



Long-Term Care User Guide **for Managed Care Organizations**



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

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TMHP Portal Basics

What is the TMHP Portal?

The TMHP Portal is a web-based application that allows users to:

- Submit/View forms and assessments.
- Create Saved Searches.
- Conduct a form status inquiry.
- Retrieve reports.
- Add a note to a form or assessment.

Benefits of the TMHP Portal

- Web-based application
- 24/7 availability
- Texas Medicaid & Healthcare Partnership (TMHP) provides TMHP Portal technical support by telephone at **1-800-626-4117**, Option 3, from 7:00 a.m. – 7:00 p.m., Central Time, Monday through Friday – excluding holidays.

General Security Information

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

Blue Navigational Bar Links

All TMHP 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, options may include: Submit Form, Search, Worklist, Reports, Printable Forms, or Help.



The Search and Worklist options each contain a menu of other features. The Search menu includes Form Status Inquiry, Letters, My Searches, Power Search, and Vendors. The Worklist menu includes Current Activity and Drafts.

Submit Form

The Submit Form feature allows providers to submit **Waiver 3.0: Medical Necessity and Level of Care Assessments, H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan**, and **STAR Kids Individual Service Plan (SK-SAI)** forms.

Note: The steps to submit H1700-1: HCBS STAR+PLUS Waiver Individual Service Plans and STAR Kids Individual Service Plans are covered in later sections of this user guide.

Form Status Inquiry (FSI)

The FSI feature provides a query tool for monitoring the status of forms and assessments that have been successfully submitted.

Note: Providers may use FSI to search for the following forms by selecting them individually in the Type of Form dropdown: Waiver 3.0: Medical Necessity and Level of Care Assessment, H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan, or STAR Kids Individual Service Plan (SK-ISP)..

FSI allows providers to retrieve assessments in order to:

- Access assessments to research and review statuses.
- Provide additional information to an assessment.
- Retrieve assessments to make corrections or perform inactivations.
- Resolve any assessments set to status **Provider Action Required**.

1) Click or hover over the **Search** link on the blue navigational bar.

- 2) Click on the **Form Status Inquiry** link from the drop-down menu.

- 3) Type of Form: Choose the desired form from the drop-down box.

- 4) Enter data for all required fields as indicated by the red dots. Narrow results by entering specific criteria in the additional fields: DLN, Medicaid Number, Last Name, First Name, SSN, Form Status, From and To Dates, and Reason for Assessment. Dates are searched against the TMHP Received Date (date of successful submission).
- 5) Click the **Search** button, and the TMHP Portal will return any matching submissions (records).
Note: FSI search results will only display the Type of Form selected.
- 6) Click the **View Detail** link of the requested assessment to open and view the assessment.

50 record(s) returned.
 Not all records returned. This search is limited to return 50 records. Please narrow your search.

[Export Data to Excel](#)

	DLN	TMHP Received Date	SSN	Medicaid #	First Name	Last Name	Last Name	ISP From Date	ISP To Date	Status	Provider Number	County
View Detail	1320	7/22/2013								Processed/Complete		
View Detail	1984	7/26/2013								Processed/Complete		
View Detail	1755	7/26/2013								Processed/Complete		
View Detail	1396	7/29/2013								Terminated		
View Detail	1888	8/2/2013								Processed/Complete		
View Detail	1267	8/5/2013								Processed/Complete		

Note: FSI can retrieve information from the previous seven years. The search is based on the TMHP Received Date. There is a 50-record line limit for search results; therefore, you may need to narrow your search to retrieve specific records. Descriptions of the column headings seen above are:

- View Detail: The hyperlink used to open the assessment.

- **DLN:** The unique document locator number (DLN) assigned to each successfully submitted assessment.
- **TMHP Received Date:** The actual date the assessment was successfully submitted on the TMHP Portal.
- **SSN (A0600A), Medicaid # (A0700), Medicare # (A0600B), First Name and Last Name (A0500A and A0500C):** Information used to identify the person associated with the assessment.
- **Status:** The status of the assessment at the time of the search.
- **RUG:** The assigned Resource Utilization Group (RUG) value.
- **RN Signature Date:** Date the assessment was completed as identified in field Z0500B.
- **Purpose Code:** Utilization Review Assessment submitted by HHSC.
- **Provider Number:** The nine-digit number formerly known as a Contract Number.
- **Vendor Number:** The four-digit site identification number.
- **Reason for Assessment: (A0310A):**
 - A0310A = 01. Initial Assessment
 - A0310A = 03. Annual Assessment
 - A0310A = 04. Significant change in status assessment (SCSA)

Letters



Letter Search

The Letter Search feature allows you to find letters that have been created for a provider, person, or legally authorized representative (LAR). Only users with the necessary security profile have access to the Letter Search feature.

Performing a Letter Search

- 1) Click or hover over the **Search** link on the blue navigational bar.
- 2) Click on the **Letters** link from the drop-down menu to open the Letter Search page.
- 3) Enter the Vendor Number/Provider Number, and From Date and To Date fields using the calendar icon. These are required fields. The date must be entered in the MM/DD/YYYY format. You must also enter one of the following criteria:

Medicaid Number

- Social Security number
- Last Name and First Name

Although letters do not have DLNs, you can search by the DLN of a person's form or assessment to access letters associated with the form or assessment and the person. The date field does not need to

be entered for a search by DLN.

Letters

Generate Letter

Select Letter

▼

Create Letter

Letter Search

Referenced DLN

Last Name

First Name

SSN

• Vendor Number

Medicaid Number

Care ID

Transaction Date

Letter Status

• From Date

• To Date

Search Options

You may either:

Search for forms to view in any order

Search

or

Create a list of forms to work in sequence

Worklist

- 4) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.
- 5) Click the **Search** button at the bottom of the screen.

Search Options

You may either:

Search for forms to view in any order

Search

or

Create a list of forms to work in sequence

Worklist

- 6) 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.

- 7) To view the details of an individual letter, click the **View Letter** link in the first column of the results.


4 record(s) returned.

	Letter DLN	Referenced DLN	Letter Type	MD/DO Last Name	MD/DO First Name	Recipient Last Name	Recipient First Name	Status	ReceivedDate
View Letter	RECEIVED	RECEIVED	CLDEN	RECEIVED	RECEIVED	RECEIVED	RECEIVED	Completed	9/15/2010 5:00:03 PM
View Letter	RECEIVED	RECEIVED	DRDEN	RECEIVED	RECEIVED	RECEIVED	RECEIVED	Completed	9/15/2010 5:00:03 PM
View Letter	RECEIVED	RECEIVED	CLOTD	RECEIVED	RECEIVED	RECEIVED	RECEIVED	Completed	10/5/2010 12:10:11 AM
View Letter	RECEIVED	RECEIVED	DROTD	RECEIVED	RECEIVED	RECEIVED	RECEIVED	Completed	10/5/2010 12:10:12 AM

H2065-D/DS Notifications

MCO users can use the Letter search to find H2065-D/DS Notifications associated with a particular ISP form. The H2065-D/DS Notification is used by Program Services Unit (PSU) staff to communicate information about STAR+PLUS and STAR Kids Program Services. Once located, these notifications can be printed out, or saved in Adobe PDF format.

Initial forms that were processed successfully will set to status **Processed/Complete** or **PSU Processed/Complete** once PSU staff generates the accompanying H2065-D/DS notification.

 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> TEXAS Health and Human Services </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding: 5px;">Date of Notice 7/7/2021</td> </tr> <tr> <td style="padding: 5px;">HHSC Staff</td> </tr> <tr> <td style="padding: 5px;">Office Address and Telephone Number</td> </tr> </table>	Date of Notice 7/7/2021	HHSC Staff	Office Address and Telephone Number
Date of Notice 7/7/2021				
HHSC Staff				
Office Address and Telephone Number				
<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 5px; left: 5px; font-size: 8px;">Name and Address</div> </div>				

Notification of Managed Care Program Services

☐ STAR+PLUS Home and Community Based Services (HCBS) Program
☒ Medically Dependent Children Program (MDCP)

☐ You are eligible for _____ beginning _____.
☐ Services identified on your individual Service Plan (ISP) are effective _____ through _____, as long as you are eligible for the program.
☐ You must pay _____ for room and board by _____ and then pay _____ per month, beginning _____.
☐ You must pay _____ for copayment by _____ and then pay _____ per month, beginning _____.

