the assessment or form will not be available for further processing, but may be used as a template.

LIDDAs are not permitted to use the "Inactivate" button on Pre-enrollment Forms. Instead, LIDDAs are required to contact the assigned slot monitor to request inactivation of Pre-Enrollment Forms. Only the slot monitor is allowed to inactivate Pre-enrollment Forms. LIDDAs also cannot inactivate 8578 ID/RC PC 2 Assessments, or 3608 or 8582 IPC Enrollment Forms.

All other existing assessments and forms can be inactivated when remanded to the user and prior to the assessment or form entering the Authorization Process. Once an assessment or form has gone through the Authorization Process, inactivation is not allowed.

HHSC-LTC recommends that LIDDAs and providers contact PES if needing to inactive the following forms:

- 8578 ID/RC PC 2 Assessments.

- 3608 or 8582 IPC Enrollment or Transfer Forms.

- Suspensions.

- Terminations.

HHSC-LTC recommends that LIDDAs and providers contact UR if needing to inactivate the following forms:

- 8578 ID/RC PC 3 or 4 Assessments.

- 3608 or 8582 IPC Renewal or Revision Forms.

Who may Inactivate?

Inactivations may be performed based on the vendor/contract who originally submitted the assessment or form. HHSC-LTC staff also have the ability to perform inactivations.

Inactivation Criteria

- No time limit.

- Only LPDS slot monitors can inactivate HCS or TxHmL Pre-enrollment Forms.

- Only HHSC-LTC staff can inactivate 8578 ID/RC PC 2 Assessments or 3608 or 8582 IPC Enrollment Forms.

- Only the original submitter can inactivate an assessment or form. The exception is an HHSC-LTC user who has internal submitter rights associated with that vendor/contract number.

- The assessment or form cannot be in Drafts and must have a DLN to be inactivated.

- Assessments and forms with the following statuses cannot be inactivated:

  - *Pre-enrolled*

  - *Pending Enrollment*

  - *Enrolled*

  - *Denied—Not Functionally Eligible*

  - *Denied—Not Financially Eligible*

- *Pending SAS Update*

- *Invalid/Complete*

- *Corrected*

- *Inactivated*

- *DADS SAS Resolution Complete*

- *PCS Processed/Complete*

- *Terminated*

- **Note:** Statuses for when you cannot inactivate an assessment or form vary by the type of assessment or form selected.

Common Inactivation Scenarios

Purpose	Status	Action	Additional Action
Need to make a correction	*Pending LA Review Pending DADS/Coach Review*	Click the "Remand to Submitter" button.	No additional action.
Need to make a correction	*Processed/Complete*	Ask HHSC-LTC staff to correct or Invalidate/ Inactivate the form.	If a renewal or transfer, HHSC-LTC staff will to assist in removing the service authorizations from SAS.
Wrong provider, FMSA, or LIDDA populating	*Draft*	Determine if there is a missing transfer/ Individual Movement Form (IMT) in status *Pending LA* or *Pending DADS Review*.	If yes, enter a transfer, If no, contact HHSC-LTC staff.
Wrong provider, FMSA, or LIDDA populating	*Pending LA Review Pending DADS/Coach Review*	Invalidate/inactivate the form.	Enter needed transfers/ IMTs
Wrong provider, FMSA, or LIDDA populating	*Processed/Complete*	Invalidate/inactivate the form.	Contact HHSC-LTC staff to assist in removing service authorizations from SAS.

How to Inactivate an Assessment or Form

To inactivate an assessment or form:

1) Find the appropriate assessment or form using FSI, Individual Search, or Current Activity.

   Note: The Current Activity feature can be used to locate submitted assessments or forms that contain status changes that have occurred within the last 14 calendar days.

2) Click the **View Detail** link.

3) Click **Inactivate Form** on the yellow Form Actions bar.

4) When the dialog box appears asking **Are you sure you want to Inactivate this form?** you can:

   a) Click **OK** to inactivate the assessment or form.

   b) Click **Cancel** if you do not want to inactivate the assessment or form.

Once the assessment or form is inactivated, it is set to status **_Inactivated_**.

Note: Once inactivated, assessments and forms cannot be reactivated.

Corrections

If incorrect data is submitted on an assessment or form, a correction can be made by clicking the "Correct this form" button. To make a correction, use FSI or Current Activity to locate the assessment or form that requires correction. However, not all fields are correctable.

Examples of incorrect data include:

- Individual is listed as a male but is actually a female.

- Individual's diagnosis indicates diabetes, but the individual actually has hypoglycemia.

Who May Submit the Correction?

The original submitter does not have to be the one who submits a correction, but the correction does have to be from the same vendor/contract number. Corrections are not allowed to be made to assessments or forms that have at any time been set to status **_Corrected, Inactivated, or Invalid/Complete_**. The "**Correct this form**" button does

not display in the yellow Form Actions bar on any assessment or form that cannot be corrected. Corrections are processed immediately.

The "Correct this form" button is not available on Pre-enrollment Forms. LIDDAs will use the "Update" button to edit certain fields while the form status is *Pre-Enrolled*. For fields that cannot be updated using the "Update" button or for corrections to forms not in the status *Pre-Enrolled*, LIDDAs should contact the assigned slot monitor for assistance.

Correcting Forms with Attachments

When the "Correct this form" button is clicked on an existing assessment or form, the existing attachments on the original assessment or form will not be linked until the user successfully submits the newly corrected assessment or form. Once a DLN is generated, the attachments from the original assessment or form will be attached to the recently corrected assessment or form and a note will be added to the attachment History trail stating, "System moved from Parent form: Attachment.doc added as an attachment."

How to Submit a Correction Using FSI

1) Click **Search** and select **Form Status Inquiry** on the blue navigational bar.
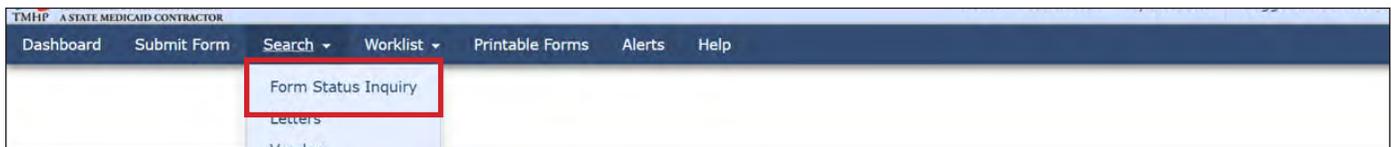
2) Select a form from the Type of Form drop-down box.

3) Choose a **HCS** or **TxHmL** from the Program drop-down box.

4) Choose a **Vendor Number** from the Vendor Number drop-down box.

5) Enter data for all required fields as indicated by the red dots.

6) You can enter additional information in the additional criteria section. It is strongly recommended that you enter as much additional criteria as you have to narrow search results.

7) Click **Search**. The Search results display at the bottom of the screen.

8) Click the **View Detail** link of the requested assessment or form.

9) Click **Correct this form**.

10) View the assessment or form after it is launched. (The status of the parent is set to *Corrected* when the "Correct this form" button is clicked and the new child assessment or form is launched.)

11) Enter correct information into all required fields and any fields needing correction.

12) Click **Submit Form**.

The new child assessment or form is assigned a DLN, creating the parent/child DLN relationship. The new child assessment or form becomes the current assessment or form and replaces the parent assessment or form.

Save as Draft

The Save as Draft feature allows you to save unfinished assessments and forms on the LTC Online Portal, but is not available on Pre-enrollment Forms. Once saved, these drafts are accessible by all users under the vendor/contract number to which the draft is linked. You may access the draft by clicking the **Worklist** link located on the blue navigational bar, then clicking the **Drafts** link from the drop-down menu.

Note: The "Save as Draft" button is available on the yellow Form Actions bar until the assessment or form has been successfully submitted on the LTC Online Portal.

Based on permissions, users can open an assessment or form with attachments that is saved as a draft and will be able to download, delete, upload files, and submit the assessment or form.

Other Basic Information

Required Fields

On the LTC Online Portal, red dots indicate required fields. Fields without red dots are optional. An error message appears if required fields are not completed.

Viewing Historical Assessments and Forms

When a Transfer IPC or IMT—LA Reassignment is finalized and set to status *Processed/Complete*, *PCS Processed/ Complete*, or *DADS SAS Resolution Complete*, the LTC Online Portal will create a new program provider to individual association or LIDDA to individual association, and the receiving provider or LIDDA will be able to view a detailed list of past and current assessments and forms for the individual.

Form Attachments

The Form Attachments function allows users to upload files that are needed as part of the assessment or form's workflow process. For the Pre-enrollment Form, LIDDAs will find the Upload Attachments function at the bottom of the form, while for all other assessments and forms, the function can be found in the Attachments tab.

Security Permissions for Attachments

For the Pre-enrollment Form, LIDDAs can delete files for all statuses except *Pre-enrolled*.

8578 ID/RC

Submitter LIDDAs and HCS and TxHmL providers can upload attachments for all statuses if the assessment is editable. These users can also download attachments for all form statuses.

Submitter LIDDAs can delete for these statuses:

• *Pending Submission*

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- *Pending LA Review*

- *Pending LON Packet Receipt*

- *Pending DADS Review*

- *Pending DADS Review (LON Packet Received)*

- *Pending DADS Review (LON Packet Not Received)*

- *Pending LON Packet Receipt (Callback)*

- *Pending LON Packet Receipt (Callback)*

- *Pending DADS Review (Callback - LON Packet Received)*

- *Pending DADS Review (Callback - LON Packet Not Received)*

- *Remanded to Submitter*

- *LOC Decision Under Appeal*

- *LOC Decision Under Appeal Without Continuation of Services*

- *LOC Decision Under Appeal With Continuation of Services*

- *Pending DADS Review - LON*

- *Pending LON Reconsideration*

- *Pending LON Administrative Review*

HCS 3608 IPC

Submitter LIDDAs and HCS providers can upload attachments for all statuses if the form is editable. These users can also download attachments for all forms.

Submitter LIDDAs and HCS providers can delete for these statuses:

- *Remanded to Submitter*

- *Pending Submission*

- *Pending LA Review*

- *Pending DADS Review*

- *Pending Coach Review*

- *Location Open Date Not Valid For Effective Date*

TxHmL 8582 IPC

Submitter LIDDAs can upload and download attachments for all statuses if the form is editable. These users can also download attachments for all forms.

TxHmL Providers cannot upload or delete an attachment for any form status, but they can download.

Submitter LIDDAs can delete for these statuses:

- *Remanded to Submitter*

- *Pending DADS Review*

- *Pending Coach Review*

3615 Suspension

Submitter LIDDAs can upload attachments for all statuses if the assessment is editable. These users can also download attachments for all form statuses.

Submitter LIDDAs can delete for these statuses:

- *Pending DADS Review*

- *Pending DADS SAS Resolution*

- *Remanded to Submitter*

- *Pending More Info*

- *Coach Pending More Info*

Form 3616

Submitter LIDDAs and HCS and TxHmL providers can upload for all statuses if the form is editable. These users can also download attachments for all forms.

Submitter LIDDAs and HCS providers can delete for these statuses:

- *Appealed With Continuation of Services*

- *Appealed Without Continuation of Services*

- *Appeal Withdrawn*

- *Pending DADS Review*

- *Pending DADS SAS Resolution*

- *Pending LA Review*

- *Pending Provider Review*

- *Pending SAS Update*

- *Remanded to Submitter*

- *Termination Approved*

- *Termination Reversed*

- *Submitted to PCS*

- *Pending More Info*

- *Coach Review*

- *Coach Pending More Info*

- *Submitted*

- *LA Acknowledgement*

- *Provider Acknowledgement*

- *Termination Sustained*

- *Submit to SAS*

- *Rejected by SAS*

- *Termination Hold Bypassed*

PLU Form

Submitter LIDDAs and HCS providers can upload attachments for all statuses if the form is editable. These users can also download attachments for all forms.

Submitter LIDDAs can delete for these statuses:

- *Location Code Already Exists*

- *Pending DADS Review*

- *Pending DADS SAS Resolution*

- *Remanded to Submitter*

Submission Guidelines

The required documents needed for each assessment or form will be listed in the Upload Attachments section. When uploading documents, keep the following in mind:

- No more than 10 files can be uploaded with an assessment or form. However, only up to 10 files can be uploaded at one time.

- Files cannot be larger than 10 megabytes per file.

- Supported file types include PDF, Microsoft Word, Microsoft Excel, RTF, and JPG, TIF, and PNG images.

- Duplicate files are not allowed.

- If the uploaded file is rejected, users will see an error message explaining why the file was rejected. Users should correct the issue and upload the file again.

Locked Form

When a submitted assessment or form is opened by one user, and a second user opens the same assessment or form, the "Upload" and "Delete" buttons will not appear. The second user cannot upload or delete files when the assessment or form is already opened. However, the second user will still be able to click an attachment's hyperlink to download a file.

Attachments History Trail

The Attachment History trail shows a list of documents that have been previously submitted and/or deleted once a DLN is generated for an assessment or form. When a user uploads a new file, the Attachments History trail will automatically refresh to show the new file.

Documents deleted before the DLN is generated will not appear in the Attachment History trail. Additionally, the most recent document is listed at the bottom of bottom of the trail.

For the Pre-enrollment Form, the Attachments History trail will appear at the bottom of the form, above the Forms History trail. To view the Attachments History trail for other assessments and forms, users will need to select the "Attachments" tab, located at the top of each assessment and form.

History Trail

Located at the bottom of an assessment or form, the History trail contains a list of statuses associated with the assessment or form, along with notes or comments added by the provider, LIDDA, TMHP, or HHSC-LTC. The History trail includes information specific to the assessment or form. The most recent status appears at the bottom of the History trail.

UnLock Form

Upon opening an assessment or form, it automatically becomes locked by the user who opened the document. It remains locked while that user is working in the assessment or form. The document unlocks if the "UnLock Form" button is clicked or if there is no activity in the assessment or form for 15 minutes.

When the document is unlocked, other authorized users can make changes to the document, but when it is locked, others are not be able to make changes or add additional information.

After the user clicks the "UnLock Form" button located at the top right of the page, the user returns to the FSI page, and they will have to redo the search.
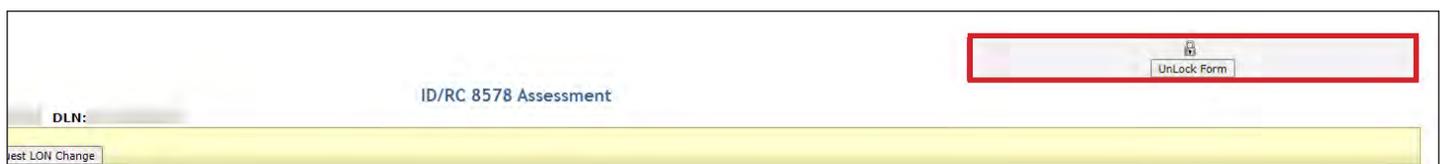
LTC Online Portal Messages

Error Messages

Error messages will prevent form submission until errors are corrected. Upon form submission, there are two types of error messages that can occur: Field Validation Errors and Submission Errors.

- **Field Validation Errors**—Field validation error messages can occur if you leave required fields blank or submit incomplete information on the an assessment or form. If required information is missing or invalid, a field validation error message displays and you are not able to move to the next step until all error messages are resolved. Click the **error message** link to be automatically directed to the field containing the error.

Note: Certain field validation error messages are links that automatically direct the user to the field containing the error.

- **Submission Errors**—If an assessment or form was not submitted successfully, an error message appears and the assessment or form will not move forward in the workflow. The error message received upon submission is specific to the error that caused it and is self-explanatory as to how to correct the error.

Warning Messages

- **Warning Messages**— Warning messages are used to alert submitters of potential issues, but do not prevent submission. Warning messages allow the assessment or form to proceed in the workflow by selecting the **OK** button.
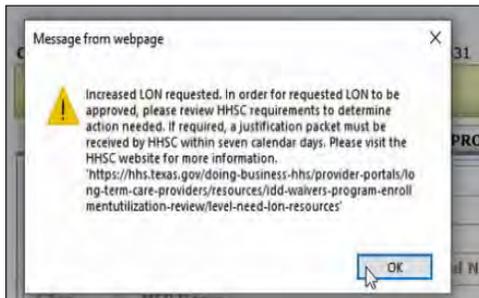
Timeout Messages

The LTC Online Portal times out after 20 minutes of no activity. To prevent this from occurring, you can continue typing or click on the screen to reset the timer.

If an assessment or form that you opened has not had activity for 20 minutes, the LTC Online Portal defaults to the FSI screen and you will lose any work you started. It is recommended that you save your work as a Draft if you think you will be away from the LTC Online Portal for more than 20 minutes.

If you are working on a previously submitted an assessment or form and a timeout occurs, you will lose only the work completed within the immediate previous 20 minutes, but will not lose any information previously submitted.

Assessment and Form Statuses

Each submitted assessment or form displays a message that indicates where an assessment or form is in the workflow or if any action is required to complete the assessment or form. The message displayed on the assessment or form is called the Form Status.

The status, displayed at the top left corner of the assessment or form, is the current status. To view previous statuses and notes associated with an assessment or form, go to the History trail.

Common Statuses

Throughout the workflow, the assessment or form can enter a number of different statuses. Some statuses are specific to individual assessments or forms, but there are also statuses common to all assessments or forms. Some common statuses providers, or LIDDAs may encounter are listed below:

- *Invalid/Complete*—Final status of an assessment or form that is rejected; HHSC-LTC staff has determined the transaction is invalid.

- *Processed/Complete*—The assessment or form has been processed without error.

- *Pending DADS Review*—The assessment or form is pending HHSC-LTC staff review and authorization.

- *Pending SAS Update*—A transitional status when HHSC-LTC staff first submits or resubmits an assessment or form to SAS that has been previously rejected.

- *Provider Action Required*—HHSC-LTC is requesting more information from the provider or LIDDA.

- *Remanded to Submitter*—The assessment or form has been returned to the original submitter for corrections.

- *Submitted*—The assessment or form has been successfully submitted into the LTC Online Portal workflow.

Response Codes

Response codes are always returned from SAS for a submitted assessment or form. Not all response codes indicate processing failure or error. The LTC Online Portal displays a History Note corresponding to the response code that describes why the submission was unsuccessful. Response codes can occur for a number of reasons; some may be technical, others may occur for reasons associated with program rules.

LTC Online Portal Troubleshooting

There may be instances where you encounter an error in the LTC Online Portal. Here are some basic steps to follow to troubleshoot an error:

- If form fields are blank, wait several minutes for the web service to become available and re-enter the form for data to prepopulate.

- The LTC Online Portal has a built-in function that assists users by prepopulating an individual's or program provider's data previously entered by the user on other forms for the same individual. If this occurs and you do not want to use the prepopulated data, end your current browser session and open a new browser session or wait at least five minutes before attempting to complete the assessment or form on the LTC Online Portal.

- Fill out all required fields, indicated by a red dot next to the field's name.

- Only enter valid alphanumeric characters on a form. The valid characters are 0-9, A-Z, a-z, and the following: @'/+,_-. If an invalid character is entered, the system will return an error message.

- Follow all instructions in portal messages that appear on your screen.

- If the issue persists, contact the TMHP Help Desk at 800-626-4117, Option 1.

HCS and TxHmL LTC Online Portal Assessments and Forms

The following sections describe how to use the LTC Online Portal to submit the assessments and forms used in the HCS and TxHmL programs.

Name	Purpose
HCS or TxHmL Pre-enrollment Form	• Pre-enroll in HCS or TxHmL (LIDDA only)
8578 ID/RC Assessment	• Initial assessment of LOC and LON (LIDDA only) • Renew program eligibility for LOC and LON • Request a change in LON • Request LOC and LON during a gap period
3608 IPC and Form 8582 IPC	• Document the HCS (3608) or TxHmL (8582) services of an individual's request during: • Enrollment (LIDDA only) • Renewals (HCS Provider, HCS LIDDA, and TxHmL LIDDAs) • Revisions (HCS Provider, HCS LIDDA, and TxHmL LIDDAs) • Transfers (LIDDA only)
Individual Movement Form (IMT)	• Temporarily Suspend Services • Submit Local Authority (LA) Reassignment (LIDDA only) • Submit Individual Update • Service Coordinator (SC) update (LIDDA only)
3615 Request to Continue Suspension of Waiver Program Services	• Request to Continue Suspension of Waiver Program Services (LIDDA only)
3616 Request for Termination of Waiver Program Services	• Request for Termination of Waiver Program Services
Provider Location Update (PLU)	• Update or change to an existing HCS provider location (Provider Only) • Request to add a four-person residence (Provider Only)

Note: Assessments and forms are submitted electronically on the LTC Online Portal.

Program users (LIDDAs, financial management services agencies [FMSAs] formerly known as the consumer directed services agencies [CDSAs], providers) have the ability to access assessments and forms based on their association to an individual. Therefore, LTC Online Portal users have access to an assessment or form submitted by a different entity (even when they are not the submitter) as long as that user has an established association with the individual.

The following relationships determines how each association is established (and modified, in the case of Transfers and LA Reassignments):

- For HCS programs, the relationships include:

  - LIDDA to individual association.

  - HCS provider to individual association.

  - FMSA to individual association.

- For TxHmL programs, the relationships include:

  - LIDDA to individual association.

  - TxHmL provider to individual association.

  - FMSA to individual association.

Providers and LIDDAs using the LTC Online Portal can:

- Search for assessments and forms using FSI.

- Complete and submit assessments or forms on the LTC Online Portal for HHSC-LTC authorization or LIDDA review.

- Check the status of assessments and forms using FSI.

- Correct assessments or forms remanded by HHSC-LTC during the Review or Authorization Process.

- Add a note to an assessment or form. You can add a note to the form even if you have already submitted the assessment or form or if you need to provide additional information when the form is remanded to you.

- Inactivate an assessment or form to stop an assessment or form completely, effectively terminating the assessment or form.

- Reactivate a Medicaid ID (MI) check if, after 180 days, the MI for an individual could not be verified.

- Reactivate a Medicaid Eligibility (ME) check if, after 180 days, the ME for an individual could not be verified.

- Remand an assessment or form (providers will be able to remand Form 3616 Termination to the LIDDA [original submitter] for corrections during the provider review of the termination request).

- Indicate acknowledgment of an assessment or form.

- Search for letters that the individual, LAR, provider, or LIDDA has received from HHSC-LTC.
  Note: Reference the "LTC Online Portal Basics" section for detailed information on locating and accessing letters.

FMSAs using the LTC Online Portal can:

- Access forms.

- Print letters.

- Add notes.

Form Sections

On the LTC Online Portal, some assessments and forms are divided into tabbed sections that contain different information on each tab such as Diagnostics, Assessment Data, or IPC Services/Cost. Be sure to click each tabbed section to enter all of the assessment or form information. Fields with red dots require you to enter data before the assessment or form can be submitted.

HCS or TxHmL Pre-enrollment

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The HCS or TxHmL Pre-enrollment Form is used by LIDDAs to request an applicant's pre-enrollment in the HCS Program or the TxHmL Program.

The Pre-enrollment Form is submitted by the applicant's LIDDA after they accept the slot offer for HCS or TxHmL. Only one Pre-enrollment Form can be submitted for an individual. When the form is successfully submitted, it moves to status *Pre-enrolled*.

The LIDDA submits the 8578 ID/RC PC 2 No Current Assessment when the Pre-enrollment Form is set to status *Pre-enrolled*. When the 8578 ID/RC PC 2 No Current Assessment is approved, the LIDDA submits the 3608 or 8582 IPC Enrollment Form. When the 3608 or 8582 IPC Enrollment Form is submitted, the status of the Pre-enrollment Form is set to status ***Pending Enrollment***.

Submission Process

To submit a Pre-enrollment Form:

1) Go to https://secure.tmhp.com/LTC/Careforms/. A pop-up appears for the LTC Online Portal and login information is required.

2) Enter your username and password. Click **Sign In**. The FSI page displays by default.
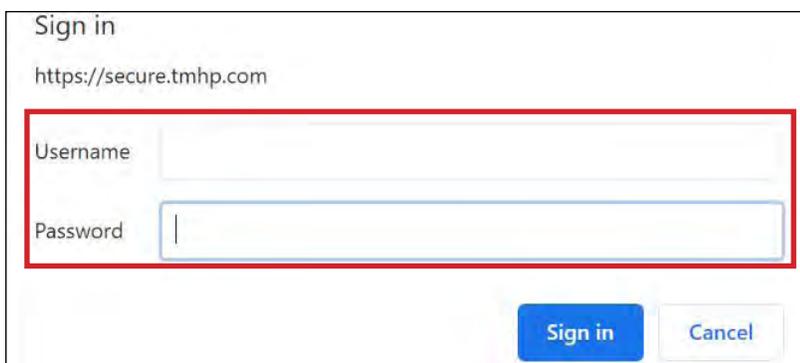
3) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.

4) Choose **HCS or TxHmL Pre-enrollment** from the Type of Form drop-down box.

5) Choose **HCS** or **TxHmL** from the Program drop-down box.

6) Choose the **LIDDA's Vendor Number** from the Vendor Number drop-down box.

7) Enter either the Medicaid Number, CARE ID, or CSIL ID in the Recipient section to access the form.

8) Click **Enter Form** on the bottom right of the screen. The HCS or TxHmL Pre-enrollment opens on the screen.
Note: If the incorrect Medicaid number, Client Assignment and Registration (CARE) ID, or Community Service Interest List (CSIL) ID is entered, the form will not open. You will see an error message on the page indicating the reason the request was rejected. Information must be corrected before the form can be opened.
Note: If the CSIL web service is offline, you will receive an error message when the "Enter Form" button is clicked on the Submit Form page. Wait several minutes for the web service to become available and try again. If the issue persists, the LIDDA can contact LPDS at interestlistpreenroll_LIDDAhelp@hhs.texas.gov for assistance.

9) Verify prepopulated data for the applicant. If any of the applicant's information is incorrect, do not submit the form. The information must be corrected in CSIL before the form is submitted since prepopulated fields will be disabled.

10) Enter data into the required fields (as indicated by the red dots). Reference the *HCS or TxHmL Pre-enrollment Item-by Item Guide* to view detailed information related to each field on the form. If you try to submit a form but have missing information for required fields, you receive error messages indicating which required fields must be completed before the form can be submitted.

11) Scroll to the "Upload Attachments" section at the bottom of the form.

12) Select **Click Here to Upload Documents** to upload the required forms as listed on the screen. If the attachment does not meet the criteria, the file is rejected and the LIDDA will see an error message explaining the issue. **Note**: LIDDAs can upload attachments if the Pre-enrollment Form is in an editable state and can delete attachments for all statuses other than *Pre-enrolled*. When the Pre-enrollment Form is in a read-only format, attachments that were successfully added can be downloaded in a PDF format by clicking the form link.
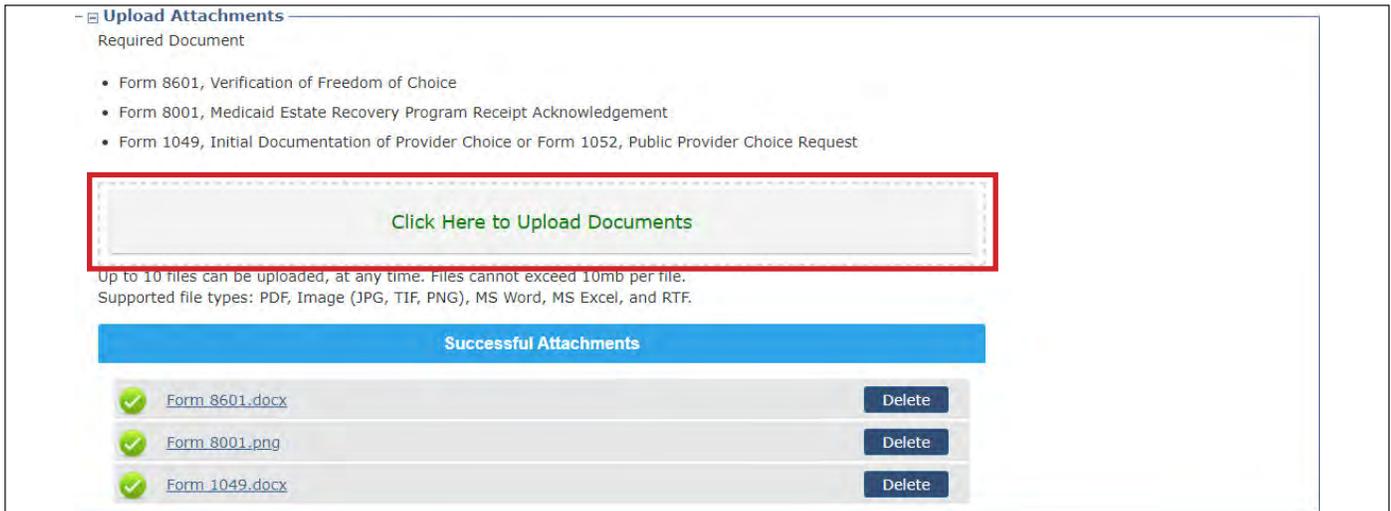
13) When you have completed all required fields, click **Submit Form** to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:
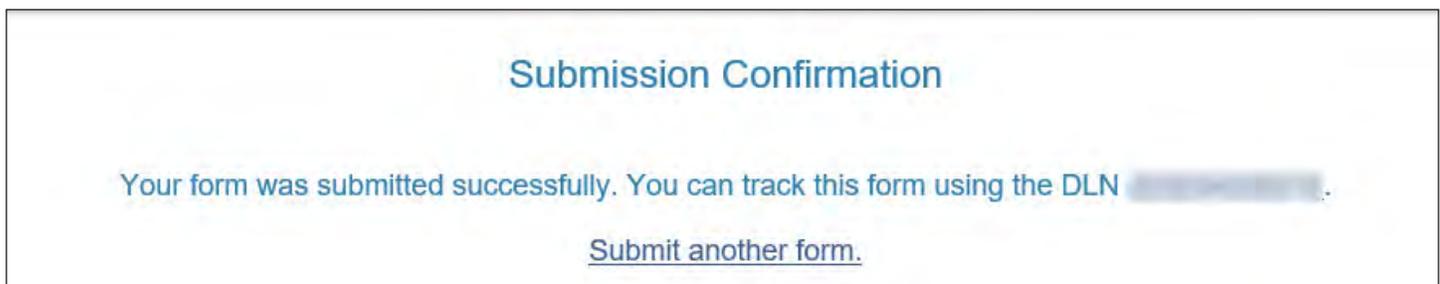
If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You will need to correct the indicated errors and click the "Submit Form" button again. Data entered into fields on the form must exactly match the data in CSIL, and the interest list status for the specific program must be *Released*.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the you to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must

be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status ***Pending Submission***.

To locate a Pre-enrollment Form using FSI, refer to **Form Status Inquiry (FSI)** in the LTC Online Basics section.

A Pre-enrollment Form can only be updated if it is in status ***Pre-enrolled***. Email the assigned slot monitor for assistance with updating a Pre-enrollment form in other statuses.

To update a Pre-enrollment Form:

1)   Use FSI to locate a Pre-enrollment Form set to status ***Pre-enrolled***.

2)   Click the **View Detail** link at the left of the DLN to display details of the form.

3)   Click **Update** on the yellow Form Actions bar. This will allow you to edit the form status.
     Note: Only certain fields will be enabled when the "Update" button is clicked.

4) When you have completed your updates, you can:

a) Click **Save Changes** to save your changes. A note is added to the History trail showing the old and new value of each changed field.

b) Click **Cancel** to disregard your changes and lock the fields for editing.

When the Pre-enrollment Form is in status *Pre-enrolled*, the LIDDA submits the 8578 ID/RC PC 2 No Current Assessment. When the 8578 ID/RC PC 2 No Current Assessment is approved, the LIDDA submits the 3608 or 8582 IPC Enrollment Form. When the IPC Enrollment Form is submitted, the status of the Pre-enrollment Form updates to *Pending Enrollment*.

Community Services Interest List (CSIL) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the Pre-enrollment Form is set to status *Submitted*, form data is sent electronically to HHSC-CSIL and a note reading "Form entered workflow" is added to the History trail. If form data is successfully processed by HHSC-CSIL, the form is set to status *Pre-enrolled* and a note reading "The client is pre-enrolled" is added to the History trail.

When the Pre-enrollment Form is in status *Pre-enrolled*, the LIDDA submits the 8578 ID/RC PC 2 No Current Assessment. When the status of the 8578 ID/RC PC 2 No Current Assessment is approved, the LIDDA submits the 3608 or 8582 IPC Enrollment Form. The Pre-enrollment Form will then move to status *Pending Enrollment* and a note reading "Enrollment process for the client has started" is added to the History trail. Once both forms are approved and move to a completed status, the Pre-enrollment Form will move to status *Enrolled* and a note reading "The client is enrolled" is added to the History trail.

If form data has not been processed successfully by HHSC-CSIL, the form is set to status *Rejected by CSIL* and a note reading "CSIL Change Request unsuccessful" is added to the History trail with a response code returned. A Pre-enrollment Form can only be updated if it is in status *Pre-enrolled*. Email the assigned LPDS slot monitor for assistance with updating a Pre-enrollment form in other statuses.

Slot Offer Transfer

When a slot offer has been transferred to another LIDDA in CSIL, and the Pre-enrollment Form and the 8578 ID/RC PC 2 No Current Assessment were already submitted by the first LIDDA, the new LIDDA submits the 3608 or 8582 IPC Enrollment. The system automatically updates the LIDDA information on the Pre-enrollment Form and the 8578 ID/RC PC 2 No Current Assessment to match the LIDDA information on the 3608 or 8582 IPC Enrollment Form.

Terminated

When a 3616 Request for Termination of Waiver Program Services Form is submitted for the individual and set to status ***Processed/Complete***, ***DADS SAS Resolution Complete***, or ***PCS Processed/Complete***, the individual's Pre-enrollment Form is set to status ***Terminated*** and a note is added to the Pre-enrollment Form's History trail. LIDDAs may re-enroll individuals who are marked as terminated into another program through the submission of a new Pre-enrollment Form.

8578 ID/RC Assessment

LIDDAs use the 8578 ID/RC Assessment to request authorization from HHSC-LTC for an individual's initial LOC and LON assessments.

The 8578 ID/RC Assessment is also used by applicable HCS and TxHmL program users for other purposes when the 8578 ID/RC Assessment is assigned different Purpose Codes (PCs). Each PC creates a different type of assessment. These assessments are:

- **PC 2** = No Current Assessment (to request initial LOC and LON, and submitted only by LIDDAs).

- **PC 3** = Continued Stay Assessment (to renew program eligibility for LOC and LON, or to request a change in the LOC/LON, and submitted only by LIDDAs for TxHmL).

- **PC 4** = Change LON on an Existing Assessment (to request a change in the LON, and submitted only by LIDDAs for TxHmL).

- **PC E** = Gaps in Assessment (to request LOC and LON during a gap period, and submitted only by LIDDAs for TxHmL).

The general path the 8578 ID/RC Assessment takes when it is entered on the LTC Online Portal is a series of checks and reviews known as the workflow. The parts of the 8578 ID/RC Assessment workflow that relate to providers and LIDDAs include:

- Submitting the assessment on the LTC Online Portal.

- Making corrections to an assessment that has been remanded.

- Reactivating the check for MI or ME.

- LIDDA acknowledgment of an assessment.

- Provider and LIDDA review of an assessment.

8578 ID/RC PC 2 No Current Assessment

Submission Process

The 8578 ID/RC PC 2 No Current Assessment must be approved before the LIDDA submits an Enrollment IPC. If the LIDDA attempts to submit the IPC without an approved 8578 ID/RC PC 2 No Current Assessment, an error message will appear: "The individual does not have an approved ID/RC Purpose Code 2 form. Please submit the ID/RC PC2 form and wait until the form status is 'Pending IPC Match' to submit the initial IPC form."

Note: If needed, LAR information should be updated on the HCS or TxHmL Pre-enrollment Form before submitting the 8578 ID/RC PC 2 No Current Assessment. If the Pre-enrollment Form is already in status *Pending Enrollment*, email LPDS at InterestListPreEnroll_LIDDAHelp@hhs.texas.gov for assistance.

The following is a step-by-step process for submitting the 8578 ID/RC PC 2 No Current Assessment (which only LIDDAs can do):

1) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.

2) Choose **8578 Intellectual Disability/Related Condition Assessment** from the Type of Form drop-down box.
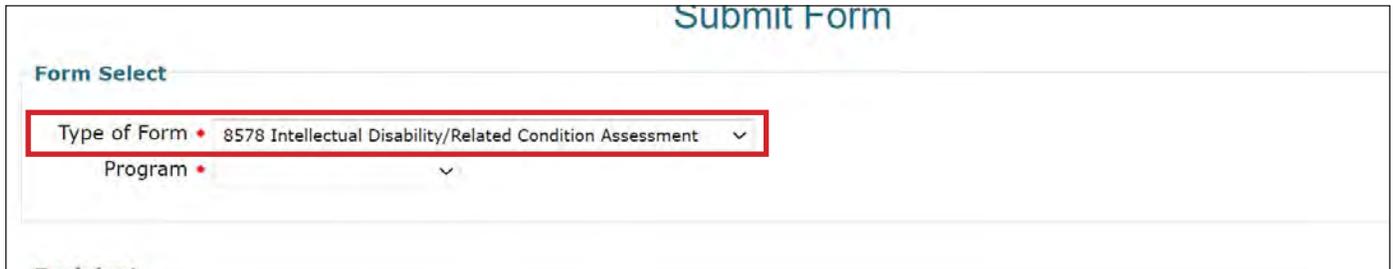
3) Choose **HCS** or **TxHmL** from the Program drop-down box.
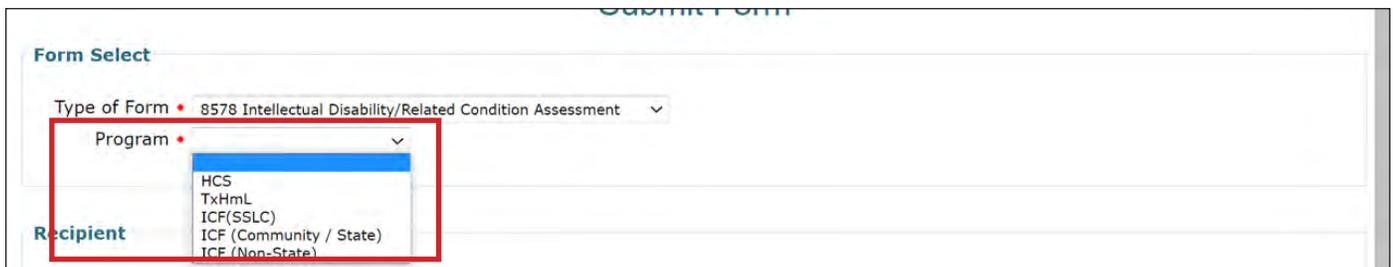
4) Choose the **LIDDA's Vendor Number** from the Vendor Number drop-down box.
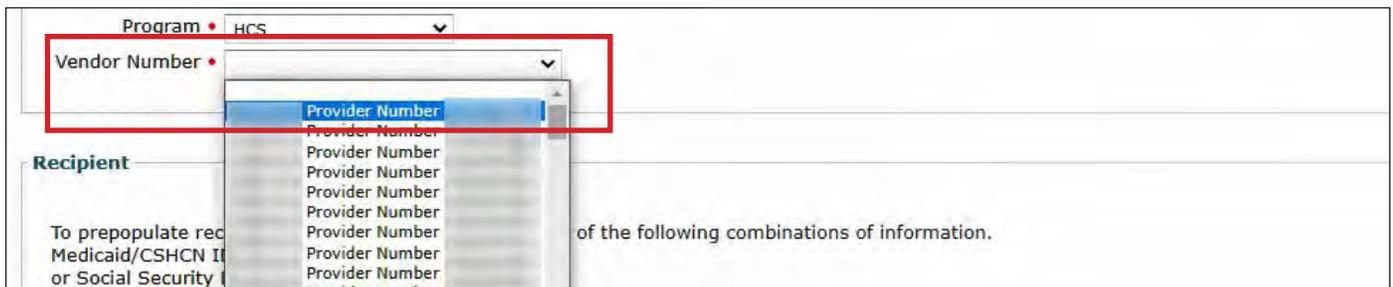
5) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the assessment.*

To prepopulate recipient information please provide one of the following combinations of information.
Medicaid/CSHCN ID
or Social Security Number AND Last Name
or Social Security Number AND Date of Birth
or Date of Birth AND Last Name AND First Name

Medicaid Number _____
SSN _____
Date of Birth [mm/dd/yyyy] ▼
First Name _____
Last Name _____

6) After you have entered this information, click **Enter Form** at the bottom right of the screen. The 8578 ID/RC PC 2 No Current Assessment displays on the screen.

[Enter Form]

7) Choose **2 = No Current Assessment** from the drop-down box in Field **13 Purpose Code**.

8) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the *8578 Intellectual Disability/Related Condition Assessment Item-by-Item Guide* to view detailed information related to each field on the assessment. If you try to submit an assessment with missing information from required fields, you receive error messages indicating the required fields that must be completed before the assessment can be submitted.

Form Actions:
[Print] [Save as Draft]

| PROV/INDIVIDUAL INFO | DIAGNOSTICS | ASSESSMENT DATA | CERTIFICATIONS | LA/DADS REVIEW | ENROLLMENT DATA | ATTACHMENTS |

Purpose Code Information

13	● Purpose Code	▼

Facility/Provider Information

1a	Submitter Provider No.	
1b	Submitter Vendor Number	
1c	Submitter NPI	
1	Facility/Provider Name	
2	Facility/Provider No.	Provider number of the facility
2a	Facility/Provider Vendor Number	Vendor number of the facility
2b	Facility/Provider NPI Number	
3	Facility/Provider Mailing Address	

9) Click the "Attachments" tab.
   Note: LIDDAs can submit the assessment without any attachments and add the files at a later time using FSI to locate the assessment.

10) Select **Click Here to Upload Documents** to upload the required documents as listed on the screen. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.
   Note: LIDDAs can download and delete attachments uploaded to the "Attachments" tab. To download the

attachment, click the document link. To delete an attachment, click **Delete**.

11) When you have completed all required fields in all tabs, you can:

   a) Click **Save as Draft** on the yellow Form Actions bar to save the assessment until you are ready to submit.

   b) Click Submit Form at the bottom of the screen to submit the assessment.

The LTC Online Portal attempts to validate the assessment upon submission.

If the assessment is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the assessment using FSI. Upon successful submission, the following message displays:

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the assessment. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct you to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or corrected before the assessment is set to status *Pending Submission*.

Client Waiver Program Check

Before the 8578 ID/RC PC 2 No Current Assessment can be successfully submitted for authorization, the LTC Online Portal checks to determine if the individual is enrolled in another waiver program. If the LTC Online Portal

determines that the individual has an active eligibility or enrollment record for another program on the requested begin date of the assessment, a warning message displays in a pop-up window prior to the acceptance of the 8578 ID/RC PC 2 No Current Assessment on the LTC Online Portal.

HHSC-LTC requires the LIDDA to follow the process described in the LIDDA Handbook to coordinate a discharge date with the case managers of the other program *before* deciding on the enrollment begin date and submitting the 3608 or 8582 IPC Enrollment Form.

Duplicate Form Check

The LTC Online Portal rejects the submission of the 8578 ID/RC PC 2 No Current Assessment if there is an existing 8578 ID/RC Assessment with a matching program, CARE ID, and purpose code, and the existing form is not in status *Invalid/Complete* or *Inactivated*. If a duplicate form is found, the following error message appears: "This form is a duplicate of a previously submitted form. Please revise and submit. Please contact HHSC PES for assistance on HCS or TxHmL PC 2."

Pre-enrollment Check

Once the 8578 ID/RC PC 2 No Current Assessment is successfully submitted, a check is completed to ensure the individual has a matching, Pre-enrollment Form on file. The following criteria must be met for a match to occur:

- The 8578 ID/RC must be a PC 2 No Current Assessment.

- Both forms must be for the same program.

- The CARE ID must match on both forms.

- The Pre-enrollment Form's current status must be *Pre-enrolled*.

Authorization Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

Once the 8578 ID/RC PC 2 No Current Assessment is successfully submitted, it enters the Authorization Process and is set to status *Pending DADS Review*. In this status, the assessment is pending a HHSC-LTC review and authorization of the requested LOC/LON assignment.

HHSC-LTC makes the decision to approve or deny LOC and either approve or modify the recommended LON. The resulting decision displays one of the following statuses on the LTC Online Portal:

- *LOC/LON Approved*

- *LOC Approved/LON Modified*

- *LOC Denied*

If HHSC-LTC staff denies the requested LOC, an Enrollment Denial letter is sent to the individual or their LAR, and the individual's HCS or TxHmL Pre-enrollment Form is updated to status *Denied—Not Functionally Eligible*, and a note stating, "Individual is not functionally eligible" is added to the History trail.

Note: Reference the "LTC Online Portal Basics" section for detailed information on locating and accessing letters.

Slot Offer Transfer

When a slot offer has been transferred to another LIDDA in CSIL, and the Pre-enrollment Form and the 8578 ID/RC PC 2 No Current Assessment were already submitted by the first LIDDA, the new LIDDA submits the 3608 or 8582 IPC Enrollment. The system automatically updates the LIDDA information on the Pre-enrollment Form and the 8578 ID/RC PC 2 No Current Assessment to match the LIDDA information on the 3608 or 8582 IPC Enrollment.

Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 8578 ID/RC PC 2 No Current Assessment can be remanded to the submitter for any number of reasons and is set to status *Remanded to Submitter*. Remember to check for assessments that require your attention. The Current Activity feature only displays assessment submissions or status changes that have occurred within the last 14 calendar days. After 14 calendar days, you must use the FSI query tool to locate an assessment. To determine why an assessment has been remanded, look for a note in the History trail from the entity that remanded the assessment. Follow the instructions in the note to address the remand reason.

Be sure to click the **Add Note** button on the yellow Form Actions bar to explain how the remand reason was addressed. By adding a note, the 8578 ID/RC PC 2 No Current Assessment reverts back to the status it was in before it was remanded.

Appeal Process

If an individual is denied enrollment into the HCS or TxHmL program due to not meeting the program's LOC eligibility criteria or the program's financial eligibility criteria (i.e., Medicaid), the individual or LAR has a right to request a fair hearing to appeal the enrollment denial decision. In both cases, the appeal process is handled outside the LTC Online Portal.

Refer to the TAC regarding Appeals for the HCS program.

Note: All 8578 ID/RC PC 2 No Current Assessments must be reviewed by HHSC-LTC staff.

Medicaid ID (MI) Process & Medicaid Eligibility (ME) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8578 ID/RC PC 2 No Current Assessment is set to status *Medicaid ID Pending*, the LTC Online Portal is checking for a valid MI and a note reading "Medicaid ID request submitted" is added to the History trail. If the individual's MI is confirmed, the 8578 ID/RC PC 2 No Current Assessment is set to status **ID Confirmed**.

The 8578 ID/RC PC 2 No Current Assessment is then moved to status *Pending IPC Match*. In this status, LOC/LON on the 8578 ID/RC PC 2 No Current Assessment has been approved. The 8578 ID/RC PC 2 No Current Assessment must be approved before the LIDDA submits the 3608 or 8582 IPC Enrollment Form. Once the 3608 or 8582 IPC Enrollment Form is successfully matched to the 8578 ID/RC PC 2 No Current Assessment, both the assessment and form move to the ME process.

If the individual's MI cannot be confirmed after 180 calendar days have expired, the 8578 ID/RC PC 2 No Current Assessment is set to status *Medicaid ID Check Inactive* and a note reading "Medicaid ID timer has expired without successful Medicaid ID verification" is added to the History trail. The submitter or HHSC LTC staff can reactivate the MI check by clicking the "Reactivate Medicaid ID Check" button.

ME must be confirmed for every 8578 ID/RC PC 2 No Current Assessment. When the assessment enters the ME process, the LTC Online Portal sets the status to *Pending Medicaid Eligibility Verification* and a note reading "Medicaid Eligibility request submitted" is added to the History trail.

When ME is confirmed, the 8578 ID/RC PC 2 No Current Assessment is set to status **Medicaid Eligibility Confirmed**.

If ME cannot be confirmed, the assessment is set to status *Pending Medicaid Eligibility Verification* and the LTC Online Portal continues to perform a ME check for 180 days. If after 180 calendar days (180 days for MI and ME, and not 180 for each) the ME cannot be validated, the 8578 ID/RC PC 2 No Current Assessment is set to status *Medicaid Eligibility Verification Inactive*. The submitter or HHSC LTC staff can reactivate the ME check by clicking the "Reactivate Medicaid Eligibility Check" button.

If the individual is determined not eligible for Medicaid, HHSC-LTC staff can set the assessment status to **Denied Due to Financial Ineligibility**. A letter is generated and sent to the individual or their LAR if the individual is denied enrollment due to financial ineligibility. The individual's HCS or TxHmL Pre-enrollment Form is also updated to status **Denied—Not Financially Eligible**, and a note stating, "Individual is not financially eligible" is added to the History trail.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8578 ID/RC PC 2 No Current Assessment is set to status **Pending SAS Update**, assessment data has been sent electronically to HHSC-LTC and a note reading "Service Authorization System (SAS) Change Request

submitted" is added to the History trail. If assessment data is successfully processed by HHSC-LTC, the assessment is set to status ***Processed/Complete*** and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If assessment data has not been processed successfully by HHSC-LTC, the assessment is set to status ***Rejected by SAS*** and a note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the assessment is sent to HHSC-LTC staff for resolution, is submitted to Provider Claims Services (PCS), or if submitter action is required.

When sent to HHSC-LTC staff for resolution, the assessment is set to status ***Pending DADS SAS Resolution***. In this status, the assessment can be resubmitted to SAS and set to status ***Submit to SAS***. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the assessment is set to status ***Invalid/Complete***, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS and the assessment is set to status ***DADS SAS Resolution Complete***.

If submitted to HHSC-LTC PCS, the assessment is set to status ***Submitted to PCS***. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the assessment to a completed status. In this status, the assessment can be resubmitted to SAS and is set to status ***Submit to SAS***. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the assessment is set to status ***Invalid/Complete***, or it can be marked as complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and the assessment is set to status ***PCS Processed/Complete***. The assessment could be sent to a HHSC-LTC Coach for review and then set to status ***Coach Review***. If HHSC-LTC staff requests more information from the submitter, the assessment is set to status ***Pending More Info***.

The LIDDA needs to take action on the assessment if it is rejected by SAS and the assessment is set to status ***Provider Action Required***. Once the LIDDA takes action, the assessment goes through the PCS workflow by clicking the "Move to PCS Workflow" button. This moves the assessment to status ***Submitted to PCS***. The submitter or HHSC LTC staff can resubmit to SAS by clicking the "Resubmit to SAS" button to move the assessment to status ***Submit to SAS***.

Note: HHSC-LTC staff can also invalidate an assessment set to status ***Processed/Complete***.

8578 ID/RC PC 3 Continued Stay Assessment

Submission Process

LIDDAs enter 8578 ID/RC PC 3 Continued Stay Assessments for TxHmL and HCS consumers who are self-directing all their services, while program providers submit PC 3 assessments for all other HCS consumers.

Note: To ensure successful submission, do not use an 8578 ID/RC PC 2 No Current Assessment as a template to submit an 8578 ID/RC PC 3 Continued Stay Assessment. For more information on templates, refer to the Use as template section of this guide.

To submit 8578 ID/RC PC 3 Continued Stay Assessment:

1) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.

2) Choose **8578 Intellectual Disability/Related Condition Assessment** from the Type of Form drop-down box.

3) Choose either **HCS** or **TxHmL** from the Program drop-down box.

4) Choose the **Vendor Number** from the Vendor Number drop-down box. **Note**: For Consumer Directed Services (CDS)-only individuals, select the LIDDA vendor number from the drop-down box.

5) As an option, you can enter search criteria. *It is strongly recommended that you enter additional information here to auto-populate the assessment.*

6) Click **Enter Form** on the bottom right of the screen. The 8578 ID/RC Assessment displays on the screen.

7) Choose **3 = Continued Stay Assessment** from the drop-down box in Field **13 Purpose Code**.

8) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the *8578 Intellectual Disability/Related Condition Assessment Item-by-Item Guide* to view detailed information related to each field on the assessment. If you try to submit an assessment with missing information from required fields, you receive error messages indicating the required fields that must be completed before the assessment can be submitted.

9) Click the "Attachments" tab.

Note: Users can submit the assessment without any attachments and add the files at a later time using FSI to locate the assessment.

10) Select **Click Here to Upload Documents** to upload the required documents as listed on the screen. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.

Note: Users can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.

11) When you complete all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the assessment until you are ready to submit.

b) Click Submit Form at the bottom of the screen to submit the assessment.

The LTC Online Portal attempts to validate the assessment upon submission. If the assessment is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the assessment using FSI. Upon successful submission, the following message is displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the assessment.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the assessment. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct you to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or corrected before the assessment is set to status *Pending Submission*.

Note: Submission of the 8578 ID/RC PC 3 Continued Stay Assessment more than 180 days after the individual's LOC End Date will create a billing hold. If it does, the submitter sees a warning message stating: "This Intellectual Disability/Related Condition Annual Renewal was submitted more than 180 days after the individual's level of care End Date and has created a billing hold. Please submit an Intellectual Disability/Related Condition with purpose code E. Please visit the HHSC website for additional information. https://www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/idd-waivers-program-enrollmentutilization-review/idrc-assessment-resources/idrc-faqs"

Note: When an increase in LON is requested, the submitter sees a message stating: "Increased LON requested. In order for the requested LON to be approved, please review HHSC requirements to determine the action needed. If required, a justification packet must be received by HHSC within seven calendar days. Please visit the HHSC website for more information: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/idd-waivers-program-enrollmentutilization-review/level-need-lon-resources."

Upon submission, the LTC Online Portal will validate that the assessment submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the assessment submitter is not assigned to the client, the following error displays: "Submitter is not currently assigned to this individual." If the LTC Online Portal confirms that the assessment submitter is assigned to the individual the assessment is submitted successfully.

On Regular Assessment Cycle Renewal

If an On-Cycle Renewal is submitted and Field **58a Would you like to renew on the Individual's regular assessment cycle** is set to "Yes," the LTC Online Portal validates to determine if the On-Cycle Renewal submission was submitted within 60 days prior to the LOC Expiration Date or after the LOC Expiration Date.

Off Regular Assessment Cycle Renewal

If an Off-Cycle Renewal is submitted and Field **58a Would you like to renew on the Individual's regular assessment cycle** is set to "No," the LTC Online Portal validates to determine if the Off-Cycle Renewal submission was submitted before or on the LOC Expiration Date.

If the Off-Cycle Renewal was submitted after the LOC End Date, the LTC Online Portal displays the following error message: "This Individual is not eligible for Off-Cycle Renewals. Please submit an On-Cycle Renewal."

For example, a person's regular cycle is January 1 to December 31. If the provider submits an Off-Cycle Renewal, it must be before the LOC expires, which in this instance, is December 31. The provider is not allowed to submit an Off-Cycle Renewal after December 31. An Off-Cycle Renewal submitted after December 31 is considered an On-Cycle Renewal.

LIDDA Review Process (HCS Only)

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

Once the 8578 ID/RC PC 3 Continued Stay Assessment is submitted by the provider, the assessment is routed to the LIDDA for review (HCS Program only) with the status *Pending LA Review*. The LIDDA must take action on the assessment by agreeing or disagreeing to the request to renew the annual assessment.

If no action is taken on the assessment by the LIDDA after six calendar days, the assessment is set to status *LA Review Expired* and a note reading "Review period expired with no LA review" is added to the History trail.

Note: The 8578 ID/RC PC 3 Continued Stay Assessment still goes through the LIDDA Review Process when the assessment is submitted by the LIDDA.

To indicate agreement:

1) Use FSI to locate and open a 8578 ID/RC PC 3 Continued Stay Assessment set to status *Pending LA Review*, or search by individual or DLN.

2) Click **Agree**. The Status Change Confirmation page displays.

3) Compose a note in the Text to be added to the form history free-form comment box.

4) Click **Change Status** to change the status, or click **Cancel** to cancel the action and return to the 8578 ID/RC PC 3 Continued Stay Assessment.

The 8578 ID/RC PC 3 Continued Stay Assessment is set to status *LA Agreement*.

To indicate disagreement:

1) Use FSI to locate and open an 8578 ID/RC PC 3 Continued Stay Assessment set to status *Pending LA Review*, or search by individual or DLN.

2) Click **Disagree**. The Status Change Confirmation page displays.

3) Compose a note in the Text to be added to the form history free-form comment box.

4) Click **Change Status** to change the status, or click **Cancel** to cancel the action and return to the 8578 ID/RC PC 3 Continued Stay Assessment.

The 8578 ID/RC PC 3 Continued Stay Assessment is set to status *LA Disagreement* and then moves to status *Remand to Submitter*.

Authorization Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

Once submitted, the 8578 ID/RC PC 3 Continued Stay Assessment goes through the Authorization Process and is set to status *Pending DADS Review*. In this status, the assessment is pending HHSC-LTC review and authorization of the requested LOC/LON assignment.

If an increase in LON is requested, a justification packet must be sent to HHSC within seven calendar days and the assessment is set to status *Pending LON Packet Receipt* or *Call Back Initiated*.

A note is added: "Increased LON requested. In order for requested LON to be approved, please review HHSC requirements to determine action needed. If required, a justification packet must be received by HHSC within seven calendar days. Please visit the HHSC website here for more information." The status of the justification packet determines how the modified LON is processed.

When the assessment is set to status *Pending DADS Review (LON Packet Received)*, a packet has been received by HHSC-LTC, but no action on the assessment has been taken during the review and authorization of the requested

LON assignment. If the justification packet is not received within seven calendar days, the assessment is set to status ***Pending DADS Review (LON Packet Not Received)*** and a note reading "Increased LON justification packet not received within seven calendar days" is added to the History trail.

The HHSC-LTC decision to approve or deny LOC, and either approve or modify LON will display the following statuses on the LTC Online Portal: ***LOC/LON Approved***, ***LOC Approved/LON Modified***, or ***LOC Denied***.

Note: If LON is modified, a letter is generated and available to the provider or LIDDA through the LTC Online Portal. Reference the LTC Online Portal Basics section for detailed information on locating and accessing letters.

Call Back Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If flagged for Call Back, the 8578 ID/RC PC 3 Continued Stay Assessment enters the Call Back Process after 15 days and is set to status ***Pending Call Back Documentation***. Once Call Back documentation is received, the assessment is set to status ***Pending DADS Review*** and moves to the Authorization Process again.

Remember to check for assessments that require your attention (such as remanded or call back required). The Current Activity feature only displays assessment submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate an assessment.

Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

During the Authorization Process if HHSC-LTC staff believes that corrections to the 8578 ID/RC PC 3 Continued Stay Assessment are needed, HHSC-LTC staff can remand the assessment to the original submitter for corrections to be made, to add notes, or to activate the assessment, which sets the assessment status to ***Remanded to Submitter***.

Remember to check for assessments that require your attention (such as remanded or call back required). The Current Activity feature only displays assessment submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate the assessment. To determine why an assessment has been remanded, look for a note in the History trail from the entity that remanded the assessment. Follow the instructions in the note to address the remand reason.

Be sure to click the "Add Note" button on the yellow Form Actions bar to explain how the remand reason was addressed. By adding a note, the 8578 ID/RC PC 3 Continued Stay Assessment reverts back to the status it was in before it was remanded.

Note: Refer to the "LTC Online Portal Basics" section of this user guide to learn more on adding a note.

Appeal Process

If the LOC is denied, or denied due to financial ineligibility, the individual or their LAR has the ability to appeal the decision.

If an appeal is requested, the assessment moves into one of the following statuses:

- *LOC Decision Under Appeal Without Continuation of Services*: HHSC-LTC is reviewing the original decision to deny the LOC assignment and has not authorized the continuation of services for the individual.

- *LOC Decision Under Appeal With Continuation of Services*: HHSC-LTC is reviewing the original decision to deny the LOC assignment and has authorized the continuation of services for the individual.

If HHSC-Fair Hearings staff reverses the original decision to deny the LOC assignment, HHSC-LTC staff will record the decision, and the assessment is set to status *LOC Decision Reversed During Appeal*.

If HHSC-Fair Hearings staff sustains the original decision to deny the LOC assignment, HHSC-LTC staff will record the decision, and the assessment is set to status *LOC Decision Sustained During Appeal*.

Refer to the TAC regarding appeals for the HCS and TxHmL programs.

LON Review Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If the LOC decision is reversed during the Appeal Process, the 8578 ID/RC PC 3 Continued Stay Assessment is set to status *Pending DADS Review—LON*.

When the 8578 ID/RC PC 3 Continued Stay Assessment is set to status *Pending DADS Review—LON*, HHSC-LTC staff can approve or modify the LON.

When HHSC-LTC staff approves or modifies the LON, the assessment changes to a status that reflects the most recent action taken. If HHSC-LTC approved the LON during the LON review, the assessment is set to status *LOC/LON Approved*. If HHSC-LTC modified the LON, the assessment is set to status *LOC Approved/LON Modified*.

Refer to the TAC regarding appeals for the HCS and TxHmL programs.

Reconsideration Process

If HHSC-LTC modified a requested LON, a provider can request reconsideration, but only if a LON increase justification packet has been submitted by the provider within 10 calendar days after notice that the recommended LON was modified or denied.

When reconsideration is requested, the 8578 ID/RC PC 3 Continued Stay Assessment is set to status *Pending LON Reconsideration*.

If during reconsideration HHSC-LTC staff reverses the original decision to modify LON, the assessment is set to status *LON Reversed During Reconsideration*.

If during reconsideration HHSC-LTC staff sustains the original decision to modify LON, the assessment is set to status *LON Sustained During Reconsideration*.

If during reconsideration LON is sustained, a letter is generated and available to the provider or LIDDA through the LTC Online Portal.

Note: Reference the "LTC Online Portal Basics" section for detailed information on locating and accessing letters.

Administrative Appeal Process

If the LON decision was sustained during reconsideration, the provider or LIDDA has the ability to appeal the decision. If an appeal has been requested, the assessment moves to status *Pending LON Administrative Review*. An Administrative Law judge reviews the original decision to review the LON modification.

If the HHSC-Administrative Law judge reverses the original decision to modify LON, HHSC-LTC staff will record the decision and the assessment is set to status *LON Reversed During Administrative Review*.

If the HHSC-Administrative Law judge sustains the original decision to modify LON, HHSC-LTC staff will record the decision and the assessment is set to status *LON Sustained During Administrative Review*.

Refer to the TAC regarding administrative hearings for the HCS and TxHmL programs.

Medicaid ID (MI) Process & Medicaid Eligibility (ME) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8578 ID/RC PC 3 Continued Stay Assessment is set to status *Medicaid ID Pending*, the LTC Online Portal is checking for a valid MI and a note reading "Medicaid ID request submitted" is added to the History trail. If the individual's MI is confirmed, the 8578 ID/RC PC 3 Continued Stay Assessment is set to status *ID Confirmed*.

If the individual's MI cannot be confirmed after 180 calendar days have expired, the assessment is set to status *Medicaid ID Check Inactive* and a note reading "Medicaid ID timer has expired without successful Medicaid ID verification" is added to the History trail. The submitter or HHSC LTC staff can reactivate the MI check by clicking the "Reactivate Medicaid ID Check" button.

ME must be confirmed for every 8578 ID/RC PC 3 Continued Stay Assessment. When the assessment enters the ME process, the LTC Online Portal sets the status to *Pending Medicaid Eligibility Verification* and a note reading "Medicaid Eligibility request submitted" is added to the History trail.

When ME is confirmed, the 8578 ID/RC PC 3 Continued Stay Assessment is set to status *Medicaid Eligibility Confirmed*.

If ME cannot be confirmed, the assessment is set to status *Pending Medicaid Eligibility Verification* and the LTC Online Portal continues to perform a ME check for 180 days. If after 180 calendar days (180 days for MI and ME

and not 180 for each), the ME could not be validated, the 8578 ID/RC PC 3 Continued Stay Assessment is set to status *Medicaid Eligibility Verification Inactive*. The submitter or HHSC LTC staff can reactivate the ME check by clicking the "Reactivate Medicaid Eligibility Check" button.

If the individual is determined not eligible for Medicaid, HHSC-LTC staff can set the assessment status to *Denied Due to Financial Ineligibility*. A letter is generated and sent to the individual or their LAR if the individual is denied enrollment due to financial ineligibility.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8578 ID/RC PC 3 Continued Stay Assessment is set to status *Pending SAS Update*, assessment data has been sent electronically to HHSC-LTC and a note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If assessment data is successfully processed by HHSC-LTC, the assessment is set to status *Processed/Complete* and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If assessment data has not been processed successfully by HHSC-LTC, the assessment is set to status *Rejected by SAS* and a note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the assessment is sent to HHSC-LTC staff for resolution, is submitted to HHSC-LTC PCS, or if provider action is required.

When sent to HHSC-LTC staff for resolution, the assessment is set to status *Pending DADS SAS Resolution*. In this status, the assessment can be resubmitted to SAS and is set to status *Submit to SAS*. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the assessment is set to status *Invalid/Complete*, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS, and the assessment is set to status *DADS SAS Resolution Complete*.

If submitted to HHSC-LTC PCS, the assessment is set to status *Submitted to PCS*. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the assessment to a completed status. In this status, the assessment can be resubmitted to SAS and is set to status *Submit to SAS*. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the assessment is set to status *Invalid/Complete*, or it can be marked as complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and the assessment is set to status *PCS Processed/Complete*. The assessment could be sent to a HHSC-LTC Coach for review and then the assessment is set to status *Coach Review*. If HHSC-LTC staff requests more information from the provider or LIDDA, the assessment is set to status *Pending More Info*.

The provider or LIDDA needs to take action on the assessment if it is rejected by SAS and the assessment is set to status *Provider Action Required*. Once the provider or LIDDA takes action, the assessment can go through the PCS workflow by clicking the "Move to PCS Workflow" button. The assessment is set to status *Submitted to PCS*. The provider can resubmit to SAS by clicking the "Resubmit to SAS" button to move the assessment to status *Submit to SAS*.

Note: HHSC-LTC staff can also invalidate an assessment set to status *Processed/Complete*.
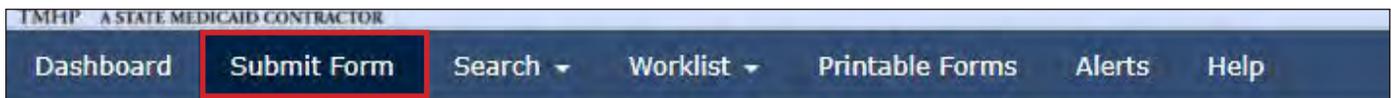
8578 ID/RC PC 4 Change Level of Need on Existing Assessment

The 8578 ID/RC PC 4 Change LON on Existing Assessment is used to initiate a change in a LON assignment and can be submitted by the HCS provider and LIDDA. The 8578 ID/RC PC 4 Change LON on Existing Assessment can be submitted by the LIDDA for consumers self-directing all services.

The 8578 ID/RC PC 4 Change LON on Existing Assessment must be initiated from the individual's current 8578 ID/RC Assessment; therefore, the provider needs to search for the current assessment using FSI.

Submission Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

To locate an individual's current 8578 ID/RC Assessment using FSI:

1) Click **Form Status Inquiry** located on the blue navigational bar. The Form Status Inquiry screen displays with the appropriate fields.

2) Choose **8578 Intellectual Disability/Related Condition Assessment** from the Type of Form drop-down box.

3) Choose **HCS** or **TxHmL** from the Program drop-down box.

4) Choose the **Vendor Number** from the Vendor Number drop-down box. **Note**: For CDS-only individuals, select the LIDDA vendor number from the drop-down box.

5) Enter data for the required From Date and To Date fields as indicated by the red dots.

6) As an option, you can enter search criteria. *It is strongly recommended that you enter additional information here to narrow results of the assessment.*

Note: The search criteria fields that display when performing a FSI vary based on the type of form chosen.

7) Click **Search**, and the LTC Online Portal returns any matching submissions (records).

8) Click the **View Detail** link at the left of the DLN to display details of the assessment.

9) Click **Request LON Change**. A new assessment is opened with some of the fields auto-populated with data from the current assessment and disabled so that you cannot change auto-populated data.

10) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the *8578 Intellectual Disability/Related Condition Assessment Item-by-Item Guide* to view detailed information related to each field on the assessment. If you try to submit an assessment with missing information from required fields, you receive error messages indicating the required fields that must be completed before the assessment can be submitted.

5f	Applicant's Mailing Address	
5g	Applicant Mailing City	
5h	Applicant Mailing State	
5i	Applicant Mailing ZIP Code	
5j	County of Service	
7	• Local Case No.	
8	• Medicaid No.	
73	CARE ID	
9	Medicare No.	
10	Date of Birth	
11	Social Security No.	
12	• Date Completed	
14	Date of Physical Examination	
15	Legal Status	
16	Previous Residence	
17	Recommended LOC	
18	• Recommended LON	
67v	Individual Services Begin Date	mm/dd/yyyy

11) Click the "Attachments" tab. Attachments from the original assessment are not included in this new assessment, but are still accessible through the original DLN.

    Note: Users can submit the assessment without any attachments and add the files at a later time using FSI to locate the assessment.

12) Select **Click Here to Upload Documents** to upload the required documents as listed on the screen. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.

    Note: Users can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.

Upload Attachments

Required Document

- Determination of Intellectual Disability
- ICAP and scoring sheet
- Person Directed Plan

Click Here to Upload Documents

Up to 10 files can be uploaded, at any time. Files cannot exceed 10mb per file.
Supported file types: PDF, Image (JPG, TIF, PNG), MS Word, MS Excel, and RTF.

Successful Attachments

✓ PDP.docx		Delete
✓ IDD_Determination.docx		Delete
✓ ICAP.docx		Delete

LTC HCS and TxHmL Waiver Programs—Provider User Guide

13) When you have completed all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the assessment until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the assessment.

Note: The "Request LON Change" button is available for use with PC 2, PC 3, or PC 4 with the most recent submission time stamp and with one of the following statuses: ***Processed/Complete***, ***DADS SAS Resolution Complete***, ***PCS Processed/Complete***, ***LOC Decision Sustained During Appeal***, ***LON Sustained During Administrative Review***, or ***LON Sustained During Reconsideration***.

When an HCS provider or LIDDA (for TxHmL and HCS CDS only) requests an increase in LON from the current LON, a pop-up window with a message displays, prior to the acceptance of the assessment, stating that a justification packet is due to HHSC-LTC in seven calendar days. The effective date for the start of the seven days is the date that the 8578 ID/RC PC 4 Change LON on Existing Assessment was submitted on the LTC Online Portal.

The LTC Online Portal attempts to validate the assessment upon submission.

If the assessment is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the assessment using FSI. Upon successful submission, the following message displays:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the assessment.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the assessment. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or corrected before the assessment is set to status ***Pending Submission***.

Upon submission, the LTC Online Portal will validate that the assessment submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the assessment submitter is not assigned to the client, the following error displays: Submitter is not currently assigned to this individual. If the LTC Online Portal confirms that the assessment submitter is assigned to the individual the assessment is submitted successfully.

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If the assessment is valid and the individual is enrolled in an HCS program, the assessment is sent to the LIDDA for a six calendar day review (TxHmL does not go to the LIDDA for review since the LIDDA generated the assessment). During the six calendar day review, the LIDDA can send the assessment back to the provider to make corrections, to mark agreement with the assessment, to mark disagreement with the assessment, or to take no action.

Note: During the six calendar day LIDDA review, the assessment is set to status *Pending LA Review*. If the review time exceeds six days, a note is added in the History trail that says the LIDDA review expired, and the assessment is set to status *LA Review Expired*.

From the LIDDA, the 8578 ID/RC PC 4 Change LON on Existing Assessment is next sent to HHSC-LTC for review. HHSC-LTC staff can remand the assessment, returning it to the submitter for corrections or for more information. HHSC-LTC staff may also edit the assessment, modify the LON, or approve the assessment.

If HHSC-LTC does approve the assessment, the LTC Online Portal displays the assessment in the status *Approved*, and the assessment is moved forward for validation of ME.

Note: All 8578 ID/RC PC 4 Change LON on Existing Assessment must be sent to HHSC-LTC staff for review.

In the event of an increased LON request, HHSC-LTC staff indicates whether a justification packet was received within the required seven calendar days. The status of the justification packet determines how the modified LON is processed.

If HHSC-LTC staff indicates a justification packet was not received, the LTC Online Portal attempts to verify ME. A note in the assessment's History trail informs the provider that the requested LON was modified.

Conversely, if HHSC-LTC staff indicates a justification packet was received within seven calendar days and decides to modify the requested LON, the assessment is displayed in a modified status. A letter is generated and available on the LTC Online Portal to notify the LIDDA and provider that a request for reconsideration can be made. HHSC-LTC staff indicates on the Status Change Confirmation page whether the individual or their LAR should also receive the letter outlining the modified LON.

Note: Reference the "LTC Online Portal Basics" section for detailed information on locating and accessing letters.

If HHSC-LTC's decision to modify the LON is reversed during the reconsideration or administrative review, the assessment data is retransmitted to SAS.

LIDDA Review Process (HCS Only)

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

Once submitted by the provider, the 8578 ID/RC PC 4 Change LON on Existing Assessment routes to the LIDDA for review (HCS Program only) in status *Pending LA Review*. The LIDDA must take action on the assessment by agreeing or disagreeing to the request to renew the annual assessment.

If no action is taken on the assessment by the LIDDA after six calendar days, the assessment is set to status *LA Review Expired* and a note reading "Review period expired with no LA review" is added to the History trail.

Note: The 8578 ID/RC PC 4 Change LON on Existing Assessment still goes through the LIDDA Review Process when the assessment is submitted by the LIDDA.

To indicate agreement:

1) Use FSI to locate and open an 8578 ID/RC PC 4 Change LON on Existing Assessment set to status *Pending LA Review*, or search by individual or DLN.

2) Click **Agree**. The Status Change Confirmation page displays.

3) Compose a note in the Text to be added to the form history free-form comment box.

4) Click **Change Status** to change the status, or click **Cancel** to cancel the action and return to the 8578 ID/RC PC 4 Change LON on Existing Assessment.

The 8578 ID/RC PC 4 Change LON on Existing Assessment is set to status *LA Agreement*.

To indicate disagree:

1) Use FSI to locate and open an 8578 ID/RC PC 4 Change LON on Existing Assessment set to status *Pending LA Review*, or search by individual or DLN.

2) Click **Disagree**. The Status Change Confirmation page displays.
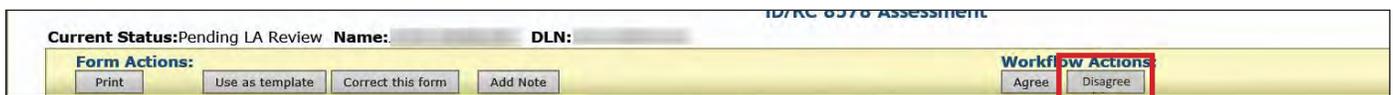
3) Compose a note in the Text to be added to the form history free-form comment box.

4) Click **Change Status** to change the status, or click **Cancel** to cancel the action and return to the 8578 ID/RC PC 4 Change LON on Existing Assessment.

Change Status for form _____ to LA Disagreement **Enter the notes below:**
If you would like the provider to see the note, please select the provider facing option from the list below.

Text to be added to form history
[   ]

[Cancel] [Change Status]

The 8578 ID/RC PC 4 Change LON on Existing Assessment is set to status *LA Disagreement* and then moves to status *Remand to Submitter*.

Authorization Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

Once submitted, the 8578 ID/RC PC 4 Change LON on Existing Assessment goes through the Authorization Process.

If an increase in LON was requested, a justification packet must be sent to HHSC within seven calendar days, and the assessment is set to status *Pending LON Packet Receipt* with a note reading "Increased LON requested" added to the History trail. In order for the requested LON to be approved, review the HHSC requirements to determine if action is needed. If required, a justification packet must be received by HHSC within seven calendar days. Visit the HHSC website for more information. The status of the justification packet determines how the modified LON is processed.

In status *Pending DADS Review (LON Packet Received)*, HHSC-LTC has received a packet, but HHSC-LTC has not yet taken action on the assessment during the review and authorization of the requested LON assignment.

If the justification packet has not been received within the seven days, the assessment is set to status *Pending DADS Review (LON Packet Not Received)* with a note reading "Increased LON justification packet not received within seven calendar days" added to the History trail.

The decision of HHSC-LTC to approve or modify the LON displays the following statuses on the LTC Portal: *LON Approved* or *LON Approved/LON Modified*.

If LON is modified, a letter is generated and available in the LTC Online Portal for the provider or LIDDA.

If a LON packet is requested by HHSC, the assessment is set to status *Call Back Initiated*, and the assessment enters the Call Back Process.

Note: Reference the "LTC Online Portal Basics" section for detailed information on locating and accessing letters.

Call Back Process

Pending DADS Review (Callback—LON Packet Received)

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

During the Call Back Process, HHSC-LTC staff is awaiting justification for a request to verify the appropriate LON assignment from the provider or LIDDA. The 8578 ID/RC PC 4 Change LON on Existing Assessment is set to status *Pending LON Packet Receipt (Call Back)*, and the following note is added to the History trail: "HHSC has initiated a Level on Need (LON) review for this individual to verify the LON assignment is appropriate. In order for the requested LON to be approved, please send a justification packet to HHSC within ten calendar days. Click **here** for more information."

Note: The note "here" in the History trail is a hyperlink which redirects the provider or LIDDA to a page that details what the justification packet should contain as well as how to submit and where to submit the packet.

If HHSC-LTC staff receive the justification packet within ten calendar days, the 8578 ID/RC PC 4 Change LON on Existing Assessment is set to status *Pending DADS Review (Callback—LON Packet Received)*. HHSC has not yet taken action on the assessment during the review and authorization of the requested LON assignment. HHSC has requested justification on the LON increase which has been received.

If the justification packet is not received within ten calendar days, the LTC Online Portal sets the 8578 ID/RC PC 4 Change LON on Existing Assessment to status *Pending DADS Review (Callback—LON Packet NOT Received)*. HHSC has not yet taken action on the assessment during the review and authorization of the requested LON assignment. HHSC has requested justification of the LON increase which has not been received.

HHSC-LTC's decision to approve or modify the LON displays the following statuses on the LTC Portal: *LON Approved* or *LON Modified*.
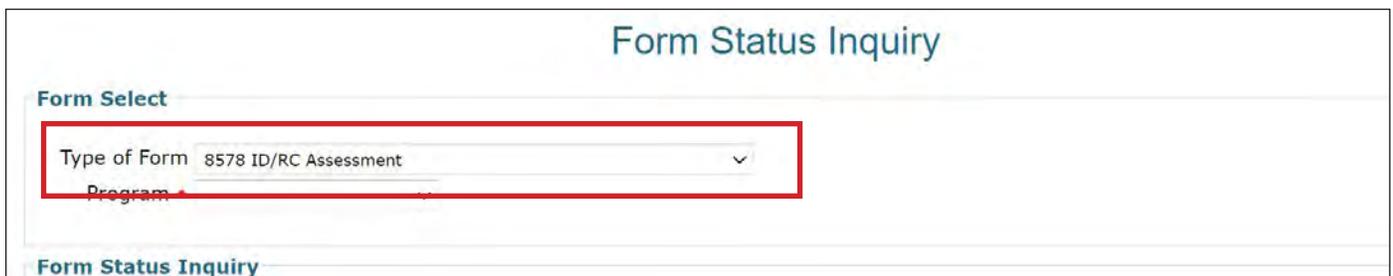
Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 8578 ID/RC PC 4 Change LON on Existing Assessment can be remanded to the submitter for any number of reasons and is set to status *Remanded to Submitter*. Remember to check for assessments that require your attention (such as remanded or call back required). The Current Activity feature only displays assessment submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate an assessment. To determine why an assessment has been remanded, look for a note in the History trail from the entity that remanded the assessment. Follow the instructions in the note to address the remand reason.

Be sure to click the "Add Note" button on the yellow Form Actions bar to explain how the remand reason was addressed. By adding a note, the 8578 ID/RC PC 4 Change LON on Existing Assessment reverts back to the status it was in before it was remanded.