Based on a review of your current situation, it has been determined that:

☒ The last day you can get services for STAR+PLUS HCBS Program is 8/20/2021.
☒ You are not eligible for STAR+PLUS HCBS Program.
☒ Reason for denial:
 We considered the conditions listed below:
 HTN, ARF, PRESBYCUSIS B/L, LOW BACK PAIN.

We denied this request because:
 You can manage your own health-care needs.
 You can take medicine without help.
 You can tell others about changes in your condition.
 You can think clearly and can remember and understand information. You don't need the skills of a licensed nurse on a regular basis.

This decision may affect your eligibility for other Medicaid benefits.

The above decision is based on:

<input checked="" type="checkbox"/> STAR+PLUS HCBS Program Rule § 353.1153 <input checked="" type="checkbox"/> MDCP Program Rule § 353.1155 <input checked="" type="checkbox"/> UCM Chapter 16.2, STAR Health MDCP	<input type="checkbox"/> STAR+PLUS Program Support Unit Operational Procedures Handbook reference: _____ <input checked="" type="checkbox"/> STAR Kids Program Support Unit Operational Procedures Handbook reference: <u>paragraph 8, Row 7</u>
--	---

Comments:

DLN:

Form H2065-D / Formulario H2065-D-S
 Page / Página 1 / 02-2020-E

My Searches

The My Searches feature allows you to access previously saved searches.

Defined Searches		
IDRC PC 2 - IDD PES QA	Open	Work Results
IDRC PC 3 - IDD PES QA	Open	Work Results
MDS COMP 3.0_RN_License_Verification	Open	Work Results
MDSQTR3.0_RN_License_Verification	Open	Work Results
MNLOC 3.0_MD_RN_License_Verification	Open	Work Results

- 1) Click or hover over the **Search** link on the blue navigational bar.
- 2) Click on the **My Searches** link from the drop-down menu to open the My Searches page.
- 3) The My Searches page displays. The searches you have saved are listed under the My Saved Searches heading.

Defined Searches			
IDRC PC 2 - IDD PES QA	Remove	Open	Work Results
IDRC PC 3 - IDD PES QA	Remove	Open	Work Results
MDS COMP 3.0_RN_License_Verification	Remove	Open	Work Results
MDSQTR3.0_RN_License_Verification	Remove	Open	Work Results
MNLOC 3.0_MD_RN_License_Verification	Remove	Open	Work Results


My Saved Searches			
0718_Search	Remove	Open	Work Results
Current 3652s	Remove	Open	Work Results
Erick's test search	Remove	Open	Work Results
Lisas 3071 search	Remove	Open	Work Results
MNLOC Testing	Remove	Open	Work Results
PCSP-From Search	Remove	Open	Work Results
PETestSearch	Remove	Open	Work Results
PL1TestSearch	Remove	Open	Work Results
Recent 3074	Remove	Open	Work Results
Recent 3074	Remove	Open	Work Results
Regression Testing	Remove	Open	Work Results
Test 3652 Search	Remove	Open	Work Results

- 4) You will have three choices:
 - a) Click the **Remove** link to delete a saved search.
 - b) Click the **Open** link to open the predefined Power Search screen. The fields on the Power Search screen will contain the information that was saved when the search was created, with the exception of the To Date. The To Date will automatically update to the current date.
 - c) Click the **Work Results** link to open the first form or assessment to be worked. Upon opening, the document becomes automatically locked by the viewer and will remain

locked for 20 minutes if there is no activity. If a document is locked, others will not be able to make changes or add additional information.

The Work Results function displays forms in sequence, and includes the standard Yellow Form Actions Bar options Add Note, Use as Template, and Print, which are covered in the Yellow Form Actions Bar section of this User Guide. Once you have added a note or when you wish to proceed to the next form, you can click Skip Form to proceed to the next form or assessment in the search list.


STAR Kids Individual Service Plan (SK-ISP)

Return to Search Results

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

Form Actions:
[Add Note](#) [Use as Template](#) [Print](#) [Skip Form](#)

Workflow Actions:
[Form Inactivate](#)

 **Managed Care Organization**

Provider No.

MCO Name

Service Coordinator

Plan Code

County

▼

Power Search

Power Search is a query tool used for monitoring the status of forms and assessments that have already been successfully submitted, and can be used to search across all form and assessment types. Power Search is an advanced version of Form Status Inquiry (FSI) that is used by providers.

Dashboard	Submit Form	Search ▾	Worklist ▾	Reports	Printable Forms	Alerts	Help
-----------	-------------	-----------------	------------	---------	-----------------	--------	------

Power Search

Search Criteria

Form

Type of Form ▾

DLN

From Date mm/dd/yyyy ▾

To Date 7/14/2021 ▾

Client

Last Name

First Name

SSN

Medicaid Number

CARE ID

Vendor

Provider Number

Additional Criteria

Service Group

☐ 1. Nursing Facility

☐ 3. CBA

☐ 4. SSLC (ICF)

Power Search allows you to retrieve submissions so that you can:

- Locate forms and assessments.
- Research and review statuses.
- Export search results to Microsoft Excel™.

Power Search can be performed in a number of ways, such as:

- By Type of Form (must include date range).
- By Document Locator Number only (no other information needed).
- By person's name (must include date range).
- By Social Security number (must include a date range).
- By Medicaid number (must include a date range).
- By Plan Code (must include a date range).

Power Search by Type of Form

- 1) Click or hover over the **Search** link on the blue navigational bar.
- 2) Click on the **Power Search** link from the drop-down menu to open the Power Search page.
- 3) Type of Form: Choose from the drop-down box. The information on the screen may change based on the type of form or assessment chosen.

The screenshot shows the 'Power Search' page with a navigation bar at the top containing links: Dashboard, Submit Form, Search (with a dropdown arrow), Worklist (with a dropdown arrow), Reports, Printable Forms, Alerts, and Help. The 'Search' dropdown menu is open, showing 'Power Search' as the selected option. Below the navigation bar, the 'Search Criteria' section is visible. It includes a 'Form' section with a 'Type of Form' dropdown menu that is open, displaying a list of form types such as '3071: Recipient Election/Cancellation/Discharge Notice', '3074: Physician Certification of Terminal Illness', '3608 Individual Plan of Care', '3615 Request to Continue Suspension of Waiver Program Services', '3616 Request for Termination of Waiver program Services', '3618: Resident Transaction Notice', '3619: Medicare/SNF patient Transaction Notice', '3652: Client Assessment, Review and Evaluation (CARE)', '8578 Intellectual Disability/Related Condition Assessment', '8582 Individual Plan of Care', 'CPWC: Custom Powered Wheel Chairs - CPWC', 'H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan', 'HCS or TxHML Pre-Enrollment', 'Individual Movement Form', 'MDCP Enrollment Form', 'MDS 2.0: Minimum Data Set (Comprehensive)', 'MDS 3.0: Minimum Data Set (Comprehensive)', 'MDSQTR 2.0: Minimum Data Set (Quarterly)', and 'MDSQTR 3.0: Minimum Data Set (Quarterly)'. To the right of the dropdown menu, there are 'From Date' and 'To Date' fields with calendar icons. The 'To Date' field is filled with '7/14/2021'. Below these fields, there is a 'Vendor' section with a 'Provider Number' field. The 'Client' section includes fields for 'Last Name', 'First Name', and 'Medicaid Number'. The 'Additional Criteria' section includes a 'Service Group' section with checkboxes for '1. Nursing' and '3. CBA'.

Note: If you choose a specific form or assessment type from the drop-down box, the search results will be limited to only that particular type of form or assessment. To search across all form and assessment types, leave the Type of Form drop-down box blank and fill in the required information as indicated by the red dots. You are still required to enter information as indicated by the red dots, plus the Medicaid and/or Provider Numbers.

- 4) Enter the From Date and To Date fields using the calendar icon (These are required fields). The date must be entered in the MM/DD/YYYY format.
Note: ISP forms can be searched into future dates. All other forms can only be searched up to the current date.
- 5) To narrow the search results, you can enter specific information about the Client or Vendor. This is an optional step as information does not have to be entered into all fields.

- 6) Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This will also help to narrow the search results.