Note: Refer to the "LTC Online Portal Basics" section of this user guide to learn more on adding a note.

Appeal Process

If the LOC is denied, modified, or denied due to financial ineligibility, the individual or their LAR has the ability to appeal the decision.

If an appeal is requested, the assessment moves into one of the following statuses:

- *LOC Decision Under Appeal Without Continuation of Services*: HHSC-LTC is reviewing the original decision to deny the LOC assignment and has not authorized the continuation of services for the individual.

- *LOC Decision Under Appeal With Continuation of Services*: HHSC-LTC is reviewing the original decision to deny the LOC assignment and has authorized the continuation of services for the individual.

If an appeal is withdrawn, the assessment is set to status *Appeal Withdrawn*.

LON Review Process

If a LON decision is reversed during the Appeals Process, the 8578 ID/RC PC 4 Change LON on Existing Assessment is set to status *Pending DADS Review—LON*.

When the 8578 ID/RC PC 4 Change LON on Existing Assessment is set to status *Pending DADS Review—LON*, HHSC-LTC staff can approve or modify the LON.

When HHSC-LTC staff approves or modifies the LON, the 8578 ID/RC PC 4 Change LON on Existing Assessment changes to a status that reflects the most recent action taken. If HHSC-LTC approved the LON during review, the assessment is set to status *LOC/LON Approved*. If HHSC-LTC modified the LON, the assessment is set to status *LOC Approved/LON Modified*.

Reconsideration Process

If HHSC-LTC modified the requested LON, a provider or LIDDA can request reconsideration but only if a LON increase justification packet has been submitted by the provider or LIDDA within 10 calendar days after notice that the recommended LON was modified or denied.

When reconsideration is requested, the 8578 ID/RC PC 4 Change LON on Existing Assessment is set to status *Pending LON Reconsideration*.

If during reconsideration HHSC-LTC staff reverses the original decision to modify LON, the assessment is set to status *LON Reversed During Reconsideration*.

If during reconsideration HHSC-LTC staff sustains the original decision to modify LON, the assessment is set to status *LON Sustained During Reconsideration*.

If during reconsideration LON is sustained, a letter is generated and available to the provider or LIDDA through the LTC Online Portal.

Note: Reference the "LTC Online Portal Basics" section for detailed information on locating and accessing letters.

Administrative Review Process

If the LON decision was sustained during reconsideration, the provider or LIDDA has the ability to appeal the decision. If an appeal is requested, the assessment moves to status *Pending LON Administrative Review*. An Administrative Law judge reviews the original decision to review the LON modification.

If the HHSC-Administrative Law judge reverses the original decision to modify LON, HHSC-LTC staff will record the decision and the assessment is set to status *LON Reversed During Administrative Review*.

If the HHSC-Administrative Law judge sustains the original decision to modify LON, HHSC-LTC staff will record the decision and the assessment is set to status *LON Sustained During Administrative Review*.

Refer to the TAC regarding administrative hearings for the HCS and TxHmL programs.

Note: HHSC-LTC staff can sustain or reverse a previously modified LON if it was indicated that a justification packet was submitted.

Medicaid ID (MI) Process & Medicaid Eligibility (ME) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8578 ID/RC PC 4 Change LON on Existing Assessment is set to status *Medicaid ID Pending*, the LTC Online Portal is checking for a valid MI and a note reading "Medicaid ID request submitted" is added to the History trail. If the individual's MI is confirmed, the 8578 ID/RC PC 4 Change LON on Existing Assessment is set to status **ID Confirmed**.

If the individual's MI cannot be confirmed after 180 calendar days have expired, the assessment is set to status *Medicaid ID Check Inactive* and a note reading "Medicaid ID timer has expired without successful Medicaid ID verification" is added to the History trail. The submitter or HHSC-LTC staff can reactivate the MI check by clicking the "Reactivate Medicaid ID Check" button.

ME must be confirmed for every 8578 ID/RC PC 4 Change LON on Existing Assessment. When the assessment enters the ME process, the LTC Online Portal sets the status to *Pending Medicaid Eligibility Verification* and a note reading "Medicaid Eligibility request submitted" is added to the History trail.

When ME is confirmed, the 8578 ID/RC PC 4 Change LON on Existing Assessment is set to status **Medicaid Eligibility Confirmed**.

If ME cannot be confirmed, the assessment is set to status *Pending Medicaid Eligibility Verification*, and the LTC Online Portal continues to perform a ME check for 180 days. If, after 180 calendar days (180 days for MI and ME, and not 180 for each), the ME cannot be validated, the assessment is set to status *Medicaid Eligibility Verification Inactive*. If the submitter or HHSC-LTC staff can reactivate the ME check by clicking the "Reactivate Medicaid Eligibility Check" button

If the individual is determined not eligible for Medicaid, HHSC-LTC staff can set the assessment status to **Denied Due to Financial Ineligibility**. A letter is generated and sent to the individual or their LAR if the individual is denied enrollment due to financial ineligibility.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8578 ID/RC PC 4 Change LON on Existing Assessment is set to status *Pending SAS Update*, assessment data has been sent electronically to HHSC-LTC and a note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If assessment data is successfully processed by HHSC-LTC, the assessment is set to status *Processed/Complete* and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If assessment data has not been processed successfully by HHSC-LTC, the assessment is set to status *Rejected by SAS*. A note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the assessment is sent to HHSC-LTC staff for resolution, is submitted to HHSC-LTC PCS, or if provider action is required.

When sent to HHSC-LTC staff for resolution, the assessment is set to status *Pending DADS SAS Resolution*. In this status, the assessment can be resubmitted to SAS and set to status *Submit to SAS*. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the assessment is set to status *Invalid/Complete*, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS, and the assessment is set to status *DADS SAS Resolution Complete*.

If submitted to HHSC-LTC PCS, the assessment is set to status *Submitted to PCS*. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the assessment to a completed status. In this status, the assessment can be resubmitted to SAS and is set to status *Submit to SAS*. It can be marked invalid/complete if HHSC-LTC staff has determined that the transaction is invalid and then the assessment is set to status *Invalid/Complete*. It can also be marked complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and then the assessment is set to status *PCS Processed/Complete*. The assessment could be sent to a HHSC-LTC Coach for review and then the assessment is set to status *Coach Review*. If HHSC-LTC PCS requests more information from the provider or LIDDA, the assessment is set to status *Pending More Info*.

The provider or LIDDA needs to take action on the assessment if the assessment is rejected by SAS, and the assessment is set to status *Provider Action Required*. Once the provider or LIDDA takes action on the assessment, the assessment can go through the PCS workflow by clicking the "Move to PCS Workflow" button. This moves the assessment to status *Submitted to PCS*. The provider can resubmit to SAS by clicking the "Resubmit to SAS" button to move the assessment to status *Submit to SAS*.

Note: HHSC-LTC staff can also invalidate an assessments set to status *Processed/Complete*.

8578 ID/RC PC E Gaps in Assessment

A gap in an assessment can occur if, during the 8578 ID/RC PC 3 Continued Stay Assessment process, there is a late submission of the assessment. The number of days late determines if a billing hold is created. The submission and approval of an 8578 ID/RC PC E Gaps in Assessment is required to release the billing hold.

When a billing hold exists, the provider sees the following message in the 8578 ID/RC PC 3 Continued Stay Assessment History trail: "This Intellectual Disability/Related Condition Annual Renewal was submitted more than 180 days after the individual's level of care End Date and has created a billing hold. Please submit an Intellectual Disability/Related Condition with purpose code E. Click here for more information."

Note: The note **here** is a hyperlink which redirects the HCS provider or LIDDA to HHSC's policy on consideration of a PC E.

Submission Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 8578 ID/RC PC E Gaps in Assessment can be submitted by the HCS providers and LIDDAs.

To locate an individual's 8578 ID/RC PC 3 Continued Stay Assessment using FSI:

1) Click **Form Status Inquiry** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.

2) Choose **8578 Intellectual Disability/Related Condition Assessment** from the Type of Form drop-down box.

3) Choose **HCS** or **TxHmL** from Program the drop-down box.

4) Choose the **Vendor Number** from the Vendor Number drop-down box. **Note**: For CDS-only individuals, select the LIDDA vendor number from the drop-down box.

5) Enter data for the required From Date and To Date fields as indicated by the red dots.

6) Click Purpose Code **3 = Continued Stay Assessment**.

7) As an option, you can enter additional search criteria. *It is strongly recommended that you enter additional information here to narrow results of the assessment.*

Note: The search criteria fields that display when performing a FSI vary based on the type of assessment chosen.

8) Click **Search**, and the LTC Online Portal returns any matching submissions (records).

9) Click the **View Detail** link at the left of the DLN to display details of the assessment.

10) Click **Fill Assessment Gap**.

Note: The "Fill Assessment Gap" button is only available if the LOC/LON has been approved or if the LOC/LON is modified and the current status of the assessment is not *Inactivated*, *Corrected*, or *Invalid/Complete*.

11) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the *8578 Intellectual Disability/Related Condition Assessment Item-by-Item Guide* to view detailed information related to each field on the assessment. If you try to submit an assessment with missing information from required fields, you receive error messages indicating the required fields that must be completed before the assessment can be submitted.

Note: Do not change Fields **63 Effective Date** and **64 Expiration Date**. Dates in these fields are prepopulated by the system and are used to create a client hold.

12) Click the "Attachments" tab. Attachments from the original assessment are not included in this new assessment, but are still accessible through the original DLN.

Note: Users can submit the assessment without any attachments and add the files at a later time using FSI to locate the assessment.

13) Select **Click Here to Upload Documents** to upload the required documents as listed on the screen. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.

Note: Users can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.
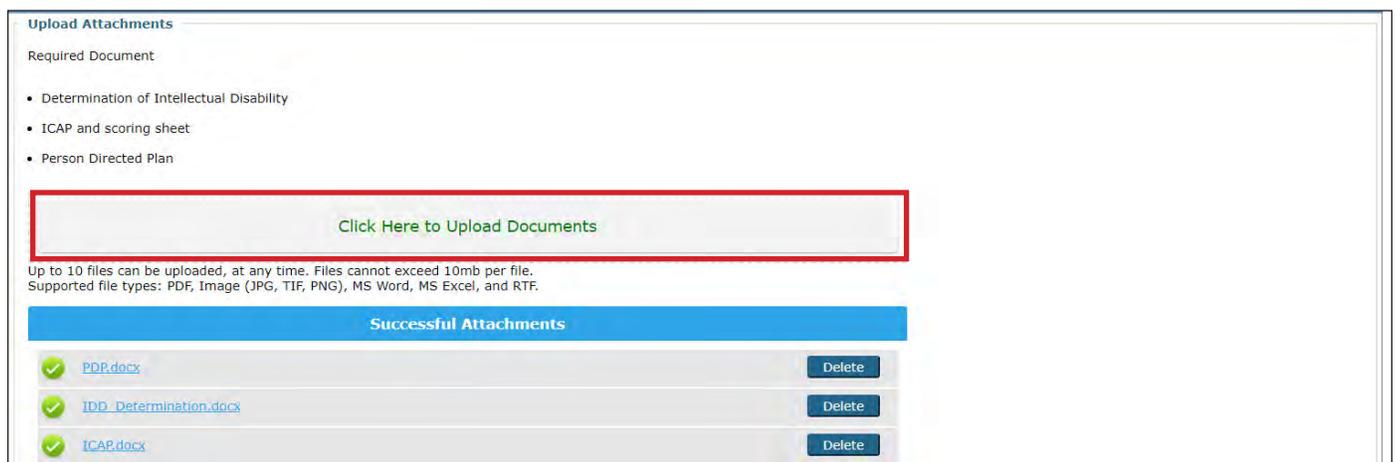
14) When you complete all the required fields in all tabs, you can:

   a) Click **Save as Draft** on the yellow Form Actions bar to save the assessment until you are ready to submit.

   b) Click **Submit Form** at the bottom of the screen to submit the assessment.

When the "Fill Assessment Gap" button is clicked, the LTC Online Portal displays the 8578 ID/RC PC E Gaps in Assessment and auto-populates the Purpose Code drop-down box with PC E. The assessment also auto-populates with read-only fields (with data from the current assessment) that are disabled so that you cannot change the auto-populated data.

The LTC Online Portal attempts to validate the assessment upon submission.

If the assessment is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the assessment using FSI. Upon successful submission, the following message displays:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the assessment.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the assessment. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or corrected before the assessment is set to status *Pending Submission*.

Upon submission, the LTC Online Portal will validate that the assessment submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the assessment submitter is not assigned to the client, the following error displays: Submitter is not currently assigned to this individual. If the LTC Online Portal confirms that the assessment submitter is assigned to the individual the assessment is submitted successfully.

If an 8578 ID/RC PC 3 Continued Stay Assessment is submitted more than 180 days late from the LOC End Date, then the HCS provider or LIDDA needs to submit an 8578 ID/RC PC E Gaps in Assessment. For example, if an HCS provider or LIDDA submits an 8578 ID/RC PC 3 Continued Stay Assessment more than a year late, then the provider or LIDDA will have to submit an 8578 ID/RC PC 3 Continued Stay Assessment and an 8578 ID/RC PC E Gaps in Assessment until they have caught up on the gap period.

Authorization Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

Once the assessment is submitted, the 8578 ID/RC PC E Gaps in Assessment goes through the Authorization Process and is set to status *Pending DADS Review*. In this status the assessment is pending HHSC-LTC review and authorization of the requested billing hold release.

HHSC-LTC staff's decision to release or maintain the billing hold will display the following statuses on the assessment:

- *Billing Hold Released*: HHSC has determined criteria has been met to approve the gap assessment.

- *Billing Hold Not Released*: HHSC has determined criteria has not been met to approve the gap assessment.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If the billing hold is released, the 8578 ID/RC PC E Gaps in Assessment goes through the SAS Process and is set to status *Pending SAS Update*. In this status, assessment data has been electronically sent to HHSC-LTC and a note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If the assessment data is successfully processed by HHSC-LTC, the assessment is set to status *Processed/Complete* and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If assessment data has not been processed successfully by HHSC-LTC, the assessment is set to status *Rejected by SAS* and a note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the assessment is sent to HHSC-LTC staff for resolution or is submitted to HHSC-LTC PCS.

When sent to HHSC-LTC staff for resolution, the assessment is set to status *Pending DADS SAS Resolution*. In this status, the assessment can be resubmitted to SAS and set to status *Submit to SAS*. It can also be marked invalid and set to status *Invalid/Complete* if HHSC-LTC staff determines that the transaction is invalid, or it can be marked complete and set to status *DADS SAS Resolution Complete* if HHSC-LTC has taken action to resolve the issue within SAS. If submitted to HHSC-LTC PCS, the assessment is set to status *Submitted to PCS*.

At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the assessment to a completed status. In this status, the assessment can be resubmitted to SAS and is set to status *Submit to SAS*. It can be marked invalid/complete if HHSC-LTC staff has determined that the transaction is invalid and then the assessment is set to status *Invalid/Complete*. It can also be marked complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and then the assessment is set to status *PCS Processed/Complete*. The assessment could be sent to a HHSC-LTC Coach for review and then the assessment is set to status *Coach Review*. If HHSC-LTC PCS requests more information from the provider or LIDDA, the assessment is set to status *Pending More Info*.

Note: HHSC-LTC staff can also invalidate an assessment set to status *Processed/Complete*.

3608 IPC for HCS

The 3608 IPC for HCS is used to request services and service authorizations for enrollment, renewal, revision, or transfer.

- **Enrollment**—The IPC Enrollment is completed by the LIDDA. The LIDDA develops the proposed IPC Enrollment after developing the person-directed plan (PDP).

- **Renewal**—An annual IPC Renewal is completed by the provider before the current IPC expires unless all services are Consumer Directed Services (CDS), in which case the annual IPC Renewal is completed by the LIDDA.

- **Transfer**—An IPC Transfer is developed by the LIDDA when an individual changes to another HCS contract or chooses a different service delivery option (meaning CDS is added or removed as a service delivery option and requires a change of contract).

- **Revision**—An IPC revision is completed by the provider unless the services are CDS, in which case the IPC revision is completed by the LIDDA. There are three types of IPC revisions:

  - **Revision to reflect PDP change**—This type of IPC Revision is used when adding or deleting an HCS/Community First Choice (CFC) service or when increasing/decreasing an existing service that requires a new PDP outcome.

  - **Revision to increase/decrease an existing HCS/CFC service**—This type of IPC Revision is used when the increase or decrease of the existing HCS service is associated with an existing outcome in the current PDP.

  - **Revision to add/change a requisition fee only**—This type of IPC Revision is used only when a dental, adaptive aid, or MHM requisition fee is added or changed on an individual's IPC.

3608 IPC Enrollment

Submission Process

The 8578 ID/RC PC 2 No Current Assessment must be approved before the LIDDA submits an Enrollment IPC. If the LIDDA attempts to submit the IPC without an approved 8578 ID/RC PC 2 No Current Assessment, an error message will appear: "The individual does not have an approved ID/RC Purpose Code 2 form. Please submit the ID/RC PC2 form and wait until the form status is 'Pending IPC Match' to submit the initial IPC form."

To submit the 3608 IPC Enrollment:

1) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.

2) Choose **3608 Individual Plan of Care** from the Type of Form drop-down box. The Program field auto-populates.

3) Choose the **LIDDA's Vendor Number** from the Vendor Number drop-down box.

4) Choose **1. Initial Enrollment** from the IPC Type drop-down box.

5) Select the effective date from the Effective Date field.

6) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

7) Click **Enter Form** on the bottom right of the screen. The 3608 IPC opens on the screen.

8) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the *3608 HCS Individual Plan of Care Item-by-Item Guide* to view detailed information related to each field on the form. If you try to submit a form with missing information from required fields, you receive error messages indicating the required fields that must be completed before the form can be submitted.

9) Click the "Attachments" tab.
   Note: Users can submit the form without any attachments and add the files at a later time using FSI to locate the form.

10) Select **Click Here to Upload Documents** to upload the documents that have been requested. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.
   Note: LIDDAs can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.

11) When you have completed all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

Provider Location Check

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 3608 IPC Enrollment is submitted, it goes through a provider location validation process. A note reading "Location Open Date request submitted" is added to the History trail. If the Location Open Date is after the Form Effective Date, or if the Form Effective Date equals the Location End Date, the form is set to status *Location Open Date Not Valid For Effective Date*. This status causes the workflow of the form to terminate.

If the Location Open Date is before or equal to the Form Effective Date and the Form Effective Date is before the Location End Date, the form is set to status *Form Submitted*.

Client Waiver Program Check

Before the 3608 IPC Enrollment can be successfully submitted for authorization, the LTC Online Portal checks to determine if the individual is enrolled in another waiver program. If the LTC Online Portal determines that the individual has an active eligibility or enrollment record for another program on the requested begin date of the form, a warning message displays in a pop-up window prior to the acceptance of the 3608 IPC Enrollment on the LTC Online Portal.

HHSC requires the LIDDA to follow the process described in the LIDDA Handbook to coordinate a discharge date with case managers of the other program *before* deciding on the enrollment begin date and submitting the 3608 IPC Enrollment Form.

Duplicate Form Check

The LTC Online Portal checks to ensure the Begin Date and End Date of the submitted 3608 IPC Enrollment does not overlap with an already active 3608 IPC Enrollment Begin Date and End Date for the individual. If there are overlapping dates, the LTC Online Portal considers the submitted form a duplicate IPC and an error message displays stating, "This form is a duplicate of a previously submitted form."

ID/RC Check

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

Once the 3608 IPC Enrollment is successfully submitted, a check is completed to ensure the individual has a matching, authorized 8578 ID/RC Assessment on file.

The following criteria must be met for a match to occur:

- The 8578 ID/RC must be a PC 2 No Current Assessment.

- Both forms must be for the same program, HCS.

- The Medicaid Number or CARE ID must match on both forms.

- The 8578 ID/RC PC 2 No Current Assessment Effective Date must be on the same day as or earlier than the IPC Enrollment Begin Date.

- The 8578 ID/RC PC 2 No Current Assessment must have an approved LOC and LON (the assessment's History trail must contain a status of *LOC/LON Approved* or *LOC Approved/LON Modified*).

- The 8578 ID/RC PC 2 No Current Assessment's current status must be ***Pending IPC Match***.

An authorized 8578 ID/RC PC 2 No Current Assessment must approved before the LIDDA submits the 3608 IPC Enrollment.

Slot Offer Transfer

When a slot offer has been transferred to another LIDDA in CSIL, and the Pre-enrollment Form and the 8578 ID/RC PC 2 No Current Assessment were already submitted by the first LIDDA, the new LIDDA submits the 3608 IPC

Enrollment Form. The system automatically updates the LIDDA information on the Pre-enrollment Form and the 8578 ID/RC PC 2 No Current Assessment to match the LIDDA information on the 3608 IPC Enrollment Form.

Authorization Process/Coach Review Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

During the Authorization Process, the LTC Online Portal evaluates the cost of the IPC services against HHSC-LTC policy limits for HCS. If the cost of services exceeds HHSC-LTC policy limits, the form is set to status *Pending DADS Review* or *Pending Coach Review* depending on the policy exceeded. If an individual's IPC cost exceeds the cost allowed in the HHSC-LTC rules for HCS, the individual's need for additional services must be substantiated through documentation of the individual's condition(s) that warrants the additional services.

If the cost does not exceed the amount that HHSC-LTC will authorize, the form is set to status *Pending DADS Review*.

For example, the Default Cost Ceiling is calculated and validated. If the Default Cost Ceiling is not exceeded, the 3608 IPC Enrollment is set to status *Pending DADS Review*. HHSC-LTC staff has the option to set the IPC to status *Pending Call Back Documentation* and to *Pending Coach Review*.

If, however, the Default Cost Ceiling is exceeded, a note indicating by what percentage the Default Cost Ceiling was exceeded is added to the History trail. The 3608 IPC Enrollment is then set to status *Pending DADS Review* or *Pending Coach Review*.

For example, when a 3608 IPC Enrollment enters the Authorization Process, the LTC Online Portal will assess Client-Specific Cost Validation, validate Default Cost Ceiling Exceeded, validate Service Cap, and validate Service Threshold. If any of the cost ceilings or services are exceeded, a note is added to the History trail.

LIDDAs are notified when services on an initial 3608 IPC Enrollment are modified or denied by HHSC-LTC staff. When services are modified, the form is set to status **Services Modified**, and when denied, the form is set to status **Services Denied**. For services that are approved, the form is set to status **Services Approved**.

A letter is generated and sent to the individual or their LAR if services are modified or denied.

Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form.

Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 3608 IPC Enrollment can be remanded to the submitter for any number of reasons and is set to a status of *Remanded to Submitter*. Remember to check for forms that require your attention (such as remanded or call

back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form. To determine why a form has been remanded, look for a note in the History trail from the entity that remanded the form. Follow the instructions in the note to address the remand reason.

Be sure to click the "Add Note" button on the yellow Form Actions bar to explain how the remand reason was addressed. By adding a note, the 3608 IPC Enrollment reverts back to the status it was in before it was remanded.

Note: Refer to the "LTC Online Portal Basics" section of this user guide to learn more on adding a note.

Appeal Process

If an individual is denied enrollment into the program because the IPC total exceeded the program cost limit or the program's financial eligibility criteria (i.e., Medicaid), the individual or LAR has a right to request a Fair Hearing to appeal the enrollment denial decision. In both cases, the Appeal Process is handled outside the LTC Online Portal. If an individual is denied a service or a requested service amount, the individual or LAR may request a Fair Hearing to appeal the denial of service/service amount. In this case, the Appeal Process is handled in the LTC Online Portal.

Refer to the TAC regarding Appeals for the HCS program.

Capacity Verification Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

Location Capacity

All 3608 IPC Enrollments go through a Location Capacity Verification process. During this process, the form is set to status *Pending Location Availability* and a note reading "Location Capacity Request submitted" is added to the History trail.

If the location is confirmed, the form is set to status *Location Availability Confirmed* and a note reading "Location Availability Confirmed" is added to the History trail.

If there is an error that prevents the location from being confirmed, the form is set to status *Provider Action Required—Pending Location Availability* and a note is added to the History trail. All location issues are the provider's responsibility. The LIDDA's only responsibility is to ensure they correctly enter the location information the provider gives them. To fix the error, the "Update Location" button or "Reactivate Location Availability" button in the yellow actions bar must be clicked. Before moving forward, the form submitter should confirm that Field **2f Individual Location Code** and Field **10 Residential Type** were correctly entered. If either of the fields were entered incorrectly, the form submitter must click the "Update Location" button to correct the information. If both fields were entered correctly, the provider must research any errors, including checking the location's capacity, the individuals in the location, and the order of form submission. The LIDDA can let the provider know when forms are in status *Provider Action Required—Pending Location Availability*, as a courtesy. However, LIDDAs are not required to do this.

Providers can use the [Provider Location Search](#) feature to view location information for their counties, including the individuals assigned to each location code within a selected date range. Providers must fix any errors found. If the provider is still encountering issues and needs assistance, they should contact the appropriate program area. Refer to the [Provider Quick Reference Contact List for HCS and TxHmL](#). Once the provider has resolved all location issues, the provider can contact the LIDDA or HHSC-LTC to click the "Reactivate Location Availability" button. When the "Reactivate Location Availability" button is clicked, the LTC Online Portal attempts to confirm the location again and a note reading "Location Availability Check Reactivated" is added to the History trail.

Note: Providers must check a location's capacity before assigning individuals to a location.

If the form moves to status *Location Availability Confirmed* after clicking the "Reactivate Location Availability" button, the location is confirmed and the form enters the MI and ME process.

When the "Update Location" button is clicked, Field **2f Individual Location Code** and Field **10 Residential Type** become editable for updates. After updating the fields, the submitter must click the "Save Location" button to save changes. The LTC Online Portal will then validate the updated fields. If validations do not pass, the submitter receives an error message for the data that must be fixed before the location updates can be saved. If all validations pass, the form moves to status *Location Availability Confirmed* and enters the MI and ME process. Notes are added to the History trail that display the old and new location code and residential type on the form.

Once the location becomes available, the status is updated to *Location Availability Confirmed* and a note reading "Location Availability Confirmed" is added to the History trail.

Provider Contract Capacity

The LTC Online Portal also runs a Provider Contract Capacity Check and a note reading "Provider Contract Capacity Request submitted" is added to the History trail.

If the LTC Online Portal does not receive a Provider Contract Capacity confirmation, the 3608 IPC Enrollment is set to status *Pending Provider Contract Capacity*. If, after seven calendar days, there is still not a valid Provider Contract Capacity confirmation, the 3608 IPC Enrollment is set to status *DADS Action Required—Provider Contract Capacity* and a note reading "Provider Contract Capacity Verification timer has expired without successful Provider Contract Capacity Verification" is added to the History trail. At this point, HHSC-LTC staff checks Provider Contract Capacity.

Once the Provider Contract Capacity becomes available, a note reading "Provider Contract Capacity confirmed" is added to the History trail, and the 3608 IPC Enrollment is set to status *Provider Contract Capacity Confirmed*.

Medicaid ID (MI) & Medicaid Eligibility (ME) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 3608 IPC Enrollment is set to status *Medicaid ID Pending*, the LTC Online Portal is checking for a valid MI and a note reading "Medicaid ID request submitted" is added to the History trail. If the individual's MI is confirmed, the 3608 IPC Enrollment is set to status *ID Confirmed* and a note reading "Medicaid ID [Medicaid ID returned in web service response] confirmed for this Individual" is added to the History trail.

If the individual's MI cannot be confirmed after 180 calendar days have expired, the 3608 IPC Enrollment is set to status *Medicaid ID Check Inactive* and a note reading "Medicaid ID timer has expired without successful Medicaid ID verification" is added to the History trail.

ME must be confirmed for every 3608 IPC Enrollment. When the 3608 IPC Enrollment enters the ME process, the LTC Online Portal sets the form status to *Pending Medicaid Eligibility Verification* and a note reading "Medicaid Eligibility request submitted" is added to the History trail.

When ME is confirmed, the 3608 IPC Enrollment is set to status **Medicaid Eligibility Confirmed** and a note reading "Medicaid Eligibility confirmed for this Individual" is added to the History trail.

If ME cannot be confirmed, the form is set to status *Pending Medicaid Eligibility Verification*, and the LTC Online Portal continues to perform an ME check for 180 days. If, after 180 calendar days (180 days for MI and ME, and not 180 for each), the ME cannot be validated, the 3608 IPC Enrollment is set to status *Medicaid Eligibility Verification Inactive* and a note reading "Medicaid Eligibility timer has expired without successful Medicaid Eligibility verification" is added to the History trail. The submitter or HHSC LTC staff can reactivate the ME check by clicking the "Reactivate Medicaid Eligibility Check" button.

If the individual is determined not eligible for Medicaid, HHSC-LTC staff can set the form to status **Denied Due to Financial Ineligibility**. A letter is generated and sent to the individual or their LAR if the individual is denied enrollment due to loss of financial eligibility. The individual's HCS or TxHmL Pre-enrollment Form is also updated to status **Denied—Not Financially Eligible**.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 3608 IPC Enrollment is set to status **Pending SAS Update**, form data has been sent electronically to HHSC-LTC and a note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If form data is successfully processed by HHSC-LTC, the form is set to status **Processed/Complete** and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If form data has not been processed successfully by HHSC-LTC, the form is set to status **Rejected by SAS**. A note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the form is sent to HHSC-LTC staff for resolution or is submitted to HHSC-LTC PCS.

When sent to HHSC-LTC staff for resolution, the form is set to status **Pending DADS SAS Resolution**. In this status, the form can be resubmitted to SAS and is set to status **Submit to SAS**. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid, and the form is set to status *Invalid/Complete*, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS, and the form is set to status **DADS SAS Resolution Complete**.

If submitted to HHSC-LTC PCS, the form is set to status *Submitted to PCS*. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the form to a completed status. In this status, the form can be resubmitted to SAS and is set to status **Submit to SAS**. It can be marked invalid/complete if HHSC-LTC staff determines that the

transaction is invalid and then the form is set to status *Invalid/Complete*. It can also be marked complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and then the form status is set to status *PCS Processed/Complete*. It can be sent to HHSC-LTC for review, and the form is set to status *Coach Review*. If HHSC- LTC PCS requests more information from the LIDDA, the form is set to status *Pending More Info*.

The LIDDA needs to take action on the form if it is rejected by SAS and is set to status *Provider Action Required*. Once the LIDDA has taken action on the form, the form can go through the PCS workflow by clicking the "Move to PCS Workflow" button. This moves the form to status *Submitted to PCS*. The LIDDA can resubmit to SAS by clicking the "Resubmit to SAS" button to move the form to status *Submit to SAS*.

Note: HHSC-LTC staff can also invalidate a form set to status *Processed/Complete*.

Call Back Process

If flagged for Call Back, in which HHSC is requesting additional information, the 3608 IPC Enrollment enters the Call Back Process 30 days after the date of the Enrollment Approval letter. The form is set to status *Pending Call Back Documentation*. Once Call Back documentation is received or, after 15 calendar days no status change has occurred, the 3608 IPC Enrollment is set to status *Pending DADS Review*, and the form moves to the Authorization Process again.

Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form.

3608 IPC Renewal or Revision

Providers are responsible for completing a 3608 IPC for Renewal or Revision, while LIDDAs will complete a 3608 IPC for Renewal or Revision for individuals self-directing all services. Reference "Appendix A: Scenarios for Selecting an IMT Purpose and IPC Type" of this guide to understand when a 3608 IPC Revision may be required for submission. Additional forms may also be required for submission.

3608 IPC Renewal Submission Process

3608 IPC Renewals must be submitted within 365 days of the expiration date of the previous 3608 IPC.

To submit:

1) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.
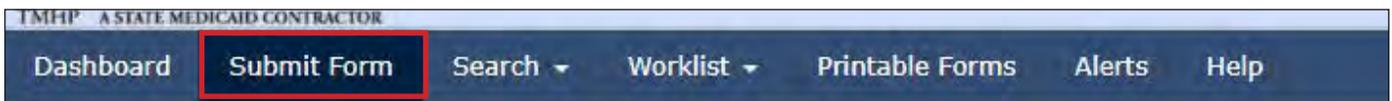
2) Choose **3608 Individual Plan of Care** from the Type of Form drop-down box. The Program field auto-populates.

3) Choose the **Provider's Vendor Number** from the Vendor Number drop-down box. **Note**: For CDS-only individuals, select the LIDDA vendor number from the drop-down box.
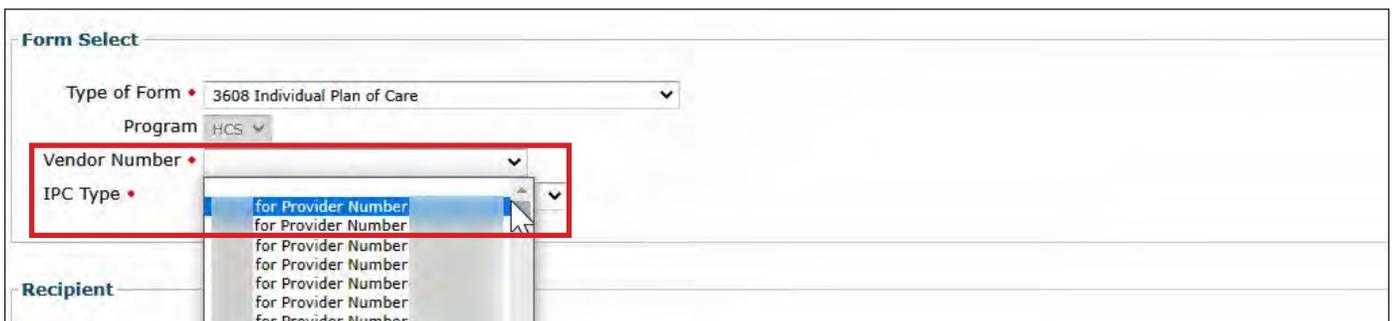
4) Choose **2. Renewal** from the IPC Type drop-down box.

5) Enter the Medicaid number in the Medicaid Number field. The Effective Date field populates when the Medicaid number is entered.

6) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

7) Click **Enter Form** on the bottom right of the screen. The 3608 IPC opens on the screen.

8) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the *3608 HCS Individual Plan of Care Item-by-Item Guide* to view detailed information related to each field on the form. If you try to submit a form with missing information from required fields, you receive error messages indicating the required fields that must be completed before the form can be submitted.

9) Click the "Attachments" tab.

Note: Users can submit the form without any attachments and add the files at a later time using FSI to locate the form.

10) Select **Click Here to Upload Documents** to upload the documents. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.

Note: Users can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.

11) Click the "Other documentation to support request" link to view what other documentation should be uploaded to support the renewal request.

12) When you have completed all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

Upon submission, the LTC Online Portal will validate that the form submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the form submitter is not assigned to the client, the following error displays: "Submitter is not currently assigned to this individual." If the LTC Online Portal confirms that the form submitter is assigned to the individual the form is submitted successfully.

IPC Renewal 60-Day Check

Upon submission, the LTC Online Portal checks the individual's current IPC end date. If the IPC Renewal is submitted more than 60 days prior to the individual's current IPC end date, a DLN will not generate and the LTC Online Portal displays an error message stating, "The IPC Annual Renewals cannot be submitted more than 60 days prior to the Individual's current IPC end date." The user must submit the IPC Renewal when it is later than 60 days prior to the individual's current IPC end date.

3608 IPC Revision Submission Process

Reference "Appendix A: Scenarios for Selecting an IMT Purpose and IPC Type" of this guide to understand when a 3608 IPC Revision may be required for submission. Additional forms may also be required for submission.

To submit a 3608 IPC Revision:

1) Click **Search** and select **Form Status Inquiry** from the drop-down options.

2) Choose **3608 Individual Plan of Care** from the Type of Form drop-down box. The program field auto-populates.

3) Choose the **Vendor Number** from the Vendor Number drop-down box. **Note**: For CDS-only individuals, select the LIDDA vendor number from the drop-down box.

4) Enter data for the required From Date and To Date fields as indicated by the red dots.

5) You can enter additional criteria. *It is strongly recommended that you enter as much additional criteria as you have to narrow search results.*

Note: The narrowing search criteria fields that display when performing an FSI vary based on the Type of Form chosen.

6) Click **Search**, and the LTC Online Portal returns any matching submissions (records).

7) Click the **View Detail** link at the left of the DLN to open the form you want to revise.

8) Click **Revise IPC** on the yellow Form Actions bar. This launches a new IPC that has auto-populated fields.

Current Status: Processed/Complete	Name:	DLN:	
Form Actions:			
Print	Use as template	Add Note	Restart Form	Revise IPC

Note: The "Revise IPC" button is available on the IPC form for all IPC form types (Enrollment, Renewal, Revision, or Transfer), but only when the form is the most current form and is set to one of the following statuses: *Processed/Complete*, *DADS SAS Resolution Complete*, *PCS Processed/Complete*, *Denial of Services Sustained*, *Modification of Services Sustained*, *Denial of Transfer Services Sustained*, *Modification of Transfer Services Sustained*, *Appealed with Continuation of Services*, *Appealed without Continuation of Services*, or *Appeal Withdrawn* . The "Revise IPC" button is not available after 30 days of the IPC End Date.

9) Make the appropriate revisions to the new IPC (the parent form cannot be edited).

10) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the [3608 HCS Individual Plan of Care Item-by-Item Guide](#) to view detailed information related to each field on the form. If you try to submit a form with missing information from required fields, you receive error messages indicating the required fields that must be completed before the form can be submitted.

PROV/INDIVIDUAL INFO	IPC SERVICES/COST	NON WAIVER SERVICES	CERTIFICATIONS	LA/DADS REVIEW	SC INFO	EXPLANATION OF RIGHTS	SECTION TRANSFER
			ATTACHMENTS				

Submitter/Provider Information		
1e	● Submitter Contract No.	
1f	● Submitter Vendor Number	
Individual Information		
1a	Last Name of Individual	
1b	First Name of Individual	
1c	Middle Initial of Individual	
1d	Suffix	
2a	● Address of Individual	
2b	● Individual City	
2c	● Individual State	Texas(TX)
2d	● Individual ZIP Code	
2f	● Individual Location Code	
2e	● Individual County	

11) Click the "Attachments" tab. Attachments from the original form are not included in this new form, but are still accessible through the original DLN.
Note: Users can submit the form without any attachments and add the files at a later time using FSI to locate the form.

12) Select **Click Here to Upload Documents** to upload the documents. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.
Note: Users can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.

13) Click the "Other documentation to support request" link to view what other documentation should be uploaded to support the revision request.

14) When you have completed all the required fields in all tabs, you can:

   a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

   b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once

in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

If a provider or LIDDA submits an IPC for the plan year and then also submits an IPC Revision, the LTC Online Portal checks to see if the Effective Date for the current IPC Revision is on or after the Effective Date for the previously submitted IPC form. If it does not pass validation, the provider or LIDDA sees the following error message: "IPC Revision Effective Date cannot be prior to the Effective Date of the previously submitted form."

Upon submission, the LTC Online Portal will validate that the form submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the form submitter is not assigned to the client, the following error displays: "Submitter is not currently assigned to this individual." If the LTC Online Portal confirms that the form submitter is assigned to the individual the form is submitted successfully.

Provider Location Check

When the 3608 IPC Revision is submitted, it goes through a Provider Location Validation Process and a note reading "Location Open Date request submitted" is added to the History trail. If the Location Open Date is after the Form Effective Date, or if the Form Effective Date equals the Location End Date, the form is set to status *Location Open Date Not Valid for Effective Date*, and the form will be terminated.

If the Location Open Date is before or equal to the Form Effective Date, and the Form Effective Date is before Location End Date, the form is set to status *Form Submitted*. This status causes the workflow of the form to move to the LA Review Process.

Client Waiver Program Check

Before the 3608 IPC Renewal or Revision can be successfully submitted for authorization, the LTC Online Portal checks to determine if the individual is enrolled in the HCS waiver program. If an existing service authorization is not found, a message stating, "Individual is not currently enrolled in the HCS program" displays in a pop-up window. Submission of the 3608 IPC Renewal or Revision will be rejected.

Valid ID/RC Check

During the form submission process, the LTC Online Portal validates to see if the individual has a valid 8578 ID/RC Assessment on file for Revisions and Renewals. If a valid 8578 ID/RC Assessment is not on file, the user sees an error message stating, "Individual does not have an approved ID/RC Assessment on file for the indicated IPC Begin Date. Please submit an ID/RC for this Individual."