Additional Criteria
Service Group
☐ 1. Nursing Facility
☐ 3. CBA
☐ 4. SSLC (ICF)
☐ 5. ICF Community/State
☐ 6. ICF Non-State
☐ 8. Hospice
☐ 10. Swing Beds
☐ 11. PACE
☐ 14. Targeted Case Management
☐ 17. CWP
☐ 18. MDCP
☐ 19. Star + Plus
☐ 21. HCS
☐ 22. TxHmL

- 7) Click the **Search** button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the bottom of the screen. The listing may be sorted by clicking on the heading of a column for that group.
- 8) To display the details of a form or assessment, click the **DLN** link in the DLN column.

Power Search by Document Locator Number (DLN)

From Power Search:

- 1) Enter the DLN in the DLN field.
- 2) Click the **Search** button at the bottom left of the screen. The form or assessment will display.

The screenshot shows the 'Search Options' section of the Power Search interface. It contains three main areas. The first area, titled 'You may either', offers two search methods: 'Search for forms to view in any order' with a 'Search' button (highlighted by a red rectangle), and 'Create a list of forms to work in sequence' with a 'Work List' button. The second area, titled 'You may also optionally save this search for later use', includes a 'Search Name:' text input field and a 'Save Search' button.

Power Search by a Person's First Name/Last Name

From Power Search:

- 1) To list all forms and assessments for a person, leave the Type of Form drop-down box blank.
- 2) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.
- 3) Enter the person's last name in the Last Name field and enter the first name in the First Name field.
- 4) When searching by a person's name, a provider number is required. Enter the appropriate provider number.

The screenshot shows the 'Client' and 'Vendor' search sections. The 'Client' section includes fields for 'Last Name' and 'First Name' (both highlighted by a red rectangle), 'SSN' (with a hyphenated format), 'Medicaid Number', and 'CARE ID'. The 'Vendor' section includes a 'Provider Number' field.

- 5) Click the **Search** button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the very bottom of the screen.

Search Options

You may either

Search for forms to view in any order

Search

or

Create a list of forms to work in sequence

Work List

You may also optionally save this search for later use

Search Name:

Save Search

- 6) To display the details of a form or assessment, click the **DLN** link in the DLN column. The listing may also be sorted by clicking on the heading of a column for that group.

[Export Data to Excel](#)

Total Record(s): 2
Displayed Record(s): 1 to 2

Locked	DLN	Medicaid	SSN	Name	Vendor Number	Provider Number	Status	TMHP Received Date	MCO Name	Service Area	Type of Authorization	ISP From Date	ISP To Date	County	Plan Code
<input type="checkbox"/>	DLN	Medicaid	SSN	Name	Vendor Number	Provider Number	Terminated	12/1/2016			Initial	1/1/2017	12/31/2017	Tarrant	
<input type="checkbox"/>	DLN	Medicaid	SSN	Name	Vendor Number	Provider Number	Pending PSU Review	1/9/2017		Tarrant	Reassessment	1/1/2018	12/31/2018	Johnson	

Power Search by Social Security Number

From Power Search:

- 1) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.
- 2) Enter the person's Social Security number (SSN) in the SSN field.

Search Criteria

Form

Type of Form From Date To Date

DLN

Client

Last Name

First Name

SSN

Medicaid Number

CARE ID

Vendor

Provider Number

Vendor Number

Provider User

Internal User

- 3) To narrow the search results, you can enter specific information about the Client or Vendor. This is an optional step as information does not have to be entered into all fields.

- 4) Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This will also help to narrow the search results.

Search Criteria

Form

Type of Form: H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan

DLN:

Enter ISP Start Date Range

From Date: mm/dd/yyyy

To Date: mm/dd/yyyy

Applicant / Member

Last Name:

First Name:

SSN:

Medicaid Number:

Date of Birth: mm/dd/yyyy

Vendor

Provider Number:

MCO Name:

Service Area:

Plan Code:

County:

Additional Criteria

Status

☐ Form Inactivated

☐ MCO Action Required

☐ Pending Notification

☐ Pending PSU Review

☐ Processed / Complete

☐ PSU Action Required

☐ PSU Invalid/Complete

☐ PSU Processed/Complete

☐ SAS Request Pending

☐ Terminated

☐ Transferred

Type Authorization

☐ Initial

☐ Reassessment

Enrolled From

☐ Hospital

☐ Nursing Facility

☐ Home

Living Arrangement

☐ Alone

☐ With Other Waiver

☐ Assisted Living

☐ Adult Foster Care

☐ With Family

Other

☐ ME-Waiver

☐ MFPD

☐ SSI

Show Locked Forms:

SAS Response Code: aa-9999

- 5) Click the **Search** button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the very bottom of the screen.
- 6) To display the details of a form or assessment, click the **DLN** link in the DLN column.

Power Search by Medicaid Number



From Power Search:

- 1) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.
- 2) Enter the person's Medicaid Number in the Medicaid Number field.

Power Search

Search Criteria

Form

Type of Form From Date  2/1/2010
 DLN To Date  5/13/2015

Client

Last Name
 First Name
 SSN - -
Medicaid Number
 CARE ID

Vendor

Provider Number

- 3) To narrow the search results, enter specific information about the Client or Vendor. Use this when more refined details are needed. Only items with red dots are required.
- 4) Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This will also help to narrow the search results.

Additional Criteria

Status	Type Authorization	Enrolled From	Living Arrangement	Other
<input type="checkbox"/> Form Inactivated	<input type="checkbox"/> Initial	<input type="checkbox"/> Hospital	<input type="checkbox"/> Alone	<input type="checkbox"/> ME-Waiver
<input type="checkbox"/> MCO Action Required	<input type="checkbox"/> Reassessment	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> With Other Waiver	<input type="checkbox"/> MFPD
<input type="checkbox"/> Pending Notification		<input type="checkbox"/> Home	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> SSI
<input type="checkbox"/> Pending PSU Review			<input type="checkbox"/> Adult Foster Care	
<input type="checkbox"/> Processed / Complete			<input type="checkbox"/> With Family	
<input type="checkbox"/> PSU Action Required				
<input type="checkbox"/> PSU Invalid/Complete				
<input type="checkbox"/> PSU Processed/Complete				
<input type="checkbox"/> SAS Request Pending				
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Transferred				

- 5) Click the **Search** button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the very bottom of the screen.
- 6) To display the details of a form or assessment, click the **DLN** link in the DLN column.

Power Search by Code Plan

From Power Search:

- 1) Select the Type of Form from the drop-down menu.
- 2) Complete the From Date and To Date fields by using the calendar icon (these are required fields). The dates must be entered in the MM/DD/YYYY format.
- 3) Select a Plan Code from the drop-down menu in the Vendor section of the search criteria.

The screenshot shows the 'Search Criteria' form. In the 'Form' section, 'Type of Form' is set to 'H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan'. The 'Enter ISP Start Date Range' section has 'From Date' and 'To Date' fields with calendar icons. The 'Applicant / Member' section has fields for Last Name, First Name, SSN, Medicaid Number, and Date of Birth. The 'Vendor' section has fields for Provider Number, MCO Name, Service Area, Plan Code (highlighted with a red box), and County.

- 4) To narrow the search results, enter specific information about the person or the Vendor. Use this approach when more refined details are needed. Only fields with red dots are required.

This screenshot is similar to the previous one, but with red boxes highlighting the 'Applicant / Member' section (Last Name, First Name, SSN, Medicaid Number, Date of Birth) and the 'Vendor' section (Provider Number, MCO Name, Service Area, Plan Code, County).

- 5) Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This will also help to narrow the search results.

The screenshot shows the 'Additional Criteria' section. It contains several groups of checkboxes: 'Status' (Form Inactivated, MCO Action Required, Pending Notification, Pending PSU Review, Processed / Complete, PSU Action Required, PSU Invalid/Complete, PSU Processed/Complete, SAS Request Pending, Terminated, Transferred), 'Type Authorization' (Initial, Reassessment), 'Enrolled From' (Hospital, Nursing Facility, Home), 'Living Arrangement' (Alone, With Other Waiver, Assisted Living, Adult Foster Care, With Family), and 'Other' (ME-Waiver, MFPD, SSI). At the bottom, there is a 'Show Locked Forms' dropdown and a 'SAS Response Code' field with the value 'aa-9999'.

- 6) Click the Search button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the bottom of the screen.
- 7) To display the details of a form or assessment, click the **DLN** link in the DLN column.