Client on Suspension

During the form submission process, the LTC Online Portal checks to see if the individual is on suspension of the waiver program. If the individual is on suspension, the user sees an error message stating, "The Individual is currently on suspension. Submitting this request will end the Individual's suspension." This warning message will not prevent the submission of the IPC.

Duplicate Form Check

The LTC Online Portal checks to ensure the Begin Date and End Date of the submitted 3608 IPC Renewal or Revision does not overlap with an already active 3608 IPC Renewal or Revision Begin Date and End Date for the individual. If there are overlapping dates, the LTC Online Portal considers the submitted form a duplicate IPC and an error message displays stating, "This form is a duplicate of a previously submitted form."

Termination

If a termination is in flight for an individual, the 3608 IPC Renewal or Revision form is rejected and the user sees an error message stating "A Termination request is in process for this Individual."

LIDDA Review Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

All 3608 IPC Renewals or Revisions must go to the LIDDA for review and are set to status *__Pending LA Review__*.

If the LIDDA agrees with the 3608 IPC Renewal or Revision, they can set the status to *LA Agreement* by clicking the "Agree" button. The LIDDA can set the status to *LA Disagreement* by clicking the "Disagree" button and must write a reason for disagreement in the Message Text area of the Status Change Confirmation page. If no action is taken on the form after six calendar days, the form is set to status *LA Review Expired*.

Note: The 3608 IPC Renewal or Revision still goes through the LIDDA Review Process when the form is submitted by the LIDDA.

To indicate agreement:

1) Use FSI to locate and open a 3608 IPC Renewal or Revision set to status *__Pending LA Review__*, or search by individual or DLN.

2) Click **Agree**. The Status Change Confirmation page displays.

3) Compose a note in the Text to be added to the form history free-form comment box.

4) Click **Change Status** to change the status, or click **Cancel** to cancel the action and return to the 3608 IPC Renewal or Revision.

The 3608 IPC Renewal or Revision is set to status *LA Agreement*.

To indicate disagreement:

1) Use FSI to locate and open a 3608 IPC Renewal or Revision set to status *Pending LA Review*, or search by individual or DLN.

2) Click **Disagree**. The Status Change Confirmation page displays.

3) Compose a note in the Text to be added to the form history free-form comment box.

4) Click **Change Status** to change the status, or click **Cancel** to cancel the action and return to the 3608 IPC Renewal or Revision.

The 3608 IPC Renewal or Revision is set to status *LA Disagreement* and the *Remanded to Submitter*.

The LIDDA can also remand the 3608 IPC Renewal or Revision back to the submitter for corrections by clicking the "Remand to Submitter" button which moves the form status to *Remanded to Submitter*.

For example, when a 3608 IPC Enrollment enters the Authorization Process, the LTC Online Portal will assess Client-Specific Cost Validation, validate Default Cost Ceiling Exceeded, validate Service Cap, and validate Service Threshold. If any of the cost ceilings or services are exceeded, a note is added to the History trail.

During the Authorization Process, the LTC Online Portal evaluates the cost of the IPC services against HHSC-LTC policy limits for HCS. If the cost of services exceeds HHSC-LTC policy limits, the form is set to status *Pending DADS Review* or *Pending Coach Review* depending on the policy exceeded.

If an individual's IPC cost exceeds the cost allowed in HHSC-LTC rules for HCS, the individual's need for additional services must be substantiated through documentation of the individual's condition(s) that warrants the additional services.

For example, the Default Cost Ceiling is calculated and validated. If the Default Cost Ceiling is not exceeded, the 3608 IPC Renewal or Revision is set to status *Pending DADS Review*. HHSC-LTC staff has the option to set the status of the 3608 IPC Renewal or Revision to *Pending Call Back Documentation* and *Pending Coach Review*.

If, however, the Default Cost Ceiling is exceeded, a note indicating by what percentage the Default Cost Ceiling was exceeded is added to the History trail. The 3608 IPC Renewal or Revision is then set to status *Pending DADS Review* or *Pending Coach Review*.

Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 3608 IPC Renewal or Revision can be remanded to the submitter for any number of reasons and is set to status *Remanded to Submitter*. Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form. To determine why a form has been remanded, look for a note in the History trail from the entity that remanded the form. Follow the instructions in the note to address the remand reason.

Be sure to click the "Add Note" button on the yellow Form Actions bar to explain how the remand reason was addressed. By adding a note, the IPC reverts back to the status it was in before it was remanded.

Note: Refer to the "LTC Online Portal Basics" section of this user guide to learn more on adding a note.

Appeal Process

If services on the 3608 IPC Renewal or Revision are denied, modified, or denied due to financial ineligibility, a letter is sent to the individual or their LAR informing them that they may request an appeal. If an appeal is requested, the form is set to status *Appeal Requested*. In most cases, the request for an appeal must be submitted by a specific date.

If an appeal is requested, the form moves into one of the following statuses:

- *Appealed Without Continuation of Services*: HHSC-LTC has not authorized the continuation of services for the individual while an appeal is being considered.

- *Appealed With Continuation of Services*: HHSC-LTC has authorized the continuation of services for the individual while an appeal is being considered.

During the Appeal Process, the individual or their LAR has the ability to withdraw the appeal, which sets the status to *Appeal Withdrawn*.

HHSC-Fair Hearing reviews the request for a Fair Hearing and HHSC-LTC records HHSC-Fair Hearing's decision to reflect one of the following statuses on the form:

- *Denial of Services Sustained*: HHSC sustained the original decision to deny services.

- *Denial of Services Reversed*: HHSC reversed the original decision to deny services.

- *Denial of Services Reversed—Modified*: HHSC reversed the original decision to deny services, and a modification was made to the denied services.

- *Modification of Services Sustained*: HHSC sustained the decision to reduce and/or modify services on the IPC.

- *Modification of Services Reversed*: HHSC reversed the original decision to deny and/or modify services.

- *Modification of Services Reversed—Modified*: HHSC reversed the decision to deny and/or modify services. HHSC has also modified changes to the amount requested for denied or modified services on the IPC.

Refer to the TAC regarding appeals for the HCS program.

Location Capacity Verification Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

All 3608 IPC Renewals and Revisions go through a Location Capacity Verification process. During this process, the form is set to status *Pending Location Availability* and a note reading "Location Capacity Request submitted" is added to the History trail. If the location is confirmed, the form is set to status *Location Availability Confirmed* and a note reading "Location Availability Confirmed" is added to the History trail.

If there is an error that prevents the location from being confirmed, the form is set to status *Provider Action Required—Pending Location Availability* and a note is added to the History trail. All location issues are the provider's responsibility. If the LIDDA submits the form, their only responsibility is to ensure they correctly enter the location information the provider gives them. To fix the error, the "Update Location" button or "Reactivate Location Availability" button in the yellow actions bar must be clicked. Before moving forward, the form submitter should confirm that Field **2f Individual Location Code** and Field **10 Residential Type** were correctly entered. If either of the fields were entered incorrectly, the form submitter must click the "Update Location" button to correct the information. If both fields were entered correctly, the provider must research any errors, including checking the location's capacity, the individuals in the location, and the order of form submission. If the LIDDA is the form submitter, they can let the provider know when forms are in status *Provider Action Required—Pending Location Availability*, as a courtesy. However, LIDDAs are not required to do this.

Providers can use the Provider Location Search feature to view location information for their counties, including the individuals assigned to each location code within a selected date range. Providers must fix any errors found. If the provider is still encountering issues and needs assistance, they should contact the appropriate program area. Refer to the Provider Quick Reference Contact List for HCS and TxHmL. Once the provider has resolved all location issues, the "Reactivate Location Availability" button can be clicked by the form submitter or HHSC-LTC.

If the LIDDA submitted the form, the provider can contact the LIDDA or HHSC-LTC to click the "Reactivate Location Availability" button. When the "Reactivate Location Availability" button is clicked, the LTC Online Portal attempts to confirm the location again and a note reading "Location Availability Check Reactivated" is added to the History trail.

Note: Providers must check a location's capacity before assigning individuals to a location.

If the form moves to status *Location Availability Confirmed* after clicking the **Reactivate Location Availability** button, the location is confirmed and the form enters the MI and ME process.

When the **Update Location** button is clicked, Field **2f Individual Location Code** and Field **10 Residential Type** become editable for updates. After updating the fields, the submitter must click the **Save Location** button to save changes. The LTC Online Portal will then validate the updated fields. If validations do not pass, the submitter receives an error message for the data that must be fixed before the location updates can be saved. If all validations pass, the form moves to status *Location Availability Confirmed* and enters the MI and ME process. Notes are added to the History trail that display the old and new location code and residential type on the form.

Medicaid ID (MI) Process & Medicaid Eligibility (ME) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

While the individual's MI is being confirmed, the 3608 IPC Renewal or Revision is set to status ***Medicaid ID Pending*** and a note reading "Medicaid ID request submitted" is added to the History trail. If confirmed, the 3608 IPC Renewal or Revision is set to status **ID Confirmed** and a note reading "Medicaid ID [Medicaid ID returned in web service response] confirmed for this Individual" is added to the History trail.

If the individual's MI cannot be confirmed after 180 calendar days have expired, the 3608 IPC Renewal or Revision is set to status ***Medicaid ID Check Inactive*** and a note reading "Medicaid ID timer has expired without successful Medicaid ID verification" is added to the History trail. The submitter or HHSC-LTC staff can reactivate the MI check by clicking the "Reactivate Medicaid ID Check" button.

ME must be confirmed for every 3608 IPC Renewal or Revision. When the 3608 IPC Renewal or Revision enters the ME process, the LTC Online Portal sets the status to ***Pending Medicaid Eligibility Verification*** and a note reading "Medicaid Eligibility request submitted" is added to the History trail.

When ME is confirmed, the 3608 IPC Renewal or Revision is set to status **Medicaid Eligibility Confirmed** and a note reading "Medicaid Eligibility confirmed for this Individual" is added to the History trail.

If ME cannot be confirmed, the form is set to status ***Pending Medicaid Eligibility Verification*** and the LTC Online Portal continues to perform a ME check for 180 days. If, after 180 calendar days (180 days for MI and ME, and not 180 for each), the ME could not be validated, the 3608 IPC Renewal or Revision is set to status ***Medicaid Eligibility Verification Inactive*** and a note reading "Medicaid Eligibility timer has expired without successful Medicaid Eligibility verification" is added to the History trail. The submitter or HHSC-LTC staff can reactivate the ME check by clicking the "Reactivate Medicaid Eligibility Check" button.

If the individual is determined not eligible for Medicaid, HHSC-LTC staff can set the assessment status to ***Denied Due to Financial Ineligibility***. A letter is generated and sent to the individual or their LAR if the individual is denied enrollment due to financial ineligibility

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 3608 IPC Renewal or Revision is set to status ***Pending SAS Update***, form data has been electronically sent to HHSC-LTC and a note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If form data is successfully processed by HHSC-LTC, the form is set to status ***Processed/ Complete*** and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If form data has not been processed successfully by HHSC-LTC, the form is set to status ***Rejected by SAS***. A note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the form is sent to HHSC-LTC staff for resolution or is submitted to HHSC-LTC PCS.

When sent to HHSC-LTC staff for resolution, the form is set to status ***Pending DADS SAS Resolution***. In this status, the form can be resubmitted to SAS and set to status ***Submit to SAS***. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status ***Invalid/Complete***, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS, and the form is set to status ***DADS SAS Resolution Complete***.

If submitted to HHSC-LTC PCS, the form is set to status ***Submitted to PCS***. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the form to a completed status. In this status, the form can be resubmitted to SAS and is set to status ***Submit to SAS***. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status ***Invalid/Complete***, or it can be marked complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and then the form is set to status ***PCS Processed/Complete***. The form could be sent to HHSC-LTC for review and the form is set to status ***Coach Review***. If HHSC-LTC PCS requests more information from the provider, the form is set to status ***Pending More Info***.

The provider or LIDDA needs to take action on the form if it is rejected by SAS and is set to status ***Provider Action Required***. Once the provider or LIDDA takes action on the form, the form goes through the PCS workflow by clicking the "Move to PCS Workflow" button. This moves the form to status ***Submitted to PCS***. The provider can resubmit to SAS by clicking the "Resubmit to SAS" button to move the form to status ***Submit to SAS***.

Note: HHSC-LTC staff can also invalidate a form set to status ***Processed/Complete***.

Call Back Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If flagged for Call Back, in which HHSC is requesting additional information, the form is set to status ***Pending Call Back Documentation***. Once Call Back documentation is received or if after 15 calendar days no status change has occurred, the 3608 IPC Renewal or Revision is set to status ***Pending DADS Review***, and the form moves to the Authorization Process again.

Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form.

3608 IPC Transfer

LIDDAs are responsible for submitting the 3608 IPC Transfer. Reference "Appendix A: Scenarios for Selecting an IMT Purpose and IPC Type" of this guide to understand when a 3608 IPC Transfer may be required for submission. Additional forms may also be required for submission.

Note: If a transfer involves two LIDDAs, the current LIDDA does not submit a IPC Transfer on the LTC Online Portal. Instead, the current LIDDA submits an IMT using the purpose code LA Reassignment. After the new LIDDA acknowledges the IMT—LA Reassignment, the new LIDDA must submit the 3608 IPC Transfer.

Transfer Submission Process

To submit:

1) Click **Submit Form** on the blue navigational bar. The Submit Form screen displays with the appropriate fields.

2) Choose **3608 Individual Plan of Care** from Type of Form the drop-down box. The Program field auto-populates.

3) Choose the **LIDDA's Vendor Number** from the Vendor Number drop-down box.

4) Choose **3. Transfer: Contract/Service Delivery Option** from the IPC Type drop-down box.

5) Enter the Medicaid number in the Medicaid Number field.

6) Select the effective date from the Effective Date field.

7) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

8) Click **Enter Form** on the bottom right of the screen. The 3608 IPC Transfer opens on the screen.

9) Enter data into the required fields as indicated by the red dots.

10) Complete the necessary Program and CDSA Information fields on the "Section Transfer" tab.

11) Click **Populate Transfer Worksheet** in the "Section Transfer" tab to transfer information. When the "Populate Transfer Worksheet button" is clicked, the LTC Online Portal retrieves all field data and the following fields under the Waiver Program Service section auto-populate with active services:

- Field 67: Waiver Program Service

- Field 67b: Authorized Units

- Field 68: Authorized Units/Dollars Claimed (1)

- Field 69: To be Reserved for Transferring Provider/CDSA (2)

- Field 70: Totals for Transferring Provider/CDSA (3)

- Field 71: To be Provided by Receiving Provider/CDSA (4)

- Field 72: Totals on Transfer IPC (5)
  Note: All active services that are returned determine the total cost of the IPC. Only information in white fields can be adjusted by the user.

12) Select the services that will transfer to the receiving provider.

13) Click the **Add Provider Totals Information** link to add additional waiver program services to this field. This link is accessible after the "Populate Transfer Worksheet" button is clicked. Only lines that were added using the **Add Provider Totals Information** link can be deleted. To delete any of the waiver program service lines that were not prepopulated by SAS, click the **Delete** link for that line.
Note: To convert a Program Provider service to a CDS service, subtract Field **70 Totals for Transferring Provider/CDSA (3)** from Field **67c Authorized Units**. Then, multiply by the unit rate.
Note: To add a new CDS service (except for service code 63V) or CFC service (except for service code 63CFV),

enter the dollar amount instead of units in Field **71 To be Provided by Receiving Provider/CDSA (4)**.

14) Click **Calculate IPC** on the yellow Form Actions bar once all required fields and information are entered. When the "Calculate IPC" button is clicked, the LTC Online Portal makes all field calculations and certain fields are auto-populated based on information entered in the "Section Transfer"tab.
Note: Before submitting the form, review the "IPC Services/Cost" tab to ensure field calculations and auto populations are accurate after clicking the "Calculate IPC" button.

15) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the *3608 HCS Individual Plan of Care Item-by-Item Guide* to view detailed information related to each field on the form. If you try to submit a form with missing information from required fields, you receive error messages indicating the required fields that must be completed before the form can be submitted.

16) Click the "Attachments" tab.
Note: Users can submit the form without any attachments and add the files at a later time using FSI to locate the form.

17) Select **Click Here to Upload Documents** to upload the documents. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.
Note: LIDDAs can download and delete attachments uploaded to the "Attachments" tab. To download the

attachment, click the document link. To delete an attachment, click **Delete**.

18) When you have completed all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must

be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

Upon submission, the LTC Online Portal will validate that the form submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the form submitter is not assigned to the client, the following error displays: "Submitter is not currently assigned to this individual." If the LTC Online Portal confirms that the form submitter is assigned to the individual the form is submitted successfully.

Transfer at Renewal Submission Process

The 3608 IPC Transfer at Renewal must be submitted within 365 days of the expiration date of the previous 3608 IPC.

To submit a 3608 Transfer at Renewal:

1) Click **Submit Form** on the blue navigational bar. The Submit Form screen displays with the appropriate fields.

2) Choose **3608 Individual Plan of Care** from Type of Form the drop-down box. The Program field auto-populates.

3) Choose the **LIDDA's Vendor Number** from the Vendor Number drop-down box.

4) Choose **3. Transfer: Contract/Service Delivery Option** from the IPC Type drop-down box.

5) Check the "Indication of Transfer at Renewal" checkbox.

6) Enter the Medicaid number in the Medicaid Number field. The Effective Date field populates when the Medicaid number is entered.

7) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

8) Click **Enter Form** on the bottom right of the screen. The 3608 IPC Transfer opens on the screen.

9) Enter the transfer information on the "Section Transfer" tab.

10) Click **Assign Providers**.

11) Go to the "IPC Services/Cost" tab to start adding services (similar to a renewal) and fill in all the required fields.

12) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the *3608 HCS Individual Plan of Care Item-by-Item Guide* to view detailed information related to each field on the form. If you try to submit a form with missing information from required fields, you receive error messages indicating the required fields that must be completed before the form can be submitted.

13) Click the "Attachments" tab.
Note: Users can submit the form without any attachments and add the files at a later time using FSI to locate the form.

14) Select **Click Here to Upload Documents** to upload the documents. If the attachment does not meet the criteria, the file is rejected ,and the user will see an error message explaining the issue.
Note: LIDDAs can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.

15) When you have completed all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

If an IPC is submitted for the plan year, and then the LIDDA also submits an IPC Transfer, the LTC Online Portal checks to see if the current Effective Date for the IPC Transfer is on or after the Effective Date for the previously submitted IPC form. If it does not pass validation, then the LIDDA sees the following message: "IPC Transfer Effective Date cannot be prior to the Effective Date of the previously submitted form(s)."

The IPC Transfer Submission Date has to be before the IPC End Date. The LTC Online Portal performs a check and if the validation fails, the LIDDA sees the following error message: "IPC Transfer Submission Date cannot be after the IPC End Date." The LTC Online Portal rejects the submission.

Upon submission, the LTC Online Portal will validate that the form submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the form submitter is not assigned to the client, the following error displays: "Submitter is not currently assigned to this individual." If the LTC Online Portal confirms that the form submitter is assigned to the individual the form is submitted successfully.

IPC Renewal 60-Day Check

Upon submission, the LTC Online Portal checks the individual's current IPC end date. If the IPC Transfer at Renewal is submitted more than 60 days prior to the individual's current IPC end date, a DLN will not generate and the LTC Online Portal displays an error message stating, "The IPC Annual Renewals cannot be submitted more than 60 days prior to the Individual's current IPC end date." The user must submit the IPC Transfer at Renewal when it is later than 60 days prior to the individual's current IPC end date.

Client Waiver Program Check

Before the 3608 IPC Transfer can be successfully submitted for authorization, the LTC Online Portal checks to determine if the individual is enrolled in HCS. If an existing service authorization is not found, the following warning message displays "Individual is not currently enrolled in the HCS program" in a pop-up window. The submission of the IPC 3608 Transfer will be rejected.

Valid ID/RC Check

During the form submission process, the LTC Online Portal validates to see if the individual has a valid 8578 ID/ RC Assessment on file for the 3608 IPC Transfer. If a valid 8578 ID/RC Assessment is not on file, the user sees the following error message: "Individual does not have an Intellectual Disability/Related Condition Assessment on file for the indicated 3608 IPC Transfer Date. Please submit an Intellectual Disability/Related Condition for this Individual." The submission of the IPC 3608 Transfer will be rejected.

Client on Suspension

During the form submission process, the LTC Online Portal checks to see if the individual is on suspension of the waiver program. If the individual is on suspension, the user sees the following error message: "The Individual is currently on suspension. Submitting this request will end the Individual's suspension."

Termination

If a termination is in flight or a termination is approved for an individual, the 3608 IPC Transfer is rejected and the user sees errors messages on the "Form Submission" tab.

Authorization Process/Coach Review Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

During the Authorization Process, the LTC Online Portal compares the cost of the IPC to the requirements for the IPC in HHSC-LTC rules for HCS, as applicable, to determine if the IPC cost exceeds the cost HHSC-LTC will authorize.

If the IPC cost does exceed the cost that HHSC-LTC will authorize, the form must be forwarded to a HHSC-LTC staff or a Coach for review, and the form is set to status *Pending DADS Review* or *Pending Coach Review*. If an individual's IPC cost exceeds the cost allowed in HHSC-LTC rules for HCS, as applicable, the individual's need for additional services must be substantiated through documentation of the individual's condition(s) that warrants the additional services.

For example, when a 3608 IPC Transfer enters the Authorization Process, the LTC Online Portal assesses the Client-Specific Cost Validation, validates the Default Cost Ceiling Exceeded, validates the Service Cap, and validates the Service Threshold. If any of the cost ceilings or services are exceeded, a note is added to the History trail.

LIDDAs are notified through the LTC Online Portal when services on the 3608 IPC Transfer are modified or denied by HHSC-LTC staff. When services are modified, the form is set to status **Transfer Services Modified** and when denied, the form is set to status **Transfer Services Denied**. The form is then eligible for the Appeal Process. For services that have been approved, the form is set to status **Transfer Approved**.

A letter is generated and sent to the individual or their LAR if services are modified or denied.

Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form.

Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 3608 IPC Transfer can be remanded to the submitter for any number of reasons and is set to status _**Remanded to Submitter**_. Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form. To determine why a form has been remanded, look for a note in the History trail from the entity that remanded the form. Follow the instructions in the note to address the remand reason.

Be sure to click the "Add Note" button on the yellow Form Actions bar to explain how the remand reason was addressed. By adding a note, the 3608 IPC Transfer reverts back to the status it was in before it was remanded.

Note: Refer to the "LTC Online Portal Basics" section of this user guide to learn more on adding a note.

Appeal Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If services on the 3608 IPC Transfer are denied, modified, or denied due to financial ineligibility, a letter is sent to the individual or their LAR informing them that they may request an appeal.

When an appeal is requested, the form is set to status _**Appeal Requested**_. In most cases, the request for an Appeal must be submitted by a specific date. During the Appeal Process, the individual or their LAR can withdraw the appeal. If an appeal is withdrawn, the form is set to status **Appeal Withdrawn**.

If an appeal is requested, the form moves into one of the following statuses:

- *Appealed Without Continuation of Services*: HHSC-LTC has not authorized the continuation of services for the individual while an appeal is being considered.

- *Appealed With Continuation of Services*: HHSC-LTC has authorized the continuation of services for the individual while an appeal is being considered.

HHSC-Fair Hearing reviews the request for a Fair Hearing and HHSC-LTC records HHSC-Fair Hearing's decision to reflect one of the following statuses on the form:

- *Denial of Transfer Services Sustained*: HHSC sustained the original decision to deny services.

- *Denial of Transfer Services Reversed*: HHSC reversed the original decision to deny services.

- *Denial of Transfer Services Reversed—Modified*: HHSC reversed the original decision to deny services, and a modification was made to the denied services. This means HHSC changed the units, but did not change the service.

- *Modification of Transfer Services Sustained*: HHSC sustained the decision to reduce and/or modify services on the IPC.

- *Modification of Transfer Services Reversed*: HHSC reversed the original decision to deny and/or modify services.

- *Modification of Transfer Services Reversed—Modified*: HHSC reversed the decision to deny and/or modify services. HHSC has also modified changes to the amount requested for denied or modified services on the IPC.

Refer to the TAC regarding appeals for the HCS program.

Capacity Verification Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

Location Capacity

All 3608 IPC Transfers go through a Location Capacity Verification process. During this process, the form is set to status *Pending Location Availability* and a note reading "Location Capacity Request submitted" is added to the History trail.

If the location is confirmed, the form is set to status *Location Availability Confirmed* and a note reading "Location Availability Confirmed" is added to the History trail.

If there is an error that prevents the location from being confirmed, the form is set to status *Provider Action Required—Pending Location Availability* and a note is added to the History trail. All location issues are the provider's responsibility. The LIDDA's only responsibility is to ensure they correctly enter the location information the provider gives them. To fix the error, the "Update Location" button or "Reactivate Location Availability" button in the yellow actions bar must be clicked. Before moving forward, the form submitter should confirm that Field **2f Individual Location Code** and Field **10 Residential Type** were correctly entered. If either of the fields were entered incorrectly, the form submitter must click the "Update Location" button to correct the information. If both fields were entered correctly, the provider must research any errors, including checking the location's capacity, the

individuals in the location, and the order of form submission. The LIDDA can let the provider know when forms are in status *Provider Action Required—Pending Location Availability*, as a courtesy. However, LIDDAs are not required to do this.

Providers can use the Provider Location Search feature to view location information for their counties, including the individuals assigned to each location code within a selected date range. Providers must fix any errors found. If the provider is still encountering issues and needs assistance, they should contact the appropriate program area. Refer to the Provider Quick Reference Contact List for HCS and TxHmL. Once the provider has resolved all location issues, they can contact the LIDDA or HHSC-LTC to click the "Reactivate Location Availability" button. When the "Reactivate Location Availability" button is clicked, the LTC Online Portal attempts to confirm the location again and a note reading "Location Availability Check Reactivated" is added to the History trail.

Note: Providers must check a location's capacity before assigning individuals to a location.

If the form moves to status *Location Availability Confirmed* after clicking the "Reactivate Location Availability" button, the location is confirmed and the form enters the MI and ME process.

When the "Update Location" button is clicked, Field **2f Individual Location Code** and Field **10 Residential Type** become editable for updates. After updating the fields, the submitter must click the "Save Location" button to save changes. The LTC Online Portal will then validate the updated fields. If validations do not pass, the submitter receives an error message for the data that must be fixed before the location updates can be saved. If all validations pass, the form moves to status *Location Availability Confirmed* and enters the MI and ME process. Notes are added to the History trail that display the old and new location code and residential type on the form.

Provider Contract Capacity

The LTC Online Portal also runs a Provider Contract Capacity Check and a note reading "Provider Contract Capacity Request submitted" is added to the History trail.

If the LTC Online Portal does not receive a Provider Contract Capacity confirmation, the 3608 IPC Transfer is set to status *Pending Provider Contract Capacity*. If, after seven calendar days, there is still not a valid Provider Contract Capacity confirmation, the 3608 IPC Transfer is set to status *DADS Action Required—Provider Contract Capacity* and a note reading "Provider Contract Capacity Verification timer has expired without successful Provider Contract Capacity Verification" is added to the History trail. At this point, HHSC-LTC staff checks Provider Contract Capacity.

Once the Provider Contract Capacity becomes available, a note reading "Provider Contract Capacity Confirmed" is added to the History trail, and the 3608 IPC Transfer is set to status *Provider Contract Capacity Confirmed*.

Medicaid ID (MI) Process & Medicaid Eligibility (ME) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 3608 IPC Transfer is set to status *Medicaid ID Pending*, the LTC Online Portal is checking for a valid MI and a note reading "Medicaid ID request submitted" is added to the History trail. If individual's MI is confirmed,

the 3608 IPC Transfer is set to status **ID Confirmed** and a note reading "Medicaid ID [Medicaid ID returned in web service response] confirmed for this Individual" is added to the History trail.

If the individual's MI cannot be confirmed after 180 calendar days have expired, the 3608 IPC Transfer is set to status *Medicaid ID Check Inactive* and a note reading "Medicaid ID timer has expired without successful Medicaid ID verification" is added to the History trail. The submitter or HHSC LTC staff can reactivate the MI check by clicking the "Reactivate Medicaid ID Check" button.

ME must be confirmed for every 3608 IPC Transfer. When the 3608 IPC Transfer enters the ME process, the LTC Online Portal sets the status to *Pending Medicaid Eligibility Verification* and a note reading "Medicaid Eligibility request submitted" is added to the History trail.

When ME is confirmed, the 3608 IPC Transfer is set to status **Medicaid Eligibility Confirmed** and a note reading "Medicaid Eligibility confirmed for this individual" is added to the History trail.

If ME cannot be confirmed, the form is set to status *Pending Medicaid Eligibility Verification* and the LTC Online Portal continues to perform a ME check for 180 days. If, after 180 calendar days (180 days for MI and ME, and not 180 for each), the ME could not be validated, the 3608 IPC Transfer is set to status *Medicaid Eligibility Verification Inactive* and a note reading "Medicaid Eligibility timer has expired without successful Medicaid Eligibility verification" is added to the History trail. The submitter or HHSC LTC staff can reactivate the ME check by clicking the "Reactivate Medicaid Eligibility Check" button.

If the individual is determined not eligible for Medicaid, HHSC-LTC staff can set the assessment status **Denied Due to Financial Ineligibility**. A letter is generated and sent to the individual or their LAR if the individual is denied enrollment due to financial ineligibility.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 3608 IPC Transfer is set to status **Pending SAS Update**, form data has been electronically sent to HHSC-LTC, and note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If form data is successfully processed by HHSC-LTC, the form is set to status **Processed/Complete** and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If form data has not been processed successfully by HHSC-LTC, the form is set to status **Rejected by SAS**. A note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the form is sent to HHSC-LTC staff for resolution or is submitted to HHSC-LTC PCS.

When sent to HHSC-LTC staff for resolution, the form is set to status **Pending DADS SAS Resolution**. In this status, the form can be resubmitted to SAS and is set to status **Submit to SAS**. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status *Invalid/Complete*, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS, and the form is set to status **DADS SAS Resolution Complete**.

If submitted to HHSC-LTC PCS, the form is set to status *Submitted to PCS*. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the form to a completed status. In this status, the form can be resubmitted to SAS and is set to status *Submit to SAS*. It can be marked invalid/complete if HHSC-LTC staff has determined that the transaction is invalid and the form is set to status *Invalid/Complete*. It can also be marked complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and then the form status is set to status *PCS Processed/Complete*, or it is sent to a HHSC-LTC Coach for review and the form is set to status *Coach Review*. If HHSC-LTC PCS requests more information from the LIDDA, the form is set to status *Pending More Info*.

The LIDDA needs to take action on the form if the form is rejected by SAS and is set to status *Provider Action Required*. Once the LIDDA takes action on the form, the form can go through the PCS workflow by clicking the "Move to PCS Workflow" button. This moves the form to status *Submitted to PCS*. The LIDDA can resubmit to SAS by clicking the "Resubmit to SAS" button to move the form to status *Submit to SAS*.

Note: HHSC-LTC staff can also invalidate a form set to status *Processed/Complete*.

Call Back Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If flagged for Call Back, in which HHSC is requesting additional information, the 3608 IPC Transfer is set to status *Pending Call Back Documentation*. Once Call Back documentation is received or if after 15 calendar days no status change has occurred, the 3608 IPC Transfer is set to status *Pending DADS Review* and the form moves to the Authorization Process again.

Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form.

8582 Individual Plan of Care (IPC) for TxHmL

The 8582 IPC for TxHmL is used to request services and service authorizations for enrollment, renewal, revision, or transfer. Only LIDDAs submit 8582 IPC forms.

- **Enrollment**—The enrollment IPC is completed by the LIDDA. The LIDDA develops the proposed IPC Enrollment after developing the PDP.

- **Renewal**—Annually, and before the expiration of an IPC, the SPT and the provider review and revise the PDP and IPC to determine if the individual's outcomes and services, previously identified, remain relevant. The SC, in collaboration with the SPT, revises the PDP and IPC in response to changes in the individual's needs and identified outcomes.

- **Transfer**—A transfer is developed by the SPT when someone, receiving services from a TxHmL provider, transfers to another TxHmL provider or is choosing a different service delivery option, either to change from receiving services from the agency option to CDS option or from the CDS option to the agency option.

- **Revision**—There is one type of IPC revision:

  - Revision to change the amount or type of TxHmL or CFC services, including an IPC Revision to only add or change a requisition fee.

8582 IPC Enrollment

Submission Process

The 8578 ID/RC PC 2 No Current Assessment must be approved before the LIDDA submits an Enrollment IPC. If the LIDDA attempts to submit the IPC without an approved 8578 ID/RC PC 2 No Current Assessment, an error message will appear: "The individual does not have an approved ID/RC Purpose Code 2 form. Please submit the ID/RC PC2 form and wait until the form status is 'Pending IPC Match' to submit the initial IPC form."

To submit the 8582 IPC Enrollment:

1) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.

2) Choose the **8582 Individual Plan of Care** from the Type of Form drop-down box. The Program field auto-populates.

3) Choose the **LIDDA's Vendor Number** from the Vendor Number drop-down box.

4) Choose **1. Initial Enrollment** from the IPC Type drop-down box.

5) Select the effective date from the Effective Date field.

6) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

7) Click **Enter Form** on the bottom right of the screen. The 8582 IPC opens on the screen.

8) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the *8582 TxHmL Individual Plan of Care Item-by-Item Guide* to view detailed information related to each field on the assessment. If you try to submit an assessment with missing information from required fields, you receive error

messages indicating the required fields that must be completed before the assessment can be submitted.

9) Click the "Attachments" tab.

Note: LIDDAs can submit the assessment without any attachments and add the files at a later time using FSI to locate the assessment.

10) Select **Click Here to Upload Documents** to upload the documents that have been requested. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.

Note: LIDDAs can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.

11) When you have completed all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

Your form was submitted successfully. You can track this form using the DLN ▆▆▆▆
Submit another form.
Inquiry on a forms Status

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

Client Waiver Program Check

Before the 8582 IPC Enrollment can be successfully submitted for authorization, the LTC Online Portal checks to determine if the individual is enrolled in another waiver program. If the LTC Online Portal determines that the individual has an active eligibility or enrollment record for another program on the requested begin date of the form, a warning message displays in a pop-up window prior to the acceptance of the 8582 IPC Enrollment on the LTC Online Portal.

Duplicate Form Check

The LTC Online Portal checks to ensure the Begin Date and End Date of the submitted 8582 IPC Enrollment does not overlap with an already active 8582 IPC Enrollment Begin Date and End Date for the individual. If there are overlapping dates, the LTC Online Portal considers the submitted form a duplicate IPC and an error message displays stating, "This form is a duplicate of a previously submitted form."

HHSC requires the LIDDA to follow the process described in the LIDDA Handbook to coordinate a discharge date with the case managers of the other program *before* deciding on the enrollment begin date and submitting the 8582 IPC Enrollment Form.

ID/RC Check

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

Once the 8582 IPC Enrollment is successfully submitted, a check is completed to ensure the individual has a matching, authorized 8578 ID/RC Assessment on file.

The following criteria must be met in for a match to occur:

- The 8578 ID/RC must be a PC 2 No Current Assessment.

- Both forms must be for the same program, TxHmL.

- The Medicaid Number or CARE ID must match on both forms.

- The 8578 ID/RC PC 2 No Current Assessment Effective Date must be on the same day as or earlier than the IPC Enrollment Begin Date.

- The 8578 ID/RC PC 2 No Current Assessment must have an approved LOC and LON (the assessment's History trail must contain a status of *LOC/LON Approved* or *LOC Approved/LON Modified*).

- The 8578 ID/RC PC 2 No Current Assessment's current status must be *Pending IPC Match*.

An authorized 8578 ID/RC PC 2 No Current Assessment must be approved before the LIDDA submits an Enrollment IPC.

Slot Offer Transfer

When a slot offer has been transferred to another LIDDA in CSIL, and the Pre-enrollment Form and the 8578 ID/RC PC 2 No Current Assessment were already submitted by the first LIDDA, the new LIDDA submits the 8582 IPC Enrollment Form. The system automatically updates the LIDDA information on the Pre-enrollment Form and the 8578 ID/RC PC 2 No Current Assessment to match the LIDDA information on the 8582 IPC Enrollment Form.

Authorization Process/Coach Review Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

During the Authorization Process, the LTC Online Portal evaluates the cost of the IPC services against HHSC-LTC policy limits for TxHmL. If the cost of services does exceed HHSC-LTC policy limits, the form is set to status *Pending DADS Review* or *Pending Coach Review* depending on the policy exceeded. If an individual's IPC cost exceeds the cost allowed in HHSC-LTC rules for TxHmL, the individual's need for additional services must be substantiated through documentation of the individual's condition(s) that warrants the additional services.

If the cost does not exceed the amount that HHSC-LTC will authorize, the form is set to status *Pending DADS Review*.

For example, the Default Cost Ceiling is calculated and validated. If the Default Cost Ceiling is not exceeded, the 8582 IPC Enrollment is set to status *Pending DADS Review*. HHSC-LTC staff has the option to set the status of the 8582 IPC Enrollment to *Pending Call Back Documentation* or *Pending Coach Review*.

If, however, the Default Cost Ceiling is exceeded, a note indicating by what percentage the Default Cost Ceiling was exceeded is added to the History trail. The 8582 IPC Enrollment is then set to status *Pending DADS Review* or *Pending Coach Review*.

For example, when an 8582 IPC Enrollment enters the Authorization Process, the LTC Online Portal will assess Client-Specific Cost Validation, validate Default Cost Ceiling Exceeded, validate Service Cap, and validate Service Threshold. If any of the cost ceilings or services are exceeded, a note is added to the History trail.

LIDDAs are notified, through the LTC Online Portal, when services on an initial 8582 IPC Enrollment are modified or denied by HHSC-LTC staff. When services are modified, the form is set to status **Services Modified**, and when denied, the form is set to status **Services Denied**. For services that have been approved, the form is set to status **Services Approved**. A letter is generated and sent to the individual or their LAR if services are modified or denied.

Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form.

Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 8582 IPC Enrollment can be remanded to the submitter for any number of reasons and is set to status *Remanded to Submitter*. Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form. To determine why a form has been remanded, look for a note in the History trail from the entity that remanded the form. Follow the instructions in the note to address the remand reason.

Be sure to click the "Add Note" button on the yellow Form Actions bar to explain how the remand reason was addressed. By adding a note, the 8582 IPC Enrollment reverts back to the status it was in before it was remanded.

Note: Refer to the "LTC Online Portal Basics" section of this user guide to learn more on adding a note.

Appeal Process

If an individual is denied enrollment into the program because the IPC total exceeded the program cost limit or the program's financial eligibility criteria (i.e., Medicaid), the individual or LAR has a right to request a Fair Hearing to appeal the enrollment denial decision. In both cases, the Appeal Process is handled outside the LTC Online Portal. If an individual is denied a service or a requested service amount, the individual or LAR may request a Fair Hearing to appeal the denial of service/service amount. In this case the Appeal Process is handled in the LTC Online Portal.

Refer to the TAC regarding appeals for the TxHmL program.

Provider Contract Capacity Verification Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8582 IPC Enrollment enters the Capacity Verification Process, the LTC Online Portal runs a Provider Contract Capacity and a note reading "Provider Contract Capacity Request submitted" is added to the History trail.

If the LTC Online Portal does not receive a Provider Contract Capacity confirmation, the 8582 IPC Enrollment is set to status *Pending Provider Contract Capacity*. If, after seven calendar days, there is still not a valid Provider Contract Capacity confirmation, the 8582 IPC Enrollment is set to status ***DADS Action Required—Provider Contract Capacity*** and a note reading "Provider Contract Capacity Verification timer has expired without successful Provider Contract Capacity Verification" is added to the History trail. At this point, HHSC-LTC staff checks Provider Contract Capacity.

Once the Provider Contract Capacity becomes available, a note reading "Provider Contract Capacity Confirmed" is added to the History trail, and the 8582 IPC Enrollment is set to status *Provider Contract Capacity Confirmed*.