Creating a Saved Search of Regularly Used Criteria

Instead of having to recreate searches of criteria used on a regular basis, users can create a Saved Search. A Saved Search can save your frequently used search criteria.

From Power Search:

- 1) Type of Form: Choose from the drop-down box. (However, if you do not want to limit your Saved Search to just one type of form or assessment, do not choose from the drop-down box.
Note: *The information on the screen will change based on the type of form or assessment.*
- 2) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.
- 3) As an optional step, you can enter specific information about the Client or Vendor.
- 4) Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This is where you would most likely enter frequently used search criteria to create a meaningful Saved Search.
- 5) In the Search Options section at the bottom of the screen, go to the Search Name field, enter a search name that will have meaning to you as a saved Saved Search for later use.
- 6) Click the **Save Search** button at the bottom right of the screen.

Search Options

You may either

Search for forms to view in any order

Search

or

Create a list of forms to work in sequence

Work List

You may also optionally save this search for later use

Search Name:

Save Search

Search Limitations

There are search limitations to be aware of, these include:

- The From Date and To Date are required fields.
- Search results are limited to 250 displayed at a time (User can choose the next page under the Results section to browse through the next 250 records).
- Data is stored on the TMHP Portal for seven years.
- An MCO will only be allowed to search for forms and assessments associated with their active members.
- When an NF resident transfers from one MCO to another MCO, the receiving MCO will be allowed to view forms and assessments for their new member up to and including 13 months prior to the start date.

- Search results may include the following forms or assessments: MDS 3.0 Comprehensive and MDS 3.0 quarterly assessments, PL1 Screening Forms, PASRR Evaluations, STAR Kids ISP forms, and forms H1700-1, 3071, 3074, 3618, and 3619.

Current Activity

The Current Activity feature allows users to view document submissions or status changes that have occurred within the last 14 calendar days. After 14 days, users must use the Power Search query tool to locate a document. Managed Care Organization (MCO) Portal users will be able to view forms and assessments submitted by a nursing facility (NF) or Hospice provider for members enrolled with that MCO.

Current Activity will display MDS 3.0 Comprehensive and Minimum Data Set (MDS) 3.0 Quarterly assessments in addition to Preadmission Screening and Resident Review (PASRR) Evaluations, PASRR Level 1 (PL1) Screening Forms, H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan forms, STAR Kids Individual Service Plan forms, STAR Kids Screening and Assessment forms, and Forms 3071, 3074, 3618, and 3619.

- Click or hover over the **Worklist** link on the blue navigational bar.
- Click on the **Current Activity** link from the drop-down menu to open the Current Activity page. Some users may see an additional category labeled Vendor Numbers - Submitted forms. Whether or not that category is displayed is determined by your account permissions. Click the appropriate vendor number (if applicable).

Note: The initial Current Activity page will display a list of all vendor/provider numbers to which the user is linked.

Dashboard	Submit Form	Search ▾	Worklist ▾	Reports	Printable Forms	Alerts	Help
Current Activity							
HCS PreEnrollment Form	Received	Medicaid	CARE ID	CSIL ID	Name	Slot Type	Status
	5/7/2021 10:56:55 AM					115	Pre-enrolled
	7/9/2021 12:28:21 PM					19	Enrolled
	6/20/2021 10:10:08 AM					114	Rejected by CSIL
	7/9/2021 3:34:32 PM					116	Rejected by CSIL
	7/8/2021 4:05:06 PM					116	Inactivated
	4/13/2021 4:20:29 AM					114	Inactivated
	7/8/2021 3:46:29 PM					116	Inactivated
	7/7/2021 2:48:06 PM					116	Inactivated
TxHml PreEnrollment Form	Received	Medicaid	CARE ID	CSIL ID	Name	Slot Type	Status
	7/8/2021 3:37:14 PM					116	Inactivated
	6/20/2021 10:04:51 AM					62	Inactivated

- Clicking the appropriate vendor number will display a summary of all document status changes within the last 14 calendar days.
- Click the Document Locator Number (**DLN**) link to display the details of the document.

Current Activity							
HCS PreEnrollment Form	Received	Medicaid	CARE ID	CSIL ID	Name	Slot Type	Status
	5/7/2021 10:56:55 AM					115	Pre-enrolled
	7/9/2021 12:28:21 PM					19	Enrolled
	6/20/2021 10:10:08 AM					114	Rejected by CSIL

Users are able to sort the Current Activity results in a variety of ways. By clicking on the heading of a column, the user can choose to sort results by DLN, Received Date, Social Security number (SSN), Medicaid number, Name, Status, County, or Current SAS Response Code. When the user clicks on a column heading for the first time, it is sorted in ascending order. By clicking on the column heading a second time, the sort will change to descending order. Sorting will apply only within the form or assessment type where the header being clicked is located. MDS 3.0 and MDSQTR 3.0 are separate groups and column headings.

Yellow Form Actions Bar

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

Form Actions

Add Note
Use as Template
Print
Form Inactivate

Add Note

The Add Note feature may be used to add information to the History trail of the form or assessment, not to the form or assessment itself (i.e., not added to the Comments). When you add a note, the TMHP Portal inserts your Username and the date. The Add Note feature is always available (unless the form or assessment is locked by another user).

Form Actions

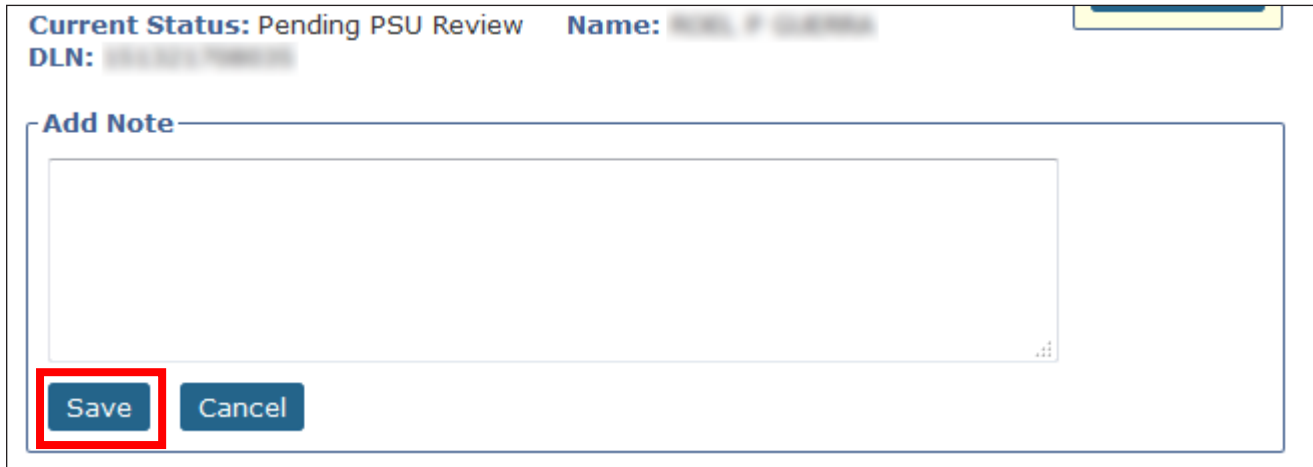
Add Note
Use as Template
Print
Form Inactivate

Note: Once a note has been saved it cannot be corrected or deleted.

To add a note to a submitted form or assessment:

- 1) Locate the form or assessment using Power Search.
- 2) Click the **Add Note** button. A text box will open.

3) Enter information (up to 1500 characters).



You will have two choices:

a) Click the **Save** button to save your note.

Or

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

Use as Template

Use the Use as Template feature to open a form populated with information from a previous version. You can use this function to resubmit forms with edited information.

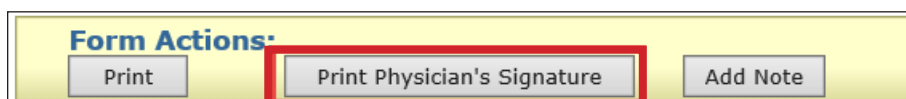


Print

Use the Print feature to print a hard copy of completed forms and assessments. Click the **Print** button to print the form or assessment. The **Print** button is available in all statuses, as well as prior to form or assessment submission. When you click the **Print** button, the TMHP Portal displays the form or assessment data in a Portable Document Format (PDF) document.



A Physician's Signature Page is required for all initial MN/LOC 3.0 assessments. After completing the assessment, an auto populated Physician's Signature Page PDF will generate upon clicking the **Print Physician's Signature Page** button located in the yellow Form Actions bar of the MN/LOC 3.0.



Note: When printing a form or assessment, the person's name will be auto populated on the top right corner of each page. The DLN will be on the top left corner of the page.

Form Inactivate

To be eligible for inactivation, the form must be set to status ***MCO Action Required, PSU Action Required, or Pending PSU Review***. A form is no longer eligible to be inactivated once it is set to status ***Processed/Complete***.

Click the **Form Inactivate** button on the yellow Form Actions bar.

A note of the inactivation will be added to the form's History trail.

Note: *If a form has been set to status **MCO Action Required** for more than 45 days, it will automatically be inactivated.*



The image shows a horizontal bar titled "Form Actions" in blue text. The bar has a yellow background. It contains four buttons: "Add Note", "Use as Template", "Print", and "Form Inactivate". The "Form Inactivate" button is highlighted with a red border.

H1700 / Individual Service Plan (ISP) Form

What is the ISP Form?

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

Benefits of Submitting ISP Forms on the LTC Online Portal

- Many fields auto-populate with information from a person's MN/LOC.
- Track forms with Form Status Inquiry.
- 24/7 availability
- Texas Medicaid & Healthcare Partnership (TMHP) provides LTC Online Portal technical support by telephone at **1-800-626-4117**, Option 3, from 7:00 a.m. – 7:00 p.m., Central Time, Monday through Friday – excluding holidays.

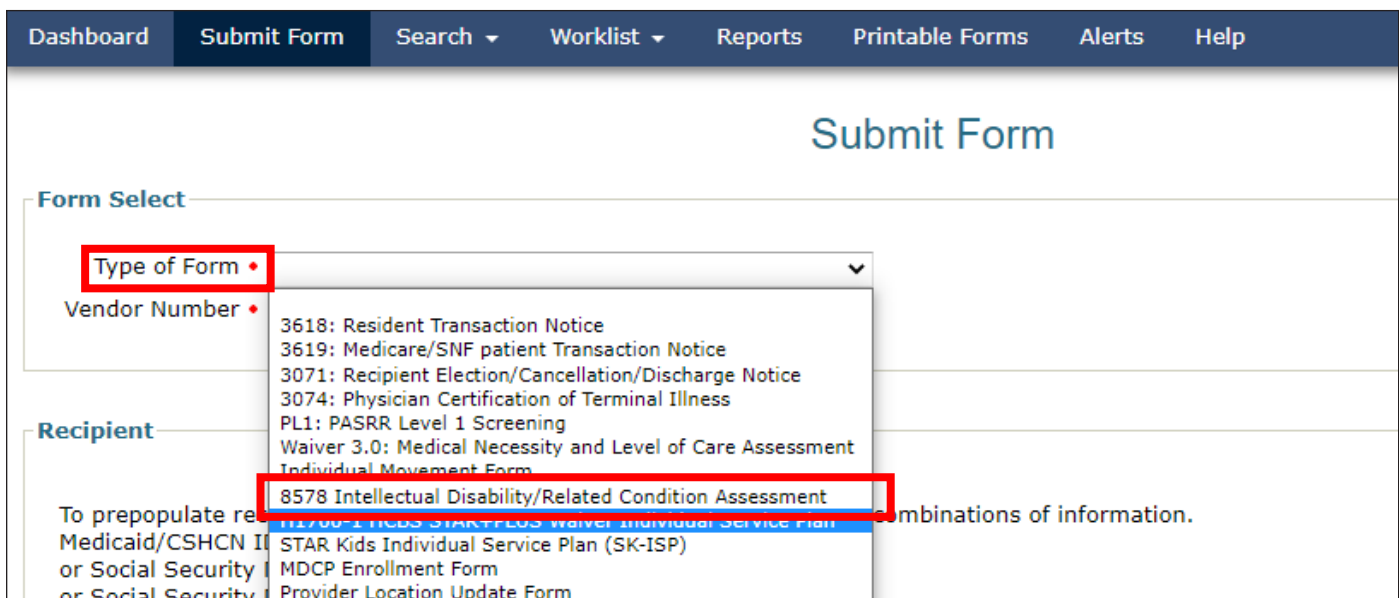
Submitting an ISP

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



You may need to reenter your security credentials.

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



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

The screenshot shows the 'HCBS STAR+PLUS Waiver Individual Service Plan' form. At the top, it indicates 'Current Status: Unsubmitted'. Below this is a 'Form Actions' bar with 'Print' and 'Save as Draft' buttons. The form is divided into two main sections: 'Managed Care Organization' and 'Applicant/Member'. The 'Managed Care Organization' section includes fields for 'Provider No.' (tinted gray), 'MCO Name' (tinted gray), 'Service Coordinator' (required, indicated by a red dot), 'Plan Code' (86), and 'County' (a dropdown menu with 'Select' as the current value). The 'Applicant/Member' section includes a 'Group Code' field with the value '19'.

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

Required fields are indicated by a red dot.

The form sections of the ISP are:

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

Completing the H1700 / ISP Form Fields

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

The screenshot displays the H1700 / ISP Form Fields. It is divided into two main sections: **Managed Care Organization** and **Applicant/Member**.

Managed Care Organization Section:

- Provider No. (Text field)
- MCO Name (Text field)
- Service Coordinator (Text field, marked with a red asterisk)
- Plan Code (Text field)
- County (Dropdown menu, marked with a red asterisk)

Applicant/Member Section:

- Group Code (Text field)
- ME-Waiver (Text field)
- Medicaid No. (Text field, marked with a red asterisk)
- First Name (Text field)
- Middle Initial (Text field)
- Last Name (Text field)

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

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

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

Note: The "Type Authorization" indicates whether the current ISP will be submitted as an Initial ISP or a Reassessment. This field automatically determines whether the ISP is an Initial or a Reassessment based on the dates entered below and whether or not the person has an existing ISP on file. If the ISP has been out of date for 120 days, it resets to an Initial assessment. Backdating is possible; this makes it possible to submit the ISP as a Reassessment instead of an Initial Assessment. Backdating must go back far enough to fall within the 120 day reassessment window, and appropriate 1913s will be SAS generated for backdated months. 1912s will be SAS generated for upcoming months.

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

create two records. A 19/13 (late) for June 1 through June 30 2015; and a 19/12 for July 1 2015 through May 31 2016.

- 5) Enter the ISP From Date. You can complete the ISP From Date field using the interactive calendar. The ISP From Date must be the first day of a selected month. For Initial forms the portal will auto-populate the first day of the following month.

The ISP expires one calendar year after the ISP From Date. The ISP To Date cannot be edited and will auto-populate based on the editable ISP From Date field. For a reassessment, the ISP From Date must be the day after the previous ISP To Date, or the form will not submit properly.

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

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

Individual Service Plan Event

Effective Date: 04/30/2015

Type Authorization: ☒ Initial ☐ Reassessment

ISP From Date: 05/01/2015

ISP To Date: 4/30/2016

Enrolled From: Select

MFPD: ☐

Living Arrangement after Entry into SPW: Select

Individual Service Plan Services

Delivery Option	Service Category	Est.	Cost

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

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

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

Note: Once a Service Category has been selected, it will no longer be available on the Service Category list when adding additional Service rows.

- 10) Complete the required Estimated Annual Service Units column.
- 11) Complete the required Rate column.
- 12) The Estimated Annual Cost column will auto-populate.
- 13) Add new Service Categories as necessary.

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

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost	
Agency	Occupational Therapy (S9129, U3, U3)	100.00	\$100.00	\$10,000.00	Delete Service
Agency	Physical Therapy (S9131, U3, U3)	100.00	\$100.00	\$10,000.00	Delete Service
CDS	Protective Supervision (S5125, U3, U5, 99, UC)	100.00	\$100.00	\$10,000.00	Delete Service

Add Service

Total Est. Waiver Cost: \$30,000.00

Ventilator Use: None

RUG: CA1

Annual Cost Limit: \$80,118.00

Submit Form

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

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

- 15) Click the **Submit Form** button at the bottom right of the screen.