Medicaid ID (MI) Process & Medicaid Eligibility (ME) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8582 IPC Enrollment is set to status ***Medicaid ID Pending***, the LTC Online Portal is checking for a valid MI and a note reading "Medicaid ID request submitted" is added to the History trail. If the individual's MI is confirmed, the 8582 IPC Enrollment is set to status *ID Confirmed* and a note reading "Medicaid ID [Medicaid ID returned in web service response] confirmed for this individual" is added to the History trail.

If the individual's MI cannot be confirmed after 180 calendar days have expired, the 8582 IPC Enrollment is set to status ***Medicaid ID Check Inactive*** and a note reading "Medicaid ID timer has expired without successful Medicaid ID verification" is added to the History trail. The submitter or HHSC LTC staff can reactivate the MI check by clicking the "Reactivate Medicaid ID Check" button.

ME must be confirmed for every 8582 IPC Enrollment. When the 8582 IPC Enrollment enters the ME process, the LTC Online Portal sets the status to ***Pending Medicaid Eligibility Verification*** and a note reading "Medicaid Eligibility request submitted" is added to the History trail.

When ME is confirmed, the 8582 IPC Enrollment is set to status *Medicaid Eligibility Confirmed* and a note reading "Medicaid Eligibility confirmed for this Individual" is added to the History trail.

If ME cannot be confirmed, the form is set to status ***Pending Medicaid Eligibility Verification*** and the LTC Online Portal continues to perform a ME check for 180 days. If, after 180 calendar days (180 days for MI and ME, and not 180 for each), the ME could not be validated, the 8582 IPC Enrollment is set to status ***Medicaid Eligibility Verification Inactive*** and a note reading "Medicaid Eligibility timer has expired without successful Medicaid

Eligibility verification" is added to the History trail. The submitter or HHSC LTC staff can reactivate the ME check by clicking the "Reactivate Medicaid Eligibility Check" button.

If the individual is determined not eligible for Medicaid, HHSC-LTC staff can set the form status to **Denied Due to Financial Ineligibility**. A letter is generated and sent to the individual or their LAR if the individual is denied enrollment due to loss of financial eligibility. The individual's HCS or TxHmL Pre-enrollment Form is also updated to status **Denied—Not Financially Eligible**.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8582 IPC Enrollment is set to status **Pending SAS Update**, form data has been electronically sent to HHSC-LTC and note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If form data is successfully processed by HHSC-LTC, the form is set to status **Processed/Complete** and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If form data has not been processed successfully to HHSC-LTC, the form is set to status **Rejected by SAS**. A note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the form is sent to HHSC-LTC staff for resolution or is submitted to HHSC-LTC PCS.

When sent to HHSC-LTC staff for resolution, the form is set to status **Pending DADS SAS Resolution**. In this status, the form can be resubmitted to SAS and is set to status **Submit to SAS**. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status **Invalid/Complete**, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS and the form is set to status **DADS SAS Resolution Complete**.

If submitted to HHSC-LTC PCS, the form is set to status **Submitted to PCS**. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the form to a completed status. In this status, the form can be resubmitted to SAS and is set to status **Submit to SAS**. It can be marked invalid/complete if HHSC-LTC staff has determined that the transaction is invalid and then the form is set to status **Invalid/Complete**, or it can also be marked complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and then the form is set to status **PCS Processed/ Complete**. The form could be sent to a HHSC-LTC Coach for review, and the form is set to status **Coach Review**. If HHSC-LTC PCS requests more information from the LIDDA, the form is set to status **Pending More Info**.

The LIDDA needs to take action on the form if the form is rejected by SAS and is set to status **Provider Action Required**. Once the LIDDA has taken action on the form, the form can go through the PCS workflow by clicking the "Move to PCS Workflow" button. This moves the form to status **Submitted to PCS**. The LIDDA can resubmit to SAS by clicking the "Resubmit to SAS" button to move the form to status **Submit to SAS**.

Note: HHSC-LTC staff can also invalidate a form set to status **Processed/Complete**.

Call Back Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If flagged for Call Back, in which HHSC is requesting additional information, the 8582 IPC Enrollment enters the Call Back Process 30 days after the date of the Enrollment Approval letter. The form is set to status ***Pending Call Back Documentation***. Once Call Back documentation is received or if after 15 calendar days no status change has occurred, the 8582 IPC Enrollment is set to status ***Pending DADS Review*** and the form moves to the Authorization Process again.

Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate.

8582 IPC Renewal or Revision

Reference "Appendix A: Scenarios for Selecting an IMT Purpose and IPC Type" of this guide to understand when an 8582 IPC Revision may be required for submission. Additional forms may also be required for submission.

8582 IPC Renewal Submission Process

8582 IPC Renewals must be submitted within 365 days of the expiration date of the previous 8582 IPC.

To submit an 8582 IPC Renewal:

1) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.
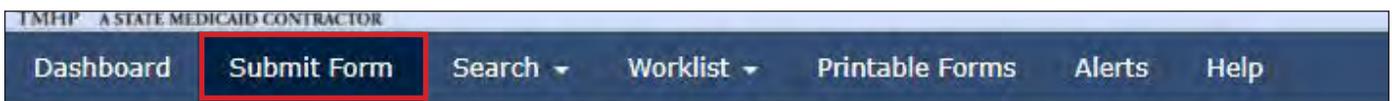
2) Choose the **8582 Individual Plan of Care** from the Type of Form drop-down box. The Program field auto-populates.

3) Choose the **Vendor Number** from the Vendor Number drop-down box. **Note**: For CDS-only individuals, select the LIDDA vendor number from the drop-down box.
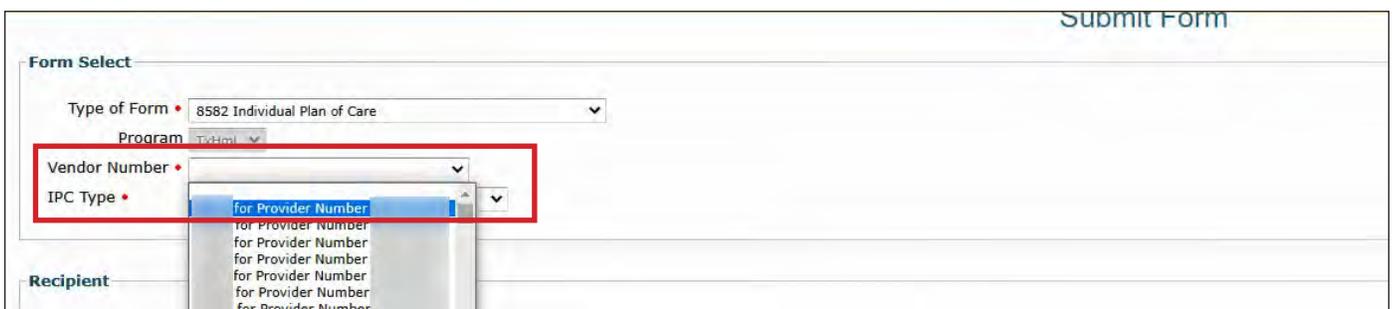
4) Choose **3. Annual Renewal** from the IPC Type drop-down box.

5) Enter the Medicaid number in the Medicaid Number field. The Effective Date field populates when the Medicaid number is entered.

6) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

7) Click **Enter Form** on the bottom right of the screen. The 8582 IPC opens on the screen.

8) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the *8582 TxHmL Individual Plan of Care Item-by-Item Guide* to view detailed information related to each field on the assessment. If you try to submit an assessment with missing information from required fields, you receive error messages indicating the required fields that must be completed before the assessment can be submitted.

9) Click the "Attachments" tab.

Note: Users can submit the form without any attachments and add the files at a later time using FSI to locate the form.

10) Select **Click Here to Upload Documents** to upload the documents. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.

Note: Users can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.

11) Click the "Other documentation to support request" link to view what other documentation should be uploaded to support the renewal request.

12) When you have completed all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

Upon submission, the LTC Online Portal will validate that the form submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the form submitter is not assigned to the client, the following error displays: "Submitter is not currently assigned to this individual." If the LTC Online Portal confirms that the form submitter is assigned to the individual, the form is submitted successfully.

IPC Renewal 60-Day Check

Upon submission, the LTC Online Portal checks the individual's current IPC end date. If the IPC Renewal is submitted more than 60 days prior to the individual's current IPC end date, a DLN will not generate and the LTC Online Portal displays an error message stating, "The IPC Annual Renewals cannot be submitted more than 60 days prior to the Individual's current IPC end date." The user must submit the IPC Renewal when it is later than 60 days prior to the individual's current IPC end date.

8582 IPC Revision Submission Process

Reference "Appendix A: Scenarios for Selecting an IMT Purpose and IPC Type" of this guide to understand when an 8582 IPC Revision may be required for submission. Additional forms may also be required for submission.

To submit a 8582 IPC Revision:

1) Click **Search** and select **Form Status Inquiry** from the drop-down options.

2) Choose **8582 Individual Plan of Care** from the Type of Form drop-down box. The Program field auto-populates.

3) Choose the **Vendor Number** from the Vendor Number drop-down box. **Note**: For CDS-only individuals, select the LIDDA vendor number from the drop-down box.

4) Enter data for the required From Date and To Date fields as indicated by the red dots.

5) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

Note: The narrowing search criteria fields that display when performing an FSI vary based on the Type of Form chosen.

6) Click **Search**, and the LTC Online Portal returns any matching submissions (records).

7) Click the **View Detail** link at the left of the DLN to open the form you want to revise.

8) Click **Revise IPC** on the yellow Form Actions bar. This launches a new IPC that has auto-populated fields.

Note: The "Revise IPC" button is available on the IPC form for the IPC form types (Initial, Renewal, Revision, or Transfer), but only when the form is the most current form and is set to one of the following statuses: *Processed/Complete, DADS SAS Resolution Complete, PCS Processed/Complete, Denial of Services Sustained, Modification of Services Sustained, Denial of Transfer Services Sustained, Modification of Transfer Services Sustained, Appealed with Continuation of Services, Appealed Without Continuation of Services, Appeal Requested*, or *Appeal Withdrawn*. The "Revise IPC" button is not available after 30 days of the IPC End Date.

9) Make the appropriate revisions to the new IPC (the parent form cannot be edited).

10) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the *8582 TxHmL Individual Plan of Care Item-by-Item Guide* to view detailed information related to each field on the assessment. If you try to submit an assessment with missing information from required fields, you receive error messages indicating the required fields that must be completed before the assessment can be submitted.

11) Click the "Attachments" tab. Attachments from the original form are not included in this new form, but are still accessible through the original DLN.
   Note: Users can submit the form without any attachments and add the files at a later time using FSI to locate the form.

12) Select **Click Here to Upload Documents** to upload the documents. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.
   Note: Users can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.

13) Click the "Other documentation to support request" link to view what other documentation should be uploaded to support the revision request.

14) When you have completed all the required fields in all tabs, you can:

   a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

   b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once

in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

If a LIDDA submits an IPC for the plan year and then submits an IPC Revision, the LTC Online Portal checks to see if the Effective Date for the current IPC Revision is on or after the Effective Date for the previously submitted IPC form. If it does not pass validation, the LIDDA sees the following message: "IPC Revision Effective Date cannot be prior to the Effective Date of the previously submitted form."

Client Waiver Program Check

Before the 8582 IPC Renewal or Revision can be successfully submitted for authorization, the LTC Online Portal checks to determine if the individual is enrolled in TxHmL. If an existing service authorization is not found, a message stating, "Individual is not currently enrolled in the TxHmL program" displays in a pop-up window. Submission of the 8582 IPC Renewal or Revision will be rejected.

Valid ID/RC Check

During the form submission process, the LTC Online Portal validates to see if the individual has a valid 8578 ID/RC Assessment on file for Revisions and Renewals. If a valid 8578 ID/RC Assessment is not on file, the user sees an error message stating, "Individual does not have an approved Intellectual Disability/Related Condition Assessment on file for the indicated IPC Begin Date. Please submit an Intellectual Disability/Related Condition for this Individual."

Client on Suspension

During the form submission process, the LTC Online Portal checks to see if the individual is on suspension of the waiver program. If the individual is on suspension, the user sees an error message stating, "The Individual is currently on suspension. Submitting this request will end the Individual's suspension."

Termination

If a termination is in flight for an individual, the renewal or revision form is rejected and the user sees error messages stating "The Individual currently has an active Termination request."

Duplicate Form Check

The LTC Online Portal checks to ensure the Begin Date and End Date of the submitted 8582 IPC Renewal or Revision does not overlap with an already active 8582 IPC Renewal or Revision Begin Date and End Date for the individual. If there are overlapping dates, the LTC Online Portal considers the submitted form a duplicate IPC and an error message displays stating, "This form is a duplicate of a previously submitted form."

Authorization Process/Coach Review Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

During the Authorization Process, the LTC Online Portal evaluates the cost of the IPC services against HHSC-LTC policy limits for TxHmL. If the cost of services exceeds HHSC-LTC policy limits, the form is set to status *Pending DADS Review* or *Pending Coach Review* depending on the policy exceeded.

For example, the Default Cost Ceiling is calculated and validated. If the Default Cost Ceiling is not exceeded, the 8582 IPC Renewal or Revision is set to status *Pending DADS Review*. HHSC-LTC staff has the option to set the status of the 8582 IPC Renewal or Revision to *Pending Call Back Documentation* or *Pending Coach Review*.

If, however, the Default Cost Ceiling has been exceeded, a note indicating by what percentage the Default Cost Ceiling was exceeded is added to the History trail. The 8582 IPC Renewal or Revision is then set to status *Pending DADS Review* or *Pending Coach Review*.

For example, when a 8582 IPC Renewal or Revision enters the Authorization Process, the LTC Online Portal will assess Client-Specific Cost Validation, validate Default Cost Ceiling Exceeded, validate Service Cap, and validate Service Threshold. If any of the cost ceilings or services are exceeded, a note is added to the History trail.

LIDDAs are notified when services on an initial 8582 IPC Renewal or Revision are modified or denied by HHSC-LTC staff. When services are modified, the form is set to status **Services Modified**, and when denied, the form is set to status **Services Denied**. The form is then eligible for the Appeal Process. For services that are approved, the form is set to status **Services Approved**. A letter is generated and sent to the individual or their LAR if services are modified or denied.

Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form.

Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 8582 IPC Renewal or Revision can be remanded to the submitter for any number of reasons and is set to status *Remanded to Submitter*. Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form. To determine why a form has been remanded, look for a note in the History trail from the entity that remanded the form. Follow the instructions in the note to address the remand reason.

Be sure to click the "Add Note" button on the yellow Form Actions bar to explain how the remand reason was addressed. By adding a note, the 8582 IPC Renewal or Revision reverts back to the status it was in before it was remanded.

Note: Refer to the "LTC Online Portal Basics" section of this user guide to learn more on adding a note.

Appeal Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If services on the 8582 IPC Renewal or Revision are denied, modified, or denied due to financial ineligibility, a letter is sent to the individual or their LAR informing them that they may request an appeal. If an appeal is requested, the form is set to status *Appeal Requested*. In most cases, the request for an appeal must be submitted by a specific date.

If an appeal has been requested, the form will move into one of the following statuses:

- *Appealed Without Continuation of Services*: HHSC-LTC has not authorized the continuation of services for the individual while an appeal is being considered.

- *Appealed With Continuation of Services*: HHSC-LTC has authorized the continuation of services for the individual while an appeal is being considered.

During the Appeal Process, the individual or their LAR can withdraw the appeal, which sets the status to *Appeal Withdrawn*.

HHSC-Fair Hearing reviews the request for a Fair Hearing and HHSC-LTC records HHSC-Fair Hearing's decision to reflect one of the following statuses on the form:

- *Denial of Services Sustained*: HHSC sustained the original decision to deny services.

- *Denial of Services Reversed*: HHSC reversed the original decision to deny services.

- *Denial of Services Reversed—Modified*: HHSC reversed the original decision to deny services, and a modification was made to the denied services.

- *Modification of Services Sustained*: HHSC sustained the decision to reduce and/or modify services on the IPC.

- *Modification of Services Reversed*: HHSC reversed the original decision to deny and/or modify services.

- *Modification of Services Reversed—Modified*: HHSC reversed the decision to deny and/or modify services. HHSC has also modified changes to the amount requested for denied or modified services on the IPC.

Refer to the TAC regarding appeals for the TxHmL program.

Medicaid ID (MI) Process & Medicaid Eligibility (ME) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

While the individual's MI is being confirmed, the 8582 IPC Renewal or Revision is set to status *Medicaid ID Pending* and a note reading "Medicaid ID request submitted" is added to the History trail. If confirmed, the 8582 IPC Renewal or Revision is set to status *ID Confirmed* and a note reading "Medicaid ID [Medicaid ID returned in web service response] confirmed for this Individual" is added to the History trail.

If the individual's MI cannot be confirmed after 180 calendar days have expired, the 8582 IPC Renewal or Revision is set to status *Medicaid ID Check Inactive* and a note reading "Medicaid ID timer has expired without successful Medicaid ID verification" is added to the History trail. The submitter or HHSC LTC staff can reactivate the MI check by clicking the "Reactivate Medicaid ID Check" button.

ME must be confirmed for every 8582 IPC Renewal or Revision. When the 8582 IPC Renewal or Revision enters the ME process, the LTC Online Portal sets the status to *Pending Medicaid Eligibility Verification* and a note reading "Medicaid Eligibility request submitted" is added to the History trail.

When ME is confirmed, the 8582 IPC Renewal or Revision is set to status *Medicaid Eligibility Confirmed* and a note reading "Medicaid Eligibility confirmed for this Individual" is added to the History trail.

If ME cannot be confirmed, the form is set to status *Pending Medicaid Eligibility Verification* and the LTC Online Portal continues to perform a ME check for 180 days. If, after 180 calendar days (180 days for MI and ME, and not 180 for each), the ME could not be validated, the 8582 IPC Renewal or Revision is set to status *Medicaid Eligibility Verification Inactive* and a note reading "Medicaid Eligibility timer has expired without successful Medicaid Eligibility verification" is added to the History trail. If the submitter or HHSC LTC staff wants to continue the submission of the 8582 IPC Renewal or Revision, they need to click the "Reactivate Medicaid Eligibility Check" button.

If during the ME process the individual is not eligible for Medicaid, the form is set to status *Denied Due to Financial Ineligibility*. A letter is generated and sent to the individual or their LAR if the individual is denied due to loss of financial eligibility.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8582 IPC Renewal or Revision is set to status *Pending SAS Update*, form data has been electronically sent to HHSC-LTC, and note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If form data is successfully processed by HHSC-LTC, the form is set to status *Processed/Complete* and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If form data has not been processed successfully by HHSC-LTC, the form is set to status *Rejected by SAS*. A note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the form is sent to HHSC-LTC staff for resolution or is submitted to HHSC-LTC PCS.

When sent to HHSC-LTC staff for resolution, the form is set to status *Pending DADS SAS Resolution*. In this status, the form can be resubmitted to SAS and is set to status *Submit to SAS*. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status *Invalid/Complete*, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS and the form is set to status *DADS SAS Resolution Complete*.

If submitted to HHSC-LTC PCS, the form is set to status *Submitted to PCS*. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the form to a completed status. In this status, the form can be resubmitted to SAS

and is set to status **Submit to SAS**. It can be marked invalid/complete if HHSC-LTC staff has determined that the transaction is invalid and then the form is set to status *Invalid/Complete*, or it can also be marked complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and then the form is set to status **PCS Processed/Complete**. The form could be sent to a HHSC-LTC Coach for review and the form is set to status *Coach Review*. If HHSC-LTC PCS requests more information from the LIDDA, the form is set to status *Pending More Info*.

The LIDDA needs to take action on the form if the form is rejected by SAS and is set to status *Provider Action Required*. Once the LIDDA has taken action, the form goes through the PCS workflow by clicking the "Move to PCS Workflow" button. This moves the form to status *Submitted to PCS*. The LIDDA can resubmit to SAS by clicking the "Resubmit to SAS" button to move the form to status **Submit to SAS**.

Note: HHSC-LTC staff can also invalidate a form set to status **Processed/Complete**.

Call Back Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If flagged for Call Back, in which HHSC is requesting additional information, the 8582 IPC Renewal or Revision is set to status *Pending Call Back Documentation*. Once Call Back documentation is received or if after 15 calendar days no status change has occurred, the 8582 IPC Renewal or Revision is set to status *Pending DADS Review* and the form moves to the Authorization Process again.

Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form.

8582 IPC Transfer

Reference "Appendix A: Scenarios for Selecting an IMT Purpose and IPC Type" of this guide to understand when an 8582 IPC Transfer may be required for submission. Additional forms may also be required for submission.

8582 IPC Transfer Submission Process

To submit:

1) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.

2) Choose **8582 Individual Plan of Care** from the Type of Form drop-down box. The Program field auto-populates.

3) Choose the **LIDDA's Vendor Number** from the Vendor Number drop-down box.

4) Choose **4. Transfer: Contract/Service Delivery Option** from the IPC Type drop-down box.
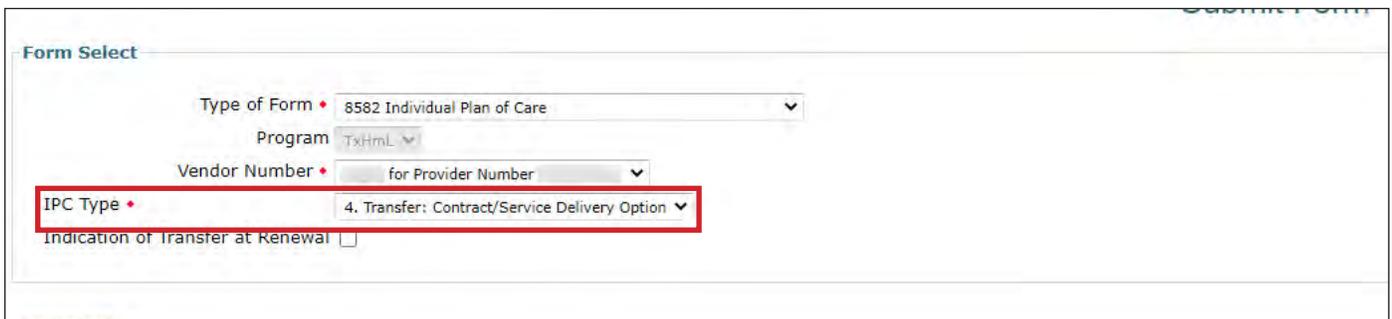
5) Enter the Medicaid number in the Medicaid Number field.

6) Select the effective date from the Effective Date field.

7) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

To prepopulate recipient information please provide one of the following combinations of information.
Medicaid/CSHCN ID
or Social Security Number AND Last Name
or Social Security Number AND Date of Birth
or Date of Birth AND Last Name AND First Name

Medicaid Number •	
Effective Date •	mm/dd/yyyy
SSN	
Date of Birth	mm/dd/yyyy
First Name	
Last Name	

8) Click **Enter Form** on the bottom right of the screen. The 8582 IPC Transfer opens on the screen.

Enter Form

9) Enter data into the required fields as indicated by the red dots.

10) Complete the necessary Program and CDSA Information fields on the "Section Transfer" tab.

PROV/INDIVIDUAL INFO	IPC SERVICES/COST	NON WAIVER SERVICES	NON WAIVER SERVICES (CONT)	NON WAIVER SERVICES (CONT)
CERTIFICATIONS	CERTIFICATIONS (CONT)	EXPLANATION OF RIGHTS	SECTION TRANSFER	ATTACHMENTS

tter/Provider Information

Submitter Contract No.	
Submitter Vendor Number	

dual Information

• Last Name of Individual	
• First Name of Individual	
Middle Initial of Individual	
Suffix	
Address of Individual	
Individual City	
Individual State	Texas(TX)
Individual ZIP Code	
Location Code	
• Individual County	
Individual Mailing Address	
	To update Individual Mailing Address on file, please call 211.
Individual Mailing City	
Individual Mailing State	Texas(TX)
Individual Mailing ZIP Code	
Date of Birth	
• CARE ID	
Slot Type	
Individual Age	
• Individual Level of Need	
• Medicaid Number	

11) Click **Populate Transfer Worksheet**. When the "Populate Transfer Worksheet" button is clicked, the LTC Online Portal retrieves all field data and the following fields under the Waiver Program Service section are auto-populated with active services:

- Field 67: Waiver Program Service

- Field 67b: Authorized Units

- Field 68: Authorized Units/Dollars Claimed (1)

- Field 69: To be Reserved for Transferring Provider/CDSA (2)

- Field 70: Totals for Transferring Provider/CDSA (3)

- Field 71: To be Provided by Receiving Provider/CDSA (4)

- Field 72: Totals on Transfer IPC (5)
  Note: All active services that are returned determine the total cost of the IPC. Only information in white fields can be adjusted by the user.
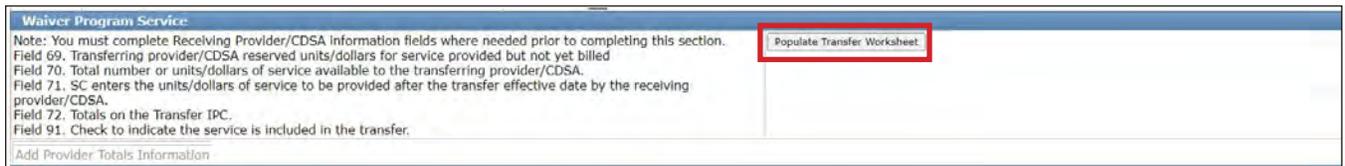
12) Select the services that transfer to the receiving provider.

13) Click the **Add Provider Totals Information** link to add additional waiver program services to this field. This link is accessible after the "Populate Transfer Worksheet" button is clicked. Only lines that were added using the **Add Provider Totals Information** link can be deleted. To delete any of the waiver program service lines that were not prepopulated by SAS, click the **Delete** link for that line.

Note: To convert a Program Provider service to a CDS service, subtract Field **70 Totals for Transferring Provider/CDSA (3)** from Field **67c Authorized Units**. Then, multiply by the unit rate.

Note: To add a new CDS service (except for service code 63V) or CFC service (except for service code 63CFV), enter the dollar amount instead of units in Field **71 To be Provided by Receiving Provider/CDSA (4)**.

14) Click **Calculate IPC** on the yellow Form Actions bar once all required fields and information are entered. When the "Calculate IPC" button is clicked, the LTC Online Portal makes all field calculations and certain fields are auto-populated based on information entered in the "Section Transfer" tab.

Note: Before submitting the form, review the "IPC Services/Cost" tab to ensure field calculations and auto-populations are accurate after clicking the "Calculate IPC" button.

15) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the _8582 TxHmL Individual Plan of Care Item-by-Item Guide_ to view detailed information related to each field on the assessment. If you try to submit an assessment with missing information from required fields, you receive error messages indicating the required fields that must be completed before the assessment can be submitted.

16) Click the "Attachments" tab.
Note: Users can submit the form without any attachments and add the files at a later time using FSI to locate the form.

17) Select **Click Here to Upload Documents** to upload the documents. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.
Note: LIDDAs can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.

18) When you have completed all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

Your form was submitted successfully. You can track this form using the DLN
Submit another form.
Inquiry on a forms Status

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

Upon submission, the LTC Online Portal will validate that the form submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the form submitter is not assigned to the client, the following error displays: "Submitter is not currently assigned to this individual." If the LTC Online Portal confirms that the form submitter is assigned to the individual, the form is submitted successfully.

Transfer at Renewal Submission Process

The 8582 IPC Transfer at Renewal must be submitted within 365 days of the expiration date of the previous 8582 IPC.

To submit:

1) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.

TMHP   A STATE MEDICAID CONTRACTOR
Dashboard   Submit Form   Search ▾   Worklist ▾   Printable Forms   Alerts   Help

2) Choose **8582 Individual Plan of Care** from the Type of Form drop-down box. The Program field auto-populates.

3) Choose the **LIDDA's Vendor Number** from the Vendor Number drop-down box.

4) Choose **4. Transfer: Contract/Service Delivery Option** from the IPC Type drop-down box.

5) Check the "Indication of Transfer at Renewal" checkbox.

6) Enter the Medicaid number in the Medicaid Number field. The Effective Date field populates when the Medicaid number is entered.

7) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

8) Click **Enter Form** on the bottom right of the screen. The 8582 IPC Transfer opens on the screen.

9) Enter transfer information on the "Section Transfer" tab.

10) Click **Assign Providers**.

11) Go to the "IPC Services/Cost" tab to start adding services (similar to a renewal) and fill in all the required fields.

12) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the *8582 TxHmL Individual Plan of Care Item-by-Item Guide* to view detailed information related to each field on the assessment. If you try to submit an assessment with missing information from required fields, you receive error

messages indicating the required fields that must be completed before the assessment can be submitted.

13) Click the "Attachments" tab.

Note: Users can submit the form without any attachments and add the files at a later time using FSI to locate the form.

14) Select **Click Here to Upload Documents** to upload the documents. If the attachment does not meet the criteria, the file is rejected ,and the user will see an error message explaining the issue.

Note: LIDDAs can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.

15) When you have completed all the required fields as indicated by the red dots, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

Your form was submitted successfully. You can track this form using the DLN
Submit another form.
Inquiry on a forms Status

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

If a LIDDA submits an IPC for the plan year and then submits an IPC Transfer, the LTC Online Portal checks to see if the Effective Date for the current IPC Transfer is on or after the Effective Date for the previously submitted IPC form. If it does not pass validation, then the LIDDA sees the following error message: "IPC Transfer Effective Date cannot be prior to the Effective Date of the previously submitted form(s)."

The IPC Transfer Submission Date has to be before the IPC End Date. The LTC Online Portal performs a check and if the validation fails, the LIDDA sees the following error message: "IPC Transfer Submission Date cannot be after the IPC End Date." The LTC Online Portal rejects the submission.

IPC Renewal 60-Day Check

Upon submission, the LTC Online Portal checks the individual's current IPC end date. If the IPC Transfer at Renewal is submitted more than 60 days prior to the individual's current IPC end date, a DLN will not generate and the LTC Online Portal displays an error message stating, "The IPC Annual Renewals cannot be submitted more than 60 days prior to the Individual's current IPC end date." The user must submit the IPC Transfer at Renewal when it is later than 60 days prior to the individual's current IPC end date.

Client Waiver Program Check

Before the 8582 IPC Transfer can be successfully submitted for authorization, the LTC Online Portal checks to determine if the individual is enrolled in the TxHmL waiver program. If an existing service authorization is not found, the following warning message displays "Individual is not currently enrolled in the TxHmL program" in a pop-up window. The submission of the 8582 IPC Transfer will be rejected.

Valid ID/RC Check

During the form submission process, the LTC Online Portal validates to see if the individual has a valid 8578 ID/RC Assessment on file for the 8582 IPC Transfer. If a valid 8578 ID/RC Assessment is not on file, the user sees the following error message: "Individual does not have an Intellectual Disability/Related Condition Assessment on file for the indicated 8582 IPC Transfer Date. Please submit an Intellectual Disability/Related Condition for this Individual." The submission of the 8582 IPC Transfer will be rejected.

Client on Suspension

During the form submission process, the LTC Online Portal checks to see if the individual is on suspension of the waiver program. If the individual is on suspension, the user sees the following error message: "The Individual is currently on suspension. Submitting this request will end the Individual's suspension."

Termination

If a termination is in flight or a termination is approved for an individual, the 8582 IPC Transfer is rejected and the user see errors messages on the "Form Submission" tab.

Authorization Process/Coach Review Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

During the Authorization Process, the LTC Online Portal compares the cost of the IPC to the requirements for the IPC in HHSC-LTC rules for TxHmL, as applicable, to determine if the IPC cost exceeds the cost HHSC-LTC will authorize.

If the IPC cost does exceed the cost that HHSC-LTC will authorize, the form must be forwarded to HHSC-LTC staff or a Coach for review, and the form is set to status *Pending DADS Review* or *Pending Coach Review*.

For example, when an 8582 IPC Transfer enters the Authorization Process, the LTC Online Portal will assess Client-Specific Cost Validation, validate Default Cost Ceiling Exceeded, validate Service Cap, and validate Service Threshold. If any of the cost ceilings or services are exceeded, a note is added to the History trail.

LIDDAs are notified when services on an 8582 IPC Transfer are modified or denied by HHSC-LTC staff. When services are modified, the form is set to status *Transfer Services Modified* and when denied, the form is set to status *Transfer Services Denied*. The form is then eligible for the Appeal Process. For services that have been approved, the form is set to status *Transfer Approved*.

A letter is generated and sent to the individual or their LAR if services are modified or denied.

Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form.

Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 8582 IPC Transfer can be remanded to the submitter for any number of reasons and is set to status *Remanded to Submitter*. Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14

calendar days. After 14 days, you must use the FSI query tool to locate a form. To determine why a form has been remanded, look for a note in the History trail from the entity that remanded the form. Follow the instructions in the note to address the remand reason.

Be sure to click the "Add Note" button on the yellow Form Actions bar to explain how the remand reason was addressed. By adding a note, the 8582 IPC Transfer reverts back to the status it was in before it was remanded.

Note: Refer to the "LTC Online Portal Basics" section of this user guide to learn more on adding a note.

Appeal Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If services on the 8582 IPC Transfer have been denied, modified, or denied due to financial ineligibility, a letter is sent to the individual or their LAR informing them that they may request an appeal.

When an appeal is requested, the form is set to status ***Appeal Requested***. In most cases, the request for an appeal must be submitted by a specific date. During the Appeal Process, the individual or their LAR can withdraw the appeal. If an appeal is withdrawn, the form is set to status ***Appeal Withdrawn***.

If an appeal has been requested, the form will move into one of the following statuses:

- ***Appealed Without Continuation of Services***: HHSC-LTC has not authorized the continuation of services for the individual while an appeal is being considered.

- ***Appealed With Continuation of Services***: HHSC-LTC has authorized the continuation of services for the individual while an appeal is being considered.

HHSC-Fair Hearing reviews the request for a Fair Hearing and HHSC-LTC records HHSC-Fair Hearing's decision to reflect one of the following statuses on the form:

- ***Denial of Transfer Services Sustained***: HHSC sustained the original decision to deny services.

- ***Denial of Transfer Services Reversed***: HHSC reversed the original decision to deny services.

- ***Denial of Transfer Services Reversed—Modified***: HHSC reversed the original decision to deny services, and a modification was made to the denied services.

- ***Modification of Transfer Services Sustained***: HHSC sustained the decision to reduce and/or modify services on the IPC.

- ***Modification of Transfer Services Reversed***: HHSC reversed the original decision to deny and/or modify services.

- ***Modification of Transfer Services Reversed—Modified***: HHSC reversed the decision to deny and/or modify services. HHSC has also modified changes to the original amount requested for denied or modified services on the IPC.

Refer to the TAC regarding appeals for the TxHmL program.

Capacity Verification Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8582 IPC Transfer enters the Capacity Verification Process, the LTC Online Portal runs a Provider Contract Capacity Check and a note reading "Provider Contract Capacity Request submitted" is added to the History trail.

If the LTC Online Portal does not receive a Provider Contract Capacity confirmation, the 8582 IPC Transfer is set to status *Pending Provider Contract Capacity*. If, after seven calendar days, there is still not a valid Provider Contract Capacity confirmation, the 8582 IPC Transfer is set to status *DADS Action Required—Provider Contract Capacity,* and a note reading "Provider Contract Capacity Verification timer has expired without successful Provider Contract Capacity Verification" is added to the History trail. At this point, HHSC-LTC staff checks Provider Contract Capacity.

Once the Provider Contract Capacity becomes available, a note reading "Provider Contract Capacity Confirmed" is added to the History trail, and the 8582 IPC Transfer is set to status *Provider Contract Capacity Confirmed*.

Medicaid ID (MI) Process & Medicaid Eligibility (ME) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8582 IPC Transfer is set to status *Medicaid ID Pending*, the LTC Online Portal is checking for a valid MI and a note reading "Medicaid ID request submitted" is added to the History trail. If individual's MI is confirmed, the 8582 IPC Transfer is set to status *ID Confirmed* and a note reading "Medicaid Eligibility confirmed for this Individual" is added to the History trail.

If the individual's MI cannot be confirmed after 180 calendar days have expired, the 8582 IPC Transfer is set to status *Medicaid ID Check Inactive* and a note reading "Medicaid ID timer has expired without successful Medicaid ID verification" is added to the History trail. The submitter or HHSC LTC staff can reactivate the MI check by clicking the "Reactivate Medicaid ID Check" button.

ME must be confirmed for every 8582 IPC Transfer. When the 8582 IPC Transfer enters the ME process, the LTC Online Portal sets the status to *Pending Medicaid Eligibility Verification* and a note reading "Medicaid Eligibility request submitted" is added to the History trail.

When ME is confirmed, the 8582 IPC Transfer is set to status *Medicaid Eligibility Confirmed*.

If ME cannot be confirmed, the form is set to status *Pending Medicaid Eligibility Verification*, and the LTC Online Portal continues to perform a ME check for 180 days. If, after 180 calendar days (180 days for MI and ME, and not 180 for each), the ME could not be validated, the 8582 IPC Transfer is set to status *Medicaid Eligibility Verification Inactive* and a note reading "Medicaid Eligibility has expired without successful Medicaid Eligibility verification" is added to the History trail. The submitter or HHSC LTC staff can reactivate the ME check by clicking the "Reactivate Medicaid Eligibility Check" button.

If the individual is determined not eligible for Medicaid, HHSC-LTC staff can set the assessment status to ***Denied Due to Financial Ineligibility***. A letter is generated and sent to the individual or their LAR if the individual is denied enrollment due to financial ineligibility.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 8582 IPC Transfer is set to status ***Pending SAS Update***, form data has been electronically sent to HHSC-LTC, and note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If form data is successfully processed by HHSC-LTC, the form is set to status ***Processed/Complete*** and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If form data has not been processed successfully by HHSC-LTC, the form is set to status ***Rejected by SAS***. A note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the form is sent to HHSC-LTC staff for resolution or is submitted to HHSC-LTC PCS.

When sent to HHSC-LTC staff for resolution, the form is set to status ***Pending DADS SAS Resolution***. In this status, the form can be resubmitted to SAS and is set to status ***Submit to SAS***. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status *Invalid/Complete*, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS and the form is set to status ***DADS SAS Resolution Complete***.

If submitted to HHSC-LTC PCS, the form is set to status *Submitted to PCS*. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the form to a completed status. In this status, the form can be resubmitted to SAS and is set to status ***Submit to SAS***. It can be marked invalid/complete if HHSC-LTC staff has determined that the transaction is invalid and then the form is set to status *Invalid/Complete*. It can also be marked complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and then the form is set to status ***PCS Processed/ Complete***. It will be sent to a HHSC-LTC Coach for review and the form is set to status *Coach Review*. If HHSC-LTC PCS requests more information from the LIDDA, the form is set to status *Pending More Info*.

The LIDDA needs to take action on the form if the form is rejected by SAS and is set to status *Provider Action Required*. Once the LIDDA has taken action on the form, the form can go through the PCS workflow by clicking the "Move to PCS Workflow" button. The form is set to status *Submitted to PCS*. The LIDDA can resubmit to SAS by clicking the "Resubmit to SAS" button to move the form to status ***Submit to SAS***.

Note: HHSC-LTC staff can also invalidate a form set to status ***Processed/Complete***.

Call Back Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If flagged for Call Back, in which HHSC is requesting additional information, the 8582 IPC Transfer is set to status ***Pending Call Back Documentation***. Once Call Back documentation is received or if after 15 calendar days no status change has occurred, the 8582 IPC Transfer is set to status ***Pending DADS Review*** and moves to the Authorization Process again.

Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form.

Individual Movement Form

LIDDAs can submit the IMT for all purpose codes, while HCS and TxHmL providers can only submit the IMT for purpose codes Suspension and Individual Update. Reference "Appendix A: Scenarios for Selecting an IMT Purpose and IPC Type" of this guide to understand when the IMT is required for submission. Additional forms may also be required for submission.

The IMT is submitted to HHSC for the following changes:

- **Suspension**—Submitted by an HCS or TxHmL program provider to notify HHSC of temporary suspension of an individual's waiver program services. Also, it is submitted by a provider to end the temporary suspension when waiver program services restart. If all services are CDS, the LIDDA submits the form for suspension.