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

Submitting Individual ISP forms by Multiple Users

Occasionally, multiple users may need to input data on an ISP form prior to submission. This can be accomplished by using the **Save as Draft** function at the top of the form.

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

The screenshot shows a web browser window displaying the 'HCBS STAR+PLUS Waiver Individual Service Plan' form. At the top right, it says 'Logged in as: [username] Log Out'. Below the title, the 'Current Status' is 'Unsubmitted'. A 'Form Actions' bar contains 'Print' and 'Save as Draft' buttons. The form is divided into two main sections: 'Managed Care Organization' and 'Applicant/Member'. The 'Managed Care Organization' section includes fields for 'Provider No.', 'MCO Name' (pre-filled with 'Georgia STAR+PLUS'), 'Service Coordinator' (pre-filled with 'Place holder'), 'Plan Code' (pre-filled with '00'), and 'County' (pre-filled with 'Karnes'). The 'Applicant/Member' section includes fields for 'Group Code' (pre-filled with '19'), 'ME-Waiver' (checkbox), 'Medicaid No.' (pre-filled with '0000000000'), 'First Name' (pre-filled with 'PATRICIA JONES'), and 'Middle Initial' (pre-filled with 'M').

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

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

How to Inactivate a Form

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

- 1) Log in to the LTC Online Portal.
- 2) Locate the form you wish to inactivate using the **Form Status Inquiry**, **Current Activity**, or **Power Search** links in the blue navigational bar.
 - a) If using FSI or Power Search, you may search for Form H1700-1 using SSN, Medicaid number, or DLN. Click the **Search** button, then click the **DLN** link.
 - b) If using Current Activity, click the **DLN** link.
- 3) To be eligible for inactivation, the form must be set to status: **MCO Action Required**, **PSU Action Required**, or **Pending PSU Review**.
- 4) Click the **Form Inactivate** button on the yellow Form Actions bar.

The screenshot displays the 'HCBS STAR+PLUS Waiver Individual Service Plan' form. At the top right, there is a yellow box with a lock icon and an 'Unlock Form' button. Below the title, the 'Current Status' is 'Pending PSU Review', and the 'Name' and 'DLN' fields are visible. A yellow 'Form Actions' bar contains buttons for 'Add Note', 'Use as Template', 'Print', and 'Form Inactivate'. The 'Form Inactivate' button is highlighted with a red rectangular border. Below this bar, the 'Managed Care Organization' section is expanded, showing fields for 'Provider No.', 'MCO Name', 'Service Coordinator', 'Plan Code' (86), and 'County' (Collin). The 'Applicant/Member' section is partially visible at the bottom.

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

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

How to Resubmit a Form

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

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

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

How to Terminate a Form

MCO users may not Terminate their own forms.

Forms set to status **Processed/Complete** or **PSU Processed/Complete** can be Terminated by Program Services Unit (PSU) staff at HHSC.

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

What is the STAR Kids Screening and Assessment Instrument (SAI)?

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

The people enrolled in STAR Kids and their families will receive assistance through the STAR Kids program. Through service coordination, some of the identified needs of the people will be addressed by connecting them to services and qualified providers. MCOs, along with the family, will assess each person's needs, and an Individual Service Plan will be created. A core component of this program is the STAR Kids Screening and Assessment (SK-SAI) Instrument.

The STAR Kids Screening and Assessment Instrument (SK-SAI) provides a standardized care needs assessment that is comprehensive, holistic, consumer-directed, evidence-based, and takes into consideration social and medical issues, for the purposes of prioritizing the person's needs that threaten independent living.

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

Letters

Like all assessments where MN is determined, there are letters mailed out if the form reaches certain statuses. TMHP has 5 letters for the SK-SAI. There are two letter types mailed to the person, or their Legally Authorized Representative (LAR), and three letter types for the person's doctor.

The letters, which will be mailed out by TMHP are:

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

There is no letter sent to the MCO by TMHP, however, the MCO should be aware of the form status based on systematic notifications returned to the MCO based off the status of the form. In other words the MCO should be aware of the status of the assessment.

TMHP Online Portal

STAR Kids and STAR Health MCOs will be able to view the STAR Kids SAI for retention and determination of medical necessity (MN) (if applicable) and RUG levels.

Screening And Assessment Instrument

The STAR Kids screening and assessment process will help identify the complexity and intensity of a person's physical, medical, mental, social, developmental, and behavioral needs. The process will also help identify personal preferences and goals. Findings from the STAR Kids screening and assessment process will also be used by HHSC to identify trends and provide insight on conditions, outcomes, the utilization of services and quality of care.

The SK-SAI can be pulled up by performing a Power Search. (See the LTC Online Portal Basics section of the guide for more information on Power Search.) Once the proper SK-SAI has been found you can view any part of the assessment. No changes to the form can be made online.

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

Statuses that the form could be in are:

- ***Pending More Information;***
- ***Invalid/Complete;***
- ***Processed/Complete;***
- ***MN Approved;***
- ***Form Inactivated;***
- ***Corrected;***
- ***Appealed Doctor Review;***
- ***Pending Nurse Review;***
- ***Overtake Doctor Review Expired; and***
- ***ID Invalid.***

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

TMHP Texas Medicaid & Healthcare Partnership
A STATE MEDICAID CONTRACTOR

Home : TMHP.com : My Account : Logged in as: Silk_MCO_User

Submit Form Search Worklist Printable Forms Help

STAR Kids Screening and Assessment Instrument

Return to Search Results

Current Status: Processed/Complete **Name:** **DLN:** **RUG:** SE2 **MN Status:** Approved

Form Actions:
Add Note Print

Core PCAM NCAM MDCP

Section A Section B Section C Section D Section E Section F Section G Section H Section I Section Z Section Denials

Section A. Identification Information

Identification Information

A1. Name

First Name Middle Initial Last Name

A2. Gender
☒ Male ☐ Female ☐ Unknown

A3. Birthdate

A4. Ethnicity and Race
Ethnicity
☐ a. Hispanic or Latino

A5. Participants in Assessment

The STAR Kids SAI includes four modules: the Core Module, the Personal Care Assessment Module (PCAM), the Nursing Care Assessment Module (NCAM), and the Medically Dependent Children Programs (MDCP) Module.

Submit Form Search Worklist Printable Forms Help

STAR Kids Screening and Assessment Instrument

Return to Search Results

Current Status: Processed/Complete **Name:** **DLN:** **RUG:** SE2 **MN Status:** Approved

Form Actions:
Add Note Print

Core PCAM NCAM MDCP

Section A Section B Section C Section D Section E Section F Section G Section H Section I Section Z Section Denials

The Core tab shows basic demographics and other personal information about the person.

Search ▾ **Worklist** ▾ **Reports** **Printable Forms** **Help**

A2. Gender
☐ Male ☒ Female ☐ Unknown

A3. Birthdate

A4. Ethnicity and Race
Ethnicity
☐ a. Hispanic or Latino
Race
☐ b. American Indian or Alaska Native
☐ c. Asian
☐ d. Black or African American
☐ e. Native Hawaiian or other Pacific Islander
☒ f. White

A5. Participants in Assessment

Individual's Profile

A6. Individual's profile

a. A little about myself:

b. What people like about me:

c. What's important to me:

d. What others need to know and do to support me:

e. What the people are like that support me best:

f. How I like to spend my day:

g. The services I am currently receiving are:

⬆

The Personal Care Assessment Module (PCAM) covers information about the patients behavior and cognitive issues and needs.

Search ▾ **Worklist** ▾ **Reports** **Printable Forms** **Help**

STAR Kids Screening and Assessment Instrument

Current Status: Pending More Info **Name:** **DLN:** **RUG:** NA **MN Status:** Invalid [Return to Search Results](#)

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

Core **PCAM** **NCAM** **MDCP**

Section J **Section K** **Section L** **Section M** **Section N** **Section O** **Section P**

Section J. Cognition and Executive Functioning
 (Code items for last 30 days unless otherwise specified)

Cognition And Executive Functioning

J1. Memory/Recall Ability
 Code for recall of what was learned or known

a. Short-term memory OK - Seems/appears to recall after 5 minutes
 (Note: Accurate assessment requires conversations with family or others who have direct knowledge of the individual's behavior over this time)

a. Easily distracted - e.g., episodes of difficulty paying attention; gets sidetracked

b. Episodes of disorganized speech - e.g., speech is nonsensical, irrelevant, or rambling from subject to subject; loses train of thought

c. Mental function varies over the course of the day - e.g., sometimes better, sometimes worse

J3. Acute Change In Mental Status From Individual's Usual Functioning (e.g., restlessness, lethargy, difficult to arouse, altered environmental perception)
☐ No ☒ Yes

J4. Change In Decision-Making As Compared To 90 Days Ago (or since last assessment if less than 90 days ago)

History

Form Submitted	
8/17/2016 12:35:50 PM	System : Form has been accepted for processing.
Medicaid ID Pending	

⬆

v2022_0322

The Medically Dependent Children Program (MDCP) Module covers items related to mental and physical needs of the person.

Search ▾Worklist ▾ReportsPrintable FormsHelp

STAR Kids Screening and Assessment Instrument

Current Status: Invalid/CompleteName: [REDACTED]DLN: [REDACTED]RUG: BC1MN Status: Invalid

Return to Search Results

Form Actions:
Add NotePrint

CorePCAMNCAMMDCP

Section R

Section R. MDCP Related Items
(Use last 7 days as time reference unless otherwise specified)

Reason For Assessment

R1. Reason For Assessment
☒ Initial ☐ Re-assessment ☐ Significant change ☐ Minor correction ☐ Major correction

Cognitive Patterns

R2. Individual Has No Discernable Consciousness, Is In A Persistent Vegetative State, Or Is In A Coma ☐ No ☒ Yes (If yes, skip to R15)

R3. Making Self Understood (Expression)
3. Rarely or never understood
Expressing information content – both verbal and non-verbal (however able; with communication device, if normally used). Enter "-" dash if unable to assess. two more times.

R6. Temporal Orientation (orientation to year, month, and day) by Individual (BIMS)
Enter "-" dash if unable to assess

a. Able to report correct year
Ask individual: "Please tell me what year it is right now."
3. Correct

b. Able to report correct month
Ask individual: "What month are we in right now?"
2. Accurate within 5 days

c. Able to report correct day of the week
Ask individual: "What day of the week is today?"
1. Correct

R7. Recall by Individual (BIMS)
Ask individual: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear, a color, a piece of furniture) for that word. Enter "-" dash if unable to assess.

a. Able to recall "sock"
0. No - could not recall

b. Able to recall "blue"
1. Yes, after cueing ("a color")

c. Able to recall "bed"
2. Yes, after cueing ("a piece of furniture")

Add Note

The Add Note feature may be used to add additional Medical Necessity (MN) information that was not captured upon original submission. Information is added to the History trail of the assessment, not to the assessment itself.

SearchWorklistReportsPrintable FormsHelp

STAR Kids Screening and Assessment Instrument

Current Status: Processed/CompleteName:DLN:RUG: NAMN Status: Not Applicable

Return to Search Results

Add Note

Notes can be added to the SAI form by the MCO.

SaveCancel

CORE

Section ASection BSection CSection DSection ESection FSection GSection HSection ISection Z

SECTION A. IDENTIFICATION INFORMATION

Identification Information

A1. Name

First NameMiddle InitialLast Name

A2. Gender

MaleFemaleUnknown

A3. Birthdate

A4. Ethnicity and Race

Ethnicity

a. Hispanic or Latino

Race

b. American Indian or Alaska Native

c. Asian

A5. Participants in Assessment

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

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

Print

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

TMHP

Texas Medicaid & Healthcare Partnership

A STATE MEDICAID CONTRACTOR

Home · TMHP.com · My Account · Logged in as:

Search · Worklist · Printable Forms · Help

STAR Kids Screening and Assessment Instrument

Current Status: Processed/Complete · Name: · DLN: · RUG: NA · MN Status: Not Applicable

Return to Search Results

Form Actions:
Add Note · Print

Core · PCAM · NCAM · MDCP

Section A · Section B · Section C · Section D · Section E · Section F · Section G · Section H · Section I · Section Z

Section A. Identification Information

Identification Information

A1. Name

First Name

Middle Initial

Last Name

A2. Gender

☒ Male · ☐ Female · ☐ Unknown

A3. Birthdate

A4. Ethnicity and Race

Ethnicity

☒ a. Hispanic or Latino

Race

A5. Participants in Assessment

Mom and Brother

A6. Individual's profile

a. A little about myself:

b. What people like about me:

c. What's important to me:

d. What others need to know and do to support me:

e. What the people are like that support me best:

f. How I like to spend my day:

g. The services I am currently receiving are:

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

DLN _____	Individual _____	
STAR KIDS Screening and Assessment Instrument (SK-SAI) Form		
SECTION A. IDENTIFICATION INFORMATION		
1. Name <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ (First) _____ (Middle Initial) _____ (Last) </div>		
2. Gender 1. Male 2. Female 9. Unknown <input checked="" type="checkbox"/> 2	3. Birthdate <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>	
4. Ethnicity And Race Ethnicity a. Hispanic or Latino <input checked="" type="checkbox"/> 1 Race b. American Indian or Alaska Native <input type="checkbox"/> c. Asian <input checked="" type="checkbox"/> 1 d. Black or African American <input type="checkbox"/> e. Native Hawaiian or other Pacific Islander <input type="checkbox"/> f. White <input type="checkbox"/>	5. Participants In Assessment _____ _____ _____	
6. Individual's Profile a. A little about myself: I am an aspiring artist. My hands move swiftly giving the ability to b. What people like about me: The perspective with which i look at things around me c. What's important to me: Exploring outside world, which is an inspiration for my creativity d. What others need to know and do to support me: I receive best support from people with Attentiveness, Perseverance e. What the people are like that support me best: Help me walk to different places f. How I like to spend my day: Play, Draw and Paint g. The services I am currently receiving are: Phvsical Therapy and occupational Therapy		
7. Language 0. No 1. Yes a. English <input checked="" type="checkbox"/> 1 b. Spanish <input checked="" type="checkbox"/> 1 c. American Sign Language <input type="checkbox"/> 0 d. Other (specify): _____	8. Interpreter Needed 0. No 1. Yes a. Individual <input type="checkbox"/> 0 b. Either parent/guardian <input type="checkbox"/> 0	9. Interpreter Information a. Signature of interpreter interpreterSignature1 b. Name of interpreter interpreterName1 c. Date Jul 31, 2016 <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>

STAR Kids Individual Service Plan (SK-ISP) Form

What is the SK-ISP Form?

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

Before an ISP can be submitted for a person, they must have a STAR Kids Screening and Assessment Instrument (SK-SAI) on file in status **Processed/Complete** with Medical Necessity (MN) approved.

Benefits of Submitting SK-ISP Forms on the TMHP Portal

- Many fields auto-populate with information from a person's SK-SAI.
- Track forms with Form Status Inquiry.
- 24/7 availability
- Texas Medicaid & Healthcare Partnership (TMHP) provides TMHP Portal technical support by telephone at **1-800-626-4117**, Option 3, from 7:00 a.m. – 7:00 p.m., Central Time, Monday through Friday – excluding holidays.

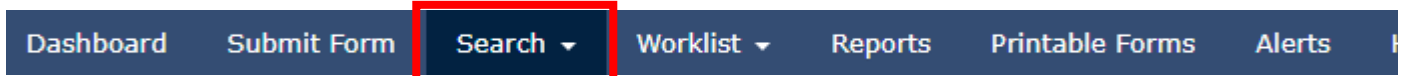
Creating and Submitting an SK-ISP

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

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

Creating and Submitting an SK-ISP using Submit Form

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



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

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

The screenshot shows the 'Submit Form' page with a dark blue navigation bar containing 'Dashboard', 'Submit Form', 'Search', 'Worklist', 'Reports', 'Printable Forms', 'Alerts', and 'Help'. The main heading is 'Submit Form'. Under the 'Form Select' section, the 'Type of Form' dropdown menu is open, displaying a list of form options. The option 'STAR Kids Individual Service Plan (SK-ISP)' is highlighted in blue. Below the dropdown, the 'Vendor Number' field is visible. To the right, the 'Recipient' section is partially visible, showing instructions to prepopulate recipient information.

- 4) Select the appropriate vendor or provider number, if applicable.
- 5) Enter the person’s Medicaid number in the Medicaid Number field.