- **LA Reassignment (For LIDDA Entry Only)**—Serves as notification to a LIDDA that an individual has moved to their waiver contract area. The current LIDDA initiates the form to notify the new LIDDA. The new LIDDA acknowledges the LA Reassignment.
  Note: An LA Reassignment is only applicable when only the LIDDA is changing. If the individual is transferring to another HCS or TxHmL contract or choosing a different service delivery option, a Transfer IPC is required. Program providers should never be able to submit the form for this purpose.
  If the new LIDDA has already submitted Targeted Case Management (TCM) claims, the LA Reassignment will not be submitted. If an LA Reassignment is not submitted, the provider (or new LIDDA, if there is no provider) needs to submit an IMT—Individual Update, and the new LIDDA must submit a IMT—Service Coordinator Update.

- **Individual Update**—Submitted by an HCS or TxHmL program provider to notify HHSC of updates to an individual's physical address or county (Own Home/Family Home [OHFH] only) or to update/add LAR information. If all services are CDS, the LIDDA submits the form.

- **Service Coordinator Update (For LIDDA Entry Only)**—Submitted by the LIDDA to notify HHSC of a change to the individual's assigned SC. Program providers should never submit the form for this purpose.
  Note: Service Coordinator Update is only used to change location and county within the current provider/CDSA contract service area. If the location type changes, an IPC revision with the same effective date will need to be completed to end any services no longer eligible for the new location type. For example, respite for an individual in their OHFH moving to a foster care location type.

4) Choose the **Vendor Number** from the Vendor Number drop-down box. **Note**: For CDS-only individuals, select the LIDDA vendor number from the drop-down box.

5) Choose **Suspension** from the Purpose drop-down box.

6) Enter the Medicaid number in the Medicaid Number field.

7) Select the effective date from the Effective Date field.

8) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

9) Click **Enter Form** on the bottom right of the screen. The IMT—Suspension displays on the screen.

10) Enter data into the required fields as indicated by the red dots.

11) Click the tabbed sections to enter required data on other tabs. If you try to submit a form but have missing information from required fields, you receive error messages indicating which required fields must be completed before the form can be submitted.

12) When you have completed all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

Upon submission, the LTC Online Portal will validate that the form submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the form submitter is not assigned to the client, the following error displays: "Submitter is not currently assigned to this individual." If the LTC Online Portal confirms that the form submitter is assigned to the individual the form is submitted successfully.

Client Waiver Program Check

Before the IMT—Suspension can be successfully submitted for authorization, the LTC Online Portal checks to determine if the individual is enrolled in the HCS or TxHmL program. If the individual is not currently enrolled in a HCS or TxHmL program, the submitter receives an error message stating that the individual is not enrolled in the program and the form will not be accepted on the LTC Online Portal.

Suspension Check

The form also validates if the individual is not currently on suspension. If the individual is currently on suspension, the user sees the following error message: "Individual is currently on suspension. Cannot submit this form for the same date." The form will be rejected.

Termination or Transfer in Flight Check

If a termination or transfer is in flight for an individual, a warning message appears in a pop-up window prior to acceptance of the form indicating that the individual cannot be placed on suspension due to a termination or transfer request in process. Once the user clicks "OK" to acknowledge the warning message, the LTC Online Portal will accept submission of the form.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the IMT—Suspension is set to status *Pending SAS Update* it means that form data has been electronically sent to HHSC-LTC and a note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If form data is successfully processed by HHSC-LTC, the form is set to status *Processed/Complete* and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail. The form then moves to status *Suspension Processed* and enters the Suspension Review Process.

If form data has not been processed successfully by HHSC-LTC, the form is set to status **Rejected by SAS**. A note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the form is sent to HHSC-LTC staff for resolution, is submitted to HHSC-LTC PCS, or if provider or LIDDA action is required.

When sent to HHSC-LTC staff for resolution, the form is set to status **Pending DADS SAS Resolution**. In this status, the form can be resubmitted to SAS and is set to status **Submit to SAS**. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status **_Invalid/Complete_**, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS and the form is set to status **DADS SAS Resolution Complete**.

If submitted to HHSC-LTC PCS, the form is set to status **_Submitted to PCS_**. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the form to a completed status. In this status, the form can be resubmitted to SAS and is set to status **Submit to SAS**. It can be marked invalid/complete if HHSC-LTC staff has determined that the transaction is invalid and then the form is set to status **_Invalid/Complete_**. It can also be marked complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and then the form is set to status **PCS Processed/ Complete**, or it is sent to a HHSC-LTC Coach for review and the form is set to status **_Coach Review_**. If HHSC-LTC PCS requests more information from the provider or LIDDA, the form is set to status **_Pending More Info_**.

The provider or LIDDA needs to take action on the form if the form is rejected by SAS and is set to status **_Provider Action Required_**. Once the provider or LIDDA has taken action on the form, the form can go through the PCS workflow by clicking the "Move to PCS Workflow" button. The form moves to status **_Submitted to PCS_**. The provider or LIDDA can resubmit to SAS by clicking the "Resubmit to SAS" button to move the form to status **Submit to SAS**.

Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The IMT—Suspension can be remanded to the submitter for any number of reasons and is set to status **_Remanded to Submitter_**. Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form. To determine why a form has been remanded, look for a note in the History trail from the entity that remanded the form. Follow the instructions in the note to address the remand reason.

Be sure to click the "Add Note" button on the yellow Forms Action bar to explain how the remand reason was addressed. By adding a note, the IMT—Suspension reverts back to the status it was in before it was remanded.

Note: Refer to the "LTC Online Portal Basics" section of this user guide to learn more on adding a note.

Return to Service Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

To return the individual to waiver services:

1) Use FSI to locate and open an IMT—Suspension set to status *Suspension Review Due*, *Suspension Review Overdue*, **Suspension Review Completed**, or **Suspension Processed**. You can also search by individual or DLN.

2) Click **Return to Service**.

3) Field **18 Location Code** is enabled and prepopulated and Field **43 Suspension End Date** is enabled and required.
   Note: If Field **43 Suspension End Date** is equal to Field **41 Effective Date**, the user is also required to select a reason in Field **44 End Suspension Reason**.
   Note: An IPC Revision or IMT—LA Reassignment may need to be submitted if the individual is not returning to the same location or county as when the individual's suspension began.

4) Click **Submit Form** to submit the form, or click **Cancel** to cancel the action and return to the IMT—Suspension.
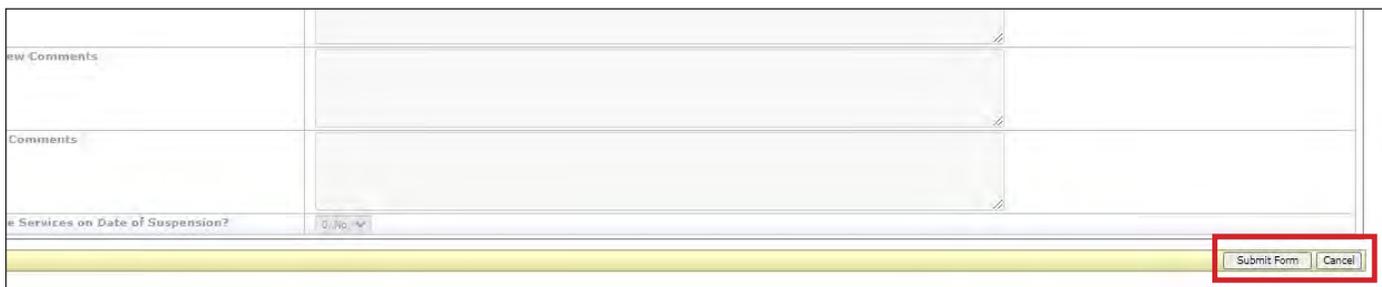
The IMT—Suspension is set to status ***Return to Services Initiated*** and goes through several validations. If any of the validations fail, the form is reverted to its previous status.

Location for Residential Type Check

If the location is not valid for the residential type, the provider or LIDDA sees the following pop-up message: "Location entered is not compatible with the individual residential type. If residential services are changing, an IPC Revision must be submitted to end the Individual suspension." The IMT—Suspension reverts back to the previous status.

Provider Location Check

The IMT—Suspension (HCS only) goes through a provider location validation process and a note reading "Location Open Date request submitted" is added to the History trail. If the Location Open Date is after the Form Effective Date, or if the Form Effective Date equals the Location End Date, the form reverts back to its previous status.

Termination in Flight Check

If a termination is in flight for the individual, the IMT—Suspension is rejected and a note reading "Cannot end suspension due to termination request in process" is added to the History trail.

Location Capacity Verification Process (HCS Only)

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The IMT—Suspension enters the Location Capacity Verification process when an individual is returned to waiver services. During this process, the form is set to status *Pending Location Availability* and a note reading "Location Capacity Request submitted" is added to the History trail.

If the location is confirmed, the form is set to status *Location Availability Confirmed* and a note reading "Location Availability Confirmed" is added to the History trail.

If there is an error that prevents the location from being confirmed, the form is set to status *Provider Action Required—Pending Location Availability* and a note is added to the History trail. All location issues are the provider's responsibility. If the LIDDA submits the form, their only responsibility is to ensure they correctly enter the location information the provider gives them. To fix the error, the "Update Location" button or "Reactivate Location Availability" button in the yellow actions bar must be clicked. Before moving forward, the form submitter should confirm that Field 18 Location Code was correctly entered. If the location code was entered incorrectly, the form submitter must click the "Update Location" button to correct the information. If the location code was entered correctly, the provider must research any errors, including checking the location's capacity, the individuals in the location, and the order of form submission. If the LIDDA is the form submitter, they can let the provider know when forms are in status *Provider Action Required—Pending Location Availability*, as a courtesy. However, LIDDAs are not required to do this.

Providers can use the Provider Location Search feature to view location information for their counties, including the individuals assigned to each location code within a selected date range. Providers must fix any errors found. If the provider is still encountering issues and needs assistance, they should contact the appropriate program area. Refer to the Provider Quick Reference Contact List for HCS and TxHmL. Once the provider has resolved all location issues, the "Reactivate Location Availability" button can be clicked by the form submitter or HHSC-LTC.

If the LIDDA submitted the form, the provider can contact the LIDDA or HHSC-LTC to click the "Reactivate Location Availability" button. When the "Reactivate Location Availability" button is clicked, the LTC Online Portal attempts to confirm the location again and a note reading "Location Availability Check Reactivated" is added to the History trail.

Note: Providers must check a location's capacity before assigning individuals to the location.

If the form moves to status *Location Availability Confirmed* after clicking the **Reactivate Location Availability** button, the location is confirmed and the form enters the SAS Return to Service process.

When the **Update Location** button is clicked, Field **18 Location Code** becomes editable for update. After updating the field, the submitter must click the **Save Location** button to save changes. The LTC Online Portal will then validate the updated field. If validations do not pass, the form will remain in status *Provider Action Required— Pending Location Availability*, and the provider must research and fix any location errors found. The submitter may click the **Update Location** button again and select a different location code, if this is the appropriate action to take. If all validations pass, the form moves to status *Location Availability Confirmed* and enters the SAS Return to Service process.

Service Authorization System (SAS) Return to Service Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the IMT—Suspension enters the SAS Return to Service Process, the form is set to status *Pending SAS Update* and a note reading "Return to Service Request submitted" is added to the History trail.

If form data is successfully processed by HHSC-LTC, the IMT—Suspension is set to status *Returned to Service* and a note reading "Return to Service Request successful" is added to the History trail.

Note*:* An IPC Revision or IMT—LA Reassignment may need to be submitted if the individual is not returning to the same location or county as when the individual's suspension began.

If rejected by SAS, the IMT—Suspension is set to status *Rejected by SAS* and a note reading "Return to Service Request unsuccessful" is added to the History trail with a response code returned for HHSC-LTC staff resolution.

When sent to HHSC-LTC staff for resolution, the form is set to status *Pending DADS SAS Resolution*. In this status, the form can be resubmitted to SAS and is set to status *Submit to SAS*. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status *Invalid/Complete*, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS and the form is set to status *Returned to Service*.

Note: HHSC-LTC staff can also invalidate a form set to status *Processed/Complete*.

Terminate Services Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

To initiate a termination:

1) Use FSI to locate and open an IMT—Suspension set to status *Suspension Review Due*, *Suspension Review Overdue*, **Suspension Review Completed**, **Suspension Processed**, or **Suspension Review Bypassed**. You can also search by individual or DLN.

2) Click **Terminate Services**. The 3616 Request for Termination of Waiver Program Services Form appears.

3) Complete all required fields including Field **40 Requested Termination Date** and Field **41 Termination Reason**.

4) Click **Submit Form**.

When the 3616 Request for Termination of Waiver Program Form is submitted, the IMT—Suspension is set to status **Termination Initiated**. Refer to the "3616 Request for Termination of Waiver Program Services" section for more information.

Suspension Review Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the IMT—Suspension is processed, the provider or LIDDA is required to submit a suspension review every 30 calendar days the individual is on suspension. The form is set to status *Suspension Review Due* and a note reading "Suspension review is due. Please document the suspension review" is added to the History trail.

If 30 calendar days have expired and the provider or LIDDA have not documented the suspension review, the IMT—Suspension is set to status *Suspension Review Overdue* and a note reading "Suspension review is overdue. Please document the suspension review" is added to the History trail.

To document a suspension review:

1) Use FSI to locate and open an IMT—Suspension set to status *Suspension Review Due* or *Suspension Review Overdue*, or search by individual or DLN.

2) Click the "Suspension Info" tab to document the 30-day review.

3) Document the 30-day review.
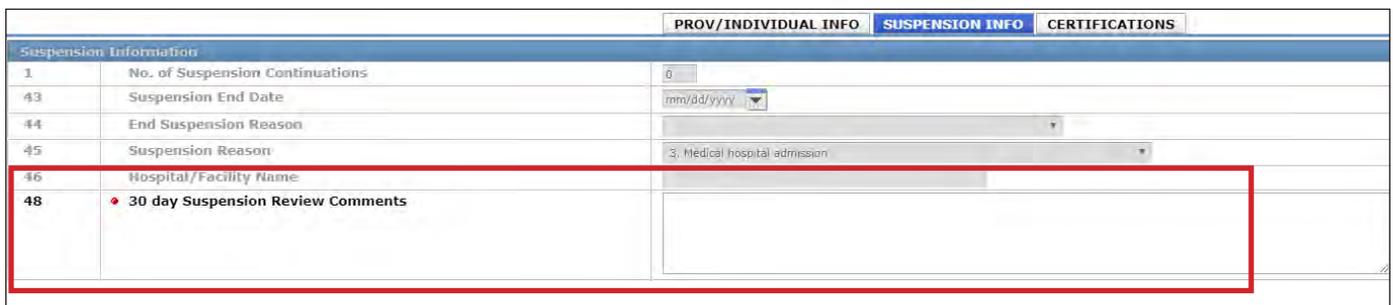
4) Click **Submit Suspension Review**. The Status Change Confirmation page displays.

5) Compose a note in the Text to be added to the form history free-form comment box.

6) Click **Change Status** to change the status, or click **Cancel** to cancel the action and return to the IMT—Suspension.
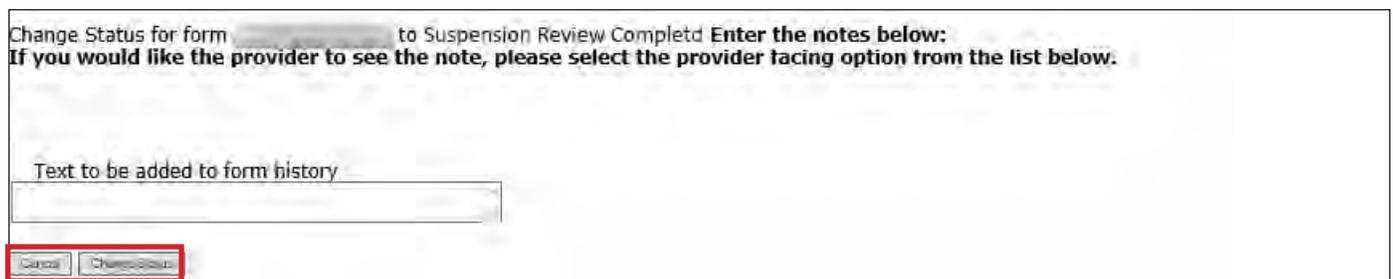
The IMT—Suspension is set to status *Suspension Review Completed*.

Suspension Final Review Process

During the final review, 270 days after the original suspension request expires, the LIDDA completes the Final Review Comments and selects the "Submit Suspension Review" button. The Status Change Confirmation page appears with the "Cancel," "Terminate Services," "Return to Service," and "Request Continuation of Suspension" buttons.

Note: Field **Suspension End Date** on the Status Change Confirmation page will display a red dot but is only required when clicking the "Return to Service" button.

If the "Terminate Services" button is clicked, a 3616 Request for Termination of Waiver Program Services Form appears. If returning to service, enter the suspension end date in Field **Suspension End Date** and then click the "Return to Service" button. If the "Request Continuation" of Suspension" button is clicked, a 3615 Request to Continue Suspended Services Form appears.

Suspension Continuation Process

If the individual should continue on suspension, the LIDDA has to submit an additional suspension request by clicking the "Request Continuation of Suspension" button when the IMT—Suspension is in the Suspension Final Review Process. When the "Request Continuation of Suspension" button is clicked, a 3615 Request to Continue Suspended Services Form appears and a new Continuation of Suspension workflow begins. Once the 3615 Request to Continue Suspended Services Form is submitted, the IMT—Suspension moves to status *Suspension Continuation Initiated*. Refer to the "3615 Request to Continue Suspended Services" section for more information.

Individual Movement Form—LA Reassignment (For LIDDA Entry Only)

Submission Process

Note: In some scenarios, after acknowledging the IMT—LA Reassignment, the new LIDDA is required to submit additional forms. To determine if additional forms are required, refer to "Appendix A: Scenarios for Selecting an IMT Purpose and IPC Type" of this guide.

To submit the IMT—LA Reassignment:

1) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.

2) Choose **Individual Movement Form** from the Type of Form drop-down box.

3) Choose either **HCS** or **TxHmL** from the Program drop-down box.

4) Choose the **LIDDA's Vendor Number** from Vendor Number drop-down box.

5) Choose **Local Authority Reassignment** from the Purpose drop-down box.

6) Enter the Medicaid number in the Medicaid Number field.

7) Select the effective date from the Effective Date field.

8) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

9) Click **Enter Form** on the bottom right of the screen. The IMT—LA Reassignment displays on the screen.

10) Enter data into the required fields (as indicated by the red dots), and click the tabbed sections to enter required data on other tabs. If you try to submit a form but have missing information from required fields, you will receive error messages indicating which required fields must be completed before the form can be submitted.

11) When you complete all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal performs checks to validate that the LA Reassignment is valid for the new location, that location capacity is available if the location is changed, and that the individual is not suspended from the program. During the process, the form is set to status *Pending Submission*. If valid, the form moves to status *Submitted* and the form is submitted successfully. A unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

Upon submission, the LTC Online Portal will validate that the form submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the form submitter

is not assigned to the client, the following error displays: "Submitter is not currently assigned to this individual." If the LTC Online Portal confirms that the form submitter is assigned to the individual the form is submitted successfully.

The LTC Online Portal performs checks to validate that the LA Reassignment is valid for the new location, that location capacity is available if the location is changed, and that the individual is not suspended from the program.

New LIDDA Review Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If the form passes all validation requirements, the form is set to status *Pending New LA Review*. The receiving LIDDA receives an alert on the Alerts page of the LTC Online Portal that the current LIDDA has requested an LA Reassignment and to take action on the form.
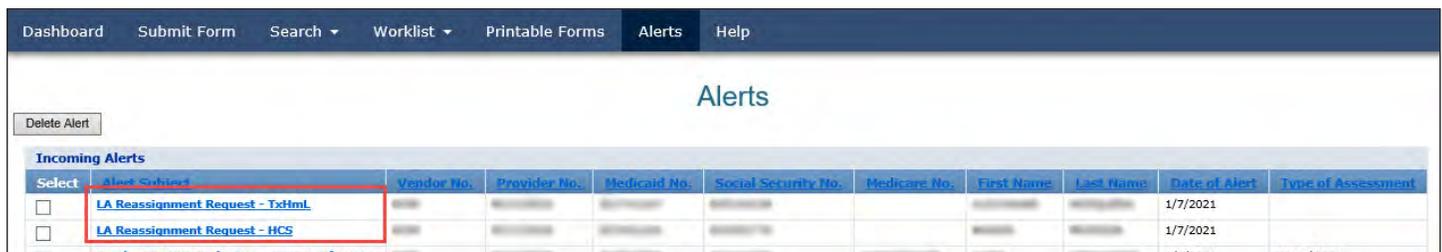
The receiving LIDDA should click on the "Alert Subject" link to view the details of the request, including the form's DLN.
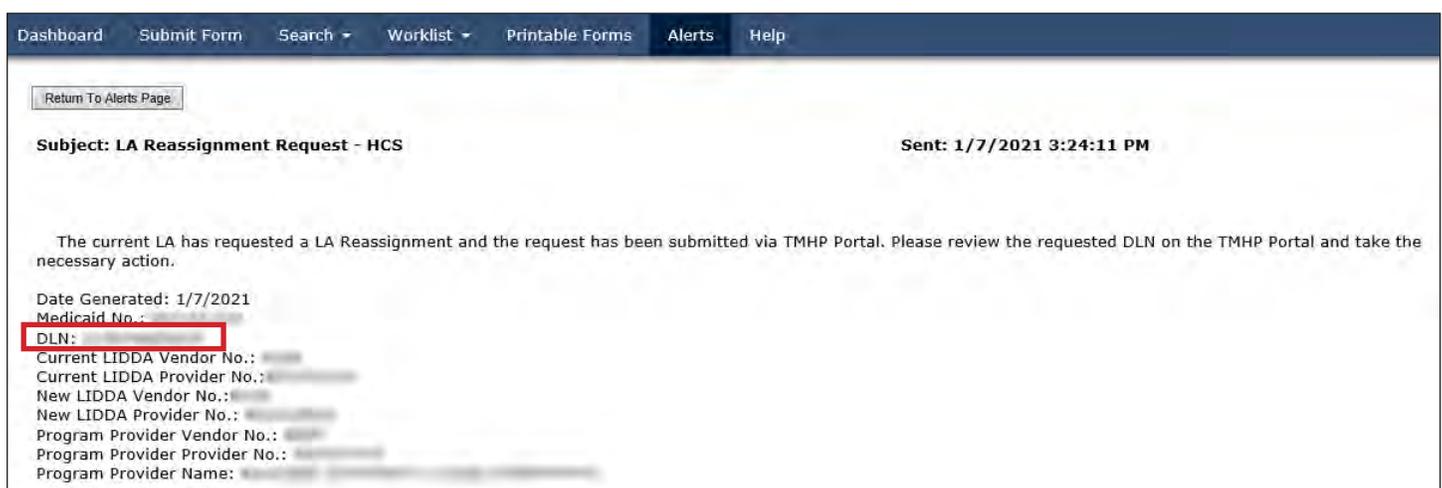
Once the form is accessed, the receiving LIDDA fills out Field **114 Service Coordinator** and then clicks **Acknowledge** to set the status to *New LA Acknowledgment*.

Note: When the web service is unavailable, fields will be blank and enabled for manual entry. It is recommended to wait several minutes for the web service to become available and re-enter the form for form data to prepopulate.

To acknowledge an LA Reassignment request:

1) Use FSI to locate and open an IMT—LA Reassignment set to status *Pending New LA Review*, or search by individual or DLN.

2) Click the "LA Reassignment" tab.

3) The receiving LIDDA fills out Field **114 Service Coordinator**.

4) Click **Acknowledge**. The Status Change Confirmation page displays.

5) Compose a note in the Text to be added to the form history free-form comment box.

6) Click **Change Status** to change the status, or click **Cancel** to cancel the action and return to the IMT—LA Reassignment.

The IMT—LA Reassignment is set to status *New LA Acknowledgment*.

Location Capacity Verification Process (HCS Only)

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The IMT—LA Reassignment enters the Location Capacity Verification process if the individual's location code was updated on the form. During this process, the form is set to status *Pending Location Availability* and a note reading "Location Capacity Request submitted" is added to the History trail.

If the location is confirmed, the form is set to status *Location Availability Confirmed* and a note reading "Location Availability Confirmed" is added to the History trail.

If there is an error that prevents the location from being confirmed, the form is set to status *Provider Action Required—Pending Location Availability* and a note is added to the History trail. All location issues are the provider's responsibility. The LIDDA's only responsibility is to ensure they correctly enter the location information the provider gives them. To fix the error, the "Update Location" button or "Reactivate Location Availability" button in the yellow actions bar must be clicked. Before moving forward, the form submitter should confirm that Field **18 Location Code** was correctly entered. If the location code was entered incorrectly, the form submitter must click the "Update Location" button to correct the information. If the location code was entered correctly, the provider must research any errors, including checking the location's capacity, the individuals in the location, and the order of form submission. The LIDDA can let the provider know when forms are in status *Provider Action Required—Pending Location Availability*, as a courtesy. However, LIDDAs are not required to do this.

Providers can use the Provider Location Search feature to view location information for their counties, including the individuals assigned to each location code within a selected date range. Providers must fix any errors found. If the provider is still encountering issues and needs assistance, they should contact the appropriate program area. Refer to the Provider Quick Reference Contact List for HCS and TxHmL. Once the provider has resolved all location issues, the provider can contact the LIDDA or HHSC-LTC to click the "Reactivate Location Availability" button. When the "Reactivate Location Availability" button is clicked, the LTC Online Portal attempts to confirm the location again and a note reading "Location Availability Check Reactivated" is added to the History trail.

Note: Providers must check a location's capacity before assigning individuals to a location.

If the form moves to status *Location Availability Confirmed* after clicking the "Reactivate Location Availability" button, the location is confirmed and the form enters the SAS process.

When the **Update Location** button is clicked, Field **18 Location Code** becomes editable for update. After updating the field, the submitter must click the "Save Location" button to save changes. If validations do not pass, the form will remain in status *Provider Action Required— Pending Location Availability*, and the provider must research and fix any location errors found. The submitter may click the **Update Location** button again and select a different location code, if this is the appropriate action to take, to move the location to a confirmed status. If all validations pass, the form moves to status *Location Availability Confirmed* and enters the SAS process. A note is added to the History trail that displays the old and new location codes on the form.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the LA Reassignment is set to status *Pending SAS Update*, it means that the form data has been electronically sent to HHSC-LTC. A note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If the form data is successfully processed by HHSC-LTC, the form is set to status *Processed/Complete* and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If form data has not been processed successfully by HHSC-LTC, the form is set to status *Rejected by SAS*. A note is added to the History trail that contains a response code. This response code determines whether the form is sent to HHSC-LTC staff for resolution, submitted to HHSC-LTC PCS, or submitted for LIDDA action. When sent to HHSC-LTC staff for resolution, the form is set to status *Pending DADS SAS Resolution*. If submitted to HHSC-LTC PCS, the form is set to status *Submitted to PCS*. At this point it is up to HHSC-LTC staff or HHSC-LTC PCS to get the form to a completed status.

The submitting LIDDA needs to take action on the form if the form is rejected by SAS and is set to status *Provider Action Required*. Once the submitting LIDDA has taken action on the form, the form can go through the PCS workflow by clicking the "Move to PCS Workflow" button. The form is set to status *Submitted to PCS*. The submitting LIDDA can resubmit to SAS by clicking the "Resubmit to SAS" button to move the form to status *Submit to SAS*.

Individual Movement Form—Individual Update

Program providers use the IMT—Individual Update to update an individual's physical address or county (OHFH only) or to update/add LAR information. LIDDAs should only submit the form if the individual is self-directing all waiver services and, therefore, does not have a program provider.

Reference "Appendix A: Scenarios for Selecting an IMT Purpose and IPC Type" of this guide to understand when the IMT—Individual Update is required for submission. Additional forms may also be required for submission.

Submission Process

To submit an IMT for an Individual Update:

1) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.
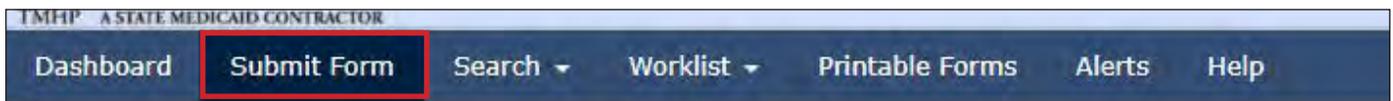
2) Choose **Individual Movement Form** from the Type of Form drop-down box.

3) Choose either **HCS** or **TxHmL** from the Program drop-down box.
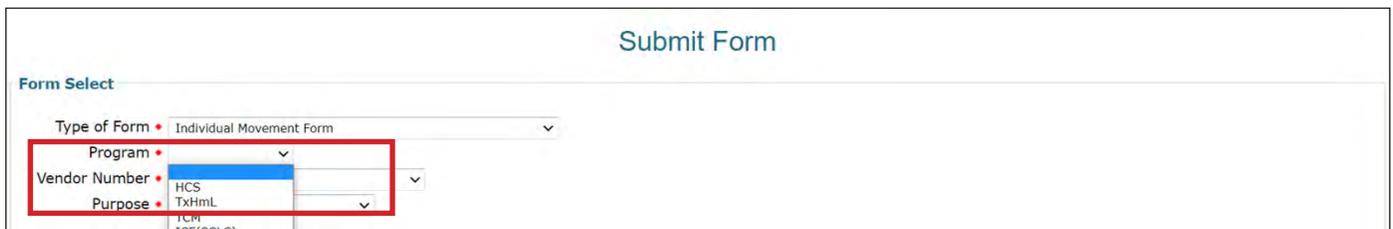
4) Choose the **Vendor Number** from the Vendor Number drop-down box. **Note**: For CDS-only individuals, select the LIDDA vendor number from the drop-down box.

5) Choose **Individual Update** from the Purpose drop-down box.

6) Enter the Medicaid number in the Medicaid Number field.

7) Select the effective date from the Effective Date field.

8) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

9) Click **Enter Form** on the bottom right of the screen. The IMT—Individual Update displays on the screen.

10) Enter data into the required fields in all tabs as indicated by the red dots.

11) Click the tabbed sections to enter required data on other tabs. If you try to submit a form but have missing information from required fields, you receive error messages indicating which required fields must be completed before the form can be submitted.

12) When you have completed all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

When the IMT—Individual Update has been submitted, the form is set to status *Submitted* and exits the Submission Process. The LTC Online Portal attempts to attempts to validate the Location Open Date for the IMT—Individual Update upon submission.

If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. The following message is also displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

Upon submission, the LTC Online Portal will validate that the form submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the form submitter is not assigned to the client, the following error displays: "Submitter is not currently assigned to this individual." If the LTC Online Portal confirms that the form submitter is assigned to the individual the form is submitted successfully.

Location Capacity Verification Process (HCS Only)

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The IMT—Individual Update enters the Location Capacity Verification process if the individual's location code was updated on the form. During this process, the form is set to status *Pending Location Availability* and a note reading "Location Capacity Request submitted" is added to the History trail.

If the location is confirmed, the form is set to status *Location Availability Confirmed* and a note reading "Location Availability Confirmed" is added to the History trail.

If there is an error that prevents the location from being confirmed, the form is set to status ***Provider Action Required—Pending Location Availability*** and a note is added to the History trail. All location issues are the provider's responsibility. If the LIDDA submits the form, their only responsibility is to ensure they correctly enter the location information the provider gives them. To fix the error, the "Update Location" button or "Reactivate Location Availability" button in the yellow actions bar must be clicked. Before moving forward, the form submitter should confirm that Field **123 New Individual Location Code** and Field **125 New Individual County** were correctly entered. If either of the fields were entered incorrectly, the form submitter must click the "Update Location" button to correct the information. If both fields were entered correctly, the provider must research any errors, including checking the location's capacity, the individuals in the location, and the order of form submission. If the LIDDA is the form submitter, they can let the provider know when forms are in status ***Provider Action Required—Pending Location Availability***, as a courtesy. However, LIDDAs are not required to do this.

Providers can use the Provider Location Search feature to view location information for their counties, including the individuals assigned to each location code within a selected date range. Providers must fix any errors found. If the provider is still encountering issues and needs assistance, they should contact the appropriate program area. Refer to the Provider Quick Reference Contact List for HCS and TxHmL. Once the provider has resolved all location issues, the "Reactivate Location Availability" button can be clicked by the form submitter or HHSC-LTC. If the LIDDA submitted the form, the provider can contact the LIDDA or HHSC-LTC to click the "Reactivate Location Availability" button. When the "Reactivate Location Availability" button is clicked, the LTC Online Portal attempts to confirm the location again and a note reading "Location Availability Check Reactivated" is added to the History trail.

Note: Providers must check a location's capacity before assigning individuals to a location.

If the form moves to status *Location Availability Confirmed* after clicking the **Reactivate Location Availability** button, the location is confirmed and the form enters the SAS process.

When the **Update Location** button is clicked, Field **123 New Individual Location Code** and Field **125 New Individual County** become editable for updates. After updating the fields, the submitter must click the **Save Location** button to save changes. The LTC Online Portal will then validate the updated fields. If validations do not pass, the form will remain in status ***Provider Action Required—Pending Location Availability***, and the provider must research and fix any location errors found. The submitter may click the **Update Location** button again and select a different location code, if this is the appropriate action to take. If all validations pass, the form moves to status *Location Availability Confirmed* and enters the SAS process.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the IMT—Individual Update is set to status **Pending SAS Update**, form data has been electronically sent to HHSC-LTC and a note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If form data is successfully processed by HHSC-LTC, the form is set to status **Processed/Complete** and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If form data has not been processed successfully by HHSC-LTC, the form is set to status **Rejected by SAS**. A note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the form is sent to HHSC-LTC staff for resolution, is submitted to HHSC-LTC PCS, or requires provider or LIDDA action.

When sent to HHSC-LTC staff for resolution, the form is set to status **Pending DADS SAS Resolution**. In this status, the form can be resubmitted to SAS and set to status **Submit to SAS**. It can also be marked as invalid if HHSC-LTC staff determines that the transaction is invalid and the form is set to status **_Invalid/Complete_**, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS and the form is set to status **DADS SAS Resolution Complete**.

If submitted to HHSC-LTC PCS, the form is set to status **_Submitted to PCS_**. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the form to a completed status. In this status, the form can be resubmitted to SAS and set to status **Submit to SAS**. It can be marked invalid if HHSC-LTC staff has determined that the transaction is invalid and is set to status **_Invalid/Complete_**. The form can also be marked complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and is set to status **PCS Processed/Complete**. It is sent to a HHSC-LTC Coach for review and is set to status **_Coach Review_**. If HHSC-LTC PCS requests more information from the provider or LIDDA, the form is set to status **_Pending More Info_**.

The provider or LIDDA needs to take action on the form if the form is rejected by SAS and is set to status **_Provider Action Required_**. Once the provider or LIDDA has taken action on the form, the form can go through the PCS workflow by clicking the "Move to PCS Workflow" button. The form is set to status **_Submitted to PCS_**. The provider or LIDDA can resubmit to SAS by clicking the "Resubmit to SAS" button to move the form to status **Submit to SAS**.

Note: HHSC-LTC staff can also invalidate a form set to status **Processed/Complete**.

Individual Movement Form—Service Coordinator Update (For LIDDA Entry Only)

There are situations where the SC needs to be updated. The LIDDA for the HCS and TxHmL programs will submit this form. Reference "Appendix A: Scenarios for Selecting an IMT Purpose and IPC Type" of this guide to understand when the IMT is required for submission. Additional forms may also be required for submission.

Submission Process

To submit an IMT for a SC update:

1) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.
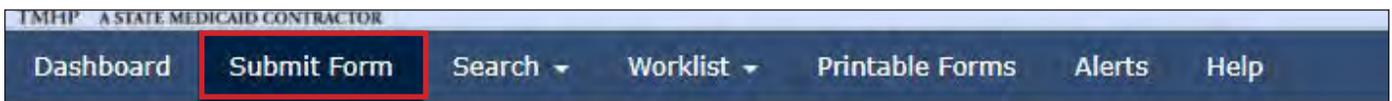
2) Choose **Individual Movement Form** from the Type of Form drop-down box.

3) Choose either **HCS** or **TxHmL** from the Program drop-down box.
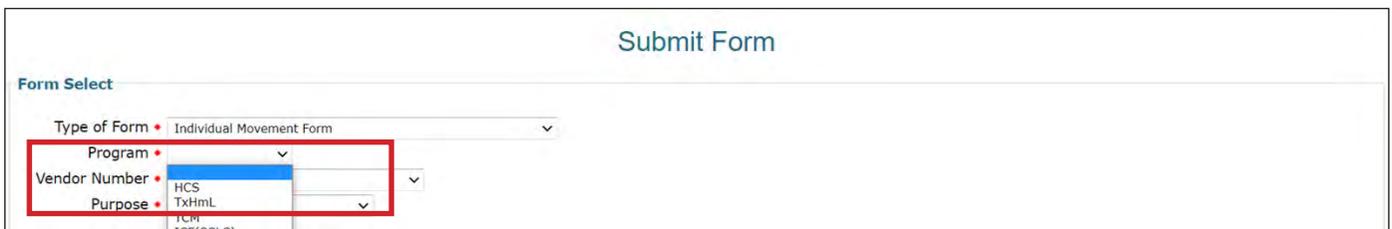
4) Choose the **LIDDA's Vendor Number** from Vendor Number drop-down box.
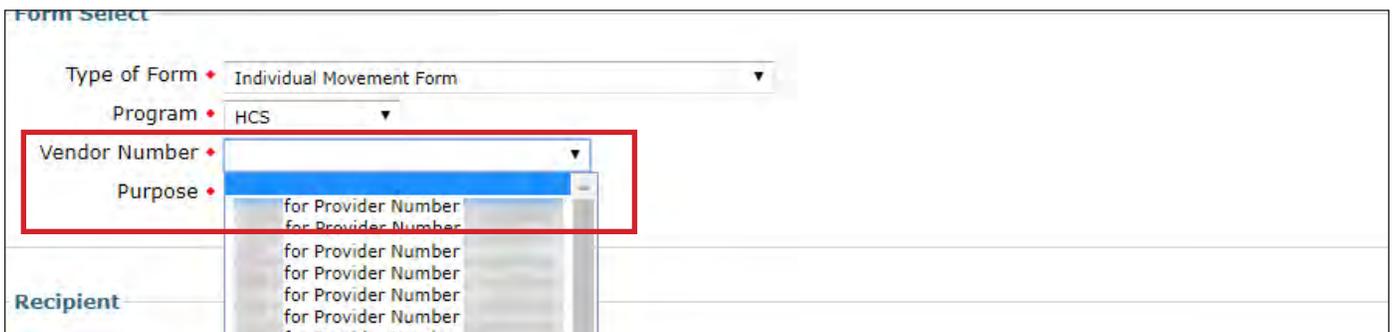
5) Choose **Service Coordinator Update** from the Purpose drop-down box.

6) Enter the Medicaid number in the Medicaid Number field.

7) Select the effective date from the Effective Date field.

8) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

9) Click **Enter Form** on the bottom right of the screen. The IMT—Service Coordinator Update displays on the screen.

10) Enter data into the required fields (as indicated by the red dots).

11) Click the tabbed sections to enter required data on other tabs. If you try to submit a form but have missing information from required fields, you will receive error messages indicating which required fields must be completed before the form can be submitted.

12) When you have completed all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

Form Actions:
Print   Save as Draft

b) Click **Submit Form** at the bottom of the screen to submit the form.

Submit Form

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

Your form was submitted successfully. You can track this form using the DLN
Submit another form.
Inquiry on a forms Status

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

Upon submission, the LTC Online Portal will validate that the form submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the form submitter is not assigned to the client, the following error displays: "Submitter is not currently assigned to this individual." If the LTC Online Portal confirms that the form submitter is assigned to the individual the form is submitted successfully.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the IMT—Service Coordinator Update is set to status *Pending SAS Update*, form data has been electronically sent to HHSC-LTC and a note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If form data is successfully processed by HHSC-LTC, the form is set to

status **Processed/Complete** and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If form data has not been processed successfully by HHSC-LTC, the form is set to status **Rejected by SAS**. A note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the form is submitted to HHSC-LTC PCS.