The screenshot shows the 'Submit Form' page with the 'Form Select' dropdown menu closed. The 'Type of Form' dropdown is set to 'STAR Kids Individual Service Plan (SK-ISP)'. Below it, the 'Vendor Number' field is visible. Under the 'Applicant/Member' section, there is a prompt 'Please enter the Medicaid Number.' and a text input field labeled 'Medicaid Number', which is highlighted with a red box.

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

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

The form sections of the SK-ISP are:

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

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

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

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

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

Completing the SK-ISP Form Fields

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

The screenshot displays the SK-ISP form interface. The 'Managed Care Organization' section includes fields for Provider No., MCO Name, Service Coordinator (highlighted with a red box), Plan Code, and County (highlighted with a red box). The 'Applicant/Member' section includes fields for Group Code, ME-Waiver, Medicaid No. (highlighted with a red box), First Name, Middle Initial, Last Name, and Date of Birth. The County drop-down menu is open, showing a list of counties: Select, Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, Karnes (highlighted in blue), Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, and Victoria. A tooltip 'Select the county in' is visible near the bottom of the list.

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

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

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

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

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

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

- 6) Enter the ISP From Date. You can complete the ISP From Date field using the interactive calendar. The ISP From Date must be the first day of a selected month. For Initial forms the portal will auto-populate the first day of the following month. The SK-ISP expires one calendar year after the ISP From Date. The ISP To Date cannot be edited and will auto-populate based on the editable ISP From Date field. For a reassessment, the ISP From Date autopopulates to the day after the previous ISP To Date.
- Note:** The final section on the SK-ISP form is titled “Individual Service Plan Services.” This is a required section. You must enter at least one service to submit the SK-ISP.
- 7) To enter a service:
- Use the drop-down menu to select the appropriate option in the Delivery Option column.
 - Based on your selection, a new drop-down menu will populate in the required Service Category column. Use it to select the correct Service Category.
- Note:** Once a Service Category has been selected, it will no longer be available on the Service Category list when adding additional Service rows.
- 8) Complete the required Estimated Annual Service Units column.
- 9) Complete the required Rate column.
- 10) The Estimated Annual Cost column will auto-populate.
- 11) Add new Service Categories as necessary.

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

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost
Agency	Flexible Family Support Services-RN (H2015, 99, US)	100.00	\$100.00	\$10,000.00

Add Service

Total Est. Waiver Costs: \$10,000.00

RUG:

Annual Cost Limit:

Submit Form

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

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

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

How to Save a Form as a Draft

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

Form Actions

Print Save as Draft

STAR Kids Individual Service Plan (SK-ISP)

Current Status: Unsubmitted

Managed Care Organization

Provider No.

MCO Name

• Service Coordinator

Plan Code

• County

Applicant/Member

Group Code

ME-Waiver ☐

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

How to Inactivate a Form

If HHSC Program Services Unit (PSU) staff set the form status to **MCO Action Required**, a Managed Care Organization (MCO) user should inactivate the form.

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

Submit Form Search Worklist Reports Printable Forms Help

STAR Kids Individual Service Plan (SK-ISP)

Current Status: MCO Action Required Name: [REDACTED] DLN: [REDACTED]

Unlock Form

Form Actions:
Add Note Use as Template Print

Workflow Actions:
Form Inactivate

Managed Care Organization

Provider No. [REDACTED]

MCO Name [REDACTED]

Service Coordinator [REDACTED]

Plan Code [REDACTED]

County [REDACTED]

Applicant/Member

Group Code [REDACTED]

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

How to Resubmit a Form

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

STAR Kids Individual Service Plan (SK-ISP)

Current Status: Form Inactivated Name: [redacted] DLN: [redacted]

Unlock Form

Form Actions:

Add Note **Use as Template** Print

Managed Care Organization

Provider No. [text input]

MCO Name [text input]

Service Coordinator [text input]

Plan Code [text input]

County [dropdown menu]

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

How to Terminate a Form

MCO users may not Terminate their own forms.

Forms set to status **Processed/Complete** or **PSU Processed/Complete** can be Terminated by Program Services Unit (PSU) staff at HHSC.

SK-ISPs Reassessment or Overdue Report

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

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

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

Dashboard Submit Form Search ▾ Worklist ▾ **Reports** Printable Forms Alerts Help

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

The screenshot shows a web interface with a navigation bar containing 'Reports', 'Printable Forms', and 'Help'. Below this is a form with two main sections: 'Select Report' and 'Historical Reports'. In the 'Select Report' section, a dropdown menu is open, showing 'SK-ISPs for Reassessment or Overdue' as the selected option. In the 'Historical Reports' section, a dropdown menu is set to 'SKISPR reassessmentOrOverDue_Current'. To the right of these sections is a 'Display Report' button.

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

This screenshot is similar to the previous one, but the 'Display Report' button is now highlighted with a red box. The 'Select Report' dropdown remains set to 'SK-ISPs for Reassessment or Overdue' and the 'Historical Reports' dropdown remains set to 'SKISPR reassessmentOrOverDue_Current'.

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

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

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

Resource Information

Helpful Contact Information

Texas Medicaid & Healthcare Partnership (TMHP)

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

Health and Human Services Commission (HHSC)

General Information	512-438-3011
Consumer Rights & Services Hotline.....	800-458-9858
Complaint for LTC Facility/Agency	Option 2
Information About a Facility	Option 4
Provider Self-Reported Incidents.....	Option 5
Survey Documents/DADS literature.....	Option 6
Community Services Contracts Unit Support.....	512-438-2080
Community Services Contracts Voice Mail (Contract Applications, Reenrollments and Reporting Changes, such as address and telephone number).....	512-438-3550
Criminal History Checks.....	512-438-2363
Facility Licensure/Certification (Reporting Changes, such as Service Area and Medical Director)	512-438-2630
Home and Community Support Services Unit (Hospice Regulatory Requirements).....	512-438-3161
Hospice Policy (Medicaid, Program Support, and Special Services Unit).....	hospice@dads.state.tx.us
Institutional Services Contracting.....	512-438-2546
Medication Aide Program	512-231-5800
Nurse Aide Registry.....	800-452-3934

Nurse Aide Training.....	512-231-5800
NF Administrator Program.....	512-231-5800
NF Policy	512-438-3161
PASRR Unit Policy Questions	855-435-7180
Regulatory Services	512-438-2625
Provider Claims.....	512-438-2200
NF and Hospice (Client Service authorizations, MESAV updates, and unable to determine Rate Key issues)	Option 1
Personal Needs Allowance Payments (PNA).....	Option 2
Deductions and Holds.....	Option 3
Third Party Recovery	Option 4
Home Community Services	Option 5
TX Home Living.....	Option 5
Rehabilitative and Specialized Services.....	Option 6
NF Dental/Rehab Services	Option 6
HHSC Ombudsman Office Medicaid Benefits	877-787-8999
Medicaid Fraud.....	800-436-6184
Rate Analysis	512-491-1376
Resource Utilization Groups (RUGs) Information	
Nurse Specialist (Reconsideration & RUGs)	512-491-1750 / 512-491-2074 / 512-491-2030
Texas State University RUG Training Information.....	512-245-7118
Texas State University Training Online Course Questions	512-245-7118

Informational Websites

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

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

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

Health and Human Services (HHS): <https://hhs.texas.gov/>

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

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

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

- DSHS Local Mental Health Authority Search: www.dshs.state.tx.us/mhservices-search
- DSHS PASRR Information: www.dshs.state.tx.us/mhsa/pasrr/

Health and Human Services Commission (HHSC): www.hhsc.state.tx.us/index.shtml

- HHSC Regions: www.hhsc.state.tx.us/research/dssi/brt/IM0.pdf
- Vendor Drug Program: www.hhsc.state.tx.us/hcf/vdp/vdpstart.html

Other

- Centers for Medicare & Medicaid Services: www.cms.gov
- Department of State Health Services: www.dshs.state.tx.us
- National Provider Identifier (NPI):
 - To obtain: <https://nppes.cms.hhs.gov/NPPES>
 - Inform DADS: www.dads.state.tx.us/providers/hipaa/forms.html
- Texas Administrative Code: www.sos.state.tx.us/tac/index.shtml
- Texas State RUG Training:
www.txstate.edu/continuing/professional-development/PD-Online/RUG-Training.html
- Federal MDS 3.0 site: www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