If submitted to HHSC-LTC PCS, the form is set to status *Submitted to PCS*. In this status, the form can be resubmitted to SAS and is set to status **Pending SAS Update**. A note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. It can be marked invalid if HHSC-LTC staff has determined that the transaction is invalid and is set to status *Invalid/Complete*. A note reading "Form is Invalidated" is added to the History trail. The form can also be marked complete if HHSC- LTC PCS has taken action to resolve the issue within SAS and is set to status **PCS Processed/Complete**. A note reading "Form is PCS Processed/Complete" is added to the History trail.

3615 Request to Continue Suspended Services

The 3615 Request to Continue Suspended Services Form is used to continue an individual's suspension from waiver program services.

An individual must be on suspension for 270 days before a continuation of suspension request can be submitted. Only the LIDDA can complete and submit the 3615 Request to Continue Suspended Services Form to request a continuation of the suspension of HCS or TxHmL services.

The 3615 Request to Continue Suspended Services Form is initiated from the original suspension request through the IMT—Suspension, or from an existing 3615 Request to Continue Suspended Services Form, whichever is the most current.

Submission Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

To locate a 3615 Request to Continue Suspended Services Form, use FSI to search for the individual's existing suspension request that was submitted through the IMT—Suspension, or search for the individual's current 3615 Request to Continue Suspended Services Form.

An existing IMT—Suspension must be in status *Suspension Review Due* or *Suspension Review Overdue* and the individual must be on suspension for 270 days to request a continuation of suspension.

To submit a request through the IMT—Suspension:

1) Click **Search** and select **Form Status Inquiry** on the blue navigational bar. The Form Status Inquiry Screen appears.

2) Choose **Individual Movement Form** from the Type of Form drop-down box.

3) Choose **HCS** or **TxHmL** from the Program drop-down box.

4) Choose the **Vendor Number** of the IMT submitter from the Vendor Number drop-down box. **Note**: For CDS-only individuals, select the LIDDA vendor number from the drop-down box.

5) Choose **Suspension** from the Purpose drop-down box.

6) Choose *Suspension Review Due* or *Suspension Review Overdue* from the Form Status drop-down box.

7) Enter data for the required From Date and To Date fields as indicated by the red dots.

8) You can enter additional criteria. *It is strongly recommended that you enter as much additional criteria as you have to narrow search results.*

9) Click **Search** on the bottom right, and the LTC Online Portal returns any matching submissions (records).

10) Click the **View Detail** link at the left of the DLN to display the details of the form.

11) Complete Field **56 Final Suspension Review Comments**.

12) Click **Submit Suspension Review**. The Status Change Confirmation page appears.

13) Click **Request Continuation of Suspension**. The 3615 Request to Continue Suspended Services Form appears.
Note: Field **Suspension End Date** on the Status Change Confirmation page will display a red dot but is only

required when clicking the "Return to Service" button.

14) Enter data into the required fields as indicated by the red dots. Reference the *3615 Request to Continue Suspension of Services Item-by-Item Guide* to view detailed information related to each field on the form. If you try to submit an form with missing information from required fields, you receive error messages indicating the required fields that must be completed before the form can be submitted.

15) Click the "Attachments" tab. Attachments from original form are not copied to the new form.
Note: Users can submit the form without any attachments and add the files at a later time using FSI to locate the form.

16) Select **Click Here to Upload Documents** to upload the required documents as listed on the screen. If the attachment does not meet the criteria, the file is rejected and the user will see an error message explaining the issue.
Note: Providers can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.
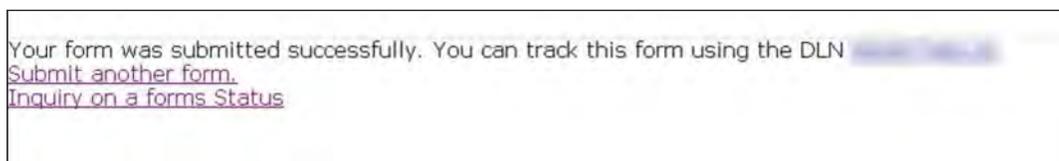
17) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit or click **Submit Form** at the bottom of the screen to submit the form.

Upon submission, the LTC Online Portal will validate that the form submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the form submitter is not assigned to the client, the following error displays: Submitter is not currently assigned to this individual. If the LTC Online Portal confirms that the form submitter is assigned to the individual, the form is submitted successfully.

Use FSI to locate an existing 3615 Request to Continue Suspended Services Form in status *Suspension Continuation Review Due* or *Suspension Continuation Review Overdue*.

To submit a request through a current 3615 Request to Continue Suspended Services Form:

1) Click **Search** and select **Form Status Inquiry** on the blue navigational bar. The Form Status Inquiry Screen appears.

2) Choose **3615 Request to Continue Suspended Services** from the Type of Form drop-down box.

3) Choose **HCS** or **TxHmL** from the Program drop-down box.

4) Choose the **LIDDA Vendor Number** from the Vendor Number drop-down box.

5) Enter data for the required From Date and To Date fields as indicated by the red dots.

6) Choose *Suspension Continuation Review Due* or *Suspension Continuation Review Overdue* from the Form Status drop-down box.

7) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to narrow results of the form.*

8) Click **Search** on the bottom right, and the LTC Online Portal returns any matching submissions (records).

9) Click the **View Detail** link at the left of the DLN to display the details of the form.

10) Complete Field **57 Suspension Continuation Review Comments**.

11) Click **Submit Suspension Continuation Review**. The Status Change Confirmation page appears.

12) Click the "Request Continuation of Suspension" button. The 3615 Request to Continue Suspended Services Form appears.
    Note: Field **Suspension End Date** on the Status Change Confirmation page will display a red dot but is only required when clicking the "Return to Service" button.

13) Enter data as indicated by the red dots across all tabbed sections.

14) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit or click **Submit Form** at the bottom of the screen to submit the form.

Client Waiver Program Check

Before a 3615 Request to Continue Suspended Services Form can be successfully submitted for authorization, the LTC Online Portal checks to determine if the individual is enrolled in the HCS or TxHmL. If an active service is not found, an error message displays indicating the individual is not currently enrolled in the program. Submission of the form will be rejected.

Termination in Flight Check

If a termination is in flight for an individual, the 3615 Request to Continue Suspended Services Form is rejected and the user sees error messages stating "Cannot request continuation of suspension due to termination request in process."

Authorization Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

During the Authorization Process, the LTC Online Portal sets the 3615 Request to Continue Suspended Services Form to status *Pending DADS Review*. In this status, HHSC-LTC is pending review of the request to continue suspension from waiver services.

Upon review and approval by HHSC-LTC staff, the 3615 Request to Continue Suspended Services Form is set to status *Approved*.

If denied by HHSC-LTC staff, the 3615 Request to Continue Suspended Services Form is set to status *Denied*. The LIDDA is required to return the individual to waiver services or terminate the individual from waiver services.

Return to Service Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

To return an individual to waiver services:

1) Use FSI to locate and open a 3615 Request to Continue Suspended Services Form set to status *Suspension Continuation Processed*, *Suspension Continuation Review Due*, *Suspension Continuation Review Overdue*, *Suspension Continuation Review Completed*, or *Denied*. You can also search by individual or DLN.

2) Click **Return to Service**.
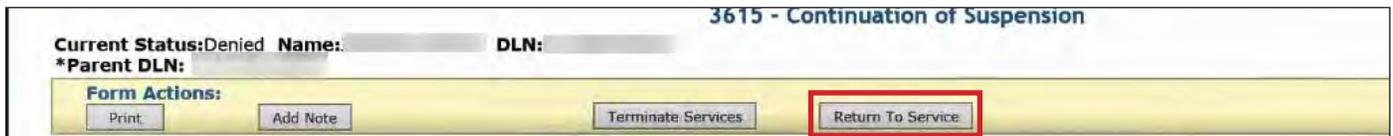
3) Field **18 Location Code** is enabled and prepopulated and Field **54 Suspension End Date** is enabled and required.
   Note: An IPC Revision or IMT—LA Reassignment may need to be submitted if the individual is not returning to the same location or county as when the individual's suspension began.

4) Click **Submit Form** to submit the form, or click **Cancel** to cancel the action and return to the 3615 Request to Continue Suspended Services Form.

The 3615 Request to Continue Suspended Services Form is set to status **Return to Services Initiated** and goes through several validations. If any of the validations fail, the form is reverted to its previous status.

Location of Residential Type Check

If the location is not valid for the residential type, the LIDDA sees the following pop-up message: "Location entered is not compatible with the individual residential type. If residential services are changing, an IPC Revision must be submitted to end the Individual suspension." The 3615 Request to Continue Suspended Services Form reverts back to the previous status.

Provider Location Check

The 3615 Request to Continue Suspended Services Form (HCS only) goes through a provider location validation process. A note reading "Location Open Date request submitted" is added to the History trail. If the Location Open Date is after the Form Effective Date or if the Form Effective Date equals the Location End Date, the form reverts back to the previous status.

Termination in Flight

If a termination is in flight for an individual, the 3615 Request to Continue Suspended Services Form is rejected and the user sees error messages stating "The individual currently has an active Termination request."

Location Capacity Verification Process (HCS Only)

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 3615 Request to Continue Suspended Services Form enters the Location Capacity Verification process when an individual is returned to waiver services. During this process, the form is set to status **Pending Location Availability** and a note reading "Location Capacity Request submitted" is added to the History trail.

If the location is confirmed, the form is set to status **Location Availability Confirmed** and a note reading "Location Availability Confirmed" is added to the History trail.

If there is an error that prevents the location from being confirmed, the form is set to status *Provider Action Required—Pending Location Availability* and a note is added to the History trail. All location issues are the provider's responsibility. The LIDDA's only responsibility is to ensure they correctly enter the location information

the provider gives them. To fix the error, the "Update Location" button or "Reactivate Location Availability" button in the yellow actions bar must be clicked. Before moving forward, the form submitter should confirm that Field **18 Location Code** was correctly entered. If the location code was entered incorrectly, the form submitter must click the "Update Location" button to correct the information. If the location code was entered correctly, the provider must research any errors, including checking the location's capacity, the individuals in the location, and the order of form submission. The LIDDA can let the provider know when forms are in status *Provider Action Required—Pending Location Availability*, as a courtesy. However, LIDDAs are not required to do this.

Providers can use the Provider Location Search feature to view location information for their counties, including the individuals assigned to each location code within a selected date range. Providers must fix any errors found. If the provider is still encountering issues and needs assistance, they should contact the appropriate program area. Refer to the Provider Quick Reference Contact List for HCS and TxHmL. Once the provider has resolved all location issues, the provider can contact the LIDDA or HHSC-LTC to click the "Reactivate Location Availability" button. When the "Reactivate Location Availability" button is clicked, the LTC Online Portal attempts to confirm the location again and a note reading "Location Availability Check Reactivated" is added to the History trail.

Note: Providers must check a location's capacity before assigning individuals to a location.

If the form moves to status *Location Availability Confirmed* after clicking the "Reactivate Location Availability" button, the location is confirmed and the form enters the SAS Return to Service process.

When the "Update Location" button is clicked, Field **18 Location Code** becomes editable for update. After updating the field, the submitter must click the "Save Location" button to save changes. If validations do not pass, the form will remain in status *Provider Action Required—Pending Location Availability*, and the provider must research and fix any location errors found. The submitter may click the "Update Location" button again and select a different location code, if this is the appropriate action to take, to move the location to a confirmed status. If all validations pass, the form moves to status *Location Availability Confirmed* and enters the Return to SAS process. A note is added to the History trail that displays the old and new location codes on the form.

Service Authorization System (SAS) Return to Service Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 3615 Request to Continue Suspended Services Form enters the SAS Return to Service Process, the form is set to status *Pending SAS Update* and a note reading "Return to Service Request submitted" is added to the History trail.

Note: An IPC Revision or IMT—LA Reassignment form may need to be submitted if the individual is not returning to the same location or county as when the individual's suspension began.

If the form data is successfully processed by HHSC-LTC, the 3615 Request to Continue Suspended Services Form is set to status *Returned to Service*. A note reading "Return to Service Request successful" is added to the History trail.

If form data has not been processed successfully by HHSC-LTC, the form is set to status **Rejected by SAS**. A note reading "Return to Service Request unsuccessful" is added to the History trail with a response code returned for HHSC-LTC staff resolution.

When sent to HHSC-LTC staff for resolution, the form is set to status **Pending DADS SAS Resolution**. In this status, the form can be resubmitted to SAS and is set to status **Submit to SAS**.

It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status *Invalid/Complete*, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS and the form is set to status **DADS SAS Resolution Complete—Return to Service**.

Terminate Services Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

To terminate waiver services:

1) Use FSI to locate and open a 3615 Request to Continue Suspended Services Form set to status **Suspension Continuation Processed**, *Suspension Continuation Review Due*, *Suspension Continuation Review Overdue*, **Suspension Continuation Review Completed**, or *Denied*. You can also search by individual or DLN.

2) Click **Terminate Services**. The 3616 Request for Termination of Waiver Program Services Form appears.

3) Complete all required fields including Field **40 Requested Termination Date** and Field **41 Termination Reason**.

4) Click **Submit Form**.

When the 3616 Request for Termination of Waiver Program Services Form is submitted, the 3615 Request to Continue Suspended Services Form is set to status **Termination Initiated**. Refer to the "3616 Request for Termination of Waiver Program Services" section for more information.

Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 3615 Request to Continue Suspended Services Form can be remanded to the submitter for any number of reasons and is set to status *Remanded to Submitter*. Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form. To determine why a form has been remanded, look for a note in the History trail from the entity that remanded the form. Follow the instructions in the note to address the remand reason.

Be sure to click the "Add Note" button on the yellow Form Actions bar to explain how the remand reason was addressed. By adding a note, the 3615 Request to Continue Suspended Services Form reverts back to the status it was in before it was remanded.

Note: Refer to the "LTC Online Portal Basics" section of this user guide to learn more on adding a note.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 3615 Request to Continue Suspended Services Form is set to status **Pending SAS Update**, form data has been electronically sent to HHSC-LTC, and note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If form data is successfully processed by HHSC-LTC, the form is set to status **Processed/Complete** and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If form data has not been processed successfully by HHSC-LTC, the form is set to status **Rejected by SAS**. A note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the form is sent to HHSC-LTC staff for resolution or is submitted to HHSC-LTC PCS.

When sent to HHSC-LTC staff for resolution, the form is set to status **Pending DADS SAS Resolution**. In this status, the form can be resubmitted to SAS and is set to status **Submit to SAS**. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status *Invalid/Complete*, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS and the form is set to status **DADS SAS Resolution Complete**.

If submitted to HHSC-LTC PCS, the form is set to status *Submitted to PCS*. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the form to a completed status. In this status, the form can be resubmitted to SAS and is set to status *Submit to SAS*. It can be marked invalid/complete if HHSC-LTC staff has determined that the transaction is invalid and then the form is set to status *Invalid/Complete*. It can also be marked complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and then the form is set to status *PCS Processed/Complete*. It is sent to a HHSC-LTC Coach for review and the form is set to status *Coach Review*. If HHSC-LTC PCS requests more information from the LIDDA, the form is set to status *Pending More Info*.

The LIDDA needs to take action on the form if the form is rejected by SAS and is set to status *Provider Action Required*. Once the LIDDA has taken action on the form, the form can go through the PCS workflow by clicking the "Move to PCS Workflow" button. The form is set to status *Submitted to PCS*. The LIDDA can resubmit to SAS by clicking the "Resubmit to SAS" button to move the form to status *Submit to SAS*.

Note: HHSC-LTC staff can also invalidate a form set to status *Processed/Complete*.

Suspension Continuation Review Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

After the 3615 Request to Continue Suspended Services Form had been approved by HHSC-LTC and processed by SAS, the form is set to status *Suspension Continuation Processed*.

30 calendar days after approval, the form moves to status *Suspension Continuation Review Due*, and the LIDDA is required to return the individual to waiver services, terminate the individual from waiver services, or request another continuation of suspension.

To review a suspension continuation:

1) Use FSI to locate and open a 3615 Request to Continue Suspended Services Form set to status *Suspension Continuation Review Due* or *Suspension Continuation Review Overdue*, or search by individual or DLN.

2) Complete Field **57 Suspension Continuation Review Comments**.
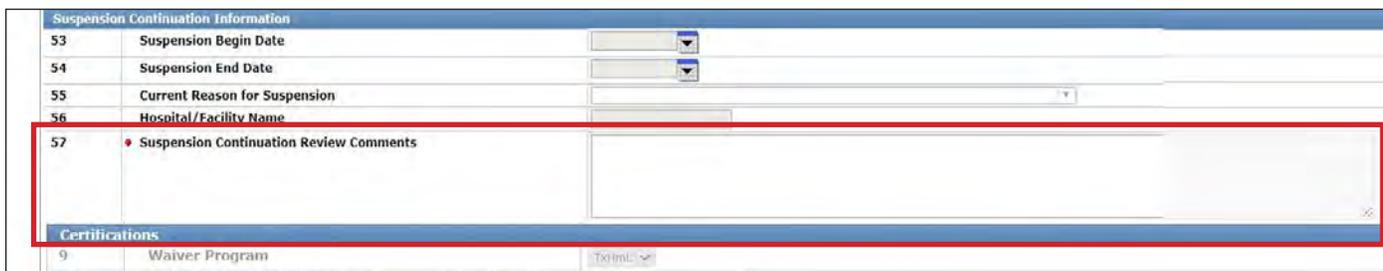
3) Click **Submit Suspension Continuation Review**. The Status Change Confirmation page appears.

4) Click **Cancel**, **Terminate Services**, **Return to Service**, or **Request Continuation of Suspension**. Users are required to select one of these action buttons.
Note: Field **Suspension End Date** on the Status Change Confirmation page will display a red dot but is only required when clicking the "Return to Service" button.

When the "Terminate Services" button is clicked, the 3616 Request for Termination of Waiver Program Services Form appears. Once the 3616 Request for Termination of Waiver Program Services Form is submitted, the 3615 Request to Continue Suspended Services Form is set to status *Termination Initiated*.

If returning to service, enter the suspension End Date in Field **Suspension End Date** and then click the "Return to Service" button.

When the "Request Continuation of Suspension" button is clicked, a new 3615 Request to Continue Suspended Services Form appears. Enter data as indicated by the red dots across all tabbed sections. Once submitted, the original 3615 Request to Continue Suspended Services Form is set to status *Suspension Continuation Initiated*.

3616 Request for Termination of Waiver Program Services

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 3616 Request for Termination of Waiver Program Services Form is used to request termination for an individual from the HCS or TxHmL waiver program. The termination form is completed and submitted by either providers or LIDDAs for HCS and TxHmL.

LIDDAs will only submit termination forms for individuals who only have CDS services. Additionally, LIDDAs will submit the termination form without entering program provider information to maintain accurate provider information during the termination of an individual with only CDS services.

To initiate the 3616 Request for Termination of Waiver Program Services Form, users can do the following:

- Use the Submit Form page

- Use FSI to locate an existing 3615 Request to Continue Suspended Services Form in the following statuses:

    - *Suspension Continuation Review Due*

    - *Suspension Continuation Review Overdue*

    - *Suspension Continuation Processed*

    - *Suspension Continuation Review Completed*

    - *Denied*

- Use FSI to locate an existing IMT—Suspension in the following statuses:

    - *Suspension Review Due*

    - *Suspension Review Overdue*

    - *Suspension Processed*

    - *Suspension Review Completed*

    - *Suspension Review Bypassed*

Submission Process

To initiate Form 3616 Request for Termination of Waiver Program Services from the Submit Form page:

1) Select **Submit Form** on the blue navigational bar. The Submit Form screen displays with the appropriate fields.

2) Choose **3616 Request for Termination of Waiver program Services** from the Type of Form drop-down box.

3) Choose either **HCS** or **TxHmL** from the Program drop-down box.

4) Choose the **Vendor Number** from the Vendor Number drop-down box. **Note**: For CDS-only individuals, select the LIDDA vendor number from the drop-down box.

5) Enter the Medicaid number in the Medicaid Number field.

6) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to auto-populate the form.*

7) Click **Enter Form** on the bottom right of the screen. The 3616 Request for Termination of Waiver program Services Form opens on the screen.

8) Enter data as indicated by the red dots into the required fields on each tabbed section. Reference the _3616 Request for Termination of Service Item-by-Item Guide_ to view detailed information related to each field on the form. If you try to submit a form with missing information from required fields, you receive error messages indicating the required fields that must be completed before the form can be submitted.

9) Click the "Attachments" tab.
Note: Users can submit the form without any attachments and add the files at a later time using FSI to locate the form.

10) Select **Click Here to Upload Documents** to upload the required forms as listed on the screen. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.
Note: Users can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.

11) When you have completed all the required fields in all tabs, you can:

a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

Note: Only LIDDAs can use the 3615 Request to Continue Suspended Services Form to initiate a termination.

To initiate Form 3616 Request for Termination of Waiver Program Services using an existing IMT—Suspension or 3615 Request to Continue Suspended Services:

1) Click **Search** and select **Form Status Inquiry** on the blue navigational bar. The Form Status Inquiry Screen appears.

2) Choose **Individual Movement Form** or **3615 Request to Continue Suspended Services** from the Type of Form drop-down box.
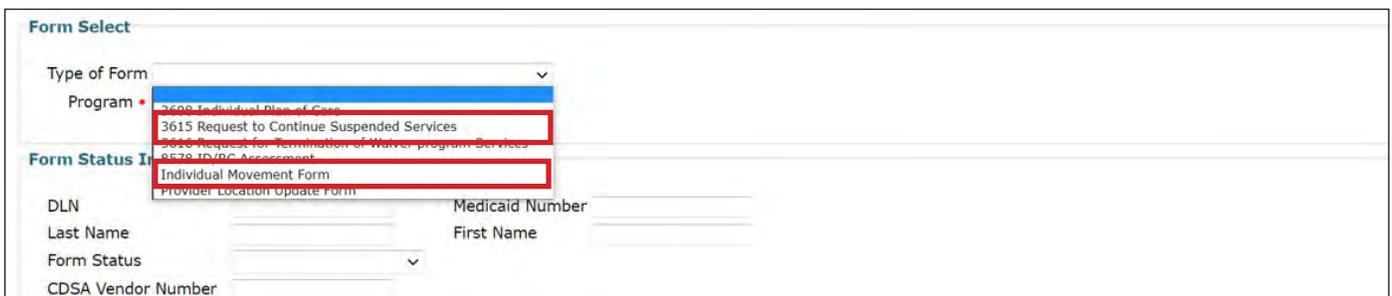
Note: When searching for the IMT through FSI, you must choose **Suspension** from the Purpose drop-down box to be able to initiate Form 3616 Request for Termination of Waiver Program Services.

3) Choose either **HCS** or **TxHmL** from the Program drop-down box.

4) Choose the **Vendor Number** from the Vendor Number drop-down box. **Note**: For CDS-only individuals, select the LIDDA vendor number from the drop-down box.

5) As an option, you can enter additional criteria. *It is strongly recommended that you enter additional information here to narrow results of the form.*

6) Click **Search** on the bottom right, and the LTC Online Portal returns any matching submissions (records).

7) Click the **<u>View Detail</u>** link at the left of the DLN to display the details of the form.

8) When the correct 3615 Request to Continue Suspended Services Form or IMT—Suspension is located for the individual, click the "Terminate Services" button on the yellow Form Actions bar to launch the 3616 Request for Termination of Waiver Program Services Form.

Note: The "Terminate Services" button is only available for 3615 Request to Continue Suspended Services Forms and IMTs in the certain statuses listed above.

9) After clicking the "Terminate Services" button, the 3616 Request for Termination of Waiver Program Services Form displays.

   a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.

b) Click **Submit Form** at the bottom of the screen to submit the form.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

Upon submission, the LTC Online Portal will validate that the form submitter is assigned to the individual based on information entered in Vendor Number and Submitter Provider Number fields. If the form submitter is not assigned to the client, the following error displays: Submitter is not currently assigned to this individual. If the LTC Online Portal confirms that the form submitter is assigned to the individual the form is submitted successfully.

Once the form is successfully submitted and depending on who submitted the form, either the provider or LIDDA will review and acknowledge the termination request. Refer to the LIDDA Review Process and Provider Review Process sections for more information. If the individual does not have a program provider and only has an FMSA, the form skips the Review Process and moves directly to the Authorization Process for HHSC-LTC staff to review the form.

LIDDA Review Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If the termination request was submitted by the provider, the request is routed to the LIDDA for review in status *Pending LA Review*. The LIDDA reviews the information entered on the form by the provider and, if all

information is correct, the LIDDA clicks the "Acknowledge" button. If the information is not correct, the LIDDA can remand the form to the provider for correction. Reference the Remand Process for more information.

To acknowledge a termination request:

1) Use FSI to locate and open a 3616 Request for Termination of Waiver Program Services Form set to status *Pending LA Review*, or search by individual or DLN.

2) Click **Acknowledge**. The Status Change Confirmation page displays.

3) Compose a note in the Text to be added to the form history free-form comment box.

4) Click **Change Status** to change the status, or click **Cancel** to cancel the action and return to the 3616 Request for Termination of Waiver Program Services Form.

The 3616 Request for Termination of Waiver Program Services Form is set to status *LA Acknowledgment* and enters the Authorization Process.

Provider Review Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If the termination request was submitted by the LIDDA, the request is routed to the provider for review in status *Pending Provider Review*. The provider reviews the information entered on the form by the LIDDA and, if all information is correct, the provider clicks the "Acknowledge" button. If the information is not correct, the provider can remand the form to the LIDDA for correction. Reference the Remand Process for more information.

Note: If the individual does not have a program provider and only has an FMSA, the form skips the review process and moves directly to the Authorization Process for HHSC-LTC staff to review the form.

To acknowledge a termination request:

1) Use FSI to locate and open a 3616 Request for Termination of Waiver Program Services Form set to status *Pending Provider Review*, or search by individual or DLN.

2) Click **Acknowledge**. The Status Change Confirmation page displays.
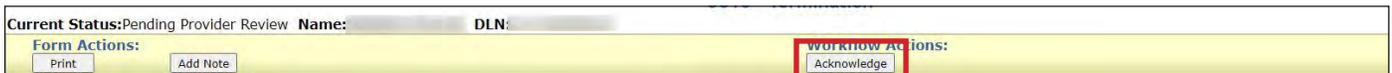
3) Compose a note in the Text to be added to the form history free-form comment box.

4) Click **Change Status** to change the status, or click **Cancel** to cancel the action and return to Form 3616 Request for Termination of Waiver Program Services.
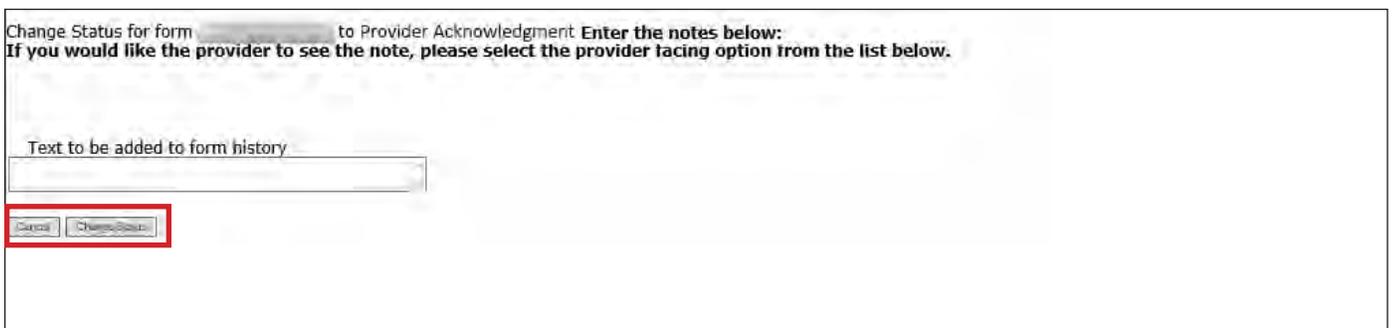
The 3616 Request for Termination of Waiver Program Services Form is set to status *Provider Acknowledgment* and enters the Authorization process.

Authorization Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 3616 Request for Termination of Waiver Program Services Form goes into the Authorization Process, the form is set to status *Pending DADS Review* for HHSC-LTC staff to review the termination request. HHSC-LTC staff have the ability to remand, inactivate, edit, cancel, or approve the form.

If HHSC-LTC determines that the termination request was entered in error (i.e., wrong individual or wrong process), then the form is set to status *Request Canceled*. If the termination is approved, the form is set to status *Termination Approved* and a termination letter is sent to the individual or their LAR. After 12 calendar days with no appeal from the individual or their LAR, the termination request moves forward in the process.

Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The 3616 Request for Termination of Waiver Program Services Form can be remanded to the submitter for any number of reasons and is set to status *Remanded to Submitter*. Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form. To determine why a form has been remanded, look for a note in the History trail from the individual who remanded the form. Follow the instructions in the note to address the remand reason.

Be sure to click the "Add Not**e**" button on the yellow Form Actions bar to explain how the remand reason was addressed. By adding a note, the 3616 Request for Termination of Waiver Program Services Form goes back to the status it was in before it was remanded.

Note: Refer to the "LTC Online Portal Basics" section of this user guide to learn more on adding a note.

Appeal Process

If the 3616 Request for Termination of Waiver Program Services Form has been approved, the individual or their LAR can appeal the decision. If an appeal is requested, the form moves either to status *Appealed Without Continuation of Services*, meaning the waiver services for an individual will not continue while an appeal is being considered, or status *Appealed With Continuation of Services*, meaning waiver services for an individual can continue while an appeal is being considered. If an appeal has been withdrawn the form is set to status *Appeal Withdrawn*.

If HHSC-LTC staff reverses the original decision to terminate services, the form is set to status *Termination Reversed*.

If HHSC-LTC staff sustains the original decision to terminate services, the form is set to status *Termination Sustained*.

Refer to the TAC regarding appeals for the HCS and TxHmL programs.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the 3616 Request for Termination of Waiver Program Services Form is set to status *Pending SAS Update*, form data has been sent electronically to HHSC-LTC and a note reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If form data is successfully processed by HHSC-LTC, the form is set to status *Processed/Complete* and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If form data has not been processed successfully by HHSC-LTC, the form is set to status **Rejected by SAS** and a note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the form is sent to HHSC-LTC staff for resolution or is submitted to HHSC-LTC PCS.

When sent to HHSC-LTC staff for resolution, the form is set to status **Pending DADS SAS Resolution**. In this status, the form can be resubmitted to SAS and set to status **Submit to SAS**. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status **Invalid/Complete**, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS and the form is set to status **DADS SAS Resolution Complete**.

If submitted to HHSC-LTC PCS, the form is set to status **Submitted to PCS**. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the form to a completed status. In this status, the form can be resubmitted to SAS and is set to status **Submit to SAS**. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status **Invalid/Complete**, or it can be marked as complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and the form is set to status **PCS Processed/Complete**.

The form could be sent to a HHSC-LTC Coach for review and then set to status **Coach Review**. If HHSC-LTC staff requests more information from the provider or LIDDA, the form is set to status **Pending More Info**.

The provider or LIDDA needs to take action on the form if it is rejected by SAS and the form is set to status **Provider Action Required**. Once the provider or LIDDA takes action, the form goes through the PCS workflow by clicking the "Move to PCS Workflow" button. This moves the form to status **Submitted to PCS**. The provider or LIDDA can resubmit to SAS by clicking the "Resubmit to SAS" button to move the form to status **Submit to SAS**.

When the 3616 Request for Termination of Waiver Program Services Form is set to status **Processed/Complete**, **DADS SAS Resolution Complete**, or **PCS Processed/Complete**, the individual's Pre-enrollment Form is set to status **Terminated** and a note is added to the Pre-enrollment Form's History trail.

When the Pre-enrollment Form is in status **Terminated**, the individual is no longer enrolled in the program. If the individual receives a future enrollment offer, the enrollment process must be followed. A Pre-enrollment Form must be submitted, and then the 8578 ID/RC PC 2 No Current Assessment and the 3608 or 8582 IPC Enrollment Form must be submitted.

Provider Location Update (PLU) Form

The Provider Location Update Form is used only by HCS waiver program providers. HCS providers use this form to manage the locations where they provide residential services.

The Provider Location Update Form is used to request a change in location or to end a location for an existing provider location. For example, providers who manage a three-person residence may change the location type to a four-person residence.

Note: When Field **18 Location Type** is changed due to a location update, it may be necessary to also submit a Revision IPC to update the residential service for individuals who are assigned to the location.

Note: Ensure all individuals have been assigned to a new location before ending a location. If a service location is ended by the provider, it cannot be reopened. The provider must add the ended location as a new location to reopen it.

The Provider Location Update Form can also be used to request a new location and location code. For example, a provider who provides services at 123 Main Street has decided to also provide services at 456 Park Lane. The provider would now need to add 456 Park Lane to their list of locations. The provider uses the Provider Location Update Form to register this new provider location.

Four-Person Residence

HHSC-LTC only reviews requests for a four-person residence, whether new or changed. HHSC-LTC may approve or deny the change to an existing location type or the addition of a new four-person residence. HHSC-LTC may also reduce the request for a four-person residence to a three-person residence. If needed, HHSC-LTC remands the Provider Location Update Form to the provider for corrections. Once any requested corrections are made, the LTC Online Portal sends the data to SAS.

Form 8491, Request for a Four-Person Residence Approval, and the Fire Marshal Inspection must continue to be submitted by email to HHSC Long-Term Care Regulation (LTCR) at HCSFourPersonResidenceRequests@hhs.texas.gov.

Note: Users will see the following values for four-person and three-person residences in the LTC Online Portal: 4-BED and 3-BED.

Submission Process

To submit a Provider Location Update Form:

1) Click **Submit Form** located on the blue navigational bar. The Submit Form screen displays with the appropriate fields.
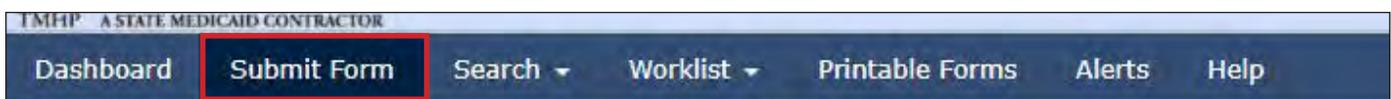
2) Choose **Provider Location Update Form** from the The Type of Form drop-down box.

3) Choose the **Vendor Number** from the Vendor Number drop-down box. **Note**: For CDS-only individuals, select the LIDDA vendor number from the drop-down box.

4) Click **Enter Form** on the bottom right of the screen. The Provider Location Update Form opens on the screen.

5) To add, update, or end a location, select the appropriate action from the drop-down box in Field **9a Action Type**.

6) Enter data into the required fields as indicated by the red dots. Reference the *HCS Provider Location Update Item-by-Item Guide* to view detailed information related to each field on the form. If you try to submit an form with missing information from required fields, you receive error messages indicating the required fields that must be completed before the form can be submitted.

7) To add, update, or end a location go to Field **9a Action Type** to select the appropriate action on a location.

8) Click the "Attachments" tab.

   Note: Users can submit the form without any attachments and add the files at a later time using FSI to locate the form.

9) Select **Click Here to Upload Documents** to upload the required documents as listed on the screen. If the attachment does not meet the criteria, the file is rejected, and the user will see an error message explaining the issue.

   Note: Providers can download and delete attachments uploaded to the "Attachments" tab. To download the attachment, click the document link. To delete an attachment, click **Delete**.
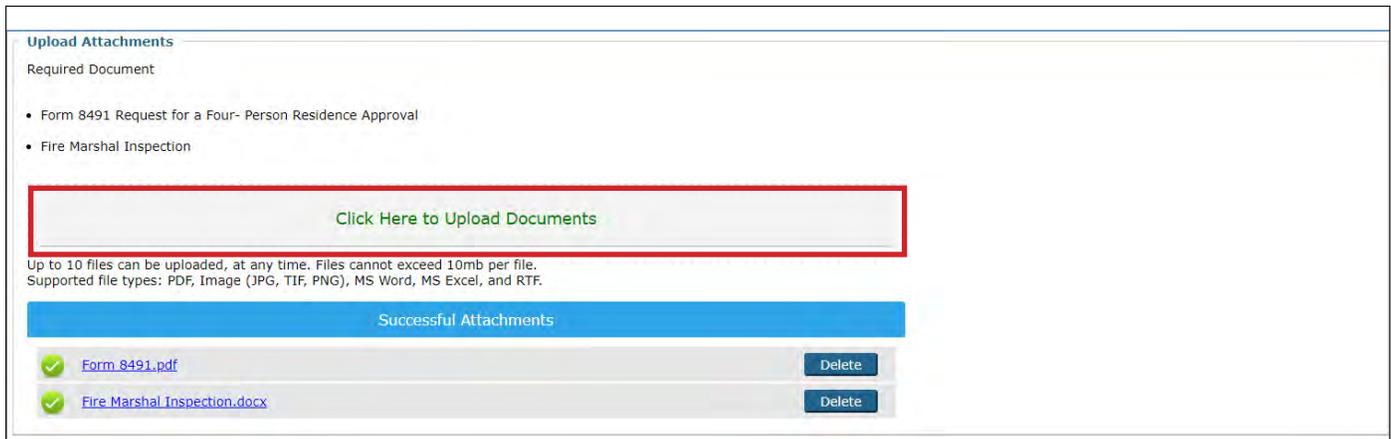
10) When you have completed all the required fields in all tabs, you can:

   a) Click **Save as Draft** on the yellow Form Actions bar to save the form until you are ready to submit.
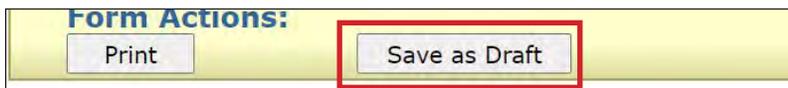
   b) Click **Submit Form** at the bottom of the screen to submit the form.

   Note: If the web service call is offline, fields that are typically auto-populated with information from SAS are enabled and you need to enter data into the required fields.

The LTC Online Portal attempts to validate the form upon submission. If the form is submitted successfully, a unique DLN is assigned that can be used to locate and track the status of the form using FSI. Upon successful submission, the following message is displayed:

If it does not pass validations, error messages display indicating the error(s) and a DLN does not generate. You need to correct the indicated errors and resubmit the form.

A warning message may also appear in a pop-up box that makes you aware of a potential issue with the information provided in the form. However, a warning message is different from an error message in that a warning message does not prevent submission.

To correct an error, go to the specific field causing the error. Certain field validation error messages are links that automatically direct the user to the field containing the error. If the link is for a section, click the **Section** link. Once in the field or section requiring correction, a message explaining the exact error in the section displays. Errors must be corrected before submitting and before a DLN can be assigned, or the errors must be corrected before the form is set to status *Pending Submission*.

Authorization Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

If the existing location type has been changed to a four-person residence or a new location request is a four-person residence, the form goes to HHSC for review and the form is set to status *Pending DADS Review*. To receive an approval on the form, supplemental documentation must be submitted by email to HHSC LTCR at HCSFourPersonResidenceRequests@hhs.texas.gov. Upon approval by HHSC-LTC, the form is set to status *Approved*. If the form is denied by HHSC-LTC, the form is set to status *Denied*.

Remand Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

The Provider Location Update Form can be remanded to the submitter for any number of reasons and is set to status *Remanded to Submitter*. Remember to check for forms that require your attention (such as remanded or call back required). The Current Activity feature only displays form submissions or status changes that have occurred within the last 14 calendar days. After 14 days, you must use the FSI query tool to locate a form. To determine why a form has been remanded, look for a note in the History trail from the individual who remanded the form. Follow the instructions in the note to address the remand reason.

Be sure to click the "Add Note" button on the yellow Form Actions bar to explain how the remand reason was addressed. By adding a note, the Provider Location Update Form goes back to the status it was in before it was remanded.

Note: Refer to the "LTC Online Portal Basics" section of this user guide to learn more on adding a note.

Service Authorization System (SAS) Process

Note: In this user guide, statuses that are hyperlinked may require the form submitter to complete an action to continue the workflow of the form. Click the hyperlinked status in this user guide to view more information on the statuses and any action that may need to be completed.

When the Provider Location Update Form is set to status ***Pending SAS Update***, the form data has been electronically sent to HHSC-LTC. A note in reading "Service Authorization System (SAS) Change Request submitted" is added to the History trail. If the form data is successfully processed by HHSC-LTC, the form is set to status ***Processed/Complete*** and a note reading "Service Authorization System (SAS) Change Request successful" is added to the History trail.

If form data has not been processed successfully by HHSC-LTC, the form is set to status ***Rejected by SAS***. A note reading "Service Authorization System (SAS) Change Request unsuccessful" is added to the History trail with a response code returned. This response code determines whether the form is sent to HHSC-LTC staff for resolution, is submitted to HHSC-LTC PCS, or if provider action is required.

When sent to HHSC-LTC staff for resolution, the form is set to status ***Pending DADS SAS Resolution***. In this status, the form can be resubmitted to SAS and is set to status ***Submit to SAS***. It can be marked invalid/complete if HHSC-LTC staff determines that the transaction is invalid and the form is set to status ***Invalid/Complete***, or it can be marked as complete if HHSC-LTC has taken action to resolve the issue within SAS and the form status is set to status ***DADS SAS Resolution Complete***.

If submitted to HHSC-LTC PCS, the form is set to status ***Submitted to PCS***. At this point, it is up to HHSC-LTC staff or HHSC-LTC PCS to get the form to a completed status. In this status, the form can be resubmitted to SAS and is set to status ***Submit to SAS***. It can be marked invalid/complete if HHSC-LTC staff has determined that the transaction is invalid and then the form is set to status ***Invalid/Complete***. It can also be marked complete if HHSC-LTC PCS has taken action to resolve the issue within SAS and then the form status is set to status ***PCS Processed/Complete***, or it can be sent to a HHSC-LTC Coach for review and the form is set to status ***Coach Review***. If HHSC-LTC PCS requests more information from the provider, the form is set to status ***Pending More Info*** or ***Coach Pending More Info***.

If provider action is required, the form is set to status ***Provider Action Required***. In this status, the form can be resubmitted to SAS and set to status ***Submit to SAS***. The form can also be inactivated or corrected by the submitter or HHSC-LTC staff.

Reminders

- Use FSI and Current Activity. These features keep you informed of the status of your assessments and forms.

- FSI results are returned at the bottom of the page, so be sure to scroll to the bottom to see them.

- You can determine the current status of an already submitted assessment or form by looking in the History trail or just above the yellow Form Actions bar in the Current Status area.

- Provide relevant information in the Add Note section.

- Adding a note to an assessment and form that was remanded to you returns that assessment and form to the status that it was in before it was remanded to you.

- Printable Forms from the LTC Online Portal cannot be used as the official, signed assessments and forms.

- LTC providers are contractually obligated to follow the instructions provided in HHSC-LTC information letters. The TMHP website at www.tmhp.com/Pages/LTC/ltc_home.aspx contains informational Letters and other important announcements. Check it regularly.

- This LTC User Guide may be accessed under the **Help** link located on the LTC Online Portal on the blue navigational bar.

- A "Reactivate Medicaid ID Check" button or a "Reactivate Medicaid Eligibility Check" button displays only when the MI and ME are in need of reactivation.

- For some users, not all buttons display on the yellow Form Actions bar because of their security level. Additionally, assessment and form statuses dictate which buttons are available. Blue navigational bar options also differ depending on the user.

- Once an assessment or form has been inactivated, it cannot be reactivated.

- When submitting an assessment or form, enter as much of the individual's information as you have. Doing so will auto-populate fields for you.

- Assessments and forms do not have to be completely filled out in order to save them as drafts.

- To search for assessments and forms that are expiring, you need to enter either a date range in the From Date and To Date fields or in the Expiration From Date or the Expiration To Date fields.

- You may enter a future date in the Expiration To Date field.

Reporting Medicaid Waste, Abuse, and Fraud

Medicaid fraud is defined as "An intentional deceit or misrepresentation made by an individual with the knowledge that deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law."

How to Report Waste, Abuse, and Fraud

Reports may be made on the Office of the Inspector General (OIG) website at https://oig.hhsc.state.tx.us. This website also gives instructions on how to submit a report, as well as how to submit additional documentation that cannot be transmitted over the Internet. The website also provides information on the types of waste, abuse, and fraud to report to the OIG.

If you are not sure if an action is waste, abuse, or fraud of Texas Medicaid, report it to the OIG and let the investigators decide. If you are uncomfortable about submitting a report online, there is a telephone number for Client Fraud and Abuse reporting: **800-436-6184**.

HIPAA Guidelines and Provider Responsibilities

Providers must comply with the Health Insurance Portability and Accountability Act (HIPAA). It is your responsibility to comply with HIPAA, to seek legal representation when needed, and to consult the manuals or speak to your TMHP Provider Representative when you have questions.

Resource Information

TMHP Call Center/Help Desk

Telephone...**800-626-4117**

     Select Option 1 followed by Option 7 to enter the HCS and TxHmL Waivers Program queue.

 Fax..**512-514-4223**

LPDS Email Address..**InterestListPreEnroll_LIDDAHelp@hhs.texas.gov**
Note: Only LIDDAs should use the LPDS email.

Medicaid Hotline..**800-252-8263**

    TMHP General Customer Service..**800-925-9126**

    Medicaid Fraud...**800-436-6184**

    HHSC IDD Utilization Review (UR) Message Line..**512-438-5055**

    HHSC Regulatory Services, Waiver Survey, and Certification...............................**512-438-4163**

    HHSC Program Eligibility and Support...**512-438-2484**

Appendix A: Scenarios for Selecting an IMT Purpose and IPC Type

Note: For each scenario in this appendix, each form must be in status ***Processed/Complete*** before you submit the next form listed in the Sequence of Required Forms column. For example, the 3608 Transfer IPC must be in status ***Processed/Complete*** before the IMT—Individual Update is submitted.

Scenario Description	County Change?	Contract Change?	Location Code Change?	Residential Type Change?	LIDDA Change?	Sequence of Required Forms
• Contract Change • County Change • Location Code Change • Residential Type Change	Yes	Yes	Yes	Yes	No	• 3608 Transfer IPC (Submitted by the LIDDA.) • IMT—Individual Update (Update address and county) (Submitted by the receiving program provider or LIDDA if there is no program provider.)
• Contract Change • County Change • Location Code Change	Yes	Yes	Yes	No	No	• 3608 Transfer IPC (Submitted by the LIDDA.) • IMT—Individual Update (Update address and county) (Submitted by the receiving program provider or LIDDA if there is no program provider.)

Scenario Description	County Change?	Contract Change?	Location Code Change?	Residential Type Change?	LIDDA Change?	Sequence of Required Forms
• County Change • Location Code Change	Yes	No	Yes	No	No	• IMT—Individual Update (Update location code, address, and county) (Submitted by the program provider or LIDDA if there is no program provider.)
• County Change • Location Code Change • LIDDA Change	Yes	No	Yes	No	Yes	• IMT—LA Reassignment (Update LIDDA, address, and county) (Submitted by the transferring LIDDA.)(See note.) • IMT—Individual Update (Update location code) (Submitted by the program provider or receiving LIDDA if there is no program provider.)
• Location Code Change	No	No	Yes	No	No	• IMT— Individual Update (Update location code and address) (Submitted by the program provider or LIDDA if there is no program provider.)

Scenario Description	County Change?	Contract Change?	Location Code Change?	Residential Type Change?	LIDDA Change?	Sequence of Required Forms
• County Change • Location Code Change • Residential Type Change • LIDDA Change	Yes	No	Yes	Yes	Yes	• 3608 Revision IPC (Update location code and residential type) (Submitted by the program provider.) • IMT—LA Reassignment (Update LIDDA, address, and county) (Submitted by the transferring LIDDA.)(See note.)
• Contract Change • County Change • Location Code Change • LIDDA Change	Yes	Yes	Yes	No	Yes	• IMT—LA Reassignment (Update LIDDA, address, and county) (Submitted by the transferring LIDDA.)(See note.) • 3608 Transfer IPC (Update contract and location code) (Submitted by the receiving LIDDA.)

Scenario Description	County Change?	Contract Change?	Location Code Change?	Residential Type Change?	LIDDA Change?	Sequence of Required Forms
• Contract Change • County Change • Location Code Change • Residential Type Change • LIDDA Change	Yes	Yes	Yes	Yes	Yes	• IMT—LA Reassignment (Update LIDDA, address, and county) (Submitted by the transferring LIDDA.)(See note.) • 3608 Transfer IPC (Update contract, location code, and residential type) (Submitted by the receiving LIDDA.)
• County Change • Location Code Change • Residential Type Change	Yes	No	Yes	Yes	No	• 3608 Revision IPC (Update location code and residential type) (Submitted by the program provider.) • IMT—Individual Update (Update address and county) (Submitted by the program provider or LIDDA if there is no program provider.)

Scenario Description	County Change?	Contract Change?	Location Code Change?	Residential Type Change?	LIDDA Change?	Sequence of Required Forms
• Location Code Change • Residential Type Change	No	No	Yes	Yes	No	• 3608 Revision IPC (Update location code and residential type) (Submitted by the program provider.) • IMT—Individual Update (Update address) (Submitted by the program provider or LIDDA if there is no program provider.)
• Three-Person Residence to Four-Person Residence (Location Type Change)	No	No	No	No	No	• PLU (Update location type from a three-person residence to a four-person residence) (Submitted by the program provider.)
• Three-Person Residence to Four-Person Residence (Location Type Change) • Residential Type Change	No	No	No	Yes	No	• PLU (Update location type from a three-person residence to a four-person residence) (Submitted by the program provider.) • 3608 Revision IPC (Update residential type) (Submitted by the program provider.)

Scenario Description	County Change?	Contract Change?	Location Code Change?	Residential Type Change?	LIDDA Change?	Sequence of Required Forms
• Four-Person Residence to Three-Person Residence (Location Type Change)	No	No	No	No	No	• Submit one of the following forms for the individual leaving the residence: • IMT—Individual Update (If the individual remains in the same residential type) (Update location code and address) (Submitted by the program provider.) • 3608 Revision IPC (If the individual changes residential type) (Update residential type, location code, and address) (Submitted by the program provider.) • 3616 (If the individual is terminating) (Submitted by the program provider.) • PLU (Update location type from a four-person residence to a three-person residence) (Submitted by the program provider.)

Scenario Description	County Change?	Contract Change?	Location Code Change?	Residential Type Change?	LIDDA Change?	Sequence of Required Forms

• Four-Person Residence to Three-Person Residence (Location Type Change)
• Residential Type Change
	No	No	No	Yes	No	• Submit one of the following forms for the individual leaving the residence:
						  • IMT—Individual Update (If the individual remains in the same residential type) (Update location code and address) (Submitted by the program provider.)
						  • 3608 Revision IPC (If the individual changes residential type) (Update residential type, location code, and address) (Submitted by the program provider.)
						  • 3616 (If the individual is terminating) (Submitted by the program provider.)
						• PLU (Update location type from a four-person residence to a three-person residence) (Submitted by the program provider.)
						• 3608 Revision IPC (Update residential type for remaining individuals) (Submitted by the program provider.)

Scenario Description	County Change?	Contract Change?	Location Code Change?	Residential Type Change?	LIDDA Change?	Sequence of Required Forms
• Contract Change • County Change	Yes	Yes	No	No	No	• 3608/8582 Transfer IPC (Submitted by the LIDDA.) • IMT—Individual Update (Update address and county) (Submitted by the receiving program provider or LIDDA if there is no program provider.)
• Contract Change • Location Code Change	No	Yes	Yes	No	No	• 3608 Transfer IPC (Update contract and location code) (Submitted by the LIDDA.) • IMT—Individual Update (Update address) (Submitted by the receiving program provider or LIDDA if there is no program provider.)

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Scenario Description	County Change?	Contract Change?	Location Code Change?	Residential Type Change?	LIDDA Change?	Sequence of Required Forms
• Contract Change • Location Code Change • Residential Type Change	No	Yes	Yes	Yes	No	• 3608 Transfer IPC (Update contract, location code, and residential type) (Submitted by the LIDDA.) • IMT—Individual Update (Update address) (Submitted by the receiving program provider or LIDDA if there is no program provider.)
• County Change • LIDDA Change **Note:** This scenario only applies to OHFH.	Yes	No	No	No	Yes	• IMT—LA Reassignment (Update LIDDA, address, and county) (Submitted by the transferring LIDDA.)(See note.)
• County Change Only **Note:** This scenario only applies to OHFH.	Yes	No	No	No	No	• IMT—Individual Update (Update address and county) (Submitted by the program provider or LIDDA if there is no program provider.)

Scenario Description	County Change?	Contract Change?	Location Code Change?	Residential Type Change?	LIDDA Change?	Sequence of Required Forms
• County Change • Contract Change • LIDDA Change **Note:** This scenario only applies to OHFH.	Yes	Yes	No	No	Yes	• IMT—LA Reassignment (Update LIDDA, address, and county) (Submitted by the transferring LIDDA.)(See note.) • 3608/8582 Transfer IPC (Update contract) (Submitted by the receiving LIDDA.)
• Contract Change Only (OHFH location, no physical address change)	No	Yes	No	No	No	• 3608/8582 Transfer IPC (Update contract) (Submitted by the LIDDA.)
• Contract Change Only (OHFH location, physical address change)	No	Yes	No	No	No	• 3608/8582 Transfer IPC (Update contract) (Submitted by the LIDDA.) • IMT—Individual Update (Update address) (Submitted by the receiving program provider or LIDDA if there is no program provider.)

Note: If the county drop-down list in **Field 113 New County** on the IMT—LA Reassignment reflects the receiving LIDDA's service area, the transferring LIDDA does not need to submit the IMT—LA Reassignment. If an IMT—LA Reassignment is not submitted, the program provider (or LIDDA if there is no program provider) must submit an IMT—Individual Update and the receiving LIDDA must submit an IMT—SC Update.

Appendix B: Assessment and Form Statuses

Statuses in this appendix appear in alphabetical order. Ensure you are referring to the statuses in this table exactly how they appear on the forms. For example, if you would like more information on status *Pending Coach Review*, make sure to navigate to status *Pending Coach Review* in this table and not status *Coach Review*. These are two separate statuses with two separate actions.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Activated	HHSC-LTC or the submitter reactivated the Medicaid Eligibility verification process.	8578; 3608; 8582	No action needed.
Appeal Requested	An appeal has been requested.	3608; 8582	No action needed.
Appeal Withdrawn	The individual or LAR has withdrawn a previous request for an appeal.	8578; 3608; 8582; 3616	No action needed.
Appealed With Continuation of Services	HHSC-LTC authorized the continuation of services for the individual while an appeal is being considered.	3608; 8582; 3616	No action needed.
Appealed Without Continuation of Services	HHSC-LTC has not authorized the continuation of services for the individual while an appeal is being considered.	3608; 8582; 3616	No action needed.
Approved	HHSC-LTC approved the form.	8578; 3608; 8582; IMT; 3615; 3616; PLU	No action needed.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Billing Hold Not Released	HHSC-LTC determined criteria has not been met to approve the gap assessment.	8578	The provider must contact PES at 512-438-2484, or email enrollmenttransfer dischargeinfo@hhs.texas.gov.
Billing Hold Released	HHSC-LTC determined criteria has been met to approve the gap assessment.	8578	No action needed.
Call Back Documentation	The form is flagged for Call Back, and HHSC-LTC is requesting Call Back documentation.	3608; 8582	The provider must review the History trail to see what documentation needs to be submitted to UR. The submitter must then submit the documentation, and contact UR at 512-438-5055 or deskURLONIPC@hhs.texas.gov.
Call Back Initiated	HHSC-LTC has requested justification for the LON assignment review.	8578	The provider must click the hyperlink in the History trail to see what documentation needs to be submitted to UR. The submitter must then submit the documentation and contact UR at 512-438-5055 or deskURLONIPC@hhs. texas.gov.
Coach Pending More Info	HHSC-LTC PCS has requested more information.	8578; 3608; 8582; IMT; 3615; 3616; PLU	The provider should review the History trail to determine next actions required.
Coach Review **Note:** You can view the *Pending Coach Review* status further down in this list.	The form has been sent to an HHSC-LTC Coach for review.	8578; 3608; 8582; IMT; 3615; 3616; PLU	The provider must contact PCS at 512-438-2200, Option 5.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Corrected	The form has been corrected by the submitter. There is a new DLN located in the History trail indicating the replacement DLN for the corrected form. No further actions are allowed on forms with a status of *Corrected*.	8578; 3608; 8582; IMT; 3615; 3616; PLU	No action needed.
DADS Action Required—Provider Contract Capacity	The system was unable to verify availability for the provider contract capacity.	3608; 8582	If adding an individual that is over the provider contract capacity, contact your Contract Manager. If there's a pending transfer or termination, contact PES at 512-438-2484, or email enrollmenttransfer dischargeinfo@hhs.texas.gov.
DADS SAS Resolution Complete	The status for a form has been rejected by SAS. HHSC-LTC has taken action to resolve the issue.	8578; 3608; 8582; IMT; 3615; 3616; PLU	No action needed.
DADS SAS Resolution Complete—Return to Service	HHSC-LTC has taken action to resolve the issue within SAS and the individual will be returned to waiver services.	3615	No action needed.
Denial of Services Reversed	HHSC-LTC reversed the original decision to deny services.	3608; 8582	No action needed.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Denial of Services Reversed—Modified	HHSC-LTC reversed the original decision to deny services, and a modification was made to the denied services.	3608; 8582	No action needed.
Denial of Services Sustained	HHSC-LTC sustained the original decision to deny services.	3608; 8582	No action needed.
Denial of Transfer Services Reversed	HHSC-LTC reversed the original decision to deny services.	3608; 8582	No action needed.
Denial of Transfer Services Reversed—Modified	HHSC-LTC reversed the original decision to deny services, and a modification was made to the denied services. HHSC-LTC changed the units, but did not change the service.	3608; 8582	No action needed.
Denial of Transfer Services Sustained	HHSC-LTC sustained the original decision to deny services.	3608; 8582	No action needed.
Denied	HHSC-LTC denied the form.	3615; PLU	3615: Service provision must resume, or if the individual is unable to resume services, the LIDDA must follow the termination process. PLU: The provider must submit a request to HCSFourPerson ResidenceRequest@hhs.texas.gov.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Denied Due to Financial Ineligibility	HHSC-LTC PES denied enrollment after verifying the Medicaid application was denied.	8578; 3608; 8582	No action needed. However, for more information, the submitter may contact PES at 512-438-2484, or email enrollmenttransfer dischargeinfo@hhs.texas.gov.
Denied-Not Financially Eligible	HHSC-LTC PES denied enrollment after verifying the Medicaid application was denied.	Pre-enrollment	No action needed. However, for more information, the submitter may contact PES at 512-438-2484, or email enrollmenttransfer dischargeinfo@hhs.texas.gov.
Denied-Not Functionally Eligible	HHSC-LTC PES denied enrollment after verifying LOC eligibility for the program is not met.	Pre-enrollment	No action needed. However, for more information, the submitter may contact PES at 512-438-2484, or email enrollmenttransfer dischargeinfo@hhs.texas.gov.
Form Submitted	The form has been submitted.	3608	No action needed.
ID Confirmed	The system verified the Medicaid number.	8578; 3608; 8582	No action needed.
Inactivated	HHSC-LTC or the submitter inactivated the form.	All	If the inactivated form is needed for the individual, the submitter must review the History trail to determine the reason for the inactivation. Forms cannot be reactivated, and a new form with the correct information must be submitted. HCS or TxHmL Pre-enrollment: If the individual is not re-enrolling, additional forms do not need to be submitted and no further action is needed.
Invalid/Complete	HHSC-LTC determined that the form is not valid.	8578; 3608; 8582; IMT; 3615; 3616; PLU	The submitter may check the History trail to determine the reason for invalidation. The form cannot be restarted, but a new form may be submitted.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
LA Acknowledgment	The LIDDA acknowledged the form.	3616	No action needed.
LA Agreement	The LIDDA agreed with the request.	8578; 3608	No action needed.
LA Disagreement	The LIDDA disagreed with the request.	8578; 3608	No action needed. **Note**: This status automatically moves to status **Remanded to Submitter**. Refer to *Remanded to Submitter* for more information.
LA Review Expired	The form has been submitted to HHSC-LTC for review. The LIDDA did not agree or disagree within the required time frame.	8578; 3608	No action needed.
LOC Approved/LON Modified	HHSC-LTC approved the requested LOC assignment, but modified the LON assignment.	8578	No action needed.
LOC Denied	HHSC-LTC PES denied enrollment after verifying LOC eligibility for the program is not met.	8578	No action needed. However, for more information, the provider may contact PES at 512-438-2484, or email enrollmenttransfer dischargeinfo@hhs.texas.gov.
LOC/LON Approved	During the Authorization Process, HHSC-LTC approved both the requested LOC and LON assignments.	8578	No action needed.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Location Address Already Exists	There is a current provider location with the same address.	PLU	No action needed. However, the submitter may submit a new PLU form to add a new location, update a current location's type, or end a location.
Location Availability Check Activated	The system is attempting to verify availability for the location.	3608; IMT; 3615	No action needed.
Location Availability Confirmed	A location has become available and has been confirmed.	3608; IMT; 3615	No action needed.
Location Code Already Exists	There is a current provider location with the same code.	PLU	No action needed. However, the submitter may submit a new PLU form to add a new location, update a current location's type, or end a location.
Location Open Date Not Valid For Effective Date	The effective date on the form is either before the location was opened or is on, or after the location was closed.	3608	The provider must review the History trail, and correct the location issue that is preventing form processing. For assistance, contact PES at 512-438-2484, or email [enrollmenttransfer dischargeinfo@hhs.texas.gov](mailto:enrollmenttransferdischargeinfo@hhs.texas.gov). If a PLU form needs to be submitted, refer to the [PLU](#) section of this guide.
LON Reversed During Administrative Review	An HHSC-Administrative Law judge reversed the original decision to modify LON.	8578	No action needed.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
LON Reversed During Reconsideration	HHSC-LTC reversed the original decision to deny or modify the LON assignment during reconsideration of a request to increase LON.	8578	No action needed.
LON Sustained During Administrative Review	An HHSC-Administrative Law judge sustained the original decision to modify LON.	8578	No action needed.
LON Sustained During Reconsideration	HHSC-LTC maintained the original decision to deny or modify the LON assignment during reconsideration of a request to increase LON.	8578	No action needed.
Medicaid Eligibility Confirmed	The system verified Medicaid Eligibility for the effective date on the form.	8578; 3608; 8582	No action needed.
Medicaid Eligibility Verification Inactive	The system is unable to verify Medicaid Eligibility and has stopped checking.	8578; 3608; 8582	HHSC-LTC or the provider may click the "Reactivate Medicaid Eligibility Check" button to continue checking Medicaid Eligibility for another 180 calendar days.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Medicaid ID Check Inactive	The system is unable to verify the Medicaid number and has stopped checking.	8578; 3608; 8582	The provider must verify that the Medicaid ID and other individual demographics are accurate. If a correction needs to be made, contact PES at 512-438-2484, or email enrollmenttransfer dischargeinfo@hhs.texas.gov. If the individual's Medicaid ID and other demographics information are accurate, click the "Reactivate Medicaid ID Check," or contact PES to reactivate the Medicaid ID check to continue checking the Medicaid number for another 180 calendar days.
Medicaid ID Pending	The system is attempting to verify the Medicaid number.	8578; 3608; 8582	The provider must contact PES at 512-438-2484, or email enrollmenttransfer dischargeinfo@hhs.texas.gov.
Modification of Services Reversed	HHSC-LTC reversed the original decision to deny and/or modify services.	3608; 8582	No action needed.
Modification of Services Reversed—Modified	HHSC-LTC reversed the decision to deny and/or modify services. HHSC-LTC has also modified changes to the original amount requested for denied or modified services on the IPC.	3608; 8582	No action needed.
Modification of Services Sustained	HHSC-LTC sustained the decision to reduce and/or modify services on the IPC.	3608; 8582	No action needed.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Modification of Transfer Services Reversed	HHSC-LTC reversed the original decision to deny and/or modify services.	3608; 8582	No action needed.
Modification of Transfer Services Reversed—Modified	HHSC-LTC reversed the decision to deny and/or modify services. HHSC-LTC has also modified changes to the amount requested for denied or modified services on the IPC.	3608; 8582	No action needed.
Modification of Transfer Services Sustained	HHSC-LTC sustained the decision to reduce and/or modify services on the IPC.	3608; 8582	No action needed.
New LA Acknowledgment	The new LIDDA acknowledged the LA reassignment.	IMT	No action needed.
PCS Processed/ Complete	HHSC-PCS has taken action to resolve the issue within SAS.	8578; 3608; 8582; IMT; 3615; 3616; PLU	No action needed.
Pending Call Back Documentation	If flagged for Call Back, the form enters the Call Back process after 15 days.	8578; 3608; 8582	The provider must submit a packet for review, or contact UR at 512-438-5055 or deskURLONIPC@hhs.texas.gov.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Pending Coach Review	The Default Cost Ceiling is calculated and the form is sent for review.	3608; 8582	The provider must submit the review packet to UR or contact UR at 512-438-5055 or deskURLONIPC@hhs.texas.gov. A packet submitted to UR must include the following: • IPC cover sheet (Form 8599) • Copy of all pages of signed IPC • PDP • Implementation plans (IPs) for all services on the IPC, including breakdown of nursing and behavior hours, if being requested

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Pending DADS Review	The form is pending HHSC-LTC review.	8578; 3608; 8582; 3615; 3616; PLU	8578 PC 4: The provider must submit the review packet to UR and contact UR at 512-438-5055 or deskURLONIPC@hhs.texas.gov. 3608 and 8582 Renewals and Revisions: The submitter must submit the review packet to UR and contact UR at 512-438-5055 or deskURLONIPC@hhs.texas.gov. 8578 PC 2, 3608 and 8582 Transfers, 3615, and 3616: The LIDDA must submit the review packet and contact PES at 512-438-2484, or email enrollmenttransferdischargeinfo@hhs.texas.gov. Reference the "Review Packets for Status *Pending DADS Review*" section at the end of this Appendix to see what needs to be submitted. PLU: Supplemental documentation must be submitted by email to HHSC LTCR at HCSFourPersonResidenceRequest@hhs.texas.gov.
Pending DADS Review (Call Back—LON Packet NOT Received)	HHSC-LTC has not taken action on the form during the review and authorization of the requested LON assignment.	8578	No action needed.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Pending DADS Review (Call Back—LON Packet Received)	HHSC-LTC has not taken action on the form during the review and authorization of the requested LON assignment. HHSC-LTC has requested assignment of the LON increase that has been received.	8578	No action needed.
Pending DADS Review—LON	The form is pending HHSC-LTC review and authorization of the requested LON assignment.	8578	The provider must contact UR at 512-438-5055 or deskURLONIPC@hhs.texas.gov.
Pending DADS Review (LON Packet Not Received)	HHSC-LTC has not received justification for the requested LON assignment.	8578	The provider must contact UR at 512-438-5055 or deskURLONIPC@hhs.texas.gov.
Pending DADS Review (LON Packet Received)	HHSC-LTC has received the LON assignment review justification packet and is reviewing the form for authorization.	8578	No action needed.
Pending DADS SAS Resolution	The form has been rejected by SAS and sent to HHSC-LTC for resolution.	8578; 3608; 8582; IMT; 3615; 3616; PLU	No action needed.
Pending Enrollment	The LIDDA has submitted all enrollment forms. The enrollment decision is pending.	Pre-enrollment	No action needed. However, the LIDDA may contact PES at 512-438-2484, or email enrollmenttransfer dischargeinfo@hhs.texas.gov for more information.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Pending IPC Match	LOC/LON on the 8578 PC 2 has been approved.	8578	The LIDDA must submit the 3608 or 8582 IPC Enrollment. If the 3608 or 8582 IPC Enrollment has been submitted, the LIDDA must contact PES at 512-438-2484, or email enrollmenttransfer dischargeinfo@hhs.texas.gov for assistance.
Pending LA Review	The form has been routed to the LIDDA for review and acknowledgment.	8578; 3608; 3616	The LIDDA must review and acknowledge the form.
Pending Location Availability	The system is attempting to verify availability for the location.	3608; IMT; 3615	No action needed.
Pending LON Administrative Review	HHSC-LTC changed the status to reflect that a request has been made for an administrative review of the LON modification.	8578	No action needed.
Pending LON Packet Receipt	HHSC-LTC indicated that they are still awaiting justification for a requested LON assignment review.	8578	The provider must review DADS requirements to determine actions needed for the requested LON to be approved. If an LON increase was requested, a justification packet must be received by DADS within seven calendar days. For more information, visit https://www.hhs.texas.gov/. If an LON increase was not requested, contact UR at 512-438-5055 or deskURLONIPC@hhs.texas.gov.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Pending LON Packet Receipt (Callback)	HHSC-LTC has indicated needed justification for an increased LON has been received.	8578	The provider must click the hyperlink in the History trail to see what documentation needs to be submitted to UR. If an LON increase was requested, a justification packet must be received by DADS within seven calendar days. For more information, visit https://www.hhs.texas.gov/. If an LON increase was not requested, contact UR at 512-438-5055 or deskURLONIPC@hhs.texas.gov.
Pending LON Reconsideration	HHSC-LTC has indicated that a LON assignment is being reconsidered as a result of an appeal of a previous decision to modify LON.	8578	No action needed.
Pending Medicaid Eligibility Verification	The system is attempting to verify the Medicaid Eligibility for the effective date of the form.	8578; 3608; 8582	If information is needed, the provider can contact PES at 512-438-2484, or email enrollmenttransfer dischargeinfo@hhs.texas.gov.
Pending More Info	HHSC-LTC requested more information from the submitter.	8578; 3608; 8582; IMT; 3615; 3616; PLU	The provider must contact PCS at 512-438-2200, Option 5.
Pending New LA Review	The form is pending the new LIDDA's review and acknowledgment.	IMT	The new LIDDA must review and acknowledge the form.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Pending Provider Contract Capacity	The system is attempting to verify availability for the provider contract capacity.	3608; 8582	No action needed.
Pending Provider Review	The termination request has been routed to the provider for review and acknowledgment.	3616	The provider must review and acknowledge the termination request. LIDDAs must contact PES at 512-438-2484, or email enrollmenttransfer dischargeinfo@hhs.texas.gov, when submitting a termination request for an individual who uses CDS only. PES must review and acknowledge the termination request.
Pending SAS Update	The form has been submitted to SAS, and the system is waiting for a response.	8578; 3608; 8582; IMT; 3615; 3616; PLU	No action needed.
Pending Submission	The system is performing submission validations on the form.	All	No action needed.
Pre-enrolled	The LIDDA successfully submitted the HCS or TxHmL Pre-enrollment form.	Pre-enrollment	The LIDDA must submit the 8578 PC 2, and wait until the 8578 PC 2 is approved before submitting the 3608 or 8582 Enrollment IPC.
Processed/Complete	The form processed successfully and is complete.	8578; 3608; 8582; IMT; 3615; 3616; PLU	No action needed.
Provider Acknowledgment	The provider reviewed and acknowledged the termination.	3616	No action needed.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Provider Action Required	HHSC-LTC is requesting more information from the provider or LIDDA.	8578; 3608; 8582; 3615; 3616; PLU	8578, 3608, 8582, 3615, and 3616: The provider must review information in the History trail, correct the form, and resubmit the form. PLU: The provider must review the History trail and submit a new form with correct information. For questions or help with this status, the submitter can reference the Provider Quick Reference Contact List for HCS and TxHmL to contact the appropriate entity/area.
Provider Action Required—Pending Location Availability	There is an error that is preventing the location from being confirmed.	3608, IMT; 3615	The provider must click the "Update Location" button or the "Reactivate Location Availability" button to fix the error. For detailed instructions, refer to the Capacity Verification Process section of this guide for the form you are attempting to submit.
Provider Contract Capacity Confirmed	The contract availability is confirmed.	3608; 8582	No action needed.
Rejected by CSIL	The form has been rejected because it does not match data in the CSIL application.	Pre-enrollment	The LIDDA must contact the assigned slot monitor for assistance.
Rejected by SAS	The form submission was rejected by SAS and has not been processed.	8578; 3608; 8582; IMT; 3615; 3616; PLU	No action needed.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Remanded to Submitter	The form has been returned to the original submitter for corrections.	8578; 3608; 8582; IMT; 3615; 3616; PLU	The submitter must review the History trail and follow instructions listed. When the "Correct this Form" button is available, submitters must click the button to correct the information as instructed. The submitter must then click the "Add Note" button to explain how the remand reason was addressed. **Note**: For the 8578 and 3608, this status may be generated from the *LA Disagreement* status. The submitter must check the History trail for information about the LIDDA's disagreement.
Request Canceled	HHSC-LTC determined that the Request for Termination of Waiver Services was entered in error (i.e., the wrong individual or wrong process).	3616	No action needed.
Return to Services Initiated	The provider or LIDDA initiated the process to return the individual back to waiver services.	IMT; 3615	No action needed.
Returned to Service	HHSC-LTC successfully processed the form and the individual has been returned to waiver services.	IMT; 3615	No action needed.
Services Approved	HHSC-LTC approved services.	3608; 8582	No action needed.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Services Denied	HHSC-LTC denied services.	3608; 8582	No action needed.
Services Modified	HHSC-LTC modified services.	3608; 8582	No action needed.
Submit to SAS	Transitional status when HHSC-LTC resubmits a form that has been previously rejected to SAS.	8578; 3608; 8582; IMT; 3615; 3616; PLU	No action needed.
Submitted	Form data has been submitted, and the form has entered the workflow.	All	No action needed.
Submitted to PCS	HHSC-LTC PCS assist submitters with the successful processing of forms submittal and the creation of service authorization.	8578; 3608; 8582; IMT; 3615; 3616; PLU	The provider may contact PCS at 512-438-2200, Option 5, for assistance in getting the form to a completed status.
Suspension Continuation Initiated	The LIDDA requested the individual remain on suspension.	IMT; 3615	No action needed.
Suspension Continuation Review Due	The LIDDA needs to document the suspension continuation review.	3615	The LIDDA must review and enter comments on the form.
Suspension Continuation Review Overdue	The LIDDA's 30-day review on a processed continuation of suspension request is overdue and needs to be documented.	3615	The LIDDA must review and enter comments on the form.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Suspension Continuation Processed	The suspension continuation request has been processed without error.	3615	No action needed.
Suspension Processed	The suspension request has been processed without error.	IMT	No action needed.
Suspension Review Bypassed	The suspension review has been bypassed.	IMT	No action needed.
Suspension Review Completed	The suspension review has been documented.	IMT	No action needed.
Suspension Review Due	The provider needs to document the suspension review.	IMT	The provider must review and enter comments on the form.
Suspension Review Overdue	30 calendar days have expired and the provider has not documented the suspension review.	IMT	The provider must review and enter comments on the form.
Terminated	The form has been terminated.	Pre-enrollment	No action needed. LIDDAs may re-enroll individuals into another program by submitting a new Pre-enrollment Form.
Termination Approved	The termination has been approved and a letter has been sent to the individual or their LAR.	3616	No action needed.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Termination Initiated	The provider or LIDDA has initiated the process to terminate the individual from waiver services.	IMT; 3615; 3616	No action needed.
Termination Reversed	HHSC-LTC reversed the original decision to terminate services.	3616	No action needed.
Termination Sustained	HHSC-LTC sustained the original decision to terminate services.	3616	No action needed.
Transfer Approved	HHSC-LTC approved transfer services.	3608; 8582	No action needed.
Transfer Services Denied	HHSC-LTC denied transfer services.	3608; 8582	No action needed.
Transfer Services Modified	HHSC-LTC modified transfer services.	3608; 8582	No action needed.

Review Packets for Status *Pending DADS Review*

3608 and 8582 IPC Renewals and Revisions

For 3608 and 8582 IPC Renewals and Revisions, the review packet *must* include the following:

- IPC cover sheet (Form 8599)

- Copy of signed IPC (all pages)

- PDP

- IPs for all services on the IPC, including breakdown of nursing and behavior hours, if being requested

Depending on the services requested, a review packet may include the following:

- Comprehensive Nursing Assessment (Form 8584) or a form with the same elements for nursing hours

- Occupational Therapy (OT) evaluation, treatment plan or assessment (including orders) for OT hours

- Physical Therapy (PT) evaluation, treatment plan or assessment (including orders) for PT hours

- Speech/Language Therapy evaluation, plan or assessment (including orders) for Speech hours

- Dietary evaluation for Dietary hours (including orders)

- Dental treatment plan, if applicable

- Behavior Support Plan for Behavioral Support hours that meets HHSC criteria

- PAS/HAB Assessment (Form 8510) for 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:

  - 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, annual vendor bid can be submitted.

  - Proof of Medicaid denial and professional recommendations, as required in Appendix VII of the HCS Program Billing Requirements. See Section 6100 of the HCS Billing Requirements here.

- All documentation for MHM (three bids based on the specs, specs from licensed professional recommendation), if being requested. See Section 6200 of the HCS Billing Requirements here.

3608 and 8582 IPC Enrollments and Transfers

IPC Enrollments and Transfers remain in status *Pending DADS Review* while being processed. Enrollment IPCs may require additional documentation to be submitted to PES. If additional documentation is required, PES will contact the LIDDA who submitted the IPC Enrollment.

Transfer IPCs *always require* a transfer packet to be submitted to PES. If additional documentation is required, PES will contact the LIDDA who submitted the IPC Transfer.

The transfer packet *must* include the following:

- 3617 Request for Transfer of Waiver Program Services Form

- HCS Only: 3608 IPC Form – HCS/CFC

- TxHmL Only: 8582 IPC Form – TxHmL/CFC

If an enrollment or transfer requires utilization review, UR will contact the LIDDA who submitted the Enrollment or Transfer packet.

Appendix C: Terms and Abbreviations

Term/ Abbreviation	Definition
Accepted	Term used to indicate files or transactions that successfully bypassed front-end rejection criteria and are accepted for further processing in CMS.
Cap	Maximum amount set by HHSC for defined Service Group/Service Code combinations. Caps are set initially per program; however, additional amounts may be considered by HHSC per person.
CARE ID	Client Assignment and Registration ID
CDS	Consumer Directed Services
CDSA	Consumer Directed Service Agency (see FMSA)
CFC	Community First Choice
Individual	The person receiving services (formerly consumer, client, patient, or case)
CMS	Center for Medicare & Medicaid Services
CSIL ID	Community Services Interest List ID
DADS	Department of Aging Disability Services
DLN	Document Locator Number
ER&S	Electronic Remittance and Status
EVV	Electronic Visit Verification
FMSA	Financial Management Services Agencies (formerly CDSA)
FSI	Form Status Inquiry
Gap	A period of time for an individual for which there is no assessment coverage
HCS	Home and Community-based Services Program
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HHSC-LTC	Health and Human Services Commission Long-Term Care
HIPAA	Health Insurance Portability and Accountability Act
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities

Term/ Abbreviation	Definition
ID CARE	Intellectual Disability Client Assignment and Registration
IDD	Intellectual and Developmental Disabilities
ID/RC	Intellectual Disability/Related Condition
IMT	Individual Movement Form
IPC	Individual Plan of Care
LA	Local Authority
LAR	Legally Authorized Representative
LICN	Line Item Control Number
LIDDA	Local Intellectual & Development Disability Authority (formerly Local Authority [LA])
LOC	Level of Care
LON	Level of Need
LPDS	Local Procedure Development and Support
LTC	Long-Term Care
LTCOP	Long-term Care Online Portal. Web-based application accessible on the TMHP website and used by nursing facility (NF) and Waiver program providers to submit forms to TMHP and manage the service authorization process.
ME	Medicaid Eligibility
MI	Medicaid ID
NPI	National Provider Identifier
OES	Office of Eligibility Services
OIG	Office of the Inspector General
PC	Purpose Code
PCS	Provider Claim Services
PDP	Person-Directed Plan
PLU	Provider Location Update
PES	Program Eligibility and Support
R&S	Remittance and Status

Term/ Abbreviation	Definition
SAS	Service Authorization System
SC	Service Coordinator
SG	Service Group
SPT	Service Planning Team
TAC	Texas Administrative Code
TMHP	Texas Medicaid & Healthcare Partnership
tmhp.com	TMHP's website; TMHP web-based applications (e.g., LTC Online Portal, TexMedConnect) are accessible on the TMHP website.
TxHmL	Texas Home Living program
UR	Utilization Review
WCA	Waiver Contract Area